



June 25, 2012

Dear Colleagues,

As our work on Violence Against Women (VAW) continues to expand across disciplines, we recognize the activities are diverse and expanding. Keeping up with the most current information is critical to the success of our many efforts. Therefore, we are pleased to present to you this compilation of the Department of Health and Human Services' (HHS) VAW programs and activities for the years 2010-2011. The members of the HHS Steering Committee on VAW polled their various agencies and offices to gather the information found in this report, and we know that you will find this information beneficial to your work on violence against women and girls.

Sincerely,

Handwritten signature of Frances E. Ashe-Goins in black ink.

Frances E. Ashe-Goins, R.N., M.P.H
Deputy Director
Office on Women's Health

Handwritten signature of Marylouise Kelly in black ink.

Marylouise Kelly, Ph.D.
Director
Family Violence Prevention and Services
Program
Administration for Children and Families

Overview of Violence Against Women Activities

2010–2011

Office on Women's Health

U.S. Department of Health
and Human Services



**ONE DEPARTMENT:
OVERVIEW of ACTIVITIES ON VIOLENCE AGAINST WOMEN**

2010–2011 UPDATE

TABLE OF CONTENTS

ADMINISTRATION FOR CHILDREN AND FAMILIES.....3

ADMINISTRATION ON AGING.....31

CENTERS FOR DISEASE CONTROL AND PREVENTION.....34

HEALTH RESOURCES AND SERVICES ADMINISTRATION.....50

INDIAN HEALTH SERVICE.....58

NATIONAL INSTITUTES OF HEALTH.....61

OFFICE OF ADOLESCENT HEALTH.....78

OFFICE OF POPULATION AFFAIRS, OFFICE OF FAMILY PLANNING.....83

OFFICE ON WOMEN’S HEALTH.....100

ONE DEPARTMENT: OVERVIEW of ACTIVITIES ON VIOLENCE AGAINST WOMEN

ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

Division of Family Violence Prevention Family and Youth Services Bureau Administration on Children, Youth and Families

Approximately 12 million people each year in the United States experience intimate partner violence. The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding dedicated to the support of shelter and supportive services for victims of domestic violence and their dependents. It is administered by the Division of Family Violence Prevention in the Family and Youth Services Bureau, Administration on Children, Youth and Families.

The Division of Family Violence Prevention administers FVPSA formula grants to states, territories, Tribes, and state domestic violence coalitions, as well as grants for national and special-issue resource centers. First authorized as part of the Child Abuse Amendments of 1984 (PL 98-457), the FVPSA has been amended eight times. Most recently, the FVPSA was reauthorized for five years by the CAPTA Reauthorization Act of 2010 (P.L. 111-320). The statute specifies allocations for 97.5 percent of appropriated funds, including three formula grants and one competitive grant. The remaining 2.5 percent is discretionary and used for competitive grants, technical assistance, and special projects that respond to critical or otherwise unaddressed issues.

FVPSA formula grants are awarded to about 200 Tribes and every state and territory, which subgrant funds to more than 1,600 community-based domestic violence shelters and 1,100 nonresidential services programs, providing both a safe haven and an array of supportive services to intervene in and prevent abuse.

Shelters and Nonresidential Services

FVPSA funds are used to provide shelter and supportive services to victims of domestic violence and their children. Grantees and subgrantees provide immediate shelter to victims of domestic violence and their dependents. A program may operate its own shelter facility, use contracts with hotels, or have access to volunteer safe homes to meet the needs of victims.

Providing shelter is among the most effective resources for victims with abusive partners.¹ Results from “Meeting Survivors’ Needs: A Multi-State Study of Domestic Violence Shelter Experiences” help paint a picture of typical domestic violence shelter programs:

- Shelters provide immediate safety to victims and their children who are fleeing domestic violence. Shelters also help victims heal emotional wounds, rebuild economic self-sufficiency, connect with communities, and stay safe long term. Most programs operate shelters, hotlines, and outreach services 24 hours a day, seven days a week.
- The average domestic violence shelter has 16 to 17 staff and 17 monthly volunteers. Seventy percent of programs have fewer than 20 paid staff, including 38 percent with less than 10 paid staff. The average starting salary of a full-time, salaried, front-line advocate is \$24,765.
- On average, victims remain in shelter for 22 days, and most shelters allow stays of 60 or more days to accommodate victims as they struggle to find safe, affordable housing.
- 98 percent of sampled shelters have the capacity to accommodate residents with disabilities.
- 82 percent have bilingual staff, including 71 percent that have staff who speak Spanish; sampled programs had staff/volunteers who speak 37 different languages.

In addition to providing shelter services, local domestic violence programs also provide nonresidential services to victims of domestic violence and their children. Preliminary results of “Meeting Survivors’ Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study”² indicate the nonresidential services most likely to be provided include:

- Support groups for survivors (94 percent)
- Crisis counseling (93 percent)
- Case management (92 percent)
- Help with obtaining a protective or restraining order (88 percent)

¹ See: Berk, R. A., Newton, P. J., & Berk, S. F. (1986). What a difference a day makes: An empirical study of the impact of shelters for battered women. *Journal of Marriage and the Family*, 48, 481-490; Bybee, D.I., & Sullivan, C.M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, 30(1), 103-132; Constantino, R., Kim, Y., & Crane, P.A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. *Issues in Mental Health Nursing*, 26, 575-590; Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women’s safety planning. *Violence Against Women*, 10(5), 514-533; Sullivan, C.M. (2000). A model for effectively advocating for women with abusive partners. In J.P. Vincent & E.N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126-143). London: Jessica Kingsley Publishers; Sullivan, C.M., & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43-53.

² Lyon, E., Lane, S., & Menard, A. (2008, October). Meeting survivors’ needs: A multi-state study of domestic violence shelter experiences. Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice.

- 24-hour hotline/crisis line (84 percent)
- Court-related support (84 percent)

Staying at a shelter or working with a domestic violence advocate significantly reduced the likelihood that a victim would be abused again and improved the victim's quality of life.³

Data & Statistics Collected from FVPSA-Funded Programs

FVPSA-funded programs focus on both intervention and prevention. Local domestic violence programs, including Tribal programs, served over 1.3 million victims of domestic violence and their children in 2010. Ninety-three percent (93%) of the adults served were female and seven percent (7%) were male. During the reporting period, FVPSA-funded programs responded to over 2.7 million crisis calls. Victims and their children were provided over 8.4 million shelter nights, though programs were unable to provide shelter over 173,000 times due to lack of capacity. Not only do FVPSA-funded programs provide a wide range of protective and supportive services, they also work to enhance community awareness and response to domestic violence. In 2010, programs provided over 171,000 presentations or trainings about domestic violence and/or services related to victims of domestic violence. Of this number, almost half were specifically targeted to youth.

FVPSA-funded state programs (non-Tribal) also survey the clients who receive their services. Of the total surveys completed for all services (shelter, support services, counseling and support groups), 89 per cent of the clients knew more about community resources, and 89 percent of the clients knew more ways to plan for their safety after receiving services.

Research

The Division of Family Violence Prevention funded “Meeting Survivors’ Needs: A Multi-State Study of Domestic Violence Shelter Experiences.” The study was administered by the National Institute of Justice and conducted by the University of Connecticut’s Institute for Violence Prevention and Reduction at the School of Social Work, in conjunction with the National Resource Center on Domestic Violence. The final report is available at www.vawnet.org. This unprecedented study surveyed 3,410 shelter residents in 215 programs across eight states and was offered in 11 languages.

³ Bybee, D.I., & Sullivan, C.M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, 30(1), 103-132.

Nearly 99 percent of clients receiving shelter services described shelter as helpful, 91 percent reported they now have more ways to plan for and stay safe after leaving the shelter, and 85 percent knew more community resources to help achieve safety. These positive outcomes are associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies. In addition to data about the efficacy of FVPSA-funded shelter programs, the study reveals details about domestic violence shelters and the experiences of domestic violence survivors utilizing their services. Qualitative data from the study is telling; one victim replied that if shelter hadn't been available, "Probably I would have been killed. 'Cause I had nowhere else to go."

The National Institute of Justice, with support from the Division of Family Violence Prevention, funded a study of nonresidential services, "Meeting Survivors' Needs Through Non-Residential Domestic Violence Services and Supports: Results of a Multi-State Study." This study surveyed 90 domestic violence programs in four states: Alabama, Illinois, Massachusetts, and Washington, in addition to programs affiliated with four major national cultural institutes and organizations. From these same programs they initiated a survey of 1,467 domestic violence survivors receiving nonresidential services from domestic violence programs.

The goals of this study were to:

1. Learn more about what domestic violence survivors want when they come to programs for supportive services, the extent to which survivors have had their service expectations met, and survivors' assessment of immediate outcomes associated with the services they receive.
2. Learn more about how survivors' experiences, needs and immediate outcomes vary across demographic and domestic violence program characteristics.
3. Identify multilevel factors associated with survivors' positive service experiences.
4. Develop recommendations for domestic violence programs across the country for how they might improve their services.
5. Results of this study were released in February 2011.

State and Territorial Formula Grants (70 percent)

FVPSA state and territorial formula grants comprise 70 percent of FVPSA appropriations and are distributed based on a minimum award of \$600,000, with remaining funds allotted to each state through a population-based formula. Grants are awarded to state, territory and Tribal governments and subgranted to local residential and nonresidential domestic violence programs. State funding awards ranged from \$702,624 to \$7,681,641.

Tribal Formula Grants (10 percent)

American Indian and Alaska Native women are battered, raped and stalked at more than twice the rate of any other group of U.S. women. To address this problem, FVPSA dedicates 10 percent of its appropriations to federally recognized Tribes (including Alaska Native Villages) and Tribal organizations that meet the definition of “Indian Tribe” or “Tribal Organization” in 25 U.S.C. 450b. Tribes must be able to demonstrate their capacity to carry out domestic violence prevention and services programs. Tribal formula grants are distributed based on population and are primarily for the provision of immediate shelter and related assistance for victims of domestic violence and their dependents. Additionally, funds may also be used in establishing, maintaining, and expanding programs and projects to prevent domestic violence. The Division of Family Violence Prevention awarded 137 grants to around 200 Tribes in 2010. Awards ranged from \$26,232 to \$2,295,289.

State Domestic Violence Coalitions Formula Grants (10 percent)

All 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands have federally recognized domestic violence coalitions. The coalitions serve as information clearinghouses and coordinate statewide domestic violence programs, conduct outreach, and provide other programming to support domestic violence survivors and member programs. They provide technical assistance to local domestic violence programs (most of which are funded by subgrants from FVPSA state and territorial formula grants) and ensure best practices are developed and implemented. Coalition activities are varied and may also include economic advocacy, partnerships with government agencies, and public awareness campaigns. Funds are divided equally among the coalitions; in FY 2011, each coalition received \$245,381.

National and Special Issue Resource Centers (5 percent) and Culturally Specific Institutes (1.25 percent)

The Division of Family Violence Prevention issued a funding opportunity for one national and one tribal resource center, along with three special-issue resource centers focused on health care, civil and criminal justice, and child protection and custody (collectively identified as “National and Special Issue Resource Centers”). Using the FVPSA discretionary funds and awarded through a competitive peer-review process, support has also been provided to five culturally specific institutes and an institute on domestic violence, trauma and mental health. Together, the 10 centers are national leaders, providing training and technical assistance, as well as conducting research and creating evidenced-based responses to domestic violence. The programs are crucial for disseminating information to both the FVPSA-funded domestic violence service providers and the broader network of professionals, including health care providers, law enforcement, court and judicial personnel, child welfare Caseworkers, and educators.

National Resource Center on Domestic Violence (NRCDV)

www.nrcdv.org/ and www.vawnet.org/

The NRCDV’s primary goal is to improve societal and community responses to domestic violence and, ultimately, prevent its occurrence. The NRCDV employs three key strategies to enhance domestic violence intervention and prevention efforts: technical assistance and training, developing and disseminating specialized resource materials, and designing and implementing special projects that allow the NRCDV to focus more deeply on a particular issue or constituency group.

The NRCDV has four main projects:

- **The Domestic Violence Awareness Project (DVAP)**, supporting community awareness and educational efforts of domestic violence programs, which also include national coordination of the Domestic Violence Awareness Month Campaign every October
- **The Women of Color Network**, promoting and supporting the leadership of women of color activists on local, statewide, and national levels
- **Building Comprehensive Solutions to Domestic Violence**, promoting holistic programming and policy responses to domestic violence

- **VAWnet: The National Online Resource Center on Violence Against Women**, the NRCDV’s website initiative connecting individuals to research on emerging issues relating to domestic violence, sexual violence, public policy and primary prevention

VAWnet, the NRCDV’s online resource center supported by the Centers for Disease Control and Prevention, received 1,194,853 visitors in FY 2010, averaging 3,308 visitors per day and averaging 2,234 downloads per day. The NRCDV continues to develop and widely disseminate its publications and resources, as well as those of the FVPSA-funded Domestic Violence Resource Network grantees.

The Women of Color Network, a project of the NRCDV, provides expert technical assistance, training, and support on issues relating to communities of color, domestic violence, community activism, and leadership. The Women of Color Network works to build the capacity of women of color activists through their Call to Action conference calls for women of color, allies, young women of color advocates, and intergenerational advocates of color.

Through the NRCDV’s technical assistance, training, resource development, and special projects, each year thousands of practitioners, policymakers, individuals, and organizations have access to comprehensive, high quality, and free assistance, resources, and support for their domestic violence intervention and prevention efforts. The NRCDV’s collaborative approach allows it to extend and enhance both its efforts and those of its partners as they identify, organize and disseminate a wide range of materials and resources.

Over the course of FYs 2009 and 2010, the NRCDV completed 17 applied research papers on a range of priority domestic and sexual violence topics, including “Domestic Violence Awareness: Action for Social Change—Part II” and the “2009 Domestic Violence Awareness Month Resource Packet” (22,000 page views to the website). The Building Comprehensive Services for Domestic Violence Project’s “A Leadership and Organizational Guide and Advocacy Beyond Leaving: Helping Battered Women in Contact with Current or Former Partners” (developed in partnership with the Family Violence Prevention Fund) are in final development and planned dissemination.

Also, during the same period, the NRCDV developed seven new online special collections:

- Immigrant Women and Domestic Violence

- Violence in the Lives of Persons Who are Deaf or Hard of Hearing
- H1N1 Information
- American Recovery and Reinvestment Act Funding Information
- Preventing and Responding to Teen Dating Violence
- Conflict Resolution for Domestic Violence Program Staff and Online Learning Tools

In FY 2010 alone, the NRCDDV responded to 2,083 requests for technical assistance, providing support to advocates, domestic violence programs, community-based organizations, faith-based organizations, government agencies, students, and members of the general public. It also provided training to over 5,180 individuals.

Sacred Circle: A National Resource Center to End Violence Against Native Women

Sacred Circle⁴, formerly located in Rapid City, SD, was established in 1998 as the fifth member of the Domestic Violence Resource Center Network created in 1993 by the U.S. Department of Health and Human Services, Administration for Children and Families. Sacred Circle provided technical assistance, policy development, training, materials, and resource information regarding violence against Native women and assisted in developing Tribal strategies and responses to end the violence. Sacred Circle was a project of Cangleska, Inc., a private, nonprofit, tribally chartered organization on the Pine Ridge Reservation.

The goals of Sacred Circle were to increase Indian Nations' capacities to provide direct services and advocacy to women and their children victimized by battering and sexual assault through technical assistance, model programming, training and information that was culturally relevant; to enhance Tribes' and Tribal organizations' creation of coordinated community response efforts, including advocacy and shelter programs, criminal justice, law enforcement, and other related systems; and to enhance Tribal justice systems' abilities to provide for victim safety and batterer accountability through analysis and development of models for codes, policies, procedures, and protocols. In FYs 2009 and 2010, Sacred Circle responded to 10,200 requests for technical assistance and conducted 64 trainings that reached over 1,200 participants.

⁴ Sacred Circle dissolved in 2011.

Battered Women’s Justice Project (BWJP)—www.bwjp.org/

The BWJP promotes change within the civil and criminal justice systems to enhance their effectiveness in providing safety, security and justice for victims of domestic violence and their families. The BWJP provides technical assistance to advocates, civil Attorneys, Judges, court personnel, law enforcement officers, Prosecutors, probation officers, batterers’ intervention program staff, defense Attorneys and policymakers, and to victims of domestic violence and their families and friends.

The BWJP’s advocacy and technical assistance includes trainings and consultations, disseminating up-to-date information on emerging research findings, and promoting the implementation of best practices and policies from pioneering communities around the country.

The BWJP offers teleconferences on emerging issues to domestic violence advocates and key stakeholders in the field. Every teleconference reaches over 100 participants. Teleconference topics covered in 2009 included:

- Prevention Education with Migrant Men
- Tax Issues for Battered Women
- American Recovery and Reinvestment Act or Victim Services Programs and Survivors
- Fatality Reviews
- Supervised Visitation Centers

During 2009–2010, the BWJP led several trainings on building a coordinated community response to domestic violence cases in Gainesville, FL; Oklahoma City, OK; Duluth, MN; and Trois-Rivières, Quebec, Canada.

A major focus of the BWJP training continues to be the enhancement of local efforts to coordinate the response of the criminal justice system to domestic violence cases. Each year, the BWJP sponsors a meeting of the Coalition Advocates and Attorneys Network to convene staff from domestic violence coalitions across the country who are engaged in legal policy work in their individual states. Local, state, and national programs are supported through the exchange of expertise within the group and from other national experts. The BWJP has a significant impact on the field of domestic violence by leading emerging advocacy approaches and systemic advocacy coordination that impacts attorney/advocate collaborations and addresses systemic barriers victims face within the criminal and civil legal systems.

In FYs 2009 and 2010, BWJP responded to approximately 9,200 requests for technical assistance, providing support to advocates, civil Attorneys, Judges and court personnel, law enforcement officers, prosecutors, probation officers, batterers intervention program staff, defense Attorneys and policymakers, and to victims of domestic violence and their families and friends. Also during that time, BWJP trained 10,770 individuals by conducting nearly 170 trainings.

National Clearinghouse for the Defense of Battered Women (NCDBW)—
www.ncdbw.org/

The NCDBW is a project of the BWJP, providing specialized technical assistance to defense teams (Attorneys, expert witnesses, and advocates) working on cases involving battered women charged with crimes related to their abuse.

Most cases are about battered women who defended themselves against their batterers' violence and were charged with assault or homicide. NCDBW is leading the development of comprehensive coordinated community responses to battered women charged with crimes.

The NCDBW continues to partner intensively with five states—West Virginia, Washington, Michigan, Kentucky, and Delaware—to help them develop or improve their responses to charged and incarcerated battered women, as well as to battered women returning to their communities after incarceration.

National Health Resource Center on Domestic Violence (HRCDV)—
www.futureswithoutviolence.org/

The HRCDV is a project of Futures Without Violence (formerly the Family Violence Prevention Fund), focused on improving health and public health responses to victims of family violence. The HRCDV offers model strategies and tools to health care providers, domestic violence programs, and sexual violence programs to address and prevent the chronic health issues associated with exposure to abuse.

As a national leader, the HRCDV works closely with the American Medical Association and other professional health associations to produce policy guidelines for health care professionals responding to domestic violence. The HRCDV provides technical assistance, training, public policy recommendations, and materials, and responds to thousands of requests for technical assistance annually. The HRCDV's technical assistance and advocacy includes developing patient

safety cards with messages about reproductive coercion, consensus guidelines for responding to domestic violence in health care settings, pregnancy wheels with prompts for providers to ask about reproductive coercion, and posters for reproductive health care settings.

In addition to its technical assistance, the HRCDV coordinates a number of special projects, including:

- A multiyear project in Indian country to improve health care to American Indian/Alaska Native survivors of abuse
- A comprehensive reproductive health campaign designed to help health care providers and advocates reduce risk for unintended pregnancy, exposure to sexually transmitted diseases, and to improve reproductive health through violence prevention
- Conducting a biennial National Conference on Health and Domestic Violence

In FY 2009, the HRCDV launched a new program to improve education for health care providers and to promote partnerships between public health providers and prevention advocates in seven states across the United States. The goal of the initiative is to improve health and safety by integrating violence prevention and responses into maternal child health programs, family planning programs, home visitation, and adolescent health programs.

In addition to its training, the HRCDV continues its national reproductive health campaign designed to help health care providers and advocates reduce risk for unintended pregnancy and exposure to sexually transmitted diseases and improve reproductive health through violence prevention. The HRCDV partners with major health associations to help them integrate violence prevention into efforts to promote wellness and prevention as part of any effort to decrease chronic health care costs.

In FYs 2009 and 2010, HRCDV responded to 4,150 requests for technical assistance, providing support to advocates, domestic violence programs, medical providers, hospitals, and community-based organizations. Also during that time, the HRCDV trained nearly 10,500 people by conducting 90 training workshops/conferences.

National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)

The NCDVTMH leads comprehensive, accessible and culturally relevant responses to the range of trauma- and mental health-related issues faced by domestic violence survivors and their children.

The NCDVTMH is designed to cultivate a deeper understanding of the mental health and advocacy needs of survivors of domestic violence and their children and the impact of trauma on individual healing and social change. The NCDVTMH facilitates collaboration among domestic violence advocates, mental health professionals, disability rights organizations, and a variety of community-based service providers, as well as state domestic violence coalitions, state agencies, and other policy organizations at the state and national levels. The NCDVTMH focuses on improving responses of domestic violence programs, mental health systems, and the criminal justice and civil legal systems to domestic violence survivors and their children who are experiencing the traumatic effects of abuse and/or psychiatric disabilities.

The NCDVTMH focuses its programming in three main areas:

- Promoting dialogue among domestic violence and mental health organizations, policymakers, and survivor/advocacy groups
- Helping local agencies, state coalitions, and state mental health systems increase their capacities to provide effective assistance to survivors of domestic violence experiencing the traumatic effects of abuse and/or living with mental illness
- Improving policies affecting the complex life circumstances of domestic violence survivors and their children

In FY 2009, the NCDVTMH worked with the National Domestic Violence Hotline to enhance its capacity to work with survivors experiencing a range of mental health concerns. Technical assistance strategies included needs assessment, planning and training. The needs assessment identified a number of additional areas for continued collaboration, including:

1. Using hotline call data to track shelter eligibility exclusions related to mental health and developing strategies to respond to this information

2. Compiling information about commitment laws in each state so advocates can be better informed when talking with survivors whose abusive partners have threatened them with commitment proceedings
3. Generating information about Adult Protective Services in each state to better address mental health problems when abuse is emotional or financial
4. Providing information on the relationships between battering and mental health diagnoses among batterers

Also during the reporting period, the NCDVTMH produced a series of brief documents for advocates with practical tips about how to make domestic violence programs more welcoming and accessible to survivors of domestic violence who are experiencing the mental health consequences of abuse:

- Tips for Enhancing Emotional Safety in Domestic Violence Programs
- Tips for Making Connections with Survivors Who Have Psychiatric Disabilities
- Tips for Discussing a Mental Health Referral with Domestic Violence Survivors
- Practical Tips for Creating a Welcoming Domestic Violence Advocacy Environment

In FYs 2009 and 2010, NCDVTMH responded to over 125 requests for technical assistance by providing support to advocates, domestic violence and social service programs, Attorneys, and Judges. During the same period, NCDVTMH also conducted 60 trainings reaching 6,000 individuals.

Resource Center on Domestic Violence: Child Protection and Custody (RCDVCC)— <http://www.ncjfcj.org/our-work/domestic-violence>

The Family Violence Department of the National Council of Juvenile and Family Court Judges provides leadership and assistance to consumers and professionals dealing with the issue of child protection and custody in the context of domestic violence through operation of the RCDVCC. The RCDVCC provides access to the best possible sources of information and tangible products to those working in the fields of domestic violence, child protection and custody. The RCDVCC provides technical assistance, training, policy development, and other resources that increase safety, promote stability, and enhance the well-being of battered parents and their children.

In FY 2009, to promote the development of sound domestic violence policies in the child welfare system, the RCDVCC hosted the Child and Family Services Review (CFSR) Strategic Planning Meeting in Washington, DC. Representatives from national and local child welfare and domestic violence nonprofit organizations, the judiciary, and federal agencies met to discuss ways to increase the number of states with effective domestic violence policies in the child welfare system. The overarching consensus of all parties was and continues to be the greater need for structured and coordinated efforts to address the overlap of domestic violence and child maltreatment. The Strategic Development Meeting was an important step toward the goal of promoting policy that will help children and families experiencing domestic violence to achieve positive outcomes.

In July 2009, the RCDVCC convened a conference in collaboration with the Domestic Violence and Mental Health Policy Initiative to explore the development of resources to improve court practices involving mental health and trauma-related allegations against battered women. The collaboration focused on issues facing survivors experiencing the mental health effects of abuse and how to work with their Attorneys, as well as with Judges and other legal system representatives. Other matters addressed were the responses of Judges regarding the use of mental health diagnoses to guide interventions; the traumatic effects of exposure to domestic violence on children; and how stakeholders can prevent abusers from using commitment laws against their partners as tools of abuse.

In FYs 2009 and 2010, the RCDVCC responded to 1,770 requests for technical assistance providing support to advocates, domestic violence programs, social service agencies, Attorneys, and Judges. During that same period over 4,100 people received training.

Asian and Pacific Islander Institute on Domestic Violence (APIIDV)—
www.apiahf.org/apidvinstitute

The APIIDV is a national organization committed to improving intervention and prevention efforts for the Asian, Native Hawaiian, and Pacific Islander communities. The APIIDV's training, technical assistance, and research are all focused on ensuring that domestic violence and community-based service programs provide culturally competent responses to victims of domestic violence and their families.

The APIIDV's advocacy and programming address the following:

- Strengthening advocates' skills to improve cultural relevance of services for victims with multiple challenges
- Promoting community organizations to confront and change cultural, as well as gender norms
- Engaging in policy advocacy to effect systems change and increase community investments in addressing domestic violence
- Conducting research to influence systems and program interventions shaping culturally relevant responses

The APIIDV's work has a significant impact on the field of domestic violence by leading emerging research and dynamic advocacy approaches, systems-based responses, and comprehensive community-based strategies that encompass the ethnic and demographic diversity of the Asian, Native Hawaiian, and Pacific Islander communities. The APIIDV strengthens the capacity of programs and systems serving Asians, Native Hawaiians, and Pacific Islanders to meet the complex needs of underserved victims and their families through training, technical assistance, consultations, and culturally specific research.

During 2009 and 2010, the APIIDV convened a Hmong Leadership Forum focused on establishing national networks, strategies, and resources for preventing domestic violence, limiting victim blaming, and collecting data. The APIIDV held a Muslim Leadership Forum for the Muslim Advocacy Network on Domestic Violence focused on transnational abandonment, divorce, and marital rape. It also worked in collaboration with the Asian Women's Shelter to hold a national conference for 20 Asian Domestic Violence Programs focused on enhanced advocacy strategies, culturally specific service integration, partnering with Interpreters, and resource sharing.

The APIIDV produced several resource guides providing advocacy and programmatic leadership for domestic violence programs, including:

- Domestic Violence Programs for Muslim Communities: Services, Advocacy, & Training Directory
- Domestic Violence in Asian, Native Hawaiian, and Pacific Islander Homes
- Lifetime Spiral of Gender Violence Revised for Chinese, Korean, Punjabi, and Tagalog Translations

National Immigrant Family Violence Institute⁵ (NIFVI)—www.nifvi.org/

The NIFVI is a national collaboration of six ethnically diverse immigrant service agencies located throughout the United States working to enhance, document, and disseminate promising practices to eliminate domestic violence against immigrant women. The NIFVI's founding organizations are members of the U.S. Committee for Refugees and Immigrants, a national nonprofit organization with members serving more than 1 million immigrants annually.

The NIFVI's focus is to enhance the delivery of domestic violence services to immigrants by identifying culturally appropriate outreach and engagement, prevention, intervention services for domestic violence among immigrants, and national dissemination of materials. The NIFVI's guiding principle is to engage in practitioner-driven community services research using the practice wisdom of a range of experts, including survivors, immigrant community leaders, Attorneys, Social Workers, Researchers, and mainstream domestic violence service providers. The NIFVI's advocacy and programming focus on the following:

- Developing a framework for common practices in outreach, engagement, prevention, and intervention to address domestic violence in immigrant communities
- Impacting the evaluation of practices to address domestic violence in immigrant communities
- Providing services to immigrant victims of domestic violence
- Serving as a clearinghouse resource network disseminating promising practices and lessons learned for addressing domestic violence in immigrant communities

The NIFVI's technical assistance focuses on meeting the complex needs of underserved immigrant victims and their families through training, technical assistance, and consultations. The NIFVI's technical assistance work also focuses on immigration legal issues regarding U visas and VAWA petitions. During the reporting period, the NIFVI developed and disseminated culturally appropriate and promising practices for domestic violence services to immigrant victims in 18 U.S. cities. The NIFVI also developed advocacy and assessment tools, legal protocols, and a culturally attuned safety plan to serve as best practices models and resources when working with immigrant victims of domestic violence.

⁵ This grantee no longer receives funding.

Encuentro Latino National Institute on Family Violence⁶ (ELNIFV)—
www.latinodv.org/

The ELNIFV is a culturally specific organization focused on capacity building to address the needs, barriers and complexities of Latino communities. It works to increase the understanding of domestic violence in Latino communities through research, dissemination of culturally competent approaches, and promoting best practices for Latino populations by providing information and Web-based resources on promising programs, implementation, and evaluation.

The ELNIFV also provides technical assistance, training, and advocacy consultation to domestic violence advocates, Social Workers, community members, and educators. The ELNIFV's advocacy and leadership are informed by the recommendations of Latino survivors of domestic violence.

In FYs 2009 and 2010, the ELNIFV's capacity-building work included hosting webinars and teleconferences focused on:

- Community Organizing
- Limited English Proficiency
- Cultural Trauma
- Economic Advocacy

During the reporting period, the ELNIFV held national trainings focused on working within Latino communities as an emerging population and included the following topics: "Religion and Domestic Violence in the Latino Communities and Promotoras: A Model that Works."

The ELNIFV receives and responds to requests for assistance, advocacy information, and educational resources from community-based organizations, local domestic violence programs, and state domestic violence coalitions. During FYs 2009 and 2010, the requests ranged from answering questions about domestic violence in Latino communities to requests for referrals to domestic violence programs and Spanish educational materials.

⁶ This grantee no longer receives funding.

The Institute on Domestic Violence in the African American Community (IDVAAC) —www.dvinstitute.org

The IDVAAC is a national organization focused on the unique circumstances of African Americans as they face issues related to domestic violence, including intimate partner violence, child abuse, elder maltreatment, and community violence. The IDVAAC's mission is to enhance society's understanding of and ability to end violence in the African-American community.

The IDVAAC has many years of national leadership experience focused on increasing cultural relevance awareness among domestic violence advocates, researchers, policymakers and other supporting systems. The IDVAAC works to equip advocates and programs with knowledge tools and skills needed to enhance the cultural relevance of their programming and services.

The IDVAAC's advocacy and programming focuses on the following:

- Raising community consciousness of the impact of domestic violence in the African-American community
- Informing public policy
- Creating a community of African-American scholars and practitioners focused on violence in the African-American community
- Furthering scholarship regarding violence in the African-American community
- Disseminating information on community needs and promising practices
- Organizing experts to provide coordinated outreach and technical assistance to communities on domestic violence in the African-American community

The IDVAAC has a significant impact in the field of domestic violence by leading emerging advocacy approaches and community-based strategies that are culturally relevant and mirror the diversity of the African-American community. The IDVAAC currently leads the following national initiatives:

- **Community Insights** is an initiative focused on understanding the causes and consequences of domestic violence, as well as identifying useful solutions in preventing domestic violence in African-American

communities across the United States.

- **Safe Return** provides technical assistance and support to grantees of the Serious and Violent Offender Reentry Initiative, led by the federal government.
- **Fatherhood and Domestic Violence** focuses on developing strategies to support mothers and children affected by domestic violence, while encouraging batterer accountability, non abusive behavior, and positive contributions of fathers to the well-being of their children.
- **Supervised Visitation and Safe Exchange** is an initiative providing technical assistance to Safe Havens: Supervised Visitation and Safe Exchange grantees to enhance the delivery of supervised visitation and exchange services to culturally specific and culturally diverse communities.

The IDVAAC's conferences and trainings convene a diverse group of individuals, advocates, and scholars focused on raising awareness about domestic violence in the African-American community. In 2009, the IDVAAC focused their national conference on healing. The prevailing theme of this conference was that adults who witness violence as children—as well as other victims—can successfully engage in the process of healing, even if they tread different pathways in their journeys. A Journey to Healing: Finding the Path, held in 2009, featured 50 presenters and more than 600 participants.

In FYs 2009 and 2010, the IDVAAC responded to 3,300 requests for technical assistance by providing support to advocates, domestic violence programs, faith-based organizations, and community-based organizations. Also during the reporting period the IDVAAC held 74 trainings reaching 11,700 individuals.

Other Discretionary Grants

Open Doors Grants

The Open Doors to Safety grants were awarded in 2009 and 2010, the final years of a three-year grant program. Grants were awarded to five state domestic violence coalitions and one national technical assistance provider. Generally, this discretionary program advanced opportunities for addressing distinct issues within hard-to-serve communities and for broadening programmatic accessibility.

Specifically, the funding supported collaborative solutions to address the co-occurrence of domestic violence and substance abuse and/or mental illness, as well as the challenges of incarcerated or formerly incarcerated victims of domestic violence. Best practices were identified by the grantees to expand the accessibility of services to these underserved populations in local programs and will be disseminated nationally, as well.

Re-entry programs, mental health departments, and substance abuse treatment centers began new or deepened collaborations and relationships with the grantees as a result of the funding. The rate of domestic and sexual violence victimization of incarcerated or formerly incarcerated women is extremely high. Studies have reported that many women enter prison or jail with extensive histories as victims of sexual and physical assault. Therefore, some of the Open Doors partnerships led to the creation of support group curricula to be used in jails, as well as workshops for advocates and other professionals working with charged and incarcerated battered women. Other collaborations involved strategic planning for enhancing services to incarcerated victims of domestic violence.

In the final year of the grant project, the national technical assistance provider expanded its scope of work to further dialogue among the grantees and others to address domestic violence shelter rules. This issue has been identified among domestic violence experts as ripe for further analysis to create promising and/or best practices to expand shelter accessibility for underserved communities. A national report will be disseminated detailing the culmination of the three-year project, including findings from the third year's shelter rules' analysis.

In FY 2010, each grantee received approximately \$200,000. The National Network to End Domestic Violence received a grant of \$200,000 to provide technical assistance to the grantees.

Discretionary Grants to Expand Leadership Opportunities Within the Domestic Violence Field for Members of Underrepresented Groups

A grant was awarded to the Women of Color Network (WOCN), a project of the National Resource Center on Domestic Violence and the Pennsylvania Coalition Against Domestic Violence, to develop the first federally funded leadership academy within the domestic violence field.

The project's purpose is to extend and strengthen ongoing national outreach efforts to serve all victims of domestic violence by enhancing, promoting, and increasing

the presence of leaders of underrepresented groups and promising aspiring allies within domestic violence programs and state coalitions. The WOCN, along with collaborative partners representing diverse communities, including immigrant; tribal; lesbian, gay, bisexual, transgender communities; and four participating state domestic violence coalitions are lending their expertise to the project.

Over the next four years, two 18-month leadership academies will be offered. They will consist of face-to-face training, webinars, social networking, and outreach to state and local programs, Tribes, and FVPSA state administrators. The first cohort includes the Minnesota Coalition for Battered Women, the New Jersey Coalition for Battered Women, the Vermont Network to End Sexual and Domestic Violence, and the Virginia Sexual and Domestic Violence Action Alliance.

Enhanced Services for Children and Youth Exposed to Domestic Violence Discretionary Grants

In FY 2010, grants were awarded to four statewide capacity-building projects and one national technical assistance provider to expand services for children and youth exposed to domestic violence. The five grantees are leaders for expanding a broader network of support for developing evidence-based interventions for children, youth and parents exposed to domestic violence and for building national implementation strategies that will assist local improvements in domestic violence programs and community-based interventions. The state grantees represent Alaska, Idaho, New Jersey, and Wisconsin.

Four Statewide Capacity Building Projects

- **The New Jersey Coalition for Battered Women** is working to expand an established model program for children who have been exposed to domestic violence. **The Peace: A Learned Solution (PALS) Program** provides children ages 3–17 with creative arts therapy to help them heal from exposure to domestic violence.
- **The Wisconsin Coalition Against Domestic Violence** has launched the **Safe Together Project** to increase the capacity of Wisconsin domestic violence programs—particularly those serving underrepresented or culturally specific populations—to support non-abusing parents and mitigate the impact of exposure to domestic violence on their children.

- **The Alaska Network on Domestic Violence and Sexual Assault** is working to improve services and responses to Alaska's families by addressing the lack of coordination between domestic violence agencies and the child welfare system. Its work includes cross-education and development of an integrated training curriculum and policies. This project also includes creation of a community-based, multidisciplinary team in four Alaskan communities: Dillingham, Fairbanks, Juneau, and Kodiak.
- **The Idaho Coalition Against Sexual and Domestic Violence** has launched the **Idaho Alliance to Expand Services for Children and Youth Exposed to Domestic Violence**. The Idaho Alliance is focused on building and sustaining domestic violence programs' capacities to deliver trauma-informed and developmentally sensitive parent/child services for non-abusing parents, children, and youth affected by domestic violence, as well as other trauma.

National Technical Assistance & Resource Development

- **Futures Without Violence** serves as a national technical assistance support network for the domestic violence field and the four Enhancing Services for Children and Youth grantees. Futures is striving to improve technical assistance and resource development for domestic violence programs and allied organizations serving children and youth by convening expert advisors on services for children and youth, identifying evidence-based and promising practices, identifying and developing training and technical assistance resources, and building standards of quality practice.

National Domestic Violence Hotline

The National Domestic Violence Hotline provides a live and immediate response to thousands of victims and survivors of domestic violence, their families, their friends, and concerned others. In FY 2009, the hotline received 269,125 calls, and in FY 2010 it received 272,883 calls. The Hotline directly connects the caller to a seamless referral system of over 5,000 community programs in response to the needs of the women, men, youth, and children on the line. The hotline operates 24 hours a day, seven days a week and is available in 170 languages. Over 19,000 calls during FYs 2009 and 2010 were received via the language line with over 45 languages represented. Over 91 percent of callers report this as their first call for help.

The hotline is funded with a dedicated line-item appropriation and is not part of the formula that funds all other FVPSA grants. Appropriations for the hotline were \$3.2 million in both FY 2009 and FY 2010.

The hotline averaged 22,584 calls per month in FYs 2009 and 2010, an 8 percent increase over the previous reporting period. The hotline received its 3 millionth call in October 2011, less than half the amount of time it took to reach the first million calls. Demand for hotline services continues to climb steadily due to effective outreach through mass media and community-based public awareness campaigns, improved access for multilingual callers, and the increased economic challenges facing many victims and survivors.

Not only have total calls increased, but calls have become more complex. The average length of calls increased 16 percent between FY 2009 and FY 2010, from 8.32 minutes to 9.67 minutes. The number of calls requiring use of translation services provided through the AT&T Language Line increased by 4 percent between FYs 2009 and 2010. With diminishing resources available to respond to the volume and length of calls, wait times for calls to be answered increased from 33 seconds in FY 2009 to 52 seconds in FY 2010, and calls answered declined from 81 percent in FY 2009 to 73 percent in FY 2010. The hotline also experiences dramatic call-spikes when domestic violence incidents involving celebrities or other public figures appear in the media. For example, the coverage of the Rihanna and Chris Brown case in 2009 significantly affected call volume. In March 2009, when Chris Brown was charged with felony assault and making criminal threats, hotline calls jumped by a tremendous 43 percent that month.

Collaborations

The FVPSA Program supports the National Network of Domestic Violence Services, consisting of nearly 2,700 FVPSA-funded domestic violence programs, state domestic violence coalitions, national resource centers, and the National Domestic Violence Hotline. The FVPSA Program works on a number of intra- and interagency efforts to link this network of domestic violence services to the range of human services programs administered by the Department.

Asset Building for Victims of Domestic Violence

The U.S. Department of Health and Human Services (HHS) launched a new coordinated effort to ensure that more victims of domestic violence file for federal refundable tax credits like the Earned Income Tax Credit, use low-cost tax

preparation services, and use tax time as an opportunity to access tools like savings bonds that help them save for the future. HHS also expanded its asset-building programming to include a specific focus on the economic needs and challenges of domestic violence survivors. The Asset Building for Domestic Violence Victims Project was created to expand the network of Individual Development Accounts program experts and domestic violence service providers who are knowledgeable with specific strategies to help victims of domestic violence benefit from asset building and financial empowerment. The Division of Family Violence Prevention partnered with the Assets for Independence (AFI) Program in ACF's Office of Community Services to co-lead the capacity building of the domestic violence field, AFI grantees, and financial services providers in local communities.

Increasing Head Start Families' Connections to Services

The FVPSA Program is collaborating with the Office of Head Start to achieve universal domestic violence awareness among Head Start Center staff and increase staff capacity to identify domestic violence, understand its impact on families and children, and increase the ability to make appropriate service referrals. The collaboration connects with pregnant women and parents of young children to prevent and respond to domestic violence, as well as to increase collaborations with local service providers. In January 2011, Head Start centers in six states (Alabama, Florida, Michigan, Montana, New Mexico, and South Carolina) launched a community-based "Safe Families, Safe Homes" early education curriculum.

This effort will help Head Start staff and community partners identify and respond to young children exposed to violence, build collaborative partnerships with domestic violence services providers, and increase connections to services. HHS also sent guidance to thousands of Head Start and other early childhood programs across the country, urging them to address domestic violence by providing these programs with information about the "Safe Families, Safe Homes" curriculum and other available resources.

Recent activities include:

- Pilot testing a domestic violence curriculum with Tribal Head Start personnel in the Eight Northern Indian Pueblos
- Promoting collaboration through annual Head Start training needs assessments and conference presentations for Head Start state collaboration Directors and state domestic violence coalitions

Examining the Health Consequences of Domestic Violence

The FVPSA program and the HHS Health Resources and Services Administration (HRSA) staff have increased opportunities to learn about the connections between health and intimate partner violence, particularly postpartum depression and domestic violence. The collaboration has resulted in training for federal employees, representation on HRSA's Expert Steering Committee, and increased collaborations with HRSA's Violence Prevention Work Group. The FVPSA program also connected the Health Resource Center on Domestic Violence with HRSA in an effort to expand the capacity of HRSA staff and grantees to address the health impact and consequences of intimate partner violence, as well as reproductive coercion.

Child Support Enforcement

The FVPSA Program is working with the HHS, Administration for Children, Office of Child Support Enforcement (OCSE) to identify training, policy, and programmatic efforts to address domestic violence in the child support context. Joint efforts focus on promoting training and technical assistance to increase domestic violence screening, improving caseworker understanding of a range of options for safe enforcement of protection orders, and increasing partnerships with local domestic violence programs. Efforts, to date, include:

- Consultation on domestic violence policy options and program development for the prison reentry program to address safe enforcement of child support in cases of domestic violence
- Expanded training and technical assistance by the National Resource Center on Domestic Violence, focusing on access to public benefits (Temporary Aid to Needy Families [TANF], child support, etc.) and competent practice in cases involving domestic violence
- Creating a joint work plan for expanding collaboration to support federal guidance to state child support agencies and to provide Web-based training and technical assistance
- Partnering to support OCSE and the Children's Bureau's efforts to ensure electronic data exchanges between state and federal agencies comply with confidentiality requirements and victim-safety best practices

Child Welfare

Within the Administration on Children, Youth and Families, FYSB and the Children's Bureau (CB) have collaborated on the co-occurrence of domestic violence and child maltreatment, including a major interagency initiative known as the Greenbook Project, to promote cross-systems best practices. Current efforts focus on the following:

- Convening the Domestic Violence and Children Subcommittee of the Interagency Work Group on Child Abuse and Neglect, co-chaired by the FVPSA Program Director; its focus is on interagency initiatives addressing children exposed to domestic violence and promoting information exchange and joint planning
- Collaboration between CB and the FVPSA program on CAPTA reauthorization implementation
- Fatality Review Project to analyze cross-systems policies and practices to prevent child and family homicides and suicides
- Working to analyze and expand a protective factor framework that promotes resiliency and supports the social and emotional well-being of children and families

Temporary Assistance to Needy Families

The FVPSA Program works with the Administration for Children and Families' Office of Family Assistance (OFA) to improve access for domestic violence survivors and programs to TANF assistance, particularly nonrecurrent, short-term benefits under the TANF emergency fund, and to promote implementation of the family violence option, as appropriate. Current activities include:

- Funded the National Resource Center on Domestic Violence to enhance training and technical assistance for domestic violence programs and TANF jurisdictions to include webinars, conference presentations, and the development of guidance and work aids; these efforts are targeted to improve access to benefits and worker competency in identifying and responding to domestic violence affecting TANF applicants and recipients

Tribal Work Groups

In FY 2009 and FY 2010, the FVPSA program participated in several Tribal-focused working groups:

The Interagency Working Group on Indian Affairs (IWGIA) Training (Subcommittee) was formed by the U.S. Department of the Interior's Office of Native American Affairs to foster interagency collaboration and coordination and to improve federal-Tribal consultation and the delivery of services to Indian Tribes. IWGIA members coordinate their individual efforts and collaborate across agencies on policy issues affecting Tribal and Indian communities.

The Indian Collaboration Working Group was initiated by the U.S. Department of Justice (DOJ) to share information that would help coordinate the agency's activities and events and to find possible ventures for collaboration.

The Tribal Justice, Safety and Wellness Working Group (TJSW) is a spinoff of the Indian Collaboration working group. Since December 2006, DOJ and its federal partners have worked steadily on responding to stated needs through a series of TJSW consultation, training, and technical assistance sessions held across the country. These sessions address public safety, criminal justice, and health and welfare issues, as well as economic development, safe housing, and safe communities.

Other Collaborative Efforts

The FVPSA Program supports the National Advisory Committee on Violence Against Women, which provides guidance for the DOJ and HHS on issues related to domestic violence, sexual assault, and stalking. The FVPSA Program also works with the Office on Women's Health to co-chair the HHS Steering Committee on Violence Against Women to support collaborative intra-agency efforts to address intimate partner violence.

The Office of the Vice President convenes work groups, including the Interagency Work Group on Violence Against Women, of which the Administration on Children, Youth and Families—including the FVPSA Program—participate to ensure HHS constituencies and programming are an integral part of nationwide planning.

The FVPSA Program is building collaborations with federal agencies to address the pervasive impact of trauma across the lifespan of victims of domestic violence and their children. Outcomes are expected to expand trauma-informed and developmentally appropriate responses/interventions for adults and children; enhance protective factors for children exposed to violence by supporting non-abusing parent/child bonding, and addressing underlying trauma over the lifetime. The FVPSA Program's collaborative efforts focus on adopting trauma-informed approaches, using evidence-based models, researching promising practices, increasing technical assistance, and increasing cross-training.

ADMINISTRATION ON AGING (AoA)

Each year, hundreds of thousands of older persons are abused, neglected, or exploited; and, according to the 1998 National Elder Abuse Incidence Study, women make up 71 percent of the victims of domestic elder abuse. Yet, it is estimated that only about one in five of those crimes are ever discovered. AoA has a strong commitment to protecting seniors from elder abuse and late-life domestic violence. Our community-based, long-term care programs allow millions of seniors to age in place with dignity. AoA also supports a range of activities at the state and local level to raise awareness about elder abuse. These activities include training law enforcement officers and medical professionals in how to recognize and respond to elder abuse cases, conducting public awareness and education campaigns, and creating statewide and local elder abuse prevention coalitions and multidisciplinary teams.

AoA funds the National Center on Elder Abuse (NCEA), a national resource center dedicated to the prevention of elder mistreatment. To carry out its mission, the NCEA disseminates elder abuse information to professionals and the public and provides technical assistance and training to states and to community-based organizations. The NCEA makes news and resources available online and in an easy-to-use format, collaborates on research, provides training, identifies and provides information about promising practices and interventions, operates a listserv forum for professionals, and provides subject matter expertise on program and policy development. NCEA's website contains many resources, including a list of the state elder abuse hotlines and information on publications, community coalitions and upcoming conferences. For more information, please see the NCEA website at www.ncea.aoa.gov.

Domestic Violence in Later Life

What is not always appreciated is that some of the acts that turn a home into a place of fear, hopelessness, and desperation are acts of domestic violence when a person is battered and emotionally abused by their spouse, partner, or significant other. Some experts view late-life domestic violence as a subset of the larger, elder abuse problem. Elder abuse—broadly defined—includes physical, sexual and emotional abuse; financial exploitation; neglect and self-neglect; and abandonment. The distinctive context of domestic abuse in later life is the abusive use of power and control by a spouse/partner or other person known to the victim. As the “baby boom” generation born between 1946 and 1964 ages, it is likely more victims of late-life violence and abuse will seek out or be referred to the specialized services provided by domestic violence programs. This potential calls

for increased collaboration between aging and domestic violence networks to assure maximum support and safety for victims and survivors of abuse in later life.

No matter what the victim's age, abusers' tactics are remarkably similar. Abusers frequently look for someone they can dominate, people believed to be weak, people unlikely or unable to retaliate. With respect specifically to abuse in later life, the aggressors include spouses and former spouses, partners, adult children, extended family, and in some cases, caregivers. Domestic abuse in later life and elder abuse often go hand in hand, and the consequences on lives are very similar.

To be of greatest help to victims, members of the domestic violence community and the aging network need to know more about the support and programs each network offers for victims of late-life violence in their respective states, common indicators of abuse in late life, potential victim reactions, and areas where there are potential for interagency collaboration. The following issue briefs are intended to encourage expanded dialogue and connections with allied partners in the fight against domestic violence in later life:

- Domestic Violence in Later Life: A Guide to the Aging Network for Domestic Violence and Victim Service Programs
- Late Life Domestic Violence: What the Aging Network Needs to Know

AoA's Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program serves to protect the health, welfare, safety, and rights of residents of nursing homes, assisted living, board and care, and similar facilities, the majority of whom are older women. Begun in 1972 as a demonstration project, 53 state ombudsman programs (50 states, plus the District of Columbia, Puerto Rico, and Guam) exist today, with 578 designated local entities nationwide. Ombudsman representatives respond to, investigate, and resolve resident complaints, which may involve inadequate care, abuse, neglect, and financial exploitation. Ombudsmen also inform residents of their rights and provide a regular community presence in facilities, which helps prevent abuse. In FY 2010, ombudsmen regularly visited 74 percent of all nursing homes and 39 percent of all licensed board and care and assisted living facilities. Approximately 1,160 paid and 8,800 volunteers certified to investigate complaints worked to resolve over 211,930 complaints made by 139,296 individuals. About 74 percent of the complaints were resolved or partially resolved to the satisfaction of the complainant or resident. Ombudsmen also provided information on rights, care and related services 381,300 times. An additional 2,550 volunteers also served

residents or assisted in program operations in ways other than complaint resolution. To support and enhance state and local efforts, AoA funds the National Long-term Care Ombudsman Resource Center (www.ltcombudsman.org).

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC's violence prevention activities are guided by four key principles:

- *An emphasis on primary prevention of violence perpetration*
CDC emphasizes efforts that focus on preventing violence before it occurs. CDC's primary prevention emphasis focuses on reducing the factors that put people at risk for perpetration, while increasing the factors that protect people from becoming perpetrators of violence.
- *A commitment to a rigorous science base*
Monitoring and tracking trends; researching risk and protective factors; rigorously evaluating prevention strategies, programs, and policies; and learning how best to implement them add to the base of what is known about violence and how to prevent it.
- *A cross-cutting perspective*
The public health sector encompasses many disciplines and perspectives, making its approach well suited for examining and addressing complex problems like violence against women.
- *A population approach*
Part of a broad public health view is emphasis on population health; not just an individual's health.

CDC's strategic direction for intimate partner violence prevention is promoting respectful, nonviolent intimate partner relationships through individual, community, and societal change. Additional information about CDC's programs and activities to prevent intimate partner and sexual violence is available at www.cdc.gov/violenceprevention.

Key Partners

Preventing intimate partner and sexual violence requires the support and contributions of many partners: Federal agencies, state and local health departments, nonprofit organizations, academic institutions, international agencies, and private industry. Partners help in a variety of ways, including collecting data about violence, learning about risk factors, developing strategies for prevention, and ensuring that effective prevention approaches reach those in need.

Monitoring, Tracking, and Researching the Problem

Measuring the Prevalence and Health Consequences of Intimate Partner Violence and Sexual Violence Through the Behavioral Risk Factor Surveillance System (BRFSS)

CDC supported two optional modules on intimate partner violence and sexual violence for inclusion in the 2005, 2006, and 2007 BRFSS. The intimate partner violence module included seven questions, and the sexual violence module included eight questions. State-level statistics on the prevalence of intimate partner violence and sexual violence enabled participating state health officials and policymakers to better understand the magnitude of the problems in their states and provided information that may be used to guide policy development and evaluation. Analyses of these data have been disseminated in a number of peer-reviewed journals, as six papers have been published, one paper is currently at press, and one paper is currently in preparation. An additional analysis of these data was published in CDC's "Morbidity and Mortality Weekly Report" (MMWR) and was reprinted in the "Journal of the American Medical Association."

National Intimate Partner and Sexual Violence Survey

CDC launched the National Intimate Partner and Sexual Violence Survey (NISVS) with the support of the National Institute of Justice and the U.S. Department of Defense (DOD). NISVS is an ongoing, nationally representative telephone survey that collects detailed information on sexual violence, stalking, and intimate partner violence and victimization of adult women and men in the United States. The survey collects data on past-year experiences of violence, as well as lifetime experiences of violence. The 2010 survey is the first year of the survey and provides baseline data that will be used to track trends in sexual violence, stalking, and intimate partner violence. CDC developed NISVS to better describe and monitor the magnitude of these forms of violence in the United States.

National Electronic Injury Surveillance System—All Injury Program

The National Electronic Injury Surveillance System—All Injury Program (NEISS-AIP) is operated by the U.S. Consumer Product Safety Commission in collaboration with the National Center for Injury Prevention and Control. It provides nationally representative data about all types and causes of nonfatal injuries treated in U.S. hospital emergency departments.

CDC uses NEISS-AIP data to generate national estimates of nonfatal injuries, including those related to intimate partner violence and sexual violence.

National Violent Death Reporting System

State and local agencies have detailed information from medical examiners, coroners, police, crime labs, and death certificates that could answer important, fundamental questions about trends and patterns in violence. However, the information is fragmented and difficult to access. Eighteen states are currently part of the National Violent Death Reporting System (NVDRS)—Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Mexico, North Carolina, New Jersey, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin. These states gather, share, and link state-level data about violence. NVDRS enables CDC and states to access vital, state-level information to gain a more accurate understanding of the problem of violence. This will enable policymakers and community leaders to make informed decisions about violence prevention strategies and programs, including those that address intimate partner and sexual violence.

A Study of Minority Women’s Experiences of Sexual Violence

CDC is using a comprehensive sexual violence survey instrument to learn more about sexual violence victimization prevalence, characteristics, circumstances, and help-seeking behavior among English- and/or Spanish-speaking adults from different racial/ethnic minority populations. The findings from this study will provide important information about the incidence, type, frequency, characteristics, and context of sexual violence in American Indian, Hispanic, and African-American communities. Currently, we know very little about sexual violence in these communities. User-friendly summaries for each of the three populations of interest are under preparation, and a descriptive journal article is also planned.

Assessing Links Between Various Forms of Violence

CDC has conducted a study to identify the links between different forms of interpersonal and self-directed violent behaviors among adolescents. The study will help scientists understand the prevalence and consequences of different types of aggressive behaviors; the association between dating violence and other forms of peer violence; and the manner in which these types of violent behaviors vary by sex, developmental stage, and other factors. A survey of more than 4,000 students was conducted in 2004, and data analyses have been published, with more currently underway. Specifically, four papers have been published, two papers are currently under review with a journal, and two papers are currently in preparation.

IPV Perpetration Study

CDC has conducted a study of risk factors for different types of intimate partner violence (IPV) perpetration among a sample of men court-mandated for assault of an intimate partner. Results of the study will help scientists determine the best way to prevent different types of IPV perpetration. Information was collected from men in the court system to identify factors that lead to different types of intimate partner violence perpetration. One paper is published, two papers are at press, one paper is under review with a journal, and one additional paper is currently under preparation.

Understanding Risk and Protective Factors for Sexual Violence Perpetration and the Overlap with Bullying Experiences

CDC is funding a study to examine the association between bullying experiences and co-occurring and subsequent sexual violence perpetration and victimization among middle school students to inform sexual violence prevention strategies for schools. The study explores the risk and protective factors for bullying and sexual violence and examines the ways adolescent behavior is shaped by family, peers, and school environments. Approximately 3,500 middle school students in 140 classrooms across two school districts are participating. Data collection is completed and analysis and paper writing is ongoing. To date, this study has produced four published papers, with two papers at press, two papers under review, and six additional papers under preparation.

Perpetration of Partner Violence Among Adolescents From Violent Homes

CDC is funding Researchers at Southern Methodist University in Dallas to explore partner violence among adolescents exposed to violence at home. Findings will offer insight into risk and protective factors of adolescent-partner violence and inform the development of targeted prevention programs for adolescents from violent homes.

Etiologic Frameworks to Prevent Gender-Based Violence Among Immigrant Latinos

CDC is funding The George Washington University School of Public Health and Health Services in Washington, DC, to examine the etiology of gender-related violence among immigrant Latino populations. Working with the SAFER Latinos Project, researchers are assessing the community problem-solving capacity in an immigrant Latino neighborhood, identifying gaps in available prevention programming, and developing an etiological model and best practices approach that can provide the foundation for a community-based intervention.

Mapping Etiological Pathways to SV Perpetration from Childhood to Young Adulthood

CDC is funding Internet Solutions for Kids, Inc. to extend the follow-up of the Growing Up with Media cohort. Growing Up with Media is a national, longitudinal survey of adolescents designed to identify the associations between exposure to violence in new media and the subsequent expression of seriously violent behavior. Findings from the extended study will provide insight into the etiology of sexual violence perpetration as youth transition from adolescence into adulthood.

Development and Intergenerational Paths to Partner Violence and Child Maltreatment

Researchers at the University of Colorado at Boulder are examining intimate partner violence and child maltreatment in a longitudinal, intergenerational context. The core objective of the CDC-funded study is to identify the developmental pathways and social circumstances that lead to perpetration and to identify protective factors that generate resilience in the face of risk.

Developmental Pathways to Dating Violence and Suicidal Behavior

CDC is providing funding to Researchers at The University of Georgia in Athens to examine the developmental trajectories of dating and dating violence victimization and perpetration and its interrelation to suicidal thoughts and behaviors. This study, based on a longitudinal sample of 700 students followed from the 6th to the 12th grade, is examining the risk and protective factors that influence these developmental trajectories and exploring the context and meaning of dating violence from students' perspectives. Data from student self-reported assessments, teacher behavioral ratings of students (BASC), and archival records will be used to address the study aims. Individual interviews will also be conducted with a purposeful, maximum variation sample of students who have been victims and/or perpetrators of dating violence.

Factors Influencing Intimate Partner Violence Perpetration Affecting Deaf People

CDC is providing funds to Researchers at the University of Rochester in New York to examine the perpetration of intimate partner violence (IPV) among deaf people. The specific aims of the study are to identify risk and protective factors associated with characteristics of IPV perpetrators who are involved in violent relationships, where one or both partners are deaf and communicate via American Sign Language (ASL); to investigate the ways in which risk and protective factors for IPV behaviors manifest in relationships involving one or more deaf individuals

who use ASL, especially behaviors associated with greater injury and mortality risk; and to compare and contrast these study findings with current knowledge regarding risk and protective factors associated with IPV perpetrators and perpetration behaviors in the general population. The study findings will be used to inform future research, intervention, and prevention efforts aimed at preventing and/or reducing the injury consequences of IPV in the deaf community.

Developing and Evaluating Prevention Strategies

A Randomized Efficacy Trial of Moms and Teens for Safe Dates

CDC is providing funding to Researchers at The University of North Carolina to test the efficacy of a selective, family-based program for the primary prevention of dating abuse perpetration targeted at adolescents who have been exposed to domestic violence. The program to be evaluated, Moms and Teens for Safe Dates, targets mothers who have left an abusive partner and their 12- to 15-year-old adolescents. This program has been fully developed with support from the National Institute of Justice, but its efficacy has not yet been evaluated. The aims of the study are to provide the following:

- 1) Test the efficacy of the program in preventing psychological, physical, and sexual dating abuse perpetration by adolescents.
- 2) Determine if program effects on dating abuse perpetration outcomes occur through changes in mediating variables.
- 3) Test for moderators of program effects, including sex and minority status of the adolescent, degree of adolescent exposure to domestic violence, and the mother's psychological health.

Enhancing and Making Programs Work to End Rape (EMPOWER II)

The EMPOWER project began in 2005 as a three-year prevention planning, implementation, and evaluation capacity-building project supporting Colorado, Massachusetts, North Carolina, North Dakota, Kentucky, and New Jersey. Using an empowerment evaluation approach, CDC works intensively with states to build individual and sexual violence prevention system capacity and to develop program planning, implementation, evaluation and sustainability tools, and training. Under EMPOWER I, the six states developed statewide sexual violence prevention plans. Under EMPOWER II, the states developed evaluation and sustainability plans and are building state and local evaluation capacity.

Effectiveness of Screening for IPV in Primary Care

CDC is working with the Research Collaborative Unit of John H. Stroger Hospital in Chicago to conduct a randomized, controlled trial to establish the impact of screening for IPV on health and quality of life. The study has enrolled over 2,700 participants, and all data have been collected. Analyses are currently being completed.

Family-based Prevention of Conduct Problems to Prevent IPV Development

Researchers from the John Jay College of Criminal Justice in New York and New York University are examining the impact of a family-based intervention aimed at children with early conduct problems on later perpetration and victimization of dating violence. Early conduct problems have been identified as one of the most robust risk factors for IPV. Findings from the study may inform a novel approach to preventing IPV in youth who would be most resistant to standard IPV interventions when they reach adolescence.

Dyadic, Skills-Based, Primary Prevention for Partner Violence in Perinatal Parents

Researchers from New York University (formerly at the State University of New York at Stony Brook) are conducting a randomized trial to assess the effectiveness of Couple CARE for Parents in the primary prevention of intimate partner violence among couples who have just had a baby. The intervention addresses interpersonal processes within relationships and promotes skills-based changes in behavior among couples with a newborn. It focuses on helping individuals and couples adjust to their new lives with their babies and helping couples use both parenting and relationships skills that will enhance their relationships with their partners and their babies and help them to cope with some of the new stresses of parenthood.

PTSD-Focused Relationship Enhancement Therapy for Returning Veterans and Their Partners

CDC is funding Boston Veterans Affairs Research Institute to develop and test a couples-based, group intervention for married or partnered Operation Enduring Freedom/Operation Iraqi Freedom veterans to prevent the perpetration of intimate partner violence. The program will incorporate components of several interventions for post-traumatic stress disorder and intimate partner violence.

Developing a Sustainable and Adaptable Economic Development Intervention in the United States

Interventions that address the social and economic determinants of health inequities have the potential to alleviate multiple health problems. This project—conducted in collaboration with the Division of HIV/AIDS Prevention (DHAP), Division of STD Prevention (DSTDP), and Division of Diabetes Translation (DDT)—is developing an economic development intervention program for low-income, African-American individuals. The final product will include an intervention manual that will include the curriculum for the intervention, as well as details on the implementation of the developed and sustainable program. The intervention is being designed to address the dual challenges of HIV/STI transmission and intimate partner violence to bolster the health in urban, African-American communities. Pending resources, the anticipated next phase will involve a rigorous evaluation of the intervention.

Telephone Care Management to Prevent Further Intimate Partner Violence

Researchers from the Children’s Research Institute in Washington, DC, are investigating the acceptability, safety, efficacy, and cost of telephone care management (TCM) intervention to prevent further IPV. TCM provides women who have reported IPV with education about the impact of violence, referral assistance, and problem solving for common barriers to receiving advocacy services.

Enhancing Bystander Efficacy to Prevent Sexual Violence: Extending Primary Prevention to First-Year College Students

Researchers at the University of New Hampshire in Durham are implementing and evaluating a bystander approach to preventing sexual violence. The study includes a multisession prevention program and a social marketing campaign. Approximately 700 participants from two college campuses will participate.

Green Dot Across the Bluegrass: Evaluation of a Primary Prevention Intervention

CDC is working with the University of Kentucky in Lexington to conduct a statewide, randomized, controlled trial for the prevention of sexual and dating violence among high school students. Twenty-six high schools in Kentucky were randomly assigned to participate in Green Dot or serve as comparison schools. The Green Dot Program consists of persuasive speeches to raise awareness and knowledge of SV, bystander skills training sessions, and electronic booster sessions. Outcomes related to bystander behaviors, SV, stalking and

cyberstalking, bullying, psychological and physical dating violence, and birth control sabotage are assessed.

Multisite Evaluation of Second Step: Student Success Through Prevention

CDC is working with the University of Illinois to conduct a rigorous evaluation of Second Step: Student Success Through Prevention (Second Step: SSTP) in order to examine the program's effectiveness in reducing perpetration of sexual violence, sexual harassment, and bullying. Thirty-four middle schools were randomly assigned to receive Second Step: SSTP or to serve as comparison schools. Students are being assessed at baseline and at the end of each school year to assess the short-term and longitudinal impact of Second Step: SSTP on sexual violence and bullying behaviors.

Effectiveness of a Support Group-Based Intervention to Prevent Sexual Violence Among High-Risk Youth

The CDC is working with SafePlace, Inc. in order to conduct a quasi-experimental evaluation of the effectiveness of Expect Respect Support Groups (ERSG) in preventing sexual violence and teen dating violence among high-risk youth in Austin, TX. ERSG is a targeted dating-violence prevention program for at-risk students in middle and high schools. The evaluation will examine the effectiveness of ERSG in preventing and reducing teen dating violence and increasing healthy conflict resolution skills.

Enhancing Bystander Efficacy to Prevent Sexual Violence: Extending Primary Prevention to First-Year College Students

CDC is providing funding to Researchers at the University of New Hampshire in Durham to implement and evaluate a bystander approach to prevent sexual violence. The study is evaluating two forms of primary prevention:

- 1) A multisession prevention program that teaches participants how to be empowered bystanders before, during, or after instances of relationship violence (particularly sexual assault)
- 2) A bystander-oriented social marketing campaign. Approximately 700 participants from two college campuses will participate, with a focus on high-risk students in their first year of college. Students will be randomly assigned to either the prevention or control group. Outcome measures draw from best practices in sexual violence and dating violence prevention and include bystander attitudes, efficacy, decisional processes, and actual social behaviors, as well as peer norms, rape myth acceptance, and measures of behavioral intent to commit sexual assault

Experimentally Testing the Effectiveness of a Campus-based Bystander Intervention

Researchers at Rutgers University in New Jersey, with funding from CDC, are testing the effectiveness of an innovative, peer education theater model that delivers multidosage primary prevention to incoming college students. The study is examining short-term and longitudinal impact on behavioral intent and actual behaviors related to sexual violence and bystander intervention. Approximately 2,000 students are participating in the research trial.

Engaging Teen Bystanders to Prevent Sexual Violence: A Web-based Approach

Through the Small Business Innovative Research (SBIR) Program, CDC is providing funds to BT Post, Inc.—a private business that provides video and Web production for new media applications—to develop an interactive, Web-based video program to prevent sexual violence. The program targets high school-age teens and emphasizes peer-to-peer monitoring. It also extends into new media platforms (i.e., social media, cell phone, and hand-held technology).

Identifying Promising Policy, Environmental, and Structural Approaches for Sexual Violence Prevention

The CDC is conducting a systematic environmental scan of available scientific literature, media reports, state and local legislation, organizational or local policies, and reports from advocacy or service organizations to identify relevant strategies with potential for impacting first-time sexual violence perpetration, as well as any existing evidence of their impact on sexual violence or related risk/protective factors. Strategies include those that were implemented with the intention of reducing SV (e.g., sexual harassment policies), as well as policies or practices with potential implications for SV but that were not implemented with that intention (e.g., zoning laws for adult entertainment).

The identification of promising and, eventually, effective approaches at the community and societal levels is critical to achieving a public health impact in SV and permits the development of multilevel primary prevention strategies, consistent with the public health approach and NCIPC's research agenda.

A Randomized Controlled Trial of an Adolescent IPV/SA Perpetration Prevention

CDC is funding Researchers from the University of California, Davis to examine the effectiveness of a primary prevention program for intimate partner violence and sexual assault. The Coaching Boys into Men Program aims to reduce perpetration

and promote bystander intervention by engaging coaches as positive role models to high school-age male athletes. Coaches receive a 60-minute training session and biweekly support sessions to administer the intervention to their athletes via 11 lessons across a sport “season” (i.e., fall, winter or spring). Male athletes in 14 large urban high schools are participating in the trial.

Supporting and Enhancing Prevention Programs

Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)

CDC is funding 14 state domestic violence coalitions to implement and evaluate prevention strategies that can be integrated into coordinated community responses (CCRs) or similar community-based collaborations. The DELTA Program adds a significant primary prevention focus to the existing CCR model by funding state domestic violence coalitions that act as intermediary organizations, providing prevention-focused technical assistance, training, and funding to local communities. Funded state coalitions are Alaska, California, Delaware, Florida, Kansas, Michigan, Montana, New York, North Carolina, North Dakota, Ohio, Rhode Island, Virginia, and Wisconsin. CDC is also funding an evaluation of the DELTA project that assesses the DELTA Program’s success in building capacity to implement and evaluate primary prevention strategies throughout each funded state and within funded CCRs.

Rape Prevention and Education (RPE) Program

CDC administers and provides technical assistance for the Rape Prevention and Education (RPE) Program to help health departments and sexual assault coalitions more effectively use funds provided through the Violence Against Women Act. The funding—designed to enable states to educate communities about sexual violence and develop prevention initiatives—supports educational seminars, hotlines, training programs for professionals, the development of informational materials, and special strategies for underserved communities, as well as coalition building, community mobilization, and policy and norms change. Activities will focus on maintaining state prevention capacity and increasing program evaluation activities with the goal of generating practice-based findings to inform the implementation of interventions that can reduce sexual violence nationwide. Up to 59 states and territories will receive base funding to conduct program implementation and evaluation activities, and funds will continue to support the National Sexual Violence Resource Center.

Dating Matters: Strategies to Promote Healthy Teen Relationships

CDC supports Dating Matters: Strategies to Promote Healthy Teen Relationships, a comprehensive teen dating violence prevention initiative for 11- to 14-year-olds in high-risk urban communities. It promotes preventive strategies for teens, their peers, families, schools and neighborhoods. CDC funds four local health departments serving the cities of Baltimore, MD; Fort Lauderdale, FL; Chicago, IL; and Oakland/Hayward, CA. Grantees are participating in an evaluation of effectiveness and cost-effectiveness of the comprehensive program.

Providing Prevention Resources

Principles of Prevention

Principles of Prevention (POP) is a free, online course available to those working to stop violence before it initially occurs. It features interviews with leading experts in the field, dynamic graphics, interactive exercises, and compelling storytelling that make the case for violence prevention. POP covers multiple violence prevention topics, including IPV and SV.

Prevention Connection

Prevention Connection: The Violence Against Women Prevention Partnership integrates Web-based technology and promotes Web conferences to build the capacity of local, state, national, and Tribal agencies and organizations to develop, implement, and evaluate effective violence against women prevention initiatives. Prevention Connection provides a vehicle for ongoing analysis and discussion of domestic and sexual violence prevention efforts. Online forums feature a variety of prevention experts who explore and discuss approaches and comprehensive solutions to domestic and sexual violence. Prevention Connection is a project of the California Coalition Against Sexual Assault.

National Sexual Violence Resource Center

The National Sexual Violence Resource Center (NSVRC) identifies and disseminates information, resources, and research on all aspects of sexual violence prevention and intervention. Staff provide customized technical assistance, collaborate with other national and local organizations, and specialize in offering resources for underserved communities. Additional activities include coordinating national sexual assault awareness activities, identifying emerging policy issues and research needs, issuing a biannual newsletter, and recommending speakers and trainers. The NSVRC website features links to resources, including information about conferences, funding, jobs, research and special events. The Center serves state sexual assault coalitions, rape crisis centers, government agencies, U.S.

territories and Tribal entities, colleges and universities, service providers, researchers, allied organizations, policymakers, media, and the public.

Violence Against Women Electronic Network

The National Online Resource Center on Violence Against Women (VAWnet) provides support for the development, implementation, and maintenance of effective violence against women intervention and prevention efforts at national, state, and local levels. VAWnet provides a collection of full-text, searchable, electronic resources on domestic violence, sexual violence, and related issues to state domestic violence and sexual assault coalitions, allied organizations, and the public. It offers useful links; monitors news coverage of violence against women issues; provides calendars of trainings, conferences, and grant deadlines; presents interpretations of current research on violence against women; and provides information about Domestic Violence Awareness and Sexual Assault Awareness months.

Publications

National Intimate Partner and Sexual Violence Survey 2010 Summary Report

The report summarizes findings from the 2010 National Intimate Partner and Sexual Violence Survey data collection. The first three sections present lifetime and 12-month prevalence estimates and other descriptive information (e.g., the number of perpetrators, the type of perpetrator, age when the violence was first experienced) for the three primary types of violence examined in the survey: sexual violence, stalking, and violence by an intimate partner. The prevalence of these types of violence by state of residence is also presented. This report also includes information on the impact of intimate partner violence and on the relationship between violence and various health consequences, such as asthma, diabetes, chronic pain, disability, and poor mental health.

Intimate Partner Violence Compendium of Measures

“Measuring Intimate Partner Violence Victimization and Perpetration: A Compendium of Assessment Tools” provides researchers and prevention specialists with a set of assessment tools with demonstrated reliability and validity for measuring the self-reported incidence and prevalence of intimate partner violence victimization and perpetration. Although the compendium includes more than 20 scales, it is not intended to be an exhaustive listing of available measures. The information is presented to help researchers and practitioners make informed decisions when choosing scales to use in their work.

Screening Inventory for Use in Health Care Settings

“Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings” is a compilation of existing tools for assessing intimate partner violence and sexual violence victimization in clinical/health care settings. The compilation provides practitioners and clinicians with the most current inventory of assessment tools for determining IPV and/or SV victimization and informs decisions about which instruments are most appropriate for use with a given population.

Evaluation Guide for Sexual and Intimate Partner Violence Prevention Programs

The “Sexual and Intimate Partner Violence Prevention Program Evaluation Guide” presents an overview of the importance of evaluation and provides evaluation approaches and strategies that can be applied to programs. Chapters offer practical guidelines for planning and conducting evaluations; information on linking program goals, objectives, activities, outcomes, and evaluation strategies; sources and techniques for data gathering; and tips on analyzing and interpreting the data collected and sharing the results. The guide discusses formative, process, outcome, and economic evaluation.

Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities

Recognizing the need for programs that address intimate partner violence and sexual violence prevention in minority populations, CDC funded 10 demonstration projects in 2000 to develop, implement, and evaluate culturally competent intimate partner and sexual violence prevention strategies targeted for specific racial/ethnic minority groups. “Preventing Intimate Partner Violence and Sexual Violence in Racial/Ethnic Minority Communities: CD’s Demonstration Projects” summarizes the work of the funded projects. The publication describes the approaches developed by the projects and highlights challenges and lessons learned in the development, implementation and evaluation of programs.

Uniform Definitions and Recommended Data Elements

In 1999, CDC published “Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements” to improve and standardize data collected on intimate partner violence. Similar standards for sexual violence, such as “Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements,” were published in 2002. Uniform definitions and recommended data elements are important because they provide consistency in the use of terminology and standardization in data collection. Consistent data allow researchers to better

gauge the scope of the problem, identify high-risk groups, and monitor the effects of prevention programs. Both documents are currently under revision to incorporate updates to the definitions and to reconcile some differences between the two documents.

CDCynergy Violence Prevention Edition

CDCynergy is designed to help violence prevention program planners conceptualize, plan, and develop health communication programs. This edition of CDCynergy is ideal for those interested in developing prevention programs on the issues of child abuse, intimate partner violence, sexual violence, and youth violence.

Preventing Child Sexual Abuse Within Organizations Serving Children and Youth

CDC has developed “Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures” to assist youth-serving organizations as they begin to adopt prevention strategies for child sexual abuse. The guide identifies six key components of child sexual abuse prevention for organizations and includes prevention goals and critical strategies for each component. Suggestions for addressing challenges and tools to help organizations get started are also provided.

www.cdc.gov/ViolencePrevention/pub/PreventingChildAbuse.html

Estimating the Incidence and Costs of Violence Against Women

Recognizing the need to better measure the scope of the problem of intimate partner violence and the resulting economic costs, Congress funded CDC to conduct a study to obtain national estimates of the occurrence of IPV-related injuries, to estimate their costs to the health care system, and to recommend strategies to prevent IPV and its consequences. The resulting report, “Costs of Intimate Partner Violence Against Women in the United States,” describes the development of the study; presents findings for the estimated incidence, prevalence, and costs of nonfatal and fatal IPV; identifies future research needs; and highlights CDC’s research priorities for IPV prevention.

www.cdc.gov/ncipc/pub-res/ipv_cost/IPVBook-Final-Feb18.pdf

Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach

“Evaluation for Improvement: A Seven-Step Empowerment Evaluation Approach” is designed to help violence prevention organizations hire an empowerment evaluator who will assist them in building their evaluation capacity through a learn-by-doing process of evaluating their own strategies. It is for state and local leaders and staff members of organizations, coalitions, government agencies, and partnerships working to prevent violence. Some parts of the manual may also be useful to empowerment evaluators who work with these organizations.

Note: For information on DVP's international work related to intimate partner and sexual violence, see www.cdc.gov/violenceprevention/globalviolence/index.html

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) Violence Prevention Activities

Background

Since 1991, the Health Resources and Services Administration (HRSA) has been working to address the devastating consequences of intimate partner and family violence affecting women, men, children, and elderly populations through policy development, training, technical assistance, service delivery, education, and research. From clinical domestic violence services at community-based primary health care sites to demonstration grants that improve the identification and treatment of victims of domestic violence during pregnancy, and to training health care professionals, HRSA supports culturally competent, cutting-edge interventions to address this epidemic.

Education, Training, and Outreach

HRSA Workplace Violence Prevention Workgroup

In March 2011, the HRSA Office of Women's Health (OWH)—in collaboration with the HRSA Women's Health Coordinating Committee Violence Prevention Workgroup and the Office of Management—revised the 2005 HRSA Workplace Violence Prevention Policy. As a part of this policy, all HRSA employees are required annually to take a workplace violence prevention training course online. This course on workplace violence helps employees understand the motivations that trigger violence in the workplace and develop skills to prevent it from occurring. The work group developed a SharePoint site, an electronic toolbox of violence prevention events, funding opportunities, initiatives, and resources; invited violence prevention experts to brief the work group and HRSA grantees on violence-related issues; and established collaborative partnerships with other agencies to coordinate webinars raising awareness of domestic violence resources and programs.

National Health Observances

HRSA OWH coordinates annual activities across the agency to recognize a variety of national health observances designed to empower women and girls to make their health a top priority. Violence prevention information is disseminated through various media during Teen Dating Violence Awareness Month (February), Sexual Assault Awareness Month (April), National Women's Health Week (May), and Domestic Violence Awareness Month (October).

The Stop Bullying Now! Resource Portfolio

The Stop Bullying Now! (SBN!) Resource Portfolio provides information on how kids, teens, young adults, parents, educators and others in the community can prevent or stop bullying. This project provides essential tools for school personnel; health, safety, mental health and law enforcement professionals; youth organizations; and community leaders to address bullying behaviors in youth and to launch bullying prevention activities. SBN! resources—including a DVD toolkit with education webisodes—were sent to elementary and middle schools, U.S. libraries, state Injury Prevention Directors, state home extension agencies, state Safe and Drug-Free Schools coordinators, and U.S. Department of Defense (DOD) Education Activity/Military and Family Life coordinators. Resources were also sent to Safe Schools, Healthy Students grantees, 633 Boys and Girls Clubs, school psychologists, nurses, resource officers, local police, youth organizations, National Organization of Youth Safety (NOYS) members, and Girl Scouts of America clubs. There are over 80 active nongovernmental organization partnerships that support the development and dissemination of SBN! resources. The project connects with its audience through the Web at www.stopbullying.gov. It also leverages partnerships with stakeholder organizations to receive ongoing feedback and to disseminate educational materials. SBN! materials can be ordered by calling 1-888-ASK-HRSA.

Teen Dating Violence Prevention

To coincide with the start of Teen Dating Violence Awareness Month in February 2012, the Children’s Safety Network (CSN)—supported by HRSA—has developed two new resources on teen dating violence. The first resource is a fact sheet titled “Teen Dating Violence as a Public Health Issue.” It provides information and data on teen dating violence, describes evidence-informed interventions to reduce teen dating violence behavior, offers examples of state efforts to prevent dating violence, and lists specific steps that public health professionals can take to play an active role in addressing this injury issue. The second resource is a CSN Special Newsletter issue on Teen Dating Violence Prevention, which features links to data, research articles, policy and legislation, national organizations that work to eliminate teen dating violence and assist victims, and organizations and projects that focus on LGBTQ and minority issues related to dating violence. See www.childrensafetynetwork.org/injurytopic/csn-releases-teen-dating-violence-prevention-fact-sheet-and-resource-guide

Training Primary Care Providers in the National Health Service Corps

Through www.primarycareforall.org, the National Health Service Corps (NHSC) has made resources and training available for NHSC members and alumni, who include medical, oral, and behavioral health primary care providers in practice and students who will enter the primary care field. Resources on the site include a manual on “Addressing Domestic Violence in a Clinical Setting;” a one-page domestic violence screening form for use by health centers; and an online training, Addressing Intimate Partner Violence in the Primary Care Setting.

Grants

The Health Center Program

Currently, 40 HRSA Bureau of Primary Health Care (BPHC) Health Center program grantees in 25 states offer health center services through domestic violence shelters. In total, services are provided at 54 domestic violence shelters. A majority of these grantees offer these services as a part of a Health Care for the Homeless Program. Services provided include medical, mental health, and enabling services, such as eligibility assistance. The need for health services is particularly acute for women and families in domestic violence shelters, who often have been forced to sever all connections with their home communities and sometimes with their health care providers. See www.bphc.hrsa.gov/

State and Community Intimate Partner Violence and Perinatal Depression Resource Development Project

HRSA is leading a three-year initiative called “The State and Community Intimate Partner Violence and Perinatal Depression Resource Development Project.” HRSA’s Maternal and Child Health Bureau is developing resources that will assist state and community-based programs with their efforts to prevent, assess, and refer women to intimate partner and perinatal depression intervention.

FY 2011 accomplishments include:

- A comprehensive literature review summarizing existing peer-reviewed literature on the programmatic, policy, and educational state and community-based efforts to improve screening and intervention rates for the co-factors perinatal depression (PPD) and intimate partner violence (IPV)
- A needs assessment of MCHB State Title V and Healthy Start programs to identify their current capacity to address and the need for programmatic, policy, and educational resources (new resources) to concurrently assess, diagnose and

refer women in MCHB-funded settings for PPD and IPV intervention.

- The Perinatal Depression and Intimate Partner Violence Expert Workgroup convened to develop the resources by tapping the unique insights of a diverse group of perinatal women's and pediatric health care providers (dentists, physicians, obstetricians, pediatricians, family practitioners, psychiatrists) and nurses (nurse midwives, nurse practitioners, physician assistants, behavioral health providers); in addition to psychiatrists, psychologists, psychotherapists, Licensed Clinical Social Workers, family planning, emergency department, crisis response, child care providers, and maternal child health, and Healthy Start Directors.
- Two expert workgroup meetings were convened, and the group created a logic model and strategic plan for resource development.
- Interactive webinars with federal and non-federal partners were conducted to cultivate collaboration/partnerships.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
HRSA—in collaboration with the Administration on Children and Families—is funding the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The MIECHV Program requires all states to report on (and pursue improvements in) six benchmark areas. For Benchmark 4, states may choose to report on "reduction in crime or domestic violence." For states selecting to report on domestic violence, the following constructs must be measured: screening for domestic violence, households identified for the presence of domestic violence, number of referrals made to relevant domestic violence services, families identified for the presence of domestic violence, and number of families for which a safety plan was completed. www.mchb.hrsa.gov/programs/homevisiting/

Ryan White Program Part D Grants

In FY 2012, HRSA's HIV/AIDS Bureau refocused the Part D Program guidance to maximize the allocation of resources for family centered outpatient and ambulatory primary care for women, infant, children and youth populations in response to the goals of the National HIV/AIDS Strategy. Applicants must discuss the services they will provide to address the health care needs for women of childbearing age, including family planning, chronic disease self-management, and domestic violence awareness. www.hab.hrsa.gov/abouthab/partd.html

Special Projects of National Significance (SPNS) Program

In FY 2012, HRSA's HIV/AIDS Bureau continued to support 11 demonstration sites and one evaluation and technical assistance center to implement and evaluate interventions designed to improve access and retention in care for women of color living with HIV/AIDS in the United States. Violence prevention and linkages to supportive services for women who have experienced battery or violence are among a cadre of services provided to those served under these grants.

www.hab.hrsa.gov/aboutab/special/womencolor.html

Advanced Practice Program in Forensic Nursing, FY 08–FY 11

HRSA's Bureau of Health Professions supports the William F. Connell School of Nursing—Boston College's new focus within the existing curricula—by creating an 18 credit Advanced Practice Program in forensic nursing. Forensic nursing is a newer specialty that prepares nurses to assess and manage the physical and mental health needs of individuals affected by violence and crime and to provide forensic assessment, evidence collection, forensic documentation and court testimony. This program provides an additional specialty to advanced practice nurses. The goals of the Forensic Program are to achieve the following:

- 1) Develop, implement, and evaluate a new Master of Science Program focus in forensics and prepare graduates as Advanced Practice Forensic Nurses (APFN).
- 2) Expand upon and develop new linkages with community agencies and institutions that provide forensic services to victims, their families, and perpetrators.
- 3) Develop and utilize theoretical and empirical knowledge that advances excellence in forensic nursing practice, education, and research.
- 4) Develop a program component that addresses cultural competency and sensitivity.

Graduates will be eligible to undergo the portfolio credentialing process for the APFN offered by the American Nurses Credentialing Center.

www.bhpr.hrsa.gov/nursing/index.html

Area Health Education Centers Program

Area Health Education Centers (AHEC) Program grantees, schools of medicine and schools of nursing, and their affiliated community-based AHEC centers establish local and state partners to identify and address continuing education needs of health care professionals, particularly those who serve in rural and underserved health care delivery sites. In Academic Year 2010–2011, 45 of 54 (83 percent) of AHEC grantees and their affiliated community-based AHEC centers

provided educational programs on women's health topics. Furthermore, 45 AHEC grantees (83 percent) reported providing training on domestic violence, and 44 AHEC grantees (81 percent) reported providing programs on maternal and child health. Additionally, AHEC grantees provided continuing education to 4,541 practicing health professionals on a variety of women's health topics, including domestic violence, maternal and child health, breastfeeding, breast and cervical cancer, and prenatal health.

www.bhpr.hrsa.gov/grants/areahealtheducationcenters/index.html

The Comprehensive Geriatric Education Program (CGEP)

CGEP authorizes grants in coordination with programs under Section 753 (Education and Training Relating to Geriatrics) to meet the costs of projects that train and educate individuals in providing geriatric care for the elderly population. The University of Kansas collaborated with the Central Plains Geriatric Education Center (CPGEC) to provide continuing education training on elder abuse and neglect. www.bhpr.hrsa.gov/grants/geriatrics/index.html

Geriatric Education Centers (GECs)

The GEC Program provides training for health professional students, faculty, and practitioners. The project addresses the training and retraining of faculty, improves the training of health professional in geriatrics, and develops and disseminates curricula related to the treatment of health problems of elderly individuals. Additionally, trainings focus on an interdisciplinary approach to providing community and clinical services to the most vulnerable and underserved patients. This program also supports continuing education of health professionals who provide geriatric care. In 2011, of the 45 GEC grantees, 10 grantees provided continuing education training on elder abuse, and 15 grantees provided continuing education on elder financial exploitation.

www.bhpr.hrsa.gov/grants/geriatrics/index.html

Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professions Grant Program (GTPD)

The GTPD Program supports health professionals who plan to teach geriatrics, the care of elderly people at different levels of wellness and functioning and from a range of socioeconomic and racial and ethnic backgrounds. The programs offer service rotations, such as geriatric consultation, acute care, dental care, psychiatry, day and home care, rehabilitation, extended care, ambulatory care, and community care for older people with mental retardation. These are components of the clinical/experiential experiences of the GTPD Program that focus on elder abuse. Furthermore, fellows participate in the Geriatric Education Centers Cultural and

Linguistic Competency course and the annual Conference on Elder Abuse, Mistreatment and Neglect. www.bhpr.hrsa.gov/grants/geriatrics/index.html

Geriatric Academic Career Award (GACA) Program

The GACA Program supports the career development of Physicians, Nurses, Social Workers, Psychologists, Dentists, Pharmacists, and allied health professionals in Academic Geriatrics who provide training in Clinical Geriatrics, including the training of interdisciplinary teams of health professionals. One GACA awardee provided a geriatric clinical training session on mistreatment of older adults to eight Geriatric Fellows.

www.bhpr.hrsa.gov/grants/geriatrics/index.html

Graduate Psychology Education Program (GPE)

The GPE Program authorizes grants to meet the cost of projects; to plan, develop, operate, or maintain graduate Psychology Education programs in Behavioral and Mental Health; and to provide interdisciplinary training for Psychologists to work with underserved populations. Examples of underserved populations for whom these Psychology trainees provide clinical services include children, teens, returning war veterans, elderly, unemployed, homeless, developmentally disabled, chronically ill, and victims of domestic violence. Out of 20 GPE grantees, seven grantees address violence and abuse through their individual grant programs in some capacity.

Public Health Training Centers (PHTC) Program

The purpose of the PHTC Program is to improve the nation's public health system by strengthening the technical, scientific, managerial, and leadership competence of the current and future public health workforce. Emphasis is placed on developing the existing public health workforce as a foundation for improving the infrastructure of the public health system. This program uses the cooperative agreement mechanism, which is an award instrument requiring substantial federal involvement. Of a total of 37 PHTCs, three PHTCs conducted seven trainings related to violence against women for a total of 290 participants using live and Web-based methods. www.bhpr.hrsa.gov/grants/publichealth/index.html

The Preventive Medicine Residency Program

The Preventive Medicine Residency Program supports residencies that train physicians in preventive medicine specialties. Funds can be used to plan, develop, operate, cover practicum costs, or improve administrative units in an accredited residency program in preventive medicine or public health. Program activities consist of—but are not limited to—human trafficking, including a targeted

assessment for intimate partner violence during routine primary care, offering didactic courses addressing domestic violence, and utilizing a mobile van to address the needs of homeless women who may have been victims of domestic violence. www.bhpr.hrsa.gov/grants/medicine/index.html

INDIAN HEALTH SERVICE (IHS)

Background

The IHS plays a unique role in the U.S. Department of Health and Human Services in meeting the federal trust responsibility to provide health care to American Indians and Alaska Natives (AI/AN). The IHS provides comprehensive health service delivery to 2 million federally recognized American Indians and Alaska Natives through a system of IHS, tribal, and urban-operated facilities and programs, based on treaties, judicial determinations, and Acts of Congress. The mission of the agency is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level, in partnership with the population we serve. The agency aims to assure that comprehensive, culturally acceptable, personal and public health services are available and accessible to the service population. Our foundation is to promote healthy American Indian and Alaska Native people, communities, and cultures, and to honor the inherent sovereign rights of Tribes.

According to the Centers for Disease Control and Prevention, 39 percent of AI/AN women have experienced intimate partner violence—the highest percentage in the United States. In addition, one out of every three AI/AN women will be sexually assaulted in her lifetime, and AI/AN women are more than five times as likely to die from domestic violence-related injuries as women of any other race. Violence such as intimate partner violence and sexual assault has been correlated with adverse health conditions. Intimate partner violence has been linked to increases in heart disease, asthma, and stroke, as well as migraines and fibromyalgia. Victims also experience mental health problems, such as depression and post-traumatic stress disorder. Domestic violence and sexual assault have been correlated with an increase in high-risk health behaviors. People who have been victimized are more likely to smoke cigarettes, drink alcohol, use drugs, and engage in risky sexual behaviors.

To adequately address the problem of violence against AI/AN women, IHS focuses on both prevention and treatment services. IHS treats individuals with associated behavioral health problems and engages and empowers communities to change accepted norms of violence. Prevention of domestic violence and sexual assault begins with strong community prevention programs.

Domestic Violence Prevention Initiative

Congress appropriated \$7.5 million to the IHS in the Omnibus Appropriations Act, 2009 (Public Law 111-8) to implement the DVPI. For FY 2010, Congress added an additional \$2.5 million for a total of \$10 million for this initiative. Prior to developing specific domestic violence and sexual assault prevention and treatment programs and initiatives, IHS engaged in Tribal consultation sessions with the IHS National Tribal Advisory Committee on Behavioral Health (NTAC). The NTAC is composed of elected Tribal leaders across all 12 IHS service areas. Using the NTAC recommendations as a guide, the IHS established the DVPI. The IHS has utilized this funding to develop pilot projects aimed at domestic violence and sexual assault prevention and treatment. The DVPI expands outreach and increases awareness by funding projects that provide victim advocacy, intervention, policy development, community response teams, and community and school education programs. The funding is also being used to purchase forensic equipment and train IHS and Tribal medical personnel in sexual assault and domestic violence response.

The DVPI has awarded 65 projects, which include IHS-, Tribal-, and urban-operated programs. These include 49 IHS and Tribal domestic violence and sexual assault community developed models, eight domestic violence and sexual assault Urban Indian projects, and eight Sexual Assault Nurse Examiner (SANE)/Sexual Assault Forensic Examiner (SAFE)/Sexual Assault Response Team (SART) projects. In the first year of operation, more than 3,100 victims of domestic violence or sexual assault were served. More than 28,000 screenings for domestic violence resulted in over 1,900 referrals for services. Over 150 individuals received temporary shelter services, more than 280 received sexual assault services, and 100 forensic evidence collection kits were submitted to federal, state, and local prosecution. More than 65 percent of DVPI projects reported having active SARTs, consisting of victim advocates, medical personnel, human services, SANE/SAFE examiner, state, local, and Tribal law enforcement, local and state prosecution, and court representatives.

Over 2,200 participants were trained at 141 training events. Attendees included multidisciplinary and mental health professionals, Physicians, Nurses, alcohol and substance abuse staff, non-medical personnel, victim advocates, educational and child care staff, law enforcement, Tribal leaders, and elders. Topics included the fundamentals of domestic violence, substance abuse and domestic violence, historical trauma, children's issues, dating violence, sexual assault basics, confidentiality, and bullying, among others. In addition, more than 12,000 community members were reached through community educational events.

The IHS Government Performance and Results Act (GPRA) measure for domestic violence is the percentage of AI/AN female patients ages 15–40 who have been screened for domestic and intimate partner violence during the year. Screening identifies women at risk for domestic violence so that these individuals can be provided prevention education or referred for services, if indicated. Since 2008, the IHS has far exceeded the long-term goal of screening at a rate of 40 percent. In 2011, a target screening rate of 55 percent was set and achieved. Among projects funded under DVPI, screening rates exceeded 73 percent, which suggests that targeted interventions focused specifically on prevention may be efficacious in raising provider awareness, screening rates, and thus increasing delivery of needed services.

IHS Partnerships

IHS has devoted considerable effort to develop and share effective programs throughout the Indian health system. Strategies to address domestic violence and sexual assault include collaborations and partnerships with consumers and their families, Tribes and Tribal organizations; Urban Indian Health programs; federal, state, and local agencies; as well as public and private organizations. The development of programs that are collaborative, community driven, and nationally supported offers the most promising potential for long-term success and sustainment. IHS partnerships and consultation with Tribes ensure that IHS is working together to improve the health of AI/AN communities.

The IHS and the DOJ Office on Victims of Crime (OVC) entered into a partnership involving the Federal Bureau of Investigation (FBI) and the U.S. Department of the Interior. This partnership is the AI/AN SANE-SART Initiative, and is funded through the OVC. The goal of the SANE/SART Initiative is to address the needs of sexual assault victims in Indian Country that restore the dignity, respect, and mental and physical health of victims of sexual assault and ensures more effective and victim-centered investigations and prosecutions. Using evidence-based practices involving SANEs, SARTs, and victim-centered law enforcement practices, the initiative supports victim recovery, satisfaction, and cooperation with the federal criminal justice system, as well as supports victims' of sexual assault and Tribal communities' need for justice. To address this overall goal, the project will identify, assess, and support existing SANE and SART efforts by providing training and technical assistance resources for all of the IHS- and OVC-funded SANE/SART programs and through the development of comprehensive SANE/SART demonstration projects.

NATIONAL INSTITUTES OF HEALTH (NIH) Violence-Related Research Funding

The National Institutes of Health (NIH), the nation's medical research agency, is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases.

Violence Against Women (VAW) research is one of the research areas that is reported annually through the NIH Research Portfolio Online Reporting Tools (RePORT), where VAW is reported as one of the 229 major research/disease areas. In FY 2011, \$34 million of VAW research was funded across almost 100 projects. Most of the VAW research funding and activity is concentrated in the following institutes and centers: the National Institute on Aging (NIA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Institute on Drug Abuse (NIDA), the National Institute of Mental Health (NIMH), and the National Institute of Nursing Research (NINR).

During FY 2011, additional VAW research funding was provided by the National Heart, Lung, and Blood Institute (NHLBI); the National Institute of General Medical Sciences (NIGMS); the National Institute on Minority Health and Health Disparities (NIMHD); the National Institute of Neurological Disorders and Stroke (NINDS); and the John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC). Administrative coordination and collaboration for this area of research is through the Office of Research on Women's Health (ORWH). Additional research collaboration occurs with the Office of Behavioral and Social Sciences Research (OBSSR). Both of these offices are located within the Office of the NIH Director.

National Institute on Aging (NIA)

The National Institute on Aging (NIA) supports research on issues of violence, abuse, and maltreatment in older Americans, including projects relating to violence against older women. Research studies that were ongoing in 2011 include a study aimed at gaining a better understanding of how childhood and adult adversity—including exposure to violence—contributes to early mid-life adult health outcomes and a study of the frequency and nature of resident-to-resident

mistreatment in long-term care settings. NIA also supports a Midcareer Investigator Award to an Investigator who is working to develop a national mentorship program for Junior Investigators in the field of elder abuse. In addition, intimate partner violence is among the topics explored in the “National Social Life, Health, and Aging Study,” a population-based study of health and social factors on a national scale that aims to understand the well-being of older, community-dwelling Americans by examining the interactions among physical health, illness, medication use, cognitive function, emotional health, sensory function, health behaviors, and social connectedness.

The NIA and the National Academy of Sciences jointly held an exploratory meeting in 2010 on research issues in elder mistreatment and financial fraud. Research participants identified several gaps in knowledge in these areas, and the group’s findings will inform the research agenda in the coming years. A meeting summary, released in 2011, is available at www.nia.nih.gov/sites/default/files/meeting-report_1.pdf.

Several NIA publications contain brief discussions of elder abuse. Materials written for older people explain the various forms this problem can take and offer resources for help. Others aimed at family and/or caregivers address fraud and caregiver violence and neglect. Those publications for health professionals help them explore this sensitive topic with their older patients.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

The NIAAA research grant portfolio includes a number of studies that are relevant to the issue of alcohol-related violence against women. Such studies investigate the relationship between alcohol use and violence in adolescents and college-age women, the effects of childhood sexual and physical abuse on later-life re-victimization and risk behaviors among women, the psychological effects of sexual assault on women survivors, and the effects of intimate partner violence on women’s services utilization. The NIAAA also funds human laboratory research that investigates the ability to process cues regarding potential violence following alcohol consumption.

Funding Opportunity Announcements (FOAs)

NIAAA welcomes research applications investigating alcohol-related violence against women under the following NIH announcements:

(NIAAA issued) PA-11-016, PA-11-017, PA-11-018 “Epidemiology and Prevention in Alcohol Research” (R01, R03, R21)

(NICHD issued, NIAAA participating) PA-09-169 and PA-09-170 “Research on Teen Dating Violence” (R01; R21)

**Eunice Kennedy Shriver National Institute of Child Health
And Human Development (NICHD)**

The NICHD is dedicated to understanding the processes governing growth and development upon which the health of infants, children, youth, mothers, and families depend. One aspect of this research seeks to understand the antecedents and developmental consequences of a range of behaviors, including those related to intimate partner violence and to domestic violence. To that end, the NICHD funds several ongoing and new studies concerning violence against women, especially in the area of women’s reproductive health. However, the NICHD’s interest extends beyond violence toward women. Recognizing that violence against one family member can have far-reaching and long-term impact within the entire family unit, the Institute also supports research that examines the antecedents and consequences of intimate partner violence and how it affects child development.

The NICHD, in collaboration with NIDA and OBSSR, is encouraging research on children in military families to better understand the impact of parental deployment and reintegration on child and family functioning. See www.grants.nih.gov/grants/guide/pa-files/PA-11-200.html.

Interdisciplinary studies will examine the impact of parental military deployment, combat-related stress, and reintegration with the family on child social and affective development outcomes, as well as on family functioning. Returning military personnel, particularly those with multiple deployments to combat zones, may have major depression or traumatic brain injury, and other co-morbid conditions. A developing body of literature suggests that these may be associated with an increased risk of domestic violence and child maltreatment.

The Institute plans to continue supporting the Maternal and Child Health and Human Development Research (MCHDR) Program. Collaborative research projects involving U.S. and Indian Investigators will enhance maternal and child health, disease prevention, product development and/or technology transfer. See www.grants.nih.gov/grants/guide/pa-files/PAR-11-092.html. The program places specific emphasis on the need for research intended to move beyond basic science and discovery to product development, utilization, and improved care for women, infants and children. An emphasis will also be placed on studies addressing social,

behavioral, or other factors affecting implementation of established and/or new approaches to prevention, care, and treatment of disease/poor health in women, infants, and children, including the prevalence, risk factors, or potential interventions for domestic violence.

National Institute on Drug Abuse (NIDA)

NIDA supports both quantitative and qualitative studies that examine the relationship between drug use and violence against women and girls. These studies aim to enhance our knowledge concerning the health and social consequences of drug use and violence against females. A wide range of topics are addressed, including the bi-directionality of drug abuse and violence; the linkages between violence, drug use, and HIV risk behavior; and research on promising interventions to address the myriad factors involved in interrelated current and past violence, substance abuse, and HIV. The FY 2011 NIDA activities focus on—or are related to—research on violence against women and girls, along with relevant publications, meeting activities, funding opportunity announcements, and future plans.

Meetings/Events

NIDA has ongoing participation in the following:

- **Federal Partner Teen Dating Violence Workgroup**, with representatives from 18 agencies in the Departments of Health and Human Services (HHS), Justice, Education, and Defense, as well as the Office of the Vice President; sponsored by the National Institute of Justice, the workgroup coordinates teen dating violence program, policy, and research activities
- **HHS Steering Committee on Violence Against Women**, which coordinates the Department's responses to research needs, program implementation, service provision, and crisis intervention
- **Think Tank Committee of the National Partnership to End Interpersonal Violence across the Lifespan** (for which a NIDA staff member serves on the Executive Committee); the Think Tank is an umbrella organization of more than 100 research, policy and governmental groups whose representatives work together to develop a blueprint to end interpersonal violence; Executive Committee plans and develops the agenda of the annual meeting focused on violence, abuse, and trauma

- **Institute of Medicine (IOM) Forum on Global Violence Prevention**, which works to reduce violence worldwide by promoting research on both protective and risk factors, encouraging evidence-based prevention efforts, and bringing together experts from all areas of violence prevention to promote exchange of ideas

Past participation includes the following:

- “Teen Dating Violence Measurement and Definition Subgroup Meeting” of the (IOM) Forum on Global Violence Prevention, December 2011
- First Workshop of the IOM Forum on Global Violence Prevention, “Preventing Violence Against Women and Children,” January 27–28, 2011
- IOM Workshop, “Social and Economic Costs of Violence,” April 28–29, 2011
- National Institute of Justice (NIJ) “Longitudinal Data on Teen Dating Violence Research Meeting” in Washington, DC, June 7–8, 2011
- Federal Partners in Bullying Prevention federal working group, including participation in its steering committee, planning for its “2nd National Bullying Summit” and chairing a symposium at the annual American Psychological Association Convention, August 2011
- IOM “mPreventViolence: Communication and Technology for Violence Prevention Workshop,” December 8–9, 2011

NIDA also provided input into the draft Surgeon General document on preventing youth violence, December 2011.

Funding Opportunity Announcements (FOAs)

- NIDA, along with NIAAA and ORWH, continues to participate in the Funding Opportunity Announcements (FOAs): PA-09-169 (R01) and PA-09-170 (R21), titled, “Research on Teen Dating Violence,” calling for research applications aimed at facilitating better understanding of the etiologies and precursors for reducing the risk for and incidence of teen dating violence (TDV). In addition, the FOAs call for research that examines the linkages and gaps among perceptions of appropriate responses to TDV from service providers, the criminal justice system, teens themselves, victims, perpetrators, and bystanders.

The FOAs can be viewed at:

www.grants.nih.gov/grants/guide/pa-files/PA-09-169.html (R01)

www.grants.nih.gov/grants/guide/pa-files/PA-09-170.html (R21)

The expiration date for both FOAs is September 8, 2012.

- NIDA, along with NIAAA, reissued the FOAs, PA-11-047 (R01), PA-11-048 (R21) and PA-11-049 (R21), titled “Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence,” calling for research applications aimed at advancing research that focuses on male-female differences in drug and alcohol abuse and addiction and on factors specific to women. Areas of research interest include prior stress, trauma, violence, and victimization in the development and maintenance of drug abuse and dependence; developing interventions that consider the role of childhood and adulthood violence and victimization in differentially perpetuating drug abuse in males and females with attention to environmental, psychosocial, and cultural factors that differentially keep them in the cycle of violence; and treatment and treatment services that examine sex/gender differences in the impact of psychological trauma (e.g., childhood physical and sexual abuse, intimate partner violence) on drug abuse treatment process variables and outcomes.

The program announcements can be viewed at:

www.grants.nih.gov/grants/guide/pa-files/PA-11-047.html (R01)

www.grants.nih.gov/grants/guide/pa-files/PA-11-048.html (R21)

www.grants.nih.gov/grants/guide/pa-files/PA-11-049.html (R03)

The expiration date for these FOAs is January 8, 2014.

Future Plans

NIDA will continue to solicit and support high-quality research on violence against women and girls; looking at the contributions of stress, abuse, trauma, and violence during adolescence and adulthood; intimate partner violence; and substance abuse and other co-occurring mental health disorders and HIV/AIDS. Findings will inform the development of integrated prevention and treatment strategies that address multiple risks and protective factors.

National Institute of Mental Health (NIMH)

Research on violence against women is part of a larger NIMH portfolio of research focused on understanding and addressing the mental health consequences of many different types of violence and trauma. NIMH research investments related to VAW are diverse; some projects are focused on basic science understanding of the effects of violence exposure upon the developing or adult brain, while others attempt to detect factors of risk and resilience, since we know that everyone exposed to violence does not develop post-traumatic stress disorder (PTSD) or other mental health disorders. Other studies focus on prevention, intervention research and studies of effective services to victims of violence. NIMH's larger portfolio on trauma has relevance to violence against women, since PTSD can develop after exposure to a terrifying event or ordeal, and women experience PTSD at twice the rate of men.

An example of a FY 2011 neuroscience study that attempts to understand the effects of abuse on brain functioning and mental health is "Neural Circuits in Women with Abuse and PTSD" (5R01MH056120-12). Studies of risk and resilience include "Early Traumatic Stress Exposure: Neurodevelopmental Mechanisms of Clinical Risk" (5R01MH090301-02) and "Prevention of Depression in Maltreated and Nonmaltreated Adolescents" (1R01MH091070-01A1). Genetic studies also show promise in identifying women and men who may be most at risk for developing PTSD when exposed to trauma, as is being investigated in these studies: "Genetic Determinants of PTSD in Women" (5R01MH078928-04) and "Genetic and Trauma-Related Risk Factors for Posttraumatic Stress Disorder" (5R01MH071537-07). In a finding from the latter study, published in *Nature* in 2011, "Post-traumatic stress disorder is associated with PACAP and the PAC1 receptor," researchers linked high levels of a stress-triggered, estrogen-related hormone to PTSD symptoms in women, with certain versions of the hormone receptor's gene conferring higher risk.

The major portion of NIMH research in this area studies prevention, intervention, and services. Several of these studies also target particularly vulnerable populations, such as adolescents and those at risk for HIV: "Dating Violence and HIV Prevention in Girls: Adapting Mental Health Interventions" (1K23MH086328-03) and "HIV Prevention and Partner Abuse: Developing an Intervention for Adolescent Girls" (5K01MH080649-04). NIMH also funds FY 2011 studies seeking to determine the best way of delivering effective services through such research as "Group Interventions for Abused, Suicidal Black Women" (5R01MH078002-05), "Treatment of PTSD in Recently Battered Women

Living in Shelters” (5R34 MH08786-04), and “Effectiveness of Inter-Personal Therapy (IPT) Adapted for Depressed Women with Trauma Histories in a Community Mental Health Center (CMHC)” (5R01MH076928-05).

NIMH plans to continue funding trauma research—including studies on violence against women—in FY 2012 and beyond, as well as to continue participation in planning the Trauma Spectrum Conference series. NIMH participated in planning the last four Trauma Spectrum Conferences, which are sponsored by the NIH Office of Research on Women’s Health, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, and the U.S. Department of Veterans Affairs. The 4th Annual Trauma Spectrum Conference, held in December 2011, “Bridging the Gap Between Research and Clinical Practice of Psychological Health and Traumatic Brain Injury: Prevention, Diagnosis, Treatment and Recovery for the Iraq and Afghanistan Cohort,” included several sessions focused on research on military women’s exposure to violence, both combat exposure and sexual assault in the military. It should also be noted that NIMH continues to collaborate with the Army on the “Army STARRS Study,” which includes research on men and women exposed to trauma during and outside of deployment and may help expand scientific understanding of the factors that cause women exposed to violence to have higher rates of PTSD than males exposed to violence. Given the differences between men and women in rates of PTSD, as well as other mental health disorders, NIMH has committed funding for FY 2013 for worthy applications in the areas of sex differences in risk and resilience:

RFA-MH-13-020. “Competitive Revision Applications for Research on Neural Processes Underlying Sex Differences Related to Risk and Resilience for Mental Illness” (R01)

RFA-MH-13-021. “Neural Processes Underlying Sex Differences Related to Risk and Resilience for Mental Illness” (R21)

RFA-MH-13-022. “Competitive Revision Applications for Research on Neural Processes Underlying Sex Differences Related to Risk and Resilience for Mental Illness” (P50)

National Institute of Nursing Research (NINR)

The National Institute of Nursing Research (NINR) supports clinical and basic research to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, enhance palliative

and end-of-life care, and train the next generation of scientists. In doing so, NINR promotes and improves the health of individuals, families, and communities across the lifespan in a variety of clinical settings and within diverse populations. NINR-supported research also seeks to understand the causes of health inequities and to develop interventions to ameliorate such disparities. Within this mission, NINR-supported research projects relevant to VAW have focused disease and injury prevention, health promotion, self- and symptom management, as well as the reduction and ultimate elimination of health disparities toward advancing health equity. Some examples from the current NINR-supported efforts are listed in the sections below (with links to RePORTER, PubMed, or other sources):

1) Grants that the IC supports on VAW (grant title, number, and PI's name) and a hyperlink to the listing in the RePORTER

FY 2011 projects include:

- Community Coping Intervention for Somali Refugee Women
 - Project Number: R21NR012055
 - PI: Robertson, Cheryl Lee
 - Organization: University of Minnesota Twin Cities
 - www.projectreporter.nih.gov/project_info_details.cfm?aid=8060601&icde=11034204

- Injury in Latina Women After Sexual Assault: Moving Toward Health Care Equity
 - Project Number: R01NR011589
 - PI: Sommers, Marilyn S.
 - Organization: University of Pennsylvania
 - www.projectreporter.nih.gov/project_info_description.cfm?aid=8069003&icde=10986511&ddparam=&ddvalue=&ddsub=

Future plans

Through a comprehensive portfolio that provides robust evidence to transform our health care system, foster innovation, and advance science, NINR will continue its focus on the unique social, cultural, societal, genetic, and biological factors that contribute to disease prevention, health promotion, and self-management of illness. For the future, NINR looks forward to continued nursing science advances focused on individuals, patients, and families that will make critical contributions toward eliminating health disparities and improving health care practice and quality of life across the disease spectrum and across the lifespan.

FY 2011 NIH-Wide Project Listing for VAW

NIH has developed a public-access link for all active grant awards, Research Portfolio Online Reporting Tools (RePORT), which can be accessed at <http://report.nih.gov/rcdc/categories/>. The FY 2011 grant listing follows this summary report and includes the title of each award, a brief abstract of the research, and other relevant information.

NIH remains committed to advancing the knowledge about VAW and will continue to support research and other activities in this area. In addition to direct support for research, NIH has also contributed funding to several Institute of Medicine-led workshops and forums, such as “Preventing Violence Against Women and Children,” January 27–28, 2011, Workshop Summary released September 2011. NIH staff are also members of the HHS VAW Steering Committee and collaborate on trans-HHS activities.

VAW Publications Generated Through NIH Funding NIAAA-Supported

Abbey, A. (2011). Alcohol's role in sexual violence perpetration: theoretical explanations, existing evidence and future directions. *Drug and Alcohol Review*. 30, 481–489.

Abbey, A., & Jacques-Tiura, A. J. (2011). Sexual assault perpetrators' tactics: associations with their personal characteristics and aspects of the incident. *Journal of Interpersonal Violence*. 26, 2866–2889.

Abbey, A., Jacques-Tiura, A. J., & LeBreton, J. M. (2011). Risk factors for sexual aggression in young men: an expansion of the confluence model. *Aggressive Behavior*. 37, 450–464.

Cunradi, C. B., Ames, G. M., & Duke, M. (2011). The relationship of alcohol problems to the risk for unidirectional and bidirectional intimate partner violence among a sample of blue-collar couples. *Violence and Victims*. 26, 147–158.

Cunradi, C. B., Mair, C., Ponicki, W., & Remer, L. (2011). Alcohol outlets, neighborhood characteristics, and intimate partner violence: ecological analysis of a California city. *Journal of Urban Health*. 88, 191–200.

Lipsky, S., Caetano, R., & Roy-Byrne, P. (2011). Triple jeopardy: impact of partner violence perpetration, mental health and substance use on perceived unmet need for mental health care among men. *Social Psychiatry and Psychiatric Epidemiology*. 46, 843–852.

Mattson, R. E., O'Farrell, T. J., Lofgreen, A. M., Cunningham, K., & Murphy, C. M. (2011). The role of illicit substance use in a conceptual model of intimate partner violence in men undergoing treatment for alcoholism. *Psychology of Addictive Behaviors*. (August 29). (Epublished ahead of print).

McGinley, M., Richman, J. A., & Rospenda, K. M. (2011). Duration of sexual harassment and generalized harassment in the workplace over ten years: effects on deleterious drinking outcomes. *Journal of Addictive Diseases*. 30, 229–242.

Najdowski, C. J., & Ullman, S. E. (2011). The effects of revictimization on coping and depression in female sexual assault victims. *Journal of Traumatic Stress*. 24, 218–221.

Reyes, H. L., Foshee, V. A., Bauer, D. J., & Ennett, S. T. (2011). The role of heavy alcohol use in the developmental process of desistance in dating aggression during adolescence. *Journal of Abnormal Child Psychology*. 39, 239–250.

Rothman, E. F., Exner, D., & Baughman, A. L. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. *Trauma, Violence, & Abuse*. 12, 55–66.

Rothman, E. F., Johnson, R. M., Young, R., Weinberg, J., Azrael, D., & Molnar, B. E. (2011). Neighborhood-level factors associated with physical dating violence perpetration: results of a representative survey conducted in Boston, MA. *Journal of Urban Health*. 88, 201–213.

Rothman, E. F., Miller, E., Terpeluk, A., Glauber, A., & Randel, J. (2011) The proportion of U.S. parents who talk with their adolescent children about dating abuse. *Journal of Adolescent Health*. 49, 216–218.

Rothman, E. F., Stuart, G. L., Greenbaum, P. E., Heeren, T., Bowen, D. J., Vinci, R., Baughman, A. L., & Bernstein, J. (2011). Drinking style and dating violence in a sample of urban, alcohol-using youth. *Journal of Studies on Alcohol and Drugs*. 72, 555–566.

Schumacher, J. A., Coffey, S. F., Stasiewicz, P. R., Murphy, C. M., Leonard, K. E., & Fals-Stewart, W. (2011). Development of a Brief Motivational Enhancement Intervention for Intimate Partner Violence in Alcohol Treatment Settings. *Journal of Aggression, Maltreatment & Trauma*. 20, 103–127.

Shorey, R. C., Stuart, G. L., & Cornelius, T. L. (2011). Dating Violence and Substance Use in College Students: A Review of the Literature. *Aggression and Violent Behavior*. 16, 541–550.

Smith, P. H., Homish, G. G., Leonard, K. E., & Cornelius, J. R. (2011). Intimate partner violence and specific substance use disorders: Findings from the national epidemiologic survey on alcohol and related conditions. *Psychology of Addictive Behaviors*. (August 8). (Epublished ahead of print).

Testa, M., & Hoffman, J. H. (2012). Naturally Occurring Changes in Women's Drinking From High School to College and Implications for Sexual Victimization. *Journal of Studies on Alcohol and Drugs*. 73, 26–33.

Testa, M., Hoffman, J. H., & Leonard, K. E. (2011). Female intimate partner violence perpetration: stability and predictors of mutual and nonmutual aggression across the first year of college. *Aggressive Behavior*. 37, 362–373.

Testa, M., Livingston, J. A., VanZile-Tamsen, C. (2011). Advancing the study of violence against women using mixed methods: integrating qualitative methods into a quantitative research program. *Violence Against Women*. 17, 236–250.

Ullman, S. E. (2011). Longitudinal tracking methods in a study of adult women sexual assault survivors. *Violence Against Women*. 17, 189–200.

Ullman, S. E., & Najdowski, C. J. (2011). Prospective changes in attributions of self-blame and social reactions to women's disclosures of adult sexual assault. *Journal of Interpersonal Violence*. 26, 1934–1962.

Vincent, W., Parrott, D. J., & Peterson, J. L. (2011). Effects of Traditional Gender Role Norms and Religious Fundamentalism on Self-Identified Heterosexual Men's Attitudes, Anger, and Aggression Toward Gay Men and Lesbians. *Psychology of Men & Masculinity*. 12, 383–400.

Waller, M. W., Iritani, B. J., Christ, S. L., Clark, H. K., Moracco, K. E., Halpern, C. T., & Flewelling, R. L. (2011). Relationships Among Alcohol Outlet Density, Alcohol use, and Intimate Partner Violence Victimization Among Young Women in the United States. *Journal of Interpersonal Violence*. (December 28).

NICHD-Supported VAW Publications

Boynton-Jarrett, R., Fagnoli, J., Suglia, S. F., Zuckerman, B., & Wright, R. J. (2010). Association between maternal intimate partner violence and incident obesity in preschool-aged children: Results from the fragile families and child well-being study. *Archives of Pediatrics and Adolescent Medicine*. 164, 540–546.

Kerr, D. C. R., & Capaldi, D. M. (2011). Young men's intimate partner violence and relationship functioning: Long-term outcomes associated with suicide attempt and aggression in adolescence. *Psychological Medicine*. 41, 759–769.

Kwako, L. E., Noll, J. G., Putnam, F. W., & Trickett, P. K. (2010). Childhood sexual abuse and attachment: An intergenerational perspective. *Clinical Child Psychology and Psychiatry*. 15, 407–422.

Noll, J. G., Haralson, K. J., Butler, E. M., & Shenk, C. E. (2011). Childhood maltreatment, psychological dysregulation, and risky sexual behaviors in female adolescents. *Journal of Pediatric Psychology.* 36, 743–752.

Noll, J. G., Shenk, C. E., Yeh, M. T., Ji, J., Putnam, F. W., & Trickett, P.K. (2010). Receptive language and educational attainment for sexually abused females, *Pediatrics,* 126, 0–0.

Rellini, A. H., Ing, A. D., & Meston, C. M. (2011). Implicit and explicit cognitive sexual processes in survivors of childhood sexual abuse. *Journal of Sexual Medicine.* 8, 3098–3107.

Sousa, C., Herrenkohl, T. I., Moylan, C. A., Tajima, E. A., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2011). Longitudinal study on the effects of child abuse and children's exposure to domestic violence, parent-child attachments, and antisocial behavior in adolescence. *Journal of Interpersonal Violence,* 26, 111–136.

Tajima, E. A., Herrenkohl, T. I., Moylan, C. A., & Derr, A. S. (2011). Moderating the effects of childhood exposure to intimate partner violence: The roles of parenting characteristics and adolescent peer support. *Journal of Research on Adolescence.* 21, 376–394.

Whitney, S. D., Renner, L. M., & Herrenkohl, T. I. (2010). Gender differences in risk and promotive classifications associated with adolescent delinquency. *Journal of Genetic Psychology.* 171, 116–138.

Wiesner, M., Capaldi, D. M., & Kim, H. K. (2010). Arrests, recent life circumstances, and recurrent job loss for at-risk young men: An event-history analysis. *Journal of Vocational Behavior.* 76, 344–354.

Violence during pregnancy linked to reduced birth weight
www.nichd.nih.gov/news/releases/090811-violence-low-birthweight.cfm

NIDA-Supported VAW Publications

Andrews, C. M., Cao, D., Marsh, J. C., & Shin, H. C. (2011). The impact of comprehensive services in substance abuse treatment for women with a history of intimate partner violence. *Violence Against Women.* 17, 550–567. (Epublished April 26, 2011).

Appleyard, K., Berlin, L. J., Rosanbalm, K. D., & Dodge, K. A. (2011). Preventing early child maltreatment: implications from a longitudinal study of maternal abuse history, substance use problems, and offspring victimization. *Prevention Science*. 12, 139–149.

Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: mediating mechanisms and implications for prevention. *Child Development*. 82, 162–176.

Cavazos-Rehg, P. A., Krauss, M. J., Spitznagel, E. L., Schootman, M., Cottler, L. B., & Bierut, L. J. (2010). Associations between multiple pregnancies and health risk behaviors among U.S. adolescents. *Journal of Adolescent Health*. 47, 600–603. (Epublished May 20, 2010).

Champion, J. D. (2011). Context of sexual risk behaviour among abused ethnic minority adolescent women. *International Nursing Review*. 58, 61–67. (Epublished January 11, 2011).

Champion, J. D., & Collins, J. L. (2011). Comparison of a theory-based (AIDS Risk Reduction Model) cognitive behavioral intervention versus enhanced counseling for abused ethnic minority adolescent women on infection with sexually transmitted infection: Results of a randomized controlled trial. *International Journal of Nursing Studies*. (September 19). (Epublished ahead of print).

Derefinko, K., DeWall, C. N., Metze, A. V., Walsh E. C., & Lynam, D. R. (2011) Do different facets of impulsivity predict different types of aggression? *Aggressive Behavior*. 37, 223–233. (Epublished January 21, 2011).

Frye, V., Ompad, D., Chan, C., Koblin, B., Galea, S., & Vlahov, D. (2011) Intimate partner violence perpetration and condom use-related factors: associations with heterosexual men's consistent condom use. *AIDS and Behavior*. 15, 153–162.

Green, K. M., Doherty, E. E., Zebak, K. A., & Ensminger, M. E. (2011). Association between adolescent drinking and adult violence: evidence from a longitudinal study of urban African Americans. *Journal of Studies on Alcohol and Drugs*. 72, 701–710.

Humphreys, J., Tsoh, J. Y., Kohn, M. A., & Gerbert, B. (2011). Increasing discussions of intimate partner violence in prenatal care using Video Doctor plus Provider Cueing: a randomized, controlled trial. *Womens Health Issues*. 21, 136–144. (Epublished December 24, 2010).

Jones, H. E., Berkman, N. D., Kline, T. L., Ellerson, R. M., Browne, F.A., Poulton, W., & Wechsberg, W.M. (2011). Initial feasibility of a woman-focused intervention for pregnant African-American women. *International Journal of Pediatrics*. (Epublished March 23, 2011).

Kim, H. K., Pears, K. C., Fisher, P. A., Connelly, C. D., & Landsverk, J. A. (2010). Trajectories of maternal harsh parenting in the first 3 years of life. *Child Abuse & Neglect*. 34, 897–906. (Epublished October 27, 2010).

Meyer, J. P., Springer, S. A., & Altice, F.L. (2011). Substance abuse, violence, and HIV in women: a literature review of the syndemic. *Journal of Women's Health (Larchmont)*. 20, 991–1006.

Okuda, M., Olfson, M., Hasin, D., Grant, B. F., Lin, K. H., & Blanco, C. (2011). Mental health of victims of intimate partner violence: results from a national epidemiologic survey. *Psychiatric Services*. 62, 959–962.

Ompad, D. C., Friedman, S. R., Hwahng, S. J., Nandi, V., Fuller, C. M., & Vlahov, D. (2011) HIV risk behaviors among young drug using women who have sex with women (WSWs) in New York City. *Substance Use & Misuse*. 46, 274–284.

Sullivan, T., Khondkaryan, E., Dos Santos, N., & Peters, E. (2011) Applying experience sampling methods to partner violence research: Safety and feasibility in a 90-day study of community women. *Violence Against Women*. 17, 251–266.

Ulibarri, M. D., Strathdee, S. A., Lozada, R., Magis-Rodriguez, C., Amaro, H., O'Campo, P., & Patterson, T. L. (2010). Intimate partner violence among female sex workers in two Mexico-U.S. border cities: partner characteristics and HIV risk-behaviors as correlates of abuse. *Psychology Trauma*. 2, 318–325.

Wolitzky-Taylor, K. B., Resnick, H. S., Amstadter, A. B., McCauley, J. L., Ruggiero, K. J., & Kilpatrick, D. G. (2011). Reporting rape in a national sample of college women. *Journal of American College Health*. 59, 582–587.

Wong, F.Y., DiGangi, J., Young, D., Huang, Z. J., Smith, B. D., & John, D. (2011). Intimate partner violence, depression, and alcohol use among a sample of foreign-born Southeast Asian women in an urban setting in the United States. *Journal of Interpersonal Violence*. 26, 211–229. (Epublished May 10, 2010).

Young, A., Grey, M., Boyd, C. J., & McCabe, S. E. (2011). Adolescent sexual assault and the medical and nonmedical use of prescription medication. *Journal of Addictions Nursing*. 11, 25–31.

Zinzow, H. M., Resnick, H. S., McCauley, J. L., Amstadter, A. B., Ruggiero, K. J., & Kilpatrick, D.G. (2011). Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women. *Social Psychiatry and Psychiatric Epidemiology*. (May 21). (Epublished ahead of print).

NIMH-Supported VAW Publications (selected)

Ressler, K. J., Mercer, K. B., Bradley, B., et al. (2011). Post-traumatic stress disorder is associated with PACAP and the PAC1 receptor. *Nature*. 24, 492–497. (See information about study above)

Sciolla, A., Glover, D. A., Loeb, T. B. et al. (2011). Childhood sexual abuse severity and disclosure as predictors of depression among adult African-American and Latina women. *Journal of Nervous and Mental Disease*. 199, 471–477.

Wyatt, G. E.; Hamilton, A.B.; Myers, H.F.; et al. (2011). Violence prevention among HIV-positive women with histories of violence, healing women in their communities. *Women's Health Issues*. 21, 255–260.

Valentine, J. M.; Rodriguez, M. A.; Lapeyrouse, L. M.; et al. (2011). Recent intimate partner violence as a prenatal predictor of maternal depression in the first year postpartum among Latinas. *Archives of Women's Mental Health*. 14, 135–143.

For actual grant summaries, please visit:

www.orwh.od.nih.gov/outreachedu/research_policy_reports.html

OFFICE OF ADOLESCENT HEALTH
Office of the Assistant Secretary for Health
Office of the Secretary
U.S. Department of Health and Human Services

Program Operation

The Office of Adolescent Health (OAH) was established through the Consolidated Appropriations Act of 2010 within the Office of the Assistant Secretary for Health in the Office of the Secretary at the U.S. Department of Health and Human Services (HHS). OAH coordinates adolescent health promotion and disease prevention programs and initiatives across HHS and works in partnership with other HHS agencies to support evidence-based approaches to improve the health of adolescents. OAH administers the Teen Pregnancy Prevention (TPP) grants that implement and give support to evidence-based pregnancy prevention approaches. OAH also administers the Pregnancy Assistance Fund (PAF) grants that present funding to states and Tribes to provide pregnant and parenting adolescents and women with a seamless network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing and other critical supports. All grantees applied for funds by responding to the distinct Funding Opportunity Announcements, and they met all of the eligibility requirements.

OAH Ongoing Participation in Working Groups

OAH has ongoing participation in the following groups related to violence against women:

- The White House Office of the Vice President’s Violence Against Women Federal Interagency Working Group, which coordinates federal efforts to end violence against women (including girls, teens, and older women)
- The Federal Partner Teen Dating Violence Workgroup, which coordinates teen dating violence program, policy, and research activities
- The HHS Steering Committee on Violence Against Women, which coordinates the Department’s responses to research needs, program implementation, service provision, and crisis intervention

- The HHS Coordinating Committee on Women’s Health, which advises the Assistant Secretary for Health on current and planned activities across HHS that would safeguard and improve the physical and mental health of all women in the United States

Pregnancy Assistance Fund

The Patient Protection and Affordable Care Act (Public Law 111-148) authorized and appropriated \$25 million for fiscal years (FYs) 2010–2019 through the Pregnancy Assistance Fund (PAF) to provide competitive grants to states and/or Tribes to assist pregnant and parenting teens, women, and their families. The grantees can use these funds to develop and implement any or all of the following activities:

1. Support pregnant and parenting student services at institutions of higher education.
2. Support pregnant and parenting high schools and community service centers
3. Improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking.
4. Increase public awareness and education.

All of the PAF grantees are in their second or third year of funding, and are continuing to develop and implement their programs.

Of the 17 PAF grantees, six target their activities to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. These grantees include the Massachusetts Department of Public Health, the North Carolina Department of Health and Human Services, the Virginia Department of Health, the Washington State Department of Health, the New Mexico Public Education Department, and the Oregon Department of Justice. Examples of the grantee programs include:

- Providing modular instruction on healthy relationships and intimate partner violence prevention through a domestic violence advocate (Massachusetts)
- Conducting trainings on domestic violence basics, advocacy skills, primary prevention, coordination of community responses, and volunteer management (North Carolina)
- Implementing college campus-based domestic violence, sexual assault, and stalking awareness campaigns (Virginia)

Washington State’s Department of Health PAF Program, “The Pregnant and Parenting Teens and Women Project,” is working with the Washington State Coalition Against Domestic Violence, the Washington Coalition of Sexual Assault Program, and the Attorney General’s Office to support a holistic and comprehensive community response to the needs of all women, including young women ages 16–24 who have been victims of intimate partner violence and sexual assault. The project develops resources and partnerships—while incorporating a philosophy of trauma-informed care—to help law enforcement, justice, social services, and health care professionals provide improved services to pregnant and parenting survivors of abuse. The program engages in extensive work in middle schools, high schools, and universities—e.g., the University of Bellingham—within Washington State to address the intersection of intimate partner violence and sexual assault with reproductive coercion, which includes birth control sabotage and pregnancy pressure and coercion.

New Mexico’s Department of Public Education PAF Program, “GRADS PLUS: Making Connections for Success,” is working with the New Mexico Attorney General’s Office, the New Mexico Department of Health, the Socorro Consolidated School Districts, and the New Mexico Alliance for School-Based Health Care to implement a statewide teen dating violence awareness program through school-based and community-based trainings. This includes linking to resources within the different communities to help adolescents affected by dating violence. State government, Tribal government, local government, law enforcement agencies, courts, and professionals working in legal and social services have been trained in an effort to increase awareness about teen dating/domestic violence, sexual assault, and/or intimate partner violence, and to ensure that young women receive appropriate referrals and needed resources. Students, teachers, and school-based health clinic staff are also provided with trainings on teen dating violence; to date, there have been 186 community members who have been trained, and 1,022 middle school and high school students who have been trained. The program is working with teachers and school-based health centers to ensure that resources are in place within the school communities to assist teens with issues related to dating and/or domestic violence.

Oregon’s Department of Justice PAF Program, “Intimate Partner Violence & Pregnancy Grant Program,” works with the Oregon Department of Human Services (welfare), the Oregon Health Authority, and county public health departments to improve outcomes of pregnant and parenting teens and women who are victims of intimate partner violence. The program enhances social services, increases health care access and delivery, improves screening and referral to

intimate partner violence services (during family planning, WIC, prenatal visits, and social services), and uses out-stationed advocates to provide domestic and sexual violence services (i.e., in-person and/or telephone crisis responses, information and referral, individual and peer support, and case management). In the first year of the program, out-stationed advocates reported providing 5,231 services to 517 eligible women and teens; 456 children of eligible victims were also served, and 63 of those children were of teen mothers. The program is also designed to support the Title V Oregon priority of improving screening for domestic violence within Oregon.

Other PAF grantees who are working with pregnant and parenting teens have also incorporated domestic violence, sexual violence, sexual assault, and/or stalking services into the programs that they are currently implementing. For example, Indiana's Pregnant and Parenting Adolescent Support Services Program is working with the Indiana Coalition Against Domestic Violence, Inc. to promote healthy relationships with their program participants and to refer them to services. In FY 2011, the PAF grantees targeting their activities to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking had numerous, different accomplishments that are denoted below:

Massachusetts Department of Public Health

- Conducted site visits with each agency, which included an overview of the role and qualifications of the Dating Violence (DV) Advocate, as well as review of agency DV policies

North Carolina Department of Health and Human Services

- Provided educational sessions to 252 young women in the five Young Moms Connect counties; the topics of the educational sessions included reproductive life planning, nutrition, healthy weight, family budgeting, stress management, domestic violence, and parenting skills

Washington State Department of Health

- Convened four in-person meetings to provide professional development training on domestic violence, sexual assault, and stalking
- Through cross-disciplinary partnerships, the Washington State Department of Health and partner coalitions successfully selected three demonstration sites that will pilot practice guidelines, increasing access to services for

pregnant and parenting survivors of domestic violence, sexual assault, and stalking

New Mexico Public Education Department

- Created hotline cards with state and national teen dating violence resource information for clients
- Produced a brochure on the New Mexico Attorney General's Office Resource Program for clients
- Contracted with a legal services agency to provide general and legal presentations to the GRADS classes, as well as individual student legal clinics; presentations provided information on legal rights, remedies, and resources related to custody issues, teen dating violence, domestic violence, sexual assault, and/or stalking
- In FY 2011, the legal services agency provided eight legal presentations and hosted seven individual sessions at GRAD sites across the state where the Attorney met with students who wanted individual legal advice and information; a total of 168 youth were reached through presentations

Oregon Department of Justice

- Fifteen advocates were hired to cover 17 counties in Oregon. These advocates are based in the Department of Health Services' Child Welfare and Self-Sufficiency programs.
- Advocates took 2,077 incoming calls from people seeking services.
- Advocates provided case-specific and general consultations on a one-to-one basis with project partners to achieve the following:
 1. Educate the project partners on the impact of intimate partner violence in a victim's life.
 2. Teach the project partners how to tailor their responses to clients to be more effective.

There were 724 consultations with DHS Caseworkers, 179 consultations with public health staff, 95 consultations with teen program staff, and 79 consultations with other community partners.

OFFICE OF POPULATION AFFAIRS (OPA)

Background

The Office of Population Affairs (OPA), under the direction of the Deputy Assistant Secretary of Population Affairs (DASPA), serves as the focal point to advise the Secretary and the Assistant Secretary for Health on a wide range of reproductive health topics, including adolescent pregnancy, family planning (FP) and sterilization, as well as other population issues. OPA administers the Family Planning Program, authorized under Title X of the Public Health Service Act. The Title X Program is the only federal program solely dedicated to the provision of family planning and reproductive health with a mandate to provide a broad range of acceptable and effective family planning methods and services.

Across the nation, approximately 4,400 Title X family planning clinics provide essential reproductive health care services to more than 5 million men and women per year. Intimate partner violence (IPV), which—according to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) affects one in four women—can affect many aspects of women’s reproductive health, including pregnancy, childbearing, contraceptive use, and risk for human immunodeficiency virus (HIV). OPA continues its commitment to the following activities:

- 1) Assess model programs of IPV screening, management, and referral currently used in Title X family planning clinics.
- 2) Maintain dialogue within and among Public Health Service (PHS) regions to increase awareness of IPV and improve resources available to Title X family planning clinics and clinicians.

Current and upcoming IPV and violence against women (VAW) activities conducted by Title X family planning clinics are as follows, by PHS region:

Region I

Planned Parenthood of Southern New England (PPSNE) (Connecticut)

- Several of PPSNE’s campus interns arranged for the showing of the “Vagina Monologues” to highlight sexual violence (SV) against women.
- In PPSNE’s STARS peer education groups, participants discuss sexual violence at their semimonthly meetings and ways to raise awareness at their schools.

Family Planning Association of Maine (FPA)

In 2009, Maine was one of nine states to be awarded funding by Futures Without Violence. From this funding, the Family Planning Association of Maine administers Project Connect: A Coordinated Public Health Initiative to Prevent Violence Against Women. The funding of Project Connect by the U.S. Department of Health and Human Services (HHS), Office on Women's Health (OWH), stems from health provisions in the Violence Against Women Reauthorization Act of 2005. This project continues to find new ways to identify, respond to, and prevent domestic and sexual violence, as well as to promote an improved public health response to abuse.

Training

This project aims to improve the knowledge and capacity of family planning and school-based health center providers to identify and respond to intimate partner violence and reproductive coercion and to promote healthy relationships. Now in its third year, the FPA and Maine's Project Connect have offered booster trainings to Maine's family planning providers on a new clinical guideline, "An Integrated Response to Intimate Partner Violence and Reproductive Coercion." This year the training was expanded to Maine's school-based health center providers. The assessment and universal education at all family planning visits includes either the "Did You Know Your Relationship Affects Your Health?" or "Hanging Out or Hooking Up?" safety card. Women and adolescents are encouraged to take two: One for themselves and one for a friend.

Quality Improvement

The FPA provided technical assistance (TA) to Family Planning programs on quality improvement activities and policy change to further improve the quality of care and reproductive health outcomes. Due to improved relationships with Maine's Domestic and Sexual Assault (SA) programs, the term "warm referral" has been refined. Family planning clients and teen clients receive a safety card with local resources and hotline numbers and asked about IPV and reproductive coercion during a face-to-face assessment. The Maine Coalition on Sexual Assault presented "Commercial Sexual Exploitation and Sex Trafficking in Maine" to Maine's family planning providers as a follow up to the national webinar. TA on a response to human trafficking policy development is ongoing.

Integrating Health Services in a Domestic Violence (DV) Program

A domestic violence shelter in Central Maine has partnered with a family planning clinic to improve the family planning clinic staff's knowledge of intimate partner violence and reproductive health outcomes. Shelter employees, advocates, and

helpline employees are being trained to include reproductive coercion assessment questions during the intake process. Protocols have been developed to streamline referrals for care to a family planning clinic, or a family planning clinician may visit the shelter. All shelter employees are being trained on current reproductive health clinical guidelines, contraception, and family planning services. Model protocols will be shared with domestic violence programs statewide.

IPV & VAW Observances

Teen Dating Violence Prevention and Awareness Month—February

- FPA and one of its delegates have Facebook postings that include intimate partner violence public service announcements and links to educational materials and teen friendly websites (e.g., It's Not Cool).

Sexual Assault Awareness Month—April

- FPA will deliver awareness activities and “Got Consent” messages.
- FPA will engage in university group education about sexual assault.

Other Activities

- FPA will participate in “Take Back the Night,” a march and rally to protest and direct action against various forms of sexual violence and to commemorate victims and survivors of sexual violence.
- FPA will participate in the Rainbow Ball, a three-day event at the University of Maine at Machias that includes workshops for gay, lesbian, bisexual, and transgender (GLBT) teens and young adults.

Action for Boston Community Development, Inc. (ABCD) (Massachusetts)

- ABCD made a presentation about gender-responsive and trauma-informed programming for women to community stakeholders for their Substance Abuse and Mental Health Services Administration (SAMHSA) project, Entre Nosotras.
- ABCD will assist with recruiting community members for a community forum on the subject of violence against women for International Women's Day.

Health Imperatives, Inc. (Massachusetts)

Health Imperatives' family planning programs are involved with DV/IPV programs, and some activities are highlighted below:

- Nantucket—Health Imperatives has partnered with A Safe Place and NAN in promoting AIDS Awareness Club at a local high school. These organizations have collaborated through hosting a dance and monthly meetings together. Health Imperatives has also partnered with agencies on another youth program—the Island Youth Network—to host a community service fair held in November 2011. Through the fair, students were able to select agencies to connect with for performing community service.
- New Bedford—In spring 2011, New Bedford's counselor presented family planning information to New Bedford's sexual assault/IPV Women's Center. Currently, New Bedford partners with the Women's Center, New Bedford Police Department, the New Bedford court system advocates, and a local subcommittee. The DV subcommittee, which meets monthly, is in the process of bringing a film, "Amy's Story," to the community.
- Martha's Vineyard Family Planning—The Program Director met with the Director of Connect to End Violence, discussed each of the programs and services, and exchanged information.
- Weymouth—The Program Director attends bimonthly meetings with the Domestic Violence/Sexual Assault Roundtable through the District Attorney's office. Also, Weymouth staff conducted outreach to DOVE (Domestic Violence Ended) in Quincy.

Health Imperatives collaborates with a sexual assault/rape crisis program—A New Day—and a domestic violence shelter—Penelope's Place—and conducts cross-trainings to increase clients' use of both programs. A New Day's IPV/DV activities include the following:

- A "White Ribbon" event in Dorchester, MA, which involves men speaking out against violence against women
- Collaboration with another local DV group to do a "White Ribbon" event at Oliver Ames High School in Easton

- An annual event, “Flavor of the World,” which aims to raise visibility of IPV/DV and is generally attended by about 200 community members
- A “Flowers for Victims” event in Brockton, MA, in April, when IPV/DV survivors and supporters speak about their personal experiences with IPV/DV and honor victims lost to IPV/DV
- Stonehill College and Bridgewater State University will be hosting a weeklong “Take Back the Night” event, which will include speakers, expert panels, movies and discussion, a “Clothesline Project,” poetry readings, and a march protesting violence against women.
- Increasing the number of trainings on DV/SA at high schools and colleges; training specifically includes bystander intervention training, resident life trainings, and working with student conduct boards to confirm that the proper protocols are established for appropriately addressing the rights and needs of sexual assault victims on campus
- A “Vagina Monologues” performance at Bridgewater State University campus and Camp Kiwanee to increase sexual violence awareness
- Providing training, in coordination with Great Plymouth County Coalition on Housing and Homelessness, on the intersection of DV/SA and homelessness

Health Quarters, Inc. (HQ) (Massachusetts)

This agency is currently working with John Snow International to provide a grantee training/webinar on teen dating violence and reproductive coercion for staff in May 2012. They will be using the same trainer they had for their November 2011 professional training, “Shining a Light into the Hidden World of Teen Dating Violence.”

Additionally, Heidi Fantasia, Ph.D., who conducted a research project last year at HQ clinical sites titled, “The Intersection of Violence and the Reproductive Health of Women,” will be presenting her findings to clinical staff at a Clinical Committee meeting later this spring. She is currently in the process of having an article on this research published in the journal “Contraception.”

Planned Parenthood of Northern New England (New Hampshire)

- Trained staff on reproductive violence issues at the December 20 staff in-service in response to changes to the 2012 Medical Standards & Guidelines (MS&G)
- Updated the following forms with reproductive violence questions: intake forms (initial & revisit patient history), visit forms, and problem list. Practitioners incorporate questions about IPV, including reproductive violence—where appropriate—at patient visits
- Stocked reproductive violence cards at all sites
- Developed policy and procedure on human trafficking in 2011; this development was included in the MS&G
- Conducted legal review, staff training, and MS&G update of mandatory reporting requirements and guidelines in 2011; there is also an update of the reporting form process which is an electronic submission that would apply to vulnerable adults and minors

Planned Parenthood of New England (PPNE) (Vermont)

PPNE staff will be conducting three 30-minute online trainings on intimate partner violence through the Planned Parenthood Federation of America (PPFA).

Region II

No information is provided at this time.

Region III

Virginia Department of Health

Virginia Project Connect: Creating Futures Without Violence

Project Connect, a groundbreaking multistate initiative of the Family Violence Prevention Program, seeks to develop comprehensive models of public health prevention and intervention that can lead to improved health and safety for victims of sexual and domestic violence. In Virginia, the project's focus lies in family planning and home visiting settings. The Virginia Department of Health's Injury, Suicide and Violence Prevention Program—in partnership with the Women's and Infants' Health Program, the Virginia Home Visiting Consortium, and the Virginia Sexual and Domestic Violence Action Alliance—is developing assessment strategies and tools, training curricula, and educational materials to better enable

family planning clinic staff and early childhood home visiting workers to identify and provide support and referral to individuals and families impacted by sexual and domestic violence.

Target Audience: This workshop is one in a series primarily focused on family planning clinic/reproductive health providers. The training is also appropriate for others working with clients/patients at risk for health issues related to sexual/domestic violence, including HIV/STI Program staff, free clinic, community health center providers, and those working in the areas of perinatal depression and maternal mortality. The second year of this project is targeting external community providers.

Learning Objectives: As a result of this training, family planning nurses will be able to perform the following:

- List three effects of domestic violence on women's reproductive health.
- Demonstrate two questions used to assess domestic violence or reproductive coercion in a client.
- Identify two harm-reduction strategies for women in abusive relationships.
- Identify resources for obtaining help and support.

The reproductive health training were scheduled for six locations:

Dates	Location	Training Sites	Time
02/15/12	Westmoreland Medical Center	Westmoreland Medical Center 18849 Kings Highway Montross, VA 22520	1 p.m.–4 p.m.
02/16/12	Planned Parenthood of the Blue Ridge	Charlottesville, VA	9 a.m.–1 p.m.
03/13/12	Northern Virginia	INOVA Juniper Program 8001 Forbes Place, Suite 200 Springfield, VA 22151	8:30 a.m.–12:30 p.m.
04/10/12	Central Virginia	Perimeter Conference Center 9960 Mayland Drive Henrico, VA 23233	12:30 p.m.–4:30 p.m.
04/17/12	Eastern Virginia	Hampton Health Department 3130 Victoria Boulevard Hampton, VA 23661	8:30 a.m.–12:30 p.m.
05/08/12	Southwest Virginia	Virginia Western Community College 3102 Colonial Avenue, SW Roanoke, VA 24015	8:30 a.m.–12:30 p.m.

“Unmasking Sexual Con Games”—This training focuses on helping adults work with youth on the issues of sexual coercion and exploitation (statutory rape) and helping teens avoid emotional grooming and dating violence. Participants will receive two curricula on this issue:

- 1) A curriculum—with video—designed to help adults understand the dynamics of sexual coercion of minor teens
- 2) The “Unmasking Sexual Con Games” curriculum.

Dates	Location	Training Title	Time
TBA–2012	Richmond, VA	“Unmasking Sexual Con Games”	9 a.m.–5 p.m.

Region IV

Alabama Department of Public Health

The Alabama Department of Public Health, Bureau of Family Health Services Division of Women's Health conducted a statewide satellite broadcast February 29, 2012, on intimate partner and teen dating violence. They are currently revising their "safety" screening in protocol and will eventually re-educate their staff on this revision.

Georgia Department of Human Resources, Georgia Family Planning (GFP)

Georgia Department of Human Resources, GFP is involved with DV/IPV programs, and some activities are highlighted below:

- Oconee Health Department—GFP is putting up posters and adding a crisis hotline in the Health Department.
- Barrow County Health Department—Activities include teen dating and sexual assault billboards and lectures at local high schools.
- Augusta, GA—GFP is involved in two events to bring awareness to sexual assault throughout Augusta:
 - 1) "Take Back the Night" includes a 5K race.
 - 2) "Take Back the Day" includes a mile walk during the day.
- Valdosta, GA—Activities include sexual assault events at the housing authority and involve handing DV/IPV-related information to each household.
- Albany, GA—Albany received one of the Personal Responsibility Education Program (PREP) grants, and youth counselors are providing PREP classes to a group of foster children. One of the units, titled "Relationship Smarts," is about sexual violence.
- Green County Health Department—A county newspaper article will have domestic violence information provided in honor of DV Awareness Month in October.

Kentucky Cabinet for Health and Family Services (CHFS)

On March 1, the Kentucky Cabinet for Health and Family Services co-sponsored a ceremony with the Kentucky Association of Sexual Assault Programs, Inc. (KASAP), designating March as Sexual Assault Awareness Month in Kentucky.

In addition to the proclamation signing, four sexual assault programs were honored for innovation in education, prevention, and victim services. CHFS will also participate in KASAP's annual conference on Ending Sexual Assault and Domestic Violence in October and in the 2012 National Conference on Sexual Assault and Domestic Violence Against People with Disabilities, which will be held in Louisville, KY, October 31–November 1, 2012.

North Carolina (NC) Division of Public Health

The North Carolina Division of Public Health, Family Planning and Reproductive Health Unit Women's Health Branch is participating in a free, by-invitation workshop sponsored by the North Carolina Office on Disability and Health, North Carolina Division of Public Health, North Carolina Coalition Against Sexual Assault, the Arc of North Carolina, and the North Carolina Council on Developmental Disabilities. The workshop is titled, "Building a Sexual Assault Prevention Model That Respects, Supports and Protects Individuals with Intellectual Disabilities." The objective of the workshop is as follows:

- Create a supportive environment for a discussion about SA prevention.
- Provide information on foundational concepts of healthy sexuality, effective principles of prevention, the public health model of prevention, and policy approaches to prevention.
- Support local and state partners to create action plans that will enhance collaboration in working towards the prevention of sexual violence.

South Carolina Department of Health & Environmental Control (SC DHEC)

The SC DHEC Women's Health Division coordinates the grant funding for the 15 SA centers across the state, and in April 2012 all of the centers will sponsor Sexual Assault Awareness Month activities. SC DHEC participated in a two-day training on April 12–13 and will take part in events in October for DV Awareness Month, all sponsored by the SC Coalition Against Domestic Violence and Sexual Assault.

Region V

Family Planning Services of Lorain County (FPLCS) (Ohio)

Family Planning Services of Lorain County is participating in a pilot project designed to increase and improve the screening, education, and referral for DV and SA for family planning clients. The program is funded by the Office of Women's Health, operated nationally by Futures Without Violence, and locally administered by Project Connect. Part of the program involves collecting information from family planning clients to determine the effectiveness of the program.

Region VI

Oklahoma State Department of Health (OSDH)

The Maternal and Child Health Service/Perinatal and Reproductive Health conducted a videoconference training for county health department and contract staff on January 20, 2012. A portion of the training was presented by OSDH Injury Prevention. Content covered sexual and reproductive coercion, which included information regarding IPV and provided resources from Futures Without Violence. The training also contained human trafficking information, which was presented by the Oklahomans Against Trafficking Humans Coalition.

Region VII

Family Planning Council of Iowa (FPCI)

FPCI has identified IPV as one of its target areas and has an approach that focuses on strengthening the activities for identifying and responding to IPV within the FP clinic sites. A second approach aims to strengthen the ability of domestic violence shelter staff to educate their clients on reproductive health and to refer their clients for FP services. A third approach is through partnerships and community activities.

FPCI is partnering with other organizations and using non-Title X funding to accomplish these goals. For the clinical component, FPCI partners with the Iowa Department of Public Health, Office of Disability, Injury & Violence Prevention to use Project Connect funds from Futures Without Violence grants to strengthen clinical services. Through this grant, several FPCI staff members have been trained on IPV issues, such as sexual coercion, identification of IPV birth control sabotage, impact of IPV on overall health outcomes, development of harm reduction strategies, development of sustainable policies and protocols, how to partner with IPV programs, and how to make enhanced IPV services a standard component of the patient visit and incorporating that into the clinic flow.

Several Title X FP clinic sites were identified as pilot project sites for enhancing IPV services in the clinic setting, and Project Connect developed an assessment tool to evaluate baseline IPV services. These sites conducted the assessment and then received tailored training from FPCI staff on the issues. The sites then developed new forms, adjusted patient flow to accommodate the inclusion of the enhanced IPV services, and have established stronger referral mechanisms for victims. When the project is completed, the information will be shared with other Title X family planning clinics.

For the Community Education/Outreach component, FPCI received a grant from a private foundation to work directly with domestic violence shelters. In this project,

FPCI is partnering with Iowa Coalition Against Domestic Violence to train DV shelter staff across Iowa about reproductive health and family planning services. The goal is to develop a cadre of community educators who work directly in the shelters and who can then do basic reproductive health education and referral for family planning services. FPCI staff will also conduct four webinars for shelter staff on the topics of female and male anatomy and physiology, contraception, STD, and family planning visits. There will also be an in-person meeting. Shelter staff will be given electronic copies of FPCI's Contraceptive Resource Guide for Non-Medical Professionals. This collaboration strengthens the relationships between family planning clinics and shelters and referrals for care. FPCI works with the Iowa Coalition Against Sexual Assault on the Different Colors of Violence Youth Conference. FPCI partners with several agencies to coordinate a youth conference for middle and high school students on violence prevention. FPCI staff has presented at this conference and it has reached over 1,000 students in the past 10 years. Topics include healthy relationships, bullying, dating violence, and understanding sexual harassment.

Additionally, FPCI has coordinated cross-training efforts with LUNA, an organization working primarily with underserved Latinas to reduce and prevent DV in the Latino community. FPCI staff sponsored a workshop in Marshalltown targeting Latinas to get them connected to family planning services in Central Iowa. FPCI has also worked with the Iowa Coalition Against Domestic Violence on the implementation of the Leadership Institute for Tomorrow (LIFT). LIFT is a strategic alliance of state and local agencies to increase the number of minority women working in the domestic violence prevention field.

FPCI has provided training to participants and connected them to services in their respective communities. For the past several years FPCI has funded the Iowa Foster Youth Initiative, a collaboration with foster youth programs, where sessions are conducted by FP clinic staff on healthy relationships and dating violence. FPCI also includes IVP and SA information on its Facebook page and website.

Region VII Training Office

Date	Training Event	Training Title	Training Description
05/13/2011	Webinar	“Policy and Practice: Adolescent Issues in Reproductive Health”	At the conclusion of this webinar, participants were able to identify a minimum of two statutory/regulatory policies regarding provision of health care to adolescent women in Missouri, discuss the practice implications of selected policies targeting adolescent health, and describe a minimum of two policies related to intimate partner violence against adolescent women.
05/20/2011	Webinar	“Adolescent Health and Communication”	At the conclusion of this webinar, participants were better able to provide adolescent clients with noncoercive, personalized, client education aimed at increasing their contraceptive success, reducing imbalanced/coercive relationships, and involving parents in their reproductive decisionmaking process.
06/02/2011	Kansas Annual Family Planning Conference	“Counseling & Education for the Adolescent Client”	In this session, the focus was on how risk-taking behaviors impact reproductive decisionmaking, postponing sexual involvement, client counseling, client compliance with method or treatment, and involving parents in decisionmaking.

06/02/2011	Kansas Annual Family Planning Conference	“Mandatory Reporting: What Does Kansas Law Say?”	The focus of this session was to increase clinicians’ and other health professionals’ ability to recognize abuse and coercion “red flags;” to accurately report cases of abuse, coercion and neglect while providing quality, client-centered care; and to balance client confidentiality with federal and legal reporting guidelines.
06/09/2011	Preceptor Training	“Interviewing & Counseling”	During the interviewing and counseling sessions, the preceptee (participant) gained valuable information and practiced interviewing clients (scripted teaching patient), providing client education and counseling on risk taking, intimate partner violence, coercion, and decisionmaking.
06/17/2011	Webinar	“Mandatory Reporting”	This webinar focused on adolescent risk-taking behavior, coercion, abuse, Nebraska reporting laws, counseling techniques, and how to effectively assist clients in their decisionmaking process.
07/07/2011	Webinar <i>*collaboration between DSI and the Health Care Education and Training Program</i>	“Human Trafficking in the Midwest”	This webinar addressed the definition of human trafficking, provided examples of forced or coerced action with/without consent, provided an overview of the laws related to human trafficking, discussed human trafficking in the Midwest, and identified tools for identification, assessment, and referral.

09/14/2011	Iowa Annual Family Planning Conference	“Intimate Partner Violence: Recognizing the Symptoms”	This session began by defining coercion and intimate partner violence. Participants then learned valuable strategies for assisting clients in identifying threats to safety from intimate partner violence, assessing their level of danger and their resources for safety, identifying community resources for victims/survivors of intimate partner violence, and communicating strategies for counseling clients.
03/23/2012	37th Annual Women’s Health Care Symposium	“LGBT Patient-Centered Care”	This session discussed the health inequities, anxieties, and other disparities—such as coercion, intimate partner violence, imbalance of power, and control faced by LGBT patients—and identified strategies to address LGBT health needs.
09/12/2012 09/13/2012	Regional Conference	“Fabric of the Family: Engaging Families in Domestic Violence Prevention”	Development Systems, Inc. is providing logistical and planning support to the Office of Women’s Health for this two-day conference. At the conclusion, participants will be able to increase participant knowledge for recognizing signs of abuse, provide resources for clients that encourage informed decision making as it relates to violence and abuse, and develop resources to assist in creating policies that prevent workplace violence.

Region VIII

Wyoming Health Council (WHC)

Wyoming's Coalition Against Domestic Violence and Sexual Assault holds an annual Wyoming Sexual Assault Summit, held April 17–19 this year in Cody, WY. The WHC was invited to present two consecutive breakout sessions to provide education and hands-on experience in the use of Photovoice as a tool in promoting sexual assault awareness. WHC staff will provide one session that exhibits the Photovoice for healthy relationships projects completed by the WHC, and the following session will provide hands-on opportunities for participants to experience creating a Photovoice story.

Montana Department of Public Health and Human Services (MT DPHHS)

- **Ravalli County** presented to key community leaders regarding services offered at the Health Department. This presentation included in-depth information about Family Planning programs, including dating violence awareness and birth control sabotage.
- **Planned Parenthood of Montana–Great Falls.** In its fifth year of partnership with the Family Violence Council (led by the YWCA), Planned Parent of Montana is working on an event in April to honor those working in the field of sexual assault. The organization has also coordinated 40 hours of Sexual Assault Nurse Examiner (SANE) training in Montana for the past 14 years through funding from the Montana Board of Crime Control. The next SANE training was held in Missoula April 23–26 and training of all staff on IPV—through PPFSA. Staff members are also attending monthly meetings for the Family Violence Council in Cascade County. Additionally, they staffed a booth at the annual “Vagina Monologues” performance at a local university in February.
- Planned Parenthood of Montana–Helena had their teen council collaborate with St. Paul’s Youth Group in February to present 15 teenagers with information on healthy relationships and how to avoid abusive relationships. The teen council also held a public forum at the Lewis & Clark Library on February 13 on dating/relationship tips, with an emphasis on having a healthy relationship. Seventeen teens attended the event.
- Planned Parenthood of Montana–Billings partnered with the New Day and SCTA programs in Billings to talk with teens about dating violence and rape as part of the Wise Guys Training Program.

Region IX

The State of Hawaii Department of Health's Family Planning Program

The State of Hawaii Department of Health's Family Planning Program has an agreement with the Domestic Violence Action Center to complete DV/IPV trainings with family planning and other health care providers. The trainings are coordinated with the Family Planning Program and three district health offices on the islands of Hawaii, Kauai, and Maui. These trainings provide resource information on dynamics of DV/IPV; screening tools; case scenarios and exercises for review, practice, and follow-up agency discussion; ongoing in-service, as well as statewide and community resources. By June 30, 2012, there have been 11 trainings statewide in all counties and islands that will have reached over 200 family planning and health care providers statewide.

Carson City Health and Humans Services (Nevada)

Carson City Health and Human Services participated in a service provision fair (Medical Outreach Response Event) in Lyon County, NV, on April 13–14 and will take part in a health fair event in Douglas County, NV, on May 12. At both events, Carson City Health and Human Services staff provide residents with referral information and information about identifying domestic violence and sexual assault.

Nevada State Division of Health's Family Planning Program

Nevada State Division of Health's Family Planning Program maintains representation on the Tri-County West Rural Stakeholders Meeting through the Nevada Attorney General's office. This committee is focused on issues of domestic violence and has secured a grant for training police officers on domestic and sexual violence.

Region X

Kachemak Bay Family Planning Clinic (KBFPC)

KBFPC participated last fall in a local Domestic Violence Awareness Month observance by flying decorative and informational banners (like prayer flags). These banners were made and distributed by South Peninsula Haven House (SPHH), a local DV agency. KBFPC will partner with SPHH to repeat this activity in 2012. SPHH and KBFPC also communally submitted a proposal to the Alaska Network on Domestic Violence and Sexual Assault for their "Alaska Men Choose Respect" mini-grants, in which both agencies will share responsibility for any funded, small, short-term projects. KBFPC also continues to participate in activities addressing healthy/unhealthy relationships, consent and coercion, domestic violence, and intimate partner violence.

DHHS OFFICE ON WOMEN'S HEALTH (OWH)

The U.S. Department of Health and Human Services' Office on Women's Health (DHHS/OWH) is the focal point for women's health within the U.S. Department of Health and Human Services. The mission of OWH, under the direction of the Deputy Assistant Secretary for Health (Women's Health), is to provide leadership to promote health equity for women and girls through gender-specific approaches. To that end, OWH has established public/private partnerships to address critical women's health issues nationwide.

Violence against women (VAW) is a major public health problem for American women. More than 2.5 million women are victims of violence each year. Therefore, OWH works to stimulate programmatic and policy activity within HHS in order to advance the work of eliminating and preventing violence against women and girls in the United States and the world. OWH is the point of contact for DHHS on VAW issues and in that role directs citizens, colleagues, and organizations to the appropriate office or agency to respond to inquiries and provide resource information. OWH coordinates partnerships within the Department and with other federal, state, and local agencies, in part through the coordination of the DHHS Steering Committee on Violence Against Women and staffing for the National Advisory Committee on Violence Against Women, a Presidential council.

Through the work of the 10 regional women's health offices, OWH has impacted the field of domestic violence, sexual assault, and violence against girls throughout the country. The Regional Women's Health Coordinators have done groundbreaking work on the issues faced by incarcerated women, Tribal women, and women in the territories. In past years, some of the work has focused on how violence affects women with disabilities, men as partners in prevention, and enhancing college and university curriculums to include domestic violence and sexual assault issues. OWH has supported community-based immigrant women-serving organizations in both urban and rural environments.

To address this major public health problem, the OWH is involved in the following activities:

- **National Advisory Committee on Violence Against Women (VAW)**
OWH collaborates with the U.S. Department of Justice’s (DOJ) Office on Violence Against Women in working with the National Advisory Committee on VAW.

The National Advisory Committee on Violence Against Women (“the Committee”) is a joint effort between the U.S. Departments of Justice and Health and Human Services that was chartered by U.S. Attorney General Alberto Gonzales on January 31, 2006, and re-chartered by U.S. Attorney General Eric Holder on March 3, 2010, to provide practical and general policy advice to the Attorney General and Secretary of Health and Human Services concerning improvements to the nation’s response to violence against women—including domestic violence, dating violence, sexual assault, and stalking—with a specific focus on successful interventions with children and teens who witness and/or are victimized by intimate partner and sexual violence. The committee is also charged with providing the Attorney General and Secretary of Health and Human Services practical and general policy advice concerning the cooperation of judicial agencies; law enforcement and prosecutorial agencies; physical and mental health service providers; victim service providers; child welfare agencies; schools; businesses; community-based organizations; and federal, state, and local Tribal governments on responding to issues of violence against women.

- **HHS Violence Against Women Act (VAWA) Steering Committee**
The HHS Violence Against Women Act (VAWA) Steering Committee is chaired by the Office on Women’s Health (OWH). The Committee has the responsibility for coordinating the Department’s response to issues related to violence against women and their children and also coordinates HHS violence-related activities with those of other federal agencies. Selected departmental initiatives include:
 - Maintaining the national domestic violence hotline
 - Funding grants for coordinated community responses to domestic violence
 - Studying the economic and personal costs of violence against women

- Establishing links with professional societies in the health and social service fields to increase attention to women’s health and violence issues and coordinating programming with the DOJ
- Developing joint HHS-DOJ grant announcements on family violence

The members of the DHHS Steering Committee serve as resource experts for the National Advisory Committee on VAW.

- **NWHIC’s Violence Against Women Website**

The OWH in the HHS announced the addition of a special section on Violence Against Women as part of the expanding National Women’s Health Information Center (NWHIC). The violence section was launched to offer information and resources to women concerning domestic violence, intimate partner violence, sexual assault, and elder abuse.

- **OWH National Training Initiative**

The OWH National Training Initiative on Trauma-Informed Care for Community-based Organizations is an initiative to increase understanding about the effect of gender on the trauma experience of women through the development of a model curriculum on women and trauma and trauma-informed practice. The model curriculum uses a public health approach to educate and increase awareness of personnel working in a broad array of community-based organizational systems and thereby build the capacity of organizational delivery systems to provide appropriate trauma-informed services when working with trauma-affected women. The goals of the training initiative are to educate community-based organizations from diverse sectors to recognize the impact of gender when assessing trauma, highlight best and promising practices in trauma-informed care, and build the capacity of diverse providers to foster service delivery system change to provide trauma-informed care to women wherever they may present for services. The Training Initiative continues its collaboration with Federal Interagency Work Group on Women and Trauma and SAMHSA’s National Center on Trauma-Informed Care.

Central Office-Based Initiatives

In August 2011, the OWH sponsored the second *National Conference on HIV and Violence Against Women* to promote and enhance understanding of how women’s health and well-being are influenced by two highly stigmatized and gendered national issues—HIV/AIDS and VAW—and to stimulate a federal and community response. Over 300 domestic violence, sexual assault, and HIV/AIDS service

providers attended. Both the Director of the Office of National AIDS Policy and the White House Advisor on Violence Against Women provided keynote addresses. This was the first time they shared a platform.

“Project Connect: A Coordinated Public Health Initiative to Prevent Violence Against Women”

In collaboration with the Family Violence Prevention Fund (now Futures Without Violence), OWH is identifying and partnering with statewide teams to develop policy and public health responses to domestic and sexual violence in public health programs. This initiative is a result of funding from the Violence Against Women and Department of Justice Reauthorization Act of 2005.

Mission

- Develop policy and public health responses to domestic and sexual violence in the following public health programs: Reproductive and sexual health, home visitation, adolescent health, and other maternal child health and perinatal programs.
- Provide basic health and reproductive health services in select domestic violence and sexual assault (DV/SA) programs.

Program Objectives

- Educate providers and public health professionals on the impact of domestic and sexual violence and coercion on health and on how to assess and respond in reproductive and sexual health, home visitation, adolescent health, and other maternal child health/perinatal programs.
- Promote education for patients accessing those public health services about the connection between domestic and sexual violence, reproductive coercion, and their health.
- Change program policy to support assessment of and coordinated responses to victims of abuse.
- Strengthen strategies to improve data collection and monitoring of the prevalence and health impact of violence and reproductive coercion in individual states.

- Develop and support model programs to offer primary care, reproductive health, and preventive health services onsite in domestic and sexual violence programs.
- Identify sustainable funding that can support the work at the state, Tribal, or territorial level.
- Disseminate models for integration to other states and service settings.

Futures Without Violence (formerly Family Violence Prevention Fund) Point of Contact:

Lisa James
Director of Health
100 Montgomery Street, The Presidio
San Francisco, CA 94129
Phone: 415-678-5500
Email: ljames@futureswithoutviolence.org
www.futureswithoutviolence.org

Futures Without Violence, in collaboration with the OWH, will provide technical assistance and monitor the grantees selected for *Project Connect*. Nine grantees were selected through a competitive process and were awarded \$200,000 for implementation.

The grantees are:

1. **Arizona Coalition Against Domestic Violence**
301 East Bethany Home Road
Suite C-194
Phoenix, AZ 85012

Allie Bones, M.S.W.
Executive Director
Phone: 602-279-2900, Ext. 213
Fax: 602-279-2980
Email: execdir@azcadv.org

2. **Georgia Coalition Against Domestic Violence**
114 New Street, Suite B
Decatur, GA 30030

Jan Christiansen
Associate Director
Phone: 404-209-0280, Ext. 13
Fax: 404-766-3800
Email: jchristiansen@gcadv.org

Nicole Lesser, LCSW
Executive Director
Phone: 404-209-0280, Ext. 14
Fax: 404-766-3800
Email: nlesser@gcadv.org

3. **Iowa Department of Public Health**
321 East 12th Street
Des Moines, IA 50319-0075

Binnie Le Hew, M.S.A.
Project Director
Phone: 515-281-5032
Email: blehew@idph.state.ia.us

Juli Montgomery
Phone: 515-242-5933
Email: jmontgom@idph.state.ia.us

4. **K'ima:w Medical Center**
P.O. Box 1288
1200 Airport Road
Hoopa, CA 95546

Marilyn Powell, RN, B.S.N.,
PHN
Outreach Manager
Phone: 530-625-4261, Ext. 289
Email: hupanurse@yahoo.com

5. **Maine Center for Disease Control and Prevention**
286 Water Street
Augusta, ME 04330

Kelly Jackson
Project Coordinator
Phone: 207-287-5136
Email: kelly.jackson@maine.gov

6. **Michigan Department of Community Health**
P.O. Box 30195
Lansing, MI 48909

Jessica Grzywacz
Director, Rape Prevention
and Education Program
Phone: 517-335-8627
Fax: 517-335-9669
Email: grzywaczj@michigan.gov

7. **Ohio Domestic Violence Network**

4807 Evanswood Drive
Suite 201
Columbus, OH 43229
Nancy Grigsby
Economic Empowerment
Director
Phone: 614-781-9651
Fax: 614-781-9652
Email: nancyg@odvn.org

Rebecca Cline, LISW-S,
ACSW
Prevention Programs Director
Phone: 330-725-8405
Fax: 330-721-2472
Email: rclineodvn@aol.com
rebeccac@odvn.org

8. **Southern Texas Council on Family Violence**

P.O. Box 161810
Austin, TX 78716

Gloria Aguilera Terry
President, Texas Council
on Family Violence
Phone: 512-794-1133
Cell: 512-627-5295
Fax: 512-794-1199
Email: gterry@tcfv.org

9. **Virginia Department of Health**

109 Governor Street, 8th Floor
Richmond, VA 23218

Laurie K. Crawford, M.P.A.
Medical Outreach Coordinator
Division of Injury
and Violence Prevention
Phone: 804-864-7705
Fax: 804-864-7748
Email:

laurie.crawford@vdh.virginia.gov

Education and Training of Healthcare Providers and Students—Part II of the Coordinated Public Health Response to Violence Against Women

Contractor

Global Evaluation and Applied Research Solutions (GEARS), Inc.

Jessica Parker, Ph.D.

Director
Division of Evaluation
and Applied Research
4640 Forbes Boulevard
Lanham, MD 20706
Phone: 301-429-5982
Cell: 703-314-4220
Fax: 301-429-5948
www.getingears.com

Campus Men Supporting Women's Health Project

In 2010, OWH launched the Health and Wellness Initiative for Women Attending Minority Institutions. This initiative focuses on improving the health and well-being of young women of color attending college. While the initiative is holistic in its format, the grantees address the following three requirements (grant components):

- Requirement 1—Overall Women's Health and Wellness Promotion
- Requirement 2—HIV/AIDS Education and Prevention
- Requirement 3—Ending Violence Against Women (EVAW)

To meet the objectives of Requirement 3, students, faculty, and staff need to be educated and trained to decrease the incidence of violence against women on college and university campuses, as well as in their communities. The incidence of crimes such sexual assault, rape, intimate partner violence, bullying, stalking, domestic violence, intimidation, and harassment are higher on college campuses. There is a pressing need for men to be engaged as primary partners in prevention.

The Campus Men Supporting Women's Health Project (CMSWHP) will raise the awareness of men on college and university campuses concerning the impact of gender-based violence in their lives and the lives of the women in the community. This project will encourage the mobilization of men to support women in accessing the appropriate reproductive health and counseling services following acts of violence—as well as other essential women's health services—and to serve as ambassadors in the primary prevention of violence against women. The awardee's support will include formal trainings and workshops, provision of training and organizing manuals, school-specific consultations, and the provision of new materials, based on emerging best practices around sustaining the engagement of men on campus in preventing violence against women.

Grantee

Men Can Stop Rape

Joseph Vess

Director

Training and Technical Assistance

1003 K Street, NW, Suite 200

Washington, DC 20001

Phone: 202-534-1836

Fax: 202-265-4362

Email: jvess@mencanstoprape.org

End Violence Against Women on College/University Campuses

Mission: Develop and implement programs and policy to address Violence Against Women (VAW) on college/university campuses across the United States.

Outcome: This program has ended. VAW efforts for minority institutions are now part of the Health and Wellness Initiative for Women Attending Minority Institutions grant program.

Health and Wellness Initiative for Women Attending Minority Institutions

Mission: The primary purpose of this program is to address the health of women attending minority institutions; to develop and implement new health and wellness projects; as well as to sustain existing programs and health promotion activities on campuses, focusing on young, minority, and college women.

Goal: The overall goal of this program is to provide the institutions the capacity to achieve the following:

1. Advance and stabilize existing women's health promotion efforts on the campuses.
2. Establish a women's health program/initiative on campuses where it does not exist.
3. Sustain both existing and newly created women's health programs to operate as valued resources for the students, faculty/staff, and community.

Through this initiative, institutions will provide awareness and prevention activities and resources that are culturally appropriate, women-focused, and age-appropriate. Focus areas include HIV/STIs, violence, mental health, overweight/obesity, heart disease, diabetes, reproductive health, substance abuse, lupus, physical fitness, nutrition, and overall wellness.

Grantees

Historically Black Colleges and Universities (HBCUs)

The Wright Group—Clark Atlanta University

and Morehouse College, Atlanta, GA

Norfolk State University, Norfolk, VA

Benedict College, Columbia, SC

Florida A&M University, Tallahassee, FL

Hispanic-Serving Institutions (HSIs)

The University of Texas at El Paso, El Paso, TX
SUAGM, Inc. dba Universidad del Turabo, Gurabo, PR

Tribal Colleges and Universities (TCUs)

National Indian Women's Health Resource Center—Northeastern
State University, Tahlequah, OK
Northwest Indian College, Bellingham, WA

AIDS-Related Services for Survivors of Domestic Violence

Mission: To provide leadership on the integration of services related to domestic violence and HIV/AIDS

Objectives

- Address the intersection between domestic violence and the increased risk for contracting HIV/AIDS through the cross-training of domestic violence and HIV/AIDS service providers.
- Develop comprehensive health services for female survivors/victims of domestic violence.
- Train domestic violence counselors to incorporate HIV/AIDS risk reduction strategies into their service delivery; and train HIV/AIDS service providers to identify, screen, and refer for issues related to domestic violence.
- Change policy related to supporting the assessment of and coordinated response to the survivors/victims of domestic violence.

Contractors

1. **ENSYNC Diversified Management Services, Inc.**

Christine McMillon
225 Waymont Court, Suite 111
Lake Mary, FL 32746
Email: ensyncdms@aol.com

2. **Messages of Empowerment Productions**

Quinn M. Gentry
280 Highland Lake Trace
Atlanta, GA 30349-3916
Email: quinngp@aol.com

3. **Susan B. Spencer, Inc.**
Susan B. Spencer
8016 Flourtown Avenue
Wyndmoor, PA 19038-7920
Email: sbspencer@comcast.net
4. **The Wright Group**
Amelia J. Cobb
1001 Pennsylvania Avenue, NW, Suite 600
Washington, DC 20004
Email: acobb@twgstrategies.com
www.twgstrategies.com

Faith Advocates for Healthy Relationships Training and Technical Assistance Project

In 2011, the OWH began funding organizations to provide training and technical assistance to faith-based institutions on gender-specific approaches to address gender-based violence. Successful implementation of this project is linked to its ability to build upon the strengths of the faith-based institutions as a support organization and network, with subcultural influences and innovative coping practices. This project is based upon the powerful influence communities of faith have on individuals in general and women in particular. In some faith-based institutions, women hold leadership positions and maintain a unique level of influence in the community. In many of these institutions, female faith leaders are instrumental in the development and sustainability of new initiatives and programs aimed at improving the overall health and well-being of women. It is expected that the project model will integrate the strengths of tradition, values, culture, and spirituality within communities disproportionately impacted by violence against women.

Grantees

1. **Ann Arbor Community Center, Inc.**
Yolanda Whiten, M.Div.
Executive Director
625 North Main Street
Ann Arbor, MI 48104
Phone: 734-662-3128
Fax: 734-662-1099
Email: ywhiten@aacc1923.org
www.annarbor-communitycenter.org

helpline employees are being trained to include reproductive coercion assessment questions during the intake process. Protocols have been developed to streamline referrals for care to a family planning clinic, or a family planning clinician may visit the shelter. All shelter employees are being trained on current reproductive health clinical guidelines, contraception, and family planning services. Model protocols will be shared with domestic violence programs statewide.

IPV & VAW Observances

Teen Dating Violence Prevention and Awareness Month—February

- FPA and one of its delegates have Facebook postings that include intimate partner violence public service announcements and links to educational materials and teen friendly websites (e.g., It's Not Cool).

Sexual Assault Awareness Month—April

- FPA will deliver awareness activities and “Got Consent” messages.
- FPA will engage in university group education about sexual assault.

Other Activities

- FPA will participate in “Take Back the Night,” a march and rally to protest and direct action against various forms of sexual violence and to commemorate victims and survivors of sexual violence.
- FPA will participate in the Rainbow Ball, a three-day event at the University of Maine at Machias that includes workshops for gay, lesbian, bisexual, and transgender (GLBT) teens and young adults.

Action for Boston Community Development, Inc. (ABCD) (Massachusetts)

- ABCD made a presentation about gender-responsive and trauma-informed programming for women to community stakeholders for their Substance Abuse and Mental Health Services Administration (SAMHSA) project, Entre Nosotras.
- ABCD will assist with recruiting community members for a community forum on the subject of violence against women for International Women's Day.

- Develop and support model programs to offer primary care, reproductive health, and preventive health services onsite in domestic and sexual violence programs.
- Identify sustainable funding that can support the work at the state, Tribal, or territorial level.
- Disseminate models for integration to other states and service settings.

Futures Without Violence (formerly Family Violence Prevention Fund) Point of Contact:

Lisa James
Director of Health
100 Montgomery Street, The Presidio
San Francisco, CA 94129
Phone: 415-678-5500
Email: ljames@futureswithoutviolence.org
www.futureswithoutviolence.org

Futures Without Violence, in collaboration with the OWH, will provide technical assistance and monitor the grantees selected for *Project Connect*. Nine grantees were selected through a competitive process and were awarded \$200,000 for implementation.

The grantees are:

1. **Arizona Coalition Against Domestic Violence**
301 East Bethany Home Road
Suite C-194
Phoenix, AZ 85012

Allie Bones, M.S.W.
Executive Director
Phone: 602-279-2900, Ext. 213
Fax: 602-279-2980
Email: execdir@azcadv.org

2. **Georgia Coalition Against Domestic Violence**
114 New Street, Suite B
Decatur, GA 30030

Jan Christiansen
Associate Director
Phone: 404-209-0280, Ext. 13
Fax: 404-766-3800
Email: jchristiansen@gcadv.org

Nicole Lesser, LCSW
Executive Director
Phone: 404-209-0280, Ext. 14
Fax: 404-766-3800
Email: nlesser@gcadv.org

3. **Iowa Department of Public Health**
321 East 12th Street
Des Moines, IA 50319-0075

Binnie Le Hew, M.S.A.
Project Director
Phone: 515-281-5032
Email: blehew@idph.state.ia.us

Juli Montgomery
Phone: 515-242-5933
Email: jmontgom@idph.state.ia.us

4. **K'ima:w Medical Center**
P.O. Box 1288
1200 Airport Road
Hoopa, CA 95546

Marilyn Powell, RN, B.S.N.,
PHN
Outreach Manager
Phone: 530-625-4261, Ext. 289
Email: hupanurse@yahoo.com

5. **Maine Center for Disease Control and Prevention**
286 Water Street
Augusta, ME 04330

Kelly Jackson
Project Coordinator
Phone: 207-287-5136
Email: kelly.jackson@maine.gov

6. **Michigan Department of Community Health**
P.O. Box 30195
Lansing, MI 48909

Jessica Grzywacz
Director, Rape Prevention
and Education Program
Phone: 517-335-8627
Fax: 517-335-9669
Email: grzywaczj@michigan.gov

7. **Ohio Domestic Violence Network**

4807 Evanswood Drive
Suite 201
Columbus, OH 43229
Nancy Grigsby
Economic Empowerment
Director
Phone: 614-781-9651
Fax: 614-781-9652
Email: nancyg@odvn.org

Rebecca Cline, LISW-S,
ACSW
Prevention Programs Director
Phone: 330-725-8405
Fax: 330-721-2472
Email: rclineodvn@aol.com
rebeccac@odvn.org

8. **Southern Texas Council on Family Violence**

P.O. Box 161810
Austin, TX 78716

Gloria Aguilera Terry
President, Texas Council
on Family Violence
Phone: 512-794-1133
Cell: 512-627-5295
Fax: 512-794-1199
Email: gterry@tcfv.org

9. **Virginia Department of Health**

109 Governor Street, 8th Floor
Richmond, VA 23218

Laurie K. Crawford, M.P.A.
Medical Outreach Coordinator
Division of Injury
and Violence Prevention
Phone: 804-864-7705
Fax: 804-864-7748
Email:

laurie.crawford@vdh.virginia.gov

Education and Training of Healthcare Providers and Students—Part II of the Coordinated Public Health Response to Violence Against Women

Contractor

Global Evaluation and Applied Research Solutions (GEARS), Inc.

Jessica Parker, Ph.D.

Director
Division of Evaluation
and Applied Research
4640 Forbes Boulevard
Lanham, MD 20706
Phone: 301-429-5982
Cell: 703-314-4220
Fax: 301-429-5948
www.getingears.com

Hispanic-Serving Institutions (HSIs)

The University of Texas at El Paso, El Paso, TX
SUAGM, Inc. dba Universidad del Turabo, Gurabo, PR

Tribal Colleges and Universities (TCUs)

National Indian Women's Health Resource Center—Northeastern
State University, Tahlequah, OK
Northwest Indian College, Bellingham, WA

AIDS-Related Services for Survivors of Domestic Violence

Mission: To provide leadership on the integration of services related to domestic violence and HIV/AIDS

Objectives

- Address the intersection between domestic violence and the increased risk for contracting HIV/AIDS through the cross-training of domestic violence and HIV/AIDS service providers.
- Develop comprehensive health services for female survivors/victims of domestic violence.
- Train domestic violence counselors to incorporate HIV/AIDS risk reduction strategies into their service delivery; and train HIV/AIDS service providers to identify, screen, and refer for issues related to domestic violence.
- Change policy related to supporting the assessment of and coordinated response to the survivors/victims of domestic violence.

Contractors

1. **ENSYNC Diversified Management Services, Inc.**

Christine McMillon
225 Waymont Court, Suite 111
Lake Mary, FL 32746
Email: ensyncdms@aol.com

2. **Messages of Empowerment Productions**

Quinn M. Gentry
280 Highland Lake Trace
Atlanta, GA 30349-3916
Email: quinngp@aol.com

3. **Susan B. Spencer, Inc.**
Susan B. Spencer
8016 Flourtown Avenue
Wyndmoor, PA 19038-7920
Email: sbspencer@comcast.net
4. **The Wright Group**
Amelia J. Cobb
1001 Pennsylvania Avenue, NW, Suite 600
Washington, DC 20004
Email: acobb@twgstrategies.com
www.twgstrategies.com

Faith Advocates for Healthy Relationships Training and Technical Assistance Project

In 2011, the OWH began funding organizations to provide training and technical assistance to faith-based institutions on gender-specific approaches to address gender-based violence. Successful implementation of this project is linked to its ability to build upon the strengths of the faith-based institutions as a support organization and network, with subcultural influences and innovative coping practices. This project is based upon the powerful influence communities of faith have on individuals in general and women in particular. In some faith-based institutions, women hold leadership positions and maintain a unique level of influence in the community. In many of these institutions, female faith leaders are instrumental in the development and sustainability of new initiatives and programs aimed at improving the overall health and well-being of women. It is expected that the project model will integrate the strengths of tradition, values, culture, and spirituality within communities disproportionately impacted by violence against women.

Grantees

1. **Ann Arbor Community Center, Inc.**
Yolanda Whiten, M.Div.
Executive Director
625 North Main Street
Ann Arbor, MI 48104
Phone: 734-662-3128
Fax: 734-662-1099
Email: ywhiten@aacc1923.org
www.annarbor-communitycenter.org

2. **Garden of Hope, Inc.**
Community Development Center
Sharon D. Houston, M.S.W.
Deputy Director
1317 East Brambleton Avenue
Norfolk, VA 23504
Phone: 757-622-0760
Fax: 757-662-1099
Email: sharon.houston@gcfbaptistchurch.org

AIDS-Related Services for Survivors of Domestic Violence

Mission: To provide leadership on the integration of services related to domestic violence and HIV/AIDS

Objectives

- Address the intersection between domestic violence and the increased risk for contracting HIV/AIDS through the cross-training of domestic violence and HIV/AIDS service providers.
- Develop comprehensive health services for female survivors/victims of domestic violence.
- Train domestic violence counselors to incorporate HIV/AIDS risk reduction strategies into their service delivery; and train HIV/AIDS service providers to identify, screen, and refer for issues related to domestic violence.
- Implement policy changes to support assessments and coordinated response to the survivors/victims of domestic violence

Contractors

1. **ENSYNC Diversified Management Services, Inc.**
Christine McMillon
225 Waymont Court, Suite 111
Lake Mary, FL 32746
Email: ensyncdms@aol.com
2. **Messages of Empowerment Productions**
Quinn M. Gentry
280 Highland Lake Trace
Atlanta, GA 30349-3916
Email: quinngp@aol.com

2. **Garden of Hope, Inc.**
Community Development Center
Sharon D. Houston, M.S.W.
Deputy Director
1317 East Brambleton Avenue
Norfolk, VA 23504
Phone: 757-622-0760
Fax: 757-662-1099
Email: sharon.houston@gcfbaptistchurch.org

AIDS-Related Services for Survivors of Domestic Violence

Mission: To provide leadership on the integration of services related to domestic violence and HIV/AIDS

Objectives

- Address the intersection between domestic violence and the increased risk for contracting HIV/AIDS through the cross-training of domestic violence and HIV/AIDS service providers.
- Develop comprehensive health services for female survivors/victims of domestic violence.
- Train domestic violence counselors to incorporate HIV/AIDS risk reduction strategies into their service delivery; and train HIV/AIDS service providers to identify, screen, and refer for issues related to domestic violence.
- Implement policy changes to support assessments and coordinated response to the survivors/victims of domestic violence

Contractors

1. **ENSYNC Diversified Management Services, Inc.**
Christine McMillon
225 Waymont Court, Suite 111
Lake Mary, FL 32746
Email: ensyncdms@aol.com
2. **Messages of Empowerment Productions**
Quinn M. Gentry
280 Highland Lake Trace
Atlanta, GA 30349-3916
Email: quinngp@aol.com

3. Susan B. Spencer, Inc.
 Susan B. Spencer
 8016 Flourtown Avenue
 Wyndmoor, PA 19038-7920
 Email: sbspencer@comcast.net

4. The Wright Group
 Amelia J. Cobb
 1001 Pennsylvania Avenue, NW, Suite 600
 Washington, DC 20004
 Email: acobb@twgstrategies.com
www.twgstrategies.com

Regional Violence Against Women Activities

The U.S. Department of Health and Human Services (DHHS) Office on Women’s Health (OWH) supports the Prevention of Violence Against Women and Girls Initiative to respond to the problem of violence against women and girls in the United States. Through this nationwide initiative, the Regional Offices on Women’s Health funded community-level projects to conduct activities and events that educate and bring awareness to aspects of violence against women and girls. These regional OWH projects emphasize that violence encompasses intimate partner violence, domestic violence, sexual assault, sexual abuse, stalking, emotional and verbal abuse; as well as teen violence, bullying, human trafficking, and other forms of trauma or abuse. Violence against women and girls is perpetrated in all types of personal and family relationships and crosses economic, educational, cultural, racial, age, and religious lines. This work is directed by the Regional Women’s Health Coordinators (RWHC).

Participant Gender Breakdown

Total females served 21,741
 Total males served 11,365
 Total served 33,106

Total females/males served by region										
Region	I	II	III	IV	V	VI	VII	VIII	IX	X
Females served	684	2,485	4,465	1,851	2,365	632	1,823	5,422	1,135	875
Males served	301	1,577	1,986	781	221	148	946	4,194	383	827

Region III has funded three violence against women projects in FY 2010 that target adolescents. The projects were awarded \$5,000 each and include the following:

- **The Primary Prevention of Intimate /Interpersonal Partner Violence** is located in Dover, DE. On May 19, 2010, 100 Delaware Bureau of School-Based Wellness Centers school employees and Directors convened a workshop to educate and raise awareness among participants on the importance of the prevention of intimate and interpersonal partner violence among adolescent girls through awareness of primary prevention strategies. The audience developed strategies to address primary prevention of IPV in their schools in the school year 2010–2011.
- **“Meet DaVE” (Dating Violence Education)** is located in Lynchburg, VA. Approximately 1,000 women and girls ages 12–24 from the inner city participated in educational and theatrical workshops, as well as an essay contest to address bullying, stalking, sexual assault, rape, gang activity, and emotional and sexual abuse from February 11 to July 24, 2010.
- **Hampton University—Fighting Violence Against Women** is located in Hampton, VA. High school and college-age girls participated in three educational workshops in February, March, and June 2010, to address sexual assault, signs of abusive relationships and stalking, dating violence, gangs, and bullying. Additionally, the workshops trained university first responders and a student task force on appropriate response to sexual assault victims and aspects of sexual violence.

Region IV, based in Atlanta, GA, collaborates with the Women’s Center of Jacksonville, Inc. in Jacksonville, FL, in a variety of planned events to recognize Sexual Assault Awareness Month. The theme for the scheduled activities was Prevent Sexual Violence on Our Campuses. Activities included a college campus kickoff with the Walk-a-Mile and Clothesline Project; a community kickoff with representatives from the mayor’s office, criminal justice system, and victim-serving agencies; an educational film screening with discussion panel; and a survivor art exhibit.

Partnerships included the University of North Florida Women’s Center, Jacksonville Sheriff’s Office, State Attorney’s Office, Jacksonville University, and Florida State Community College. A diverse target population of 600+ was reached.

South Carolina HIV/AIDS Council—along with multiple partners across the spectrum of government, community-based organizations, and partnership with the Palmetto Health Alliance—hosted the Second Annual Midlands Women and Girls Symposium in Columbia, SC. The theme for the one-day event was Saving the Next Generation and included a plenary with panels comprised of survivors and experts, luncheon with a keynote speaker, and small group breakout sessions for both the women and girls. The overall goal was to engage 300+ adolescent females and adult women to educate them about the issues of teen dating violence, sexual assault, child sexual abuse, HIV and other STIs, and teen pregnancy.

Additional VAWG projects funded for the 2010 fiscal year through the JSI Mega contract include the Center for Women and Families; Knox County Health Department; KIDDS Dance Project, Inc.; Mississippi Gulf Coast Black Nurses Association, Inc.; and the University of Miami Miller School of Medicine.

Region VII OWH continues to support national and regional initiatives to prevent violence against women and girls in FY 2011 through John Snow, Inc. (JSI). JSI administers the national Office on Women’s Health funding through this mega contract for the 10 regions.

Region VII supported five prevention programs during FY 2011 in the amount of \$10,000. Listed below are the individual agencies and description of the activities:

- **Bridgeway Behavioral Health.** A sexual assault center hosted a workshop on Denim Day—including a jeans display—to increase awareness of sexual assault. Information was provided to the participants on sexual violence, rape myths and facts, risk reduction, local victim services, and healthy relationships. Two hundred and forty-two participants attended this event.
- **Children & Families of Iowa,** a nonprofit organization, hosted a Teen Resource Fair. Resources that were disseminated included information on healthy relationships, a domestic violence fact sheet and wheel, health-related topics, and guidance on accessing services in the community. Vendors consisted of domestic violence services, youth shelter, and violence related providers. Two hundred and five participants attended this event.

- **Lighthouse Shelter, Inc.** A domestic violence and sexual assault shelter for women and children, Lighthouse hosted a community sexual awareness event. A renowned national speaker provided information about her experience as a survivor and a prosecutor. Risk factors, warning signs, and red flags were discussed, and time was allotted for questions and answers. A self-defense demonstration was also provided to the participants. One hundred and thirteen participants attended this event.
- **Monsoon United Asian Women of Iowa** is a violence prevention organization for Asian women. Monsoon hosted the fifth Asian and Pacific Islander Youth Summit: Adding Power to Our Voices! Youth Perspectives on Violence Against Women and Girls. The summit consisted of a keynote speaker and workshops. The workshops included issues of physical abuse, bullying, peer pressure, digital abuse, media discrimination, and self-expressions through drama, video, and art. One hundred and fifty high school students attended this event.
- **St. Joseph YWCA** is a nonprofit organization. The YWCA promoted Teen Dating Violence Outreach to support and encourage youth to utilize the “That’s Not Cool” website. The website teaches teens the appropriate way to deal with peer pressure, self-control, healthy relationships, and abuse in the cyberworld. One thousand five hundred students were reached through flyers.
- **The Human Trafficking Workshop** was held on September 29–30, 2011, in Kansas City, KS. It was sponsored by DHHS OWH, Administration for Children and Families, and the U.S. Department of Labor Women’s Bureau. The purpose of the workshop was to increase awareness of human trafficking in Region VII. One hundred participants attended the event.

Region VII supported four prevention programs during FY 2012 in the amount of \$10,000. Listed below are the individual agencies and descriptions of the activities.

- **Cole County Health Department** will host a violence prevention program titled “Voices of Strength: A Community United.” The goal is to create a violence awareness campaign for Cole County.

- **Iowa Coalition Against Domestic Violence** will host a violence prevention program titled “Let Your Voice Be Heard: Teen Dating Violence.” The program will teach about teen dating violence and healthy relationships.
- **Synergy Services, Inc.** will expand the “Bridge Safe Patient Advocacy Network” (SPAN) Program to increase the safety of victims of domestic violence through developing a uniform health care community response team.
- **Tri-County Mental Health Services** will host a violence prevention program in May 2012, titled “Girl Power” that targets school-age girls. The program will focus on reducing peer risk factors by providing age-specific education and hands-on learning experiences regarding violence and trauma.
- **The Region VII “Roundtable Town Hall Meeting: Empowering and Engaging Men in Reducing Violence Against Women”** was held in Kansas City, MO, on October 26, 2011, at the Kauffman Conference Center. The town hall meeting started off by playing two DVD messages from Vice President Joe Biden. The DVDs provided some background information about the Domestic Violence Act, statistical facts, and asked the participants for assistance in addressing violence against women and girls using a collaborative approach. Ninety participants attended, which included various community organizations and leaders, government officials, medical professionals, domestic violence advocates, domestic violence and sexual assault coalitions, other public health leaders, survivors, and former batterers.
- **Region VII OWH** is continuing to host monthly Domestic Violence Planning Committee meetings for the upcoming Fabric of the Family: Engaging Families in Domestic Violence Prevention: A Regional Conference Integrating Males into Prevention Programs, to be held September 12–13, 2012.

The RWHC continues to disseminate regional domestic violence resource cards within Region VII. The resource cards provide information for the professional on confidentiality, questions to ask the patient, advocacy, what to document, and common presenting complaints. For women at risk, the domestic violence cards

provide community resources, a safety plan, and a list of documents to take after deciding to leave the batterer.

Region VIII OWH supported several initiatives to prevent violence against women in FY 2011, principally through mini-contract funding administered by the national mega contract with JSI.

OWH Region VIII (OWHR8) continues to support the Domestic Violence Research and Action Coalition (DVRAC) that is housed at the Center on Domestic Violence at the School of Public Affairs, University of Colorado at Denver. OWHR8 is also an active member of the coalition, providing technical assistance when requested.

OWHR8 was the lead organizer for a Regional Roundtable titled, “Men Taking the Lead: Preventing Dating Violence and Sexual Assault.” This was an initiative by Vice President Biden and was held in October 2011, at the Auraria Campus in Denver, CO. There were over 70 professionals and students in attendance. OWHR8 worked with other HHS offices, as well as with the U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Education (ED). Several community leaders were present, such as Brother Jeff Fard of Colorado Men Against Domestic Violence and Project Pave, an organization that trains youth leaders to promote violence prevention in their schools.

OWH Region VIII supported five organizations, in addition to the Regional Funding Announcements (RFAs) through the mega contract that provided mini-contract funding. The funding amounts for the projects ranged from \$56 to \$6,000. A brief description of each of the projects is below:

- **Smart Girl Self Defense.** This one-day event was aimed at building self-esteem and teaching young girls self-defense skills. Funding support was \$56.
- **Domestic Violence Research and Action Coalition (DVRAC).** OWHR8 contributed funding and support to the biannual research luncheon hosted by the Center on Domestic Violence in September 2011. The luncheon, titled “Current Intimate Partner Violence Research in Colorado,” brought together 92 professionals and students working in the varied fields of violence prevention to listen and learn from speakers presenting on their research conducted through the auspices of several universities in the state of Colorado. Funding

support was \$2,000. The same theme set the stage in September 2009, bringing together over 70 professionals and students.

- **Denver Indian Family Resource Center** hosted a one-day training event titled, “Weaving a Healing Voice: Unraveling the Trauma of Domestic Violence.” The training covered historical trauma and domestic violence in Native communities. It was targeted toward professionals who work with Native Americans, especially those affected by domestic violence.. Funding support was \$1,000.
- **Weld County Human Services** hosted a one-day workshop titled, “Connecting the Dots: Engaging Men in Domestic Violence Prevention,” a professional training on mobilizing men and faith-based communities and organizations to be engaged in stopping domestic violence against women. Targeted toward professionals who work with fatherhood, healthy relationships, domestic violence, and faith-based and neighborhood partnerships. Funding support was \$2,500.
- **Colorado Women Veterans Conference and Health and Health Fair Expo 2011.** This was a one-day event to provide women veterans information and access on health care, education, employment, and access to veteran’s benefits. Health sessions included domestic violence prevention, military sexual assault, and prevention of re-victimization. The target audience was women veterans living in the Denver metro area. Funding support was \$6,000.

OWH Region VIII supported eight organizations through the FY 2011 Prevention of Violence RFA. The funding amounts for the projects ranged from \$2,300 to \$2,500.

OWH Region VIII supported four organizations through the FY 2010 mega contract that provided mini-contract funding. The funding amounts for the projects ranged from \$2,355–\$5,000.

- **Operation Reach Out—Promoting Crime Victims Awareness and Prevention.** Central Valley Health District of Jamestown, ND, received funding for a project aimed toward increasing community awareness and knowledge about crimes against women and girls, about the local and

national resources available to address this issue, and to teach women and girls personal safety skills. In addition, community law enforcement personnel, educators, health professionals, athletes, counselors, clergy, and other community leaders and personnel were included in the outreach to increase awareness of these crimes and how to recognize and assist victims. The project consisted of using National Crime Victims' Rights week to partner with law enforcement in the organization of a free-to-the-public Stop Violence Conference, featuring presentations by Jackson Katz, Patrick Atkinson, and Nona Woods; a free Personal Safety Awareness Seminar, featuring presentations by Becky Dunker, survivor and co-founder of the Living On Project support network for families and friends of domestic violence and homicides; and Kay Mendick, Director of the University of North Dakota Women's Center and a certified impact personal safety instructor; a "Rockumentary" presentation; and a media campaign to raise awareness. Through these diverse events the organizers provided safe ways to obtain local and national resource information. A billboard was displayed for one month on the main street of Jamestown; a locally designed poster was placed in public locations across the city; informational cards were placed in restaurants, on grocery shopping carts and other locations; and PSAs were run on TV and radio throughout the month of the project.

- **YES: Youth Empowerment Series.** The Sexual Assault Victim Advocate (SAVA) Center of Fort Collins, CO, used the funds supplied by OWH to complement other funds that run their programs for youth. The project used several methods to provide sexual violence prevention education to middle school students, high school students, parents, and staff within Poudre School District (PSD). This goal was accomplished through peer education, staff-led presentations, and performances of the theatrical prevention education play, "Until Someone Wakes Up." The second goal of the YES Program is to empower and enable youth to become productive, engaged, and strong contributors to the betterment of their community. Two additional methods were used in schools:
 - **SuperGirls Empowerment Running Program** is a running/empowerment program for girls ages 7–12. It is presented at outreach sites, such as after-school and summer programs like the Boys & Girls Clubs. SuperGirls provides developmentally appropriate lessons on topics such as self-image, healthy relationships, gender violence, bullying, and body awareness. SuperGirls pairs the participants with adult women to provide mentorship and ongoing

support while training to run a 3.1 mile race. Through this community engagement, the YES Program can expand prevention education to community youth in nontraditional educational settings to the benefit of peer educators and community youth alike.

- **Speak OUT! Clubs** are an outgrowth of the Gender Violence Prevention Clubs that SAVA piloted at Poudre High School and Leshar Middle School during the 2009–2010 school year. The club is a by-kids and for-kids lunchtime project to increase awareness of sexual violence within the school. Based on input that the kids who had completed Speak UP! wanted to do more, SAVA created the club concept to let them use the information they had learned to lead other students. The students created their own club name, mission, goals, and projects with adult advisors from SAVA. The clubs are working on all school awareness programs, bringing in speakers, and participating in April Sexual Assault Awareness.
- **Crossroads Safehouse’s Teen Dating Violence Institute (TDVI).** The domestic violence shelter in Fort Collins, CO, conducts outreach to teens to prevent teen dating violence. TDVI dialogues with teens about healthy relationships and the warning signs of domestic violence. This information is neither intuitive nor part of any mandatory curriculum in Larimer County. Because the dynamics of dating violence include ambiguous behaviors—such as “quick involvement” (e.g., saying “I love you” early in the relationship) and jealousy, which can seem charming and protective—teens too often become entangled in abusive relationships. These presentations allow teens to talk to teens—under the guidance of trained professionals—about abusive relationships and provide an avenue for teens to explore behaviors within a relationship to better understand the impact of abuse and the ways in which abuse can manifest. Funds from OWH were used to train teen peer educators, coordinate 17 peer-instructed educational presentations throughout the Poudre and Thompson Valley School Districts, meet with school personnel from more rural areas of Larimer County to expand the TDVI Program, and to provide the program in other schools.
- **Domestic Violence Prevention Workshops for Teens and Women at Mercy Housing Colorado’s Holly Park Apartments.** Mercy Housing collaborated with the Rape Assistance and Awareness Program (RAAP) to offer training curricula to residents and other community members through evening courses that included:

Together Keeping Children Safe—offers presentations for caregivers, parents, and resident service staff on child sexual abuse and tips for keeping children safe.

Harassment Ends by Respecting Others (HERO)—teaches middle school-aged youth about harassment and abusive behavior.

Sexual Assault Free Environment (SAFE)—teaches high school-aged women about healthy dating and relationship decisions and how to interpret abusive behavior.

Self-Protection and Empowerment Training (SET) for women—demonstrates how to convey boundaries and self-protection techniques to fend off an attack.

OWH Region VIII will continue to support efforts to end violence against women through other means throughout the fiscal year.

Region IX has funded a number of projects under the Prevention of Violence Against Women and Girls funding opportunity in FY 2010, including:

- **Proyecto Cambio (Project Change)**. Located in La Clinica de la Raza in Oakland, CA, Proyecto Cambio is a comprehensive IPV prevention and intervention program designed to reduce the incidence of IPV among monolingual, Spanish-speaking, Latino immigrants in Contra Costa County. It uses “promotoras” (lay health workers) to promote health education as it relates to domestic violence to underserved, low-income, Latino women. The promotoras use the ACT Against Violence curriculum—facilitated by staff from John F. Kennedy University—that addresses domestic violence, risk factors for child violence in the family and its consequences, positive conflict resolutions, discipline versus child punishment, and how children experience violence in the media and the home.
- **Young Women Are Sacred** is promoted by My Brothers and Sisters House in Arizona. The goal is to prevent teen violence—including dating violence—on the Tohono O’odham Reservation. Young Women Are Sacred workshops are geared to pre-teen and teenaged girls and help them to understand that they own their bodies and are responsible for the decisions they make regarding their bodies. The girls learn about risk behaviors for abuse, how to increase healthy choices in terms of partners, where to go for support, etc. Female elders provide the history of their villages and the historical and contemporary roles of women in the Tohono O’odham Nation.

- **Safe Embrace** is a community-based organization in Nevada dedicated to stopping the cycle of violence in families by providing intervention and prevention services. The project focuses on female, at-risk youth involved with Washoe County Juvenile Services who are residents of the McGee Center. The teens will be organized into a support group to educate them about healthy choices to prevent them from being violent to others and from being victims of violence themselves.
- **The Southern Indian Health Council, Inc.**, based in Alpine, CA, hosted a youth wellness conference. The goal is to educate Tribal youth and Tribal leaders on issues related to domestic and dating violence, stalking, sexual assault, substance abuse, depression, and other mental disorders, using culturally relevant strategies and techniques.
- **Wesley Community Center has been funded to support its “Solamente Mujeres” (Women Only) project.** The organization’s goals are to raise awareness among staff and clients about violence against women and girls and empower staff to respond appropriately to victims of violence; educate women and girls about the services and resources available to them; and empower them to recognize violence in their own lives, in their families, and to access services, as appropriate.

Region X continues to provide funding to community organizations for projects to prevent violence against women and girls. In FY 2010 regional projects were carried out by several organizations. These organizations include Domestic Violence and Sexual Assault Services of Whatcom County, Bellingham, WA; Northeast Coalition of Neighborhoods, Portland, OR; Oneida Crisis Center, Inc., Malad City, ID; and SafePlace, Olympia, WA.

The regional staff has established ongoing relationships with the Washington State Coalition Against Domestic Violence and the Oregon Coalition Against Domestic and Sexual Violence and provided information and support for trainings and annual conferences in Washington and Oregon.

In addition, Region X is partnering with the Washington State Coalition Against Domestic Violence to hold a training for domestic and sexual violence service providers and emergency management officials on responding to the needs of women and children affected by natural or man-made disasters. Women are often

at increased risk of domestic and sexual violence in the aftermath of a disaster. The training will be facilitated by Dr. Elaine Enarson, an American Disaster Sociologist, co-founder of the Gender & Disaster Network, and former Executive Director of the Nevada Network Against Domestic Violence.