The RESOURCE

Newsletter of the National Sexual Violence Resource Center Spring/Summer 2004

Ten Years of VAWA

Strengthening Anti-Sexual Violence Work

By
Susan Lewis, Ph.D.

According to almost everyone associated with victim services or prevention of violence against women, the passage of the Violence Against Women Act (VAWA) in 1994 made an enormous, positive difference. This landmark legislation provided new life to small struggling rape crisis centers and shelters by offering a major transfusion of lifeblood in the form of federal funding. It promoted new approaches to combat many forms of violence against women and encouraged community involvement; most importantly, it provided for more and better services and improved opportunities for justice for victims of domestic violence, sexual assault and stalking.

In a recent presentation, Diane Stuart, Director of the Office on Violence Against Women (OVW), U.S. Department of Justice, spoke of the impact of VAWA. She said: "Miracles Happened!" She was talking about the approaches of Coordinated Community Response and cross training. She said, "People work together who had never worked together before." In fact, VAWA funds via various grant programs have contributed significantly to growth and development in the work we do. It has made many new initiatives possible, promoted greater interaction and provided a nearly indispensable foundation for our work.

Senators Joseph Biden, Patrick Leahy and Orrin Hatch supporting VAWA reauthorization in Washington DC in September 2000. Visible in background are activists, (left to right) Jackie Payne, Pat Reuss and Maribel Ramos.

Now at the ten-year mark, we have an opportunity to reflect on our progress, remember pre-VAWA days, and consider the nature of our ten-year journey to see if we can glean insight and strength. While it is important to recognize how VAWA promoted so many of our achievements, we also need to consider how other forces have interacted to enhance, challenge and delineate the nature of our achievements.

Since the passage of VAWA those working to end violence against women have developed expertise, attained a level of sophistication in advocacy and training, and turned increasingly to the challenge of prevention. These accomplishments reflect the work and commitment of many individuals, the impact of various kinds of funding, and even cultural and political forces. Although VAWA is not singularly responsible for all the achievements of the last ten years, it has been a major catalyst, providing a vital ingredient to create a real synergy of meaningful growth.

Sexual violence is a unique aspect of violence

(Continued on Page 6)

Inside *The Resource*

NSVRC

Helping Health Care Professionals Respond to and Prevent Sexual Violence: Developing a 5-year Strategic Plan for SAAM

Since the late 1980's, April has been recognized as Sexual Assault Awareness Month (SAAM) in the United States. SAAM is an opportunity for advocates to engage their communities and raise awareness about the devastating effects of sexual violence. The Centers for Disease Control and Prevention (CDC) and the National Sexual Violence Resource Center (NSVRC) are collaborating to incorporate a health care focus into future S A A M activities, beginning in 2005. This focus will be on the impact of sexual violence on public health, potential roles of health care providers, resources for responding to sexual assault, and the importance of prevention. Audiences for these activities include physicians, physician's assistants, nurses, forensic nurse examiners, midwives, pharmacists, medical social workers, lay health advisors, and others. All health care-related SAAM activities will be planned around NSVRC's theme, "Decide to End Sexual Violence." These activities will complement those already developed by NSVRC for advocates and the general public.

In order to accomplish this goal, a planning committee will be assembled during the summer of 2004. This committee will include representatives from federal agencies, professional associations, coalitions, and public health departments. The committee will be charged with creating a 5-year strategic plan for incorporating a health care focus into SAAM activities, developing educational materials, and evaluating all efforts.

For additional information on this initiative, contact:

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Medical Screening in Rural Areas

Sexual Assault and Intimate Partner Violence: Issues of Detection in the Medical Office

By
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Violence against women is a common problem resulting in a multitude of health problems seen daily in health care settings: clinics and offices, including every medical specialty, emergency departments, medical and mental health hospitals, and substance abuse treatment programs. The Centers for Disease Control and Prevention (CDC) estimates the medical and mental health costs of intimate partner violence (IPV) alone to be $ 4.1 billion.

In family practice in rural Illinois and Tennessee for the past 13 years, I encountered far more physical and sexual abuse than I anticipated through my previous career in urban settings and in my educational programs. Such experiences have provided me with the opportunity to develop and refine my own detection, assessment and intervention skills, to advocate for curricular change in medical education, to speak on the issue internationally, and to focus my research.

Rates of IPV and Sexual Assault (SA) in rural areas are as high or higher — and as lethal — as in more populated areas. The highest rates of femicide occur in rural southern states and Alaska. In my rural practice experience, SA by an intimate partner appears to be nearly double the usual rate of 40% in relationships with IPV. SA involving children is common and usually does not present as an acute episode, but rather, is discovered in the course of exploration of symptoms related to infection, pain, or the psychological and behavioral symptoms the child develops.

Rates of IPV and Sexual Assault (SA) in rural areas are as high or higher — and as lethal — as in more populated areas.

Universal screening of females for IPV has been recommended by medical authorities for over 20 years. One should screen for a history of SA as well. However, the US Preventive Services Task Force has insufficient evidence to recommend for or against routine screening for family violence because there are as yet no studies documenting improved outcomes. However, most physicians believe it is part of their role to address victimization of women in medical settings, and an increasing proportion of women report being screened. Most medical authorities agree that detection remains critically important in the care of women. Women who have suffered from violence in their lives frequently seek medical assistance, and perceive physicians to be among the top sources of assistance. Victims of abuse utilize the health care system at a higher rate than women who have not been victimized. Further, research shows decreased patient satisfaction if the clinician fails to detect the abuse, and of more concern, rates of re-assault are high and there is significant mortality for abused women seen in medical settings.

Dr. Elizabeth McCord

While all females should be screened, the clinician should pay particular attention to those children, adolescents, and women who provide clues – in what they say, how they say it, how they behave, the context of their behaviors, or in the constellation of symptoms with which they present. Women often allude to violence in a code. Phrases as “having a hard time”, “things are pretty rough right now”, disclosure about their partner’s substance abuse, or loss of employment, feeling overwhelmed, talk about not getting along, arguing, a tone of bitterness or hopelessness, disparaging comments about their partner, should elicit an exploration of issues of violence.

Evasiveness, among other behaviors may be a clue of violence or abuse. For example patients may exhibit a high emotional tone, or passivity, or be seemingly shut off

(Continued on Page 4)

Medical Screening in Rural Areas

(Continued from Page 3)

emotionally. Patients experiencing IPV and related trauma, may not show for appointments and follow-up, may come in and then bolt from the office without being seen, perhaps afraid that their abuser may discover that she is not home when he expects. They may move frequently, addresses and phone number may not be valid, or they may refuse to answer the door when a home visit is made because of the abuse. They may appear intoxicated, or may demand controlled substances, often for their chronic pain or mental illness associated with the abuse, or at the insistence of their abusing partner. Or their abuser may come in with them, and not leave their side. The clinician may misinterpret, thinking that things are good, when in reality she is being denied the ability to speak for herself or to disclose.

Clinicians need to develop skills and insight in dealing with those patients who exhibit some of these behaviors, realizing that they might serve as strong evidence of abuse in the woman's life. Rather than responding negatively or punitively, such clues should trigger an exploration of her experiences with violence, both IPV and SA. Every woman should be seen at some point without others in the room to assess for abuse.

Psychological symptoms are even more common than physical manifestation of abuse.

In Rural Areas

Inadequate access to health care, limited shelter services and rape crisis centers, coupled with sometimes, erratic law enforcement, and over-extended protective services create a particularly difficult management problem for those in rural areas, thus increasing the importance for clinicians in rural areas to address the issues in the clinical setting.

Symptoms themselves often serve as clues of abuse. Sometimes, the symptoms are symbolic, such as the development of a choking cough in a woman who experienced forced oral sex. More often, the symptoms are vague, or exhibited by exacerbations of chronic problems such as headaches, chest pain, palpitations, gastro-intestinal complaints, fibromyalgia, back or pelvic pain, PMS, chronic cough, or rectal or vaginal bleeding. Onset or exacerbation of chronic medical problems, such as diabetes, hypertension or asthma, may also indicate abuse.

Difficulty with a pregnancy, too, should alert the clinician to explore for violence. Unintended pregnancy, fetal loss, premature rupture of membranes, premature labor, placental abruption, uterine rupture, low birth weight, substance abuse and fetal fracture are more common in women who are abused. In my experience, nearly all women who present late or not at all for prenatal care are suffering abuse.

Violence against women is one of the most common causes of trauma in women, and every injured woman should be screened for violence regardless of the assumed cause of injury. Injuries that are inconsistent with the reported cause should be considered as IPV or SA until proven otherwise.

Psychological symptoms are even more common than physical manifestation of abuse. Most women in substance abuse treatment have suffered abuse as a child or adult. Depression, with or without suicidal ideation or attempts, anxiety, panic attacks, PTSD, irritability, sleep disorders, hypersensitivity, hyper-alertness, forgetfulness, thought disorganization should trigger an inquiry about possible violence. Every woman who discloses psychological or physical abuse should be asked specifically about sexual assault or abuse as well.

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Difficulty with the children, too, should initiate a discussion of possible abuse, whether the child is abused, incidentally injured, or exhibits problems from the mother's depression. Problems such as developmental delays, behavioral or psychiatric problems, learning disorders, poor academic performance, or ADD and ADHD, may also indicate a situation of abuse. In particular, depression, anxiety, PTSD in conjunction with physical symptoms such as abdominal pain, coughing or choking should also trigger concern.

The decision to disclose is complex. A woman must decide if the clinician has the time, interest and the sensitivity to help her, and whether it is safe to disclose. In rural communities, disclosure may be complicated by social relationships with the clinician and staff outside the medical context. Most women find it difficult to find a way to initiate the discussion about

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Medical Screening in Rural Areas

(Continued from previous page)

the violence, particularly when there has been a sexual component. Frequently, the clinician gives clues, by their body language, their sense of time pressure, that lets the patient know whether they are receptive to disclosure. Unless the clinician lets them know it is OK to disclose, either by screening every female or by responding in a patient centered manner to such clues as above, patients usually will not disclose spontaneously.

Often disclosure takes several visits. Many of the recommended screening and detection questions are very direct and abrupt, and lead the woman into making a decision about whether to disclose or not, rather than giving the patient the opportunity to tell her own story her own way. A negative response is often a decision to defer disclosure, and many times a patient returns to discuss the violence in her life at a later date.

Contrary to popular belief, issues of SA and IPV are more common and challenging to deal with in rural areas than in many more populous areas. Women in both urban and rural sites should be screened and clues for violence should be explored.

Finally clinicians should be equipped to assist the abused woman to access the resources she needs to heal and to prevent continued victimization.

VAWnet Public Listserv Discussions

Since 1996, VAWnet has conducted private, password-protected, online discussion forums on a number of topics. They facilitate the exchange of ideas, sharing of resources, and discussion of important and emerging issues in support of violence against women advocates working at local, state, national and tribal levels. These discussion forums, listed below, are now **publicly accessible listservs.**

Three listservs are specific to sexual violence.
The Research listserv covers issues of domestic and sexual violence.

Public Policy: facilitated by the *National Alliance to End Sexual Violence* (Kristen Roe)

Services/Program Development: facilitated by the *Ohio Coalition on Sexual Assault* (Sue Meier)

Prevention/Education: facilitated by the *Washington Coalition of Sexual Assault Programs* (Lydia Guy)

Research: facilitated by *University of Minnesota Center on Violence & Abuse* (Dr. Jeffrey Edleson)

As a listserv participant you will have access to timely and relevant discussions, peer technical assistance and information dissemination led by the knowledgeable group of individuals and organizations listed above. Please join in these discussions!

To subscribe visit: http://www.vawnet.org/AboutVAWnet/PoliciesAndProcedures/listservdes.php

Ten Years of VAWA

Strengthening Anti-Sexual Violence Work

(Continued from Page 1)

against women, and those working in sexual assault advocacy often encounter difficulties obtaining adequate funding, even under the Violence Against Women Act. The very nature of sexual assault, cloaked in social stigma, denial and myths has served to minimize the perception of the crime's prevalence and in turn has resulted in an ongoing struggle for adequate funding.

By and large, the public views violence against women mostly as domestic violence (DV); it generally sees rape as a crime of violence committed by strangers. While there is certainly a significant overlap of domestic and sexual violence issues, and many victims experience both kinds of violence, the task of helping a rape victim requires unique skills and training. In part, the task of the anti-sexual violence community has been to work with allies and policy makers to convert these views to be more in line with the reality of the crime and to underscore the unique and varied needs of sexual assault victims.

Before VAWA, those working on sexual violence often struggled in isolation with very limited funding from Preventative Health and Health Services block grants and some Victims of Crime Act (VOCA) funds. Gail Burns-Smith of the National Alliance to End Sexual Violence explains that under this situation, "Sexual assault limped along." For those working in domestic violence, funding was available under FVPSA (Family Violence Prevention Service Act), and VOCA. Both groups also sought random, nonspecific state monies. The sparse resources meant limited services, growth and strength. However, by 1990 the anti-domestic violence community had achieved more cohesion than the anti-sexual assault programs and DV had already built a national infrastructure. Therefore, as the idea of VAWA came to fruition in 1990, DV entered the process with greater organization and strength.

The complex history of the passage of VAWA in 1994 involved a dynamic mixture of individuals, organizations and ideas. However, everyone involved agrees that the process witnessed many people working tirelessly for widespread support of the bill when it was introduced in Congress.

Although VAWA passed as part of a larger crime initiative, as Title IV of the Violent Crime Control and Law Enforcement Act of 1994, Biden viewed VAWA as being of central importance.

In the late 1980s and early 1990s, crime began to receive more attention. Pat Reuss, formerly of the National Organization for Women Legal Defense & Education Fund (NOWLDEF) recalls that both the Bush and Clinton campaigns promised to be "tough on crime" and the subject of violence received more attention. There was more press coverage of violence and rape, and interest in crime legislation increased. And with this increased attention to crime, some advocates began talking on a regular basis about a national policy on violence against women.

Senator Joseph Biden (D-Delaware) played a central role in the passage of the Violence Against Women Act, not merely because of his sponsorship of the bill, but particularly because of his extraordinary level of commitment. Although VAWA passed as part of a larger crime initiative, as Title IV of the Violent Crime Control and Law Enforcement Act of 1994, Biden viewed VAWA as being of central importance.

Prior to the introduction and passage of VAWA, the public and most national policy makers held views of domestic violence and sexual assault that were largely shrouded in myths; this kind of violence was viewed as being private or a family matter, and if it was considered as falling under any government domain, then it would be that of the states. According to a Biden official, the Senator understood that before things could change, he would have to break through the mindset that held these myths.

Starting in 1990, and again in 1991 and 1993, he introduced the Violence Against Women bill, thus showing sustained commitment to the issue. He worked to build a political base over time. As part of his efforts, he along with his chief advisor on the issue, Victoria Nourse, fostered the production of several special reports such as the *Violence Against Women: A Week in the Life of America* (1992) and *Response to Rape: Detours on the Road to Equal Justice* (1993). These remarkable reports helped to educate and gain support for the bill.

Sen. Biden and Sen. Orrin Hatch (R-Utah), the bill's co-sponsor, continued to work toward gaining support for the Violence Against

(Continued on next page)

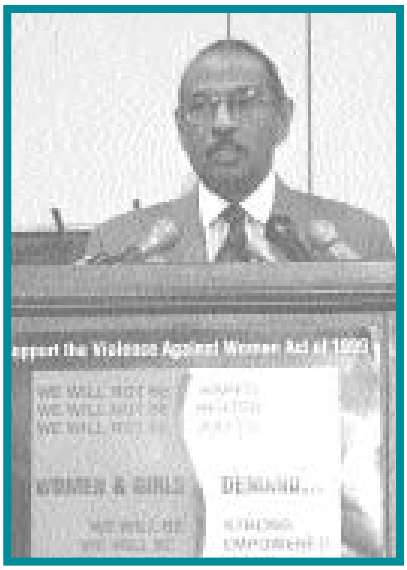
Ten Years of VAWA

(Continued from previous page)

Women bill along with House counterparts on the issue, Representatives Barbara Boxer (now Sen. Boxer D-CA) Charles Schumer (now Sen. Schumer D-NY), Patricia Schroeder (D-CO) and Connie Morella (R-MD). At the same time, a broad group of activists, advocates, and grass roots organizations increased their efforts to promote VAWA. Pat Reuss began to keep track of everything, and along with the NOWLDEF staff and the organization's New York-based attorneys, worked to build broad-based support including labor, business, civil rights groups, churches and anti-poverty groups.

Domestic violence and anti-sexual assault advocates, as well as other victims advocates, participated in regular meetings and Capitol Hill visits to perfect the legislation and build Congressional sponsorship. Sexual assault advocates such as Mary Beth Carter of the California Coalition Against Sexual Assault and Rus Funk of Men's Anti-Rape Resource Center (now with The Center for Women and Families) participated in meetings and discussions that addressed conceptual issues for VAWA legislation.

Soon, a large coalition of individuals and organizations committed to the passage of VAWA developed. NOWLDEF took the lead in mailing out meeting minutes, fact sheets and action alerts to gain support. The fax machine soon replaced posted mailings and the list of coalition partners grew; sadly, however, few sexual assault organizations could regularly attend the drafting and strategy meetings in Washington, DC. When it came to assisting in the drafting of the bill, sexual assault did not have a formal presence. However, as the process evolved, David Beatty of the National Center for Victims of Crime, (now with Justice Solutions) participated in meetings in which he often found himself speaking for sexual assault interests when there was not a consistent sexual assault presence. Pre-VAWA sexual assault programs lacked unity and resources to substantially reach beyond their daily struggles. Reuss explained that limited resources made it difficult for them to consistently participate in a venture with improbable success. In fact, many people did not expect VAWA to pass.



Congressman John Conyers Jr. speaking in support of VAWA reauthorization in Washinton DC, March 2000.

In the end, the incredible work to gain Congressional support by Senators Biden and Hatch, and their House partners, coupled with the tireless efforts by activists and advocates to gain very broad-based public and political support, carried great rewards. Reuss asserts that by 1994 there was a compelling force. She feels that VAWA passed when it did because there were no real enemies, and because no one really believed it would pass with its call for major funding, and the inclusion of a civil rights clause and protections for immigrant women. Put another way, VAWA passed in part because it was politically risky to oppose support for anti-violence work, and its passage appeared improbable.

With VAWA came opportunities for growth and strength. Those working in sexual assault almost immediately took advantage of the new offerings. They recognized that they needed to begin building an infrastructure comparable to that in the DV movement, which would serve to unite, promote sharing, develop policy, and provide voice. Gail Burns-Smith explains that almost immediately after passage of VAWA, at least a half dozen new state sexual assault coalitions developed, and in September 1995 the National Alliance to End Sexual Violence began as a national policy organization. The momentum continued ushering in other new initiatives such as the Resource Sharing Project and then the National Sexual Violence Resource Center. In the end, VAWA facilitated the development of a national infrastructure as well as significant coalition and capacity building.

The Violence Against Women Act provided for numerous grant programs including, the S.T.O.P Violence Against Women Formula Grants, S.T.O.P. Violence Against Indian Women Discretionary Grants, Campus Grants, Rural Grants, and Grants to Tribal Domestic Violence and Sexual Assault Coalitions, just to name a few. VAWA also provided for a particular emphasis

(Continued on Page 10)

Florida Coalition's "Tell Me About It" Medical Awareness Initiative

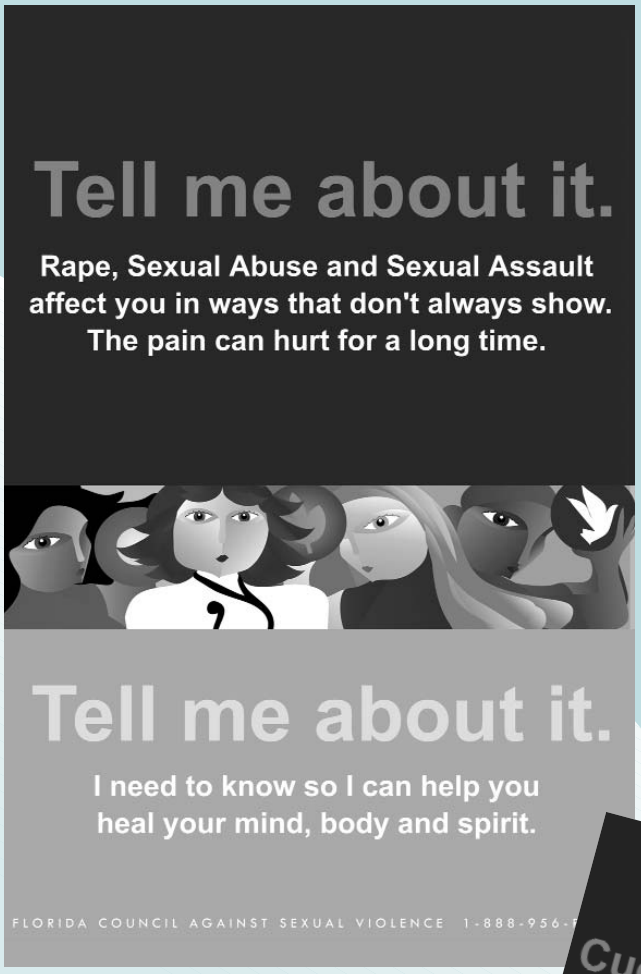
By Debbie Rogers
Program Director, FCASV

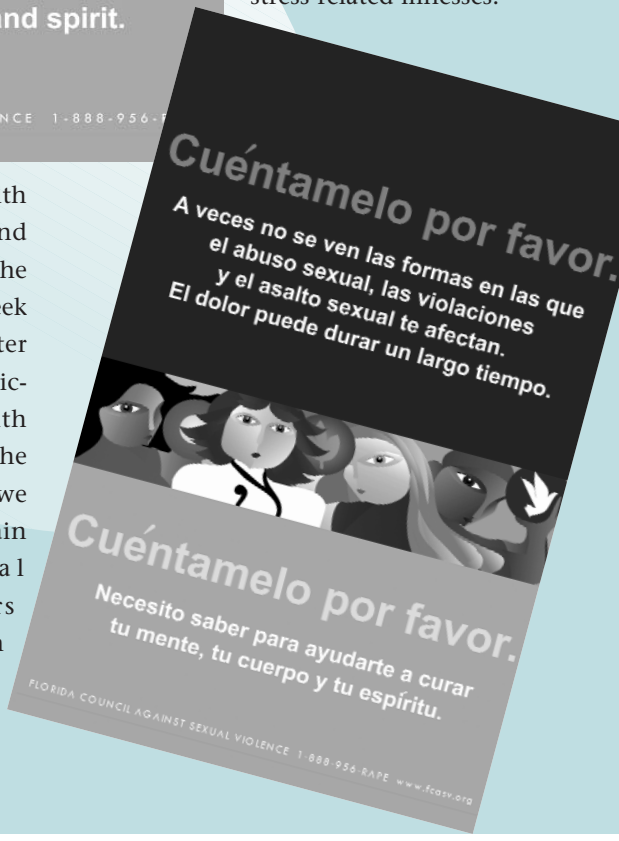
The Florida Council Against Sexual Violence (FCASV) is making changes in our medical public awareness initiative. "Tell Me About" is an educational campaign designed to encourage medical professionals to talk to their patients about sexual violence. The campaign materials for medical professionals include an educational booklet, a guide for screening patients, and a reminder magnet. To complete the campaign, we developed "Tell Me About It" posters and buttons in English and Spanish so that medical providers can reinforce the campaign in their offices.

Our screening protocol uses as a foundation the SAVE protocol initiated by NYCASA (New York Coalition Against Sexual Assault). Florida's hope is if all states join in endorsing the same acronym, eventually a national SAVE protocol can be taught in medical schools and continuing education programs. A few other sexual violence coalitions are making their own state versions of SAVE and "Tell Me About It" materials based on our art files and text.

It has been rewarding to frame sexual assault as a major public health issue for our state. As advocates, we know that victimization can cause profound impact to physical and mental health throughout a victim's lifespan, and although most victims do not report the crime to law enforcement, most do seek medical attention sometime after experiencing sexual assault. These victims may not tell their health care provider about the assault, so we must train medical providers to screen their patients for sexual violence so that proper care can be given.

"...we must train medical providers to screen their patients for sexual violence..."





When medical professionals are trained to screen and talk to their patients about sexual assault, they will be able to care for their patients better by being able to assess for internal injuries, offer pregnancy and STD counseling and treatment, and suggest mental health and victim service referrals. They will also help patients who may have experienced sexual assault in their past and who are now suffering from long-term effects such as reproductive problems, depression or stress-related illnesses.

Spotlight

Medical providers are in an excellent position to share prevention information and create awareness about the link between sexual assault and health issues, but they need training and reminders to prioritize the issue of sexual assault.

FCASV supplemented our campaign materials with a specially designed training curriculum that leads sexual assault educators through the process of teaching physicians and nurses with the "Tell Me About It" materials. The curriculum can be adapted to different timeframes and sizes of groups, and Florida's educators have trained medical professionals at day-long seminars and during ten-minute trainings during hospital rounds. Our programs report that physicians and nurses are interested in the training and through the training understand the correlation between sexual violence and many health problems. Programs also bolster referral relationships in their communities by leading medical trainings.

The campaign materials have also been used by our coalition to develop our relationships with medical associations and training/policy groups at the statewide level. We have trained and distributed kits at conferences for physicians, nurses, school nurses and special issues groups, such as HIV/AIDS medical providers. In all, we are mid-way through distributing 10,000 campaign kits. FCASV's project was supported by a grant from our Office of the Attorney General funded by a penalty from a corporate lawsuit settlement.

Examples of the materials are posted on our website at www.fcasv.org/save. For a free copy of FCASV's medical awareness campaign materials, send a request by e-mail to drogers@fcasv.org.

Ten Years of VAWA

on "prevention" through Rape Prevention and Education grants, dispensed via the Centers for Disease Control and Prevention.

These new opportunities particularly impacted Native communities and facilitated far-reaching exchange of information and ideas. Eileen Hudon of Clan Star explains that beyond providing for Native Americans to develop their own unique response to domestic and sexual violence, VAWA particularly helped tribal communities in isolated areas.

Between 1994 and 1999, VAWA afforded greater success and growth for organizations working on violence against women issues, but as the time approached for reauthorization, many advocates began to review specific areas of the Act that needed improvement, redesign or expansion.

Those working in domestic violence and sexual assault recognized their vital interest in seeing VAWA reauthorized and began voluntarily meeting and discussing content and strategies, and in 1997 began to work on versions of a bill. These individuals formed a committee to discover grassroots' needs, help draft a bill, and help gather support. Juley Fulcher of NOWLDEF (later Fulcher moved to the National Coalition Against Domestic Violence and then to Break the Cycle) became a key figure on the committee, overseeing much of the drafting process.

In general the new bill asked for more money and more specific funding and attention to sexual assault, stalking and tribal issues. This time the drafting committee included sexual assault advocates like Diane Moyer of the Pennsylvania Coalition Against Rape and Beverly Harris Elliot of the National Coalition Against Sexual Assault. Pat Groot of Virginians Aligned Against Sexual Assault participated on behalf of the National Alliance to End Sexual Violence. It also had a Native American advocate, Suzanne Blue Star Boy who spoke on behalf of tribal concerns. Diane Moyer notes how important it was to have someone with knowledge of tribal issues to engage in the process.

At the podium, Congresswoman Connie Morella. Advocates fully visible in the background (left to right) Jackie Payne, Juley Fulcher, and Pat Reuss. September 2000, Washington, DC.

Although the anti-sexual violence community had developed a national infrastructure since the initial passage of VAWA, it did not have a comparable degree of presence and strength as that of the domestic violence community at the time for reauthorization. Still the presence of sexual assault advocates at the drafting table positively impacted the process. In the end VAWA II addressed sexual assault and tribal issues more specifically, but according to Juley Fulcher, it was "not nearly enough!"

Juley Fulcher, a principle drafter of VAWA II, describes the basic strategy as trying to involve as many people as possible and to make each feel truly invested in the issue. She notes that the work and commitment of Representatives John Conyers Jr. (D-MI) and Connie Morella (R-MD) was crucial to accomplishing the increased strength of VAWA II. Congress finally reauthorized VAWA in 2000, almost unanimously. Note, however, the passage occurred at the very last minute and after intensive additional pressure from the anti-violence against women groups and allies. Fulcher notes that its passage was crucially related to the political realities of the 2000 election.

In addition to the improvements to VAWA and its significant increase in the funding level, the reauthorization process carried other benefits as well.

The domestic violence and sexual assault groups gained fundamental experience in working through the process together. Reflecting on the impact of VAWA, Joan Zorza of the Domestic Violence Report and the Sexual Assault Report notes that DV and SA are slowly working better together and learning better together. Diane Moyer agrees and says that "We are all doing anti-oppression work; we need to foster wide-spread support."

The interaction and communication of advocates and activists helped to establish an infrastructure for the process. The committee that met to work on VAWA II developed into the National Task Force to End Sexual and Domestic Violence Against Women. This committee essentially stayed intact providing a mechanism for communication and consensus building. Since the passage of VAWA II, it has served as a vehicle for discussions regarding appropriation levels as well as

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Ten Years of VAWA

(Continued from previous page)

for other concerns regarding violence against women issues. Today the Task Force still exists and meets regularly in preparation for VAWA III. Members of the Task Force also chair sub-committees on particular areas, topics and populations.

VAWA has facilitated the involvement of many others in our communities, such as law enforcement, prosecutors, medical personnel and teachers, to name a few. The issue of violence against women has gained new and valuable partners in this work, and achieved an increased level of awareness.

VAWA has been such vital legislation for the work of violence against women. Now, the landscape ahead for passing VAWA III presents some substantial challenges. Fulcher, working along with others toward reauthorization, notes that given the upcoming election and varied concerns over world politics and the state of the economy, getting VAWA III to pass in 2005 will require a strong bill and a lot of work for continued support.

The Task Force hopes to assist in drafting a bill that is more refined, continues vital programs, addresses specific concerns and weaknesses, promotes increasing attention to sexual assault, stalking, dating violence and underserved populations, and includes important opportunities for prevention and education work.

The past ten years of VAWA has profoundly assisted those doing anti-sexual violence work. This Act has afforded important growth, improved the quality of advocacy and helped to raise awareness of sexual assault. As a result, the anti-sexual violence community has made important alliances across many walks of life. Most importantly, VAWA has provided for more humane treatment of victims and a more effective response to violence against women.

As time for reauthorization approaches, those working in the area of sexual violence recognize that despite some successes, there remain enormous challenges to eliminating sexual violence. The importance of this challenge can be seen in the steady stream of newspaper stories reporting sexual violence in so many of our institutions.

In the end, the need for continuation of VAWA legislation should not be measured only by the growth and effectiveness of the work of our advocates and organizations; rather, its importance can be found in the impact of VAWA's legacy to the nation; a legacy that speaks of the profound need to confront violence against women and that demonstrates governmental commitment to a steadfast, funded concern for women's safety.

Updated Spanish Materials Listing

The NSVRC recently updated its listing of *Materials on Sexual Violence in Spanish*. This compilation of materials available in Spanish includes brochures, factsheets, posters, videos, Sexual Assault Awareness Month resources, and other prevention materials. Call 877-739-3895 for a copy, or access the document online at http://www.nsvrc.org/publications/directories/Spanish materials.pdf.

If you are aware of materials that you think should be added to this list, please contact Cathy Nardo at resources@nsvrc.org. The NSVRC encourages you to forward information about a particular publication/resource and include a sample if possible. Also, we welcome feedback about any of the resources currently listed.

Director's Viewpoint

Embracing the Concept of "Prevention"

By Karen Baker, MSW

Karen Baker
NSVRC Director

The NSVRC appreciates the added emphasis on "prevention" in the Centers for Disease Control and Prevention (CDC)'s recent funding announcement for a "Resource Center on Sexual Violence Prevention." As its name indicates, the CDC consistently fosters prevention as a key strategy. Additionally the concepts of "prevention" and "using the public health model" increasingly permeate conversations about sexual violence these days. So it makes sense that the CDC now further underscores prevention.

I have heard, that some people are understandably concerned or confused about what this direction means for programs and for victims. For them, this move towards the use of public health strategies to prevent sexual violence represents a shift away from the grassroots organization and philosophy which has been at the forefront of the movement to end sexual violence for at least the past thirty years. To their credit, the CDC has consistently worked to become familiar with the grassroots approaches and the advocates doing anti-sexual violence work. They are now positioned, with our help, to infuse this knowledge throughout established systems and into the mainstream.

The CDC's Division of Violence Prevention administers the Rape Prevention and Education funding to states and territories. For the past few years the CDC has worked diligently to learn from advocates and to encourage state departments of health, state anti-sexual assault coalitions and community-based programs to work closely together in order to develop strong plans tailored to the needs and resources of their constituents.

It can be helpful to consider how the public health strategy has been successfully employed to encourage seat belts, curtail smoking and reduce obesity. All of these issues required widespread changes in public attitudes, specific behavioral changes on the part of adults, societal support for positive changes, and overcoming deep skepticism about our ability to impact long-standing customs and habits.

We must now bring every available strategy and every sector of society into the fight to end sexual violence. Rather than public health "replacing" grassroots efforts, I see it acting more as a megaphone to rapidly magnify our message. As health, education, media and other systems consistently begin to address and prevent sexual violence, grassroots activists must increasingly work for deeper analysis and stronger response.

Allocating resources for prevention does not imply that services to victims are less important. We must simultaneously fund services to existing victims and survivors as well as strengthen efforts to prevent the occurrence of additional violence.

Another concern I hear expressed involves the use of the word prevention at all. Some advocates note that the word prevention has sometimes been used in a victim-blaming way. For example, we would not say to a survivor that she should or could have done something to prevent being raped, as if it were within her control or, worse yet, as if it was her fault. Many victim advocates now use the term "risk-reduction" when talking about the steps an individual may take to decrease the likelihood of being raped in a given situation. But there is nothing inherently victim-blaming about the word prevention itself – only in its specific usage. Certainly in the context of public health, and state or national work, we use the word and concept in the macro sense, not from the perspective of an individual. In other words, we are asking what society, communities, institutions, families, friends and all responsible adults can do to prevent people from sexually assaulting others.

The NSVRC invites you to join in the continuing dialogue about prevention. What works? How do we know it works? How can we encourage and fund more prevention initiatives? How can we talk about it in ways that bring groups together in non-threatening ways to accomplish our shared mission? Email your thoughts to nsvrc@nsvrc.org.

American Indian writer / social critic refuses CU honorary doctorate and rails against school's sexual assault scandal

This excerpt is from an article by James May entitled "An Interview with Vine Deloria Jr." that appeared in Indian Country Today on June 4, 2004. To read the unabridged piece visit: www.indiancountry.com/?author=30

If one were to think just because noted American Indian social critic Vine Deloria Jr. recently became a septuagenarian his views might have mellowed. Simply put, that person would be wrong. The wildfire that is Vine Deloria Jr. continues to rage into his 71st year and a man that is perhaps the preeminent American Indian thinker shows that he still has some of that fire in his belly.

Deloria recently made the news with his refusal to accept an honorary doctorate in Humane Letters from a school in which he taught history for several years, the University of Colorado at Boulder (CU). His reaction to anyone familiar with Deloria's work should have come as no surprise.

In refusing the award, Deloria used his opportunity at the pulpit to rail against the school, their football coach and program and generally tie it into the US's Middle Eastern policy.

At his very heart Deloria is an iconoclast and his recent actions in regard to his honorary degree are no exception. He ostensibly refused the CU, Boulder honor because of recent scandals regarding the school's football team in which a female place kicker claimed that she was assaulted and raped by teammates and subsequent unapologetic remarks by the football coach, Gary Barnett, that degraded the place kicker's abilities.

This let loose a Pandora's box of allegations against the football team that eventually included further charges of rape as well as team sanctioned prostitute and alcohol misadventures. Coach Barnett was reinstated shortly before Deloria refused the award saying that it was no honor to be associated with the school.

In immediate press reports in the wake of Deloria's refusal of the honor, Regent Susan Kirk dismissed the football scandals as "little things." Kirk and the other regents were not available for comment as they were all attending a several day long conference in the resort town of Aspen.

The reclusive author recently agreed to answer a series of e-mail questions for *Indian Country Today* in which he touched on his reasons for refusing the award as well as several other subjects that he sees as the "errors and mistakes" of modern society.

Indian Country Today: Given the controversial comments [of CU football coach Barnett], was it disingenuous [of the school to reinstate him]?

Vine Deloria Jr.: Well, the CU president promised sweeping changes today and I suppose these changes start with sweeping everything under a rug and praying that no one notices. What irritated me was the coach gets $1 million a year, the president something like $450,000 and the others far into the six figures and yet their response to a situation brewing since 1997 was unanimously to say they didn't know anything. So what are the high salaries for? Why is it no one, from Bush to CEOs to Catholic Bishops to university presidents ever knows anything? Yet when they are not in trouble they act as if we should believe everything they say - that they are infallible - it's an irresponsible society and I just didn't want to be lumped with them.

ICT: Can you expand a little bit on why you turned down the honors from CU?

Deloria: The cover-up was so transparent that it was an insult to anyone with a brain - but hardly anyone in Colorado has complained about it so that says something there. But if wrongdoers can get off because of high positions and alleged faulty memories, do we have a nation of laws or privilege?

ICT: Can you respond to CU's public relations describing the football misadventures as a "little thing?"

Deloria: A regent chastised me for declining the award saying the football mess was a little thing. How the alleged rapes of nine women and access to drugs, liquor and strippers or hookers is a little thing I do not follow - But that's Boulder for you.

ICT: You have also been very outspoken in the criticism of some of the academic research, particularly in the field of anthropology. Was this at all a consideration of your decision not to accept the CU honor?

Deloria: Fields like anthropology and archaeology are massive bodies of fiction and they are found everywhere - so there was no consideration in my refusal - although before I left CU there was a memo sent around anthropology saying I should never be allowed to speak to an anthropology class because I didn't believe in the Bering Straits (theory) - neither does Claude Levi-Strauss incidentally.

ICT: What are you doing now?

Deloria: Last winter and next winter I'll be doing a seminar on Treaties at the University of Arizona law school. They have a good program there and so I'm pleased to help out with it.

NSVRC Annual SAAM Award Winners: 2004

Award for Outstanding Advocacy & Community Work in Ending Sexual Violence

	Nominating Organization
Dorinda Edmisten –	Arkansas Coalition Against Sexual Assault
Juliet Asher-Golden, MD. –	Georgia Network To End Sexual Assault
Mary Reed –	Indiana Coalition Against Sexual Assault
Carole Daughton –	Iowa Coalition Against Sexual Assault
Kathy Walker –	Maine Coalition Against Sexual Assault
Amerah Shabazz –	Mississippi Coalition Against Sexual Assault
Judith Sandeen –	Nebraska Domestic Violence Sexual Assault Coalition
Jennifer Pierce-Weeks –	New Hampshire Coalition Against Domestic & Sexual Violence
Lydia Pizzute –	New Jersey Coalition Against Sexual Assault
Matt Atkinson –	Oklahoma Coalition Against Domestic Violence & Sexual Assault
Peggy Gusz –	Pennsylvania Coalition Against Rape
Marilyn A. Kelley –	Sexual Assault & Trauma Resource Center of Rhode Island
Pearl Gulbranson –	South Dakota Coalition Against Domestic Violence & Sexual Assault
Margaret Cole –	Tennessee Coalition Against Domestic & Sexual Violence
Geri Schirmer –	Virginians Aligned Against Sexual Assault
Keri Kennedy -	West Virginia Foundation for Rape Information and Services
Danni Grochowski –	Wisconsin Coalition Against Sexual Assault
Clema Williams-Lewis –	Women's Coalition of St. Croix
Mary Ann Clark –	Wyoming Coalition Against Domestic Violence & Sexual Assault

Award for Outstanding Effectiveness in Promoting Awareness & Prevention of Sexual Violence

Gail Burns-Smith	For her leadership and the far-reaching impact of her advocacy and policy work on behalf of sexual assault victims.
Joel Miranda	For his far-reaching impact in writing and producing the music video, "Gonna Make It."
Wendy Murphy	For her far-reaching impact in writing and speaking-out publicly about the rights of sexual assault victims.
Rebecca Risch	(of the Denver Post) For the creation and far-reaching impact of the website resource, "Betrayal in the Ranks."
Laura Zarate	For her dedication in promoting bi-lingual resources and the far-reaching impact of her work in sexual abuse prevention.

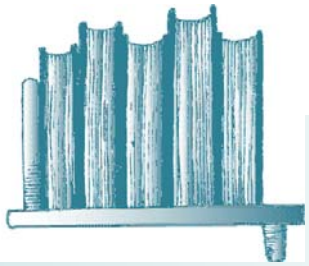
NSVRC Gives Awards Again in 2004

Again this year the NSVRC provided state and territory coalitions an opportunity to select an individual to receive an award in recognition of outstanding work and commitment to the tough task of ending sexual violence. This year nineteen state coalitions participated. The NSVRC was pleased to issue the ***2004 Awards for Outstanding Advocacy and Community Work in Ending Sexual Violence.*** See the opposite page for a list of the award winners.

As the name of the award suggests the recipients may work in a wide range of areas, and not just in advocacy. In part, the idea for this award grew from our recognition that anti-sexual violence work can be as thankless, at times, as it is difficult. The NSVRC also hopes to encourage the inclusion of our allies in the community, law enforcement, education, social work, health care and government to be part of the task of ending sexual violence.

This year the NSVRC decided to also present a few national level awards. It presented an ***Award for Outstanding Effectiveness in Promoting Awareness and Prevention of Sexual Violence*** to five individuals whose work has had national impact. The NSVRC recognized those with particularly stellar accomplishments in raising awareness or promoting prevention of sexual violence, especially when it represents work or dedication above and beyond the normal scope of their daily work or mission. The names of the recipients of this award appear on the opposite page.

Please join the NSVRC this year in applauding and thanking all the award winners.



From the Book Shelf

Dome of Silence: Sexual Harassment and Abuse in Sport

Sandra Kirby, Lorraine Greaves, Olena Hankivsky

Dome of Silence reveals abuse of power in sports by coaches and officials and scrutinizes the underlying values in a culture that worships sports. The authors analyze and illustrate through first hand accounts of Canadian athletes, but the message more broadly speaks about abuse in sports. The authors argue that we must be prepared to deal openly with the abuse and underlying values for the sake of our children and the future of sports. The book is published by Fernwood Publishing, Inc. Price: $15.00.

What Happens After Sentencing? A Handbook for Survivors of Sexual Assault and Those Who Care About Them

By Chris Rinehart, MA and Jennifer Brobst, JD, LLM

Designed originally as an information packet the document quickly expanded to a handbook to address sexual assault survivors needs, concerns, and questions following sentencing. Although a portion of this 112 page book focuses on the North Carolina Department of Correction Office and its services for victims of crime, much of it discusses general needs and the emotional and legal concerns facing sexual assault victims. For additional information, contact the North Carolina Coalition Against Sexual Assault at (919)431-0995 or call toll-free: (888)737-2272.

The NSVRC maintains a list of "From the Bookshelf" entries on its website: **www.nsvrc.org**. From the home page, click on *Library*, then under the *Lists* menu select *Special Titles*, and then click on *The Resource - From the Bookshelf*.

Coming soon: Fall 2004

The NSVRC announces a new publication on Child Sexual Assault Prevention

This handbook and directory of CSAP resources and programs will be disseminated nationwide in the Fall, 2004.

For additional information: Call Carol at 877-739-3895, Ext. 106

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NSVRC
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A Project of the Pennsylvania Coalition Against Rape

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