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# REAUTHORIZATION OF THE VIOLENCE AGAINST WOMEN ACT

## HEARING

BEFORE THE

SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY

OF THE

COMMITTEE ON THE JUDICIARY
HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

FIRST SESSION

MARCH 7, 2019

**Serial No. 116–7**

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# REAUTHORIZATION OF THE VIOLENCE AGAINST WOMEN ACT

**THURSDAY, MARCH 7, 2019**

HOUSE OF REPRESENTATIVES
SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY
COMMITTEE ON THE JUDICIARY
*Washington, DC.*

The subcommittee met, pursuant to call, at 10:00 a.m., in Room 2141, Rayburn House Office Building, Hon. Karen Bass [chair of the subcommittee] presiding.

Present: Representatives Bass, Nadler, Jackson Lee, Demings, McBath, Richmond, Jeffries, Cicilline, Lieu, Dean, Mucarsel-Powell, Cohen, Ratcliffe, Collins, Gohmert, Chabot, Steube, Lesko, Reschenthaler, and Cline.

Staff Present: Amy Rutkin, Chief of Staff; John Doty, Senior Advisor; Susan Jensen, Parliamentarian and Senior Counsel; Joe Graupensperger, Chief Counsel on Subcommittee on Crime, Terrorism, and Homeland Security; Monalisa Dugué, Deputy Chief Counsel, Subcommittee on Crime, Terrorism, and Homeland Security; David Greengrass, Senior Counsel; Veronica Eligan, Professional Staff Member; Milagros Cisneros, Crime Detailee; Madeline Strasser, Chief Clerk; Moh Sharma, Policy Outreach Counsel; Lisette Morton, Legislative Director; Sally Rose Larson, Minority Counsel; Jason Cervenak, Minority Counsel; and Andrea Woodard, Minority Professional Staff Member.

Ms. BASS. The subcommittee will come to order. Without objection, the chair is authorized to declare recesses of the subcommittee at any time. We welcome everyone to this morning's hearing on the reauthorization of the Violence Against Women Act. I will now recognize myself for an opening statement.

I am pleased that the Subcommittee on Crime, Terrorism, and Homeland Security is holding our first hearing of this 116th Congress, about our critical duty to reauthorize the Violence Against Women Act. This law has been successful at attempting to change policies that have led to injustices, and too often, indifference to victimization and suffering throughout our country's history. It is important to review how we arrived at this moment.

This month has a special significance that is relevant to this hearing, because it is celebrated as the Women's History Month. In 1980, President Jimmy Carter first designated March 2nd through the 8th as Women's History Week. Seven years later, in 1987, Con-

gress passed public law 100–9, designating March as Women's History Month. Seven years after that, in 1994, Congress passed Public Law 103–322, the Violence Against Women Act of 1994, which we call VAWA, a landmark piece of legislation which began with bipartisan support in both the House and in the Senate.

This year, we celebrate the 25th anniversary of VAWA, since President Bill Clinton signed the first VAWA into law on September 13, 1994. On this day, March 7, President Barack Obama signed our last VAWA in 2013. And today, on the sixth anniversary of VAWA's last passage, we are holding this hearing to address the urgency of now, in reauthorizing this vital legislation, which addresses the needs of all victims and survivors of domestic violence, dating violence, sexual assault, and stalking.

As a result of this historical legislation, which has unarguably proven critical in the lives of so many survivors, every State has enacted laws making stalking a crime, and strengthened their criminal rape statutes. While this legislation is named the Violence Against Women Act, this is gender-neutral legislation, which responds to the needs and care of all survivors—men, women, and children alike.

For centuries, women have fought vigorously to demand changes in our Federal law, not simply for their own benefit, but for others as well. Because they sought progress, VAWA is no exception in that regard. As Shirley Chisholm once said, You don't make progress by standing on the sidelines whimpering and complaining; you make progress by implementing ideas.

We have made progress in VAWA 2000, 2005, and 2013, but the statistics remain alarming and unacceptable. Domestic violence claims at least 2,000 lives each year. Seventy percent of the victims are women. Most intimate partner homicides in which a person targets a spouse, boyfriend or girlfriend, are committed with firearms.

An astounding 17,500 victims disclose the use or threat of firearms being used during abuse. We must hold abusers accountable, provide vital services, and promote safe environments where survivors are protected. The #MeToo movement continues to remind us that we can never remain complacent, and instead, we must always shed light on the prevalence of violence against women, men, and children.

We must not ignore the even greater recognition by our citizens exemplified by the #MeToo movement, that we must insist on taking action now, and we must act to reauthorize and strengthen VAWA so that it meets today's challenges.

In the most recent 2018 impact report by the National Domestic Violence Hotline, more than 370,000 total calls were answered. Of that amount, more than 200,000 calls, chats, and texts went unanswered due to the lack of resources. In those contacts made, 83,000 victims reported that their abusive situation involved children; 13,000 victims experience stalking; almost 7,500 cited suicidal threats from their abusive partners; while 4,000 cited thoughts of suicide themselves.

VAWA provides grants that help break the cycle of domestic violence. These vital resources save lives by assisting, women, men, and children, as they flee abuse and heal from trauma. The grants also support training for law enforcement, prosecutors, judges,

service providers, and communities to provide comprehensive support to victims, hold offenders accountable, and keep our communities safe.

Prior to VAWA, law enforcement lacked the resources and tools to respond effectively to domestic violence and sexual assault. Each reauthorization of VAWA has improved protections for women and men, while helping to change the culture and reduce the tolerance for domestic violence, sexual assault, dating violence, and stalking.

VAWA-funded programs have provided victims with critical services, such as transitional housing, legal assistance, and supervised visitation services. VAWA has led to increased reporting of sexual assault, and increased ability of victims to flee abuse. It has also helped address the unique barriers faced by rural, area—elderly, and disabled victims.

Despite these gains, much work remains to be done to address the unmet needs of survivors. We must hold abusers accountable, provide vital services, and promote safe environments where survivors are protected. The #MeToo movement continues to remind us that we can never remain complacent, and instead, we must always shed light on the prevalence of violence against women, men, and children.

We must not ignore the even greater recognition by our citizens, exemplified by the #MeToo movement, that we must insist on taking action now, and we must act to reauthorize and strengthen VAWA so that it meets today's challenges. That is why I look forward to hearing from our panel of expert witnesses to help us understand these issues, the successes of VAWA, and the need to do even more to strengthen the law.

It is now my pleasure to recognize the ranking member of the subcommittee, the gentleman from Texas, Mr. Ratcliffe, for his opening statement.

Mr. RATCLIFFE. Madam Chair, if I may beg the chair's indulgence to change the order of opening statements, so that the gentleman—the ranking member of the full committee, Mr. Collins, could be recognized for his opening statement.

Ms. BASS. Absolutely.

Mr. COLLINS. Thank you, and I appreciate it, and I appreciate the indulgence of the chairman. I appreciate that. Chair Bass, I thank you for holding this hearing today and share your belief that the reauthorization of the Violence Against Women Act is critical, and appreciate the opportunity to hear from our witnesses that are going to be talking about this.

The Violence Against Women Act was first signed into law in 1994, when the domestic violence was largely considered a hidden crime. The law signaled awareness of the need to stop the growing tide of domestic violence and sexual assault. While this law has helped us take great strides in the right direction, unfortunately domestic violence and sexual assault are still far too prevalent today, and those crimes continue to disproportionally impact women. That is why we need to reauthorize the Violence Against Women Act and make sure it is working and focusing on those it was intended to help.

House Republicans tried to reauthorize the VAWA Act through the end of fiscal year, but Democrats blocked that reauthorization.

We wanted to insure that this program remained up and running, while discussions continued about ways to improve the current law. We remain willing and ready to work across the aisle, and with our Senate partners to reauthorize VAWA.

Unfortunately, my understanding is that the Democratic majority intends to introduce their VAWA reauthorization from last Congress, and it is my understanding—I just found out—to actually mark it up next week. This radical legislation stands no chance of becoming law, and is merely evidence of the majority's regrettable intent to weaponize this important piece of legislation to score political points. That is fundamentally unfair to women and all who depend on the services these programs provide.

I look forward to hearing from our witnesses today and working to reauthorize VAWA in a way that reduces violence, protects victims, and ensures that the law works as intended.

I would also like to ask unanimous consent to enter into the statements from the Coalition Against Trafficking Women, the "National District Attorneys Association," and a letter from a group, "Survivors Lead," the organization, into the record. And with that, I yield back.

[The information follows:]

## RANKING MEMBER COLLINS FOR THE OFFICIAL RECORD

**National District Attorneys Association**
Staff Contact: Frank Russo
703-519-1655 or frusso@ndaajustice.org
www.ndaa.org

March 7, 2019

The Honorable Jerrold Nadler
Chairman, Committee on the Judiciary
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Doug Collins
Ranking Member, Committee on the Judiciary
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Nadler & Ranking Member Collins,

On behalf of the National District Attorneys Association (NDAA), the largest prosecutor organization representing 2,500 elected and appointed District Attorneys across the United States as well as 40,000 Assistant District Attorneys, I write concerning the *Violence Against Women Act (VAWA)* and its reauthorization in the 116th Congress.

As you know, NDAA greatly values the *Violence Against Women Act* and believes it is an important vehicle to combat domestic violence by providing services and resources to victims. Previous reauthorization efforts have contained both positive provisions as well as concerns that need to be addressed.

NDAA has highlighted two areas that require further examination by the committee. First, bench warrants remain an essential tool used by prosecutors to protect victims of domestic violence by helping them escape from their abusers. Although only used in limited circumstances, these warrants are necessary to assist both prosecutors and law enforcement in preventing further harm to victims. Our members also remain concerned about any programs that pose the threat of revictimization for victims of abuse. We ask that your committee members remember these priorities while evaluating any future VAWA reauthorization efforts.

NDAA is committed to working with all stakeholders, as NDAA has in past VAWA efforts, to achieve reauthorization. Our members will continue to engage with House and Senate staff to ensure that VAWA is reauthorized in a way that protects victims of abuse and provides prosecutors with the necessary tools to protect the communities they serve.

Sincerely,

Jonathan Blodgett
President

The Hon. Nancy Pelosi
Speaker of the House of Representatives
House of Representatives
Washington, D.C. 20515

The Hon. Sheila Jackson Lee
2079 Rayburn House Office Building
House of Representatives
Washington, DC 20515

The Hon. Jerrold Nadler, Chairman
Judiciary Committee
House of Representatives
Washington, D.C. 20515

The Hon. Doug Collins, Ranking Member
Judiciary Committee
House of Representatives
Washington, D.C. 20515

January 25, 2019

Dear Speaker Pelosi, Chairman Nadler, Ranking Member Collins, and Rep. Jackson Lee:

On behalf of the undersigned anti-trafficking organizations, including 18 survivor-led organizations working to support sex trafficking survivors across the country, we respectfully write to express our strongest support for **preserving the protections granted to sex trafficking survivors in the** 2013 **reauthorization** of the ***Violence Against Women Act*** (VAWA). Collectively, we are gravely concerned with attempts to roll back language and protections for sex-trafficked youth in the reauthorization of VAWA—provisions deleted in H.R. 6545 last session.

The 2013 reauthorization of VAWA was monumental for trafficking survivors around the country. For the first time, this groundbreaking law **recognized child sex trafficking as a form of sexual violence**, thus making young sex trafficking survivors eligible for services already provided to other youth survivors of gender-based violence, such as dating violence and sexual assault. Specifically, the law expanded the CHOOSE Children and Youth grant program[1] to:

- Permit funding of vital support services to sex-trafficked youth
- Permit funding to improve the ability of school systems to respond to sex trafficking
- Extend grant eligibility to service providers addressing the needs of sex-trafficked youth
- Require individuals using grant funds to be trained on sex trafficking

Every year, thousands of youth, particularly young women and girls, are bought and sold for sex. The anti-violence field has increasingly observed important similarities between sex trafficking and domestic violence. For example, there are parallels in victim and perpetrator dynamics, in the use of surveillance tactics to control victims, and in the effects of trauma bonding on survivors' ability to leave abusers. In addition, for many young trafficking survivors, intimate partner violence is a daily reality. We know that trafficking victims—particularly young women— are manipulated into romantic relationships with their traffickers and subsequently

[1] Pub. L. 113–4, title III, §302, Mar. 7, 2013, 127 Stat. 84.

groomed for a life of exploitation. These traffickers routinely subject victims to physical and sexual abuse, emotional abuse, financial abuse, and other forms of violence and intimidation.

Over the last five years, **this provision has been crucial in enhancing the safety** of vulnerable youth and children. Moreover, this important addition to the law is the result of a tremendous **bipartisan effort** in 2013.

The U.S. House of Representatives has long championed survivors of sex trafficking. **You are path breakers in embracing the needs of domestic child sex trafficking victims—too often, an invisible and underserved population.** We are grateful for the House's record of recognizing domestic child sex trafficking victims as survivors of sexual violence and for supporting legislation that has provided them vital support services, allowing victims to heal, thrive, and avoid further trauma.

We therefore urge you to preserve this section of the law in its entirety when you reintroduce the Violence Against Women Act (VAWA) reauthorization for the 116th Congress.

Sincerely,
**SURVIVOR-LED ORGANIZATIONS**

Cecilia Lopez, Director
**A21 Freedom Chasers**
San Antonio, TX

Teresa A Forliti, Executive Director
**Breaking Free**
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Eileen King, Executive Director
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Lisa Goldblatt Grace, Executive Director
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Alisa Bernard, Director of Education and Partnerships
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Autumn Burris, Founding Director
**Survivors for Solutions**
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Allison Franklin, Survivor Leader
**Survivor Leadership Alliance**
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Rebekah Charleston, Executive Director
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Jeremy Vallerand, President & CEO
**Rescue: Freedom International**
Kirkland, WA

The Hon. Judy Harris Kluger, Executive Director
**Sanctuary for Families**
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Congresswoman Linda Smith (1995-99), Founder & President
**Shared Hope International**
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**The Wild Hope Equine Center for Healing**
Austin, TX

Lauren Hersh, National Director
**World Without Exploitation**
New York, NY

Nancy Hoffman, State Coordinator
**WV Foundation for Rape Information and Services**
Fairmont, WV

Ms. BASS. Thank you very much. I am now pleased to recognize the chairman of the full committee, the gentleman from New York, Mr. Nadler, for his opening statement.

Chairman NADLER. I thank the chair. I thank the chair for holding this important hearing today and for her leadership in the effort to reauthorize the Violence Against Women Act. I also want to thank Ms. Jackson Lee for her longstanding and tireless efforts over the years to protect and strengthen the Act.

This critical statute, which we often refer to as VAWA, was signed into law in 1994, to help ensure that women in America are free from violence and free from fear. At the time VAWA was enacted, it was all too common for violent crimes against women to go without appropriate response and to remain unaddressed by the criminal justice system.

Although there is still much to do, VAWA represented a historical shift in the Federal role in combating these crimes. Congress began to take seriously its role in ensuring that communities in America have the tools needed to combat the crimes of domestic violence, dating violence, sexual assault, and stalking.

Since then, victims, survivors, in the communities where they live, have relied on Congress to help provide the resources needed to prevent and investigate these crimes and to assist survivors. And these programs and resources are, unfortunately, still necessary. Every year, approximately 7.9 million women experience the crimes of rape, physical violence, or stalking by an intimate partner. And an average of three women are killed every day by a current or former intimate partner.

VAWA, which is not gender exclusive, addresses the needs of men and women, children, persons with disabilities, homeless people, and LGBTQ people, among others. The range of individuals VAWA helps is broad and is as diverse as our communities around the country.

Our engagement as a Congress with the issues VAWA addresses has only served to highlight the severity of these problems. VAWA has changed the landscape of how we talk about the issue of violence in the home, in the workplace, and in society at large. More importantly, VAWA has had, and continues to have, a positive impact on people who rely on its assistance, whether directly or indirectly. Through grants to State and local governments, the Office on Violence Against Women and the Department of Justice funds the work of thousands of advocates in preventing and addressing domestic violence, dating violence, sexual assault, and stalking, and in assisting in training law enforcement and victim advocates.

Grants administered through the Department of Health and Human Services provide funds for shelters, rape prevention and education, programs to address and reduce the sexual abuse of runaways and homeless youth, and community programs to educate the community on domestic violence. The reach of the work carried out under VAWA is vast, and we must continue to support it.

The goal of putting an end to domestic violence, dating violence, sexual assault, and stalking, once and for all, will only be achievable if we, as a Congress, are engaged and committed to it. Because of its importance and success, VAWA was reauthorized on a bipartisan basis in 2000, in 2005, and again, in 2013.

Unfortunately, not only did VAWA expire without being reauthorized, but because of the foolish government shutdown, we even had a lapse in appropriations for VAWA earlier this year, which jeopardized funding for domestic-violence shelters. But our task now is not just to reauthorize VAWA, but to enhance and expand it and make it even more effective.

I know there are many people here today, including our witnesses and many of our members who have been working tirelessly to support victims and survivors as they seek to live full lives after suffering traumatic experiences. Often, the people who do this type of work are survivors themselves. Thank you for your hard work and for being here.

For them, and for all of our communities, we must reauthorize and reinforce VAWA now. It is fitting that we discuss this issue during Women's History Month, and I look forward to hearing from our witnesses and working with my colleagues on this important legislation.

Thank you and I yield back the balance of my time.

Ms. BASS. Now, it is my pleasure to recognize the ranking member of the subcommittee, the gentleman from Texas, Mr. Ratcliffe, for his opening statement.

Mr. RATCLIFFE. Thank you, Chair. I do want to thank each of the witnesses for being here today to testify.

As a Federal prosecutor, I had the privilege for many years of seeing firsthand the profound impact of the Violence Against Women Act. I saw and I learned so much from working with the Department of Justice's Office on Violence Against Women. But for all the women that I know, and that I saw VAWA has helped, as a prosecutor, I can't help but think about and remember all of the women who weren't so fortunate, women whose husbands or boyfriends put them in cemeteries because those husbands or boyfriends drank too much, or became jealous too much, or because they just liked to hit women too much. And because of that, I know what is at stake, if we don't reauthorize VAWA.

VAWA can and should provide all women a safe harbor who need one. It can and should provide a means for all women to leave abusive relationships. It can and should provide the counseling needed by any woman to survive the abuse and violence they have endured. VAWA can and should facilitate and accelerate the prosecution of sexual assault cases, so that women, as they wait for their case to go to trial, don't have to live in fear that they might suffer more abuse or violence.

Madam Chair, we owe survivors of domestic violence a bill that doesn't water down these services for women. As with any proposal before Congress, we should be vigilant in conducting oversight to ensure that taxpayer dollars are used effectively, and because the principle objectives for VAWA programs are the mitigation, the reduction, and the prevention of the effects and occurrences of domestic violences, then we should target those objectives.

We owe it to survivors and victims of domestic violence, an obligation to ensure that we are not duplicating grants that are housed at other various Federal agencies.

We owe them transparency and accountability and support for rigorous evaluations of existing VAWA programs to make sure that

these programs are working as intended for those they are intended to help.

These policies should be noncontroversial. Who would object to requiring greater accountability in increased prioritization of the processing of untested, sexual-assault kits? Who would object to providing protection for faith-based providers and religious organizations which work with survivors of domestic violence and human trafficking? If we don't protect faith-based providers and religious organizations from being discriminated against, then we are, in fact, reducing access for survivors of violence.

Madam Chair, as a prosecutor in cases involving violence against women, I never once asked a victim if she was a Republican or a Democrat. I never once asked a rape counselor if he or she was a Republican or a Democrat. I never asked the parents of a victim if they were Republican or Democrat. I never asked because some things are more important than politics, and protecting women who need protection from violence is one of those things.

So it is my hope that this body, that this Congress, can agree on a bipartisan and noncontroversial reauthorization of the Violence Against Women Act. That is my hope, but it is my fear that this committee's majority will instead push forward with a partisan bill that is intended to score political points. That is my fear, because when the current reauthorization expired on February 15th of this year, it did so because Democrats, now in the majority of this House, refused to include a simple extension for the reauthorization of VAWA, until the end of the fiscal year.

Last month, Madam Chair, Democrats indicated that they wanted to use VAWA as a political bargaining chip. I applaud my colleague, Congresswoman Lesko, herself a survivor of domestic violence, for her dedicated efforts to enact a clean extension of the existing law, a clean extension that would have ensured that VAWA, and the critically important role that it plays, would not have lapsed.

So as we move forward with today's hearing, I echo her request for Members of this committee and of this Congress, to come forward in a bipartisan fashion to pass an extension of VAWA instead of trying to score political points against each other. Instead of trying to score political points for once, it is my hope, and it is my plea that maybe this body can speak for all women who need our help to survive the abuse and violence they have suffered, and also to speak for those victims who weren't so fortunate. I yield back.

Ms. BASS. I will now introduce today's witnesses. The Honorable Ramona A. Gonzalez is the presiding judge of La Crosse County, Wisconsin, and the President-Elect of the National Council of Juvenile and Family Court Judges. Judge Gonzalez serves as faculty on the domestic-violence issue for the National Judicial Institute on Domestic Violence, and is a past member of the Wisconsin Anti-Human Trafficking Task Force, and is a current member of the Wisconsin Judicial Committee on Child Welfare.

Professor Sarah Deer is a professor of women, gender, and sexuality studies in the School of Public Affairs & Administration of the University of Kansas. In 2014, she was named a MacArthur fellow. She is a member of the Muskogee Creek Nation, and is the Chief Justice for the Prairie Island Indian Community Court of Appeals.

She has worked in violence against women for over 25 years and her scholarship focuses on the intersection between Federal Indian law and victim rights.

Ms. Julia Beck is a member of the Women's Liberation Front and a former law and policy co-chair of Baltimore City LGBTQ Commission. She represented Women's Liberation Radio News at the 2018 Montreal massacre memorial, organized by the Vancouver Rape Relief and Women's Shelter.

Ms. Rob Valente is a policy consultant for the National Coalition Against Domestic Violence, a member organization of the National Task Force to End Sexual and Domestic Violence. She has worked on each reauthorization—each authorization and reauthorization of the Violence Against Women Act. Ms. Valente also served as attorney advisor to the Office on Violence Against Women of the U.S. Department of Justice, and was the founding Director of the American Bar Association Commission on Domestic and Sexual Violence.

We welcome all of our distinguished witnesses and thank them for participating in today's hearing. Now, if you would please rise, I will begin by swearing you in. Raise your right hand. Do you swear or affirm under penalty of perjury that the testimony you are about to give is true and correct to the best of your knowledge, information, and belief, so help you God?

The WITNESSES. I do.

Ms. BASS. Thank you. Let the record show the witnesses answered in the affirmative. Thank you and please be seated.

Please note that each of your written statements will be entered into the record in its entirety. Accordingly, I ask that you summarize your testimony in 5 minutes. I will help you stay on time by using the timing light on your table. When the light switches from green to yellow, you have 1 minute to conclude your testimony. When the light turns red, it signals your 5 minutes have expired, and I will make sure you know that.

Ms. Gonzalez, you may begin.

## TESTIMONIES OF HON. RAMONA A. GONZALEZ, JUDGE, STATE OF WISCONSIN CIRCUIT COURT, LA CROSSE; SARAH DEER, PROFESSOR OF LAW, UNIVERSITY OF KANSAS, LAWRENCE, ON BEHALF OF SCHOOL OF PUBLIC AFFAIRS & ADMINISTRATION; JULIA BECK, FORMER LAW AND POLICY CO-CHAIR, BALTIMORE CITY'S LGBTQ COMMISSION; AND ROBERTA VALENTE POLICY CONSULTANT, NATIONAL COALITION AGAINST DOMESTIC VIOLENCE, TAKOMA PARK, MD

### TESTIMONY OF HON. RAMONA A. GONZALEZ

Ms. GONZALEZ. Good morning.

Ms. BASS. I think your—it is not on.

Ms. GONZALEZ. Oh. Good morning.

Ms. BASS. There you go.

Ms. GONZALEZ. All right. I have all of my notes in front of you in my statement, and based upon what I have just heard, I am not really going to say much about that.

Chairman Bass, thank you very much for the invitation here. Ranking Member Ratcliffe, thank you so much.

I am a judge. I am a circuit court judge. I am on the front lines, and I sit in a place on the majestic Mississippi River that allows me to see the world from a different viewpoint than you see here in Washington, D.C. I swear an oath to uphold the laws of my community, and to keep my community safe. It is my job to provide access to justice, to all of my constituencies and all of my citizens.

As a member of the National Council of Juvenile and Family Court Judges, and as a president-elect, I also stand before you as one of the many jurists across the country that struggle with these issues. These issues are about people, access to justice, and trouble,—trouble that they have every day.

Every day, in my courtroom, I see individuals who are arrested the night before on a domestic case. I see those partners come into court and beg me not to impose no-contact orders. They don't want intervention that is ineffective. What they want is the violence to stop. How does that violence stop? Because we train judges and we train law enforcement, and we have a different social norm on what we mean by dealing with this issue of domestic violence, sexual assault, teen dating, and stalking.

It is not about just women. It is about human beings. The trauma that has increased in our courtrooms today, based upon the crisis that families have, is an emergency. It has been addressed by VAWA in the past. It needs to be enhanced in the future. Because what we intended with this legislation in the beginning, on that 24 years ago, was to end this violence. We were not just to protect women. We were ending the violence.

I would like to tell you a story. A woman is arrested. She has five kids. They found that she took Lorazepam. The officers are afraid that she may not be right to take care of her kids. So law enforcement was called, everybody gets called, and in fact, she is arrested, her children are removed. What we don't know is that the other tip of the iceberg of this family, is that the father of these children is using domestic violence against her, terrorizing her and her family.

This, ladies and gentlemen, will cause a tremendous amount of emotional and financial difficulty and stress for my community if we do not address that woman's issues. But we cannot just take the picture of what happened with her drug use. We cannot just take the picture of what happened with the violence from him. It must be looked at as a wholistic family, and solve the problems holistically, with an understanding of the dynamics of domestic violence. That dynamic, we are better informed about after all these years.

It is really a great hope that we will end this violence, but it will not happen unless we open our hearts and our minds to understand that it is not just those who die, who lose their lives to this violence that are important, but it is those that must keep on living, those that must get up every day and go to work, those that must every day decide whether they will stay in that relationship or lose their homes, because there are people going homeless because they cannot find housing as a result of what we do, completely unintended.

I see these cases from the traffic ticket to the murder trial, and I am going to tell you in every single case, criminal or civil, the

issue of domestic violence has an impact on the people that I am seeing. I may not see it, but another well-trained judge may see it. Law enforcement may see it. And it is all because of the programs and the efforts that VAWA has started.

I thank you for the opportunity today, and I look forward to answering your questions.

[The statement of Ms. Gonzalez follows:]

The Honorable Ramona A. Gonzalez

Presiding Judge, State of Wisconsin Circuit Court
President-Elect, National Council of Juvenile and Family Court Judges

Testimony before the House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security on the "Reauthorization of the Violence Against Women Act"

March 7, 2019

Good Morning Chairwoman Bass, Ranking Member Ratcliffe, and Members of the Subcommittee. It is my honor to testify before you at today's hearing in support of the Reauthorization of the Violence Against Women Act (VAWA).

My name is Ramona A. Gonzalez, and I am an elected Circuit Court Judge with a court docket that covers every type of case from the traffic ticket to the murder trial and everything criminal and civil in between. My court is located in La Crosse, Wisconsin, on the shores of the majestic Mississippi River.

I also serve as President-Elect of the National Council of Juvenile and Family Court Judges (NCJFCJ), the oldest judicial membership organization in the nation. My work with the NCJFCJ is voluntary and critically important as the organization has been instrumental in educating judges, referees, commissioners, court administrators, attorneys, social and mental health workers, probation officers, and other justice professionals across the country for 81 years. The NCJFCJ serves an estimated 30,000 professionals.

Like all of my judicial colleagues across the nation, I have sworn to fulfill my duty in the greatest system of justice in the world to the best of my abilities to assure just and safe communities for all.

I would like to focus my testimony this morning on my view from the bench, and specifically on ways to support the practices that improve outcomes and ensure the safety of victims. This view from the bench will come in the form of examples of real life cases or situations that I am aware of. Names have been changed to protect the privacy of those involved.

In July, I will have served 24 years in this noble cause. Over those 24 years I have seen the benefits of what began when VAWA was first passed in 1994 as well as the continued improvements made in 2000, 2005 and 2013. I have seen for myself the effective use of small amounts of money by communities to improve the response to domestic violence, sexual assault, dating violence and stalking.

The critical enhancements included in each successive reauthorization bill have reflected changes in our social norms and a better understanding by my colleagues on the bench on how to help serve victims in addition to impacted family members while keeping communities safer.

I have had a front row seat to the slow steady transformation of our courts of justice to trauma crisis triage centers. The human trauma and crisis I confront in my courtroom everyday are complex and require new knowledge and skills which I did not learn in law school and nor are they teaching it today. Much of this work is counterintuitive. Domestic and sexual violence can present itself in all types of cases and in multiple cases at the same time. Through training, judges must understand the impact of the economic realities faced by families as well as the dynamics of coercive control. Judges must be able to recognize the signs no matter the case type. The training offered by the NCJFCJ assists judges across the nation in understanding these dynamics.

Let me give you an example of what I have seen in my own courtroom. A mother of 5 is arrested for possession of Lorazepam

without a prescription. Police are concerned her drug use may directly impact her ability to properly care for her children. The drug use is just the visible part of this family's iceberg of trauma. Hidden from view, the father exercises coercive control over mom and the children using physical violence and emotional terror. The mom uses drugs to escape and cope with her situation and their children get absorbed into the toxicity. What can be done?

Without a coordinated community response that is required by VAWA, this family will drain financial and emotional capital from the community for generations to come in a cycle of violence. This kind of response along with judicial leadership, encouraging jurisdictions to bring together key stakeholders from diverse backgrounds to share information and use their distinct roles to improve community responses to violence against women include judicial personnel, victim advocates, police officers, prosecutors, probation and corrections officials, health care professionals, leaders within faith communities, and survivors of violence against women. Going even deeper within the judicial branch, as part of the changes brought about by VAWA, courts also are coordinating their calendars bringing all of the cases involving a family before the same judge so all of the information needed to make meaningful orders is available reducing duplication of court efforts and resulting in effective interventions. One of the fundamental principles of the NCJFCJ is the concept of "one family – one judge" across all case types, including domestic violence. In my home state of Wisconsin this concept has been implemented and used throughout various counties and nationally. The system works in silos and families do not, one judge-one family ensures that families are not re-victimized or re-traumatized by having to re-tell their story again and again and further delaying a timely decision or action of protection.

Training opportunities supported by the VAWA have been critical as judges, prosecutors, law enforcement and communities learn how to better respond to the four key crimes. For judicial personnel, training

supported by the Office on Violence Against Women Grants to Support Families in the Justice System project has helped build evidence and best practices to train judges on how to effectively recognize the signs of violence in the home and improve safety for children and their families. Specifically, the National Judicial Institute on Domestic Violence (NJIDV), a partnership among the Office on Violence Against Women, Futures Without Violence and the NCJFCJ has provided highly interactive, skills-based domestic violence training workshops for judges and judicial officers nationwide since 1999.

Judges from most of the 50 states and U.S. Territories have come together, learned from each other and developed professional relationships that support them and their communities. Through interactive workshops judges experience the challenge of constantly analyzing the cost/ benefit of each decision a victim must make to avoid the violence which then impacts the decisions they must make to protect themselves and their children, i.e., should they stay or go?; should they seek services?; should they report violence to law enforcement?

As a participating novice and later as lead faculty in these workshops, I have been in the room as judges struggle with the complicated realities of those who come to court to access justice. The special "aha moments" of recognition as judges find a way to impact and manage the violence presented before them, in some cases managing their own bias, is critically important as they leave these trainings empowered to go back to their respective courts to serve the men, woman and children in their community.

The programs supported by VAWA and the Office on Violence Against Women are essential to the justice system's response to victims of domestic violence, sexual assault, dating violence and stalking, and to how well all justice professionals, judges, prosecutors, law enforcement and service providers included, work

together to ensure the safety of victims and their families while reducing violence and holding perpetrators accountable.

Safety and justice are the priorities for all of us. In today's mobile world, safety requires the same services and protections that are available to all victims of domestic violence, sexual assault, dating violence and stalking, as well as their families, without regard to their zip code. What do I mean by that?

Another common example from my state but also occurs in other states: A tenant appears for small claims eviction, does not object and landlord is given a writ of eviction. The Sheriff's deputy goes to serve the eviction and finds a parent and children who have been in the local domestic violence shelter returning after filing a civil protection order on the other adult tenant who went to court to get the writ of eviction.

A specific example out of Arizona, Corrine and her two-year-old baby have been at Chrysalis' shelter for one month. Within that time Corrine has acquired a job, and regretfully had to give it up due to not being able to find and keep adequate childcare. This news did not shake Corrine too much, because shortly after she qualified for Rapid Re-Housing through A New Leaf, she was given a voucher which provides her with an apartment and utilities for up to one year with wrap around services at designated apartments.

Corrine was ambitious and began going down the list of apartments that accepted vouchers. One after another she ran into the same problem every time. "They didn't accept me because of my previous eviction. I tried explaining to them that it was due to domestic violence, but they wouldn't take me unless I had proof. I really regret never calling the police now—but at the time I had a baby to worry about, you know—I just wanted to protect my girl." Oftentimes, survivors are unaware of their rights as a domestic violence victim,

they are afraid to report due to safety issues, or too much time has lapsed for them to report.

A Chrysalis Case manager (CM) stepped in to provide Corrine with assistance and encountered the same problem. In an effort to better help serve her client, the CM began making a list of apartments that would accept vouchers and also people with evictions. The list is still a work in progress. After calling over 20 apartments, only eight apartments will accept vouchers and people with evictions in the entire Metropolitan Phoenix area. Even then, each apartment has its own rules on the length of time that needs to pass from the eviction in order to grant housing.

Every housing voucher given out has expiration after 60 days. With only a month left on her voucher, Corrine's demeanor has transitioned from positive, smiling, and cheerful to one filled with anguish and defeat. The other day she walked into her CM's office crying and saying "I just want to give up."

Currently, in this example there are six domestic violence survivors with this very same issue staying in this shelter. This issue is a barrier to their clients finding permanent housing and finding stability. Often, this situation forces them to choose between homelessness and going back to their abuser. This occurs in Wisconsin and other states. I know this because of the training and judicial colleagues I have been exposed to by the NCJFCJ Judicial Engagement Network. Victims should be treated the same regardless of zip code.

Victims of domestic violence, sexual assault, dating violence and stalking that come before me in court are in need of support and services that achieve and enhance the safety, well-being, and stability of these individuals as well as their families and loved ones. Though my work on and off the bench with the support of the NCJFCJ, I lead efforts to ensure that judges and court personnel receive appropriate training and education in order to understand the dynamics of

violence in the home and the impact that has on the behaviors and actions of individuals who come into our courtrooms. While perpetrators must be held accountable, judges must also understand and work with community partners to provide services and supports to victims as well as those around them that witness violence in the home – most notably children – to keep them safe, free from trauma and productive members of the community. And it is through the Violence Against Women Act, which provides resources to support research, training, evidence-based practice, and a coordinated community response, that I, and my colleagues around the country, are able to achieve this.

VAWA grant programs largely address the criminal justice system and community response to these crimes, as well as prevention. The fundamental goals of VAWA are to prevent violent crime; respond to the needs of crime victims; learn more about crime; and change public attitudes through a collaborative effort by the criminal justice system, social service agencies, research organizations, schools, public health organizations, and private organizations.

Since the enactment of VAWA, states and communities have made significant progress on raising awareness about sexual and domestic violence, improving services and resources for survivors, and improving the criminal justice system's response to crimes of domestic and sexual violence. But, there is much more to do. With the advances of technology, cyber-stalking, cyber-violence, etc. the need for continued attention, dialogue, and funding is imperative for safety.

On any given day in any given state, county, city or tribal land, arrests are made for crimes of domestic violence, sexual assault, dating violence and stalking and perpetrators and firearms are removed from the home. That is an improvement from pre-VAWA when the justice system viewed these crimes as a private family matter not worthy of

intervention. But there is so much more that must be done to end this violence.

Removal from the home works for the system of justice for a particular case but in many of the cases I see before me every day the victim just wants the violence to end. Removal demonstrates a serious concern for safety, but if we ignore the economic realities such as -- Who is going to pay the rent? And who will watch the kids while I go to work? What about our family dog? How will the kids get to school? -- the violence will not end and the safety for victims and families will continue to be illusive.

Today, communities have worked to coordinate the response to victims of domestic violence, sexual assault, dating violence and stalking. Today that call for help is responded to by trained officers, often with trained advocates to provide support as part of an OVW Domestic Abuse Response Team. With the goal of preventing repeat episodes of domestic violence in families at risk, police officers are paired with victim advocates who respond and follow-up with resource information and support. Victims are then, more likely to cooperate with the process of holding perpetrators accountable and the courts and communities are better able to identify appropriate interventions.

Thank you for holding this hearing – it demonstrates that there is agreement about the need for Congress to pass an enhanced and updated Violence Against Women Act reauthorization bill to serve victims of violence. Our communities have come a long way from those early days when a child's scared call to 911 concerning violence in his home would end with untrained police responding and leaving after being assured by the source of the violence that all was well.

Addressing the issue of domestic violence requires everyone from the community to be aware and engaged, from law enforcement,

advocates and the judiciary. Judges are a resource and are available to you and our communities. Historic and monumental legislation like the Violence Against Women Act continues to make these issues a priority and provide a platform for change and safety. Healthy and safe communities should be the expectation not an exception. We can do better and need to do so.

I am available for any questions the committee may wish to ask of me.

For further information or resources, please visit www.ncjfcj.org.

Ms. Bass. Thank you, Judge Gonzalez.
Professor Deer.

**TESTIMONY OF SARAH DEER**

Ms. DEER. Chair Bass, ranking member Ratcliffe, and members of the committee, I would like to express my deep appreciation and thanks for inviting me to testify today on the reauthorization of the Violence Against Women Act. I am a citizen of the Muskogee Creek Nation of Oklahoma, and I currently hold a position as professor at the University of Kansas. And I also serve as the Chief Justice for the Prairie Island Indian Community Court of Appeals. However, today I am testifying in my personal capacity.

Each time VAWA has been reauthorized, it has included important provisions aimed at increasing safety for Native victims. The last reauthorization of VAWA in 2013 was a particularly groundbreaking law that addressed numerous concerns that had been raised by Native women for decades. From a Tribal perspective, it was the most important reauthorization of VAWA to date, because it created fundamental, structural changes to Federal Indian law, and reaffirming Tribal jurisdiction.

Despite the tremendous success of VAWA 2013, there is more work to do. I will focus my testimony on areas where VAWA can continue to be strengthened to do even more to protect the lives of Native people throughout the United States.

The Department of Justice's own statistics continue to reveal a tragedy, that Native women are living lives marked by repeated, continued violence. According to the most recent data from the National Institute of Justice, more than four in five American Indian and Alaska Native women, or 84 percent, have experienced violence, and more than half will experience some form of sexual violence as well.

The ways of violence against Native, gay, lesbian, bisexual, two-spirit people is also unacceptable. American Indian and Alaska Native women are also significantly more likely to have experienced violence by an interracial perpetrator, and significantly less likely to experience violence by an intraracial perpetrator when compared to non-Indian victims. This matters because Tribal Nations, with one exception, are not allowed to prosecute non-Indians for any crime. Jurisdiction over a crime in Indian country does depend on the Indian status of the offender.

VAWA 2013 reaffirmed Tribal criminal jurisdiction over only three categories of crimes: domestic violence, dating violence, and criminal violations of protection orders. VAWA 2013, however, did not go far enough in addressing the high rates of violence, sexual and domestic crimes committed against Tribal citizens. It still leaves Tribal governments without the authority necessary to protect women, children, and Tribal law enforcement officers over domestic-violence crimes.

Let's begin by talking about children. Native children, like their mothers, are exposed to very high rates of violence. The Attorney General's advisory committee on American Indian and Alaska Native children found that American Indian and Alaska Native children suffer exposure to violence at rates higher than any other race in the United States. Native children experience post-traumatic

stress disorder at the same rates as veterans returning from Iraq and Afghanistan, and triple the rate of the general population.

At this time, non-Native people who perpetrate crimes, including sexual assault and murder against Native children, cannot be prosecuted by the Tribal Government, and this injustice must be rectified. A recent example from a child case, a recent example of a child case from a Tribe located in Michigan, illustrates how this gap in the law has real consequences for Native victims.

A non-Indian man, in an intimate relationship with a Tribal member, moved in with her and her 16-year-old daughter. After the man began making unwanted, sexual advances on the girl, sending inappropriate text messages, and on one occasion, groping the daughter, the Tribe charged the defendant with domestic abuse and attempted to tie the sexual assault against the daughter to a pattern of abuse against the mother. The Tribal court dismissed the charges for lack of jurisdiction, and the defendant left the victim's home.

Four months later, he was arrested by city police for kidnapping and repeatedly raping a 14-year-old Tribal member. This kidnapping and rape of a minor could have been prevented if the Tribe had been able to exercise jurisdiction in the first case. I also want to mention the expansion of VAWA to address violence against Tribal law enforcement officers, because like State and law enforcement, a domestic-violence call is one of the most dangerous calls they will be asked to answer.

Members of committee, the next reauthorization of VAWA can turn the corner on violence against Native women, and I urge you, I urge you, to heed the call of the thousands of victims who deserve justice. Mvto.

[The statement of Ms. Deer follows:]

**U.S. House of Representatives**
**Committee on the Judiciary**
**Subcommittee on Crime, Terrorism, and Homeland Security**
**"Reauthorization of the Violence Against Women Act"**
**Thursday, March 7, 2019**
**10:00am – 2141 Rayburn House Office Building**

**Written Testimony of Professor Sarah Deer**
**University of Kansas**

The Honorable Chairman Jerrold Nadler, Ranking Member Doug Collins, Chairwoman Bass, Ranking Member Ratcliffe and Members of the Committee,

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I would like to express my deep appreciation and thanks for inviting me to testify before this Subcommittee on the Reauthorization of the Violence Against Women Act (VAWA). I am a citizen of the Muscogee (Creek) Nation and currently hold the position of Professor at the University of Kansas and serve as the Chief Justice of the Prairie Island Indian Community Court of Appeals. Today I am testifying in my personal capacity.

I have had the good fortune to work with VAWA since its inception in 1994, when I was an undergraduate rape crisis volunteer counselor for a local community program. Our center's first VAWA grant made it possible for us to hire a second staff member for the first time in history, which allowed us to provide emergency service and court accompaniment for many more survivors than we could have previously.

After I finished law school in 1999, I worked as a grant manager in the Office on Violence Against Women (OVW) for three years, where I was able to see first-hand the various ways that VAWA was making a real difference on the ground. I saw tribal victim services programs begin to develop across the country. Both the funding and statutory provisions of VAWA were – and are – making life-and-death differences for Native people. Later, I joined the staff of a Native owned-and-operated non-profit organization, the Tribal Law and Policy Institute where I continued to develop relationships with tribal recipients of VAWA funding through our role as a technical assistance provider under VAWA.

For the past 11 years, I have been a college professor, where my research continues to focus on the successes of VAWA; namely, how tribal governments have benefited from the changes in federal law that have come through VAWA as well as the Tribal Law and Order Act (TLOA) of 2010. My research and writing continue to focus on concrete solutions to the violent crime crisis in Indian country. It is in this capacity that I address you today.

[1] Translation from the Mvskoke language: "I thank you for inviting me to stand before you to testify today. I am happy with this invitation."

Each time VAWA has been reauthorized it has included important provisions aimed at increasing safety for Native victims. The last reauthorization of VAWA in 2013 was a particularly groundbreaking law that addressed numerous concerns that had been raised by Native women and their allies for decades. From a tribal perspective, it was the most important reauthorization of VAWA to date because it created fundamental structural changes to Indian law by reaffirming tribal jurisdiction that had been wrested from tribal control under questionable circumstances.

Despite the tremendous success of VAWA 2013, there is more work to do. I will focus my testimony on areas where VAWA can continue to be strengthened to do even more to protect the lives of Native people throughout the United States.

In short, tribal nations and Native women are only asking for a restoration of the criminal authority that is currently exercised by all other sovereigns in this country – local, state, and federal. Tribal nations seek to be able to protect their own people from violence, one of the most important functions of any government. Former Assistant Secretary of Indian Affairs, Kevin K. Washburn, once wrote, "[A] community that cannot create its own definition of right and wrong cannot be said in any meaningful sense to have achieved true self-determination."[2] As you consider the various jurisdictional proposals that will come forth in the coming legislative session, I ask that you put yourself in the position of a government official who is not allowed to protect her own people or not permitted to enforce her own laws against certain criminals. Changes to VAWA will save not only lives, but will also improve the capacity of tribal governments to fully function as sovereigns, which in turn saves lives.

**STATISTICS: WHAT WE KNOW**

The Department of Justice's own statistics continue to reveal a tragic reality – that Native women are living lives marked by repeated, continued violence. According to the most recent data from the National Institute of Justice, more than 4 in 5 American Indian and Alaska Native women (84.3 percent) have experienced violence in their lifetime.[3] More than half (56.1%) will experience some form of sexual violence.[4]

American Indian and Alaska Native women are also significantly more likely to have experienced violence by an interracial perpetrator and significantly less likely to experienced violence by an intraracial perpetrator when compared to non-Indian victims.[5] According to the Centers for Disease Control and Prevention, homicide is the sixth leading cause of death among American Indian and Alaska Native women between 10 and 24 years of age and the seventh leading cause of death for American Indian and Alaska Native women between 25 and 34 years of age.[6] Native lesbian, bisexual, and Two

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[2] Kevin K. Washburn, *Federal Criminal Law and Tribal Self-Determination*, 84 NORTH CAROL. LAW REV. 779, 779 (2006).
[3] André B. Rosay, *Violence Against American Indian and Alaska Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey* 2 (National Institute of Justice Research Report, May 2016), https://www.ncjrs.gov/pdffiles1/nij/249736.pdf.
[4] *Id.*
[5] *Id.*
[6] Centers for Disease Control and Prevention, "Leading Causes of Death (LCOD) by Age Group, American Indian/Alaska Native Females – United States, 2015," https://www.cdc.gov/women/lcod/2015/native/index.htm.

Spirit women experience high rates of sexual (85 percent) and physical (78 percent) assault.[7] Predictably, the high level of violence and limited access to services has devastating social, health, and financial consequences.

**BARRIERS TO SAFETY**

**A. Jurisdiction**

As detailed by the federally-chartered 2010 Indian Law and Order Commission, in contrast to states and localities which have primary responsibility for criminal justice in their communities, tribal governments are legally prevented from providing such protection due to a 200-year old exceedingly complicated web of jurisdictional rules and sentencing limitations.[8]

Jurisdiction over a crime in Indian country depends upon the Indian status of the offender, the Indian status of the victim, the location of the crime, the nature of the crime, and within what state the tribal government is located.[9] Even when a tribal government does have jurisdiction over a crime, sentencing limitations imposed by federal law prevent tribal governments from meting out sentences appropriate for major crimes.[10] Tribal governments are subsequently forced to cede prosecution to a concurrent jurisdictional sovereign, oftentimes encountering a lack of accountability and an unwillingness to prosecute.[11] Parties must often travel far outside of their communities to access criminal justice; Native defendants are often not tried by a jury of their peers; and tribal community members' and outsiders

[7] Keren Lehavot, Karina Walters, and Jane Simoni, "Abuse, Mastery, and Health Among Lesbian, Bisexual, and Two Spirit American Indian and Alaska Native Women," 15(3) CULTUR. DIVERS. ETHNIC MINOR PSYCHOL. 275-284 (2014), www.ncbi.nlm.nih.gov/pmc/articles/PMC4059821/

[8] INDIAN LAW AND ORDER COMMISSION, A ROADMAP FOR MAKING NATIVE AMERICA SAFER: REPORT TO THE PRESIDENT & CONGRESS OF THE UNITED STATES 151 (2013), www.aisc.ucla.edu/iloc/report/.

[9] The General Crimes Act, 18 U.S.C. § 1152 (providing that federal courts have jurisdiction over interracial crimes committed in Indian country); the Assimilative Crimes Act, 18 U.S.C. § 1; the Major Crimes Act, 18 U.S.C. § 1153 (providing federal criminal jurisdiction over ten enumerated major crimes committed in Indian country that is exclusive of the states); Public Law 83-280, 18 U.S.C. § 1162 (delegating federal jurisdiction to six states over most crimes throughout most of Indian country within their state borders); *Oliphant v. Suquamish Indian Tribe*, 435 U.S. 191 (1978) (holding that tribes lack criminal jurisdiction over non-Indian defendants); Violence Against Women Reauthorization Act of 2013, S. 47, 113th Congress, Title IX (2013) (expanding tribal criminal jurisdiction to non-Indians for the crimes of domestic violence, dating violence and the violation of protection orders so long as the defendant has certain ties to the community and the tribe provides certain due process protections).

[10] ILOC REPORT, 21. Indian Civil Rights Act, 25 U.S.C.§§ 1301-1304 (limiting a tribe's sentencing authority to a term of imprisonment of 1 year, or up to 3 years so long as the tribe provides five additional due process protections).

[11] From 2005-2009, the Government Accountability Office (GAO) found that U.S. Attorneys declined to prosecute nearly 52% of violent crimes in Indian country. U.S. GAO, *U.S. Department of Justice Declinations of Indian Country Criminal Matters*, Report No. GAO-11-167R, 3 (2010). Prior to the enactment of TLOA, United States Attorneys were not required to report their declination rates. Section 212 of TLOA now requires that they submit an annual report to Congress detailing their declination rates. According to their first report, United States Attorney Offices declined to prosecute 37% of all Indian country submissions for prosecution in 2011, and 31% in 2012. U.S. Dep't of Justice, *Indian Country Investigation and Prosecutions 2011-2012* 5 (2013).

lack confidence in tribal governments' ability to maintain law and order in Indian country.[12] The result is that Native people today experience disproportionate rates of violent crime in their communities.[13]

Up until 1978, tribal governments retained and exercised their inherent sovereignty to criminally prosecute all persons, including non-Indians. The *Oliphant* case unilaterally denied all tribes of that sovereign right through the mystifying reasoning of implicit divestiture.[14] With the overwhelming majority of violence Native women committed by non-Indians, the lack of tribal jurisdiction over non-Indian offenders on tribal lands continues to be a key reason for the disproportionate violence against American Indians and Alaska Natives.

**B. Resources**

Tribal governments often have limited resources available to provide services to victims. Until last year, tribal governments had not received an annual allocation from the Crime Victims Fund, the federal government's primary funding source for crime victims services. As a result, crime victims on tribal lands still struggle to have even their most basic needs addressed.

**THE 2013 REAUTHORIZATION OF VAWA: SMALL STEPS**

In the six years since VAWA was reauthorized in 2013, over two dozen tribal governments now exercise criminal jurisdiction over non-Indians and several dozen more are in varying stages of planning to implement the law.

From 2013 to 2018, the implementing tribes reported making 143 arrests of 128 non-Indian abusers. These arrests ultimately led to 74 convictions, 5 acquittals, and as of 2018, there were 24 cases then pending. There has not been a single petition for habeas corpus review brought in federal court in a special domestic violence criminal jurisdiction (SDVCJ) case. Although some argued, prior to VAWA 2013's passage, that tribal courts would be incapable of fairly implementing SDVCJ, the absence of even a single habeas petition in the first five years reveals that those arguments were unfounded and likely based on prejudice alone.

The National Congress of American Indians has issued a report summarizing tribal SDVCJ experiences that shows the true difference that the 2013 Reauthorization has been making on the ground for Native victims. I encourage you to review this report in its entirety as the information, data, and analysis contained in the report demonstrates that the reaffirmed tribal criminal jurisdiction in VAWA 2013 (SDVCJ) increased public safety for all of those—both Indian and non-Indian—living on tribal lands and in tribal communities. By all accounts, it has been an incredible success.

While VAWA 2013 SDVCJ has begun to address some of the issues that American Indian and Alaska Native populations face in the United States, it will take more than one piece of legislation to comprehensively address the impact of this significant historical legacy of discrimination and

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[12] *Supra* note 8 at 21.
[13] *Id.* at 3.
[14] *Oliphant v. Suquamish Indian Tribe*, 435 U.S. 191 (1978).

indifference. Native women need and deserve continued support from Congress to ensure that our lives will not continue to be marked by frequent violence.

**ADDITIONAL UNADDRESSED JURISDICTIONAL OBSTACLES**

Despite these successes, VAWA 2013's SDVCJ has its limitations. VAWA 2013 reaffirmed tribal criminal jurisdiction over only three categories of crimes committed by non-Indians: (1) domestic violence, (2) dating violence, and (3) criminal violations of protection orders.[15] While the reaffirmation of jurisdiction over these crimes has increased safety for some Native women living in their tribal communities, VAWA 2013 did not go far enough in addressing the high rates of violent, sexual, and domestic crimes committed against tribal citizens.

VAWA 2013 still leaves tribal governments without the authority necessary to protect their women, children, and tribal law enforcement over domestic violence crimes committed against children, assaults on police officers, sexual assault, and sex trafficking. I urge this Congress to re-authorize VAWA, now in 2019, with provisions that will ensure tribal governments are able to protect their citizens from these violent crimes that undermine the safety of all living on tribal lands.

**A. PROTECTING CHILDREN**

I begin by turning to the topic of child abuse. "There is a vital connection between inherent tribal sovereignty and protecting [Native] children,"[16] since Native children "are the future of American Indian and Alaska Native communities [but are currently] destroyed by relentless violence and trauma."[17]

Native children, like their mothers, are exposed to very high rates of violence. The Attorney General's Advisory Committee on American Indian and Alaska Native Children report found that "American Indian and Alaska Native children [] suffer exposure to violence at rates higher than any other race in the United States."[18] Indeed, AI/AN youth experience high rates of child abuse: 15.9 per one thousand compared to 10.7 for white youth.[19] As a result, Native "children experience PTSD at the same rates as veterans returning from Iraq and Afghanistan and triple the rate of the general population."[20]

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[15] The SDVCJ allows for tribal jurisdiction for the crimes of dating violence, domestic violence, and the violation of a protection order. 25 U.S.C. § 1304(c). These crimes are defined in § 1304(a).
[16] Byron L. Dorgan et al., *Attorney General's Advisory Committee on American Indian and Alaskan Native Children Exposed to Violence: Ending Violence So Children Can Thrive* 7 (Nov. 2014) http://www.justice.gov/sites/default/files/defending childhood/pages/attachments/2015/03/23/ending_violence_so_chi ldren_can_thrive.pdf.
[17] *Id.* at 7.
[18] *Id.* at 8.
[19] Neelum Arya & Addie Rolnick, *A Tangled Web of Justice: American Indian and Alaska Native Youth in Federal, State, and Tribal Justice Systems*, 1 Policy Brief and Ethnicity Series 1, 5 (2008), http://www.campaignforyouthjustice.org/documents/CFY JPB_TangledJustice.pdf.
[20] *Supra* note 15 at 7.

It comes as no surprise that in 60 percent of the SDVCJ cases tribal governments have prosecuted against non-Indians since passage of VAWA 2013, children have been victims or witnesses of the violence.

*At this time, non-Native people who perpetrate crimes (including sexual assault and murder) against Native children cannot be prosecuted by the tribal government.* This injustice must be rectified. Many families living on Indian reservations include both Indians and non-Indians. Native American children deserve to be protected by their local governments—their tribal nations—and that requires that their tribal nations have jurisdiction to intervene and prosecute their abusers. In the next reauthorization of VAWA, I strongly urge Congress to reaffirm authority to tribal governments over all persons who commit acts of violence against Native children on tribal lands.

SDVCJ did not go far enough in this regard. Although children are frequently witnesses to domestic violence or victims themselves, VAWA 2013 currently only authorizes tribal criminal jurisdiction over domestic or dating violence committed against romantic or intimate partners, or a violation of a protection order.[21] Since it is impossible for children to have an "intimate partner", this means that all crimes committed against Native children remain outside the jurisdiction of the tribal government. Thus, even with SDVCJ, tribal governments are unable to prosecute non-Indians for many of the crimes against children that are co-occurring with domestic violence unless the children are named in a protection order set forth in VAWA 2013.[22]

A recent example from the Sault Sainte Marie Tribe of Chippewa Indians, located in Michigan, illustrates how this gap in the law has real consequences for Native victims. A non-Indian man in an intimate relationship with a tribal member moved in with her and her 16 year-old daughter. After the man began making unwanted sexual advances on the girl, sending inappropriate text messages, and on one occasion groping the daughter, the Tribe charged the defendant with domestic abuse and attempted to tie the sexual assault against the daughter to a pattern of abuse against the mother. The tribal court dismissed the charges for lack of jurisdiction and the defendant left the victim's home. Four months later, he was arrested by city police for kidnapping and repeatedly raping a 14-year old tribal member. This kidnapping and rape of a minor could have been prevented if the Tribe had been able to exercise jurisdiction in the first case. [23]

The inherent jurisdiction of tribal governments to prosecute crimes against their children—regardless of the identity of the perpetrator—must be reaffirmed. A bill introduced by Representatives Cole and O'Halleran, HR 958, the Native Youth and Tribal Officer Protection Act, would amend 25 U.S.C. § 1304 to

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[21] 25 U.S.C. § 1304(c) (2012). The protection order violation must occur in Indian Country and violate the portion of the protection order that "(i) prohibits or provides protection against violent or threatening acts or harassment against, sexual violence against, contact or communication with, or physical proximity to, another person; (ii) was issued against the defendant; (iii) is enforceable by the participating tribe; and (iv) is consistent with section 2265(b) of title 18 of the United States Code."

[22] Kelly Gaines Stoner and Lauren van Schilfgaarde, *Addressing the* Oliphant *in the Room: Domestic Violence and the Safety of American Indian and Alaska Native Children in Indian Country*, 22 WIDENER LAW REV. 239 (2016), http://widenerlawreview.org/files/2014/09/004_Stoner_FINAL.pdf.

[23] National Congress of American Indians, "VAWA 2013's Special Domestic Violence Criminal Jurisdiction Five-Year Report," p. 24 (2018).

reaffirm tribal jurisdiction over certain non-Indians who commit crimes against Native children in Indian Country. I support this bill and encourage you to include similar provisions in VAWA reauthorization legislation.

**B. VICTIMS OF SEXUAL ASSAULT, STALKING and SEX TRAFFICKING**

VAWA 2013 SDVCJ also left tribal governments without the authority necessary to prosecute crimes of sexual assault, stalking, and sex trafficking, unless the violence occurs within the context of domestic violence. Often, however, Native women are raped, assaulted, or sex-trafficked by non-Indians visiting (or living) on tribal lands with whom they have no consensual relationship. The omission of these categories of crimes from VAWA 2013 has left many of Native women and girls vulnerable to some of the most heinous crimes that can be committed against a woman.

Recall the earlier section on DOJ statistics that concluded that Native women are more likely to be raped or assaulted by someone of a different race. NIJ found that 96 percent of Native women and 89 percent of Native male victims reported being victimized by a non-Indian.[24] Similarly, Native stalking victims are nearly 4 times as likely to be stalked by someone of a different race, with 89 percent of female stalking victims and 90 percent of male stalking victims reporting inter-racial victimization.[25]

The higher rate of inter-racial sexual violence experienced by Native women necessitates remedying the omission of sexual assault and stalking from VAWA 2013. It should be one of your top priorities in this VAWA re-authorization. Without this critical legislative fix, there continues to be impunity for non-Native sexual predators.

The example from the Sault Sainte Marie tribe discussed above illustrates the devastating consequences that can occur when sexual violence is not addressed. A recent example from the Pascua Yaqui Tribe underscores the ways in which limits on tribal authority increase the vulnerability of tribal employees to sexual harassment in the workplace. A female tribal member employed in the tribe's casino was fixing slot machines one evening when a group of drunk non-Indian patrons began harassing her. As the men were being removed by casino security, one of them grabbed the female employee by the genitals and squeezed. Despite having the incident recorded on surveillance video, the tribe was unable to charge the offender, who was a stranger to the victim, with assault.

And in areas with a concentrated presence from extractive industries, Native women and children are sex trafficked at dangerously high rates. For instance, the Office on Violence Against Women noted in 2014 that the "[r]apid development for oil production in the Bakken region has brought a massive influx of itinerant workers and a sharp increase in crime and law enforcement issues, including sex and human trafficking."[26]

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[24] "Human Trafficking," Sen. Heidi Heitkamp (last visited Oct. 3, 2016), at 18.
[25] *Id.* at 32.
[26] U.S. Dep't of Justice Office on Violence Against Women, 2014 Tribal Consultation Rep. 3 (2014).

The increased rates of non-Indian violence perpetrated against Native women in relation to extractive industries is in large part due to the presence of "man camps" on or near reservation lands. Energy companies seeking to engage in natural resource extraction in or near tribal nations necessarily attract large numbers of temporary workers.[27] Typically, this large, transient work force is made up almost exclusively of non-Indian men, and the company sets up temporary housing for them in camps consisting of trailers; these camps are known as "man camps."[28] One study of counties affected by the extractive industry, for example, determined that the "frequency of registered sex offenders grew approximately two to three times in areas reliant on energy extraction."[29]

One of the more alarming trends correlated with energy development in rural areas is the large numbers of registered sex offenders who are attracted to work in oil fields. In 2015, the U.S. Marshall's Service and the tribal law enforcement agency at Fort Berthold (in the Bakken) determined that, after the oil boom, almost 20 percent of the sex offenders on the reservation had failed to register with authorities (in violation of tribal and federal law) – compared to a rate of only 4-5 percent for the rest of North Dakota.[30]

In addition to sexual assault, women living near or around extractive industries are at a much higher risk for human and sex trafficking. Indeed, at the height of the Bakken oil boom, former Senator Heidi Heitkamp (D-ND) called sex trafficking "an unfortunately growing problem in North Dakota, *particularly in the oil patch and in Indian Country*."[31] One reported discovered that "for the past 10 years...there were almost no prostitution or sex trafficking-related cases in far western North Dakota until 2011, when there were a dozen."[32]

But when these crimes are perpetrated by a non-Indian, unless or until Congress reaffirms the jurisdiction the U.S. Supreme Court removed in 1978, tribal governments will remain without the

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[27] Sarah Deer & Mary Kathryn Nagle, The Rapidly Increasing Extraction of Oil, and Native Women, in North Dakota, FED. LAW, 34, 35-36 (2017).

[28] ANGELA C. ANGEL, BEYOND THE "ROUGHNECK" STEREOTYPE: REVEALING THE ACTUAL FACE OF MOBILE WORKERS IN THE ALBERTA OIL SANDS AND NORTH DAKOTA'S BAKKEN OIL REGION AND WHY IT MATTERS TO HEALTH, 6 (2014).

[29] Joel Berger & Jon P. Beckman, Sexual Predators, Energy Development, and Conservation in Greater Yellowstone, 24 CONSERV. BIOL. 891 (2010).

[30] Amy Dalrymple, *Federal, tribal officers check on sex offenders at Fort Berthold*, BISMARCK TRIB. Apr. 19, 2015, https://bismarcktribune.com/news/state-and-regional/federal-tribal-officers-check-on-sex-offenders-at-fort-berthold/article_6d23ab8e-2ea8-55af-b63f-e662dfae9eff.html [https://perma.cc/XT9W-DDN9] (last visited Dec. 21, 2018).

[31] "Human Trafficking," Sen. Heidi Heitkamp (last visited Oct. 3, 2016), http://www.heitkamp.senate.gov/public/index.cfm/human-trafficking.

[32] Pam Louwagie, *Sex trade follows oil boom into North Dakota*, STAR TRIB., Sept.21, 2014, http://www.startribune.com/aug-30-sex-trade-from-oil-boom-mostly-unchecked/273268991/ [https://perma.cc/9JMS-SZD4] (last visited Dec. 21, 2018); (noting that "with the oil boom overwhelming everything here for the past few years, understaffed local law enforcement has let much of the sex-trade go unchecked, unwilling to pour time into what some view as low-level victimless offenses...The region has been unprepared for the results, with no safe houses specifically to help victims, no service geared toward them and no advocacy groups.").

authority necessary to protect their women from the crimes of sex and human trafficking that often times accompany expansive extractive industries.

Senators Murkowski and Smith have introduced a bill, S. 288, Justice for Native Survivors of Sexual Violence, that would amend 25 U.S.C. § 1304 to include sexual assault, stalking, and trafficking crimes committed in Indian Country to the scope of criminal conduct that could be prosecuted in tribal court. I support this bipartisan legislation and encourage you to include similar provisions in VAWA reauthorization legislation.

### C. TRIBAL LAW ENFORCEMENT

VAWA 2013 is also structured in a way that has created a particularly appalling gap for tribal law enforcement safety. Because the law is limited to crimes of domestic or dating violence or criminal violations of protection orders, tribal governments cannot prosecute assaults committed against tribal law enforcement officers who are acting within their authority to enforce those laws. A non-Indian properly arrested by tribal police for domestic violence cannot be held accountable by the tribe for crimes committed against criminal justice officials or other interference in the criminal justice process. These crimes might include resisting arrest, assaulting an officer, witness tampering, juror intimidation, or obstruction of justice. Several of the Tribes implementing VAWA SDVCJ have reported assaults on their law enforcement when responding to a domestic violence call. However, unless or until tribal jurisdiction is acknowledged, non-Indian perpetrators of domestic violence can continue to assault tribal law enforcement (as well as officials and Judges of courts) with impunity.

For our law enforcement, like state and federal law enforcement, a domestic violence call is one of the most dangerous calls they will be asked to answer.[33] Continuing to place our law enforcement in these dangerous and vulnerable situations without the authority to arrest those who attempt to commit crimes against them is unconscionable and undermines the security of all who live in our communities.

HR 958 would also address this significant gap in VAWA 2013. I encourage you to incorporate these provisions of HR 958 into VAWA reauthorization legislation.

### CONCLUSION

Members of the Committee, the next reauthorization of VAWA can turn the corner on violence against Native women. I urge you to heed the call of the thousands of victims who deserve justice.

Mvto (Thank you)

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[33] Nick Breul and Desiree Luongo, "Making It Safer: A Study of Law Enforcement Fatalities Between 2010-2016," U.S. Dep't of Justice, Community Oriented Policing Services (COPS) and National Law Enforcement Officers Memorial Fund (2017), https://ric-zai-inc.com/Publications/cops-w0858-pub.pdf.

Ms. BASS. Thank you, Professor.
Julia Beck.

**TESTIMONY OF JULIA BECK**

Ms. BECK. Thank you all for being here today, and welcoming my testimony. I am honored to speak on the reauthorization of the Violence Against Women Act. I am a lesbian radical feminist and I am politically homeless. I—people on the left have tried to silence me by using threats and other tactics of intimidation, a kind of hatred that most lesbians would expect to receive from people on the right. I have been told to die in a fire, to get raped, and to choke on lady cock by members of the GBT community. My so-called allies cast me out for speaking about male violence. So I spoke with the only people who were willing to listen, people on the right, who usually never see eye to eye with lesbians or feminists.

My presence before you today is a result of bipartisan organizing, because protecting women and girls should be a bipartisan issue. All women and girls are oppressed on the basis of our female sex. One form that this oppression takes is male violence. Male violence cannot exist in female space, because the distinct sex categories of female and male are mutually exclusive. Therefore, women and girls benefit from female space.

In its earliest forms, VAWA defended female space. In 2013, protections for Native and global, majority women were enhanced, but one small addition to the Act dissolved all of its sex-based provisions. VAWA now protects the nebulous concept of gender identity, defined in Title 18 as actual or perceived gender-related characteristics. This is a circular definition. It is illogical and legally irresponsible.

While sex is a vital statistic, gender and identity are not. VAWA was created for women and girls, not for those who feel like or identify as female. Woman is not a gender or a feeling. No one has ever been able to explain what "feeling like a woman" means without using sexist stereotypes. Women don't need to identify as female in order to be women. Woman means adult human female. New gender identity laws allow male people to claim womanhood. The Violence Against Women Act has become the "Violence Against Anybody Act." Its original, sex-based protections are now meaningless, because men with gender identities, who commit violence against women, are protected by Federal law. When gender identity wins, women and girls always lose.

Many people think gender identity is the next frontier of social justice, but they couldn't be more wrong. Gender is based on rigid sex roles and superficial stereotypes that legitimize male dominance and female subordination. This harmful hierarchy is something that women and girls can never identify out of. Female fetuses cannot identify out of sex-selective abortions. Global majority women cannot identify out of genital mutilation or forced impregnation.

Women and girls are targeted by men because of our female sex, because the doctrine of gender codes females as subhuman. Girlhood is not all fun and games. Girlhood is survived. One in four girls will be sexually abused before they turn 18 years old, and 96 percent of people who sexually abuse children are male. For dec-

ades, women and girls have depended on VAWA to uphold and honor the integrity of female space. The first piece of U.S. legislation to even acknowledge the epidemic of violence against women is now a misogynistic Trojan Horse. Half the population is living in a state of emergency. Violence against women is a hate crime, but as of 2013, it is State-sanctioned as long as perpetrators feel like they are women.

People achieve nothing without first sharing a basis of unity. Everyone here, whether you are female or not, knows what a woman is. Everyone knows that violence against women is a sex-based issue. So for the sake of women and girls, please remove "gender identity" from VAWA. Every woman and girl in these United States deserves female-only space. Thank you.

[The statement of Ms. Beck follows:]

**Julia Beck**

**Women's Liberation Front**

**March 7, 2019**

**Reauthorization of the Violence Against Women Act**

1

Thank you Congressman Collins for inviting me to speak in consideration of the reauthorization of the Violence Against Women Act of 1994 (VAWA). Thank you to Chair Bass, Vice Chair Demings, and Ranking Member Ratcliffe of the Subcommittee on Crime, Terrorism and Homeland Security for welcoming my testimony. VAWA is a direct result of bipartisan efforts and has always had support and sponsorship from Republican members of Congress. As a lesbian radical feminist, I am honored to share with you an underrepresented perspective on the sex-based oppression which VAWA originally intended to ameliorate for all women and girls in the United States of America.

All women and girls share the biological reality of being female. As female people, all women and girls are materially oppressed on the basis of our female sex. Sex refers to the two reproductive classes in our species. To deny this fact means we are unable to name, address, and fix systemic sex-based oppression. One form of sex-based oppression that all women and girls experience is male violence. Male violence cannot exist in female space, because the distinct sex categories of male and female are mutually exclusive; therefore, women and girls benefit from female space. In its earliest forms, VAWA acknowledged and defended the important sex-based boundary of female space.

VAWA was the first U.S. federal legislation to acknowledge domestic violence and sexual assault as crimes, and it provided federal resources to encourage community-coordinated responses to combating violence.[1] Its passage provided the means for the creation of the Office on Violence Against Women (OVW) which was codified by Congress in 2002 as a separate office within the Department of Justice (DOJ). Since its creation, the OVW has awarded more than $6 billion in grants to state, tribal, local, university, and nonprofit programs that target the crimes of intimate partner violence, dating violence, sexual assault, and stalking.[2] Although all women and girls experience sex-based oppression, these crimes disproportionately affect global majority women.

In 2000, Congress reauthorized VAWA to enhance federal domestic violence and stalking penalties, add protections for abused foreign nationals, and create programs for elderly and disabled women. Congress reauthorized VAWA again in 2005 to increase penalties for repeat stalking offenders; add additional protections for battered and trafficked foreign nationals; create programs for sexual assault victims and American Indian victims of domestic violence and related crimes; and create programs designed to improve the public health response to domestic violence.[3]

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[1] National Network to End Domestic Violence (NNEDV), Policy Center, Statement on VAWA (2013) available at: https://nnedv.org/content/violence-against-women-act/.
[2] Lisa N. Sacco, Congressional Research Service, "The Violence Against Women Act: Overview, Legislation, and Federal Funding" (May 26, 2015), available at: https://fas.org/sgp/crs/misc/R42499.pdf.
[3] *Id.*

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The third reauthorization of VAWA enhanced protections for Native women, eighty percent of whom face rape, stalking, or abuse in the course of a lifetime.[4] One of every three Native women is raped, stalked or abused every year.[5] Roughly 97 percent of crimes against Native victims are committed by non-Natives,[6] and due to a complex web of federal laws and statutes, tribes have long been unable to prosecute non-Native perpetrators who commit crimes on tribal land. In 2013, VAWA restored tribal jurisdiction over non-Native perpetrators for the crimes of domestic violence and dating violence, enabling tribes to arrest and prosecute some of the most violent abusers who had been operating with impunity.[7] Unfortunately, a technicality in the legal definition of Indian Country excludes 228 of the 229 tribes in Alaska from these protections.

Another unfortunate outcome of the the 2013 reauthorization of VAWA is the dissolution of all sex-based protections for women and girls through the introduction of "gender identity." As defined in paragraph 249(c)(4) of Title 18, United States Code, "gender identity" refers to "actual or perceived gender-related characteristics."[8] This irresponsible circular definition endangers all women and girls, because it lacks any basis in material reality. While sex is a vital statistic, "gender" and "identity" are not. The conflation of "sex" and "gender" in any federal or state legislation effectively erases all distinctions between women and men from United States law. The introduction of "gender identity" negates all sex-based protections for women and girls set forth by VAWA in 1994, 2000, 2005, and 2013.

Sex refers to the two reproductive classes found in the human species: a woman is an adult female, i.e., an individual with XX chromosomes and predominantly female anatomy; a man is an adult male, i.e., an individual with XY chromosomes and predominantly male anatomy. As sex has been observed and recorded at birth by midwives and women as well as medical professionals as long as there have been births, it is an exceedingly accurate categorization: an infant's sex is easily identifiable based on external genitalia in 99.982% (all but 0.018%) of all cases. The minuscule fraction of individuals who are categorized as "intersex" exhibit characteristics of both reproductive classes. People who have "intersex" characteristics,

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[4] Rebecca Nagle, "What the Violence Against Women Act could do in Indian Country — and one major flaw" (Dec. 11, 2018), available at: https://www.hcn.org/articles/tribal-affairs-what-the-violence-against-women-act-could-do-in-indian-country-and-one-major-flaw.

[5] Tribal Court Clearinghouse, "Introduction to the Violence Against Women Act" (2013), available at: https://www.tribal-institute.org/lists/title_ix.htm.

[6] André B. Rosay, "Violence Against American Indian and Alaska Native Women and Men" (Oct. 19, 2016), available at: https://nij.gov/journals/277/Pages/violence-against-american-indians-alaska-natives.aspx.

[7] Rebecca Nagle, "Native American Women and VAWA — What's at stake?" Women's Law Center (Oct. 17, 2018), available at: https://www.womensmediacenter.com/news-features/native-american-women-and-vawa-whats-at-stake.

[8] Available at: https://www.govinfo.gov/content/pkg/BILLS-113s47enr/pdf/BILLS-113s47enr.pdf.

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now called disorders of sex development, remain either female or male, and do not constitute a third reproductive class.[9]

By hijacking words that refer to "sex" (female, male; woman, man) and using them as synonyms for words that mean "gender" (feminine, masculine), gender doctrine obfuscates the factual validity of sex in order to justify and legitimize itself. This semantic sleight reflects a cultural taboo of talking about sexual intercourse, a taboo which is now exploited so successfully that "gender" and "identity" are replacing "sex" in federal law.

Many well-intentioned people think that this concept of "gender identity" is the next frontier of social justice, but in reality it is regressive. Gender relies on and reinforces rigid sex roles that legitimize male dominance and female subordination. Gender refers to the social norms of appearance and behavior imposed on people according to their sex.[10] These superficial sex stereotypes are in constant flux according to changing social forces and popular trends. For instance, the color pink was deemed inappropriate for girls in the last century, but today pink is considered appropriate for girls only. Gender signifies mutable concepts whereas the realities that "sex" denotes never change. There exists no legitimate governmental interest in recording a person's subjective "gender identity" or giving that "identity" legal significance in lieu of sex.

Women are not required to conform to gendered expectations of femininity in order to be women. The one and only qualifier of womanhood is the state of being female, an immutable characteristic and biological reality. Unfortunately, male people who claim womanhood are protected by VAWA on the basis of their "gender identity." In many states, men gain access to women's single-sex spaces by legally identify themselves as female[11]. Some federally-funded facilities, like the Poverello House, do not require men to change their legal documents before granting them access to female spaces.[12]

Nine women in Fresno, California are suing Naomi's House and its parent company, the Poverello House, for violating their right to privacy by forcing them to shower with a man who

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[9] Sax, Leonard. "How Common Is Intersex? A Response to Anne Fausto-Sterling." The Journal of Sex Research, 39, no. 3 (2002): 174-78. http://www.jstor.org/stable/3813612; Dawkins, R. The Ancestor's Tale, A Pilgrimage to the Dawn of Evolution, 135 (Mariner Books ed. 2005) (stating that, "[i]ndeed, the gene determining maleness (called SRY [sex determining region y]) has never been in a female body"); Nat'l Institutes for Health, Genetics Home Reference: SRY gene (March 2015) https://ghr.nlm.nih.gov/gene/SRY.pdf (noting that "[a] fetus with an X chromosome that carries the SRY gene will develop male characteristics despite not having a Y chromosome").

[10] Julia Beck, "The Inequality of the Equality Act: Concerns from the Left" (2019), available at: https://www.heritage.org/event/the-inequality-the-equality-act-concerns-the-left (last visited March 5, 2019).

[11] Steve LeBlanc, "Massachusetts Senate OKs bill to allow gender 'X' option," The Associated Press (June 28, 2018) available at: https://apnews.com/d950dc3eb3a5436c888c3bf71b30cc9b

[12] Rory Appleton, "Women accuse Poverello House of allowing transgender resident to sexually harass them," Fresno Bee (Oct. 12, 2018), available at: https://www.fresnobee.com/news/local/article219560720.html.

sexually harassed them.[13] According to Poverello House representatives, the homeless shelter was required to admit this man on the basis of his self-identification as female. Federally-funded organizations like the Poverello House that allegedly protect women from male violence by upholding female boundaries actually risk losing federal funding if they acknowledge biological reality. Homeless shelters, rape crisis centers, halfway houses, prisons, and other female-only spaces must treat a person who identifies as a woman as if they truly are female, regardless of that person's male biology and sexually explicit violence against women.

When "gender identity" wins, women and girls always lose. The gender hierarchy is diametrically opposed to the rights of women and girls. Gender identity ideology erases over half of the human population from legal record by threatening the very definition of an entire sex class. Any legislation that attempts to set boundaries for women and girls by replacing "sex" with the amorphous concept of "gender identity" renders female boundaries meaningless.

Violence against women is a non-partisan issue, but ending violence against women requires bipartisan energy. Many people across the political spectrum do not support VAWA in its current form, because the introduction of "gender identity" in its 2013 reauthorization negates its founding purpose. The concept of "gender identity," predatory men who exploit lazy "gender" legislation, and indeed VAWA in its current form, all violate the sanctity and safety of women's female spaces. VAWA must not be weaponized by one party against the other. It is a well-intentioned yet seriously flawed piece of legislation that requires bipartisan intervention.

In my brief time of organizing locally, nationally, and globally, I have learned that people achieve nothing without first sharing a basis of unity. Even though the women in this room may sit on opposing sides of the political spectrum, we all share the experience of being female. Everyone here, whether female or not, knows what a woman is. Everyone knows that violence against women is an issue. Republicans and Democrats alike must work together to end this epidemic.

I urge you to acknowledge biological reality by replacing "gender" and "gender identity" with "sex" not only in VAWA but in all federal legislation. Women need female spaces to heal, grow, and survive from the violence that permeates all mixed-sex spaces. I anticipate the reauthorization of the Violence Against Women Act of 1994 to include provisions and protections for women and girls on the basis of sex, our shared biological reality.

Sincerely,

Julia Beck

[13] *McGee, et al. v. Poverello House, et al.*, Case No. 18-768 (E.D. Cal., June 5, 2018).

Ms. BASS. Thank you.
Ms. Valente.
Ms. VALENTE. I think we have to reset that or—oh.
Ms. BASS. Just a second.

**TESTIMONY OF ROBERTA (ROB) VALENTE**

Ms. VALENTE. Thank you. Chair Bass, ranking Member Ratcliffe, Chairman Nadler, and members of the committee, thank you all for inviting me to testify before you about the reauthorization of the Violence Against Women Act. It is not only 25 years old today, but the third reauthorization was signed into law this very day 6 years ago. My name is Rob Valente, and I am a policy consultant for the National Coalition Against Domestic Violence, the oldest, national coalition of grassroots advocates, an organization serving and advocating for survivors of domestic violence. The National Coalition Against Domestic Violence is a proud member of the National Task Force to End Sexual and Domestic Violence, also known as the NTF, a coalition of organizations representing the thousands of rape crisis centers, domestic violence victim advocacy and shelter programs, and other affiliated organizations, including faith-based organizations, who serve millions of survivors of sexual violence, domestic violence, dating violence, and stalking.

The National Task Force leads the effort to reauthorize VAWA, ensuring that every time that VAWA's promise is renewed by Congress, VAWA's programs and laws are enhanced. VAWA was first passed by Congress in 1994, encouraging law enforcement, prosecution courts, and victim advocates to develop a coordinated response to these crimes, including in Tribal communities.

In VAWA 2000, Congress added legal and housing services and established the UNTB as a program for victims of domestic violence and trafficking. And in 2005, VAWA's reauthorization further addressed the needs of culturally and linguistically specific populations, children, and Native victims.

The result of the most recent survey by the NTF of the field for the VAWA 2013 overwhelmingly supported—I am sorry—the results of the National Task Force survey of the field in 2013 overwhelmingly supported the two major improvements we obtained in VAWA 2013: anti-discrimination protections against survivors on the basis of sexual orientation and gender identity, recognition of inherent Tribal jurisdiction to hold accountable non-Native perpetrators of domestic and dating violence.

Between 2014 and 2016, VAWA grants provided more than 1 million victim services for survivors of domestic violence, sexual violence, dating violence, and stalking, including almost 2 million shelter nights, 600,000 hotline calls, victim advocacy for almost 300,000 survivors, and legal services for almost 100,000.

For the current reauthorization of VAWA, the NTF's 22 subject matter work groups now offer the following recommendations:

First, we must maintain all the important gains of the past. This is not the time to step back for our support for survivors. The NTF now offers modest but critical enhancements. My organization, the National Coalition Against Domestic Violence, is dedicated to ending domestic violence, firearms, homicides. You have heard some of those statistics from Chair Bass. We know that when these laws

are implemented and enforced, homicide rates go down dramatically. To end this epidemic of firearms violence in domestic violence cases, we need a VAWA that improves the enforcement of existing, Federal, domestic violence-related firearms laws, and closes loopholes.

So we ask Congress specifically to allow the use of stop grants to prevent intimate-partner firearm homicides; require the FBI to notify State, local, and Tribal law enforcement when an abuser fails a Brady background check; authorize the cross-deputization of local prosecutors and law enforcement officers, especially U.S. assistant attorneys, and ATF agents, respectively, to help with enforcement; provide dating violence and stalking victims with the same protections ordered—afforded to domestic violence victims; and protect victims with ex parte orders from firearm-involved abuse and homicide.

We also need a comprehensive definition of "domestic violence" for grant programs. Currently, we have a definition of domestic violence in Title 18 of the U.S. Code that describes the elements of the crime of domestic violence. Abusers often employ abusive but noncriminal acts to maintain power and control over their victims, such as emotional abuse, isolation of the victim from support of friends and family, financial abuse, technological abuse, to control a victim.

For victim services programs that must address all these forms of noncriminal abuse, we need a Social Services definition to clarify what victim services may address in alleviating the suffering of victims of domestic violence.

We are also asking for improvements in prevention, increase in support for prevention and for programs for children. We want more done in the workplace to address sexual harassment. We thank you for listening to us, and appreciate this opportunity to speak to you about this.

[The statement of Ms. Valente follows:]

Rob (Roberta) Valente, J.D.

Policy Consultant, National Coalition Against Domestic Violence

Testimony before the House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security on the "Reauthorization of the Violence Against Women Act"

March 7, 2019

Chairwoman Bass, Ranking Member Ratcliffe and Members of the Committee, thank you all for inviting me to testify before you about the reauthorization of the Violence Against Women Act. The Violence Against Women Act, otherwise known as VAWA, is not only twenty five years old this year, but its third reauthorization was signed into law this very day six years ago.

My name is Rob Valente, and I am a Policy Consultant for the National Coalition Against Domestic Violence (NCADV), the oldest national coalition of grassroots advocates and organizations serving and advocating for survivors of domestic violence. The National Coalition Against Domestic Violence is a proud member of the National Task Force to End Sexual and Domestic Violence (NTF), a coalition of organizations representing the thousands of rape crisis centers, domestic violence victim advocacy and shelter programs, and affiliated faith-based, community, and population specific organizations who serve the millions of survivors of sexual violence, domestic violence, dating violence and stalking in the various states and territories and on tribal lands annually. The member organizations of the National Task Force lead the effort to reauthorize the Violence Against Women Act, ensuring that every time VAWA's promise is renewed by Congress, the programs and laws that constitute VAWA are enhanced to better serve survivors of sexual violence, dating violence, domestic violence and stalking.

Before I talk about the enhancements our field is seeking as you look to reauthorize VAWA, I want to talk about the history of this groundbreaking and far-reaching legislation. VAWA was first passed by Congress in 1994, after nearly four hard years of work on the part of victim advocates. These advocates believed the federal government had an important role to play in educating the nation to understand that domestic and sexual violence were unacceptable in our society and to acknowledge that victims of these crimes were owed a consistent and effective response from the justice system. That first version of VAWA introduced the concept of the coordinated community response—encouraging law enforcement, prosecution, and victim advocates to sit together at the table and develop a collaborative and integrated system response to these crimes. VAWA 1994 also addressed, for the first time, the cruelly high rates of

victimization of American Indian and Alaska Native women, addressed the unique needs of immigrant survivors of domestic violence, created a program to serve victims in rural areas and another for rape prevention and education, established the protection order prohibitor in federal firearms law, and ensured that all state and tribal protection orders were entitled to full faith and credit in each other's jurisdictions.

We certainly needed those changes. I am old enough to remember how difficult it was, before the Violence Against Women Act, to get the justice system to respond to these crimes. My introduction to working in this field over three decades ago was driving terrified and exhausted women and children escaping abuse to anonymous safe houses under the cover of night in upstate New York. If that sounds dramatic, it was. There was no hope of getting local law enforcement, prosecutors, and courts to pursue these cases. These cases involved "private family matters." The only tool we had back then to protect survivors was to drive them to private homes, whose owners had agreed to give them safe harbor. In the days before GPS and in the dark of night in farm country in upstate New York, that meant squinting over maps with a flashlight and hoping that we were knocking on the door of the right home once we'd arrived. When national, state and tribal domestic and sexual violence programs began to work with Congress on the first VAWA, starting in the early 1990s, we all had a vision of getting the justice system to take these crimes seriously, to respond to these crimes consistently, to hold offenders accountable, and to get the justice system to work together with victim services—and the first VAWA encouraged a coordinated community response and intensive training for all parts of the justice system on the dynamics of domestic and sexual violence in order to ensure that the justice system treated them as the crimes that they are.

By the time we got to the first reauthorization of the Violence Against Women Act in 2000, we saw the improvements that VAWA 1994 started to bring to the justice system. But we also began to understand how much more we had to tackle to fully respond to these crimes. VAWA 2000 created the first legal assistance program for victims of domestic violence, recognized the need for housing services for survivors, and established the U and T visa program for victims of domestic violence and trafficking. VAWA 2000 also added "dating violence" to the crimes addressed under VAWA, improved services for children, and expanded laws and programs addressing sexual assault and stalking.

VAWA was next reauthorized in 2005. This version of VAWA responded to the expressed needs of the field by creating a program to ensure that Communities of Color would be served in culturally and linguistically appropriate ways. In 2005, Congress also recognized that all VAWA grant programs should address all four VAWA crimes ("the four crimes"): domestic violence, sexual assault, dating violence, and stalking. VAWA 2005 also improved confidentiality for survivors who used victim services. It encouraged the development of new gateways for survivors to reach out for help such as population specific programs and medical services. VAWA 2005 addressed the needs of children and began to consider prevention as well as response. In VAWA 2005, Congress recognized the sovereignty of tribes in addressing the four crimes in tribal communities. And in 2005, VAWA explicitly recognized that men were victims of these crimes, also, with a provision that can now be found at 34 U.S.C. 12291(b)(8).

In advance of the reauthorization of VAWA in 2013, the National Task Force to End Sexual and Domestic Violence surveyed the field to better understand the gaps that still existed in service delivery. Those surveys, national conference calls and in-person listening sessions elicited thousands of responses. The final results of the survey process overwhelmingly supported the six major improvements we achieved in VAWA 2013. VAWA 2013:

- Included language prohibiting discrimination against survivors on the basis of sexual orientation and gender identity and the authorization of funding to support programs for LGBTQ survivors;
- Recognized inherent tribal jurisdiction to hold non-Native perpetrators of domestic and dating violence against Native survivors on tribal lands accountable;
- Clarified the definition of culturally and linguistically specific programming;
- Provided protections for survivors who experience victimization while in public housing;
- Created new protections and support for survivors in campus settings; and
- Strengthened the existing VAWA immigration protections.

**VAWA 2019**

In preparation for the current reauthorization, the NTF again engaged in a nationwide survey process, engaging victim advocates, law enforcement, prosecutors, court personnel, community-based, population-specific programs, researchers, and other stakeholders in a discussion about critical gaps and necessary, modest enhancements.

Twenty-two subject matter workgroups conducted surveys with stakeholders on topics ranging from the criminal justice system to faith communities to prevention to economic issues and housing, and on many other subject matter areas relevant to preventing and responding to domestic violence, dating violence, sexual assault and stalking. This extensive feedback from the field informed the specific recommendations the NTF brought Congress.

The first, and most important, recommendation we have for Congress is that we maintain all the important gains of the past VAWA reauthorizations. Each improvement has had a significant and positive impact on the lives and safety of survivors of domestic violence, dating violence, sexual assault and stalking. Research and evaluation show us how much progress we have made in making survivors safer and holding offenders accountable.

This is not the time to step back our support for victims of these four crimes. As we have done with every previous VAWA, we need to respond to the needs identified by those working in the trenches everyday. For that reason, the NTF offers some modest but critical enhancements and targeted fixes to the current VAWA statute. These changes will save lives and bring VAWA into the 21st century.

**VAWA's Impact**

VAWA has profoundly transformed our nation's response to domestic violence, dating violence, sexual assault, and stalking. Before VAWA, there was no federal crime of domestic

violence or interstate violation of a protective order. VAWA also ensured states accord full faith and credit to protective orders issued in other states and by tribal courts. By providing grant money to law enforcement, prosecutors, and judges, VAWA has reshaped the criminal justice response to the four crimes and encouraged cross-collaboration between the legal and law enforcement communities and victim advocates.

Between 1994 and 2012, the rate of domestic violence dropped 63%, a decline driven in part by increased options for survivors and changing attitudes promoted by VAWA.[1] Research shows that sexual assault response teams, a form of VAWA-funded coordinated community response, improve legal outcomes and increase the probability that victims will reach out for help.[2] VAWA-supported court reforms have improved sexual assault survivors' access to justice and reduced offender recidivism.[3] Initial assessments of special tribal jurisdiction have shown it to be successful at holding non-Native domestic abusers accountable while protecting the due process rights of the accused.[4]

In a recent report to Congress, the Office on Violence Against Women (OVW) noted that one VAWA program, the Sexual Assault Services Program (SASP), funded advocates who provided services to 49,068 survivors and answered 113,697 hotline calls in 2016 alone.[5] Between 2014 and 2016, VAWA grants provided more than one million victim services for survivors of domestic violence, sexual violence, dating violence, and stalking, including almost 2 million shelter nights, 600,000 hotline calls, victim advocacy for almost 300,000 survivors, and legal services for almost 100,000 survivors.[6] Every sixth months during that period, VAWA-funded programs served an average of approximately 112,000 primary survivors, plus their children.[7]

VAWA is also financially prudent. A 2002 study found that in its first five years, $1.5 billion in VAWA funding saved $16.4 billion in averted victimization costs, for a net savings of almost $15 billion.[8] By any metric, VAWA works.

**Definitions**

While VAWA has been incredibly successful in preventing and addressing the four crimes and serving survivors, our outreach to stakeholders has identified notable gaps. These gaps include updating outdated definitions. NTF recommends revising some VAWA definitions to clarify meanings, match state laws, address new technological concerns, and provide technical corrections. These updates include adding new definitions for abuse in later life; for alternative justice responses; for digital services and technological abuse; for forced marriage; and for economic abuse.

Among the most important of these changes is the revision of the definition of domestic violence for the purpose of grant programs. Currently, the definition of "domestic violence" in VAWA for grant programs is one that was originally developed solely for the criminal justice system to describe the crime of domestic violence. Twenty-five years later, that definition is out of sync with state laws. Twenty-five years later, we are still only defining domestic violence in terms that apply to the criminal justice system, even though a large number of victims of

domestic violence will never utilize the criminal justice system. For many survivors, the abuse they experience may not amount to a criminal act, however degrading or debilitating the non-criminal act of abuse is.

Thousands of victim services programs in this country must respond to a broad range of acts of domestic violence, some of which may be crimes (such as physical abuse or sexual violence), while other acts may not rise to crimes but have profound impacts on the lives of survivors and may be precursors to physical violence. Abusers often employ abusive but non-criminal acts to maintain power and control over their victims. These non-criminal acts can include emotional abuse, threats to take custody of the children, refusal to sign legal papers that would give the victim legal rights, constant disparagement of and isolation of the victim from supportive friends and family, limits on financial autonomy, and the use of technologies like GPS or texting to track or intimidate the victim. For the purposes of the victim services programs that must address all these forms of criminal and non-criminal abuse, we need a social services definition to clarify the forms of abuse victim services programs may address in alleviating the suffering of victims of domestic violence. This definition would not apply to the justice system – it would in no way change the criminal definition of domestic violence.

**Reducing domestic violence homicides**

Firearms are one of the most terrifying tools of power and coercive control in a domestic abuser's arsenal. Abusers threaten to kill their victims, their victims' children, their victims' pets, and themselves. 4.5 million American women alive today have been threatened by an abuser with a firearm; 1 million of these have been shot or shot at.[9] A survey of contacts by the National Domestic Violence Hotline found that, among survey respondents who indicated their abuser possessed a firearm, 67% believed their abuser was capable of killing them.[10] Even when a firearm is not used directly against the victim, an abuser's mere possession of a firearm correlates with increased severity of abuse. [11]

Every sixteen hours, a male abuser makes good on his threat and murders his female intimate partner.[12] Thirty-five percent of women killed by men in America are killed by intimate partners with guns.[13] An abuser's access to a firearm increases the risk of intimate partner homicide fivefold – regardless of who owns the gun.[14] Armed abusers pose a threat not only to their intimate partners but also to society at large. Forty-four percent of mass shootings are related to family violence.[15]

The first VAWA in 1994 included a life-saving provision prohibiting respondents to final domestic violence protective orders (DVPO) from possessing firearms (18 USC 922(g)(8)); a subsequent 1996 amendment prohibited persons convicted of misdemeanor crimes of domestic violence (MCDV) from possessing firearms (18 USC 922(g)(9)). Congress recognized domestic violence is a pattern of violent behaviors that can escalate quickly, particularly when a victim reaches out for help. When a survivor seeks court intervention, either by petitioning for a protective order or contacting law enforcement, the incident that led the survivor to report the violence is one in a string of violent perpetration by the abuser. Between November of 1998 and January 31, 2019, 146,303 domestic violence misdemeanants and 60,522 respondents to final domestic violence protective orders were blocked from purchasing firearms.[16]

In response to outlying court decisions and in order to ensure continuity of federal law across the nation, Congress must make a technical change to clarify that convictions under municipal law trigger the MCDV prohibitor in 18 USC 922(g)(9).

The DVPO and MCDV prohibitors were a vital first step to reducing intimate partner homicides, but since the end of the last century, lethal gaps have become clear. Existing law only prohibits domestic abusers who are or were married to their victims, cohabit or cohabited with their victim, or share a child with their victim from purchasing or possessing firearms – it excludes dating partners.[17] In the mid-1990s, lawmakers had not yet recognized the pervasiveness and impact of violence in dating relationships. Dating violence did not become a federal crime until 2005, and the protections from gun violence afforded to current or former spouses are not extended to dating partners who do not cohabit or share a child in common. The percentage of intimate partner homicides committed by spouses has decreased substantially over the past decades, from approximately 70% to slightly less than half (46.7%), while the percentage of intimate partner homicides committed by dating partners has risen from approximately a quarter to slightly less than half (48.6%).[18] The percentage of intimate partner homicides committed with firearms, which are 12-times more deadly than other weapons,[19] has decreased in this same period – but not enough.[20]

In the upcoming reauthorization of the Violence Against Women Act, Congress should close the loophole that allows court-adjudicated dating abusers to possess firearms by adding dating partners to the definition of "intimate partner" in 18 USC 921(a)(32) and adding "dating partner" to the definition of "misdemeanor crime of domestic violence" in (18 USC 921(a)(33)(A)(ii)) in federal firearms law. The research shows that dating violence prohibitors work. States that prohibit both domestic abusers and dating abusers subject to protective orders from possessing firearms have a 13% lower intimate partner homicide rate than states that do not; states that cover domestic abusers but not dating abusers have a 6% lower intimate partner homicide rate than those that do not.[21] Prohibiting dating abusers from possessing firearms saves lives.

Similarly, in 1994, we failed to recognize the deadly nature of stalking. A 2011 survey found 5.1 million women and 2.4 million men had been stalked in the previous year.[22] A study in the Journal of Forensic Sciences found that 46% of stalking victims experience some form of violence, and stalkers threatened to use a weapon in 19% of cases.[23] Stalking is also a key indicator of homicide in domestic violence relationships. One study found that 76% of victims of intimate partner femicide were stalked prior to being murdered.[24] Stalking is a serious crime, and Congress should add the misdemeanor crime of stalking to the prohibitors at 18 USC 922(d) and 18 USC 922(g), along with definition of the "misdemeanor crime of stalking" in the definitions section of the federal firearms laws at 18 USC 921(a).

**Arming victims of domestic violence is not safe**

Some people argue that the best way to protect domestic violence victims is to arm them. In general, firearm possession is not a protective factor for women experiencing intimate partner violence - one study found that an abused woman's purchase of a firearm was associated with a 50% higher risk of intimate partner homicide, and it doubled the risk of suffering intimate

partner gun homicide.[25] Every survivor is different, and we respect a victim's autonomy and ability to decide for themselves how best to seek safety. However, one-size-fits-all attempts to arm victims are misguided and contrary to the evidence that, as a general matter, the presence of a firearm, regardless of ownership, increases the risk of death.[26]

**Enhancing public safety through enforcement**

In addition to protecting all victims of intimate partner violence and stalking from armed abusers, Congress should take steps to improve the enforcement of existing firearms prohibitors. This includes ensuring that domestic abusers who are prohibited from possessing firearms comply with the law and transfer their firearms upon becoming prohibited. State laws that require respondents to protective orders to transfer their firearms are associated with a 12% decrease in intimate partner homicide.[27] However, enforcement of provisions requiring respondents to transfer their firearms is lacking. A 2010 study found that only 12% of firearm-owning respondents to protective orders in New York and Los Angeles relinquished their firearms or had their firearms recovered.[28]

The Violence Against Women Act includes a number of grant programs addressing the criminal justice system, including the STOP formula grant program and the Improving the Criminal Justice System Response discretionary grant program. Congress should add a purpose area to each for the development and implementation of law enforcement policies and protocols to enforce court orders requiring adjudicated domestic abusers to relinquish their firearms. Policies and protocols would include not only the recovery of firearms but also the storage and return of firearms at such a time as the offender is no longer prohibited from possessing firearms. Jurisdictions would not be required to use their grant funding for this purpose, but adding a purpose area will give them more flexibility to do so.

As indicated previously, between November of 1998 and January 31, 2019, 146,303 domestic violence misdemeanants and 60,522 respondents to final domestic violence protective orders were blocked from purchasing firearms.[29] When an abuser attempts to purchase a firearm, this is often a sign of escalating violence. To allow local law enforcement to better protect their communities, the FBI should notify them when a domestic abuser attempts to purchase a firearm and fails the background check due to a DVPO or MCDV. This includes situations in which a firearm is erroneously transferred to a prohibited abuser, because the background could not be completed within 72 hours (called a "default-proceed" transfer). In 2013 and 2014, 30% of denials for misdemeanor crimes of domestic violence were issued after the prohibited person took possession of the firearm, and a plurality of default proceed transfers to prohibited persons that were referred to the ATF and US Attorneys for recovery and prosecution were to people who were prohibited from possessing firearms due to domestic violence.[30] Notification of failed background checks by adjudicated abusers is necessary to save the lives of survivors – and of law enforcement.

Jurisdictions have successfully addressed drug- and gang-related criminal activity through the Project Safe Neighborhoods program. We need to replicate that success in the domestic violence field by similarly cross-deputizing local prosecutors and law enforcement officers as Special Assistant US Attorneys and ATF agents respectively to help federal actors

enforce serious violations of the federal domestic violence firearms prohibitors. Establishing domestic violence points of contact in US Attorneys Offices and the ATF will also make an enormous difference in holding perpetrators of firearms violence in domestic violence cases accountable.

**Access to safe housing**

Domestic violence is a leading cause of family homelessness. A 2009 brief by the National Center for Children in Poverty found that 80% of women with children experiencing homelessness had experienced domestic violence in their lives.[31] A study of Minnesota women experiencing homelessness in 2015 reported they were homeless due to domestic violence, and 37% of Minnesota women experiencing homelessness in 2015 reported having stayed in an abusive relationship in the past, because they had nowhere else to live.[32] Close to 40% of survivors of domestic violence experience homelessness at some point in their lives.[33]

VAWA includes a grant program for transitional housing for survivors and includes important protections against discrimination in federal housing programs based on a person's status as a survivor, allows public housing agencies to prioritize housing survivors when necessary to protect the survivor's safety, and clarifies that Housing Choice Vouchers are portable for victims and survivors. While the transitional housing grants and the housing protections afforded survivors in VAWA are vital to survivor safety, gaps remain.

Although discrimination in federal housing programs based on a person's status as a survivor is prohibited, survivors face other challenges in maintaining federal housing. For example, they are not protected from eviction resulting from criminal activity of the perpetrator, even if they are not involved in that activity. Moreover, though VAWA allows for lease bifurcation in domestic violence situations, it does not require that the victim retain the housing unit or rental assistance. We recommend closing these gaps, improving the emergency transfer process, and creating a position at the Department of Housing and Urban Development to improve compliance with VAWA protections and requirements.

**Protecting Native women, children, and law enforcement**

American Indian and Alaskan Native women experience gender-based violence at a staggeringly high rate. A 2016 study by the National Institute for Justice found that over half of Native women experience sexual violence in their lifetimes, with almost 15% experiencing sexual violence every year.[34] 97% of women who experience intimate partner or sexual violence in their lives experience violence at the hands of at least one non-Native perpetrator.[35] Due to complex jurisdictional challenges, Tribes do not have the authority to hold non-Natives who commit sexual violence accountable and the federal government negligently declines to prosecute these cases at an alarming percentage. The result: American Indians and Alaska Native survivors of violence do not have access to justice.

In the 2013 VAWA reauthorization, Congress took a vital first step in acknowledging the failure of the federal and state response in many of these cases. Congress also acknowledged its long-standing federal trust responsibility and took a step in reaffirming its commitment to

empower Indian tribes in the safeguarding of Indian women. In reaffirming the inherent jurisdiction of Tribal Nations over non-Natives who commit domestic violence and dating violence against Native victims on tribal lands, Congress effectively assisted in ending impunity for defendants who otherwise would have committed their crimes without regard for the law. To implement Special Domestic Violence Criminal Jurisdiction (SDVCJ), Tribes were obligated to meet certain statutory requirements. This includes having law trained judges, ensuring that non-Natives are found within jury pools, requiring Tribal Nations to make their criminal codes available online, requiring that indigent defendants be provided counsel, and other due process requirements.

In SDVCJ's first five years, implementing tribes have made 143 arrests with 74 convictions (24 cases were pending at the time of the analysis). Eighty five of these defendants accounted for 378 contacts with tribal law enforcement before their tribes implemented SDVCJ. Critically, there have been no petitions for a federal writ of habeas corpus during this time period.[36]

While SDVCJ has been outstandingly successful, it has a very notable gap – it only includes domestic violence, dating violence, and criminal violations of a protection order. We add our voices to those of our indigenous sisters calling for you to end impunity for non-Natives who commit sexual assault, co-occurring child abuse, stalking and trafficking on tribal lands. We now have evidence that the fears raised in the lead up to the 2013 VAWA reauthorization were for naught. This Country's first people deserve justice. Most importantly, as sovereigns, Tribal Nations must be able to govern their people and their lands. Thus, I am here before you today, to reiterate what has long been said by so many Native advocates, Native Survivors, and Tribal Leaders, who are also your constituents: special tribal jurisdiction should be expanded to include sexual assault, co-occurring child abuse, stalking and trafficking on tribal lands and assaults against tribal law enforcement officers.

**Prevention, Children and Supports for Survivors**

VAWA is one of the only sources of federal money for sexual violence prevention. The Rape Prevention and Education Program (RPE), administered by the Centers for Disease Control and Prevention, funds evidence-based programming to reduce perpetration of sexual violence. One 2016 study found that an RPE-funded bystander intervention education program in Kentucky high schools decreased not only sexual violence but also other forms of interpersonal violence.[37] As awareness about the prevalence and impact of sexual violence increases, due in large part to the #MeToo movement and the spotlight on campus sexual assault, requests for prevention funding has skyrocketed. We cannot afford to miss the opportunity to give every state sufficient funding to have a real preventative impact on children's and youth's attitudes about healthy relationships. Despite the documented success of RPE-funded prevention programming, the last reauthorization of VAWA cut the Rape Prevention and Education Program by $30 million. In recognition of the real need, the sharp increase in funding requests, and the effectiveness and cost-savings of prevention programming, the we support restoring and increasing the RPE authorization from $50 million to $150 million.

VAWA grants also fund other prevention efforts targeted specifically at children and youth. The VAWA Consolidated Youth Grants fund programs that promote healthy relationships and engages men and boys as allies. The authorization for this critical prevention work was also cut in the 2013 reauthorization, and we support restoring and increasing that authorization to increase their reach.

**Other matters**

We urge Congress to provide protections for survivors in the workplace by addressing sexual harassment and economic security for survivors, such as authorizing survivors to access unemployment benefits if they leave their jobs as a result of domestic, dating, or sexual violence or stalking. We also ask Congress to expressly add sexual harassment to the allowable uses of the Workplaces Respond to Domestic and Sexual Violence: A National Resource Center, which provides tools, resources, and training to private employers and federal agencies. Survivors also need: protections from discrimination in employment based on one's status as a victim; research into the economic impacts of victimization on college students; and public education related to economic abuse and economic security for victims.

Moreover, Congress should support the development of alternative justice programs for survivors who are unable to use the traditional criminal justice system. We also ask for protections for incarcerated women, the majority of whom have experienced domestic or sexual violence in their lifetimes.

**Conclusion**

With this newest reauthorization of VAWA, Congress has a opportunity to close gaps in current law, and to support vigorous, effective and consistent enforcement of existing federal, state, tribal and local laws meant to protect victims of domestic violence, dating violence, sexual assault, and stalking. We look forward to working with Congress to protect the safety and meet the needs of survivors of these four crimes.

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Ms. BASS. Thank you. Let me take the opportunity to thank all of the witnesses for taking the time to be here with us today. We will now proceed under the 5-minute rule with questions, and I will begin by recognizing myself for 5 minutes.

Judge Gonzalez, I know that you are a member of the Wisconsin Judicial Committee on Child Welfare, and I wanted to know if you would speak a few minutes about the impact of domestic violence on the Nation's child-welfare system. The story that you recalled about the woman that had taken a medication and the children were removed, maybe you could talk about the impact of domestic violence, what happens to the children, and the impact on the child-welfare system.

Ms. GONZALEZ. Thank you, Madam Chairwoman.

That story does not have a very happy ending. That story was early on in my career before I had the kind of training, and before we developed the social norms to indicate that violence in the home permeates everything in the home, and it isn't just if kids are in the room. And that family, the ultimate result was, I sent that mother to prison, we sent that father to prison, and those children were in care for their entire lives. Some were adopted, some went back into—into care, and, ultimately, I do not have happy children in that household.

Had I had the kind of training that was available now, when I started that case, I would have done things different. My law enforcement would have done things different. We would have looked at what those dynamics were that we are working. We would have looked at the trauma, that back then we didn't even know that word really existed.

Ms. BASS. Right.

Ms. GONZALEZ. And all of that today, that case would come out completely different, because I would have law enforcement, I would have social workers, and I would have communities that understand the problem. Because we can't do this alone.

And to—to Ranking Member Ratcliffe's point, we do work with the faith-based communities, to help us get these jobs done. Because quite frankly, we don't have enough resources to get it done.

Ms. BASS. Well, what is done differently now? It is my understanding—and I hope I am wrong—that in the DV situation, that the children could still wind up being removed?

Ms. GONZALEZ. Absolutely. Absolutely. Because the issue becomes if the—if mom is—a mom or dad, because this is really gender neutral. If mom or dad is suffering from the terror of domestic violence, their ability to parent, their ability to parent those children is diminished. And so without knowing what we are doing, we are removing those children and saying, Okay, you have a problem, so go fix yourself, and then come back. That doesn't work.

Ms. BASS. Right.

Ms. GONZALEZ. That doesn't work. The children have to be together with the family, and we have to help victims of violence know how—learn again how to—how to parent. And that includes the fathers, because——

Ms. BASS. So this is still an issue. Because, you know, the trauma of being in a household where there is violence is bad enough.

Ms. GONZALEZ. Exactly.

Ms. BASS. But then if you remove the children, separate them from the parent, the child is experiencing double trauma.

Ms. GONZALEZ. And many years later, when we have done our work, that child, who has been traumatized, is going to go right back to that biological family.

Ms. BASS. Absolutely.

Ms. GONZALEZ. And what have we done?

Ms. BASS. Well, let me ask Professor Deer, you talked about Tribes not being able to prosecute non-Indians. So if the person that—in the story that you told, that committed the rape outside, it was of an Indian woman?

Ms. DEER. Yes.

Ms. BASS. Or child, right?

Ms. DEER. Yes. Both—both the mother and daughter.

Ms. BASS. So if a person goes onto a Tribe, violates a women and then leaves, what happens? I understand the Tribe can't prosecute. Is it a situation where the offender gets off? I mean, nobody prosecutes them at all? Nobody goes after them because the crime took place on a Tribe?

Ms. DEER. There is concurrent jurisdiction, depending on the Tribe of the State. I mean, Federal Indian law is a matrix of some sort. So, depending on which Tribe you are talking about, the Federal Government or the State government could have concurrent jurisdiction over that crime. The problem is——

Ms. BASS. Why can't Tribes prosecute non-Indians?

Ms. DEER. Tribes cannot prosecute non-Indians because the Supreme Court ruled in 1978, that Tribes had lost certain aspects of jurisdiction, but I will note that one of the final lines in the Oliphant decision was that Congress has the power to restore that jurisdiction.

Ms. BASS. So that is something that we could change?

Ms. DEER. Absolutely.

Ms. BASS. So—okay. And you mentioned that—but this bill does not address that?

Ms. DEER. I am sorry?

Ms. BASS. The current proposal that is under discussion.

Ms. DEER. I am not sure I know—I am not sure I know which version we would be talking about, but I am advocating for, and I believe many Native organizations are advocating for criminal jurisdiction over crimes against children committed by non-Indians.

Ms. BASS. And—okay. And you mentioned that one Tribe can. Which Tribe can do that?

Ms. DEER. I am sorry?

Ms. BASS. Didn't you say that there was one Tribe that was able to prosecute, or there is none, period?

Ms. DEER. Oh, I am sorry. With the exception being the domestic violence crimes. VAWA 2013 does allow certain Tribes that meet certain benchmarks to prosecute, but only for cases of domestic violence, dating violence, and protection orders. So anything else—sexual assault, child abuse, homicide——

Ms. BASS. Oh, I see. I see.

Ms. DEER. Those crimes cannot be prosecuted by Tribal governments.

Ms. BASS. Pretty crazy.

Ranking Member Ratcliffe.

Mr. RATCLIFFE. Thank you, Chair. Ms. Beck, I enjoyed your testimony. As a self-described radical, lesbian feminist, I want to make sure that I—that the record is clear. You are not opposed to a gender identity ideology or those that question their birth gender. You are just opposed to the—its inclusion into legislation specifically designed to protect biological women at birth? Is that fair?

Ms. BECK. No.

Mr. RATCLIFFE. Okay.

Ms. BECK. That is not fair. Thank you for asking, though. Gender is not a biological reality. Sex is a biological reality. Like I said, "gender" describes the social expectations of behavior based on a person's sex. So women, female people, are expected to be feminine. We are expected to sit tight and look pretty. Men are expected to be strong and never cry. That is gender. And that should never be protected. We should actually abolish those kinds of expectations because they do not benefit women and girls. They actually don't benefit men either.

So I don't agree with legislation that protects this idea of gender, or an identity with gender, because gender itself should not—it doesn't serve people, and we should not legislate on the basis of it, because it is always changing and it hurts. Gender hurts.

Mr. RATCLIFFE. So thanks for clarifying that. So with that, let me ask you: Do you believe that decisions that allow biological males access to programs and services that are intended to serve females actually pose a threat to those females?

Ms. BECK. Of course, yes. The majority of the crime committed on this planet is committed by men. And when I say "men," I mean male people. So, yes, if any male person can identify himself as a woman, or use a gender-identity legislation to call himself a woman or call himself female, then he can go into a woman's space. Predatory men will do that, and they already have done that, in order to hurt women and girls. This is already happening.

Mr. RATCLIFFE. Thank you, Ms. Beck. I want to yield the balance of my time to my colleague from Arizona, Mrs. Lesko.

Mrs. LESKO. Thank you very much, Ranking Member. And thank you, Madam Chairman, for bringing this most important issue in front of us.

I am a survivor of domestic violence. And I am one of the fortunate ones, because I left my abusive ex-husband over 25 years ago. Never would have dreamed in a million years that I would be sitting here as a U.S. Congresswoman, so it gives hope to every single domestic-violence victim out there that you can do whatever you want.

I am also the co-chairwoman of the Congressional Caucus for Women's Issues. And I have spoken to my counterpart on the Democrat side, and we really do want to work in a bipartisan fashion to protect women.

I am also on an advisory council for domestic violence shelter in my congressional district, and I am also the co-chairwoman of the bipartisan working group to end domestic violence. So if you haven't figured it out, this is kind of an important issue to me.

So I am really trying to work in a bipartisan fashion to get something done here. My staff has reached out a number of occasions

to my Democrat counterparts that I believe are involved in designing this new VAWA legislation, and haven't had success yet, getting together.

And my chief of staff was recently at a meeting with the Senate, both House and Republican Senate members—I am sorry—both House and Senate, both Republican and Democrat Members, and was told in that meeting that the House Democrats do not want to negotiate on this bill until they introduce their own bill. And so, I hope we can do that and get it done.

Prior to 2013, the reauthorization of VAWA was actually quite noncontroversial. Unfortunately, in 2013, it became controversial, and it may even be more controversial and partisan now. And I hope that we can work together, because this is just too important of an issue. I do want to work with my Democratic colleagues from the other side. We need to reauthorize this. We need to work in a bipartisan fashion, because as was stated, this happens to so many women. It doesn't matter if they are Republican, Democrat, Libertarian. It doesn't matter. This is a problem, we need to fix it, and I stand ready to work in a bipartisan fashion to fix it. Thank you.

And I yield back my time that you gave me. Thank you.

Chairman NADLER [presiding]. Thank you. I now yield myself 5 minutes.

Let me begin by saying, with respect to the statement of Ms. Beck, that she is entitled to her opinion, but I can't disagree with her more when it comes to gender identity. Frankly, I found your statement that we should not protect transgender people, against crimes under VAWA, offensive. Gender is biological. It is not a social construct. All the scientific evidence tells us that.

The issue against—of violence against transgender women and men, against transpeople, is a significant problem, and it is entirely appropriate for this Congress and VAWA to address it. We have a history of defining certain groups as outside the pale, of defining certain groups as not deserving of civil rights or human rights or protection. That used to include all gay people. We have made progress on that front. This is the latest. This is the latest. And we have to expand our horizons to understand that transgender people are human, they are what they are, not by choice, any more than anyone else is, and that they are entitled to the protections of law against violence.

Let me ask Ms. Valente: Can you tell us why Congress chose to add domestic violence prohibitions to the Federal firearms laws in 1994 and 1996? And are those prohibitions sufficient to address the most dangerous cases of firearms violence in domestic violence cases?

Ms. VALENTE. Thank you for asking that question. Domestic-violence homicides are primarily by firearms. And so in 1994, victim advocates brought that knowledge and that—the serious anecdotes to Congress, and there was an understanding that the most dangerous time was when a woman sought a protection order, or any survivor of domestic violence sought a protection order. The retaliation after that was often severe.

When you read newspaper articles about domestic-violence homicides, you will also find that too often, it comes right after the issuance of a protection order. So that was added in 1994, but what

we found was, we had a gap. If you had a felony crime of domestic violence, or any felony crime, you could not possess a firearm. If you were subject to a protection order—a certain kind of protection order, you could not possess a firearm, but a misdemeanor crime of domestic violence, which is how most cases were handled as convictions, was not covered. So that was added in 1996 through the Lautenberg Amendment.

So the legislative history of that is understanding that, number one, the justice system tends to treat domestic violence as a lesser crime, and charges it in a lesser way, and deals with it in a lesser way, than other crimes; that if those same acts had been committed against a stranger, they would probably be felony-level crimes.

And then added this, protection, knowing that this is the way that the justice system responds, making sure that this is covered. The gaps we have now, that was—in the day when that was done, the understanding was that victims of domestic violence were intimate partners who were defined as people who were married, formerly married, cohabiting, formerly cohabiting, or having a child in common.

We did not know that the world would reach the place that we are today, where there are so many dating partners who do not meet any of those definitions. And now, more than half of the folks who apply for protection orders may fall into that category.

Chairman NADLER. So we have to expand the definitions?

Ms. VALENTE. We are leaving half of our population uncovered.

Chairman NADLER. Okay. I had one more question for you. And that is, judges issuing domestic violence protective orders often require respondents to transfer their firearms to law enforcement. But one study found that only about 10 percent of respondents actually complied with that requirement. How can VAWA help ensure that adjudicated abusers directed by a court to relinquish their firearms actually do so?

Ms. VALENTE. This is so near and dear to my heart. We have—we have excellent laws. We need to enforce them. We need the tools to enforce them, and we need the resources to make those tools available. Law enforcement—I speak with law enforcement regularly. I just came back from Dallas, where I spoke with several law-enforcement agencies. They are all eager to do the court-ordered firearms removal, but they do not have the staffing to do this. As you might imagine——

Chairman NADLER. So very briefly, because I have one more question.

Ms. VALENTE. Yeah.

Chairman NADLER. What should we do? Increase staffing or what?

Ms. VALENTE. Provide funding through the stop—make it a purpose area in the Stop Violence Against Women Act.

Chairman NADLER. Okay, thank you.

Professor Deer, in the 8 seconds that I have left, I will ask the question, you can answer it. Why is housing such an important part of VAWA if what we are trying to address is a response to domestic violence, sexual assault, dating violence, and stalking?

Ms. DEER. I am sorry. Could you repeat the question?

Chairman NADLER. Why is housing such an important part of VAWA if what we are trying to address is a response to domestic violence, sexual assault, dating violence, and stalking? Why housing?

Ms. DEER. Well, I would—I would suppose that one of the major—well, one of the major reasons that women are homeless is because of domestic violence. Women are driven from their homes. In many places, there aren't shelters, or the shelters are full, and so there has to be a place for them to go—transitional housing, permanent housing—to help women and their children pick up the pieces and find a safe path.

Chairman NADLER. Okay. Thank you very much.

My time is expired, and I recognize the gentlelady from Arizona, Congresswoman Lesko.

Mrs. LESKO. Thank you very much, Mr. Chair.

I have several questions and, first of all, I want to say thank you to all of you for coming here and for all of the work that you do to—to protect women, and so I appreciate all of you. My question—first question is for Julia Beck. And we only have 5 minutes, so in a few words, could you describe your main goal in testifying here today?

Ms. BECK. My main goal was to share a radical feminist perspective on the sex-based violence that all women and girls face and to also shed light on the kinds of male violence that lesbians face from the GBT community.

Mrs. LESKO. Thank you. And can you describe, you did a little bit in your opening statement, the experience that you have had as a member and advocate for the LGBTQ community as you have spoken out against gender identity protection laws? Like, what has happened to you?

Ms. BECK. Right. So I was on the Baltimore city's commission for LGBTQ people. It was an LGBTQ commission, and I had talked about the threat of violence that male perpetrators pose to women in prison. In the U.K., there is a great example of a male rapist who called himself a woman, he called himself Karen, and without undergoing any medical or social interventions, he was transferred from a male prison to a female prison where he then sexually assaulted two women. He has now been transferred back to a male prison.

But I brought this example up as something that could happen because it is happening in other countries. I—I brought it up because it could happen in Baltimore, and I didn't want that to happen in my city. And because I talked about that, I was accused of violence and I was removed from the commission, and a man who calls himself a lesbian is now in my place.

Mrs. LESKO. Okay. That took a second for me to process that in my head. Thank you.

You know, you had brought up a case about a man identifying as a woman going in a woman's prison, right, and then raping women?

Ms. BECK. Yes.

Mrs. LESKO. Are you familiar at all with—there is a case McGee v.—I don't know if I am saying it right—Poverello House case currently being litigated in the Ninth Circuit Court. In that case, nine

women have sued a Fresno homeless shelter accusing the nonprofit of allowing a transgender biological man claiming to be a woman to sexually harass them. And so I guess, you know, to me, it is—do you think it is a concern that there are people that might be gaming the laws and pretending, I guess, that they are a woman in order to attack women in, let's say, a domestic violence shelter designed for women?

Ms. BECK. Of course. And this is already happening. Like I talked about Karen Wood, the male rapist who took advantage of these allowances. We know that predatory men will do anything to gain access to victims. This is a legal disaster because predatory men are already taking advantage of gender-identity legislation in order to gain access to women and girls in vulnerable states of undress, women and girls who have survived sexual violence. And so, yes, this is going to be taking advantage of because it already is being taken advantage of by predatory men.

Mrs. LESKO. Thank you for that testimony.

I do want to share with the committee that I did talk to one of the big organizations in Arizona that I am involved with that helps domestic violence victims, and they have said there has been a number of instances where they have had to deal with it where men, I guess, are pretending or—that they are a woman. I don't know.

Mr. CICILLINE. Madam chair, I would ask for a point of personal privilege. I think the suggestion that transgender individuals are pretending they are of a different gender is deeply offensive. I would ask——

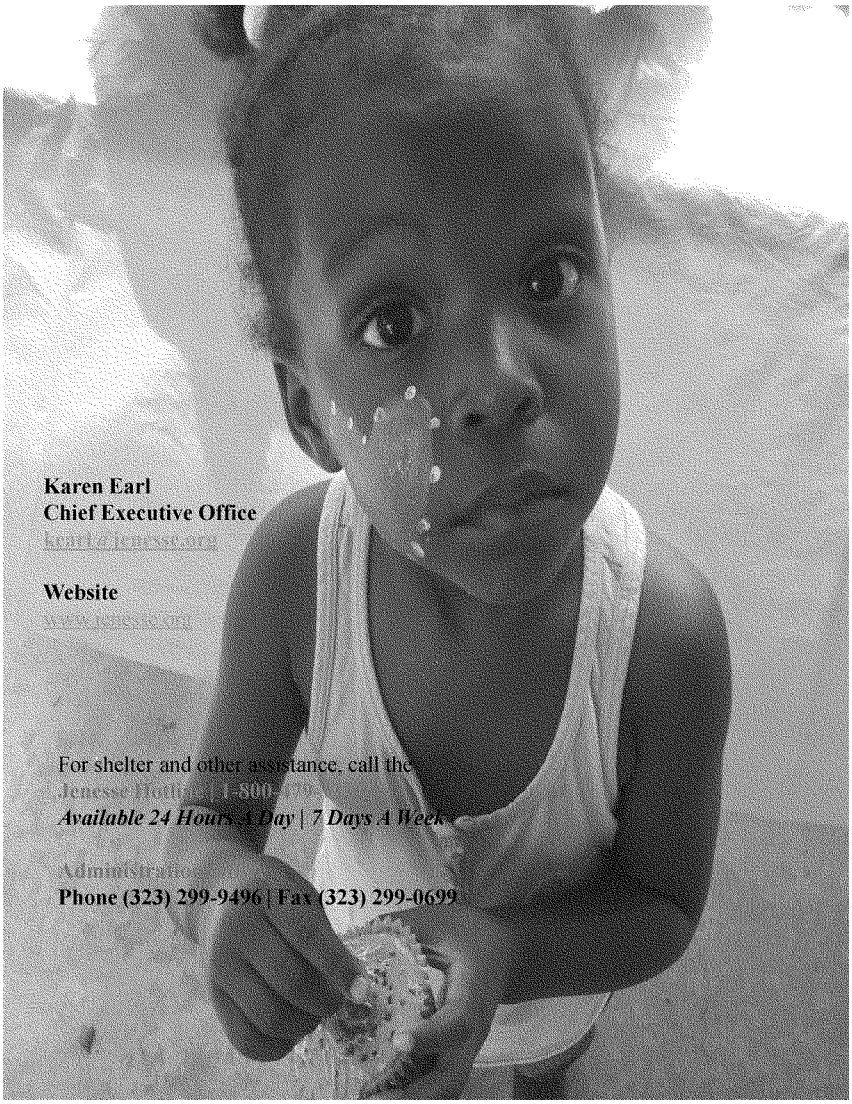
Mrs. LESKO. Thank you, sir. And maybe that is not the right word, but I talked to, sir, and committee, I actually talked to the people with the boots on the ground that have domestic violence shelters. And maybe that is not the right word, and I didn't intend it to be offensive, but people that—males who were identifying as a woman were actually trying to find the women in the domestic violence shelter. And so I am not saying that happens all of the time, but I know I talked to an Arizona organization where it has happened. And so—is my time up? Thank you.

Ms. BASS. Yes. Thank you, Representative Lesko.

Before I call on our next member, let me just ask unanimous consent to add to the record a statement and documents from the Jenesse Center of Domestic Violence Intervention and Prevention Program Executive Director Karen Earl. Unanimous consent? Without objection.

[The information follows:]

## CHAIR BASS FOR THE OFFICIAL RECORD


Karen Earl
Chief Executive Office
Website
For shelter and other assistance, call the
Available 24 Hours A Day | 7 Days A Week
Phone (323) 299-9496 | Fax (323) 299-0699

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Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# SIGNATURE PROGRAMS

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

*GIVE LIGHT AND PEOPLE WILL FIND THE WAY...*
*-- ELLA BAKER*

# SAVING OUR SISTERS

## A Snapshot of Jenesse Center's Culturally-Specific Programs

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

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Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# Saving Our Sisters

## Jenesse Center's Culturally Competent Service Model

*"I had lots of held in resentments and feelings that I shut down and never expressed. I feel good about getting it out. It's good for me to remember where I came from"*

*~ African American Domestic Violence Survivor at Jenesse Center*

Domestic violence ("DV") impacts one in every three women in the United States (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011). Both men and women can be victims of DV, though women make up 86% of reported victims (Black, et al., 2011). African American women experience DV at a rate that is disproportionately higher than their Anglo American counterparts (Bent-Goodley, 2001; Hampton et al., 2003; Nicolaidis, Timmons, Thomas, Waters, Wahab, Mejia & Mitchell, 2010). In fact, African Americans have a domestic violence homicide rate four times that of their Anglo counterparts (Hampton, Oliver & Magarian, 2003). Unfortunately, African American women often find themselves unable to access the very services that they need to survive, particularly when it comes to domestic violence intervention.

In her seminal work, Mapping the margins: Intersectionality, identity politics, and violence against women of color, Kimberle Crenshaw (1994) discuss how the ability to access intervention services is essential for DV victims to move from crisis to stability. However, she points out that traditional domestic violence advocates are often ill equipped to service African American women whose norms, values and experiences often differ from their own. Research shows that African American women who are victims of DV tend to shy away from seeking assistance from social service providers they have grown to distrust (Health Indicators for Women in Los Angeles County, pg. 4, 2017; Sokoloff & Dupont, 2005; Sullivan & Rumptz, 1994). Bradley, Schwartz and Kaslow (2005) state that traditional DV intervention programs tend to be frustrating for African American women because, as Crenshaw (1994) points out, these programs tend to be rooted in middle class Anglo American values. Bent-Goodley (2001) found that African American women often cite a lack of culturally competent services as a major barrier to them accessing assistance because traditional service models make them feel disempowered in their own intervention process. As a result, researchers suggest that domestic violence service providers should prioritize providing culturally sensitive programs and services if they are to become viable and effective options for African American women DV survivors (Bent-Goodley, 2001; Crenshaw, 1994).

At a time when violence against women—particularly against black women and other women of color—was treated with disregard, Jenesse's founders put the issue front and center in discussions about public health, social justice and health disparities. Thus Jenesse has more than 38 years experience in social change approaches and core content expertise. Jenesse works to foster communication, resource sharing and collaboration among key stakeholders; raise awareness, respond to community needs and educate the public about domestic violence; and advocate and inform governmental officials about issues pertaining to domestic and family violence.

The purpose of this report is to evaluate the way the staff at a nationally recognized domestic violence intervention program provides domestic violence intervention services to its African American female clientele. Cultural competent services includes providing shelter services, mental health services, legal services, vocational education, etc. in ways that reflect the needs and life experience of African American women. Failure to accomplish this goal will lead to African American women clients leaving the shelter before they have the tools to become self-sufficient and possibly putting their lives at risk by returning to their abusers. This failure affects the organization's overall goal of providing culturally competent services to its clients.

**Statement of the Problem and Background**

African American women experience DV at a rate that is disproportionately higher than their Anglo-American counterparts (Bent-Goodley, 2001; Hampton et al., 2003; Nicolaidis et al., 2010). However, research shows that African American women who are victims of DV tend to shy away from seeking assistance from social service providers they have grown to distrust (Health Indicators for Women in Los Angeles County, 2017; Sokoloff & Dupont, 2005; Sullivan & Rumptz, 1994).

Statistics show that it typically takes a woman seven attempts before she finally leaves her abuser, and, when she does leave, a strong shelter support system can be key to her ultimately not returning (Sokoloff, 2008). Bradley, Schwartz, and Kaslow (2005) stated that traditional DV intervention programs can be frustrating for African American women because, as Crenshaw (1994) pointed out, these programs tend to be rooted in middle-class Anglo-American values.

For the purpose of this study, culture is defined as the norms, values and practices that characterize members of a group and affects how these groups understand their world (Kasturirangan et al., 2004). Indeed, African Americans are linked by a shared history and by religious, gender and family mores that can be traced back to their African ancestors (Bell & Mattis, 2000). Since, as Sue (2001) pointed out, each cultural/racial group has its own "different interpretation of reality," service providers must determine whether their "standards for judging normality and abnormality" (pp. 795–796) are similar to how the population they serve judges what is normal.

While there is not a robust body of literature on the topic, researchers tend to agree that much of the tension between African American women and DV service providers stems from the economic and racial disparities that lead to these women needing more time and assistance getting back on their feet than most shelters can provide (Bradley et al., 2005; Crenshaw, 1994; Kasturirangan, Krishnan, & Riger, 2004). Thus, as these women struggle to conform to a system that cannot fit their needs, they become frustrated and begin to feel misunderstood and unwanted (Kasturirangan et al., 2004). As a result, researchers argued that African American women need to feel as if they can connect with their service providers, or they will not seek or accept intervention services (Bent-Goodley, 2001).

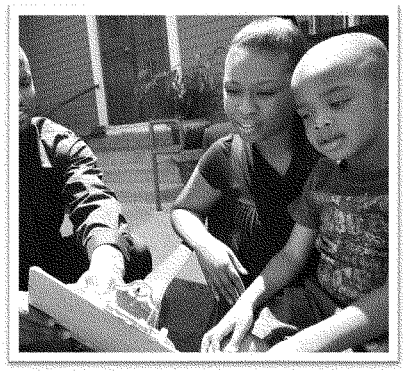
Black feminists have argued that traditional DV intervention models have failed to take in to account the unique cultural, historical, social and economic realities of African American women (Bradley et al., 2005; Crenshaw, 1994; Ruttenberg, 1994). discuss how DV poses a threat to African American communities and families, yet many women are reluctant to seek intervention services due to what they perceive is a lack of sensitivity about their cultural norms and an inability to understand their basic educational, economic and mental health needs Kasturirangan et al. (2004).

Bradley et al. (2005) expounded on this as they pointed out that 61% of direct DV service providers in the United States are Anglo-American women who often have only had surface contact with African American women and have a limited understanding of the societal oppression these women face. With very little personal experience to go on, these Anglo-American service providers unintentionally treat their African American female clients based on cultural stereotypes that portray them as violent in nature and more tolerant of violence. Glenn (2004) expounded on this idea that African American women have been so marginalized, so misunderstood, and so misrepresented by the dominant culture that it colors how they are treated in every aspect of society. Indeed, Anglo-American service providers often label these women's reality as abnormal or problematic, creating a dual barrier to services as shelters are sometimes reluctant to serve a population they fear (Glenn, 2004). A program advocate who worked with DV intervention programs explained it like this:

We know that a lot of DV shelters have these unwritten rules. They won't take women who don't have this or that. They won't take women who don't have an education or cannot work, and, you know, that leaves out some women. So, while the literature does show that African American women tend to need more resources than their Anglo-American counterparts, researchers also argue that it is the treatment of these needs as a burden rather than an outgrowth of hundreds of years of abuse, neglect and poverty that unfairly colors the way they receive services.

However, if traditional service providers lack the knowledge and skills to create relevant programming for African American women, then the question becomes, how do we rectify this situation? To answer that question, this study analyzed an organization that provides culturally competent services targeted towards African American female victims of DV and evaluated its service delivery model. In doing so, knowledge and skills that contribute to or interfere with their service delivery and the motivational factors that influence their work were examined along with the cultural framework in which DV service providers operate and the organizational influences that affect their ability to render care.

## Culturally Competent Services



As Johnson (1998) noted, "This minimization of Black women's concerns is manifested in social, legal, and cultural norms, as well as by the lack of response of societal institutions that are supposed to address all women's expectations of safety and redress" (p. 484). While African Americans have adapted their looks, attitudes and social interactions to align with those of the dominant society, they still retain their own distinct culture. Therefore, African American women experience violence in ways that render color blind, one-size-fits-all services ineffective.

One argument for the slowness of DV intervention organizations to understand the needs of African American women has been a tendency to downplay abuse when they seek assistance, partially due to many of the competing problems they face (Hampton & Yung, 1996; West, 1999). West (1999) referenced Monica Williams, a director of a sexual assault crisis center founded specifically to work with African American women, in an account of an African American victim of DV and sexual assault who complained about the priorities of her service provider: It seemed that all she was concerned about was the fact that I got raped. Hell! I know that was important, but that bastard got my last 25 dollars. That was all the money I had, till payday (p. 78).

As another DV counselor asserted, "We have African American women who are in pain, who cannot process this pain because for so long they have been told by the world to 'get over it.'" Still, the literature stressed that many of these women have tried to acknowledge the violence they experienced at the hands of their partner only to find their experiences ignored, devalued or justified (Williams-Campbell, Campbell, King, Parker, & Ryan, 1994). West (1999) made the case for safe spaces that will decrease negative experiences when attempting to access traditional DV services. She also discussed how some of these prejudices against African American women are subconscious and that many Anglo-American service providers refuse to entertain the notion that racial bias influences their interactions.

Glenn (2004) discussed how racial bias and gender discrimination shape one's experience in the United States. As Glenn pointed out, historically, racial issues in the United States have been seen through the lens African American men, while gender issues have been discussed in relation to Anglo-American women, making African American women and their struggles all but invisible. As women of color began to look at their own experiences in the 1980s, the idea of intersectionality, of how race and gender work simultaneously to create barriers for women of color seeking to escape the various forms of their oppression, became part of the discourse (Glenn, 2004). Collins (2000) defined intersectionality as "analysis claiming that systems of race, social class, gender, sexuality, ethnicity, nation, and age form mutually constructing features of social organization, which shape Black women's experiences and, in turn, are shaped by Black women" (p. 299). Out of these conversations has come the acknowledgement that, when the trauma of African American women is addressed, it is in terms of pathology and not of personhood. When discussing a recent meeting, the executive director of a DV intervention program expressed her frustration at the way the needs of African American women were addressed.

The new ED at one of our sister organization, a White woman, got up and began talking about how domestic violence programs cannot help Black women because they need too many resources. She then pointed to this wall in the back where they used a 59-year-old Black woman with a history of trauma as an example and walked us through all the places she would have to go to begin to address her issues, and every woman in the room, who were all White with the exception of two of us, began to nod their heads. Angry, I raised my hand and said that if she came to my shelter she would receive all these services in one place. The ED and some of the other women in the room quickly acknowledged this, but it was obvious that they were just embarrassed. I had called them out, but it didn't change how they thought. That's all Black women are to most of these people. Black women are pathologies and White women are the cure.

This attitude reflects what Bent-Goodley (2001) referred to as a knowledge gap related to the experience of African American women with those who often are tasked with helping them deal with trauma. Maton et al. (2006) stated that it is natural that service providers' own value and culture would impact their work and how they relate to the individuals they serve. The danger comes when service providers refuse to acknowledge any difference between themselves and their clients in favor of focusing on their sameness and, thus, unintentionally doing their clients a disservice. While it is important that service providers respect clients in a way that acknowledges their shared humanity, it is disingenuous to act as if historical and cultural factors play no role in shaping a person's identity (Maton et al., 2006). For Maton et al. (2006), understanding how people define themselves in the context of their own community is how cultural competency begins. Consequently, it makes sense that, as Waters and Asbill (2013) argued, cultural competency should be looked at "as a process rather than an end product" (p. 1) and that cultural competency must go beyond factual knowledge to include one's ongoing attitudes towards both one's clients and one's self.

Many traditional service providers may feel that the services they offer their African American clients are fair; however, their status as a privileged group creates a level of distrust that they must overcome (Steele, Spencer, & Aronson, 2002). In fact, studies have shown that even upper- or middle-class African American women find it hard to connect with their poorer sisters, as they are shielded by their wealth from some of the violence and indignities their counterparts face and cannot relate to the economic and social struggles that keep them with their abusive mate (Sokoloff, 2008).

**Ain't I A Woman?**

Higginbotham (1992) discussed how African American women often face unique challenges with the idea of *womanhood* due to their race. African American women are victims of routinized physical and verbal forms of violence across an array of societal institutions (Collins, 1998). Historians and researchers have found that, since slavery, African American women of all ages and socioeconomic backgrounds have been dehumanized, historically been blamed for their own victimization and have had very few outlets to seek help when in need (Bent-Goodley, 2001; Higginbotham, 1992; West, 1995).

Researchers state that, in the confines of patriarchy and White supremacy, an assertive African American woman is seen as a threat to the status quo (Collins, 1986). Thus, one of the most prevalent stereotypes is that they invite violence with their aggressive nature and sexual allure. In fact, African American women have long been stereotyped as the loud, sassy woman who disrespects her men and has no real regard for her own self-image (Gillum, 2008). Ironically, while these women are seen as strong matriarchs, they are simultaneously viewed as lazy and worthless, the quintessential welfare queens.

When they are not cast as the hardened matriarch or mammy, African American women find themselves being labeled as Jezebel whores (Higginbotham, 1992; West, 1999). One of the reasons that the image of the sexual temptress has taken root in the American psyche is that, since slavery, the image of African American women has been "intertwined with (racial) gender assumptions" and "cultural imagery that equates Black with dirtiness," (West, 1999, p. 70). In the 21st century, the depiction of African American women in the global mass media continues to show them as sexually reckless and wild. In fact, African American artists and producers have now embraced these images and continue to push them, creating a new depiction of that once again turns these women's bodies into commodities to be consumed by the highest bidder (Collins, 2000, p. 128).

Some African American women have also begun to normalize this image, as they play vulgar caricatures of themselves on reality television as angry, sexually promiscuous and motivated by money and fame—the ultimate ghetto bitch. Conversely, the African American woman's attempt to remake herself not as *hood rats* but as ladies in the mass media has failed. While the Black Lady depicted on screen "uses standard English, dresses impeccably, and always had a dignified demur," her power is dangerous (Collins, 2002, p. 141). *Scandal's* Olivia Pope and *How to Get Away With Murder's* Annalise Keaton may be strong, beautiful and educated women, but they are destroyers who use their mask of respectability to get what they want no matter the costs. They are the *educated bitch* who emasculates her man, and, underneath the perfect hair and dress, are portrayed as the Savage Black Woman in disguise (Collins, 2002, p. 141).

These portrayals have affected how others view African American women and how they view themselves (Higginbotham, 1992; West, 1995). West (1999) discussed how the continued and accepted marginalization of African American women and their experiences ensured that the brutality against them is often normalized and expected. For these women, the need to swallow their own pain and fear and keep moving forward has historically been a part of their self-identity (Bent-Goodley, 2001). In fact, one of the most harmful stereotypes that has created barriers to seeking and receiving services is the *Strong Black Woman* trope whose obligation is to make her relationships work at all costs (West, 1999).

## Challenges Specifically Facing African American Women

### Fear of Law Enforcement

While rape survivors and victims of DV have always viewed law enforcement with distrust, African American women have a deeper distrust of law enforcement that is very much rooted in their experiences with institutional racism and their own cultural norms (Bent-Goodley, 2001; Coker, 2004; Kasturirangan et al., 2004; West, 1999). Ruttenberg (1994) explored this further and pointed out that mandatory arrest laws in 48 states and the District of Columbia requiring warrantless arrests when there is probable cause in a DV case actually made African American women more fearful of calling the police and, thus, putting their mate in jeopardy of arrest (Ruttenberg, 1994). As much as African American women suffer in their silence, the fear of what will happen if they break that silence can be overwhelming (Collins, 1998). These women tend to prioritize family above all, as their family is their sanctuary from a hostile outside world (Bent-Goodley, 2001; Coker, 2004; Ruttenberg, 1994). As a result, any violence in the home is a taboo subject, as intercultural norms against sharing family business pressures women to stay silent about their abuse (Collins, 1998). Furthermore, these women often depend on their partner to financially support their family. According to the Bureau of Labor Statistics (2016), in the first quarter of 2016, the average weekly income for African American women was $650, as opposed to $778 made by Anglo women. Thus, losing their mate may not only potentially destroy their family unit, but it may create financial hardship (Ruttenberg, 1994; Sokoloff, 2008).

African American women also fear for their own freedom when they call the police (Bent-Goodley, 2001; Coker, 2004; Richie, 2012; Ruttenberg, 1994), as they are devalued in American society and therefore the laws and public policies that tend to protect Anglo women offer no refuge for them. Richie (2012) pointed out that African American women are often blamed and criminalized for the abuse they suffer. Research shows these women suffer disparate arrest and incarceration rates when compared to other races due to DV (Coker, 2004; Sullivan & Rumptz, 1994). Mandatory dual arrest laws in some states require police to arrest the woman if police determine that she was the primary physical aggressor in the attack (Ruttenberg, 1994). In fact, more than 50% of African American women currently imprisoned have been subjected to DV or sexual abuse and were arrested even though they acted in self-defense (Bent-Goodley, 2001; Coker, 2004).

### Distrust of Social Services

African American women have historically struggled with the idea of seeking assistance from social service agencies, and a distrust of the system as a whole colors how they access DV intervention services (Bent-Goodley, 2001; Sullivan & Rumptz, 1994). Social service agencies have historically been intrusive, monitoring whom women can live with, how much they can make to qualify for services, mandating classes, and mandatory drug testing (Bent-Goodley, 2001).

With new laws surrounding DV intervention stating that children are equal victims of DV, any home where DV takes place is, by law, an unfit place (Coker, 2004). As a result, there is a fear that involving social services will lead to the removal of their children from their care since African American women have a higher rate of children being removed from the home due to DV than their White counterparts (Coker, 2004). Thus, they fear the implications of reporting abuse and seeking services. This fear makes them leery of reaching out to law enforcement or social service organizations for help because they believe these institutions are not sympathetic to their needs or, worse, will break up their families.

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

## Challenges Specifically Facing African American Women

**Post-Traumatic Stress Syndrome**

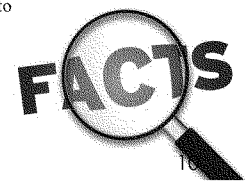
Research shows that the stress African American women who are victims of DV face leads to trouble functioning in important social spaces such as school, home and work (Thompson, et al., 2000). In fact, they often suffer from PTSD as a result of experiencing a lifetime of racism and sexism that is exacerbated by DV. In addition, research shows that healthcare providers often let their racial biases cloud how their diagnosis and treatment, leading to misdiagnoses of personality disorders when the real issue is PTSD (Ammons, 1995). This is important to understand because data reveal a correlation between suicide rates and African American women who are victims of DV, as approximately 5% of African American women who attempted suicide in 1997 reported being victims of DV (Fischbach & Herbert, 1997). Consequently, these women are re-victimized by cultural and social stereotypes that affect both how others respond to their trauma and how they process their abuse as well.

## Challenges Specifically Facing African American Nationally

- For single Black mothers spent70.9% of their median income on fair market rent. (58)
- Black women, who are found to be disproportionately evicted from their living spaces compared to other demographics. (62)
- Black women take on more debt than any other group, and 57% of Black women repaying loans have stated that they are unable to pay other essential expenses within the past year. (84)
- Black women have the second highest rate of heart disease and high blood pressure (6.1% and 43.1%) of all racial/ethnic groups. (107)
- Nationally, Black women earn on average $13 per hour, while Asian women earn $18 an hour and White women earn $17.

## Challenges Specifically Facing African American in California

- In state facilities, Black women make up 32% of incarcerated women, while White women make up 34% of the population (2013). (21)
- Because of the high cost and percentage of income spent on child care, especially in California, many Black women either have to rely on informal arrangements or work part time.
- In California, Black women make an average of $44,631 a year (around $23 an hour), which is the median among racial/ethnic groups.(49) Additionally, Black women are paid 63 cents for every dollar made by a White male for doing the same job, which results in them spending an additional seven months or more to earn what a White male makes in a year. (50)
- Although many Black women in California have a high school or higher education, Black women in California have the highest unemployment rate of all racial/ ethnic groups (17%). (52) This rate is substantially higher than the average unemployment rate for women in California (11%). (53)
- The life expectancy for Black women in California is 78.3 years of age, over 5years less than the average Californian woman.



Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# Jenesse Center 2017 Client Snapshots

Jenesse Center, Inc. is more than just a shelter for survivors of domestic violence. We are a family institute with training & educational programs, services and outreach efforts that rebuild lives, reunite families and enrich our community. Jenesse removes barriers to peace for families.

Founded in 1980, Jenesse is one of the first organizations in the United States founded by African American women for the purpose of crisis intervention for families impacted by domestic violence. Our numerical and anecdotal data proves that in many cases if it were not for Jenesse, thousands of families would not have access to violence free lives. Our thirty-three years of work in this field has guided our strategic move for expanding beyond shelter related services to prevention and pre-prevention. The focus on outreach and education is designed to ensure that children learn other conflict resolution strategies so we can end the need for shelter and provide a different future for them. Jenesse has housed more than 15,000 victims and survivors of its emergency shelters and transitional housing facilities. Through the Jenesse Domestic Violence Legal Clinic and outreach and educational programs, Jenesse has educated more than 100,000 women, children, young adults and men. Through media outreach, including its website, Jenesse has reached more than eight million people locally, domestically and globally.

## Planned Approach

The Jenesse Center is a DV intervention program in the United States. Since its inception, staff members have prided themselves on providing culturally competent services to women who often do not thrive in traditional shelter programs. To this end, they have expanded their services to include men and the growing Latina population currently living in their traditional service areas. Sixty percent of the client base is African American, while 35% are Hispanic, and 5% are other.

Ninety-eight of The Jenesse Center's clients are women, and 2% are men. Many of the clients nurture several children, 2.5 on the average. The Jenesse Center provides a continuum of services 24 hours a day all year long. The organization operates emergency shelter and transitional housing shelter facilities. The innovative program offers individualized case management and mental health services; as well as expansive Vocational and Legal Departments. In addition to its intervention services, The Jenesse Center works to end the cycle of DV through youth programming, education, public awareness and outreach initiatives, public policy, and advocacy strategies and collaborations with key partners. It is important to note that, while The Community Haven provides culturally competent services to all clients, this study addressed the African American female population. Table 1 below illustrates the stories of two African American clients.

# OUR SERVICES

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

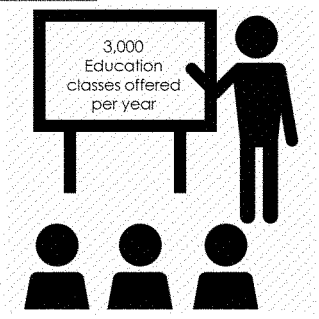
**According to the city,**
*"Jenesse Center is one of the largest providers of housing to displaced families in Los Angeles County"*

**1 IN 3 WOMEN Will EXPERIENCE DV IN HER LIFETIME**

DV affects over 12 million Americans every year, disproportionately affecting young, low-income women of color.

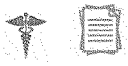
Supportive Housing Model

ONE Emergency Shelter
ONE Education Center
TWO Transitional Apartment Facilities
TWO In-House Legal Clinics



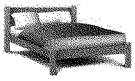

Approximately

800 hours of health and wellness services offered each year .



Clients receive approximately 125,000 hours of case management

Over 6,000 hours of Mental Health serviced offered annually



25 beds in the Emergency Shelter

74 beds in Transitional Apartment Facilities

1,500 hours of Legal Services provided annually

More than 80 clients serviced annually through our drop-in services .

# OUR CLIENTS

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

**2 years**
Average stay for a client

**1,500**
Approximate numbers of clients served annually

**85%** of our clients are on some type of public assistance

**24**
Average age of a mother

**$7,000**
average income for clients

**5%** of our clients have reached a level of education higher than high school

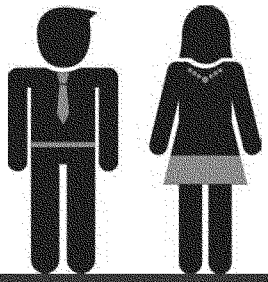
**65%**
Of clients are African Americans

**30%**
Of clients are Hispanic/Latino (a)

**5%**
Other

**2.5**
Average number of children per parent

**100%** of clients need legal, vocational and mental health assistance.



Majority of clients come from SPA 6, one of the most impoverished areas in the nation.

- **35% are women**
- **2% are men**
- *99.5 percent come with their children*
- **63% are children**

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# When the Phone Rings

*In 2017, Jenesse Center Inc. received* ***1,615*** *hotline calls.*

*Table 1*

*African American Women Find Peace at The Jenesse Center*

| | |
|---|---|
| Client 1 | When I found The Jenesse Center, I had not slept in days, he threatened my children for the final time. I watched my children sleep and vowed that I would not put them through this again. |
| Client 2 | I arrived at The Jenesse Center's Emergency Shelter ...all my medical needs were attended to and I was able to obtain a restraining order immediately. I attended classes on domestic violence and anger management while in The Emergency Shelter. With no income and ineligible for cash benefits because of a prior open case with CALWORKS, The Jenesse Center considered me a special needs" case and allowed me to enter into the transitional program. |

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# Who's calling?

Who's Calling?

| PARTICIPANT | NUMBER OF CALLS |
|---|---|
| Survivor | 1,531 |
| Law Enforcement Referrals | 36 |
| Hospital Referrals | 53 |
| Calling for a friend/family member | 82 |
| Other DV Service Provider | 274 |

*In 2017, Jenesse Center Inc. served a total*

*Of **1,549** clients.*

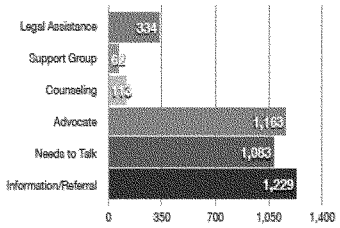
Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

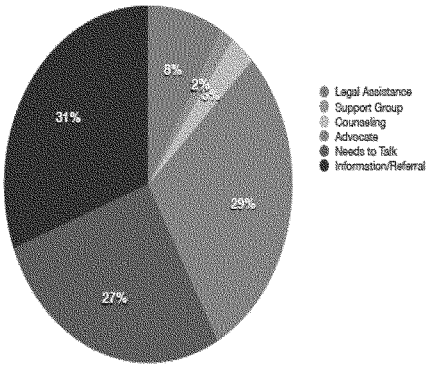
# When the Phone Rings

*In 2017, survivors called our hotline requesting multiple services as listed below:*

What is the need?

| CALLER NEEDS | # OF CALLERS |
|---|---|
| Legal Assistance | 334 |
| Support Group | 62 |
| Counseling | 113 |
| Advocate | 1163 |
| Needs to Talk | 1083 |
| Information/Referral | 1229 |



Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

## *Veronica's Story**

*In the stories listed below, you will see how Jenesse serves clients who are hard to serve.*

*The email from the Mayor's Office came to Jenesse Center's CEO, Karen Earl in the middle of a hectic workday. The Mayor's Office was working with the LAPD and the Los Angeles Homeless Services Authority (LAHSA) trying to find services for a young woman who was living in a debris filled alley in South Los Angeles.*

Jenesse was the first agency contacted to serve the client. Ms. Earl contacted Program Manager, Alice Brown who called the survivor at the police station and attempted to get information from her to see if we could assist her. Unfortunately, she was so intoxicated we could not continue the conversation because she kept falling asleep. After the police officer woke her up, Ms. Brown gave up on trying to complete a hotline and asked her if she wanted to enter our program. Her response was, "Yes…please! I need help. I'm tired of getting my ass beat."

Less than 2 hours later, Veronica, a 31 year old African American female, arrived at Jenesse Center's emergency shelter. She came to us with all that she owned; the clothes on her back and a bag filled with 2 bottles of alcohol, a crack pipe, a marijuana ball, a Taser, a knife and 6 cell phones.
Due to her intoxication, we were unable to complete a hotline or intake. Over the course of the next few days, Veronica slept. She would wake up for a few hours and Ms. Brown would speak with her briefly. Program Advocates monitored her to ensure that she was still breathing and encouraged her to shower and eat in hopes that she would regain her strength. When she was finally able to tell her story, she informed us that this was the first time she had been able to sleep peacefully in 13 years.
Veronica was sexually assaulted as a teenager. She is the mother of 3 children who were removed from her custody and given to her mother in Northern California. Her mother was recently diagnosed with cancer and was unable to care for the children. Veronica thinks her children are now living with her sister somewhere in Los Angeles.

Veronica's abuser had beaten her throughout their relationship. She has visible scars from the time he stabbed her in the arm. He burned the house down they lived in. Veronica began human trafficking in 2015, when she met another abuser. At one time, she worked for two different pimps at the same time. She experienced constant beatings and turned to alcohol and drugs to numb the pain. She suffers from chronic neck pain.

After 3 days in the shelter, Veronica started coming down from her high and she began to experience withdrawals. She would cry for hours and constantly asked if she could step outside to have a drink. We suggested Veronica enter a substance abuser program. She acknowledged that she really needed the help but refused to address her addiction.

On day 4, Veronica stated that she just couldn't do it…that she wasn't ready. We gave her bags of food, bus tokens and, most importantly, our business card listing the number for our 24/7 hotline. Jenesse Center was willing to work with Veronica to address her trauma, but after 37 years of working with survivors, we understand if they don't want the help, they will not have a successful recovery. We told Veronica that we would welcome her into our program when she was ready.

***Impact to agency:** Veronica received around the clock services from Jenesse Center's Family Services team. From almost hourly monitoring, Case Management Counseling, Shelter, Food, Clothes and Protection from violence. We were unable to complete any paperwork on her so her stay in our program will be covered by our general funds.*

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

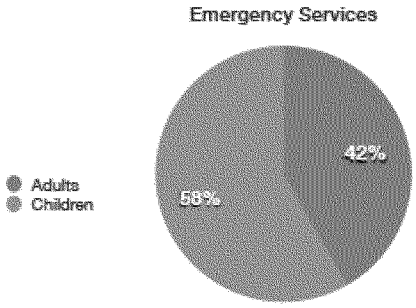
# Who's calling?

***Children*** *represent*

*over* ***50%***

*of clients receiving*

***EMERGENCY SERVICES.***

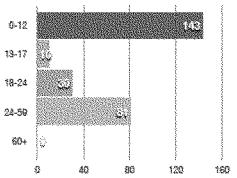


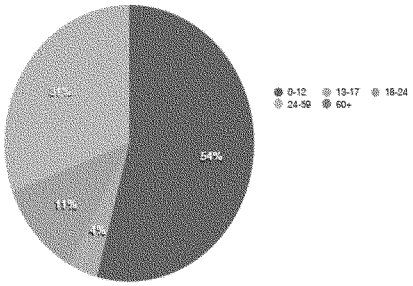

*Most children are*

***Under 12 years old.***

Who's Calling?

| AGE | # OF CLIENTS |
|---|---|
| 0-12 | 143 |
| 13-17 | 10 |
| 18-24 | 30 |
| 24-59 | 81 |
| 60+ | 0 |



Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# Who's calling?

## *Female Adults*

***67%*** *of all callers are female, making up a majority of adult clients served.*

### Emergency

| Female Adult | 109 |
|---|---|
| Male Adult | 1 |
| Female Child | 69 |
| Male Child | 85 |

### Drop-In

| Female Adult | 140 |
|---|---|
| Male Adult | 3 |
| Female Child | 35 |
| Male Child | 26 |

### Transitional

| Female Adult | 33 |
|---|---|
| Male Adult | 0 |
| Female Child | 26 |
| Male Child | 30 |

### Inglewood DV Clinic

| Female | 756 |
|---|---|
| Male | 236 |

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

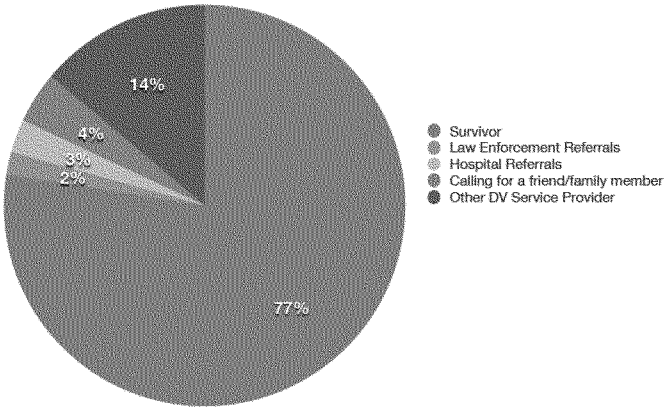
# Who's calling?

***Female Adults***

***77%*** *of all calls to the hotline are from the survivor*

Who's Calling?

| PARTICIPANT | NUMBER OF CALLS |
|---|---|
| Survivor | 1,531 |
| Law Enforcement Referrals | 36 |
| Hospital Referrals | 53 |
| Calling for a friend/family member | 82 |
| Other DV Service Provider | 274 |

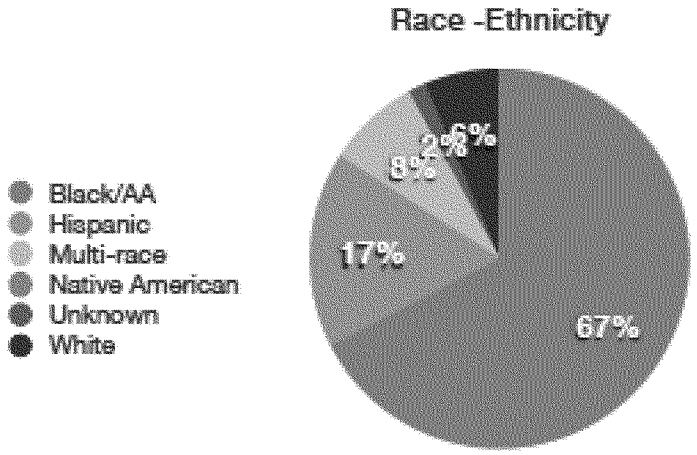


Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# Who's calling?

## *African Americans*

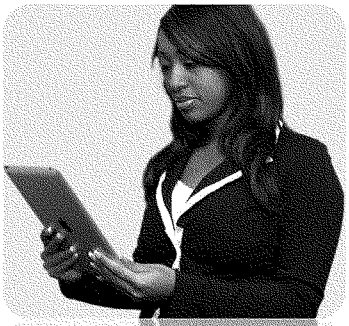
*Are 3X more likely to call Jenesse Center for services.*



Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# What are the patterns?

| Reported Conditions-Adults | |
|---|---|
| Anxiety Disorders | 39% |
| Mood Disorders | 33% |
| Suicidal Ideations | 4% |
| Psychotic Disorders | 1% |
| Substance Abuse Disorders | 22% |



| Mental Health Services | | | | | |
|---|---|---|---|---|---|
| 2017 Demographic Snapshot | | | | | |
| | | Number of Adults | Group Counseling Hours | Individual Counseling Hours | Family Counseling Hours |
| | Emergency | 89 | 1566 | 547 | 38 |
| | Transitional | 25 | 1188 | 426 | 627 |
| | Drop-In | 95 | 1566 | 547 | 38 |

*Many of our clients report having been a victim to prior abuse in their life time...*

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# What are the patterns?

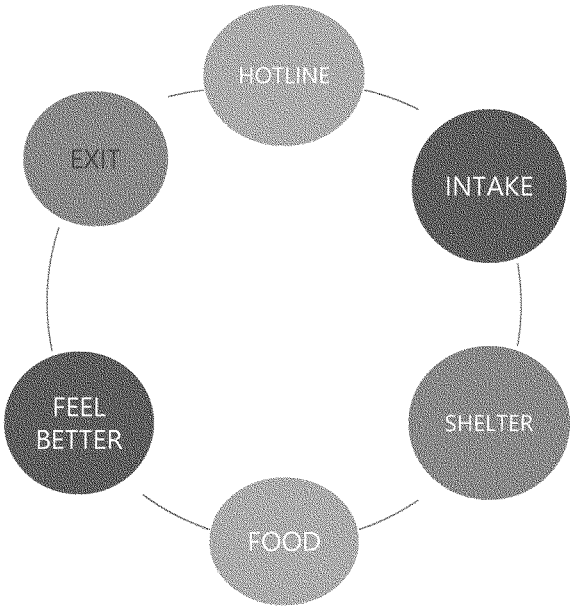
2017 Client Snapshot
Residential and Drop-In Services

| PRIOR ABUSE HISTORY | Adult Physical Assault | Adult Sexual Assault | Bullying | Sexually Assaulted as a child | Human Trafficking-Sex Work | Kidnapping | Stalking/ Harrassment | Teen Dating Violence | |
|---|---|---|---|---|---|---|---|---|---|
| January | 15 | 7 | 8 | 4 | 4 | 3 | 9 | 0 | 50 |
| February | 14 | 7 | 2 | 4 | 2 | 0 | 5 | 1 | 35 |
| March | 13 | 7 | 7 | 5 | 1 | 1 | 9 | 1 | 44 |
| April | 15 | 6 | 7 | 2 | 4 | 0 | 8 | 1 | 43 |
| May | 9 | 1 | 3 | 0 | 1 | 0 | 4 | 0 | 18 |
| June | 21 | 10 | 12 | 6 | 3 | 3 | 10 | 1 | 66 |
| July | 19 | 13 | 10 | 7 | 8 | 2 | 13 | 1 | 73 |
| August | 24 | 8 | 8 | 5 | 12 | 1 | 12 | 1 | 71 |
| September | 20 | 7 | 9 | 8 | 5 | 0 | 14 | 2 | 65 |
| October | 19 | 11 | 12 | 7 | 2 | 1 | 14 | 1 | 67 |
| November | 24 | 6 | 10 | 6 | 4 | 3 | 13 | 0 | 66 |
| December | 19 | 2 | 7 | 2 | 3 | 4 | 7 | 1 | 45 |
| | | | | | | | | | |
| TOTAL | 212 | 85 | 95 | 56 | 49 | 18 | 118 | 10 | 643 |

Jenesse Center, Inc.
DOMESTIC VIOLENCE INTERVENTION & PREVENTION PROGRAM

# How do we help?

Our clients are provided culturally sensitive trauma related mental health services, emphasizing what has happened to them individually as opposed to what may be wrong with them. Our mental health team is aware of the demand for a crisis oriented focus , necessitated by domestic violence victims and their immediate safety, housing, economic and legal needs. Recognizing the urgency for convergence of these pivotal necessities, these services are immediately available to our clients.



Ms. BASS [presiding]. Representative Jackson Lee.

Ms. JACKSON LEE. Thank you.

Let me thank the gentlelady from California and all of my colleagues for what is a commitment to saving lives and recognizing how long we have been suffering and how far we have come.

Judge, you mentioned that we are all human beings, and I think that is a very important statement, because I think it reflects upon some of the discussion that we have had about gender identity. And I associate myself with the remarks of Mr. Nadler, that it is impossible to leave out victims, whoever they are. But my question to you is specific. I want to focus on the human beings, and I am trying to ask a lot of questions, so I appreciate just an abbreviated answer.

But in your position, what has and what will the additional funding and outreach language help you, as it relates to domestic violence, as it relates to you dealing with law enforcement and those who come before you? How will that STOP grant, for example, that I am sure you are familiar with, how will that help you doing your work?

Ms. GONZALEZ. The STOP grant makes it possible for us to coordinate as stakeholders, to educate law enforcement, prosecutors, judges, on the dynamics of this insidious social norm that is sometimes accepted but needs to be erased. It is crucial to us seeing the dynamics of this problem. But may I just make one comment on the human being, please?

In 24 years of being on the bench, I have seen suffering, suffering from young men and women, particularly adolescents, who are struggling with who they are as human beings. I have never seen a young man put himself through the grief that it would be to identify as a woman to get to another young woman to rape her. That has just never been the experience. What I have seen is those individuals being tossed out on the street and becoming victims of trafficking because they have no place to go.

Ms. JACKSON LEE. And that is what we saw, and we will see that in the work that we have done. I thank you for that.

Let me also acknowledge the National Task Force to end Sexual and Domestic Violence for the work that they have done over the years.

Professor Deer, let me quickly get to you, because we were passionate about empowering the Indian community. And so would you just reinforce the importance of having the ability of extending jurisdiction to help Tribes have jurisdiction over non-native offenders? Just how important is that?

Ms. DEER. Well, the vast majority of perpetrators, according to the Department of Justice, who commit crimes against native people are non-Indians. So if that happens on a reservation, unless it is domestic violence, because that was addressed in 2013, the Tribe can do absolutely nothing. They can't arrest. They can't investigate. They cannot prosecute. So you have children, native children who are victimized by their non-native fathers who cannot be held accountable criminally at the Tribal level. We also can't prosecute non-Indians who commit acts of violence against their Tribal police officers. So Tribal police officers are responding to a very high

lethality call, right, and if they are in any way battered or injured by a non-Indian, the Tribe again has no control over any of it.

Ms. JACKSON LEE. So any extension helps save lives——

Ms. DEER. Absolutely.

Ms. JACKSON LEE [continuing]. And gives dignity to those who have been assaulted.

Ms. DEER. Yes. If I can just quote the former Secretary of Indian Affairs, Kevin K. Washburn. He said a community that cannot create its own definition of right and wrong cannot be said in any meaningful sense to have achieved true self-determination.

Ms. JACKSON LEE. Thank you.

Ms. DEER. This is vital. Thank you.

Ms. JACKSON LEE. Ms. Valente, may I raise a question with you? And as I do that, I want to offer my thoughts to those who I knew in my district, the victims of domestic violence, like Brittany Smith who was 23 years old and was gunned down last year in Houston by her boyfriend and San Diego-based Marine, nor can we forget Charlene Caldwell, a mother and grandmother beaten to death last year by a baseball bat at the hands of her boyfriend in Houston.

Dealing with this over the years, let me again focus on the importance of a storage scheme as relates to guns. And would you reiterate again the weapon of choice as relates to domestic violence, who then impacts not only the two adults but children as well. Since we have had incidences where the domestic abuser has come and killed, in many instances, the mother and the children, and the importance of legislation that expands that and expands grant funding like STOP and other expanded outreach dollars to reach individuals, if you would.

Ms. VALENTE. Thank you. We have many good models to deal with this and to improve this in communities, and they often involve coordination between the Federal government and local governments, because each has a strength to bring to the work that is done. This version of VAWA, we hope, will include that language that both creates, just like Project Safe Neighborhoods, that linkage between the Federal and the local so that all those strengths are brought together, as well as the funding that can come through the STOP program. That will give communities the ability to build the protocols and the resources and the staffing.

Ms. JACKSON LEE. I thank the gentlelady. Thank you very much.

Ms. BASS. Thank you.

Representative Cline.

Mr. CLINE. Thank you, Madam chair.

I want to thank our witnesses for being here today. I want to associate myself with the comments of the gentlelady from Texas. This is about the victims, and we should be focused on them and on their well-being.

I served as a prosecutor for nearly a decade focusing on domestic violence cases, working in juvenile and domestic relations courts, and, Judge, you have my admiration. That is, in my mind, the most challenging judicial position across the entire bench, so thank you for your service.

I also, through my work on the board of a local domestic violence shelter, Project Horizon in Virginia, got to see up close a lot of the challenges that are being faced in our shelters. And Mrs. Lesko

asked some very pointed questions that go right to the heart of the challenges facing a lot of our shelters right now. But I want to ask the judge a couple of questions.

Having prosecuted in JDR courts and you being on the bench in JDR courts, certain tools that are at your disposal that can be used to address situations involving domestic violence are critical and to ensuring that justice is ultimately served. The use of bench warrants, that is a critical tool for you, correct?

Ms. GONZALEZ. Correct.

Mr. CLINE. Okay. So we would want to ensure that that remains a tool for you and for prosecutors through any VAWA-funded programs to continue to be a tool for you to use, correct?

Ms. GONZALEZ. I am confused as to why it wouldn't be a tool, because whether I have the authority to issue a warrant is inherent in the court.

Mr. CLINE. Correct. But if—but prosecutors should also be able to maintain that option to seek a bench warrant if they are funded by VAWA programs, correct?

Ms. GONZALEZ. I am sorry. Congressman, I am not really sure what provisions you are talking about. I have never seen a situation in which a prosecutor would not be authorized to ask me for a search warrant——

Mr. CLINE. Okay.

Ms. GONZALEZ [continuing]. Or an arrest warrant, but it still has to go through me where I find the probable cause to issue that warrant.

Mr. CLINE. Sure. I will ask you also about housing programs.

Ms. GONZALEZ. Okay.

Mr. CLINE. A lot of times, you have situations where people are in public housing programs or victims who need access to housing. Some of the proposals would give victims of domestic violence priority in line for transfer out of or to a different form of public housing. Do you think that that is an appropriate provision to include, to put them ahead of other victims that you might encounter?

Ms. GONZALEZ. The difference here is that the choice for the victim of domestic violence or sexual—in this case domestic violence, is to go home and get murdered or to find other housing, and sometimes that decision is a critical one. And so for this particular dynamic where you have a family, a protector of children needing safe space, yeah, I think that is crucial. I think—as I indicated in my testimony, the issue of trying to find housing is important. I tell women all the time. I am sorry, there is a no contact. You can't see him from last night. And she says to me, Judge, how am I going to pay the rent? How am I going to go to work? I know you know what happened last night, but I need to work, and I need to go home. I don't have any place else to go, and I could lose my children if I am homeless.

So housing is a critical piece that has to be put in place to address those human needs. Otherwise, she is going to go back and not do what I tell her to do.

Mr. CLINE. In Wisconsin, do you have models of alternative justice or restorative justice that are in place?

Ms. GONZALEZ. Absolutely. Absolutely.

Mr. CLINE. Okay.

Ms. GONZALEZ. I work with the Criminal Justice Management Council in my own community, and my State is very trauma-informed and trauma-advised, and we look for alternatives in every way we can.

Mr. CLINE. Do you require voluntary participation from both offender and victim before you refer a case to a situation like that, some type of mediation program?

Ms. GONZALEZ. It is very, very important that the victim have a voice in those decisions, yes, sir.

Mr. CLINE. Okay. A voice, but not ultimately a veto?

Ms. GONZALEZ. They can't have necessarily a veto in those situations because every case is different, and so the facts of that particular—it is like, you know, we want to take a photograph of these people's lives and say, okay, this is what happened, but their lives is a movie, and so we prefer to take a look at the full movie to decide what it is that is the best intervention for that family.

Mr. CLINE. Thank you.

Ms. BASS. Representative Jeffries.

Mr. JEFFRIES. Thank you, Madam chair.

Ms. Valente, in your testimony, I believe you said that Native American and Alaskan Native women experience gender-based violence at a staggeringly high rate.

Ms. VALENTE. Yes.

Mr. JEFFRIES. Is that right?

Ms. VALENTE. It is actually Professor Deer who spoke to that.

Mr. JEFFRIES. Oh, okay. I am sorry.

Professor Deer.

Ms. DEER. Yes.

Mr. JEFFRIES. Okay. And you referenced a study that found over half of native women experience sexual violence in their lifetime. Is that right?

Ms. DEER. That is correct.

Mr. JEFFRIES. And I think you also mentioned that almost 15 percent experience sexual violence every year. Is that right? Fifteen percent of native women?

Ms. DEER. I am not sure if that is in my—in my testimony, but we do know that, according to the National Institute of Justice, 56 percent of native women will experience some form of sexual violence. That is more than one in two.

Mr. JEFFRIES. And I think it is correct that approximately 95 percent of native women experiencing sexual violence or intimate partner violence will experience that violence by at least one non-native perpetrator?

Ms. DEER. That is also consistent with the National Institute of Justice research.

Mr. JEFFRIES. And when we extended the Violence Against Women Act in 2013, we created for the first time a framework for Tribal courts to be able to prosecute non-native perpetrators. Is that right?

Ms. DEER. Partly correct, sir. The Tribal governments have been prosecuting non-Indians since we came into contact with non-Indians. It was in 1978 that the Supreme Court said we could no longer do so, and VAWA 2013 restored that jurisdiction but in that

narrow category of domestic dating and protection orders, not for child sexual abuse or sexual assault in general.

Mr. JEFFRIES. And in terms of the progress that was made in 2013, why was that important?

Ms. DEER. Well, because Tribal governments had—basically, had no options when they were faced with non-Indian batterers, non-Indian rapists, and for the first time in VAWA 2013, Congress took the invitation from the Supreme Court to correct the injustice that native women had been experiencing since 1978.

Mr. JEFFRIES. And can you elaborate on some of the sort of jurisdictional areas where we can expand in order to build upon the work that was done in 2013?

Ms. DEER. Certainly. We are interested in—in expanding that jurisdiction, restoring that jurisdiction to perpetrators of child abuse, to perpetrators of sexual violence which is outside the context of domestic violence, and to protect our Tribal law enforcement officers as well. And I can just give you an example again from a Tribe that was not able to take action in the case of sexual violence. I need to find that real quick. It was a Tribe in Arizona, and there was a groping. Oh, here it is. Sorry.

It was a Tribe in Arizona. A female Tribal member who was employed by the casino was fixing slot machines one evening when a group of drunk non-Indian patrons began harassing her. And as the men were being removed by casino security, one of them grabbed the female employee by the genitals and squeezed. And despite having the incident recorded on surveillance video, the Tribe was unable to charge the offender, who was a stranger to the victim, because he was non-Indian.

Mr. JEFFRIES. That is a very troubling example of why we need to expand jurisdiction here. What is the counterargument that has been made as to why jurisdiction should be limited?

Ms. DEER. Well, I—I think, in part, the—the concern about Tribal jurisdiction stems from, you know, just ignorance about the nature of Tribal courts, not understanding that Tribal courts operate much like State and Federal courts do. I myself am the chief justice of an appellate court for a Tribe in Minnesota. We look at the same due process rights, in fact, sometimes giving more scrutiny because we are looking not just at the Tribal constitution, but also Federal civil rights statutes through the Indian Civil Rights Act, as well as what Violence Against Women Act requires in terms of habeas petitions. So we are actually looking at kind of three layers of due process within that Tribal court system.

Mr. JEFFRIES. Am I correct that according to a 2018 report by the National Congress of American Indians that looked at the VAWA special jurisdictional court, it noted that not a single petition for habeas corpus had been filed in a 5-year period, suggesting that there had not been any overreach that had taken place?

Ms. DEER. That is correct. From 2013 to 2018, the implementing Tribes reported making 143 arrests of 128 non-Indian abusers, leading to 74 convictions, 5 acquittals. And right now as of 2018, there were 24 cases pending. There has not been a single petition for habeas review brought in Federal court, and although some argue that Tribal courts would be incapable, right, of fairly implementing the jurisdiction in the absence of even a single habeas pe-

tition in the first 5 years, reveals that those arguments were unfounded and likely based on prejudice alone. And I would note that non-Indians have been acquitted by Tribal juries.

Mr. JEFFRIES. Thank you. I yield back.

Mrs. MCBATH [presiding]. The chair recognizes the gentleman from Florida, Mr. Steube.

Mr. STEUBE. Thank you, Madam chair.

First, I would like to give some of my time to Ms. Beck. You were going to respond to Mr. Cicilline when he interrupted Mrs. Lesko. You were starting to respond, but you got cut off. I just want to yield time to—to give to you to—to his response.

Ms. BECK. Thank you, Mr. Steube. Could I—could you remind me what the context——

Mr. STEUBE. Yeah. Mrs. Lesko had a series of questions that she was asking——

Ms. BECK. Right.

Mr. STEUBE [continuing]. And Mr. Cicilline had said something about that he—she used language regarding transgender——

Ms. BECK. Right.

Mr. STEUBE [continuing]. That was offensive. Could you——

Ms. BECK. Sure. Thank you. Acknowledging biological sex is not inhumane. It is actually inhumane to force women to share intimate spaces with male people who call themselves women. So I don't see any problem with calling someone male or female, man or woman, because these are words that refer to biological reality. Gender itself, you know, femininity or masculinity, that is not important. Like I said, we need to acknowledge biological sex. Doing so is not inhumane.

People whose—people who self-identify as transgender are human. They are people, right? But that doesn't mean that I have to kowtow to their identity. I can still call someone who identifies as a transgender woman a man because he is a man. He is male. And most men who call themselves transgender women retain their male genitals. They pose a threat to women because male genitals can be weaponized. Women are all vulnerable to forced impregnation. That is just the facts of our biology. So it is not inhumane to call someone according to their sex.

Mr. STEUBE. Well, so where are all the—where is all of this leading, in your view? If we don't ensure that the VAWA funds are reserved specifically for women, what are you worried will happen next? Where will we be in 5 to 10 or 20 years from now?

Ms. BECK. If we cannot acknowledge biological sex or the differences of biological sex between the two sex classes, then there will be no protections for women on the basis of our biological sex. Rates of violence against women I would expect to increase. Rates of forced impregnation, forced motherhood, which is a form of slavery, that will also increase if we cannot name the problem of male violence against women. And gender obfuscates this reality of biological sex.

Mr. STEUBE. And what type of effect this shift may have on women's sports and Title IX, do you have any thoughts on that?

Ms. BECK. Absolutely, I have a lot of thoughts on that.

Mr. STEUBE. Well, you have got 2 minutes and 24 seconds to give it to us.

Ms. BECK. Thank you. Yeah, women are losing titles and scholarships, collegiate opportunities because men who claim to be women, without any medical intervention whatsoever, are competing against female athletes. I know in Connecticut there was a State track meet, and two biological male runners, two—two boys—I don't—I wouldn't say they are men, but they are boys. They claimed to be girls. They ran in the track meet, and they got first and second place.

We know that men are stronger, on average, than women. We know that men are bigger, on average, than women, and this gives men an advantage over women if we are to compete together in the same track meet. So two biological males actually stole scholastic opportunities from the—what would it be—the—the further and further down ranked female runners. These girls are now lost—these girls have now lost the opportunity to go to college, because athletics is one main avenue of gaining—gaining an education in this community—in this country. So, yes, Title IX is basically moot now because men can be women.

Mr. STEUBE. So just to follow up on that, so if a biological man identified as a woman to run in this track meet, and then they can now qualify for those funds?

Ms. BECK. Exactly. And that is a problem.

Mr. STEUBE. I will—do you have any more questions, Mrs. Lesko, because I will yield to you if you do.

Mrs. LESKO. No.

Mr. STEUBE. You are good? All right. I will yield to the chair. Thank you much for your testimony.

Ms. BECK. Thank you.

Mrs. MCBATH. Thank you to the gentleman from Florida.

I would like—the chair would like to recognize herself for a moment.

Thank you to each and every one of you this afternoon or this morning as you share your experiences with us and also your testimonies. And thank you for bearing with us as we work to reauthorize this very, very important legislation.

I would like to really start with some very deeply troubling facts. According to an analysis of the FBI Supplementary Homicide Report by the Violence Policy Center, an average of 1.5 women every single day were murdered in 2015 as a result of being shot with a gun by a male intimate relation. This constituted 35 percent of women murdered with a known cause of death and a known perpetrator.

Another study found that the presence of a gun in a domestic violence situation makes it five times more likely that a woman will be killed. And I have to say that I have worked with many women who were victims of this type of gun violence and gun violence prevention advocacy. We also know that abusers who use guns to threaten their victims, even—they use them even if they don't intend to pull the trigger. And while we often think of domestic violence as something that happens behind closed doors, many mass shooters have a history of domestic violence or are motivated by a desire to harm a partner. Taken together, guns in the hands of abusers is a serious threat to—to partners and to the community.

Ms. Valente, I would like to ask you this question. You know, more people are killed by abusive dating partners annually than by abusive spouses. Federal law prohibits respondents to final protective orders and domestic violence misdemeanants who are married or who were married to their victims from possessing firearms, yet it does not include the same protections for victims of dating abuse. Why is that, and what can we do to fix this?

Ms. VALENTE. I would like to thank you for asking that question. This is important because it is an increasing population that we must deal with and we must protect. I believe that this occurred because the original language around firearms prohibitors and domestic violence occurred in 1994 and 1996 when we really weren't aware of this demographic and that this demographic would grow.

And I think that just like in many other parts of VAWA, as time goes by, we learn lessons. We learn what we didn't put in there properly in the first place. We also learn that society changes, and we have to keep the law up to date with where society is going, and that is an increase in the number of dating partners who are exposed to this kind of firearms violence.

Mrs. MCBATH. Thank you. Let me ask you another question. We know that 50 percent of people who experience stalking experiences, they experience some form of violence, and 20 percent of people who experience stalking experience threats with a weapon. What can we do to better protect victims of stalking from gun violence?

Ms. VALENTE. That is another gap in our Federal firearms prohibitors. Stalking is only addressed in a protection order context and only in the context of domestic violence, yet stalking can occur in other situations. It may not be an intimate partner, and it may be something that is charged as a misdemeanor.

So right now, we have the same gap in the law that we had back when the Lautenberg Amendment passed, that you have coverage under the protection order, you have coverage through the felony prohibitor, and the misdemeanor crime charges and convictions that we—we know the bulk of them are being treated as are not covered at all. We need to close that gap. Stalking is the biggest red flag for lethality in domestic violence cases. Research shows that.

Mrs. MCBATH. Thank you so much.

Now the chair recognizes the gentleman from—recognizes the gentleman from Texas.

Mr. GOHMERT. Thank you.

Julia Beck, I have said previously, based on my experience with African American very dear friends and employees, that there is probably nobody in America more beat up, figuratively speaking, than an African American conservative. But seeing and hearing you, I see that that is now being rivaled. I am amazed at people that would agree with you on much—on most things, I would have thought, have just taken you on as an enemy, whereas as a Christian, we know that everybody is a gift, and whether we agree or disagree, we are all part of the same species.

Just at a very basic level, why would you say it is important—and I know you have touched on this, but we need to get to basics. In a nutshell, why is it important to have women-only facilities?

Ms. BECK. Thank you for your question. I would like to say that I don't think it is fair to compare the oppressions that Black people face with the oppressions that—that I face, because it is—it is not the same.

Mr. GOHMERT. No, I understand.

Ms. BECK. Thank you for acknowledging, but, you know, we all face some difficulties in life.

Mr. GOHMERT. Well, some more than others. There is no question.

Ms. BECK. I think it is important to get back to the basics because women-only space is crucial for women to survive in this world. When I first experienced female space, I—it is hard to put into words what I felt. I could stand tall. I could walk at night without my shirt on and without fear of being raped or molested or, you know, taken—groped. All of the things that I have to protect myself from walking in Baltimore, I didn't even have to worry about. It wasn't even on my mind. And as a survivor of homelessness and of rape, I value female space because it allows me to be who I am without fear of molestation or—or violence. So female space is crucial. It is paramount to not only survival, but to healing from violence and abuse.

If one man, if one male person is in a space designated for female people, all of those women will start to censor themselves. Women change what we do. We change our behavior. We change what we think and what we say because we fear male violence. And I don't know if other women in this room could relate to that, but it is true. I think if the women in this room experience female space, you will realize, wow, this is really valuable because we can actually be our full selves.

Mr. GOHMERT. Well, as a former felony judge in Texas, I saw time and again women who have been victims of sexual assault. So often you hear testimony from mental health folks. They were so often traumatized to be in a closed environment with—with a man, whether the man thought he was a woman or a man. It was—it sometimes brought back the whole trauma again and retraumatized the women. And I have been amazed that with people on this committee, particularly who are normally so very sensitive to that kind of issue, how it doesn't seem to be there on recognizing the need for some women-only spaces, and so I appreciate your bringing it to our attention.

I wanted to ask you about one other thing right quick. In your opinion, should Federal grant purposes be modified to include the efforts to include combating female genital mutilation? What do you think?

Ms. BECK. Of course. Yes. There is no—there is no doubt about it. It shouldn't be a question. Yes.

Mr. GOHMERT. It sure seems like that is a form of abuse of women, and I am surprised that we have not reached out in that direction to help with grants to combat that kind of mutilation. That sure seems like an early form of war on women, a war on girls at a very early age.

So I appreciate your candor here. I know there are probably a lot of things we disagree on, but I can't convey adequately how

much I appreciate you as a human being and your courage and your clarity. Thank you very much.

Ms. BECK. Thank you.

Mrs. MCBATH. The chair would like to recognize the gentleman from Rhode Island.

Mr. CICILLINE. Thank you, Madam chair, and thank you for convening this hearing.

For more than 20 years, the Violence Against Women Act has provided really critical protections for women who have experienced horrific violence, sexual assault, and stalking. And it is very important, when you look at the services that are provided through VAWA, shelters and transitional housing, counseling, support services, this bill has the ability to really improve the lives of so many women and protect them against violence.

And given the importance of this, it is really unacceptable that VAWA was allowed to expire on December 21 when it became a casualty of the longest government shutdown in our Nation's history. The victims and survivors of domestic violence can wait no longer, and I hope we will move quickly to reauthorize this.

Before I begin my questioning, I want to set the record straight with some facts. Whether or not the minority witness believes that transgender people exist, it is a fact they do. And despite her effort to decide the sexual orientation and gender identity of the entire population of our country, that is not her right. In fact, transgender, gender nonconforming, and gender-fluid people are disproportionately survivors of violence. They deserve to access services consistent with their needs. And I would like to offer a few examples of the challenges that transgender Americans face.

According to a U.S. Transgender Survey which surveyed nearly 28,000 transgender adults, almost half of transgender individuals had been sexually assaulted in their lifetime. According to the latest FBI statistics, more than 17 percent of all hate crimes reported in 2017 were based on the victim's sexual orientation or gender identity. Of 1,300 hate crime offenses based on sexual orientation, 118 of those incidents were exclusively antitransgender. And finally, the Human Rights Campaign found that at least 128 transgender individuals have been killed since 2013. So those are the facts.

At the end of my questioning, I would like to ask unanimous consent to have a number of things put into the record.

I would like to begin my questioning with you, Judge Gonzalez. You referenced this in response to Mr. Nadler's questions, but I would like to kind of probe a little more deeply. You made reference in your testimony to Corrine and her 2-year-old child who had to jump through a number of hoops to find adequate housing and child care. And I wonder if you could speak about the impact of the instability and lack of housing on survivors of violence and the kinds of examples you see in your courtroom, and what would the effect be if someone in Corrine's situation would not be able to access VAWA grants that are available and potentially running out of funding because this law has expired.

Ms. GONZALEZ. We all know that where we live is important to us, but women who are fighting an issue of domestic violence, sometimes that is what is lost primarily. Most of these—when we

talk about domestic violence, it is not just the violence; it is about the economic control and coercive control that is used. So often they don't have the resources that the—that the abuser has. If they don't have access to these vouchers—and, Congressman, even when they have access to the vouchers, it is not enough. Because if we don't have an opportunity for them to actually find a place that will take that voucher, they are not going anywhere.

I had a question yesterday. Somebody said, why would somebody come to—to a prosecutor and say please don't prosecute my abuser? I will tell you why. Because if they get prosecuted, then they may very well lose the housing that keeps them together. These are issues that are very, very integral to making people safe, and it has to be looked at from the big picture and not just the small picture.

Mr. CICILLINE. Thank you so much.

Ms. Valente, you made reference in your testimony, and the chair, chair McBath, questioned you about the presence of firearms in this very complicated set of situations. You, in fact, made reference in your testimony, and I quote you, to allow local law enforcement to better protect their communities, the FBI should notify them when a domestic abuser attempts to purchase a firearm and fails the background check. Great minds think alike. I have a piece of legislation to do exactly that, and that will alert State and local law enforcement when a prohibited purchaser then tries to buy one.

Can you explain why you think this kind of alert is helpful in terms of protecting folks against violence, and what is the leading cause of homicide for victims of domestic and dating violence? And could you tell us a little bit about when Congress added domestic violence prohibitions to the Federal firearm laws in 1994 and 1996, what was the kind of context of that? I tried to get that all in because you get to answer my question.

Ms. VALENTE. I will do my best to do all of that. First of all, the notification is tremendously important, because we do know that when a survivor reaches out, especially for a protection order, that is often the first time that they are reaching out to the system for help in a way that will really make the abuser aware that they are reaching out for help, and that can cause huge escalation in the violence. And so what we see, not uncommonly, is that an abuser will go out and attempt to purchase a firearm after the issuance of a protection order or after that first intervention.

And so letting law enforcement—local law enforcement know that that escalation is starting to occur is very important. I think if you talk to any local law enforcement officer, they will tell you, yeah, we know that there are certain families that are struggling with certain issues, and they try to keep an eye out for what is going on, trying to keep the family safe. And any piece of information that helps to keep them safe and law enforcement safe, because law enforcement, you know, deaths are very high in relation to answering domestic violence calls.

Mr. CICILLINE. Thank you.

Madam chairman, a unanimous consent request? I ask unanimous consent that the report of the 2015 U.S. Transgender Survey be made a part of the record. The unanimous consent request that a report of the National Consensus Statement of Antisexual As-

sault and Domestic Violence Organizations in Full Support of Equal Access for the Transgender Community be part of the record; an article entitled More Than 250 Sexual Assault Domestic Violence Organizations Condemn Anti-Trans Legislation be part of the record; an article from the University of California UCLA School of Law, The Williams Institute, The Public Regulation of Gender and its Impact on Transgender People's Lives; the Uniform Crime Statistics Hate Crime Statistics Report from the Federal Bureau of Investigation for 2017; and finally, an article from Springer entitled Gender Identity Nondiscrimination Laws in Public Accommodations all be made a permanent part of the record.

Mrs. MCBATH. Without objection.

[The information follows:]

## MR. CICILLINE FOR THE OFFICIAL RECORD

VAWA is Unauthorized — Now What? Read More (/ntf-action-alerts-and-news) ×

NTF (/)

April 13, 2018 (/ntf-action-alerts-and-news/2018/4/12/national-consensus-statement-of-anti-sexual-assault-and-domestic-violence-organizations-in-support-of-full-and-equal-access-for-the-transgender-community)

# National Consensus Statement of Anti-Sexual Assault and Domestic Violence Organizations in Support of Full and Equal Access for the Transgender Community (/ntf-action-alerts-and-news/2018/4/12/national-consensus-statement-of-anti-sexual-assault-and-domestic-violence-organizations-in-support-of-full-and-equal-access-for-the-transgender-community)

We, the undersigned sexual assault and domestic violence organizations, oppose antitransgender initiatives. These initiatives utilize and perpetuate the myth that protecting transgender people's access to restrooms and locker rooms endangers the safety or privacy of others. As organizations that care about reducing assault and violence, we favor laws and policies that protect transgender people from discrimination, including in accessing facilities that match the gender they live every day.

States across the country have introduced harmful legislation or initiatives that seek to repeal non-discrimination protections or restrict transgender people's access to genderspecific facilities like restrooms. Those who are pushing these proposals have claimed that these proposals are necessary for public safety and to prevent sexual violence against women and children. As rape crisis centers, shelters, and other service providers who work each and every day to meet the needs of all survivors and reduce sexual assault and domestic violence throughout society, we speak from experience and expertise when we state that these claims are false.

Nondiscrimination laws protecting transgender people have existed for a long time. Over 200 municipalities and 18 states have nondiscrimination laws protecting transgender people's access to facilities consistent with the gender they live every day. In some cases, these protections have been in place for decades. These laws have protected people from discrimination without creating harm. None of those jurisdictions have seen a rise in sexual violence or other public safety issues due to nondiscrimination laws. Assaulting another person in a restroom or changing room remains against the law in every single state. We operate and advocate for rape crisis centers and shelters all over the country, including in cities and states with non-discrimination protections for transgender people. Those protections have not weakened public safety or criminal laws, nor have they compromised their enforcement.

Nondiscrimination laws do not allow men to go into women's restrooms—period. The claim that allowing transgender people to use the facilities that match the gender they live every day allows men into women's bathrooms or women into men's is based either on a flawed understanding of what it means to be transgender or a misrepresentation of the law.

It may be hard to understand the experiences of transgender people, especially if you have never met a transgender person. We believe in respecting the identities of transgender people. Transgender people live in a society that often discriminates against them and makes it much harder for them to participate in the routines of daily life.

The efforts to ban transgender people from using public restrooms obscures the fact that all of us, including transgender people, are deeply concerned about safety and privacy in restrooms. Transgender people already experience unconscionably high rates of sexual assault—and forcing them out of facilities consistent with the gender they live every day makes them vulnerable to assault. As advocates committed to ending sexual assault and domestic violence of every kind, we will never support any law or policy that could put anyone at greater risk for assault or harassment. That is why we are able to strongly support transgender-inclusive nondiscrimination protections—and why we oppose any law that would jeopardize the safety of transgender people by forcing them into restrooms that do not align with the gender they live every day.

It is natural to be concerned about safety and privacy. As advocates and survivors, we know the threat of sexual assault is real and pervasive. Every time we hear of someone who speaks of their assault or abuse, we feel their pain. The safety fears that many have, especially those who are survivors, are not baseless or irrational, nor should they be dismissed. However, discriminating against transgender people does nothing to decrease the risk of sexual assault.

Discriminating against transgender people does not give anyone more control over their body or security. Those who perpetuate falsehoods about transgender people and nondiscrimination laws are putting transgender people in harm's way and making no one safer. We cannot stand by while the needs of survivors, both those who are transgender and those who are not, are obscured in order to push a political agenda that does nothing to serve and protect victims and potential victims. We will only accomplish our goal of ending sexual violence by treating all people, including those who are transgender, with fairness and respect.

**National Organizations**

Alliance for Strong Families and Communities
American Association of University Women
American Dance Therapy Association
Asian Pacific Institute on Gender Based Violence
Battered Women's Justice Project
Break the Cycle
Center for Women Policy Studies
FaithTrust Institute
Futures Without Violence
Hollaback!
Just Detention International
Know Your IX
Legal Momentum
Men As Peacemakers
Men's Story Project
National Alliance for Partnerships in Equity (NAPE)
National Alliance to End Sexual Violence
National Center for Victims of Crime
National Center on Domestic and Sexual Violence
National Coalition Against Domestic Violence
National Council of Jewish Women
National Domestic Violence Hotline
National Housing Law Project
National Indigenous Women's Resource Center
National Latina@ Network: Casa de Esperanza
National Network to End Domestic Violence
National Organization for Men Against Sexism
National Organization for Women
National Organization of Asian Pacific Islanders Ending Sexual Violence
National Organization of Sisters of Color Ending Sexual Assault

National Organization for Victim Assistance
National Resource Center on Domestic Violence
National Women's Law Center
Praxis International
Resource Sharing Project
Stop It Now!
Support Network of Advocates for Protective Parents
YWCA

**State/Territorial and Local Organizations**

**Alabama**

**State**

Alabama Coalition Against Domestic Violence (Montgomery)
AshaKiran, Inc. (Huntsville)

**Alaska**

**State**

YWCA Alaska (Anchorage)

**Local**

Sitkans Against Family Violence (Sitka)

**Arizona**

**State**

Arizona Coalition to End Sexual and Domestic Violence (Phoenix)
Chrysalis (Phoenix)

**Local**

Apache Behavioral Health Services, Inc. (Whiteriver)

**California**

**State**

California Coalition Against Sexual Assault (Sacramento)
California Partnership to End Domestic Violence (Sacramento)
Coalition for Family Harmony (Oxnard)

**Local**

A.M.E. Counseling Services (Los Angeles)

Alliance for Community Transformations (Mariposa)
Asian Women's Shelter (San Francisco)
Building Futures with Women and Children (San Leandro)
Center for Community Solutions (San Diego)
Family Service Agency of Burbank (Burbank)
Jewish Family Service of Los Angeles (Los Angeles)
Lassen Family Services, Inc. (Susanville)
Los Angeles Center for Law and Justice (Los Angeles)
Rural Human Services: Harrington House (Crescent City)
San Francisco Domestic Violence Consortium (San Francisco)
Shepherd's Door Domestic Violence Resource Center (Pasadena)
STAND! For Families Free of Violence (Concord)
Strength United (Van Nuys)
Strong Hearted Native Women's Coalition, Inc. (Valley Center)
Walnut Avenue Family & Women's Center (Santa Cruz)

**Colorado**

**State**

Alliance Against Domestic Abuse (Salida)
Alternatives to Violence (Loveland)
Colorado Coalition Against Domestic Violence (Denver)
Deaf Overcoming Violence through Empowerment (Denver)
Domestic Violence Initiative (Denver)

**Local**

Advocate Safehouse Project (Glenwood Springs)
Advocates for Victims of Assault (Dillon)
Estes Valley Crisis Advocates (Estes Park)
Project Safeguard (Denver)
RESPONSE (Aspen)
SafeHouse Denver (Denver)
Safehouse Progressive Alliance for Nonviolence (Boulder)

**Connecticut**

**State**

Connecticut Alliance to End Sexual Violence (East Hartford)

**Local**

Chrysalis (Meriden)

**Delaware**

**State**

Delaware Coalition Against Domestic Violence (Wilmington)

**District of Columbia**

DC Coalition Against Domestic Violence (Washington, DC)

DC Rape Crisis Center (Washington, DC)

**Florida**

**State**

Florida Council Against Sexual Violence (Tallahassee)

Florida NOW (Indialantic)

**Local**

Brevard NOW (Satellite Beach)

Greater Orlando NOW (Orlando)

Women's Center of Jacksonville (Jacksonville)

**Georgia**

**State**

Georgia Coalition Against Domestic Violence (Decatur)

**Local**

Northwest Georgia Family Crisis Center (Dalton)

Columbus Alliance for Battered Women, Inc. d/b/a Hope Harbour (Columbus)

**Guam**

Guam Coalition Against Sexual Assault & Family Violence (Hagatna)

**Hawaii**

**State**

The Sex Abuse Treatment Center (Honolulu)

**Idaho**

**State**

Idaho Coalition Against Sexual & Domestic Violence (Boise)

**Illinois**

**State**

Illinois Coalition Against Domestic Violence (Springfield)

Illinois National Organization for Women (Springfield)

**Local**

Chicago Metropolitan Battered Women's Network (Chicago)

Connections for Abused Women and their Children (Chicago)

HOPE of Ogle County (Rochelle)

Mano a Mano Family Resource Center (Round Lake Park)

Mujeres Latinas en Accion (Chicago)

Rape Advocacy Counseling and Education Services (Urbana)

Rape Victim Advocates (Chicago)

Rockford Sexual Assault Counseling Inc. (Rockford)

**Indiana**

**State**

Indiana Coalition Against Domestic Violence, Inc. (Indianapolis)

**Local**

Alternatives Incorporated (Anderson)

Coburn Place Safe Haven (Indianapolis)

Council on Domestic Abuse, Inc. (Terre Haute)

Crisis Connection, Inc. (Jasper)

Domestic Violence Network (Indianapolis)

Middle Way House (Bloomington)

Rush County Victims Assistance, Inc. (Rushville)

Turning Point Domestic Violence Services (Columbus)

**Iowa**

**State**

Iowa Coalition Against Domestic Violence (Des Moines)

Iowa Coalition Against Sexual Assault (Des Moines)

Monsoon United Asian Women of Iowa (Des Moines)

**Local**

Crisis Intervention Services (Oskaloosa)

Domestic Violence Intervention Program (Iowa City)

**Kansas**

**State**

Kansas Coalition Against Sexual and Domestic Violence (Topeka)

**Louisiana**

**State**

Louisiana Coalition Against Domestic Violence (Baton Rouge)

**Local**

Faith House (Lafayette)

Metropolitan Center for Women and Children (Jefferson)

SAFE (Southeast Advocates for Family Empowerment) (Hammond)

**Maine**

**State**

Maine Coalition Against Sexual Assault (Augusta)

Maine Coalition to End Domestic Violence (Augusta)

Wabanaki Women's Coalition (Lincolnville)

**Local**

New Hope for Women (Rockland)

Safe Voices (Lewiston)

Sexual Assault Prevention and Response Services (Lewiston)

Sexual Assault Services of Midcoast Maine (Brunswick)

**Maryland**

**State**

Maryland Coalition Against Sexual Assault (MCASA) (Silver Spring)

Maryland NOW (Silver Spring)

Maryland Network Against Domestic Violence (Lanham)

**Local**

HopeWorks of Howard County (Columbia)

Jewish Coalition Against Domestic Abuse (Rockville)

**Massachusetts**

**State**

Asian Task Force Against Domestic Violence (Boston)

Jane Doe Inc., the MA Coalition Against Sexual Assault and Domestic Violence (Boston)

**Local**

A Safe Place, Inc. (Nantucket)

Alternative House (Lowell)

Casa Myrna Vazquez (Boston)

DOVE, Inc. (Quincy)

Jewish Family & Children's Service (Waltham)

New Hope, Inc. (Attleboro)

REACH Beyond Domestic Violence (Waltham)

Transition House (Cambridge)

**Minnesota**

**State**

Sacred Hoop Coalition (Duluth)

Minnesota Coalition for Battered Women (St. Paul)

**Local**

Bluff Country Family Resources (Hokah)

Minnesota Indian Women's Resource Center (Minneapolis)

Tubman (Twin Cities)

Missouri

State

Missouri Coalition Against Domestic and Sexual Violence (Jefferson City)

Missouri NOW (Columbia)

**Montana**

**State**

Adapt Montana (Missoula)

Montana Coalition Against Domestic and Sexual Violence (Helena)

**Nebraska**

**State**

Nebraska Coalition to End Sexual and Domestic Violence (Lincoln)

**Local**

Crisis Center (Grand Island)

Project Response, INC (Auburn)

**Nevada**

**State**

Nevada Network Against Domestic Violence (Reno)

**Local**

S.A.F.E. House (Henderson)

Safe Nest (Las Vegas)

Tahoe SAFE Alliance (Incline Village)

**New Hampshire**

**State**

New Hampshire Coalition Against Domestic and Sexual Violence (Concord)

Turning Points Network (Claremont)

YWCA NH (Manchester)

**Local**

New Beginnings - Without Violence & Abuse (Laconia)

**New Jersey**

**State**

New Jersey Coalition Against Sexual Assault (Lawrenceville)

**Local**

YWCA Union County (Elizabeth)

**New Mexico**

**State**

New Mexico Coalition Against Domestic Violence (NMCADV) (Santa Fe)

**Local**

Community Against Violence, Inc. (CAV) (Taos)

**New York**

**State**

Day ONE (New York City)

New York State Coalition Against Domestic Violence (Albany)

New York State Coalition Against Sexual Assault (Albany)

**Local**

Advocacy Center of Tompkins County (Ithaca)

CONNECT (New York City)

Crime Victim and Sexual Violence Center (Albany)

Delaware Opportunities Safe Against Violence (Hamden)

Erie County Coalition Against Family Violence (Buffalo)

First Step Victim Services at Catholic Charities of Chemung/Schuyler Counties (Watkins Glen)

Hope's Door (Pleasantville)

My Sisters' Place (White Plains)

Safe Homes of Orange County (Newburgh)

Safe Horizon (New York City)

Suicide Prevention and Crisis Service, Inc. (Crisis Services) (Buffalo)

The Family Counseling Center (Gloversville)

The Safe Center LI, Inc. (Bethpage)

Vera House, Inc. (Syracuse)

VIBS (Islandia)

Victims Assistance Center of Jefferson County (Watertown)

Violence Intervention Program, Inc. (New York)

Willow Domestic Violence Center (Rochester)

YWCA of the Niagara Frontier (Lockport, Niagara Falls and North Tonawanda)

**North Carolina**

**State**

North Carolina Coalition Against Domestic Violence (Durham)

North Carolina Coalition Against Sexual Assault (Raleigh)

North Carolina Women United (Raleigh)

**Local**

Families First Inc. (Whiteville)

Family Services of Davidson County (Lexington)

Help, Incorporated: Center Against Violence (Reidsville)

**Ohio**

**State**

ACTION OHIO Coalition For Battered Women (Columbus)

Ohio Alliance to End Sexual Violence (Cleveland)

**Local**

Domestic Violence & Child Advocacy Center (Cleveland)

**Oklahoma**

**State**

Native Alliance Against Violence (Norman)

**Local**

Ponca Tribe Domestic Violence Program (Ponca City)

**Oregon**

**State**

Oregon Coalition Against Domestic and Sexual Violence (Portland)

**Local**

Bradley Angle (Portland)

Lake County Crisis Center (Lakeview)

Safe Harbors (Enterprise)

Sexual Assault Resource Center (Beaverton)

Southern Oregon University Women's Resource Center (Ashland)

**Pennsylvania**

**State**

Pennsylvania Coalition Against Domestic Violence (Harrisburg)

Pennsylvania Coalition Against Rape (Enola)

**Local**

Abuse & Rape Crisis Center (Towanda)

Alle-Kiski Area HOPE Center, Inc. (Tarentum)

Berks Women in Crisis (Reading)

Blackburn Center Against Domestic & Sexual Violence (Greensburg)

Clinton County Women's Center (Lock Haven)
Congreso de Latinos Unidos, Inc. (Philadelphia)
Crime Victims Council of the Lehigh Valley, Inc. (Allentown)
Crisis Center North (Pittsburgh)
HAVIN (Helping All Victims in Need) (Kittanning)
SafeNet (Erie)
Schuylkill Women in Crisis (Pottsville)
SWPA National Organization For Women (NOW) (Beaver)
The Abuse Network, Inc. (Lewistown)
The Women's Center, Inc. of Columbia/Montour Counties (Bloomsburg)
Transitions of PA (Lewisburg)
Turning Point of Lehigh Valley, Inc. (Allentown)
Victim Outreach Intervention Center (VOICe) (Butler)
Victims' Intervention Program (Honesdale)
Women In Transition (Philadelphia)
Women's Resource Center (Scranton)
Women's Resources of Monroe County, Inc. (Delaware Water Gap)
Women's Services, Inc. (Meadville)
YWCA Lancaster (Lancaster)
YWCA Northcentral PA (Williamsport)

**Rhode Island**

**State**

Day One (Providence)

**South Carolina**

**State**

National Assn. of Social Workers, SC Chapter (Columbia)
South Carolina Coalition Against Domestic Violence and Sexual Assault (Columbia)

**Local**

Family Justice Center of Georgetown and Horry Counties (Georgetown)
People Against Rape (Charleston)
Pickens County Advocacy Center (Easley)

SAFE Homes-Rape Crisis Coalition (Spartanburg)

**Texas**

**State**

The Texas Council on Family Violence (Austin)

Texas Association Against Sexual Assault (Austin)

**Local**

Cross Timbers Family Services (Stephenville)

Freedom House (Weatherford)

Houston Area Women's Center (Houston)

The Crisis Center (Odessa)

The Family Place (Dallas)

**U.S. Virgin Islands**

Women's Coalition of St. Croix (St. Croix)

**Vermont**

**State**

Vermont Network Against Domestic and Sexual Violence (Montpelier)

**Local**

AWARE, Inc. (Hardwick)

CVOEO/Voices Against Violence (St. Albans)

Project Against Violent Encounters (Bennington)

Sexual Assault Crisis Team (Barre)

Women Helping Battered Women (Burlington)

WomenSafe (Middlebury)

**Virginia**

**State**

True Help Organization (Reston)

Virginia Sexual and Domestic Violence Action Alliance (Richmond)

**Local**

Empowerhouse (Fredericksburg)

**Washington**

**State**

API Chaya (Seattle)

Crisis Support Network (Raymond)

Legal Voice (Seattle)

Washington Coalition of Sexual Assault Programs (Olympia)

Washington State Coalition Against Domestic Violence (WSCADV) (Seattle)

Washington State NOW (Olympia)

**Local**

Alternatives to Violence of the Palouse, Inc. (Pullman)

Asian Counseling and Referral Service (Seattle)

Coalition Ending Gender-Based Violence (Seattle)

DAWN (Kent)

Domestic Violence Services of Snohomish County (Everett)

Emergency Support Shelter (Longview)

Forks Abuse Program (Forks)

Jewish Family Service (Seattle)

Seattle NOW (Brier)

New Beginnings (Seattle)

Programs for Peaceful Living (Bingen)

SafePlace (Olympia)

The DoVE Project (Vashon)

YWCA Clark County (Vancouver)

YWCA Olympia (Olympia)

YWCA Pierce County (Tacoma)

YWCA Seattle|King|Snohomish (Seattle)

YWCA Yakima (Yakima)

**West Virginia**

**State**

West Virginia Coalition Against Domestic Violence (Elkview)

**Wisconsin**

**State**

End Domestic Abuse Wisconsin (Madison)

Wisconsin Coalition Against Sexual Assault (WCASA) (Madison)

**Local**

People Against Domestic & Sexual Abuse (Jefferson)

Rainbow House Domestic Abuse Services, Inc. (Marinette)

The Bridge to Hope (Menomonie)

**Wyoming**

**State**

Wyoming Coalition Against Domestic Violence and Sexual Assault (Laramie)

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Older Post
ACTION ALERT: Asylum for Domestic Violence Survivors Suddenly Under Threat (/ntf-action-alerts-and-news/2018/3/15/action-alert-asylum-for-domestic-violence-survivors-suddenly-under-threat)

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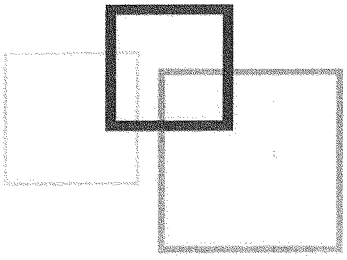

THE REPORT OF THE

# 2015 U.S. TRANSGENDER SURVEY

# EXECUTIVE SUMMARY

December 2016

# USTS Executive Summary

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. Conducted in the summer of 2015 by the National Center for Transgender Equality, the USTS was an anonymous, online survey for transgender adults (18 and older) in the United States, available in English and Spanish. The USTS serves as a follow-up to the groundbreaking 2008–09 National Transgender Discrimination Survey (NTDS), which helped to shift how the public and policymakers view the lives of transgender people and the challenges they face. The report of the 2015 USTS provides a detailed look at the experiences of transgender people across a wide range of categories, such as education, employment, family life, health, housing, and interactions with the criminal justice system.

The findings reveal disturbing patterns of mistreatment and discrimination and startling disparities between transgender people in the survey and the U.S. population when it comes to the most basic elements of life, such as finding a job, having a place to live, accessing medical care, and enjoying the support of family and community. Survey respondents also experienced harassment and violence at alarmingly high rates. Several themes emerge from the thousands of data points presented in the full survey report.

## Pervasive Mistreatment and Violence

Respondents reported high levels of mistreatment, harassment, and violence in every aspect of life. One in ten (10%) of those who were out to their immediate family reported that a family member was violent towards them because they were transgender, and 8% were kicked out of the house because they were transgender.

The majority of respondents who were out or perceived as transgender while in school (K–12) experienced some form of mistreatment, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender. Further, 17% experienced such severe mistreatment that they left a school as a result.

In the year prior to completing the survey, 30% of respondents who had a job reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace due to their gender identity or expression, such as being verbally harassed or physically or sexually assaulted at work.

In the year prior to completing the survey, 46% of respondents were verbally harassed and 9% were physically attacked because of being transgender. During that same time period, 10% of respondents were sexually assaulted, and nearly half (47%) were sexually assaulted at some point in their lifetime.

## Severe Economic Hardship and Instability

The findings show large economic disparities between transgender people in the survey and the U.S. population. Nearly one-third (29%) of respondents were living in poverty, compared to 12% in the U.S. population. A major contributor to the high rate of poverty is likely respondents' 15% unemployment rate—three times higher than the unemployment rate in the U.S. population at the time of the survey (5%).

Respondents were also far less likely to own a home, with only 16% of respondents reporting homeownership, compared to 63% of the U.S. population. Even more concerning, nearly one-third (30%) of respondents have experienced homelessness at some point in their lifetime, and 12% reported experiencing homelessness in the year prior to completing the survey because they were transgender.

## Harmful Effects on Physical and Mental Health

The findings paint a troubling picture of the impact of stigma and discrimination on the health of many transgender people. A staggering 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population. Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).

Respondents also encountered high levels of mistreatment when seeking health care. In the year prior to completing the survey, one-third (33%) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity. Additionally, nearly one-quarter (23%) of respondents reported that they did not seek the health care they needed in the year prior to completing the survey due to fear of being mistreated as a transgender person, and 33% did not go to a health care provider when needed because they could not afford it.

## The Compounding Impact of Other Forms of Discrimination

When respondents' experiences are examined by race and ethnicity, a clear and disturbing pattern is revealed: transgender people of color experience deeper and broader patterns of discrimination than white respondents and the U.S. population. While respondents in the USTS sample overall were more than twice as likely as the U.S. population to be living in poverty, people of color, including Latino/a (43%), American Indian (41%), multiracial (40%), and Black (38%) respondents, were more than three times as likely as the U.S. population (12%) to be living in poverty. The unemployment rate among transgender people of color (20%) was four times higher than the U.S. unemployment rate (5%). People of color also experienced greater health disparities. While 1.4% of all respondents were living with HIV—nearly five times the rate in the U.S. population (0.3%)—the rate among Black respondents (6.7%) was substantially higher, and the rate for Black transgender women was a staggering 19%.

Undocumented respondents were also more likely to face severe economic hardship and violence than other respondents. In the year prior to completing the survey, nearly one-quarter (24%) of undocumented respondents were physically attacked. Additionally, one-half (50%) of undocumented respondents have experienced homelessness in their lifetime, and 68% have faced intimate partner violence.

Respondents with disabilities also faced higher rates of economic instability and mistreatment. Nearly one-quarter (24%) were unemployed, and 45% were living in poverty. Transgender people with disabilities were more likely to be currently experiencing serious psychological distress (59%) and more likely to have attempted suicide in their lifetime (54%). They also reported higher rates of mistreatment by health care providers (42%).

## Increased Visibility and Growing Acceptance

Despite the undeniable hardships faced by transgender people, respondents' experiences also show some of the positive impacts of growing visibility and acceptance of transgender people in the United States.

One such indication is that an unprecedented number of transgender people—nearly 28,000—completed the survey, more than four times the number of respondents in the 2008–09 NTDS. This number of transgender people who elevated their voices reflects the historic growth in visibility that the transgender community has seen in recent years. Additionally, this growing visibility has lifted up not only the voices of transgender men and women, but also people who are non-binary, which is a term that is often used to describe

people whose gender identity is not exclusively male or female, including those who identify as having no gender, a gender other than male or female, or more than one gender. With non-binary people making up over one-third of the sample, the need for advocacy that is inclusive of all identities in the transgender community is clearer than ever.

Respondents' experiences also suggest growing acceptance by family members, colleagues, classmates, and other people in their lives. More than half (60%) of respondents who were out to their immediate family reported that their family was supportive of them as a transgender person. More than two-thirds (68%) of those who were out to their coworkers reported that their coworkers were supportive. Of students who were out to their classmates, more than half (56%) reported that their classmates supported them as a transgender person.

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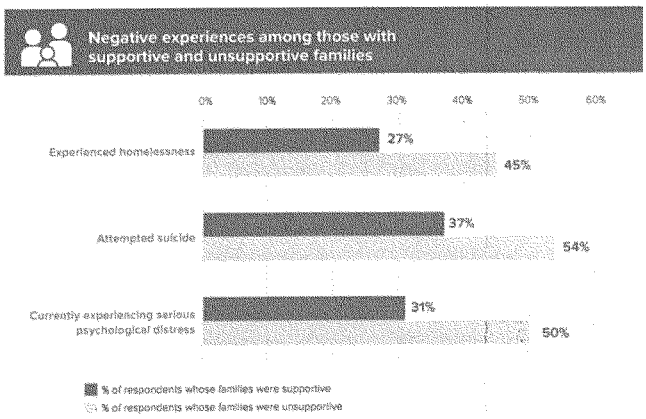
Overall, the report provides evidence of hardships and barriers faced by transgender people on a day-to-day basis. It portrays the challenges that transgender people must overcome and the complex systems that they are often forced to navigate in multiple areas of their lives in order to survive and thrive. Given this evidence, governmental and private institutions throughout the United States should address these disparities and ensure that transgender people are able to live fulfilling lives in an inclusive society. This includes eliminating barriers to quality, affordable health care, putting an end to discrimination in schools, the workplace, and other areas of public life, and creating systems of support at the municipal, state, and federal levels that meet the needs of transgender people and reduce the hardships they face. As the national conversation about transgender people continues to evolve, public education efforts to improve understanding and acceptance of transgender people are crucial. The rates of suicide attempts, poverty, unemployment, and violence must serve as an immediate call to action, and their reduction must be a priority. Despite policy improvements over the last several years, it is clear that there is still much work ahead to ensure that transgender people can live without fear of discrimination and violence.

# Overview of Key Findings

## Family Life and Faith Communities

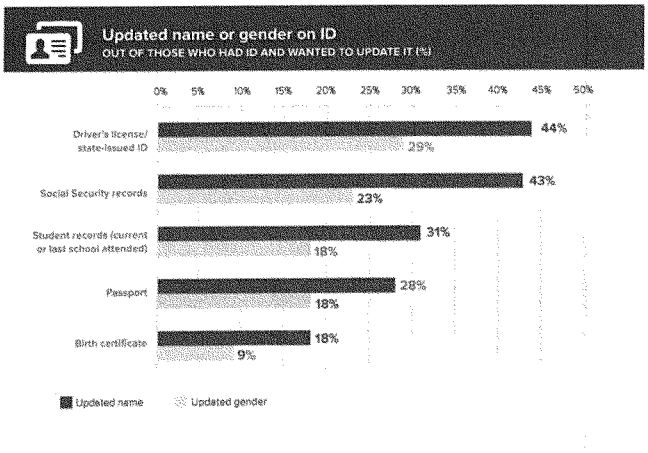
- **A majority of respondents (60%) who were out to the immediate family they grew up with said that their family was generally supportive of their transgender identity**, while 18% said that their family was unsupportive, and 22% said that their family was neither supportive nor unsupportive.
- **Those who said that their immediate families were supportive were less likely to report a variety of negative experiences related to economic stability and health**, such as experiencing homelessness, attempting suicide, or experiencing serious psychological distress.




- **One in ten (10%)** respondents who were out to their immediate family reported that **a family member was violent towards them** because they were transgender.
- **One in twelve (8%)** respondents who were out to their immediate family **were kicked out of the house**, and one in ten (10%) ran away from home.
- **Nineteen percent (19%) of respondents who had ever been part of a spiritual or religious community left due to rejection**. Forty-two percent (42%) of those who left later found a welcoming spiritual or religious community.

## Identity Documents

- **Only 11% of respondents reported that *all* of their IDs had the name and gender they preferred, while more than two-thirds (68%) reported that *none* of their IDs had the name and gender they preferred.**




- **The cost of changing ID documents was one of the main barriers respondents faced,** with 35% of those who have not changed their legal name and 32% of those who have not updated the gender on their IDs reporting that it was because they could not afford it.
- Nearly **one-third (32%)** of respondents **who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.**

## Health Insurance and Health Care

- **One in four (25%) respondents experienced a problem in the past year with their insurance related to being transgender**, such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.
- **More than half (55%) of those who sought coverage for transition-related surgery in the past year were denied**, and 25% of those who sought coverage for hormones in the past year were denied.
- **One-third (33%) of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender**, with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, or physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- In the past year, **23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person**, and 33% did not see a doctor when needed because they could not afford it.

## Psychological Distress and Attempted Suicide

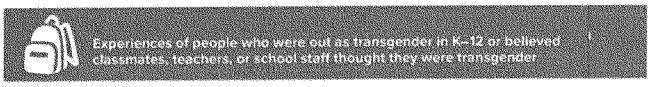
- **Thirty-nine percent (39%) of respondents experienced serious psychological distress** in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale), compared with only 5% of the U.S. population.
- **Forty percent (40%) have attempted suicide *in their lifetime*, nearly nine times the rate in the U.S. population (4.6%).**
- **Seven percent (7%) attempted suicide *in the past year*—nearly twelve times the rate in the U.S. population (0.6%).**

## HIV

- Respondents were **living with HIV (1.4%) at nearly five times the rate in the U.S. population (0.3%).**
- **HIV rates were higher among transgender women (3.4%)**, especially transgender women of color. **Nearly one in five (19%) Black transgender women were living with HIV**, and American Indian (4.6%) and Latina (4.4%) women also reported higher rates.

## Experiences in Schools

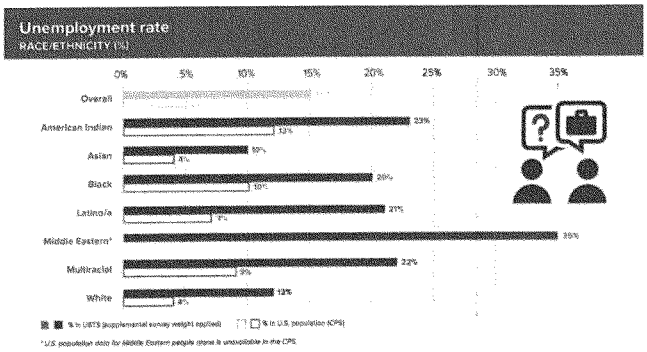
- **More than three-quarters (77%)** of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) **experienced some form of mistreatment**, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender.
- **Fifty-four percent (54%)** of those who were out or perceived as transgender in K–12 **were verbally harassed, nearly one-quarter (24%) were physically attacked, and 13% were sexually assaulted in K–12 because of being transgender.**
- **Seventeen percent (17%) faced such severe mistreatment as a transgender person that they left a K–12 school.**
- **Nearly one-quarter (24%)** of people who were out or perceived as transgender in college or vocational school **were verbally, physically, or sexually harassed.**


Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

| EXPERIENCES | % OF THOSE WHO WERE OUT OR PERCEIVED AS TRANSGENDER |
|---|---|
| Verbally harassed because people thought they were transgender | 54% |
| Not allowed to dress in a way that fit their gender identity or expression | 52% |
| Disciplined for fighting back against bullies | 36% |
| Physically attacked because people thought they were transgender | 24% |
| Believe they were disciplined more harshly because teachers or staff thought they were transgender | 20% |
| Left a school because the mistreatment was so bad | 17% |
| Sexually assaulted because people thought they were transgender | 13% |
| Expelled from school | 6% |
| **One or more experiences listed** | **77%** |

# Income and Employment Status

- **The unemployment rate among respondents (15%) was three times higher than the unemployment rate in the U.S. population (5%),** with Middle Eastern, American Indian, multiracial, Latino/a, and Black respondents experiencing higher rates of unemployment.




- **Nearly one-third (29%) were living in poverty, more than twice the rate in the U.S. population (12%).**

# Employment and the Workplace

- **One in six (16%)** respondents who have ever been employed—or 13% of all respondents in the sample—**reported losing a job because of their gender identity or expression** in their lifetime.
- **In the past year, 27%** of those who held or applied for a job during that year—19% of all respondents—**reported being fired, denied a promotion, or not being hired for a job they applied for because of their gender identity or expression.**
- **Fifteen percent (15%) of respondents who had a job in the past year were verbally harassed, physically attacked, and/or sexually assaulted** at work because of their gender identity or expression.
- **Nearly one-quarter (23%) of those who had a job in the past year reported other forms of mistreatment** based on their gender identity or expression during that year,

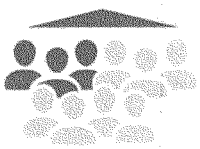
such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share private information about their transgender status without their permission.

- **Overall, 30% of respondents who had a job in the past year reported being fired, denied a promotion, or experiencing some other form of mistreatment related to their gender identity or expression.**
- **More than three-quarters (77%)** of respondents who had a job in the past year **took steps to avoid mistreatment in the workplace**, such as hiding or delaying their gender transition or quitting their job.

## Housing, Homelessness, and Shelter Access

- **Nearly one-quarter (23%) of respondents experienced some form of housing discrimination in the past year**, such as being evicted from their home or denied a home or apartment because of being transgender.
- **Nearly one-third (30%) of respondents have experienced homelessness at some point in their lives.**
- **In the past year, one in eight (12%) respondents experienced homelessness** because of being transgender.
- **More than one-quarter (26%) of those who experienced homelessness in the past year avoided staying in a shelter because they feared being mistreated as a transgender person.** Those who did stay in a shelter reported high levels of mistreatment: **seven out of ten (70%)** respondents who stayed in a shelter in the past year reported some form of mistreatment, including being harassed, sexually or physically assaulted, or kicked out because of being transgender.

**Seven out of ten respondents who stayed in a shelter in the past year reported being mistreated because of being transgender.**



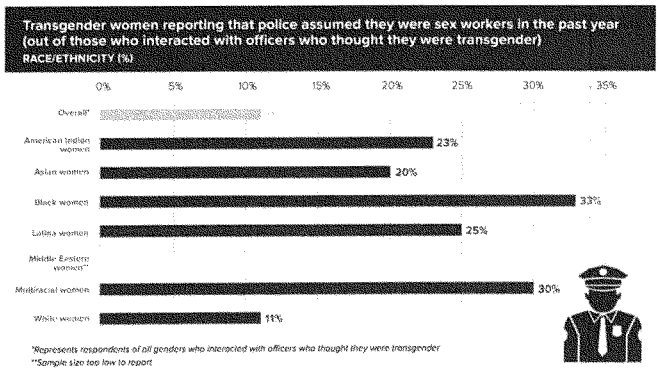
- Respondents were nearly **four times less likely to own a home (16%) compared to the U.S. population (63%).**

## Sex Work and Other Underground Economy Work

- Respondents reported high rates of experience in the underground economy, including sex work, drug sales, and other work that is currently criminalized. **One in five (20%) have participated in the underground economy** for income at some point in their lives—including 12% who have done sex work in exchange for income—and 9% did so in the past year, with higher rates among women of color.
- Respondents who interacted with the police either while doing sex work or while the police mistakenly thought they were doing sex work reported high rates of police harassment, abuse, or mistreatment, with **nearly nine out of ten (86%) reporting being harassed, attacked, sexually assaulted, or mistreated in some other way by police.**
- **Those who have done income-based sex work were also more likely to have experienced violence.** More than three-quarters (77%) have experienced intimate partner violence and 72% have been sexually assaulted, a substantially higher rate than the overall sample. Out of those who were working in the underground economy at the time they took the survey, nearly half (41%) were physically attacked in the past year and over one-third (36%) were sexually assaulted during that year.

## Police Interactions and Prisons

- **Respondents experienced high levels of mistreatment and harassment by police.** In the past year, of respondents who interacted with police or law enforcement officers who thought or knew they were transgender, **more than half (58%) experienced some form of mistreatment.** This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted, including being forced by officers to engage in sexual activity to avoid arrest.
- **Police frequently assumed that respondents—particularly transgender women of color—were sex workers.** In the past year, of those who interacted with law enforcement officers who thought or knew they were transgender, one-third (33%) of Black transgender women and 30% of multiracial women said that an officer assumed they were sex workers.
- **More than half (57%)** of respondents said they would feel **uncomfortable asking the police for help** if they needed it.
- Of those who were arrested in the past year (2%), **nearly one-quarter (22%) believed they were arrested because they were transgender.**




- Respondents who were held in jail, prison, or juvenile detention in the past year faced **high rates of physical and sexual assault by facility staff and other inmates**. In the past year, nearly one-quarter (23%) were physically assaulted by staff or other inmates, and one in five (20%) were sexually assaulted. Respondents were over **five times more likely to be sexually assaulted by facility staff** than the U.S. population in jails and prisons, and over **nine times more likely to be sexually assaulted by other inmates.**

## Harassment and Violence

- **Nearly half (46%) of respondents were verbally harassed** in the past year because of being transgender.
- **Nearly one in ten (9%) respondents were physically attacked** in the past year because of being transgender.
- **Nearly half (47%) of respondents were sexually assaulted** at some point in their lifetime and **one in ten (10%) were sexually assaulted in the past year.** Respondents who have done sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) were more likely to have been sexually assaulted in their lifetime.
- **More than half (54%) experienced some form of intimate partner violence**, including acts involving coercive control and physical harm.
- **Nearly one-quarter (24%) have experienced severe physical violence by an intimate partner, compared to 18% in the U.S. population.**

## Places of Public Accommodation

- Respondents reported being denied equal treatment or service, verbally harassed, or physically attacked at many places of public accommodation—places that provide services to the public, like retail stores, hotels, and government offices. Out of respondents who visited a place of public accommodation where staff or employees thought or knew they were transgender, **nearly one-third (31%) experienced at least one type of mistreatment in the past year in a place of public accommodation**. This included 14% who were denied equal treatment or service, 24% who were verbally harassed, and 2% who were physically attacked because of being transgender.
- **One in five (20%) respondents did not use at least one type of public accommodation** in the past year because they feared they would be mistreated as a transgender person.

**Denied equal treatment or service, verbally harassed, or physically attacked in public accommodations in the past year because of being transgender**

| LOCATION VISITED | % OF THOSE WHO SAID STAFF KNEW OR THOUGHT THEY WERE TRANSGENDER |
|---|---|
| Public transportation | 34% |
| Retail store, restaurant, hotel, or theater | 31% |
| Drug or alcohol treatment program | 22% |
| Domestic violence shelter or program or rape crisis center | 22% |
| Gym or health club | 18% |
| Public assistance or government benefit office | 17% |
| Department of Motor Vehicles (DMV) | 14% |
| Nursing home or extended care facility | 14% |
| Court or courthouse | 13% |
| Social Security office | 11% |
| Legal services from an attorney, clinic, or legal professional | 6% |

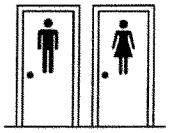
## Experiences in Restrooms

The survey data was collected before transgender people's restroom use became the subject of increasingly intense and often harmful public scrutiny in the national media and legislatures around the country in 2016. Yet respondents reported facing frequent harassment and barriers when using restrooms at school, work, or in public places.

- **Nearly one in ten (9%) respondents reported that someone denied them access to a restroom in the past year.**
- In the past year, **respondents reported being verbally harassed (12%), physically attacked (1%), or sexually assaulted (1%)** when accessing a restroom.

- **More than half (59%)** of respondents **avoided using a public restroom** in the past year because they were afraid of confrontations or other problems they might experience.
- **Nearly one-third (32%)** of respondents **limited the amount that they ate and drank** to avoid using the restroom in the past year.
- **Eight percent (8%)** reported having a **urinary tract infection, kidney infection, or another kidney-related problem** in the past year as a result of avoiding restrooms.

**More than half (59%)** of respondents **avoided using a public restroom** in the past year because they were afraid of confrontations or other problems they might experience.



## Civic Participation and Party Affiliation

- **More than three-quarters (76%) of U.S. citizens of voting age in the sample reported that they were registered to vote in the November 2014 midterm election**, compared to 65% in the U.S. population.
- **More than half (54%)** of U.S. citizens of voting age **reported that they had voted in the midterm election,** compared to 42% in the U.S. population.
- **Half (50%) of respondents identified as Democrats, 48% identified as Independents, and 2% identified as Republicans**, compared to 27%, 43%, and 27% in the U.S. population, respectively.

**Political party affiliation**

| POLITICAL PARTY | % IN USTS | % IN U.S. POPULATION (GALLUP) |
|---|---|---|
| Democrat | 50% | 27% |
| Independent | 48% | 43% |
| Republican | 2% | 27% |

## About the National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) is the nation's leading social justice policy advocacy organization devoted to ending discrimination and violence against transgender people. NCTE was founded in 2003 by transgender activists who recognized the urgent need for policy change to advance transgender equality. NCTE now has an extensive record winning life-saving changes for transgender people. NCTE works by educating the public and by influencing local, state, and federal policymakers to change policies and laws to improve the lives of transgender people. By empowering transgender people and our allies, NCTE creates a strong and clear voice for transgender equality in our nation's capital and around the country.

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The Report of the

**2015 U.S. Transgender Survey: Executive Summary**

by:

Sandy E. James, Jody L. Herman, Susan Rankin, Mara Keisling, Lisa Mottet, and Ma'ayan Anafi

**December 2016**

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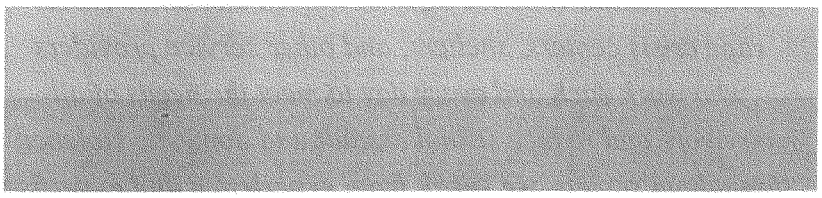
The full report of the 2015 U.S. Transgender Survey is available at www.USTransSurvey.org.

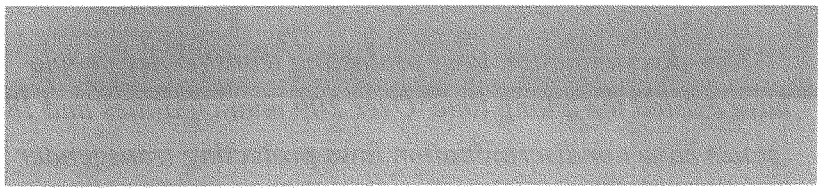
Updated December 2017

THE REPORT OF THE

# More than 250 Sexual Assault, Domestic Violence Organizations Condemn Anti-Trans Legislation

By HRC staff April 21, 2016





*Post submitted by Maureen McCarty, former HRC Deputy Director of Marketing*

Today, a broad coalition of more than 250 sexual assault and domestic violence organizations, led by the National Task Force to End Sexual and Domestic Violence Against Women, released a powerful statement calling for the end to the scourge of discriminatory anti-transgender

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*"States across the country have introduced harmful legislation or initiatives that seek to repeal nondiscrimination protections or restrict transgender people's access to gender-specific facilities like restrooms. Those who are pushing these proposals have claimed that these proposals are necessary for public safety and to prevent sexual violence against women and children. As rape crisis centers, shelters, and other service providers who work each and every day to meet the needs of all survivors and reduce sexual assault and domestic violence throughout society,* ***we speak from experience and expertise when we state that these claims are false****."*

*"Non-discrimination laws protecting transgender people have existed for a long time. Over 200 municipalities and 18 states have nondiscrimination laws protecting transgender people's access to facilities consistent with the gender they live every day. In some cases,* ***these protections have been in place for decades****. These laws have protected people from discrimination* ***without creating harm. ...***

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*transgender people to use the facilities that match the gender they live every day allows men into women's bathrooms or women into men's is based either on a flawed understanding of what it means to be transgender or a misrepresentation of the law."*

Earlier this week, the National Organization for Victim Assistance (NOVA) announced it would move its 42nd annual conference scheduled for this summer out of North Carolina in response to HB2. The conference is on target to draw well over 1,000 crime victim advocates from all over the United States.

HRC has been working across the country to halt anti-LGBT bills from passing. Earlier today, HRC announced that executives from the Alcoa Inc., BASF Corporation, Ben & Jerry's, Cascade Engineering, Dansko, Etsy, Green Mountain Power, Kickstarter, KPMG LLP, Live Nation Entertainment, New Belgium Brewing, New Seasons Market, Osceola Music, Patagonia, Self-Help, The Fresh Market, Vanguard, Warby Parker and Xerox Corporation have signed onto an open letter that now includes more than 180 leading CEOs and business leaders urging Governor Pat McCrory and the North Carolina General Assembly to repeal the radical provisions in the deeply discriminatory law that was rammed through the legislature on March 23rd.

HB 2 has eliminated existing municipal non-discrimination protections for LGBT people and prevents such protections from being passed by cities in the future. In addition, the legislation prevents transgender students in public schools from using restrooms and other facilities consistent with their gender identity. It also compels the same type of discrimination against transgender people to take place in publicly-owned buildings, including in public universities, major airports, and convention centers. Further, HB 2 revokes the ability to sue under state employment non-discrimination law on the basis of any protected characteristic, including race, religion, national origin, and sex. Lawmakers passed the legislation in a hurried, single-day session, and Governor McCrory quickly signed it into law in the dead of night. The discriminatory law is already facing a legal challenge, and North Carolina Attorney General Roy Cooper said he will refuse to defend it in court.

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public buildings, including the University of North Carolina campus and the Raleigh-Durham Airport. Cities still cannot adopt ordinances to prohibit discrimination against their residents and visitors. And HB 2 still prevents individuals from bringing discrimination suit in state courts.

# Gendered Restrooms and Minority Stress: The Public Regulation of Gender and its Impact on Transgender People's Lives

Jody L. Herman
*The Williams Institute*
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The designers of our built environment have created public facilities that are segregated by gender, such as public restrooms, locker rooms, jails, and shelters. Reliance upon gender segregation in our public spaces harms transgender and gender non-conforming people. This paper employs a minority stress framework to discuss findings from an original survey of transgender and gender non-conforming people in Washington, DC about their experiences in gendered public restrooms. Seventy percent of survey respondents reported being denied access, verbally harassed, or physically assaulted in public restrooms. These experiences impacted respondents' education, employment, health, and participation in public life. This paper concludes with a discussion of how public policy and public administration can begin to address these problems by pointing to innovative regulatory language and implementation efforts in Washington, DC and suggests other policies informed by the survey findings.

The concept of two separate and opposing genders – men and women – is entrenched in our society and reflected in our built environment. Public spaces throughout the United States are constructed with gender-segregated facilities, which serve to determine who is and is not allowed to use a particular space. Gender segregation is commonly found in public restrooms, locker rooms, dressing rooms, homeless shelters, jails, and prisons and is intended to provide safety, order, modesty, and security in these facilities. However, the concept of gender that underlies the design of these facilities ignores people who do not fit into a binary gender scheme, particularly transgender and gender non-conforming people. Traditional beliefs about gender are being challenged now more than ever and we must address the inadequacies of our built environment to meet the needs of all people regardless of gender.[1]

Restrooms in particular are an integral and necessary part of the built environment for our daily lives. All people share the real human need for safe restroom facilities when we go to work, go to school, and participate in public life. Since the need is universal, one

[1] For the purposes of this paper, "transgender" and "gender non-conforming" describe people whose gender identity or expression is different from those traditionally associated with their assigned sex at birth.

would think that it would be a priority of our society to make sure restrooms are safe and available for all people. Yet, the way gendered public restrooms are designed and constructed harms transgender and gender non-conforming people, some of whom may not conform to reified expectations of how men and women will look and act.

One way to conceptualize this harm is through a minority stress model. Minority stress develops by experiencing major stressors, such as when one is fired from a job, but can also develop through everyday experiences of disrespect and disparate treatment (Meyer 2003). Research on minority stress has found that it negatively impacts the mental health and social well-being of lesbian, gay, and bisexual people (Meyer 1995; Meyer 2003; Kertzner et al. 2009). Furthermore, lesbian, gay, and bisexual people may suffer minority stress as the result of prejudice and discrimination based on their gender non-conformity in addition to their sexual orientation (Gordon and Meyer 2007). Though these studies did not include transgender-identified participants, the findings on minority stress related to gender non-conformity suggest that minority stress models are appropriate to measure the impacts of prejudice and stigma experienced by transgender and gender non-conforming people.

This paper will utilize a minority stress framework to describe the experiences of transgender and gender non-conforming people when accessing and using gendered public restrooms. Data for this paper come from an original survey of transgender and gender non-conforming residents of Washington, DC, conducted in 2008 and follow-up interviews with selected survey participants. This survey collected data from 93 respondents on their experiences in gendered public restrooms in the DC metropolitan area, including experiences of denial of access, verbal harassment, and physical assault, and how those experiences impacted their education, employment, health, and participation in public life. Analysis of the survey data also will outline differences in these experiences based on race, income, and gender. Public restrooms fall under the purview of public policies that govern their design, construction, maintenance, and use. Public policy and public administration, therefore, can address problems that gender segregation creates. This paper will conclude by pointing to innovative public policy and public administration solutions that have created and implemented protections for transgender and gender non-conforming people and by taking a forward look at the role of gender segregation in urban planning and the built environment.

**Gender Segregation and Minority Stress**

Ilan Meyer (2003) outlined processes of minority stress as they relate to lesbian, gay, and bisexual (LGB) people. Meyer (2003) locates minority stressors on a range from distal to proximal. Distal minority stressors are those that are based on events external to the individual and unrelated to the individual's self-perception or identity. These could be acute events, such as experiencing an incident of violence or job loss due to being perceived as LGB, or chronic events, such as homelessness due to family rejection. Proximal minority stressors are those that are based in an individual's self-perception and identity. Meyer explains, "Minority identity is linked to a variety of stress processes; some LGB people, for example, may be vigilant in interactions with others (expectations of rejection), hide their identity for fear of harm (concealment), or internalize stigma (internalized homophobia)" (2003, 676).

Meyer has modeled and tested the relationship between these processes of minority stress and mental health outcomes for gay and bisexual people, finding that minority stress is associated with negative outcomes in social well-being and mental health (Meyer 1995; Meyer 2003; Kertzner, Meyer, Frost, and Stirratt 2009). Though Gordon and Meyer (2007)

found that LGB people suffer from prejudice, discrimination, and violence due to gender non-conformity, very little research has applied minority stress models directly to the experiences and health outcomes of transgender individuals and none have focused on gender segregation as a cause of minority stress (see, for example, Effrig, Bieschke, and Locke 2011; Garofalo, Emerson, and Mustanski 2010; Vilain and Sanchez 2009; Kelleher 2009). Without question, transgender and gender non-conforming individuals experience violence, stigmatization, and discrimination (see, for example, Grant et al. 2011; Stotzer 2009, and Lombardi et al. 2001). In the largest survey of trans people to date, transgender and gender non-conforming people reported being fired due to anti-transgender bias (26%), being harassed (78%) and physically assaulted (35%) at school, suffering double the rate of unemployment, and attempting suicide at alarming rates (41%) (Grant et al. 2011). Transgender and gender non-conforming people across the United States certainly are suffering the negative impacts and consequences of distal and proximal minority stressors. Furthermore, as a matter of tradition and policy, we have built minority stressors for transgender and gender non-conforming people into our very environment due to our reliance on gender segregation in public facilities.

The impact of gender segregation in transgender and gender non-conforming people's lives has received little attention or study in scholarly research and, as of this writing, no studies have been published in the fields of Public Policy and Public Administration on this topic. However, research in Sociology and by transgender organizations has provided descriptions of the experiences of transgender and gender non-conforming people in public restrooms. In *Queering Bathrooms: Gender, Sexuality, and the Hygienic Imagination*, sociologist Sheila Cavanagh presents findings from 100 interviews with lesbian, gay, bisexual, transgender, and intersex (LGBTI) people on their thoughts and experiences regarding public restrooms (2010). While Cavanagh's study is mainly a theoretical mapping of how public restrooms reinforce gender and sexuality norms and why LGBTI people are harmed in these spaces, she relates narratives from interview participants that describe instances of harassment, humiliation, arrest, and physical violence in public restrooms.

Organizations that serve the trans community have also conducted research on transgender and gender non-conforming people's experiences in public restrooms. The Transgender Law Center (TLC), in cooperation with the National Center for Lesbian Rights (NCLR), found in a survey of transgender people in San Francisco that 63 percent of 75 respondents to questions regarding experiences in public accommodations experienced denial of access and/or harassment at least once while using public restrooms (Minter and Daley 2003). In a separate, more qualitative survey of transgender people in San Francisco, Dylan Vade found that "out of 116 responses from those who did not identify as male or female, 48 people took the time to write out specific bathroom experiences, all negative. These experiences ranged from harassment to violence to getting fired" (Vade 2002, 2). Respondents reported being physically abused, verbally harassed, fired, arrested, and made ill from avoiding restrooms altogether. A 2007 study in Virginia found that public restroom facilities served as a barrier to health care for some respondents (Xavier, Honnold, and Bradford 2007). Out of the sample of 350 Virginians self-identified as transgender, 37 respondents (11 percent) reported that a "lack of appropriate restroom facilities" had prevented them from seeing a doctor or getting health care (Xavier, Honnold, and Bradford 2007, 17).

Original analysis of the two data sets from the San Francisco surveys revealed that respondents experienced problems differently and at differing rates based on race and ethnicity, gender identity, and income. People of color reported problems using restrooms at a much higher rate than white respondents.[2] People who were transitioning from female-to-male reported problems at a much higher rate than people who were transitioning from male-to-female. Lower income groups reported more restroom problems than higher income groups, though this difference was not significant when tested. These differences suggest that discrimination based on race and ethnicity, class, and gender is intertwined with and may exacerbate experiences of prejudice in gender-segregated spaces. The survey conducted for this study improves on these prior surveys by focusing specifically on gendered restrooms, collecting more detailed quantitative data on a wider range of experiences, while also providing a more nuanced understanding of the impact of problems in gendered restrooms though qualitative data collection.

**Survey Method and Analysis**

Washington, DC served as the site for this survey, which was targeted to transgender and gender non-conforming people who work, live, and/or attend school in the District.[3] As a "hard-to-reach" population, usual sampling techniques for randomization, such as random-digit dialing, were not feasible for this survey. This survey utilized a convenience sampling method designed to reach as many members of the target community as possible. The survey was open for four months beginning November 2008 and advertised and/or distributed directly through seven community organizations, one online community, and two local listserves, all of which serve the LGBT community in Washington, DC. Advertisements for the survey encouraged respondents to forward news of the survey on to others they think are part of the target respondent group. The survey was offered online, in print, and via one-on-one interview in order to be as accessible as possible for people without internet access or low literacy. An incentive to participate was included in the form of a lottery for one of four $50 cash prizes. Follow-up interviews were conducted with six survey participants: two young transgender men, one young and two older transgender women, and one male crossdresser.

Analysis of the survey data was conducted using descriptive statistics, cross tabulations, and where appropriate, Pearson's chi-square and Fisher's exact tests.[4] As noted above, prior research suggests that transgender and gender non-conforming people experience problems at different rates based on race, income, and gender, so analyses of those differences are presented. The survey contained open-ended questions that generated qualitative data, which, along with follow-up interview data, was coded and analyzed. Follow-up interviews conducted for this study offer more detailed qualitative data that

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[2] Original analysis was conducted by the author. Pearson's chi-square tests were conducted in this prior research. Unless otherwise noted, the findings reported here were found to be significant ($p < 0.05$).

[3] Data collection activities were originally conducted for the author's doctoral dissertation in cooperation with the DC Trans Coalition and received final approval from the George Washington University Institutional Review Board under IRB #080708, and all approval memos and approved documents are on file with the GWU IRB and the author.

[4] Pearson's chi-square tests and Fisher's exact tests are only generalizable with random samples. With a non-random sample, not only is the test not generalizable, but the test's ability to find statistical significance may be limited. Yet the test can be used to crudely measure a statistical relationship between two variables within the sample and provide hypotheses for future research. Chi-square tests of independence were performed when the expected value of each cell was 5 or higher. The Fisher's exact test, a test designed for use with thin cells, was used when any cell had an expected value of 4 or below. Test statistics and p-values are reported and will indicate which test was used.

allowed for better understanding of how people's experiences have impacted their lives by tracing and linking specific events to any subsequent impacts.

**Survey Sample Demographics**

The target population for the survey was transgender and gender non-conforming people who live, work, or have spent significant time in Washington, DC. Approximately 50 percent (n=47) of survey respondents lived in Washington, DC. DC-resident respondents came from all four quadrants of the city, with the majority living in the northwest quadrant. Only 3 of the 93 respondents lived in zip codes outside the Washington, DC metropolitan area, which includes northern Virginia and the Maryland suburbs.

Table 1 shows the racial/ethnic and age composition of the full survey sample and how it compares to the District of Columbia. Though nearly half of the survey respondents reside outside of Washington, DC, in Virginia or Maryland, this comparison gives a rough idea of how the survey sample differs from the general DC population.[5] In the survey sample, 67 percent of respondents identified as white only, 17 percent identified as Black or African American only, and 12 percent reported two or more races. This sample appears skewed in favor of white respondents. The survey sample is composed mainly of individuals 44 years old and younger. Compared to the DC population, the survey sample seems much younger overall.

**Table 1. Race and Age of the Survey Sample and the District of Columbia**

| Demographic | Survey Sample | | DC |
|---|---|---|---|
| | Frequency | Percent of Sample | Percent of Population |
| | Race/Ethnicity (n=93) | | |
| Black/African-American alone | 16 | 17% | 54% |
| Hispanic/Latin@ alone[6] | 2 | 2% | 9% |
| Native American/American Indian alone | 0 | 0% | <1% |
| Asian/Pacific Islander alone | 2 | 2% | 2% |
| White/Caucasian alone | 62 | 67% | 34% |
| Two or more races | 11 | 12% | 1% |
| | Age (n=93) | | |
| 18-24 | 34 | 37% | 14% |
| 25-34 | 30 | 32% | 24% |
| 35-44 | 15 | 16% | 18% |
| 45-54 | 8 | 9% | 16% |
| 55-64 | 5 | 5% | 14% |
| 65 and older | 1 | 1% | 14% |

*Source for DC Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008.*

[5] An analysis of just the DC-resident respondents did not show any impact on the trends observed in Table 1 except in the case of race. DC residents in the sample seemed slightly less skewed from the DC population than the sample as a whole: 60 percent identified as white only, 29 percent identified as Black or African American only, and 13 percent reported two or more races. Yet, regardless of the residency of the respondents, this sample appears skewed in favor of white respondents.

[6] The use of "@" in the word "Latin@" is sometimes used in written Spanish to make the word gender-neutral in a concise manner.

Table 2 presents the income and educational attainment of the survey sample and the District of Columbia. Nearly half of the survey sample and the population of the District of Columbia had annual individual incomes of $19,999 or less – 46 percent and 48 percent, respectively. While the third and fourth income quintiles seem slightly larger in the survey sample, DC appears to have a larger share in the highest income category, at 9 percent versus 5 percent in the survey sample. While there appears to not be a large difference in income, survey respondents in the survey sample report higher educational attainment than the DC population. The survey sample had fewer people in the three lowest categories of educational attainment, and markedly higher percentages for those who had some college (no degree) and those who completed a bachelor's degree.

**Table 2. Income and Educational Attainment of the Survey Sample and the District of Columbia**

| | Survey Sample | | DC |
|---|---|---|---|
| Demographic | Frequency | Percent of Sample | Percent of Population |
| | Income (n=92) | | |
| $0-$19,999 | 42 | 46% | 48% |
| $20,000-$39,999 | 17 | 18% | 20% |
| $40,000-$59,999 | 15 | 16% | 12% |
| $60,000-$99,999 | 13 | 14% | 11% |
| $100,000+ | 5 | 5% | 9% |
| | Educational Attainment (n=93) | | |
| 8th grade or less | 0 | 0% | 4% |
| Some high school (no diploma) | 6 | 6% | 9% |
| High school/GED | 9 | 10% | 18% |
| Some college (no degree) | 19 | 20% | 12% |
| Associate's degree | 4 | 4% | 3% |
| Bachelor's degree | 26 | 28% | 19% |
| Graduate/professional degree | 17 | 18% | 19% |

*Source for DC Data: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2008. Percentages in each category may not add to 100% due to rounding.*

Table 3 describes the gender identity of the survey respondents in four categories, arranged by respondents' sex assigned at birth and gender identity today. Sixty respondents (65 percent) were assigned female at birth. Thirty-seven of those respondents identified as a man, transgender, transsexual, and/or female-to-male (FTM). Twenty-three respondents assigned female at birth did not identify as transgender in any way, but identified themselves as gender non-conforming and/or genderqueer. Thirty-three respondents (35 percent) were assigned male at birth. Twenty-nine of these respondents identified as a woman, transgender, transsexual, and/or male-to-female (MTF). Four respondents assigned male at birth did not identify as transgender in any way, but identified themselves as gender non-conforming and/or genderqueer.

**Table 3. Self-Identified Gender and Transition Status of the Survey Sample**

| | Gender Identity (n=93) | | Has had any medical transition (n=49) | |
|---|---|---|---|---|
| Gender Identity Today | Frequency | % of Sample | Frequency | Row % |
| | Assigned Female at Birth (n=60) | | | |
| Man / Transgender / Transsexual / FTM | 37 | 40% | 24 | 65% |
| Gender Non-Conforming / Genderqueer (not trans identified) | 23 | 25% | 0 | 0% |
| | Assigned Male at Birth (n=33) | | | |
| Woman / Transgender / Transsexual / MTF | 29 | 31% | 24 | 83% |
| Gender Non-Conforming / Genderqueer (not trans identified) | 4 | 4% | 1 | 25% |

Table 3 above also shows medical transition status by each gender category. Overall, 49 respondents (53 percent) have had medical transition of some sort. Sixty-five percent of those transitioning from female-to-male (FTM) and 83 percent of those transitioning from male-to-female (MTF) have had some form of medical transition, which may include hormone treatment, surgery, and other medical treatments or procedures for purposes of gender transition. The most common medical treatment respondents reported was hormone treatment. Forty-five respondents reported having had hormone treatment; these 45 respondents comprise 48 percent of the sample and 92 percent of those who have had any medical transition.

**Survey Respondents' Experiences with Gendered Public Restrooms**

The survey assessed people's experiences accessing or using gender-segregated public restrooms by asking specifically about denial of access to facilities, verbal harassment, and physical assault. Overall, 65 respondents (70 percent) reported experiencing one or more of these problems. Eighteen percent of respondents have been denied access to a gender-segregated public restroom, while 68 percent have experienced some sort of verbal harassment and 9 percent have experienced some form of physical assault when accessing or using gender-segregated public restrooms. This section reviews the results of questions about denied access, verbal harassment, and physical assault provided through the survey and follow-up interviews and provides an analysis of each based on gender, race/ethnicity, and income.

*Denied Access*

Eighteen percent of respondents have been denied access to at least one gender-segregated public restroom in Washington, DC. Table 4 describes the income, race/ethnicity, and gender of those denied access to gender-segregated public bathrooms. Comparing the rates of those denied access in each of the lowest three income quintiles shows very little difference, at 21 percent, 24 percent, and 20 percent. Twenty-five percent of all Black or African American respondents were denied access to gendered public bathrooms, which is

slightly higher than the share of white respondents (18 percent) and respondents of two or more races (18 percent). Twenty-six percent of all female-to-genderqueer respondents were denied access, which is about 10 points higher than the other two gender categories reporting denied access. There appears to be no significant relationship between being denied access to public restrooms and income (*Fisher's exact* = 0.377), race/ethnicity ($\chi^2$ = 0.36, $p$ = 0.85), or gender ($\chi^2$ = 0.4073, $p$ = 0.816).

**Table 4. Denied Access to Gender-Segregated Public Restrooms by Income, Race/Ethnicity, and Gender**

| | Denied Access (n=17) | |
|---|---|---|
| Demographic | Frequency | % of row category |
| | Income (n=92) | |
| $0-$19,999 (n=42) | 9 | 21% |
| $20,000-$39,999 (n=17) | 4 | 24% |
| $40,000-$59,999 (n=15) | 3 | 20% |
| $60,000-$99,999 (n=13) | 1 | 8% |
| $100,000+ (n=5) | 0 | 0% |
| | Race/Ethnicity (n=93) | |
| Black/African-American alone (n=16) | 4 | 25% |
| Hispanic/Latin@ alone (n=2) | 0 | 0% |
| Asian/Pacific Islander alone (n=2) | 0 | 0% |
| White/Caucasian alone (n=62) | 11 | 18% |
| Two or more races (n=11) | 2 | 18% |
| | Gender (n=93) | |
| Transgender Female-to-Male (n=37) | 6 | 16% |
| Transgender Male-to-Female (n=29) | 5 | 17% |
| Female-to-Genderqueer (n=23) | 6 | 26% |
| Male-to-Genderqueer (n=4) | 0 | 0% |

*Verbal Harassment*

Sixty-eight percent of respondents reported experiencing at least one instance of verbal harassment in gender-segregated public restrooms. For purposes of this survey, "verbal harassment" was defined very broadly. These experiences could include, but were not limited to, having been told they were in the wrong facility (n=39), told to leave the facility (n=12), questioned about their gender (n=34), ridiculed or made fun of (n=19), verbally threatened (n=8), and stared at or given strange looks (n=56). Respondents also reported in qualitative responses having had the police called, having been confronted while using urinals, and being followed after using a facility.

Table 5 describes respondents' verbal harassment experiences by income, race/ethnicity, and gender. Eighty-two percent of those in the second income quintile ($20,000-$39,000) have experienced verbal harassment, which is the highest rate by income category in this sample. Black or African-American respondents reported the second-highest rate of verbal harassment (87 percent) and 64 percent of those reporting two or more races experienced verbal harassment. The percent of those who identified as gender non-conforming or genderqueer who have experienced verbal harassment is 78 percent for those assigned female at birth and 75 percent for those assigned male at birth. The rate of verbal harassment is relatively lower for those who identify as transgender female-to-male (68 percent) or transgender male-to-female (59 percent).

**Table 5. Verbal Harassment in Gender-Segregated Public Restrooms by Income, Race, and Gender**

| | Verbal Harassment (n=63) | |
|---|---|---|
| Demographic | Frequency | % of row category |
| | Income (n=92) | |
| $0-$19,999 (n=42) | 29 | 69% |
| $20,000-$39,999 (n=17) | 14 | 82% |
| $40,000-$59,999 (n=15) | 11 | 73% |
| $60,000-$99,999 (n=13) | 7 | 54% |
| $100,000+ (n=5) | 1 | 20% |
| | Race/Ethnicity (n=93) | |
| Black/African-American alone (n=16) | 14 | 87% |
| Hispanic/Latin@ alone (n=2) | 2 | 100% |
| Asian/Pacific Islander alone (n=2) | 1 | 50% |
| White/Caucasian alone (n=62) | 39 | 63% |
| Two or more races (n=11) | 7 | 64% |
| | Gender (n=93) | |
| Transgender Female-to-Male (n=37) | 25 | 68% |
| Transgender Male-to-Female (n=29) | 17 | 59% |
| Female-to-Genderqueer (n=23) | 18 | 78% |
| Male-to-Genderqueer (n=4) | 3 | 75% |

There seems to be no significant relationship between experiencing verbal harassment and one's race/ethnicity (*Fisher's exact* = 0.269) or gender (*Fisher's exact* = 0.517). However, experiencing verbal harassment is related to one's income ($\chi^2 = 4.396$, $p = 0.036$). Survey respondents who made $49,999 or less annually are more likely to experience verbal harassment than survey respondents who made $50,000 or more annually.

*Physical Assault*

Eight respondents (9 percent) reported experiencing at least one instance of physical assault in gender-segregated public restrooms. Like the term "verbal harassment" discussed above, "physical assault" was defined very broadly in this survey to capture a range of experiences respondents had where an altercation involving physical contact with others occurred. These experiences could include, but were not limited to, having been physically removed from the facility (n=4), hit or kicked (n=2), physically intimidated and/or cornered (n=6), and slapped (n=1). One transgender male-to-female respondent reported having been sexually assaulted while using the men's room.

Table 6 describes the distribution of experiences of physical assault by income, race/ethnicity, and gender. In this sample, there is a marginal relationship between race/ethnicity and experiences of physical assault (*Fisher's exact* = 0.078). This suggests that people of color in this sample were more likely than white respondents to experience physical assault. There is also a marginal relationship between income and physical assault in this sample (*Fisher's exact* = 0.056). Respondents making less than $50,000 annually in this sample were more likely to experience physical assault than respondents making $50,000 or above. There seems to be no relationship between gender and physical assault in this sample (*Fisher's exact* = 0.530).

**Table 6 Physical Assault in Gender-Segregated Public Restrooms by Income, Race, and Gender**

| Demographic | Physical Assault (n=8) | |
|---|---|---|
| | Frequency | % of row category |
| | Income (n=92) | |
| 0 to $19,999 (n=42) | 5 | 12% |
| $20,000-$39,999 (n=17) | 2 | 12% |
| $40,000-$59,999 (n=15) | 1 | 7% |
| $60,000-$99,999 (n=13) | 0 | 0% |
| $100,000+ (n=5) | 0 | 0% |
| | Race/Ethnicity (n=93) | |
| Black/African-American alone (n=16) | 3 | 19% |
| Hispanic/Latin@ alone (n=2) | 0 | 0% |
| Asian/Pacific Islander alone (n=2) | 0 | 0% |
| White/Caucasian alone (n=62) | 3 | 5% |
| Two or more races (n=11) | 2 | 18% |
| | Gender (n=93) | |
| Female-to-Male (n=37) | 2 | 5% |
| Male-to-Female (n=29) | 4 | 14% |
| Female-to-Genderqueer (n=23) | 2 | 9% |
| Male-to-Genderqueer (n=4) | 0 | 0% |

**Impact of Gendered Restrooms in Education, Employment, Health and Public Life**

A single experience of denied access, verbal harassment, or physical assault is certainly a problem in its own right. These experiences, however, can have far-reaching effects that impact people's lives. Experiences of discrimination can impact people's lives in many ways, even leading to poverty or to negative health consequences (Grant et al. 2011). This survey sought to assess the impact on people's lives in four areas: education, employment, health, and participation in public life.

*Education*

Thirty-one respondents currently attend or have attended school in Washington, DC. Forty-two percent of these respondents reported being denied access to and/or verbally harassed in restrooms at their school in DC. Ten percent of the 31 respondents reported that incidents of denied access to and/or verbal harassment in restrooms negatively impacted their education in some way. One respondent had excessive absences due to problems with using restroom facilities. Another respondent reported that problems with restrooms caused poor performance as well as excessive absences. One former DC student reported that she had performed poorly in school and had to change schools; she finally dropped out of school due to problems with restrooms.

Although other respondents reported that problems using these facilities at school did not affect their education, some reported that accessing and using restrooms was disruptive to their daily life at school. For example, students reported avoiding going to the restroom at school when they needed to or having to find restrooms that had very little traffic. In a follow-up interview, a young transgender man described the situation at his school where school administration required him to use the restroom in the guidance office instead of the regular men's restrooms. He explains:

> The ones in the guidance office are supposed to be unisex, but they're still marked men/women, so I don't feel comfortable using the one

> marked women and then I have to wait an hour before I can try going there again. . . There's not always a line, but we only have ten minutes between classes, so if the bathroom is occupied, I don't have any time to wait. It's also not easy to leave during class, which means I would have to go back at the end of class.

This situation distracted him in class both because of his need to remain continent in the face of physical discomfort and his anxiety about finding an available restroom at the end of the class period.

*Employment*

Sixty survey respondents have worked in Washington, DC. Twenty-seven percent of these respondents reported being denied access and/or verbally harassed while using restrooms at their place of employment in DC. Thirteen percent reported that problems of denied access to and/or verbal harassment in restrooms at work affected their employment in some way. Four of these respondents changed jobs or quit their job. Four respondents reported that problems using these facilities contributed to poor job performance, excessive absences, and excessive tardiness.

Other respondents discussed how problems with gender-segregated restrooms at work caused them other kinds of complications. One respondent described having to deal with co-worker resentment, "When I transitioned at work, some of the other women complained behind my back because they didn't want me to use the women's room along with them, and at least one of them started going to the women's room on a different floor of the building just to shun me." Another respondent explained how he carefully planned for restroom use:

> I felt forced to make sure I used the bathroom before I left the house and did not use the public restroom unless I was 100% [sure] there was no one in there or [I would] go to a different floor that I didn't work on where I was less likely to encounter the same jerks, or I waited until I got home to use the bathroom [because] I usually didn't feel safe at all using the restrooms in public.

Another respondent reported that problems using the restroom caused him to plan out what time he would use the restroom so he could avoid confrontations.

*Health*

Fifty-four percent of respondents reported having some sort of physical problem from trying to avoid using public bathrooms, all of whom reported that they "held it" to avoid public restrooms. Health problems that respondents reported due to avoiding using public bathrooms include: dehydration (n=9), urinary tract infections (n=7), kidney infection (n=2), and other kidney-related problems (n=2). Six percent of respondents have seen a doctor for health problems caused by avoiding public restrooms.

Respondents described additional health problems due to avoiding public restrooms. One respondent explained, "I had avoided using public bathrooms for so many years and would hold it when I needed to go that now my bladder is weaker." Another respondent described how excessive continence might aggravate an existing medical condition: "I have kidney problems already. I know it's not good for me to hold it, but the alternative could be much worse."

In addition to the physical problems caused by avoiding public restrooms, some respondents have avoided getting health care when they needed it. Nine percent of respondents have avoided going to a hospital, healthcare facility, or doctor's office because those facilities have gender-segregated restrooms. One respondent avoided going to the doctor when he got a urinary tract infection. He explained: "I knew when I had contracted an infection from holding it daily and [I] drank a lot of prune juice and used a friend's left over prescription to get rid of it. I didn't want to hear the lecture from a medical professional." The lecture he did not want to hear was instruction from a doctor not to avoid using the restroom when he needed to go.

*Participation in Public Life*

Problems or expectation of problems with gender-segregated public facilities can impact a person's participation in public life, causing him or her to refrain from going to public places or attending public events. Fifty-eight percent of respondents reported that they have avoided going out in public due to a lack of safe restroom facilities. Thirty percent of respondents reported not attending a specific event for a variety of reasons related to public restrooms. The most common reasons for avoiding an event were that the length of the event was too long to avoid using the restroom (n=20) and a lack a familiarity with the venue where the event was being held (n=18). Respondents also reported avoiding events because the event was not important enough to risk problems with restrooms (n=17), restrooms at the event seemed unsafe (n=15), and there would be no friends or people the respondent knew at the event who could help navigate the restroom (n=14).

Thirty-eight percent of respondents reported avoiding particular public places because they only have gender-segregated facilities available. The places respondents most frequently avoided include shopping malls, retail stores, restaurants, gyms, and bars, including gay bars. Conversely, 49 percent reported that they will plan their route through certain areas of the city or will go to a specific place because they know there are safe restrooms there to use. One respondent described a similar strategy she used as follows:

> Given that the anti-androgen most MTF [transsexual] folks have to take, Spiro, causes frequent urination, I quickly learned where all the safe bathrooms were when having to go into Washington, DC. Once I found safe places, I plotted my travel routes to be near them, and I avoided going very much beyond those set routes.

Respondents offered other strategies they use to navigate gendered public restrooms. Common strategies involved finding gender-neutral restrooms, having a friend along for a trip to the restroom, using the restroom at home before going out in public, and if necessary, swinging by a nearby friend's house to use the restroom. Other suggestions respondents offered include using the restroom during "off peak" hours when traffic is low and avoiding places where one has previously had problems using the restroom. One respondent uses a strategy that combines several elements: "Stay out in DC for short periods of time. Scout bathroom options. If men's and women's entrances are very close and the bathrooms are not currently in use, I will use them. If there is a line to use the restrooms, I will not. Standing in line usually always results in verbal abuse or denial of access."

Respondents also noted that the ability to "pass" in restrooms is important in avoiding problems when using them. As one respondent put it, "There are tricks to passing in the bathroom. I have never been 'caught.'" One respondent, who self-identified as a butch lesbian, described a strategy that involves singing: "I sing and/or talk to people and feminize my walk every time I enter a public bathroom. I do this to help clue people in to

the fact that I am a woman without announcing it. It works under 50% of the time. I am often still read as a man."

**Gender Segregation as a Cause of Minority Stress**

Minority stressors created by gender segregation range from the distal to the proximal. Seventy percent of survey respondents experienced denied access, verbal harassment, and/or physical assault when trying to access or while using gendered public restrooms. Respondents experienced these problems in public places, at work, and at school. These experiences of distal stressors created expectations of problems in these spaces, causing some to hide from public life. These more proximal stressors that survey participants reported included absences from work and school, poor performance at work or school, choosing to not participate in public life, avoiding particular places or events, and having to develop strategies to navigate gendered restrooms. While some specific negative impacts on physical health were discussed through the survey, such as bladder infections and distress, it is reasonable to assume there is an impact on the mental health of those who suffer this type of minority stress (see, for example, Lombardi and Bettcher 2005).

This survey was not designed to measure mental health outcomes based on the minority stress study participants experienced, but many offered narratives that describe possible impacts on mental health. Experiencing consistent problems in gender-segregated public restrooms can contribute to a sense of stigmatization and ubiquitous discrimination. In a follow-up interview, a participant discussed the dangers of constant harassment:

> There have been plenty of times where, for example, in the women's bathrooms when women say mean things about me to their friends but not to my face, that's really emotionally damaging, and that, to me, that's dangerous. . . . I mean, we are talking about someone's gender identity, which is something that is so fundamental to who people are. People questioning that, and having that questioned on a daily basis can and does lead to self-harm and even suicide and all sorts of things. Verbal harassment and even non-verbal harassment, people just staring at you, can be dangerous.

No survey respondents reported that problems navigating gendered public facilities directly contributed to any self-harm, but several respondents expressed dismay or sadness due to other people consistently challenging their gender identity. One respondent remarked, "It's depressing to have to often explain my gender identity when others don't have to." Another respondent explained, "I just hope I never have to experience these negative experiences, though it appears this it is all very possible based upon past happenings. I am sad, about all this stuff." One respondent predicted a future threshold where consistent glares would finally cause her to avoid using public restrooms altogether. She stated, "I do not really avoid any place because I am at the moment not at a limit with the uncomfortable stares and glares I get." One respondent offered an apt summary statement to the complexities of problems restrooms create when she stated, "Subtlety is the key to cruelty."

The survey findings presented above describe the minority stressors that result from our reliance on gender segregation in our built environment. Certainly individual actors who would deny access, harass, or physically assault anyone in public spaces are responsible for their actions in those instances, but gender segregation immediately creates a system of surveillance and policing of public spaces based on subjective assessments of a person's gender and gender expression (Cavanagh 2010). Transgender and gender non-conforming

people must navigate a public world organized around gender and be subject to this type of surveillance when using gendered spaces. Minority stress for these groups of people is literally built into our environment. Further research is needed to better understand the mental health impacts of gender segregation for transgender and gender non-conforming people.

**Limitations**

This study should be viewed as an exploratory study, which provides a definition of the problems that gender segregation creates for transgender and gender non-conforming people and seeks to establish this problem as one that public policy and public administration should address. Continued research on this subject is warranted, both to further establish an understanding of the problems related to minority stress for transgender and gender non-conforming people, particularly as it pertains to gender segregation, and the solutions that public policy and public administration can offer. Future research endeavors similar to this study would benefit from improved sampling methods that allow for greater generalizability, better representation of the demographics of the underlying population, and a more sophisticated accounting of gender transition. In over-representing white respondents, the results of this survey are likely biased toward finding fewer reported incidents in gender-segregated restrooms, particularly in the area of physical assault. Since this survey limited responses to experiences in Washington, DC, rather than over the lifetime of the respondents, results may be biased toward fewer reported incidents. Several survey respondents remarked that they had moved to Washington, DC after they transitioned gender and experienced much fewer problems after having transitioned. Researchers would improve upon this study by better accounting for the temporal nature of gender for study participants who have transitioned or will transition gender.

**Conclusion**

Transgender and gender non-conforming people can find themselves in danger in the gendered spaces in our built environment. Until public policy and public administration can meet the challenge to address this problem and rethink our reliance on gender segregation in our built environment, the onus will always be on the individual to try to navigate these spaces safely. In considering the role gender segregation plays in our environment, we should consider whether gender segregation is necessary to organize our public spaces. This is something that many legislators, public officials, and administrators are currently grappling with as transgender and gender non-conforming people have increased their visibility, formed political coalitions in the United States, and organized to make known the issues and problems they encounter in our society. While some jurisdictions have responded to the call to make changes to their policies and public spaces, many have not yet taken on this challenge but undoubtedly must face it in the future.

There are some models of public policy and public administration initiatives that have begun to address the problems gender segregation creates in public restrooms. For instance, statutory language that gives transgender and gender non-conforming people legal protections in restrooms have been adopted in the state of New Jersey, the cities of Oakland, Boston, Denver, and Boulder, and several jurisdictions within the state of Oregon. Enforcement regulations, which are drafted and implemented by government agencies, provide restroom protections in the cities of San Francisco, New York, and Washington, DC. Washington, DC's enforcement regulations contain the strongest language in the

country in regard to gender-segregated public facilities and serve as a good model for creation of public policy and implementation to address this problem.

In 2005, the DC Human Rights Act was amended to include "gender identity or expression," and enforcement regulations for this amendment were adopted in 2006 that cover gender-segregated public facilities. These enforcement regulations for the DC Human Rights Act not only protect the rights of people to use the public facility consistent with their gender identity, but also mandate the creation of more gender-neutral restrooms in the District. Single-occupancy public restrooms in DC are now required to be gender-neutral. This requirement makes the enforcement regulations in DC the strongest in the country as of this writing. Implementation of the regulations is ongoing, with the DC Office of Human Rights working in conjunction with local advocacy groups, like the DC Trans Coalition and the DC Center, to identify and educate businesses that are out of compliance.

In addition to adopting legal protections for transgender and gender non-conforming people and creating more gender-neutral restrooms, transition-related health care coverage for transgender individuals must be considered as part of any public policy solution to the problems transgender people experience in gendered spaces. Participants in the survey for this paper suggested that medical gender transition decreases instances of denied access, harassment, and physical assault. Indeed in this sample, people who had any medical treatments or procedures to transition were less likely to experience harassment than those who had not transitioned ($\chi^2 = 5.0107$, $p = 0.025$). People assigned male at birth who had undergone electrolysis or laser hair removal for facial hair were less likely to experience verbal harassment than those assigned male at birth who had not ($\chi^2 = 11.2108$, $p = 0.001$). Significant barriers exist to getting medical transition treatments and procedures for those who need them. Fifty-two respondents said they wanted to have some (or more) transition-related medical treatments or procedures, but 63 percent said they cannot afford it. Eighty-five percent of these respondents said they would be more likely to get the medical treatments or procedures they want if they had insurance that covered them. Expanding access to transition-related health care for transgender people would be an important part any public policy initiative to address the problems created by gender segregation.

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# Victims

In the Uniform Crime Reporting (UCR) Program, the victim of a hate crime may be an individual, a business/financial institution, a government entity, a religious organization, or society/public as a whole. In 2017, the nation's law enforcement agencies reported that there were 8,828 victims of hate crimes. Of these victims, 335 were victimized in separate multiple-bias incidents.

The Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act of 2009, 18 U.S.C. §249 required the FBI to collect data concerning hate crimes committed by or directed against juveniles. Beginning in 2013, law enforcement began reporting the number of victims who are 18 years of age or older, the number of victims under the age of 18, and the number of individual victims. Of the 5,803 individuals for which victim age data were reported in 2017, 5,125 hate crime victims were adults, and 678 hate crime victims were juveniles.

In 2013, the national UCR Program began collecting revised race and ethnicity data in accordance with a directive from the U.S. Government's Office of Management and Budget. The race categories were expanded from four (White, Black, American Indian or Alaska Native, and Asian or Other Pacific Islander) to five (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander). The ethnicity categories changed from "Hispanic" and "Non-Hispanic" to "Hispanic or Latino" and "Not Hispanic or Latino." (See the Methodology for more information about this program change as well as others.)

**By bias motivation (Based on Table 1.)**

An analysis of data for victims of single-bias hate crime incidents showed that:

- 59.6 percent of the victims were targeted because of the offenders' bias against race/ethnicity/ancestry.
- 20.6 percent were victimized because of bias against religion.
- 15.8 percent were targeted because of bias against sexual orientation.

- 1.9 percent were targeted because of bias against disability.
- 1.6 percent were victims of gender-identity bias.
- 0.6 percent (54 individuals) were victims of gender bias.

Further examination of these bias categories showed the following details:

***Racial/ethnicity/ancestry bias (Based on Table 1.)***

Among single-bias hate crime incidents in 2017, there were 5,060 victims of race/ethnicity/ancestry motivated hate crime.

- 48.6 percent were victims of crimes motivated by their offenders' anti-Black or African American bias.
- 17.1 percent were victims of anti-White bias.
- 10.9 percent were victims of anti-Hispanic or Latino bias.
- 6.3 percent were victims of anti-American Indian or Alaska Native bias.
- 4.5 percent were victims of bias against a group of individuals in which more than one race was represented (anti-multiple races, group).
- 3.3 percent were victims of anti-Asian bias.
- 2.6 percent were victims of anti-Arab bias.
- 0.4 percent (18 individuals) were victims of anti-Native Hawaiian or Other Pacific Islander bias.
- 6.4 percent were victims of anti-Other Race/Ethnicity/Ancestry bias.

***Religious bias (Based on Table 1.)***

Of the 1,749 victims of anti-religious hate crimes:

- 58.1 percent were victims of crimes motivated by their offenders' anti-Jewish bias.
- 18.6 percent were victims of anti-Islamic (Muslim) bias.

- 4.3 percent were victims of anti-Catholic bias.
- 3.3 percent were victims of bias against groups of individuals of varying religions (anti-multiple religions, group).
- 2.3 percent were victims of anti-Protestant bias.
- 1.8 percent were victims of anti-Other Christian bias.
- 1.5 percent were victims of anti-Eastern Orthodox (Russian, Greek, Other) bias.
- 1.5 percent were victims of anti-Sikh bias.
- 0.9 percent (15 individuals) were victims of anti-Hindu bias.
- 0.9 percent (15 individuals) were victims of anti-Mormon bias.
- 0.7 percent (13 individuals) were victims of anti-Jehovah's Witness bias.
- 0.7 percent (12 individuals) were victims of anti-Buddhist bias.
- 0.5 percent (8 individuals) were victims of anti-Atheist/Agnostic bias.
- 4.9 percent were victims of bias against other religions (anti-other religion).

***Sexual-orientation bias (Based on Table 1.)***

Of the 1,338 victims targeted due to sexual-orientation bias:

- 57.8 percent were victims of crimes motivated by their offenders' anti-gay (male) bias.
- 24.9 percent were victims of anti-lesbian, gay, bisexual, or transgender (mixed group) bias.
- 12.3 percent were victims of anti-lesbian bias.
- 2.8 percent were victims of anti-heterosexual bias.
- 2.2 percent were victims of anti-bisexual bias.

***Disability bias (See Table 1.)***

Of the 160 victims of hate crimes due to the offenders' biases against disabilities:

- 123 were targets of anti-mental disability bias.
- 37 were victims of anti-physical disability bias.

***Gender-identity bias (See Table 1.)***

Of the 132 victims of gender-identity bias:

- 119 were victims of anti-transgender bias.
- 13 were victims of anti-gender non-conforming bias.

***Gender bias (See Table 1.)***

Of the 54 victims of hate crime motivated by offenders' biases toward gender:

- 28 were categorized as anti-female.
- 26 were anti-male.

**By crime category (Based on Table 2.)**

Of the 8,828 victims of hate crime, 57.6 percent were victims of crimes against persons, and 39.7 percent were victims of crimes against property. The remaining 2.7 percent were victims of crimes against society.

**By offense type**

***Crimes against persons (Based on Table 2.)***

In 2017, 5,084 victims of hate crimes were victims of crimes against persons. Regarding these victims and the crimes committed against them:

- 44.9 percent of the victims were intimidated.
- 34.3 percent were victims of simple assault.
- 19.5 percent were victims of aggravated assault.

- 0.5 percent (23) were victims of rape.
- 0.3 percent (15) were murdered.
- 1 individual was a victim of human trafficking, commercial sex acts.
- 0.5 percent (27) were victims of other types of offenses, which are collected only in the National Incident-Based Reporting System (NIBRS).

***Crimes against property (Based on Table 2.)***

In 2017, 3,506 victims of hate crimes were victims of crimes against property. Of these:

- 73.7 percent were victims of destruction/damage/vandalism.
- 10.8 percent were victims of larceny-theft.
- 5.3 percent were victims of burglary.
- 4.9 percent were victims of robbery.
- 1.7 percent were victims of arson.
- 1.3 percent (44) were victims of motor vehicle theft.
- 2.4 percent were victims of other types of hate crime offenses, which are collected only in NIBRS.

***Crimes against society (See Table 2.)***

There were 238 victims of hate crimes categorized as crimes against society. Crimes against society (e.g., weapon law violations, drug/narcotic offenses, gambling offenses) represent society's prohibition against engaging in certain types of activity; they are typically victimless crimes in which property is not the object.

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# Gender Identity Nondiscrimination Laws in Public Accommodations: a Review of Evidence Regarding Safety and Privacy in Public Restrooms, Locker Rooms, and Changing Rooms

Sexuality Research and Social Policy

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## Abstract

Legislation, regulations, litigation, and ballot propositions affecting public restroom access for transgender people increased drastically in the last three years. Opponents of gender identity inclusive public accommodations nondiscrimination laws often cite fear of safety and privacy violations in public restrooms if such laws are passed, while proponents argue that such laws are needed to protect transgender people and concerns regarding safety and privacy violations are unfounded. No empirical evidence has been gathered to test such laws' effects. This study presents findings from matched pairs analyses of localities in Massachusetts with and without gender identity inclusive public accommodation nondiscrimination ordinances. Data come from public record requests of criminal incident reports related to assault, sex crimes, and voyeurism in public restrooms, locker rooms, and dressing rooms to measure safety and privacy violations in these spaces. This study finds that the passage of such laws is not related to the number or frequency of criminal incidents in these spaces. Additionally, the study finds that reports of privacy and safety violations in public restrooms, locker rooms, and changing

rooms are exceedingly rare. This study provides evidence that fears of increased safety and privacy violations as a result of nondiscrimination laws are not empirically grounded.

## Keywords

Transgender Gender identity Discrimination Safety Restroom Public accommodations Law

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## Notes

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### Compliance with Ethical Standards

### Ethical Approval

This article does not contain any studies with human participants or animals performed by any of the authors. An IRB exemption was obtained by the authors for use of de-identified criminal record data (IRB#15-001060).

### Conflict of Interest

Amira Hasenbush declares that she has no conflict of interest. Andrew Flores declares that he has no conflict of interest. Jody Herman declares that she has no conflict of interest.

## Appendix: Placebo Matched Pairs Analysis

The analysis was re-conducted using a second matching procedure. Localities with clear GIPANDOs were matched to localities that clearly did not have a GIPANDO, and localities with limited GIPANDOs (i.e., Brookline and Cambridge) were also matched to localities that clearly did not have a GIPANDO (see Table 2). The limited GIPANDOs offer a type of placebo comparison, where a policy was introduced but not clearly inclusive of the protections that are afforded in localities with clear GIPANDOs.

Table 4 provides a contingency table showing the average annual number of incidents, similar to the analysis in the report. For this analysis, there were three levels of treatment: a group of localities with clear GIPANDOs, a limited GIPANDO group that introduced a gender identity policy, but made exceptions or lacked clarity on restrooms, and the matched localities group without GIPANDOs. There were fewer overall incidents in the group with clear GIPANDOs when compared to the matched localities, but there were no apparent patterns of an increase in victimization in the timeframe after passage. These differences were also not significantly different from one another. A Fisher's exact test indicated that there was no significant relationship between GIPANDOs and restroom crimes. An estimate of the before-and-after changes between the localities with clear GIPANDOs and their matched pairs of the average proportion of monthly incidents in locations also showed no statistically significant difference. There does not appear to be a relationship between policy introduction and restroom incidents. Again, here, even if there were many more localities, a statistical power analysis found that it is unlikely that there would be a statistically significant difference between GIPANDO localities and matched localities. If there was a sample with 50 matched pairs with observed effect size at 90% power, then a one-tailed alpha would be 0.85, suggesting that the null hypothesis of no difference would also fail to be rejected with a greater number of matched pairs.

**Table 4**

Average number of incidents per year as documented by police departments by localities with clear GIPANDOs, limited GIPANDOs and matched localities before-and-after policy passage

| | Localities with clear GIPANDOs | Localities with limited GIPANDOs | Matched localities without GIPANDOs | Difference per 100,000 (clear-matched) |
|---|---|---|---|---|
| Before passage | 1.0 (0.26 per 100,000) [− 0.91 per 100,000, 1.44 per 100,000] | 1.5 (2.55 per 100,000) [− 0.07 per 100,000, 5.18 per 100,000] | 2.5 (1.07 per 100,000) [− 0.00 per 100,000, 2.15 per 100,000] | − 0.81 per 100,000 [− 2.40 per 100,000, 0.78 per 100,000] |
| After passage | 1.5 (0.63 per 100,000) [− 0.54 per 100,000, 1.81 per 100,000] | 0.5 (0.85 per 100,000) [− 1.78 per 100,000, 3.48 per 100,000] | 3 (1.32 per 100,000) [0.24 per 100,000, 2.39 per 100,000] | − 0.68 per 100,000 [− 2.27 per 100,000, 0.91 per 100,000] |
| Change per 100,000 (after−before) | 0.37 per 100,000 [− 1.29 per 100,000, 2.03 per 100,000] | − 1.70 per 100,00 [− 5.42 per 100,000, 2.01 per 100,000] | 0.24 per 100,000 [− 1.27 per 100,000, 1.76 per 100,000] | 0.13 per 100,000 [− 2.12 per 100,000, 2.38 per 100,000] |
| Total annual average | 1.25 (0.45 per 100,000) [0.05 per 100,000, 0.85 per 100,000] | 1.0 (1.70 per 100,000) [0.24 per 100,000, 3.16 per 100,000] | 2.75 (1.19 per 100,000) [0.29 per 100,000, 2.10 per 100,000] | |

Notes: Average annual crime rate in incidents per 100,000 people are in the parentheses; 90% confidence intervals are in the brackets;
$\chi_2^2 = 1.42; p = 0.49$; Fisher's exact $= 0.658$ . Difference-in-difference = 0.41, bootstrapped S.E. = 1.05, $p = 0.699$

Similar to before, we assessed trends in crime rates between these localities. This way, it could be assessed whether trends in crime rates increased in clear GIPANDO localities and limited GIPANDO localities, as compared to their matched localities. The figure limits the timeframe to 12 months before and 12 months after the passage of the local GIPANDOs. A 12-month window was chosen because some localities in this analysis were asked to provide incidents within a two-year timeframe, so we restrict the plot to the timeframe common to all localities.

In Fig. 3, the model included differences between localities with clear enforceable GIPANDOs that applied to restrooms and their matched localities (black line), and differences between the limited GIPANDOs with unclear enforceability or restroom exceptions and their matched localities (gray line). The local regressions showed a lot of overlap between and across these three groups. As opposed to the analysis in the body of the report, which showed slightly lower crime rates in the GIPANDO localities as compared to their matched pairs after policy introduction, there was no statistically significant difference in the average monthly proportion of criminal incidents in restrooms both over time and across contexts.

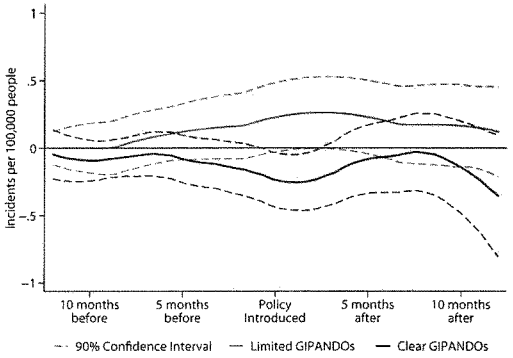


Fig. 3

Differences in the average monthly rate of criminal incidents in public restrooms, locker rooms and changing rooms among localities with clear GIPANDOs and limited GIPANDOs compared to matched localities without GIPANDOs. Notes: 90% confidence intervals represented by dashed lines; negative values show lower rates of victimizations in GIPANDO localities compared to matched localities before, during, and after policy introduction.

These results indicate that changes in the average rate of criminal incidents are not related to the passage of GIPANDOs. The limited GIPANDOs provide another source of comparison, and these additional comparisons indicate that clear GIPANDOs are not uniquely related to increases in average rates of criminal incidents.

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Mrs. MCBATH. The chair now recognizes the gentleman from Louisiana.

Mr. RICHMOND. Thank you, Madam Chairwoman.

Judge, and I know that in your testimony you mentioned a case, and I want to mention a case, and I would like to know how it would be handled today. It was actually my first case out of law school, which was a child in need of care case where they actually terminated the parental rights for a young lady to her four children.

In the facts of the case, the boyfriend, the live-in boyfriend, was an abuser. He abused her and he severely injured one of the children with abusive whipping. The State then filed to terminate her parental rights. And ultimately, the State won, I lost, and they terminated her parental rights. Now, she didn't go to jail. She didn't get convicted of a crime, but she lost her four children. And the only partially good thing was that the family that was going to take them would allow her to try to maintain a relationship with them.

But when we start talking about terminating a mother's right to raise her children, how would that case happen today? How would that case be resolved today?

Ms. GONZALEZ. Congressman, thank you for the question. It really comes down to what was said before was, hey, if you can't keep your kids safe, then you don't get to keep your kids. And so they—there was a mentality then, right, that the violence in the home was her fault, that it was her responsibility to protect her children. Without understanding the entire movie, as I have indicated before, we were looking at a photograph of this family instead of the full movie of that family.

That changes today because I have trained social workers that understand the dynamics of domestic violence, I have prosecutors that understand the dynamics, and I have law enforcement who make that initial call to understand and look behind what is really happening here.

[Audience disruption.]

Mr. LIEU [presiding]. Could we have some order, please?

Thank you. Thank you. We got it. Appreciate it. We need to continue the hearing. So if you could please escort her out of the room kindly, that would be great. Thank you.

Ms. GONZALEZ. Congressman, I have that passion in my courtroom all the time.

Mr. RICHMOND. And I will just tell you that I felt the exact same way that she did when I lost that case and those rights were terminated. The case subsequently went up to the Supreme Court and so on.

What about CASA and their positions and their evolution, or has there been an evolution with CASA to understand the dynamics of——

Ms. GONZALEZ. Absolutely. What—what happens with—with VAWA is it just turned things into a different perspective. It—once you have a judge that is trained using those VAWA funds to understand the importance of this dynamic, they come back. They bring everybody to the table. They bring CASA. They bring the prosecutor. They bring their community resources to say this cannot be

the way we do this, because all we are doing is traumatizing children.

Those children whose parental rights were terminated, they are going to try and go back to that biological family anyway. They are going to find their home, and we—we have not done what we needed to do for them because we, the system, made ourselves feel better. It is better if that mother doesn't have these kids. We don't have to worry about this family anymore. That is not the solution. The solution is how do we make that mom and those kids have a healthy, happy relationship together?

And by the way, that dad who was involved in that violence, there is—there is and there needs to be a pact for parents and fathers to—to parent after violence. And that has been a change that has come across over the last 24 years, and that has come across because of VAWA.

Mr. RICHMOND. Yeah. And I—but let's make the point that, yeah, I do want the biological father back involved, but there should be some real steps before.

Let me ask another question. Anybody can answer this. Also while I was in law school, I intervened in a situation and called a domestic violence hotline that no one answered. So my question to anybody who can answer it, what is your experience with these hotlines? Are they underfunded?

Because what it does is put out there a false sense of hope, and then when you call it and no one answers, then all of a sudden, the person is in a worse place than where we began. And by the way, the husband was taken away, and the police did not arrest him because she didn't want to press charges, on a Friday, because she didn't want him to stay on the weekend. He came back Sunday night and killed her Monday morning.

So that is why these hotlines are important and emergency shelter and those things. So just tell me about the hotline. I think my time has expired, but if you could tell me about the hotline, it would be important.

Ms. VALENTE. You raise an important point. Everyone who reaches out to a hotline should be able to receive services and a response, and we need the funding to make sure that that will happen.

You also answered your question in what you stated. It is very difficult to raise private funding for services like this. It is an overwhelming amount of funding. We really do believe that the government has a responsibility to support, you know, national hotlines, State-level hotlines, local ones. People make different choices about where they are going to reach out, and we want to have all of those resources available. They are all chronically underfunded.

Mr. RICHMOND. Mr. Chairman, if I just could have 15 seconds.

Mr. LIEU. Go ahead.

Mr. RICHMOND. I would like to add that there is a lot of hope for me in this conversation. I had an elderly Black couple in New Orleans that took their life savings and started their own emergency shelter for women who are—who need emergency shelter because of domestic violence, an elderly couple, because they wanted to make sure that people are addressing this issue. And I support them every way and with every dollar that I can, but it shows that

we are turning a corner, but the government has to put our money where our mouth is also.

So thank you all. And thank you, Mr. Chairman, for that extra 15 seconds.

Mr. LIEU. Thank you.

The Chair recognizes himself for 5 minutes.

Let me start by saying I have an important announcement. It is day 20 of the declaration of national emergency. The President of the United States has told us we are in a national emergency. Do you feel it? Can you feel it? No. But what is a real emergency is the epidemic of domestic violence across America and all its attendant consequences, including death, injury, homelessness.

I would like to spend the next few moments talking about the connection between domestic violence and homelessness. In Los Angeles County, in my district in Los Angeles County, one of the biggest issues I hear about is homelessness, and for several years, a number of people experiencing homelessness has grown, and part of this is connected to domestic violence. In 2018, nearly 53,000 people were experiencing homelessness in L.A. County, 16,000 of whom were women. And then according to the data looking at the L.A. County continuum of care area, nearly half of women who experienced homelessness reported that they also experienced domestic violence.

According to the National Network to End Domestic Violence, in 2015, 7,728 adults and children fleeing domestic violence sought refuge in an emergency shelter or transitional housing program, but their needs went unmet.

So my question is to Ms. Valente. In your written testimony, you noted that domestic violence is a leading cause of family homelessness. You also mentioned that VAWA programs that provide housing support for domestic violence survivors exist but that gaps remain. Could you please elaborate a little bit on what steps you can take to ensure domestic violence survivors do not experience homelessness?

Ms. VALENTE. Yes. And I also want to acknowledge at this point that the National Network to End Domestic Violence does have a representative here, and at the end of the hearing, I know that their expertise would be very valuable to you, and I would be happy to make sure that you speak with them. They have a lot of information on housing.

Mr. LIEU. Thank you.

Ms. VALENTE. Housing is one of the number one concerns. I think Judge Gonzalez made reference to that earlier. Without secure housing, many survivors are going to return. Many survivors go into shelter, which have limits of 30 to 90 days of staying so that others may use it, and many return home to the place where the violence occurred.

What we need are more housing vouchers. We need more of an ability for survivors to be able to have financial supports so that they—one of the biggest problems that people tell us is they can't get the first month's rent, last month's rent, security deposit put together. Funding that allows that. Many survivors have jobs. They just have to be able to get into housing. So some of the things that we are talking about are addressing those needs.

We also know that there are many survivors who are evicted from housing, public housing and private housing, because of the crimes that the abuser commits. And so they as victims must suffer the same punishment, which means that they are thrown out of the housing as well. We need to keep that from happening. And those are the sorts of protections that we are talking about.

Mr. LIEU. Thank you. I want to say that when I was on the California State Legislature, I passed a law that allowed victims of domestic violence to break their leases with their landlords so that they could stay and not have to move out. Now, I also—I am sorry—so they could move out and not have to stay.

So my next question is to Judge Gonzalez. In your written testimony, you discussed the impact of evictions on the ability of domestic violence survivors to find housing using vouchers. Are there protections for domestic violence survivors to prevent them from being evicted if their abuser is involved in criminal activities?

Ms. GONZALEZ. No. No. We don't have any protections for them to not be evicted. It is basically a private contract between the landlord and the—and the tenant. In the—my example that I used in my written testimony, there is a dual lease, and the victim of domestic violence leaves to go get a protective order. So she goes temporarily into shelter, and while she is gone, there is an eviction because of the criminal behavior in the household, and the abuser goes and says, sure, go ahead, evict me. But by the time we get to that writ of eviction, it is the victim who is being served with that writ of eviction by the sheriff, and at this point, it is very difficult for her to go back and try and get that eviction reversed.

Mr. LIEU. Thank you.

And, Ms. Valente, do you have any additional comments on that?

Great. Thank you.

Okay. So I am going to yield back, and the next person we have is Mr. Cohen for 5 minutes.

Mr. COHEN. Thank you, Mr. Chair, and thank you for all the panelists and the people who attended this hearing.

This is so important that we reauthorize the Violence Against Women Act, and I support the amendments and the changes that have been made in this legislation because violence against people, in addition to women, should also be against the law, and there should be protections, and there should be sanctuaries. And we are, as President Obama said many times, becoming a more perfect union. This is part of the way we are is by recognizing other instances of abuse and going forward. And I hope my Republican colleagues will come into the 21st century with us and support this new law and show that they are serious about protecting people.

Otherwise, I would like to ask Ms. Valente a question. Our Nation has had a serious problem with processing rape kits in a timely manner. A few years ago, Memphis was, unfortunately, ground zero for the rape kit backlog, and when the rape kits go untested, the victims are without justice and perpetrators are on the streets to commit additional acts because they haven't been—seen justice meted upon them and have them taken out of society where they can now commit more crimes.

With the help of Federal funding, and I have to say that we were successful in getting that Federal funding on several occasions with

Republican help during the appropriations process, which oftentimes are bipartisan, and I had the privilege of having, I think, first Mr. Wolf and then later another Republican help me with that funding. We made progress adding funds to decrease that backlog.

As of January 2019, there were 40—give or take, 4,500 DNA profiles from 4,600 sexual assault kits that had been entered into the FBI's combined DNA analysis system known as CODIS. These profiles have resulted in CODIS hits to almost 1,600 known convicted offenders and 371 known arrests, so it is shown the ability to find the perpetrators of these crimes, bring them to justice, and then protect, because these are oftentimes repeat offenses and they are serial offenders.

In Memphis, we have had 3,526 investigations have been initiated; 3,140 investigations have been closed; 403 requests for indictments have been issued; and 87 cases have been prosecuted. In 2013, version—the 2013 version of Violence Against Women, the VAWA Act, required that a minimum of 75 percent of Debbie Smith grants be used to carry out DNA analysis of samples from crime scenes for inclusion in CODIS and increase the capacity of State and local government laboratories to carry out DNA analysis. DNA analysis is vitally important to Memphis and to other cities throughout this country.

But I was hoping that you, Ms. Valente, could shed some light on why it is so important for our national efforts to address sexual assault and how these rape kit testing procedures are important in fighting sexual assaults.

Ms. VALENTE. So I am going to preface this by saying something similar to what I said about housing. We have an expert behind us from the National Alliance to End Sexual Violence, and I would love to be able to connect them with—after the hearing, because they can provide so much more information.

But the rape kit backlog is a very important piece. VAWA has played a very important role in—in making that increase occur. There have been pilot programs under VAWA that have really gone into communities and examined better ways of making sure that that backlog is—is taken care of, that in the future we don't build up a similar backlog.

And while I am at it, I am going to make a shameless plug for sexual assault services, because while they are authorized in VAWA, they are not authorized at the same levels as some of the other services, and they can certainly—we need that support. We need those programs to be expanded. We need rape prevention and education to be expanded because then we won't even need rape kit backlogs programs.

What we are really looking at is getting youth, children and youth, to really understand healthy relationships, to understand consent, to understand how not to commit these crimes in the future, to respect the dignity of others. That is a piece of VAWA that was cut in the last reauthorization. We are still not quite sure why, and we would love to see that funding not just restored, but increased. It is a program that goes out to all of the states. It is seriously underfunded. The authorization level, we hope, could be raised to $150 million to give every State and territory access to that important program.

Mr. COHEN. Thank you very much. In my last seconds before I have gone over, I just want to give credit to Senator—former Senator Joe Biden, who was the original sponsor of this. He wasn't always perfect on women's issues back in the day, but he was certainly right on this one.

Ms. VALENTE. Absolutely.

Mr. COHEN. And Louise Slaughter, who was the House sponsor and deceased, but was a great Member, and I think Steny Hoyer had something to do with it. He certainly talks about it a lot.

Ms. VALENTE. Yes.

Mr. COHEN. I yield back the balance of my time.

Ms. DEAN [presiding]. The chair recognizes the gentlewoman from Florida for 5 minutes, Ms. Mucarsel-Powell.

Ms. MUCARSEL-POWELL. Thank you, Madam chair. I am sure that others have already emphasized this point, but I want to reiterate how important VAWA is, working with victims, their families, dealing with the impact of violence in their lives, providing the resources necessary for law enforcement, education, educating communities, preventing crimes.

I come from a family of women. I am the youngest of four sisters. We have about 15 women in my family, between nieces and sisters and parents, mothers. And I think that most women can actually attest to always being in that fine line of having relationships where if the line is crossed, you can be in an extremely dangerous situation. So that is why VAWA—reauthorizing VAWA is critical.

Between 2013 and 2015, the Department of Justice estimates that VAWA programs provided over 1 million services to victims across the Nation. In Florida alone, nearly 16,000 individuals received emergency shelter at a domestic-violence center just last year. And nearly 40,000 men, women, and children received outreach services relating to domestic violence.

Thanks to the 2013 reauthorization, VAWA was—has advocated for victims in the LGBTQ community and made efforts to help Native Americans and—on their Tribal reservations. I would like to start from looking at some of the past testimony. I wanted to start asking this question from Ms. VALENTE. Does the NTF have concerns about Title 9 being undermined by the Department of Education?

Ms. VALENTE. Yes. And again, I am not the expert on this particular issue, but we have—we have been closely watching. We have submitted comments on this. All of our member organizations have. The Obama administration's guidance on Title 9 was very, very helpful, and really made a sea change. We are concerned about a successful series of protocols and guidances being undermined, or undone. And so we do want to see those protections.

Ms. MUCARSEL-POWELL. And are your concerns connected to the attempts to weaken the protections and civil rights for campus-violence survivors?

Ms. VALENTE. That is a large portion of our concern. A lot of what goes on is—it is important for universities to take a very strong and—and powerful stance against these crimes. And to also make it clear to folks that these crimes are occurring when they do, that they report them appropriately, that they respond, that they change their protocols. We want to see that continue. We don't

want to see—go back to the days where no one did report these crimes on campus, because there was no good outcome, other than the victim possibly being expelled, or having to leave—not expelled, but having to leave the campus because no supports were being given.

Ms. MUCARSEL-POWELL. And do you think it is critical for us to include in the resources that we allocate for some of these educational programs, to be directed specifically to on-campus, sexual assault education programs?

Ms. VALENTE. We have programs that will do that work. And you know, fully—you know, authorizing healthy amounts for these programs in VAWA, are going to really have an impact on that. We have requests that we have put in for those numbers, and again, we have experts behind me. I feel—I worry about committing malpractice at times, because this is not my particular—I don't have the numbers right before me. But I do know that we have asked for support for these programs, that we need more work being done in that arena.

Ms. MUCARSEL-POWELL. Thank you, Ms. VALENTE. And a quick question to Judge Gonzalez—thank you for being here—can you talk about a little bit how VAWA has helped your work with law enforcement on cases involving domestic violence, sexual assault, dating violence, and stalking?

Ms. GONZALEZ. Okay. I have had the opportunity, because of the funding from VAWA, to be in the room with law enforcement judges from all over the country, where we come together and we learn from each other about what it is that needs to happen, in order for both of us to hear what the other one is saying, so that we are talking in the same language, so that victims understand that we are not—we all understand our parts, right? But we are working together to make the community safer and to make them safer. We are not enemies in this fight. We are—we are compatriots, and I think it works—without that funding, I think it is a little harder to do that job.

Ms. MUCARSEL-POWELL. Thank you, Judge.

I yield back my time.

Ms. DEAN. The chair now recognizes myself for 5 minutes. I am Madeleine DEAN. from Pennsylvania, and I am pleased for this opportunity to speak with all of you today on the reauthorization of this historic piece of legislation.

VAWA provides vital resources to support victims, hold offenders accountable, and keep communities safer. Domestic violence is an insidious problem that affects far too many people across this country. As the statistics reveal, one in four women, one in seven men, will be the victim of violence by an intimate partner in his or her lifetime.

Each reauthorization of VAWA has made important improvements leading to tangible results. Between 1994 at its inception, as written by Vice President Biden, and 2012, the rate of domestic violence decreased by 63 percent. From 1996 to 2015, the rate of women murdered by a man in single-victim, single-offender incidents dropped by 29 percent.

The most critical factor enabling a victim of domestic violence to escape further abuse is the ability to obtain physical separation, as

you all well know. While in the Pennsylvania State House, I cared deeply about this issue and supported different pieces of legislation and authored some. So I will throw this out to you.

I am going to give you three areas of interest where you could give us some guidance on how we can strengthen, in the reauthorization, VAWA. And if you might, I will throw them at you. I apologize, it is large, our time is limited. But in the area of gun violence, how is it that we could—you saw that last week, we passed two important gun bills, one to close the Charleston loophole and one to expand background checks, to make them more universal.

So in terms of gun violence and domestic violence, how can we strengthen that issue within VAWA? In terms of housing, as a member of the Pennsylvania legislature, I authored legislation that I was never able to pass, to allow victims of domestic violence, either a lock change or early termination of a lease. What could we do under VAWA in terms of housing help?

And also, I am a member of the Pennsylvania Commission for Women, and under Governor Wolf's tenure, he and we put together a package of bills to try to get at the scourge of domestic violence on college campuses. The bill that I authored had to do with amnesty for a good samaritan or somebody reporting domestic violence. So having used half of my time, I would like to throw it back to you and—and end with this—well, I will throw it back to you. Housing, gun violence, and sexual assault on campuses. How can we make this bill stronger?

Ms. VALENTE. Well, as you might guess, I am happy to take the gun-violence question. The things that we really need are that dating-violence prohibitor, because we have 50 percent of domestic violence—victims who are reaching—who are experiencing domestic or dating violence who are not covered under current law. And that means that the same terrible acts can happen, the same physical violence, but if you are married, formerly married, cohabiting, formerly cohabiting, or have a child in common, you will get that protection. And if you are dating, and do not fit any of those categories, you do not get that protection. It simply doesn't make any sense.

Similarly, adding the stalking prohibitor, because we know of the lethality of stalking. Stalking is the greatest red flag in the domestic-violence arena, of escalating violence and lethality.

Ms. DEAN. Thank you.

On housing, sexual assault on campuses?

Ms. BECK. I will be quick. About college domestic violence, I know a lot of colleges, universities, schools, are—they are instituting gender-neutral spaces which actually mean mixed-sex spaces. You, yourself, just said that it is important for victims, or potential victims, to be physically separate from their attacker or their potential abuser. So gender-neutral spaces on colleges and universities actually put in danger women who are trying to escape from male abusers.

Ms. DEAN. Thank you.

Ms. GONZALEZ. I would like to speak to the housing issue. I think I probably seem like a broken record so far. But being able to have some protection so that you are not evicted from your residence because there has been a crime that has been committed, and having

more access to vouchers is great. But if I can't find a landlord who is going to look beyond the domestic violence, beyond the previous eviction for what happened, then we are still not going to find that housing.

Ms. DEAN. I appreciate that. Thank you all for your important testimony today, and I want to just end on this note. It is a quote by Joe Biden, just recently. He was the father of this legislation 25 years ago, and he says, and I quote, "When I wrote the Violence Against Women Act in 1994, I believed it would be a lifeline, but this Congress has turned it into a political football. It is time to pass a strong reauthorization of the Violence Against Women Act. No more stalling. Lives are on the line."

I couldn't agree more.

I would like to recognize Mrs. McBath for 5 minutes.

Mrs. MCBATH. Thank you so much.

I just have one more question. And I wanted to ask both Judge Gonzalez and Ms. Valente: How can we ensure that the Violence Against Women Act is effective in protecting members of the LGBTQ community who have been experiencing domestic violence at similar rates that we have heard today, and sometimes higher rates than heterosexual women, and what role do judges and policymakers have to ensure inclusiveness?

Ms. VALENTE. I am happy to start with what—some of goes on in the requests in the 2013 VAWA, just to explain the history of why we ask for these provisions. And that is, with each VAWA, we realize more and more that survivors need gateways to get to help. Survivors rarely call the police first. You know, only in cases of extreme physical violence is that going to be the first response. People will go to their faith communities. They will go to other kinds of organizations for which they feel an affiliation, and they are going to be seeking help there. They will go to medical offices and hospitals, seeking help.

And so what we have tried to do in VAWA is be really aware and make sure that we provide funding and support for those programs that are existing outside of the traditional shelter context. In some cases, that was the LGBT programs, which could not have received funding before, as other population-specific programs may not have been able to do, like programs that work with immigrants. Yet that is the place where somebody's going to go and ask for help. So VAWA added that, in that spirit of understanding that certain populations will want to go to certain gateways, and that we need to provide that in there.

Mrs. MCBATH. Thank you.

Ms. GONZALEZ. You know, it is unfortunate that we decided to make this a women issue, because this is a humanity issue. When we talk about LGBTQ families, we are talking about individuals who are living their lives just like everybody else—in loving relationships that they want to keep. But the violence interferes with that relationship, and what they want is the violence to stop. It is hard enough when you are living in a—what seems to be a normative relationship with everybody else, that you are in a man-woman relationship, but it is still hard to come forward and say that there is violence in your house.

But when it is two men, or when it is two women, or when it is something that is outside of the norm, and perhaps not recognized by a majority of who you associate with, it becomes even harder.

VAWA needs to grow. VAWA needs to be inclusive. And VAWA needs to include all, if the violence is going to stop. Because unless we do that, then children will be traumatized, communities are not going to be safe, and when law enforcement goes to the door, they are still going to be more at risk than any other time for any other call.

Ms. DEAN. The additional time of the gentlelady has expired, but I wanted to make sure, Ms. Beck, did you want to respond?

Ms. DEER. Can I?

Ms. DEAN. Yes, Professor.

Ms. DEER. In many of our Tribal communities, we have what we call two-spirit people, who are LGBTQ people. Two-spirit people traditionally have been held in very high regard by many of our Tribal societies, and—and are in some places spiritual leaders and healers of the community. And so I would certainly be interested in a Violence Against Women Act that continues to honor the role of our two-spirit relatives. Thank you.

Ms. DEAN. Thank you, everyone. This concludes today's hearing. Thank you to our distinguished witnesses for attending.

Without objection, all members will have five legislative days to submit additional, written questions for the witnesses or additional materials for the record. The hearing is adjourned.

[Whereupon, at 12:23 p.m., the subcommittee was adjourned.]

# APPENDIX

SHEILA JACKSON LEE
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# CONGRESSWOMAN SHEILA JACKSON LEE OF TEXAS
## JUDICIARY COMMITTEE HEARING
## VIOLENCE AGAINST WOMEN ACT
**THURSDAY, MARCH 7, 2019 – 10 AM – 2141 RAYBURN**

- Madam Chair, thank you for convening this important hearing, it is a Democratic priority that this Congress pass legislation that protects the health and safety of women.

- The Violence Against Women Act ("VAWA") is landmark legislation which—through policy reforms, interstate cooperation and grant allocation—has been pivotal in providing a national response to protecting half of the population.

- Equally important, it has ushered in a seismic transformation on how society perceives violence against women.

- The law has enhanced and improved the lives of girls and women, boys and men.

- There are many similarities between the year that VAWA initially passed in 1994, and the moment in which we all find ourselves today.

- When it was first passed, the country was experiencing reverberations to yet another polarizing battle to fill a seat on the Supreme Court.

- Then the courageous victim sharing her truth was Anita Hill.

- Today, as VAWA is yet again scheduled to expire, the country is assessing the ripples created by the #MeToo movement.

- But despite the passage of over a quarter-century since its first enactment, the malignant treatment received by a courageous person willing to share her story unfortunately endures.

- The need to create a safe space for victims of violence, especially women, supported with substantial resources to address this scourge has taken on a new urgency in this era of the #MeToo movement.

- When discussing VAWA, we cannot forget the victims of domestic violence like Brittany Smith, who was 23 years old and was gunned down last year in Houston, by her boyfriend and San Diego-based Marine; nor can we forget Charlene Caldwell, a mother and grandmother beaten to death last year by a baseball bat at the hands of her boyfriend in Houston.

- Domestic violence was alleged in both of these horrific events.

- Unfortunately, there are too many stories like Charlene's or Brittany's.

- The stories of these two women remind us of the urgency to protect survivors NOW, before it is too late, because many of these deaths are preventable.

- Despite the experiences of #MeToo survivors or victims like Ms. Smith or Ms. Caldwell, all is not for naught.

- Since VAWA's codification in 1994, more victims report episodes of domestic violence to the police and the rate of non-fatal intimate partner violence against women has decreased by almost two-thirds.

- VAWA has also led to a significant increase in the reporting of sexual assault.

- For example, the percentage of victims of rape and sexual assault who report the assault to the police increased from 28.8% in 1993—the year prior to VAWA's initial passage—to 50% in 2010.

- In the first 15 years of VAWA's validity, rates of serious intimate partner violence declined by 72 percent for women and 64 percent for men.

- Research suggests that referring a victim to a domestic violence or sexual assault advocate has been linked to an increased willingness to file a police report – survivors with an advocate filed a report with law enforcement 59% of the time, versus 41% for individuals not referred to a victim advocate.

- This progress cannot be allowed to stop.

- Congress must continue sending the clear message that violence against women is unacceptable.

- Prior to VAWA, law enforcement lacked the resources and tools to respond effectively to domestic violence and sexual assault.

- Each reauthorization of VAWA has improved protections for women and men, while helping to change the culture and reduce the tolerance for these crimes.

- The Violence Against Women Reauthorization Act of 2019 improves current law in several important respects, and takes a holistic approach to the goal of eliminating the harm faced by victims of violence, and making vital services accessible to victims of this scourge.

- For example, this iteration of VAWA contains guidance on the use of grants to activate judicial and law enforcement tools to develop and enforce firearm surrender policies; expands permissible use of grant funding for programs focused on increasing survivor/law enforcement/community safety; and provides legal assistance for dependent children in appropriate circumstances.

- It also updates programs designed to reduce dating violence, help children exposed to violence and engage men in preventing violence against women.

- Additionally, the bill improves services for victims of domestic violence, dating violence, sexual assault, and stalking.

- It provides policies, protection, and justice for young victims of violence, including extending the Rape Prevention and Education grant program, addressing bullying of young people, improving grants focused on

prevention education for students, and expanding relevant training for school-based and campus health centers; and reauthorizes and updates programs designed to reduce dating violence, help children exposed to violence, and engage men in preventing violence.

- This bill also recognizes the cascading ills associated with identifying, eliminating, and preventing the reemergence of domestic violence.

- This bill expands grants under the Public Health Service Act to support implementation of training programs to improve the capacity of early childhood programs to address domestic violence, dating violence, sexual assault, and stalking among the families they serve; preserves and expands housing protections for survivors; provides economic security assistance for survivors, by reauthorizing the National Resource Center on Workplace Responses; protects employees from being fired because they are survivors of sexual assault or domestic violence; and protects survivors' eligibility to receive Unemployment Insurance.

- Recognizing that many women are victimized at the hands of intimate partners, this iteration of VAWA helps prevent "intimate partner" homicides, by including provisions expanding firearms laws to prohibit persons convicted of dating violence from possessing firearms, prohibiting persons convicted of misdemeanor stalking from possessing firearms, and prohibiting individuals subject to ex parte protective orders from possessing firearms.

- Accordingly, the bill helps protect Native American women, by including provisions to improve the response to missing and murdered Native American women, improving tribal access to federal crime information databases, and reaffirming tribal criminal jurisdiction over non-Indian perpetrators of domestic violence, sexual assault, dating violence, stalking, and trafficking for all federally recognized Indian tribes and Alaskan Natives.

- Additionally, this bill protects the Office on Violence Against Women in the Department of Justice from being de-emphasized, merged, or consolidated into any other DOJ office.

- VAWA is central to our nation's effort to fight the epidemic of domestic, sexual, and dating violence and stalking.

- This work did not happen on its own.
- It was the product of a collaborative effort of stakeholders, including victim advocates.
- It was the product of those willing to share their stories of the abuse suffered at the hands of those who were entrusted to love, but instead harmed.
- The courage, strength, and resilience displayed by survivors has reminded all that we must continue to foster an environment for victims of violence to come forward and expose episodes of violence against women.
- This bill represents the good that can come when courageous people with a story to tell come forward with the belief that through their pain, the lives of others can be helped.
- Having listened to concerned stakeholders from all pockets of the country, we have put pen to paper and produced a bill that is endorsed by the bipartisan National Task Force to End Sexual and Domestic Violence (NTF), which is a national collaboration comprising a large and diverse group of 35 national, tribal, state, territorial, and local organizations, advocates, and individuals that focus on the development, passage and implementation of effective public policy to address domestic violence, dating violence, sexual assault, and stalking.
- Indeed, there is no reason our work on this cannot be bipartisan, as has been the custom of prior Congresses in authorizing this critical piece of legislation.
- The love for a spouse, the comfort of a mother and the best wishes for a sister know no political allegiance.
- Thank you.

NNEDV
NATIONAL NETWORK TO END DOMESTIC VIOLENCE

1325 Massachusetts Ave NW
7th Floor
Washington, DC 20005-4188

NNEDV.org
phone: 202.543.5566
fax: 202.543.5626

March 11, 2019

The Honorable Karen Bass
U.S. House of Representatives
Washington, DC 20515

The Honorable Brian Fitzpatrick
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Bass and Fitzpatrick:

The National Network to End Domestic Violence (NNEDV) commends your leadership in introducing the Violence Against Women Act (VAWA) reauthorization. Representing the 56 state and territorial coalitions against domestic and sexual violence, NNEDV works to make domestic violence a national priority; change the way communities respond to domestic violence; and strengthen efforts against intimate partner violence. H.R. 1585 provides critical improvements that would ensure survivors have access to safety and justice.

NNEDV worked closely with our national partners and Members of Congress to pass VAWA in 1994 and every subsequent reauthorization. With each renewal, VAWA is amended to meet the needs of survivors and their families. Critical improvements in H.R. 1585 prioritize resources for prevention, and reduce barriers to safety and justice. Additionally, the legislation affirms tribes' sovereignty to prosecute non-Native offenders of sexual assault, child abuse, trafficking and stalking.

We strongly support the amendments to VAWA's housing provisions. Domestic violence is a leading cause of homelessness for survivors and their children. Finding safe, affordable housing continues to be a primary concern for survivors as they leave abusive partners and begin to rebuild their lives. Without access to housing, many survivors are forced to make the impossible choice between returning to their abuser or facing the challenges of homelessness. This legislation will ensure that victims cannot be evicted or denied housing based on the criminal activity of their abusers; prohibit housing discrimination against DV victims; enable victims to maintain housing through emergency transfers and vouchers; and safeguard survivors' rights to seek help from law enforcement or emergency assistance without retaliation. The bill will give survivors the flexibility to decide the best way forward for themselves and their families, and will reduce homelessness experienced by domestic violence survivors.

H.R. 1585 will ensure survivors of these heinous crimes can heal and be safe. We commend your leadership in the bill's introduction and are grateful that you have centered the needs of survivors. We look forward to continuing to work with you as the process moves forward. Please don't hesitate to contact me, or Monica McLaughlin, NNEDV's Director of Public Policy, at 202-540-9985 if we can be of any assistance.

Sincerely,

Kim Gandy
President and CEO

March 8, 2019

The Honorable Karen Bass
United States House of Representatives
Washington, DC 20515

The Honorable Brian Fitzpatrick
United States House of Representatives
Washington, DC 20515

Dear Representatives Bass and Fitzpatrick,

Futures Without Violence (FUTURES) writes to express our strong support for H.R. 1585, the Violence Against Women Reauthorization Act of 2019. Thank you for your bipartisan leadership in introducing this bill and making important improvements to this already successful legislation.

We deeply appreciate your commitment to ending violence against women and girls and working to help all victims of domestic and dating violence, sexual assault and stalking. We particularly appreciate the increased investment in prevention. Programs that engage men and boys, help children already exposed to violence heal, and work with young people to have healthy, non-violent relationships show great promise in reducing violence.

We also appreciate changes that allow Tribes to prosecute rape and child abuse against Tribal members by non-Native perpetrators, and efforts to close loopholes that allow convicted domestic abusers to still get guns if they're aren't married to their victim.

You also responded to the calls from survivors and advocates to help address the economic impacts of violence and abuse, strengthening programs to reduce harassment in the workplace and making housing more accessible to victims.

Finally, thank you for changes you made to improve the health care system's response to victims. Health care providers have a powerful role in addressing the health consequences of domestic and sexual violence, helping children exposed to violence, and preventing future harm by intervening early to connect victims to resources and safety.

FUTURES looks forward to working with you to pass this vital legislation. If we can be of assistance, please do not hesitate to call Kiersten Stewart in our Washington D.C. Office, 202-595-7383.

Sincerely,

Esta Soler

Esta Soler
President and Founder

LOS ANGELES LGBT CENTER

McDonald / Wright Building
1625 N. Schrader Boulevard
Los Angeles, CA 90028

T: 323-993-7400

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March 12th, 2018

Chairwoman Karen Bass (D-CA-37)
House Subcommittee on Crime, Terrorism, and Homeland Security
2138 Rayburn House Office Building
Washington, D.C. 20515

Representative Brian Fitzpatrick (R-PA-1)
1722 Longworth HOB
Washington, DC 20515

Dear Representatives Karen Bass and Brian Fitzpatrik,

The Los Angeles LGBT Center writes to thank you for introducing H.R.1585, the bipartisan Violence Against Women Reauthorization Act of 2019. VAWA is the lynchpin of our nation's response to helping victims, holding perpetrators accountable, and preventing domestic violence, dating violence, sexual assault and stalking.

Research shows that LGBTQ people experience similar if not higher rates of intimate partner violence, sexual violence, stalking, and dating violence. The Violence Against Women Act remains the only piece of federal legislation that includes explicit civil rights protections for LGBTQ communities. These protections have been invaluable in ensuring that all survivors have access to life-saving and critical services.

The Reauthorization of the Violence Against Women Act of 2019 builds upon our previous success by affirming current protections for LGBTQ communities, while providing for enhanced data collection, increased protections for survivors in custody situations, and an expanded focus on underserved communities. This bill reflects commitment from the field and from champions such as yourself to ensuring that all survivors have access to services and care when experiencing intimate partner violence, sexual violence, stalking, and dating violence.

We would also like to commend your lead staff person for VAWA, Monalisa Dugue, who has been outstanding to work with. We look forward to working with you to pass this powerful bill and take our nation a step closer to ending these forms of violence. Please do not hesitate to contact Terra Russell-Slavin, Deputy Director of Policy and Community Building at tslavin@lalgbtcenter.org for additional questions.

Sincerely,

Dave Garcia
Director of Policy and Community Building
Los Angeles LGBT Center

**LEGALMOMENTUM®**

**The Women's Legal Defense and Education Fund**

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March 13, 2019

The Honorable Karen Bass
U.S. House of Representatives
Chair
House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security

The Honorable John Ratcliffe
U.S. House of Representatives
Ranking Member
House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security

**Re: House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security March 7, 2019 hearing on the reauthorization of the Violence Against Women Act**

Dear Chairwoman Bass and Ranking Member Ratcliffe,

Legal Momentum, the Women's Legal Defense and Education Fund, (Legal Momentum) is grateful for your leadership in holding a hearing on the reauthorization of the Violence Against Women Act (VAWA). Legal Momentum appreciates the opportunity to provide this testimony on the evolution of VAWA and the value of a VAWA reauthorization bill that uses the depth of knowledge from the field and 25 years of experience to expand VAWA to meet the needs of **all** survivors of domestic violence, sexual assault, dating violence, and stalking.

Legal Momentum (www.legalmomentum.org), at nearly 50 years old, is the nation's oldest civil rights organization dedicated to advancing the rights of women and girls. Legal Momentum is proud to include among our signature accomplishments our close involvement in developing the landmark bipartisan legislation that became the Violence Against Women Act of 1994. Our organization played a critical role in drafting and advocating for VAWA's passage, beginning this effort with then-Senator Joe Biden in 1990. We have since worked, in coalition with the National Task Force to End Sexual and Domestic Violence, to see that each reauthorization of VAWA incorporates lessons learned and moves the United States forward in preventing gender-based violence and in enhancing the services and protections of VAWA to serve the real needs of victims.

In the past 25 years, VAWA has greatly benefitted victims of domestic violence, sexual assault, dating violence, and stalking. Between VAWA's implementation in 1994 and 2011, serious victimization by an intimate partner declined in the United States by 72% for women and 64% for men.[1] The increased availability of victim advocates and legal

[1] *FY2017: Congressional Justification.* (2016). United States Department of Justice, Office on Violence Against Women. Accessible at https://www.justice.gov/jmd/file/821736/download.

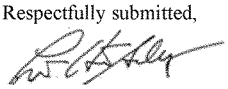
services has been associated with an increase in victims' willingness to report gender-based violence and a decrease in intimate partner homicide.[2] Indeed, we cannot assign a value to the lives saved by VAWA services and programs. Yet we can measure the economic impact VAWA has had—saving the U.S. as much as $14.8 billion in its first 6 years alone.[3]

VAWA has also proven critical to ensuring that victims can access services and a justice system prepared to respond in an informed manner. Legal Mometum's National Judicial Education Program (www.njep.org), is one of the organizations that has been able to utilize VAWA grant funding to fill a gap with accurate trainings and resources for thousands of judges, court personnel, attorneys, and advocates to improve the justice system's ability to respond to gender-based violence in a manner which reduces harm. In just one 12-month period, VAWA's Services, Training, Officers, Prosecutors (STOP) formula grant program provided training to nearly 256,000 multidisciplinary professionals.[4]

Legal Momentum remains committed to ensuring that VAWA protects **all** victims of gender-based violence and that VAWA moves only forward. A reauthorization in 2019 must treat VAWA 2013 as the floor—there is no justification for rolling back any current protections. Having been at the table for each authorization of VAWA, we have seen VAWA build upon lessons learned from each iteration of the bill, including which populations and communities were overlooked, underserved, and underprotected (especially immigrant victims, LGBTQ victims, and Native American and Alaska Native victims) in the absence of the greater understanding of victims' needs that we have now. Each strengthening of VAWA was informed by victims and those who provide them with services and respond to their calls for protection and justice.

Legal Momentum urges that a 2019 reauthorization of VAWA build upon VAWA 2013 with all of its protections and that it incorporate the carefully delineated enhancements that victims, service providers, and our justice system have demonstrated are critically needed. Thank you, again, for your leadership and the opportunity to voice our support for an enhanced reauthorization of VAWA.

Respectfully submitted,



Lynn Hecht Schafran, Esq., Senior Vice President
Legal Momentum, the Women's Legal Defense and Education Fund

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[2] Campbell, R. "Rape survivors' experiences with the legal and medical system: Do rape victim advocates make a difference?" Violence Against Women, 12: 30-45 (2006); Reckderwald, A., & Parker, K.K. "Understanding gender-specific intimate partner homicide: A theoretical and domestic service-oriented approach." Journal of Criminal Justice, 38, 951-958 (2010).
[3] Clark, K.A., Biddle, A.K., & Martin, S.L. "A Cost-Benefit Analysis of the Violence Against Women Act of 1994", Violence Against Women, 8, 4: 417-428 (2002).
[4] "Violence Against Women Act: Measuring Effectiveness Initiative STOP Violence Against Women Formula Grants," (2017) Muskie School of Public Service, University of Southern Maine, accessible at https://www.vawamei.org/wp-content/uploads/2019/02/STOP_AllStateProfile_2017.pdf.

March 12, 2019

United States House of Representatives
Washington, DC 20515

Dear Representative Karen Bass and Brian Fitzpatrick,

The National Coalition of Anti-Violence Programs, a coalition of more than 50 LGBTQ anti-violence organizations across the country, is grateful for your leadership in introducing the Violence Against Women Act that contains realistic and much needed enhancements to our current law.

The Violence Against Women Act remains the only piece of federal legislation that includes explicit civil rights protections for LGBTQ communities. These protections have altered the landscape for LGBTQ survivors - not only in setting the expectation for future legislation, but also in opening doors for many more survivors to access care and support during a critical moment in their lives.

Research shows that LGBTQ people experience high rates of intimate partner violence, sexual violence, stalking, and dating violence and that too many of these survivors are not able to access supportive services. According to the National Intimate Partner and Sexual Violence Survey, 44% of lesbian women and 61% of bisexual women have experienced rape, physical violence or stalking by an intimate partner at some point in their lives compared to 35% of heterosexual women. Around 37% of bisexual men and 26% of gay men have experienced this violence at some point in their lives. Research on transgender communities is still limited at this point, but the research that does exist shows that upwards of 50% of transgender people experience intimate partner violence.

The Reauthorization of the Violence Against Women Act of 2019 builds upon our previous success by affirming current protections for LGBTQ communities, including providing for enhanced data collection and an expanded focus on underserved communities. This bill reflects commitment from the field and the from champions such as yourself to ensuring that all survivors have access to services and care when experiencing intimate partner violence, sexual violence, stalking, and dating violence.

We applaud your commitment to all survivors, particularly survivors of color, LGBTQ, survivors with disabilities, Native survivors, immigrant survivors, survivors in later life, faith-based communities and other underserved communities, in introducing HR 1585. As a result of a fully inclusive VAWA being re-authorized, more survivors will have access to necessary life-saving services reflecting our country's deep dedication to address the needs of **all** domestic violence, dating violence, sexual violence, and stalking survivors.

Sincerely,

The National Coalition of Anti-Violence Programs

National Task Force to End
Sexual & Domestic Violence

The Honorable Karen Bass
U.S. House of Representatives
Chair
House Judiciary Subcommittee on Crime,
Terrorism, and Homeland Security

The Honorable John Ratcliffe
U.S. House of Representatives
Ranking Member
House Judiciary Subcommittee on Crime,
Terrorism, and Homeland Security

**Re: House Judiciary Subcommittee on Crime, Terrorism, and Homeland Security hearing on the reauthorization the Violence Against Women Act**

March 6, 2019

Dear Chairwoman Bass and Ranking Member Ratcliffe,

The National Task Force to End Sexual and Domestic Violence (NTF) is grateful for your leadership in holding a hearing on the reauthorization of the Violence Against Women Act (VAWA) and for the opportunity to provide this testimony on the impact VAWA has had on the lives of victims and survivors, the need for a reauthorized VAWA, and some of the modest enhancements that will ensure **all** survivors have access to support and services.

The NTF is a coalition of national, tribal, state, and local leadership organizations and individuals advocating on behalf of victims of sexual assault, domestic violence, dating violence and stalking. The member organizations of the NTF represent millions of survivors of gender-based violence and harassment, the professionals who serve these survivors, the faith organizations that support them, the schools that educate them, and the communities that care about them throughout the United States and territories. The NTF has worked for over twenty-five years to ensure that federal, tribal, state, and local governments and communities address the pervasive and insidious violations of sexual assault, domestic violence, dating violence, and stalking in all the spaces that survivors occupy. It is imperative that the reauthorization of VAWA moves our nation forward in preventing and ending gender-based violence and improving access to safety and justice.

We are dedicated to keeping survivors safe and free from continuing trauma, while holding perpetrators accountable. Our primary goal is to listen to the voices of survivors and those who support them in order to improve policies to be more survivor-centered and trauma-informed. We serve that goal by gathering input from the field to identify what is working well and how best to address existing gaps in statute. The enhancements we urge in a reauthorized VAWA are the product of that connection to, and input from, the field.

**VAWA has provided a measurable, significant return on investment.**

VAWA-funded programs have unquestionably improved our nation's response to domestic violence, sexual assault, dating violence, and stalking. It is estimated that as many as 45 million adults are subjected to physical violence, rape, and/or stalking by an intimate partner at some point in their lives.[1] Thanks to VAWA, more victims are coming forward and receiving effective, lifesaving services to help them move from crisis to stability and more victims are accessing a trauma-informed justice system equipped to promote victim safety and hold perpetrators accountable.

Notably, between VAWA's implementation in 1994 and 2011, serious victimization by an intimate partner declined by 72% for women and 64% for men.[2] Research indicates that sexual assault victims who have the support of an advocate in the aftermath of an assault also receive more helpful information, referrals and services, experience less secondary trauma or re-victimization by medical and legal systems, and fare better in both long- and short-term outcomes than those without such support.[3] The connection of a victim to a victim advocate has been associated with an increased willingness to file a police report - those with an advocate filed a report with law enforcement 59% of the time versus 41% for those who had not been referred to an advocate.[4] Further, the increase in availability of legal services has been associated with a decrease in intimate partner homicide.[5]

While the lives saved through VAWA services and programs is an immeasurable national benefit, the economic savings is measurable and impactful. Nationally, VAWA saved as much as

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[1] *2016 Biennial Report: The 2016 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act.* (2016). United States Department of Justice, Office on Violence Against Women, accessible at https://www.vawamei.org/report/2016-biennial-report-to-congress-on-the-effectiveness-of-grant-programs-under-the-violence-against-women-act/

[2] *FY2017: Congressional Justification.* (2016). United States Department of Justice, Office on Violence Against Women. Accessible at https://www.justice.gov/jmd/file/821736/download.

[3] Campbell, R. "Rape survivors' experiences with the legal and medical system: Do rape victim advocates make a difference?" VIOLENCE AGAIN T WOMEN, 12: 30-45 (2006).

[4] Id.

[5] Reckderwald, A., & Parker, K.K. "Understanding gender-specific intimate partner homicide: A theoretical and domestic service-oriented approach." JOURNAL O CRIMINAL JU TICE, 38, 951-958 (2010).

$14.8 billion in its first 6 years alone.[6] A 2009 Department of Justice-funded study found that one state, Kentucky, saved $85 million in one year alone through the issuance of protection orders and the reduction in violence that resulted from that action.[7]

This has all been accomplished through the myriad VAWA programs, administered by the Department of Justice, Office on Violence Against Women (OVW), that give law enforcement, prosecutors, judges, and community organizations the tools they need to support victims, hold offenders accountable, and keep communities safer. Despite these gains, gender-based violence remains pervasive in our nation and we cannot allow any progress to be lost. VAWA must be reauthorized, with improvements that serve victims and survivors needs.

**We must build upon VAWA's accomplishments with modest, but critically needed, enhancements informed by victims and those who serve them. We must also ensure that protections for *all* survivors, which have been included and strengthened during the past four authorizations of VAWA, are not eliminated or undermined.**

Informed by the NTF's work for more than two decades of promoting policies that create effective, informed community responses to domestic violence, sexual assault, dating violence, and stalking, and the needs expressed by victims and survivors and those who serve them, we urge a reauthorized VAWA that makes modest enhancements, including those described below.

Sexual Assault Response and Prevention

VAWA's grant programs provide a critical national safety net for victims of sexual assault and must be reauthorized and fully funded. VAWA's three formula grant programs reach every state and territory:

- The Services, Training, Officers, Prosecutors (STOP) formula grant program funds each state and territory to improve the services and criminal justice response to domestic violence, dating violence, sexual assault, and stalking. In its most recent report to Congress on the STOP Program, OVW noted that STOP grant-funded programs helped 362,172 victims of domestic violence, dating violence, sexual violence, and stalking; funded 2,226 staff members, including victim advocates, law enforcement officers, counselors, and attorneys; and trained 252,795 individuals from January 1, 2016 to December 31, 2016.[8]

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[6] Clark, K.A., Biddle, A.K., & Martin, S.L. "A Cost-Benefit Analysis of the Violence Against Women Act of 1994", Violence Against Women, 8, 4: 417-428 (2002).

[7] Logan, T.K., Walker, R., Hoyt, W., & Faragher, T. (2009). *The Kentucky Civil Protective Order Study: A Rural and Urban Multiple Perspective Study of Protective Order Violation Consequences, Responses, & Costs*. U.S. Department of Justice, accessible at https://www.ncjrs.gov/pdffiles1/nij/grants/228350.pdf.

[8] "STOP Violence Against Women Formula Grant Program." (2016) VAWA Measuring Effectiveness Initiative, Muskie School of Public Service, University of Southern Maine, accessible at

- The Sexual Assault Services Program (SASP) funds each state and territory to provide services to sexual assault survivors. In its most recent report to Congress on services provided, OVW noted that 49,068 survivors of sexual assault had been served, and 113,697 hotline calls answered, by SASP-funded advocates from January 1, 2016 – December 31, 2016.[9]
- The Rape Prevention & Education (RPE) formula grants, administered by the CDC Injury Center, provide essential funding to states and territories to support rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities. A 2016 study conducted in 26 Kentucky high schools over 5 years found that a bystander intervention program, funded through the RPE grants, decreased not only sexual violence perpetration but also other forms of interpersonal violence and victimization.[10]

While formula grants have the broadest reach, discretionary grants play a critical part in ensuring that communities can respond to the full array of victims' needs, including legal services, and provide access to services and support for all victims, including those in rural areas, on campuses, and with disabilities. Every reauthorization of VAWA takes the next step in addressing the evolving needs of victims and communities, and this reauthorization should be no exception.

Prevention

The #MeToo movement, the national focus on campus sexual assault, and high-profile cases of sexual violence in the media have demonstrated the increased need for comprehensive community responses to sexual violence, but has also increased the demand for prevention programs beyond providers' capacity. In the past few years, as demand for programs funded by the Rape Prevention & Education (RPE) program have skyrocketed, the evidence base has progressed significantly and revealed that the current appropriation (at nearly the authorized level) is insufficient to cover the need. As such, further investment in the program is desperately needed. A 2018 survey by the National Alliance to End Sexual Violence revealed that 40% of programs had a waiting list of a month or more for prevention programming. Additionally, according to a 2018 survey by the National Sexual Violence Resource Center, the average

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http://muskie.usm.maine.edu/vawamei/attachments/All%20State%20Profiles/STOP/ALLStateProfile_2016_Final.pdf.

[9] "SASP Formula Grant Program." (2016). VAWA Measuring Effectiveness Initiative, Muskie School of Public Service, University of Southern Maine, accessible at http://muskie.usm.maine.edu/vawamei/attachments/All%20State%20Profiles/SASP/2016_SASP_%20AllStateProfile.pdf

[10] Coker, A.L., Bush, H.M., Cook-Craig, P.G., DeGue, S.A., Clear, E.R., Brancato, C.J., Fischer, B.S., & Recktenwald, E.A. "RCT testing bystander effectiveness to reduce violence." AMERICAN JOURNAL O PREVENTATIVE MEDICINE, 52, 5: 566-578 (2017).

percent of coverage of RPE-funded programs was 39% of the state. Nearly half of the states responding reported RPE funding coverage in their state at 20% or less, with rural areas especially lacking in access to prevention programs.

If our children are to face a future free from sexual violence, RPE must be increased. The RPE program prepares everyday people to become heroes, getting involved in the fight against sexual violence and creating safer communities by: engaging boys and men as partners; supporting multidisciplinary research collaborations; fostering cross-cultural approaches to prevention; and promoting healthy, non-violent social norms, attitudes, beliefs, policies, and practices.

The societal costs of sexual violence are incredibly high including medical & mental health care, law enforcement response, and lost productivity. Recent research sets the lifetime economic burden of rape at $122,000 per victim and reveals a strong link between sexual violence and chronic disease.[11] According to the National Intimate Partner and Sexual Violence Survey, nearly one in five women have been the victim of rape or attempted rape, with nearly 80% of female victims of completed rape being subjected to their first rape before age 25, and more than a quarter of male victims of completed rape subjected to their first rape at 10 years old or younger.[12] This victimization rate, coupled with the lifetime estimated costs, indicate the profound need for an increase for RPE in a reauthorized VAWA from $50 million to $150 million.

Prevention on Campus

College-age women, those ages 18 to 24, are subjected to rape and sexual assault at rates higher than women of all other age groups.[13] The numbers are worse for historically marginalized and underrepresented groups. More than one-third of students subjected to sexual assault in college drop out of school.[14] To address the high incidence of sexual violence -- which occurs both inside of and separate from dating relationships -- VAWA includes a campus grants program that supports institutions of higher education in developing and disseminating comprehensive prevention education for all students.

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[11] Peterson, C., DeGue, S., Florence, C., Lokey, C.N., "Lifetime Economic Burden of Rape Among U.S. Adults," American Journal o Preventative Medicine 52(6): 691-701 (2017).

[12] Black, M.C., Basile, K.C., Breiding, M.J. et al., *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. (2011). Centers for Disease Control and Prevention, accessible at https://www.cdc.gov/violenceprevention/pdf/NISVS_Executive_Summary-a.pdf.

[13] "Rape and Sexual Assault Victimization Among College-Age Females,1995-2013," U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, December 2014, accessible at https://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf.

[14] Mengo, C. & Black, B.M., "Violence Victimization on a College Campus: Impact on GPA and School Dropout," 18(2) J.C. Student Retention: Re ., Theory & Prac. 234, 244 (2015).

Although sexual violence is prevalent on college campuses, it is also preventable. Research shows that stopping sexual violence is possible when prevention efforts are comprehensive, theory-driven, socio-culturally relevant, conducted by skilled individuals, provided in sufficient dosage, and appropriately timed.[15] The development and dissemination of culturally-relevant prevention programming and services is critical to reaching all populations impacted by campus sexual assault.

VAWA 2013 established a critical shift in campus sexual assault prevention and response. Continuing to enhance the development and dissemination of innovative and research-driven strategies through VAWA's reauthorization and the campus grants program will support schools in their ongoing work to ensure safe and supportive learning environments for all students. Crucial to the shift in prevention and response that VAWA made with the 2013 reauthorization was the work underway at the U.S. Department of Education -- led by its Office of Civil Rights (OCR) -- to remind colleges and universities of their obligation to uphold Title IX. This included opening civil rights investigations, working across the federal government with domestic and sexual violence advocates as well as student survivors of sexual violence to listen, then respond to, countless examples from student survivors of violence of being failed by institutions of higher education. It further involved creating resources that educated students about their rights, educating higher education institutions about their obligations to both survivors and accused students, and holding them accountable for failing to meet those obligations.

In short, the executive branch worked tirelessly to implement Title IX's equity mandate: to ensure that students' rights to pursue their education were not adversely impacted by sex discrimination, gender bias, sexual harassment or sexual violence. To be sure, part of the work involved colleges and universities making sure that perpetrators of violence were held accountable, and the numbers of those found responsible rose. That was evidence of equity at work, as was increased reporting of sexual violence on campuses even though rape (on and off campus) continued to be underreported during that same time period.[16] While complaints of unfairness to those accused predictably surfaced, they were largely a "red herring," propounded by those who sought to escape accountability, and those who defended them. Additionally, some erroneous outcomes resulted from the failure of colleges and universities to appropriately implement the Department of Education's policies. NTF is grateful that the Congress lent its support to the Department of Education's efforts on a bipartisan basis by increasing appropriations to OCR to support both the hiring of additional personnel and continuing civil rights enforcement.

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[15] Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. "What works in prevention: Principles of Effective Prevention Programs." AMERICAN P YCHOLOGI T, 58, 449-456 (2003).

[16] https://www.campussafetymagazine.com/clery/why-a-rise-in-reported-rapes-at-colleges-is-a-good-thing/

We are heartened that Congress' robust support in the form of increased appropriations has continued into this Administration even as the Department of Education has sought -- with proposed regulatory changes to Title IX -- to return schools to a time where rape, sexual assault and sexual harassment were swept under the rug. We are concerned that the proposed regulation is more focused on saving schools money than on keeping students safe. Additionally, we fear that the regulation will fail to protect survivors' rights to an education free of discrimination, harassment and/or violence while also failing to demand accountability from either schools or harassers. NTF urges Congress to use all appropriate mechanisms, including but not limited to oversight, to insure that the Department of Education meets its obligations to enforce Title IX and to ensure that all students, P-12 and in higher education have access to educational programs that are free of sex discrimination, sexual harassment, sexual violence or gender bias.

Without question, the proposed improvements to the Sexual Assault Services Program, and to the Rape Education Program (detailed in the prevention section above) will support improved responses for survivors of violence on campus, and in schools. However, we remain concerned that the draft regulation proposed by the Department of Education will take us backward, harming students in the process, and hampering the progress that could otherwise be made.

Support for the Safety of American Indian and Alaska Natives

American Indian and Alaska Native victims face unique barriers to safety. Issues of tribal jurisdiction, gaps in culturally appropriate resources, the lack of availability of law enforcement, as well as very few emergency shelters and rape crisis services create barriers for Native women seeking support and safety. Recognizing this, each time VAWA has been reauthorized, it has included improvements aimed at enhancing safety and improving access to justice for American Indian and Alaska Native women. Importantly, the Safety for Indian Women Title included in VAWA 2005 included findings that recognize the federal government's role in assisting tribes, as sovereigns, in safeguarding Native women's lives. For VAWA to achieve its purpose of providing safety for all survivors, it is imperative that it includes provisions aimed at ensuring that tribal governments have the resources and authority needed to protect victims on tribal lands.

A 2016 study from the National Institute for Justice (NIJ), found that approximately 56% of Native women are subjected to sexual violence within their lifetime, with one in seven experiencing it in the past year.[17] Nearly 1 in 2 report being stalked.[18] Contrary to the general population where rape, sexual assault, and intimate partner violence are usually *intra*-racial,

[17] Andre B. Rosay, Nat'l Inst. of Justice, *Violence Against American Indian and Alaska Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey*, U.S. Dep't of Justice 11 (2016), accessible at https://www.ncjrs.gov/pdffiles1/nij/249736.pdf.
[18] Id.

Native women are more likely to be raped or assaulted by someone of a different race. 96% of Native women and 89% of male victims in the NIJ study reported being victimized by a non-Indian.[19] Native victims of sexual violence are three times as likely to have been subjected to sexual violence by an interracial perpetrator as non-Hispanic White victims.[20] Similarly, Native stalking victims are nearly four times as likely to be stalked by someone of a different race, with 89% of female stalking victims and 90% of male stalking victims reporting inter-racial victimization.[21] The higher rate of inter-racial violence would not necessarily be significant if it were not for the jurisdictional complexities unique to Indian Country and the limitations imposed by federal law on tribal authority to hold non-Indians accountable for crimes they commit on tribal lands. Tribal governments are unable to prosecute crimes of sexual assault, trafficking, and stalking when committed by non-native offenders.

A recent example from the Sault Sainte Marie Tribe of Chippewa Indians, located in Michigan, illustrates how this gap in the law has real consequences for Native victims. A non-Indian man in an intimate relationship with a tribal member moved in with her and her 16 year-old daughter. After the man began making unwanted sexual advances on the girl, sending inappropriate text messages, and on one occasion groping the daughter, the tribe charged the defendant with domestic abuse and attempted to tie the sexual assault against the daughter to a pattern of abuse against the mother. The tribal court dismissed the charges for lack of jurisdiction and the defendant left the victim's home. Four months later, he was arrested by city police for kidnapping and repeatedly raping a 14-year old tribal member. This kidnapping and rape of a minor could have been prevented if the tribe had been able to exercise jurisdiction in the first case.

NTF supports the recommendations made by the National Congress of American Indians in their testimony -- in particular the need to reaffirm tribal authority to address crimes of sexual violence, stalking, trafficking, and child victimization on tribal lands. As this Committee moves forward with reauthorization of VAWA, we urge you to include amendments that would help ensure that the life-saving provisions of VAWA 2013 are more broadly available to protect victims of violence in tribal communities.

Economic Security for Survivors

Economic security is critical to survivors realizing and sustaining their safety and that of their children and family members whom they support. This reauthorization of VAWA should promote economic security for victims and provide support for leaving offenders with targeted enhancements to existing law. A number of provisions in VAWA's economic justice title would

[19] Id. at 18.
[20] Id. at 29.
[21] Id. at 32.

help accomplish the goal of enabling survivors seeking to secure or maintain their economic security can do so, including:

- A requirement that state unemployment agencies include leaving a job because of sexual/domestic violence on their list of what constitutes "good cause" with eligibility continuing to be determined at the state level on a case-by-case basis. Already, 40 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands have such provisions. It's imperative that Congress recognize that victims' needs, particularly for economic security, are the same regardless of where they live and extend this vital protection to survivors in the remaining states that do not do so.
- Direction to the U.S. Department of Labor to create a public education campaign to inform survivors about the existence of paid and unpaid leave, unemployment insurance, anti-discrimination provisions and other federal or state laws that protect and provide assistance to survivors of violence.
- Commission a GAO study to look into the economic impact of sexual assault on survivors of campus sexual violence. This provision comes at a particularly crucial moment given the determination of the Department of Education to issue a Title IX regulation that we feel will result in fewer survivors reporting campus harassment and/or assaults, thus depriving them of their civil rights. We are concerned that the Department has erroneously (and in violation of the Administrative Procedures Act, among others) concluded that its proposed rule would reduce the number -- and accordingly, the costs -- of sexual harassment investigations over the next 10 years.[22] We call upon Congress to prevent the regulation from being finalized subject to receiving the GAO study, **and** adequate documentation from the Department of Education to demonstrate that it has met the requirements of Executive Orders 12866 and 1356, and both the Administrative Procedure Act and the Information Quality Act.

Authorized by VAWA, and funded through DOJ's Office on Violence Against Women, the National Resource Center on Workplace Responses (Workplaces Respond) helps employers, employees, federal agencies, and other workplace stakeholders by providing tools, resources, training, and education to prevent -- as well as improve responses to -- workplace sexual harassment and assault, domestic violence, sexual violence and stalking impacting workers and the workplace.

With the resurgence of #MeToo, Workplaces Respond has been inundated with requests for training and technical assistance since October 2017. As a result, Workplaces Respond resources have been significantly augmented through an online presence,

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[22] Comments of the National Women's Law Center to Kenneth Marcus, Assistant Secretary for Civil Rights, U.S. Department of Education. Re: ED Docket No. ED-2018-OCR-0064, RIN 1870-AA14, Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance. January 30, 2019 at 50 et seq. https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2019/02/NWLC-Title-IX-NPRM-Comment.pdf

www.workplacesrespond.org/harassment, to include: guidance for employers who want to engage in culture change and focus on prevention in their workplaces, sample training curricula and activities, as well as resources and tools for unions, survivors, and bystanders. Increasing the authorization amount to $2 million, and appropriating those funds, would allow Workplaces Respond to fulfill these ever-increasing demands for technical assistance and support, and would promote the spread of replicable practices for the prevention of workplace sexual violence and harassment across the nation, and across industries.

Workplaces Respond currently provides technical assistance to federal agencies as well as private employers. Much of the assistance is available online with model policies, prevention and response protocols, and specialized training. In additional to these resources, the Center promotes accessibility to rural employers and works with local workplace stakeholders and advocates to support industry-specific best practices. Since it first received funding in 2009, the National Resource Center has provided assistance to more than 17,000 people and countless workplaces. In the 2018 calendar year alone, the Center trained over 4,000 individuals on the impacts of domestic violence, sexual violence and stalking on workers and the workplace. In that same period, the Center had nearly 60,000 new users to the online national resource center.

Strengthen Housing Protections for Victims

Domestic violence is consistently identified as a significant factor in homelessness. A staggering 92% of homeless women report having been subjected to severe physical or sexual violence at some point in their lives, and upwards of 50% of all homeless women report that domestic violence was the immediate cause of their homelessness.[23] The intersection of homelessness and domestic violence is compounded for women of color, particularly Native American and African American women. Native American and Alaska Native Women face both a lack of housing and disproportionate rates of violence. African American survivors of violence are disproportionately impacted by discriminatory nuisance ordinances resulting in evictions and homelessness as a result of their victimization.

Advocates and survivors identify housing as a primary need of victims and a critical component in survivors' long-term safety and stability. Although safe housing can give a survivor a pathway to freedom, there are many barriers that prevent victims from maintaining or obtaining safe and affordable housing. Many survivors have faced economic abuse as part of the violence, meaning

[23] National Alliance to End Homelessness. "Fact Checker: Domestic Violence." (2007) Washington, DC: National Alliance to End Homelessness, accessible at: http://www.naeh.org; Women and Children in Chicago Shelters, 3; Nat'l Center for Homelessness & Health Care for the Homeless Clinicians' Network (2003). Social Supports for Homeless Mothers, 14, 26; Inst. for Children & Poverty (2004). The Hidden Migration: Why New York City Shelters are Overflowing with Families; Homes for the Homeless and Inst. for Children & Poverty (1998). Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America, 3.

that they have not had access to the family finances, have been prohibited from working, and have had their credit scores destroyed by their abuser. Victims often face discrimination in accessing or maintaining housing based on the violent and criminal actions of perpetrators. Additionally, victims are limited in the locations and types of housing they can access because of their unique safety and confidentiality needs, and many housing/homelessness assistance programs have barriers that inadvertently exclude victims of violence.

Domestic violence programs do their best to serve those in need of emergency and transitional housing. Due to a lack of resources, however, every day thousands of abused adults and children are turned away from shelters and denied housing services because programs lack adequate resources and funding. The National Network to End Domestic Violence's *12th Annual Domestic Violence Counts: Census* found that, in just one 24-hour period in 2017, almost 7,500 nationwide requests for shelter and housing went unmet. Many victims face the impossible choice between staying with or returning to their abusers or becoming homeless because they cannot find or afford safe, long-term, permanent housing and face life-threatening dangers from their abusers when they attempt to flee to safety.

The 2005 and 2013 reauthorizations of VAWA enacted and expanded protection for survivors of domestic violence, sexual assault, dating violence, and stalking who receive federal housing assistance. Since then, the Department of Housing and Urban Development (HUD) and Department of Agriculture's Office of Rural Development (RD) have adopted new rules to begin to meet the statutes' goal of providing secure housing to survivors of gender-based violence. Existing statutory protections and HUD rules are essential to providing basic protections for survivors of VAWA crimes, but more must be done to ensure compliance with these requirements and close gaps that leave many survivors without a safe place to live. The 2019 VAWA reauthorization should amend VAWA's housing provisions to: (1) strengthen protections for survivors of domestic violence from eviction due to any criminal actions of perpetrators; (2) allow victims to independently establish eligibility for housing assistance when leaving the household of an eligible perpetrator; (3) enhance the emergency transfer process; (4) strengthen compliance and implementation across agencies and providers; and (5) protect the right to report crime and support effective law enforcement.

Addressing Health Consequences of Gender-Based Violence

The health consequences of violence are enormous and long-lasting. Women who are victims of domestic and sexual violence are more likely to have multiple chronic health conditions, a mental health condition and higher rates of substance use disorder. They also are more likely to have poor reproductive health outcomes, such as higher rates of STIs, including HIV/AIDS, and complicated pregnancies and childbirth. According to a new analysis of CDC data, the estimated intimate partner violence lifetime cost was $103,767 per female victim and $23,414 per male

victim. The overall economic burden is $6.4 trillion in 2014 dollars. Public dollars pay between between 32%-37% of this burden; $3.3 trillion or 51.5% of this burden is medical costs.

While addressing the health consequences of violence is important, the health care setting also serves as a critical entry point for prevention and early identification of violence and abuse. Almost every woman in America sees a health care provider at least once a year for herself or a family member. When properly trained to recognize and respond to intimate partner and sexual violence as well as exposure to violence in childhood, health care providers can save lives and reduce the costs and harms of violence for generations.

To address the health consequences of domestic violence, dating violence, sexual assault and stalking, the 2005 VAWA added language addressing the health sector's role. During VAWA's 2013 reauthorization, the health programs, which were focused on training health professionals, training health students, and creating state and local partnerships between healthcare providers and domestic and sexual violence programs, were consolidated. Currently, the VAWA Health program is being implemented through the Office of Women's Health at the U.S. Department of Health and Human Services. It has trained more than 13,000 health care providers to assess for and respond to domestic and sexual violence in over 230 clinical settings serving more than 1.3 million patients.

As we move forward in reauthorizing VAWA in 2019, we suggest VAWA be amended to reflect the changes included in H.R. 973, the Violence Against Women Health Act, and be expanded to reach more victims. Specifically, we recommend adding a focus on early childhood and abuse later in life to reflect the lifetime impacts of violence, as well as re-affirming the importance of state level partnerships to reach more people effectively. The suggested changes would also include support for HRSA as a federal partner due to its "Strategy to Address Intimate Partner Violence 2017-2020" and its current funding for Project Catalyst, an initiative to train HRSA-funded community health centers to better support victims of domestic violence and sex trafficking. Finally, the suggested changes would acknowledge the need to more intentionally address behavioral health and the impact of the opioid crisis on women and their families. These changes will prevent violence, improve victims' health outcomes, and promote efficient care.

Support and Protect Children and Youth Affected by Gender-Based Violence

As we work to improve VAWA, it is essential that we put more resources and focus on prevention and the work with children and youth exposed to violence. Addressing the needs of children exposed to domestic violence is one of the most overlooked but potentially most impactful strategies both for helping those harmed by abuse and for preventing future domestic and sexual violence. According to a recent study (Holmes, et al, 2018), the average lifetime costs derived from childhood intimate partner violence (IPV) exposure is more than $50,000 per

victim and, because it is so prevalent, it costs our nation $55 billion per annual birth cohort from increased health and crime costs.

In addition to the data previously discussed about the costs and consequences of child sexual abuse, children exposed to intimate partner violence also are at much greater risk for becoming victims or perpetrators of both domestic and sexual violence. In addition, they are at greater risk for mental health and substance use disorders, aggressive behavior, poor school outcomes, failure to complete high school or college and higher risk for hospitalization as an adult.

Children exposed to IPV also face much higher rates of maltreatment. Children exposed to IPV are twice as likely to be be neglected, have 2.6 times higher odds of being physically abused, five times higher odds of sexually abused and 9.6 times higher odds of being psychologically abused.

Most importantly, multiple programs have been shown to be effective in preventing negative consequences associated with IPV exposure in childhood from developing. Adult violence can be prevented but we have to identify and work with children and their parents and caregivers early. We cannot simply wait for a parent to turn up a shelter or call law-enforcement. Child-parent psychotherapy, trauma-focused cognitive behavioral therapy and Kids' Clubs are several of the better known services. Programs that also address secondary prevention -- those that target children already exposed violence but who have not reached adulthood or experienced other forms of violence -- may be particularly effective in preventing the accrual of traumatic experiences during childhood that often contribute significantly to violence and abuse in adulthood.

Support and Protect Immigrant Victims of Gender-Based Violence

Victims of violence should never be forced to choose between living with abuse or facing deportation. For this reason, Congress created the self-petitioning process in VAWA in 1994, in order to assist victims married to abusive spouses who are U.S. citizens or lawful permanent residents and who use the victims' immigration status to keep them trapped in an abusive situation. Recognizing the importance of confidentiality in keeping victims safe, and that abusers will try to manipulate legal systems against survivors, Congress created critical protections for the information that survivors share with officials which are "designed to ensure that abusers and criminals cannot use the immigration system against their victims."[24]

Subsequently, when VAWA was reauthorized in 2000, in conjunction with the passage of the Trafficking Victims Protection Act (TVPA), Congress created, in a bi-partisan fashion, two additional remedies for immigrant survivors. The T visa was established to assist victims of human trafficking, and the U visa was established to assist noncitizen victims of certain eligible

[24] *See* 8 USC 1367; See also "Department of Justice Appropriations Authorization Act, Fiscal Years 2006 through 2009: Report of the Committee on the Judiciary, House of Representatives, to accompany H.R. 3402" H.R. Rep. No. 109-233, at 120 (2005). Available at: https://www.congress.gov/109/crpt/hrpt233/CRPT-109hrpt233.pdf

crimes (including domestic violence, sexual assault, and trafficking) who are willing to assist in the investigation or prosecution of certain crimes. In creating these new remedies for immigrant victims, Congress recognized the importance of fostering cooperation between undocumented victims and law enforcement agencies or other agencies tasked with investigating crimes.[25]

VAWA's legislative history likewise makes clear the congressional purpose of alleviating the barriers immigrant survivors often face, including statements that "battered immigrant women should not have to choose to stay with their abusers in order to stay in the United States."[26] During subsequent reauthorizations of VAWA in 2005 and 2013, Congress continued to support and strengthen protections for immigrant survivors. Congress' continued support of these provisions reflect the bipartisan recognition that domestic violence and sexual assault are serious crimes and a public safety issue that cannot be fully addressed if **all** victims are not provided a pathway to safety and justice and perpetrators are not held accountable.

Now, as Congress looks to reauthorize VAWA in 2019, it has a special obligation to continue to safeguard protections for all victims, including immigrant survivors of abuse. Abusive partners, rapists, traffickers, or other abusers often exploit victims' lack of immigration status or dependent immigration status as a way to maintain power and control and to keep victims silent. Recent changes in immigration enforcement priorities are sharpening the tools of abusers and resulting in increased risks of harm to survivors. Unfortunately, abusers' threats that victims will be deported and separated from their children are being actualized. Victims have been arrested at courthouses,[27] abusers are trying to manipulate the legal system against survivors,[28] and immigrant survivors around the country are afraid to reach out for help to address domestic violence and sexual assault due to fears of deportation.[29] These barriers are exacerbated by substantial delays in processing for humanitarian-based applications like VAWA self-petitions, U and T visas,[30] which create increased instability and risk of danger for survivors.

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[25] Congress stated that the purpose of creating these provisions was to "strengthen the ability of law enforcement agencies to detect, investigate, and prosecute cases of domestic violence, sexual assault, trafficking [...] and other crimes [...] committed against aliens, while offering protection to victims of such offenses in keeping with the humanitarian interests of the United States." *See also* section 1513(a)(2)(A), Public Law No: 106-386, 114 Stat. 1464. Congress found that "providing battered immigrant women and children . . . *with protection against deportation* . . . frees them to cooperate with law enforcement and prosecutors in criminal cases brought against their abusers." Pub. L. No. 106-386, § 1502(a)(2), 114 Stat. 1464 (2000) (emphasis added).

[26] 146 Cong. Rec. S10185 (2000) (statement of Sen. Patrick Leahy), accessible at: https://www.govinfo.gov/content/pkg/CREC-2000-10-11/pdf/CREC-2000-10-11-senate.pdf *See also* 146 Cong. Rec. S8571 (2000) (statement of Sen. Paul Sarbanes) ("[VAWA II] will also make it easier for battered immigrant women to leave their abusers without fear of deportation."), accessible at: https://www.govinfo.gov/content/pkg/CREC-2000-09-14/pdf/CREC-2000-09-14-senate.pdf

[27] E.g. Michael Gordon. "Mother and her son turned up for a domestic-violence case. Then ICE arrested them" Charlotte Observer (July 20, 2018), accessible at: http://bit.ly/2SXzmfw

[28] See e.g. Justin Fenton. "Baltimore attorney arrested for allegedly offering rape victim $3K to not testify, saying Trump will deport her" The Baltimore Sun (May 24, 2017), accessible at: http://bit.ly/2BNI2dF

[29] See e.g Claudia Boyd-Barrett. "Facing Anti-Immigrant Rhetoric and ICE Raids, Fewer Undocumented Victims Willing to Report Domestic Violence" California Health Report (Feb. 21, 2019), accessible at http://bit.ly/2H2rzpK

[30] Processing times for U visa applications are at 50.5-51 months (time from initial filing to waitlist determination); adjudication of VAWA self-petitions are taking 16-21 months, and adjudication of T visa applications are taking 15.5 to 26 months. See USCIS. "Check Case Processing Times" accessible at https://egov.uscis.gov/processing-times/

For these reason, it is critical that Congress reinforce the intent of protecting all victims and safeguarding the immigration protections in VAWA. We urge Congress, in accordance with its long-standing commitment to provide protections for all victims, to continue to protect victims in immigrant communities, safeguard the immigration provisions currently contained in VAWA, and oppose any rollbacks that would undermine protections and safety for immigrant survivors so that the protections of VAWA continue to be available to all survivors.

Support and Protect LBGTQ Victims of Gender-Based Violence

Current research confirms that LGBTQ communities experience similar to higher rates of intimate partner violence and sexual assault as non-LGBTQ heterosexual communities, impacting 25-33% of people over their lifetime with some LGBTQ subpopulations experiencing even greater rates of violence including youth, bisexual women, LGBTQ people of color, and transgender community members. For example 61% of bisexual women are subjected to rape, physical violence or stalking by an intimate partner.

One of the biggest differences is that there are fewer resources for individuals subjected to LGBTQ domestic violence, sexual violence, stalking, and dating violence, and that the offender/abuser may use threats to reveal the survivor's sexual orientation or gender identity in order to gain power and control over the survivor, especially in situations where survivors still face formal discrimination (i.e., legally allowed to fire someone because they LGBT).
The reauthorization of the VAWA in 2013 was a tremendous victory for LGBTQ communities. Not only was VAWA the first, and still only, federal legislation to have non-discrimination protections inclusive of sexual orientation and gender identity, but LGBTQ communities gained important designations as members of underserved communities and as a stand-alone purpose area in the STOP formula grants. The 2019 reauthorization of VAWA must build upon our previous success by affirming current protections for LGBTQ communities, including providing for enhanced data collection and an expanded focus on underserved communities. As a result of a fully LGBTQ inclusive VAWA being reauthorized, more survivors will have access to necessary life-saving services reflecting our country's deep commitment to address the needs of **all** domestic violence, dating violence, sexual violence, and stalking survivors.

Support and Protect Military and Veteran Survivors of Gender-Based Violence

An absence of consensus among federal agencies over the definitions of intimate partner violence, sexual violence, and associated terms contributes to the general public's tolerance of gender-based violence through the masking of violence as definitional misunderstanding. Uniform definitions are also important for data collection efforts, which help the public and legislators understand the scope of gender-based violence and direct resources where best needed.

Congress should mandate an interagency task force with representatives from the Departments of Defense, Veterans Affairs, Justice, Education, and Health and Human Services to create uniform

definitions and data elements for use throughout federal government agencies. These definitions and data elements should use the National Center for Injury Prevention and Control's work on standardization in gender-based violence as a guide. The National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC) published uniform definitions and recommended data elements for sexual violence and intimate partner violence: *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0 (CDC, 2015); Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0 (CDC, 2014).* After the identification and publication of uniform definitions and data elements, task force members should then be charged by Congress with ensuring that awareness and prevention programming across federal agencies is consistent with these new standard definitions.

Currently, the U.S. Departments of Defense, Veterans Affairs, Justice, Education, and Health and Human Services do not use uniform definitions for terms relevant to the measurement and understanding of intimate partner and sexual violence, e.g., sexual assault, consent, intimate partner, dating violence. Absent standard definitions and a common conception of the problem faced, prevention and awareness messaging by Departments at times does not complement but rather conflicts with other basic statements, sometimes even within the same agency.

For instance, in the context of intimate partner violence, "date" may refer to a wide range of relationships, including an intimate partner or an acquaintance, terms which are themselves in dispute (CDC, 2014). Further, "sexual coercion" and "dating violence" are terms without uniform definitions between communities of professionals addressing these issues, including public health and law enforcement.

Many Federal agencies, such as the Veterans Administration, have adopted the definition of IPV as put forth by the CDC. IPV is defined by the CDC as physical, sexual, or psychological harm or stalking behavior by a current or former intimate partner. It further recognizes that IPV can occur on a continuum of frequency and severity ranging from emotional abuse to chronic, severe battering or death. And, that it occurs in both heterosexual and same-sex relationships and does not require sexual intimacy or cohabitation (CDC, 2015).

Sexual assault, also defined by the CDC, may occur within or outside of an intimate partner or domestic relationship. Sexual violence may involve the use of physical force to force or compel a person to engage in sexual acts against his or her will, a sexual act involving a person who is unable to give consent, or abusive sexual contact (CDC, 2015).

Traditionally, the language in federal law defines an intimate partner as *a spouse, a former spouse, a person who shares a child in common with the victim, or a person who cohabits or has cohabited with the victim.* The CDC expands this definition to include unmarried partners who have not cohabitated and recognizes that it may occur in both heterosexual and same-sex relationships and with or without a sexual relationship. The language in federal law pertaining to IPV must be updated to be consistent with this expanded definition in order to ensure that access to services is not impeded by limiting terminology.

Criminal Justice

As a result of our two decades' work and connection the field, NTF knows that: 1) survivors do not always want the person who uses violence against them to suffer the collateral and generational effects of a criminal conviction and incarceration but rather, survivors may seek justice via services, supports and/ or community accountability, particularly when co-parenting will still continue; 2) incarcerated women are disproportionately survivors of sexual and domestic violence, yet very few have identified the trauma associated with their polyvictimization and have not received adequate treatment and support; and 3) the practice of body attachments and/or bench warrants to compel vulnerable victims to testify is harmful to survivors and efforts to seek justice and safety. To respond to these concerns, a reauthorization of VAWA should include provisions which:

- Clarifies language and purposes areas in "Improving the Criminal Justice Response," and "Justice for Families," Programs to address court mandated and community based alternative justice programs that focus on survivor autonomy, offender accountability, and community healing.
- Includes provisions from the Dignity Act, a criminal justice reform bill that had significant input from women re-entering from federal incarceration and that focuses, primarily, on improving basic conditions. It includes access to gynecological care, and trauma informed training for prison personnel to identify and refer incarcerated women with undiagnosed trauma. The bill also prevents the Director of the Bureau of Prisons (BOP) from prohibiting an eligible prisoner, who is a primary caretaking parent or is pregnant, from participating in a residential substance abuse treatment program because, prior to incarceration, the prisoner failed to disclose a substance abuse problem. Finally, the bill directs the Director of the Bureau of Prisons (BOP) to establish an office to determine the placement of prisoners.
- Establishes a pilot program of critical-stage, developmental nurseries in Federal prisons for children born to inmates, with risk and needs assessments, and risk and recidivism reduction. These provisions originated in the Stop Infant Mortality and Recidivism Reduction Act of 2017, H.R. 3410.
- Includes provisions designed to discourage prosecutors from using arrest and detention powers to compel victims to testify. Body attachments and bench warrants have a chilling effect on participation in the criminal legal processes and diminish trust in the very system that is supposed to protect them and provide safety. Many victims fail to appear because it is a safety strategy, particularly when the offender has made threats against the victim. When prosecutors exercise their arrest powers, it is yet another measure that diminishes the autonomy, self-reliance, and self-determination of the victim.

Supporting Law Enforcement in Efforts to Respond to Gender-Based Violence and Reduce Intimate Partner Homicides

Abusers with firearms pose a grave danger to their victims, law enforcement, and their communities. They regularly use firearms as tools of power and coercive control, threatening to kill their victims, their victims' children, their victims' family, their victims' pets, and themselves. Approximately 4.5 million American women alive today have been threatened by an abuser with a firearm; of these, 1 million have been shot or shot at.[31] In a survey of contacts to the National Domestic Violence Hotline, 10% of respondents said their abusers had threatened them with firearms.[32] Of these, 67% said they believed their abusers were capable of killing them.[33]

In too many cases, abusers follow through on their threats of homicide. 35% of homicides of women in the United States are perpetrated by male intimate partners with firearms. A male abuser's access to a gun increases the risk of intimate partner femicide five-fold -- no matter who owns the gun.[34] Contrary to assertions by many that a victim's possession of a firearm is a protective factor, research published in the *Annals of Emergency Medicine* has shown that possessing a firearm puts female victims of domestic violence at greater risk of intimate partner femicide. The risk of homicide increases by 50%, while the risk of gun homicide doubles.[35] Abusers are often able to take the firearm from the victim and use it against her.[36]

In the very first VAWA in 1994, recognizing the unique danger domestic abusers with firearms pose to their victims and their communities, Congress prohibited respondents to final protective orders from purchasing or possessing firearms while subject to the order.[37] In 1996, acknowledging the dynamics that often lead domestic abusers who commit felony violence or are only convicted for one in a long stream of assaults to plead to or be convicted of a misdemeanor crime, prohibited domestic violence misdemeanants from purchasing or possessing firearms.[38] These vital, life-saving provisions reflected Congress' understanding of domestic violence at the time, specifying that the applied only to current or former spouses, current or

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[31] Sorenson, S. B., & Schut, R. A. "Nonfatal gun use in intimate partner violence: A systematic review of the literature." TRAUMA, VIOLENCE, & ABU E (2016).
[32] National Domestic Violence Hotline (2014). *Firearms and domestic violence.* Accessible at http://www.thehotline.org/resources/firearms-dv/#tab-id-2.
[33] Id.
[34] Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M. A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S., Manganello, J., Xu, X., Schollenberger, J., Frye, V., & Lauphon, K. "Risk factors for femicide in abusive relationships: Results from a multisite case control study." AMERICAN JOURNAL O PUBLIC HEALTH, 93(7), 1089-1097. (2003).
[35] Wintemute, G. J., Wright, M. A., & Drake, C. M. "Increased risk of intimate partner homicide among California women who purchased handguns." ANNAL O EMERGENCY MEDICINE, 41(2), 281-283. (2003).
[36] Id.
[37] 18 U.S.C. 922(g)(8); 18 U.S.C. 921(a)(32)
[38] 18 U.S.C. 922(g)(9); 18 U.S.C. 921(a)(33)

former cohabitants, and abusers who share a child with the victim.[39] The domestic violence prohibitors did not include dating abusers -- dating violence did not even become a federal crime until 2005. In the 2005 reauthorization of VAWA, Congress updated the crime of interstate domestic violence to include dating violence, but failed to likewise update the domestic violence prohibitor. More dating partners are killed by intimate partners annually than by spouses,[40] and it is time and past to protect them from abusers with firearms. Congress similarly failed to recognize the deadly nature of stalking, and should update the federal firearms prohibitors in 18 U.S.C. 922 (d) and (g) to keep guns out of the hands of stalking misdemeanants. The misdemeanor crime of domestic violence prohibitor in 18 U.S.C. 922(g)(9) also needs a small technical fix to respond to outlying court cases in the 10th and 11th district to align it with ATF regulations by clarifying it applies to convictions under municipal law.

In addition to gaps in federal firearms prohibitors, there are serious gaps in enforcement. We know that laws requiring respondents to relinquish firearms are associated with a 12% reduction in intimate partner homicide.[41] However, a two-city study found that only 12% of respondents to protective orders relinquished their firearms or had them recovered by law enforcement.[42] This is a very serious failure of enforcement and puts survivors at great risk. In this reauthorization of VAWA, Congress should add a new purpose area to the STOP grant program and to Grants to Improve the Criminal Justice System to allow jurisdictions to use their VAWA grant money to develop and implement policies and protocols to recover firearms from abusers who are ordered by a court to relinquish their firearms, to store those firearms, and to return those firearms at such a time as the offender is no longer prohibited from possessing them.

Congress can also improve enforcement by requiring the FBI to notify local law enforcement when a domestic abuser fails a background check due to a domestic violence prohitor, including when a firearm is erroneously transferred in a default-proceed sale. It can also improve coordination between federal and local prosecutors and law enforcement by following the model of the Safe Neighborhoods program and cross-deputizing local prosecutors and local law enforcement agents as Special Assistant United States Attorneys and ATF agents respectively. Creating points of contact within regional US Attorneys and ATF offices will also improve collaboration in this area.

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[39] 18 U.S.C. 921(a)(32) & (33).

[40] Cooper, A. & Smith, E. L. (2011). *Homicide trends in the United States, 1980-2008.* Accessible at http://www.bjs.gov/content/pub/pdf/htus8008.pdf.

[41] Zeoli, A. M., McCourt, A., Buggs, S., Frattaroli, S., Lilley, D., & Webster, D. W "Analysis of the strength of legal firearms restrictions for perpetrators of domestic violence and their association with intimate partner homicide." AMERICAN JOURNAL O EPIDEMIOLOGY. (2017).

[42] Webster, D. W., Frattaroli, S., Vernick, J. S., O'Sullivan, C., Roehl, J. & Campbell, J. C. "Women with protective orders report failure to remove firearms from their abusive partners: Results from an exploratory study." JOURNAL O WOMEN' HEALTH, 19(1), 93-98.

**In conclusion,** the **NTF remains committed to ensuring VAWA is reauthorized in 2019 with all of the protections afforded by VAWA 2013 and the critically needed enhancements outlined in this submission. The modest improvements we urge are informed by victims and the field of professionals who work with them to achieve safety and security and further the goal of protecting *all* survivors of domestic violence, sexual assault, dating violence, and stalking.**

Respectfully submitted,

The National Task Force to End Sexual and Domestic Violence

National Alliance to
End Sexual Violence

Written Testimony of Terri Poore, Policy Director
National Alliance to End Sexual Violence
House Judiciary Committee
Subcommittee on Crime, Terrorism, and Homeland Security
March 6, 2019

The National Alliance to End Sexual Violence (NAESV) is the voice in Washington for the 56 state and territorial sexual assault coalitions and local programs working to end sexual violence and support survivors. The Violence Against Women Act (VAWA) is an essential tool in our work and for states and local communities responding to domestic violence, dating violence, sexual assault, and stalking. Whether it's supporting Sexual Assault Nurse Examiners (SANEs), funding investigators and prosecutors to hold offenders accountable, ensuring rape crisis centers can provide counseling and support groups, or spreading sexual assault prevention messages to youth, VAWA has a proven track record of ensuring our nation is equipped to respond systemically to the widespread and devastating problem of sexual assault.

VAWA's grant programs provide a critical national safety net for victims of sexual assault and must be reauthorized and fully funded. VAWA's three formula grant programs reach every state and territory:

- The Services, Training, Officers, Prosecutors (STOP) formula grant program funds each state and territory to improve the services and criminal justice response to domestic violence, dating violence, sexual assault and stalking. In its most recent report to Congress on the STOP Program, OVW noted that STOP grant-funded programs helped 362,172 victims of domestic violence, dating violence, sexual violence, and stalking; funded 2,226 staff members, including victim advocates, law enforcement officers, counselors, and attorneys; and trained 252,795 individuals from January 1, 2016 to December 31, 2016.[1]
- The Sexual Assault Services Program (SASP) funds each state and territory to provide services to sexual assault survivors. In its most recent report to Congress on services provided, OVW noted that 49,068 survivors of sexual assault had been served, and

[1] STOP Violence Against Women Formula Grant Program." (2016). VAWA Measuring Effectiveness Initiative. Muskie School of Public Service, University of Southern Maine. http://muskie.usm.maine.edu/vawamei/attachments/All%20State%20Profiles/STOP/ALLStateProfile_2016_Final.pdf

113,697 hotline calls answered, by SASP-funded advocates from January 1, 2016 – December 31, 2016.[2]

- Rape Prevention & Education (RPE) formula grants, administered by the CDC Injury Center, provide essential funding to states and territories to support rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities. A 2016 study conducted in 26 Kentucky high schools over 5 years found that a bystander intervention program, funded through the Rape Prevention Education (RPE) grants, decreased not only sexual violence perpetration but also other forms of interpersonal violence and victimization.[3]

While formula grants have the broadest reach, discretionary grants play a critical part in ensuring that communities can respond to the full array of victims' needs including legal services while ensuring all victims, including those in rural areas, on campus, and with disabilities, have access to services and support.

Every reauthorization of VAWA takes the next step in addressing the evolving needs of victims and communities, and this reauthorization should be no exception. The National Alliance to End Sexual Violence works closely with the National Task Force to End Sexual and Domestic Violence (NTF) and joins the NTF in asking for an enhanced VAWA with no rollbacks and strong protections for vulnerable survivors. We wish to further highlight several of our key priorities for this reauthorization:

- Invest in prevention
- Support tribes in addressing the epidemic of sexual violence against Native women.
- Ensure sexual assault victims have the economic supports they need to be safe and heal.

**Invest in prevention by increasing the authorization for the Rape Prevention & Education (RPE) Program.**

In the past few years, demand for programs funded by RPE have skyrocketed, the evidence base has progressed significantly, the current appropriation is very nearly the authorized level, and further investment in the program is desperately needed. The #MeToo movement, the national focus on campus sexual assault, and high-profile cases of sexual violence in the media have increased the need for comprehensive community responses to sexual violence but has also increased the demand for prevention programs beyond providers' capacity.

A 2018 survey by NAESV revealed that 40% of programs had a waiting list of a month or more for prevention programming. Additionally, according to a 2018 survey by the National Sexual Violence Resource Center, the average percent of coverage of RPE-funded programs was 39%

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[2] SASP Formula Grant Program." (2016). VAWA Measuring Effectiveness Initiative. Muskie School of Public Service, University of Southern Maine. http://muskie.usm.maine.edu/vawamei/attachments/All%20State%20Profiles/SASP/2016_SASP_%20AllStateProfile.pdf

[3] Coker, A.L., Bush, H.M., Cook-Craig, P.G., DeGue, S.A., Clear, E.R., Brancato, C.J., Fischer, B.S., & Recktenwald, E.A. (2017). RCT testing bystander effectiveness to reduce violence. *American Journal of Preventative Medicine, 52*, 5: 566-578, https://doi.org/10.1016/j.amepre.2017.01.020

of the state. Nearly half of the states responding reported RPE funding coverage in their state at 20% or less with rural areas especially lacking in access to prevention.

If our children are to face a future free from sexual violence, RPE must be increased. The RPE program prepares everyday people to become heroes, getting involved in the fight against sexual violence and creating safer communities by:

- Engaging boys and men as partners;
- Supporting multidisciplinary research collaborations;
- Fostering cross-cultural approaches to prevention; and
- Promoting healthy, non-violent social norms, attitudes, beliefs, policies, and practices.

The societal costs of sexual violence are incredibly high including medical & mental health care, law enforcement response, & lost productivity. 2017 research sets the lifetime economic burden of rape at $122,000 per victim and reveals a strong link between sexual violence and chronic disease.

According to the National Intimate Partner and Sexual Violence Survey (CDC, 2011):

- Nearly 1 in 5 women have been the victim of rape or attempted rape.
- Most female victims of completed rape (79.6%) experienced their first rape before the age of 25; 42.2% experienced their first completed rape before the age of 18 years.
- More than one-quarter of male victims of completed rape (27.8%) experienced their first rape when they were 10 years of age or younger.

For these reasons, we urge the House to increase authorization for RPE in VAWA from $50 million to $150 million.

**Support tribes in addressing the epidemic of sexual violence against Native women:**

Tribal governments are unable to prosecute crimes of sexual assault, trafficking, and stalking when committed by non-native offenders. A 2016 study from the National Institute for Justice (NIJ), found that approximately 56% of Native women experience sexual violence within their lifetime, with 1 in 7 experiencing it in the past year.[4] Nearly 1 in 2 report being stalked.[5] Contrary to the general population where rape, sexual assault, and intimate partner violence are usually *intra*-racial, Native women are more likely to be raped or assaulted by someone of a different race. 96% of Native women and 89% of male victims in the NIJ study reported being victimized by a non-Indian.[6] Native victims of sexual violence are three times as likely to have

[4] Andre B. Rosay, Nat'l Inst. of Justice, *Violence Against American Indian and Alaska Native Women and Men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey*, U.S. Dep't of Justice 11 (2016), available at https://www.ncjrs.gov/pdffiles1/nij/249736.pdf.
[5] *Id.*, at
[6] *Id.*, at 18.

experienced sexual violence by an interracial perpetrator as non-Hispanic White victims.[7] Similarly, Native stalking victims are nearly 4 times as likely to be stalked by someone of a different race, with 89% of female stalking victims and 90% of male stalking victims reporting inter-racial victimization.[8] The higher rate of inter-racial violence would not necessarily be significant if it were not for the jurisdictional complexities unique to Indian Country and the limitations imposed by federal law on tribal authority to hold non-Indians accountable for crimes they commit on tribal lands.

A recent example from the Sault Sainte Marie Tribe of Chippewa Indians, located in Michigan, illustrates how this gap in the law has real consequences for Native victims. A non-Indian man in an intimate relationship with a tribal member moved in with her and her 16 year-old daughter. After the man began making unwanted sexual advances on the girl, sending inappropriate text messages, and on one occasion groping the daughter, the tribe charged the defendant with domestic abuse and attempted to tie the sexual assault against the daughter to a pattern of abuse against the mother. The tribal court dismissed the charges for lack of jurisdiction and the defendant left the victim's home. Four months later, he was arrested by city police for kidnapping and repeatedly raping a 14-year old tribal member. This kidnapping and rape of a minor could have been prevented if the tribe had been able to exercise jurisdiction in the first case.

NAESV supports tribal authority to address crimes of sexual violence on tribal lands. As this Committee moves forward with reauthorization of VAWA, we urge you to include amendments that would help ensure that the life-saving provisions of VAWA 2013 are more broadly available to protect victims of violence in tribal communities.

**Ensure sexual assault victims have the economic supports they need to be safe and heal:**

This reauthorization of VAWA should promote economic security for victims and assist with supports for leaving offenders with targeted enhancements to existing law including allowing domestic violence, sexual assault and stalking victims to be eligible for unemployment insurance; protections from discrimination in employment based on one's status as a victim; research into the economic impacts of victimization on college students, and public education related to economic abuse and economic security for victims. Moreover, provisions must be included in VAWA to enforce housing rights for victims, create a position at HUD specifically tasked with this work, increase victims' options to maintain housing or break their leases, and strengthen the emergency transfer protections in federal housing programs to assist survivors needing to flee their homes due to safety concerns.

Please feel free to contact me with any additional questions at terri@endsexualviolence.org

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[7] *Id.*, at 29.
[8] *Id.*, at 32.

**Written evidence submitted by British Association of Gender Identity Specialists to the Transgender Equality Inquiry**

Dear Mrs Miller,

I write in my capacity as the President of the British Association of Gender Identity Specialists.

The Association numbers over a hundred members and comprises the overwhelming majority of all clinicians working in every Gender Identity Clinic in the British Isles. The membership is drawn from all the involved disciplines and includes Speech Therapists, Psychologists, Psychiatrists, Surgeons, Psychosexual Counsellors, Nurses, Occupational Therapists, Endocrinologists, General Practitioners and Social Workers.

Firstly, the Association members who deal with Transyouth almost all work at the Tavistock NHS Trust. These members, with decades of experience and working in the only major Child and Adolescent clinic in the UK are, as I understand it, separately writing to the Committee. The Association advises that their separate communication summarises matters.

Secondly, considering proper terminology and definitions, it should be noted that anybody working for the NHS is obliged to record their diagnoses in International Classification of Diseases version 10 (ICD) format, as are all other health institutions, private or state, in every other country in the world. In the USA, where psychiatric diagnoses are often made in the locally based Diagnostic and Statistical Manual (DSM) the state has to translate its DSM diagnoses into ICD before submitting them to the World Health Organisation.

The current ICD diagnoses applicable to people with gender dysphoria don't sit particularly comfortably with contemporary UK clinicians, truth be told, but we are obliged to use them. They are due for revision fairly shortly, in any case, and are likely to be changed to something both more palatable and more clinically useful, as has already happened with DSM.

Considering looser, day to day, terminology there is, at all times, an ever shifting set of terms for the broad spectrum of gender identities (particularly non-binary) and no doubt with the passing of the years some currently used terms will flourish and become permanent features of language whilst others will fall by the wayside. It is not possible at this point to say which will burgeon and which will die away, as is ever the case with the evolution of language.

The provision of data in this field is indeed less good than one would wish. Estimates of population prevalence have varied wildly, this variation probably reflecting sampling bias, leading questions or a combination of the two. What certainly doesn't seem to be in question is the unvarying increase the numbers of people referred to UK gender identity clinics, this having steadily increased at a rate of about twenty per cent a year since 1966. There is every suggestion that this is a global phenomenon. Over the years the proportion of patients assigned male at birth has decreased from about ninety percent to more like sixty.

The only other really solid, near to real-time and big volume data is that which comes from the patient satisfaction studies done in all English clinics over the last year, and which would be available from NHS England Specialised Commissioning. These data are collected anonymously from every patient attending every appointment at every clinic and would accordingly accurately reflect the experiences of those who actually attended the clinics and filled them out. It is suggested that this should consequently be the most relevant and accurate source of such information.

From a clinician's point of view one of the most troubling aspects is the lack of really long-term follow-up data on patients discharged from treatment to detect any long-term adverse effects of treatment. It would be very helpful to know the subsequent history of these people but it is almost impossible to maintain people in long-term follow-up when they are, essentially, well. The UK is in an almost unique position to provide this data because nearly everyone gets healthcare of every sort from the NHS and the nature of every episode treatment is centrally recorded; further every death is certified. Cross referencing from the databases that are currently kept would enable the recording of the subsequent health career and eventual cause of death of every discharged patient, without disclosing any patient's identity to the researchers. This would not be a very expensive exercise and would allow current treatments to be refined to afford even greater long-term safety. It is hoped that the Committee can recommend this.

The Association doesn't find itself able to pass comment on the relationship between various government departments. It can be said that it is difficult at any one time to find out who is in charge of what. Even within the Department of Health there doesn't seem to be any readily available Directory of who is who and who relates to whom. Importantly, as will be described below, some parts of NHS England make statements about what other parts of NHS England will be responsible for and provide, the 'responsible' part later denying any duty to do so, instead suggesting that the first part is, in fact, responsible.

The Association's view is that the Gender Recognition Act doesn't work particularly well and could do with some amending:

Regarding disclosure of trans status for incapacitated persons under the Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) Order 2005, at present Psychologists are not included under the *Disclosure for medical purposes* section of this Order which does allow disclosure (outlined elsewhere) by a Health Professional including: a registered medical practitioner; a registered dentist; a registered pharmaceutical chemist; a registered nurse; a paramedic or operating department practitioner; or a trainee for the above.

We echo the submission we understand has been given by the British Psychological Society to your committee; in that we contend that Applied Psychologists who are registered with the Health and Care Professions Council (HCPC) should be included in this list. We note that several of the professions who are included in the list are also accredited by the HCPC.

The Association acknowledges that some members of the trans communities feel that the restrictions on disclosure should be tightened. Indeed we are aware that the spirit of the restrictions has not always been respected within the healthcare sphere.

Notwithstanding this, the understandable wish to tighten such restrictions must be balanced against the need for appropriate care for trans people who lack capacity to consent — care which may be provided by Psychologists in cases where the person lacks capacity under the Mental Capacity Act 2005 or the revision to the Mental Health Act in 2007. The Association considers that the original Gender Recognition Act 2004 only foresaw times when people were physically unconscious — rather than lacking in capacity in other ways. While the Association wholeheartedly supports the feelings of the trans communities with respect to a general expectation for the right to privacy, this would, of course, not be pertinent to the case of severely disabled trans people with a significant intellectual or psychological disability who do not have capacity to consent; and therefore necessarily required their responsible Psychologist to make decisions on their behalf.

In addition, we note that the Gender Recognition Act 2004 and the Order 2005 predate the Mental Capacity Act 2005 and the Mental Health Act 2007. These pieces of legislation, alongside the move of applied psychologist accreditation to the Health and Care Professions Council from the British Psychological Society, radically increased the amount of responsibility afforded to registered Psychologists - not least that of being an Approved Mental Health Professional, which at the time of the Gender Recognition Act 2004 and the Order 2005 was assumed to be the province of Medical Practitioners and Approved Social Workers. The law as it stands therefore fails to take all this into account - In effect it makes Psychologists legally responsible for roles it would then be illegal for them to fulfil. The Association urgently seeks to see this addressed.

Another persistent source of difficulty is that NHS rules require patient files too be kept for at least thirty years whilst the GRA requires us to destroy any records which link the patient's old identity with the new identity. It isn't clear which legislation takes precedence.

Another difficulty is the interaction with the Companies Act, that Act requiring a list of all previous Directors of Companies. If a patient changes social gender role their previous identity will be listed as an earlier director and the often similar name and identical date of birth and address do rather give the game away.

End of life might be an issue, also. If the patient dies of an illness associated with only one sex (endometrial or ovarian cancer, for example) recording this upon the death certificate of somebody who is legally male would clearly expose a change of role that might have happened many years earlier and be known to very few people still living. Whilst the patient is no longer alive to be offended, this does seem to lie counter to the spirit of the Act.

The Association thinks it would be very useful to ask the Gender Recognition Panel to contribute information on these points. That Panel doubtless has observations of its own that the Committee would like to consider.

Considering the aspect of the Marriage (Same Sex Couples) Act 2013 which is referred to as the "spousal veto" this seems greatly to exercise those of a legalistic turn of mind but has not, to the knowledge of anyone in the Association, ever been successfully legally exercised. This is not to say that this aspect shouldn't be dealt with; in the end, someone is bound to try to exercise it, if only because they can.

A separate issue is wording at a marriage ceremony. It does seem that if either or both parties at an apparently opposite sex wedding is/are someone who has changed social gender role and who does not possess a Gender Recognition Certificate it might be more seemly to use a form of words along the lines of "do you [name of first marriage partner] take [name of second marriage partner] as your lawfully wedded spouse ?" Followed by the same question asked to the other party, the order of the names reversed. This avoids the difficulties caused by the use of "husband" and "wife" altogether and might, indeed, be a form of words preferred by other sorts of marrying couples.

The Equality Act seems to cover gender identity fairly well in the sense of the words on the paper. The difficulty, it seems to working clinicians, is the implementation in practice. There have been few successful challenges using this piece of legislation that any of us have heard of, despite a considerable degree of discrimination we have heard about in clinical settings. It seems to that a major difficulty is the very small number of lawyers who are experienced in using the Act in this way. Those patients who have mounted successful challenges have often been represented by Trades Unions.

Employment and workplace issues seem, from patient reports in a clinical setting, to hinge particularly on the attitude of the employing organisation and, more particularly, the direct line management the person concerned. A positive attitude on the part of both of these is almost always accompanied by success — often very dramatic success. A negative attitude from either makes it a much more uncertain process and a negative attitude from both carries a grave prognosis, in our experience. We can be pretty sure that the problem isn't the patient in that many people who have had difficult workplace experiences in the light of negativity from employers and line managers have gone on to thrive in a subsequent, similar, work placement where attitudes were more positive.

We would not describe transphobia as very widespread; on the other hand, its very presence is saddening and regrettable. On the whole, in our experience, non-fiction broadcast radio and televisual representations have varied between moderately poor and moderately good whilst print journalism has been moderately poor at best. There appears to be a persisting inability to distinguish between homosexuality, people who cross dress for any one of a large number of reasons including fetishistic and people for whom gender is the core issue. This difficulty in distinguishing one thing from another seems most marked in print journalism and low-end television.

With regard to fictional portrayals there seems to be a parallel with the casting of actors playing gay characters. There is a tendency in the media to cast straight/non-gay actors in gay roles because it somehow makes it a little more palatable for the audience; the exception this being when a gay character is particularly and deliberately put out as camp or 'queeny'. There is a sense that the media profile of

trans story lines tend to use non trans people to play trans roles for similar, unconsciously transphobic reasons. An interesting practical commentary is that of actress Rebecca Root, shortly to appear in a lead role as a transwoman in 'Boy meets Girl' on BBC TV. It is striking that she was hired to play a transwoman in the BBC series 'Casualty' in about 2005 and that after all her scenes had been shot there was a decision to re-shoot all those scenes with a cisgendered actor playing her role and any trans references dropped. The Association feels that Trans Media Watch is a sound organisation and has done much to support trans narratives away from the voyeuristic and lurid documentary approaches that tend to obsess about genital reconstructions and promote confusion between gender and sexuality.

The criminal justice system merits quite a bit of thinking about. On the one hand, many of us can remember patients who were charged with crimes, convicted and who ended up on the sex offenders register when we thought that the same thing wouldn't have happened if they weren't a trans person. A good example would be the transwoman charged with sexual assault after some brief fellatio with two males who were two and three years younger than her own age at the time (she was eighteen). They were visitors to the area and boasted to their cousin of their recent sexual encounter. The cousin, enlightening them as to the nature of the person they had had a sexual encounter with, caused them to feel embarrassed. One thing led to another and the patient was charged with sexual assault. Given that she was in a kneeling position at the time and that it would have been perfectly possible for either one of the males concerned to run away this seemed a bit implausible. In the end, she was convicted of being reckless as regard to age. This does place her on the sex offenders register, though. One suspects that she would never have been charged at all if she had been a born female.

The converse is the ever-increasing tide of referrals of patients in prison serving long or indeterminate sentences for serious sexual offences. These vastly outnumber the number of prisoners incarcerated for more ordinary, non-sexual, offences. It has been rather naïvely suggested that nobody would seek to pretend transsexual status in prison if this were not actually the case. There are, to those of us who actually interview the prisoners, in fact very many reasons why people might pretend this. These vary from the opportunity to have trips out of prison through to a desire for a transfer to the female estate (to the same prison as a co-defendant) through to the idea that a parole board will perceive somebody who is female as being less dangerous through to a [false] belief that hormone treatment will actually render one less dangerous through to wanting a special or protected status within the prison system and even (in one very well evidenced case that a highly concerned Prison Governor brought particularly to my attention) a plethora of prison intelligence information suggesting that the driving force was a desire to make subsequent sexual offending very much easier, females being generally perceived as low risk in this regard. I am sure that the Governor concerned would be happy to talk about this.

There has been much talk recently of an "informed consent" approach being adopted. The difficulty is that this phrase is much used in medical practice at the same two word phrase holds a wholly different meaning in the context being suggested.

In routine medical practice in this and other countries the phrase "informed consent" means that patients can only be felt to have consented to any medical procedure if they have been fully informed, and understood, the likely consequences, both positive and negative, of the treatment being suggested, advised of alternative treatments that might be available, (including no treatment at all) and the likely positive and negative consequences of those alternatives. It is assumed in advance that the treatment suggestion is that being advanced by the practitioner concerned, the question being whether the patient is consenting to that treatment in a fully informed way.

The same phrase — "informed consent" — seems to the Association to have been borrowed by those suggesting very radical and negative shift in medical practice. It is suggested that provided patients are of sound mind (this amounts to the exclusion of serious mental illness) and understand the nature and consequences of what they request it should, essentially, be the role of the practitioner to fulfil that request. Crucially, there seems to be no recognition or acknowledgement of the view of the practitioner concerned about the merit of the suggested procedure. If actually implemented, this arrangement would leave medical practitioners in the position of having to make diagnoses they do not believe in, prescribe drugs they personally believe will not benefit the patient and undertake surgical procedures that they themselves believe will confer no benefit or cause harm. This is incompatible with medical practice, the first tenet of which is that one should "first, do no harm".

In practical application, the worrying prisoner described in the paragraph above would be in a position to oblige medical practitioners to advance a plan the basis of which is the facilitation of subsequent sexual assault. If extended to other areas of medical practice this arrangement would leave General Practitioners obliged to prescribe antibiotics for viral conditions (something frequently demanded by patients and a leading cause escalating antibiotic resistance) even though they knew it to be wrong.

It has been suggested by those who promote this change in practice that this is what pertains in general medicine and surgery. This is absolutely not the case, the surgeons and physicians in the Association having confirmed that in general surgical and medical practice doctors do not undertake treatment which they don't think will confer benefit, even if it is the request of a patient with full capacity. Those members of the Association who undertake non-gender cosmetic surgery confirm that this is the case. Association surgeons report that the Health and Social Care Act restructuring of the NHS was immensely successful in ending the "postcode lottery" that seemed previously to apply but do make it clear that "whilst surgeons are independent of gender clinics we could not offer surgery other than as part of pathway managed by those clinics".

In general medical and surgical practice almost 100% of the time the patient and the clinician, after discussion, find themselves in agreement and there is not an issue. In a very small proportion of cases the clinician recommends a particular line of treatment and the patient does not want to go along with it. Provided the patient is of sound mind that patient has every right *not* to go along with the treatment. Interestingly, in my long experience as a Liaison Psychiatrist, the usual response of the clinician in this scenario has been to call me ! Needless to say, almost always (provided the patient has properly grasped what the clinician is suggesting) it's simply been a case

of the patient not fancying the clinician's plan and my role has been to gently break it to the clinician that the patient has every right to refuse treatment.

Very rarely in general medicine the reverse is the case, which is to say that the patient wants some particular mode of treatment that the clinician cannot, in all honesty, support. In these circumstances it is usual to suggest a second opinion be sought. If the provider of the second opinion does support that line of treatment, they are usually then welcome to assume the care of the patient. If there isn't anybody else willing to support that line of treatment it does tend to suggest that it's probably not a great idea that it be undertaken.

It seems to the Association that gender medicine is no different from the other scenarios outlined above. There are no other aspects of the National Health Service in which patients need only to have their lack of insanity confirmed before being in a position to decide exactly what professionals will be obliged to prescribe to them and what surgical procedures they will be obliged to perform upon them.

An Association member has travelled to North America (home of the World Professional Association for Transgender Health, originators of the proposed way of working) and observed a large gender identity clinic in action. It seemed that, in practice, clinical work proceeds very much as it does in this country. It seems this situation is one in which the stated Guidelines bear no relation to what actually happens. It would be a bit like somebody in a foreign country, with an axe to grind about some aspect of transport policy, reporting to their own Department of Transport that every vehicle on a British motorway travels at no greater a speed than 70 miles an hour on the basis that the British legislation says that this ought to be so, and attempting to influence the governmental arrangements in their own country by citing the British law as if it actually reflected what happened on British motorways.

This mooted change aside, there is a very great deal that can be said about transpeople and wider NHS services as they actually currently operate. The commendable desire to have the same services on the 'menu' at every English gender identity clinic has been the aim and in some regards has been achieved (illustrated by the remark about the end of the 'postcode lottery, above) but in others only partially implemented — for example, it is notable that one gender identity clinic is unique in that it doesn't pay travelling expenses for patients on out of work benefits, that clinic being amongst the most remotely located and one that has more frequent appointments than average.

The casual, sometimes unthinking trans-phobia of primary care, accident and emergency services and inpatient surgical admissions continue to be striking. A matter of serious day-to-day importance at a primary care level is the persistent refusal of some General Practitioners to even make referrals to gender identity clinics.

Only last month there were reports of the death of Synestra DeCourcy. The account from her mother suggests that her General Practitioner steadfastly refused to refer her to a Gender Identity Clinic when she first requested this in early 2013. These refusals were said to have persisted and the patient to have commenced self-medicating with illicit hormones, prostituting herself to pay for these. Eventually, with the assistance of a transman who transitioned many years earlier, the referral was made, being received in February this year. An inquest is yet to be held but there is every

suggestion that her death might have been avoided if prompt referral had been made. Her mother sadly, correctly, said that if this had been the case she would, at the time of her death, probably have been well established on safe hormone treatment and about to be referred for gender reassignment surgery. Her mother has confirmed that she would be very happy to speak to the Committee.

In these circumstances, Association members have sometimes sought the help of secondary care endocrine services (itself a wildly wasteful use of this scarce resource) but on this occasion consultant endocrinologists are said to have declared that they are "too busy" to do this and that they lack the necessary expertise. This situation remains unresolved. It does not seem reasonable to expect Association members to prescribe for patients for the rest of their lives as the number of people involved would be vast and ever growing and it is the view of the Association that primary and secondary care should see it as a priority to acquire the quite manageable additional skills required to prescribe for this patient group rather than dismiss their needs.

The core of the current administrative arrangement is that NHS England Specialised Commissioning has published an Interim Protocol outlining what all English gender identity clinics are funded to provide, although it is silent on issues like funding travel allowing inequities to persist. It has been made clear from the outset that prescribing should be done at a primary care level, and a Circular was subsequently published to reiterate this. It also is made clear that gamete storage is not arranged through gender identity clinics and will be a matter for the patients' local Clinical Commissioning Group. In a related vein, it is made clear that hysterectomy and oophorectomy should be provided by local gynaecological services, a separate tariff being drawn up for when this service is provided. It is implied that Speech and Language Therapy would be best provided on a local basis, in settings associated with the patients' local Clinical Commissioning Group.

The problem is that these services either are not aware of this arrangement, or don't accept them as their responsibility if they are.

An ongoing concern is the unwillingness of General Practitioners to prescribe hormones to patients, as NHS England Specialised Commissioning suggests they will, even when the patients are established at an NHS Gender Identity Clinic. This is most disastrous when the General Practitioner concerned sits on an important committee and sets the policy for a wider area. One such General Practitioner sat on the committee covering all of one of the Home Counties and as a consequence not a single General Practitioner across the entire county Buckinghamshire is "allowed" to prescribe for any trans person, ever, including after discharge and into old age. The individual, personal, General Practitioner of one of the patients affected by this rang me in some distress. He said he was perfectly willing to prescribe on a personal basis but felt he was not "allowed" to do so because of this. I am sure that he would be happy to give evidence, as would the patient concerned.

Clinical Commissioning Group fertility services occasionally do offer prompt gamete storage but mainly claim that they are 'not funded' to offer this service or that the patients are 'not eligible'. Lengthy appeals are possible, of course, and a few patients pay privately but most, understandably, cannot face an indeterminate wait and forgo gamete storage — a decision they may well deeply regret having been forced into.

Clinical Commissioning Group gynaecological services might, in theory, have a tariff for undertaking hysterectomies but in actuality they won't do so. Yesterday, an Association member was contacted about a patient who was discharged from the London gender identity clinic in 2013 and whose General Practitioner requested a local hysterectomy (with a referral letter from the London clinic). At least three gynaecology departments in district hospitals have said that they 'cannot' offer this surgery and the patient and his General Practitioner are growing somewhat desperate. [For the avoidance of doubt it should be made clear to the Committee that the operation is no different from any other hysterectomy and is one that could be carried out by any gynaecologist.]

Attempts to refer for Speech and Language Therapy on a local basis, as is suggested by the Interim Protocol, are very often rebuffed with the statement that the local department is 'not funded' to do that sort of work. Sometimes the provision of care is refused with the slightly more reasonable statement that the local department lacks the necessary skills and the therapy would be better delivered by someone with much experience and a busier caseload to keep that experience up to date. There is some merit in this latter statement, as it is felt by the Royal College of Speech and Language Therapists that a poor service will be offered by a Therapist with only a few patients year, if that — such a therapist being what is suggested by the interim Protocol.

These persisting, seemingly growing problems with primary and secondary care suggest that any devolution of the management of gender dysphoria to these tiers of the NHS, even were it to be desirable, is currently a very distant prospect.

Gender medicine, which can be defined as clinical practice aimed at the safe and sustained relief of gender dysphoria, involves a wider range of clinical disciplines than almost any other part of medical practice. There is routine and ongoing involvement from psychiatrists, psychologists, endocrinologists, surgeons, nurses, speech therapists, psychosexual therapists, counsellors, occupational therapists and primary care. None of these disciplines is or should be pre-eminent and the professional body of each of them will only ever contain a very small number of members involved in this work, leaving their interests and those of their patients easily ignored. Consequently, the Association was formed to create an adequate collective voice for those of us working in this field, the better to advance the field and the welfare of the gender dysphoric patients we all try to help. The considerable difficulties experienced by the World Health Organisation and American Psychiatric Association when they attempted to reclassify gender dysphoria in diagnostic terms is reflected by the difficulties in trying to decide which part of the NHS should be responsible for gender medicine. For reasons more related to history than clear eyed thinking this has in the past been psychiatric services and the psychiatric part of NHS higher administration. The most truthful, if messy, analysis suggests that gender medicine doesn't easily fit into any professional or administrative category and that the best care for patients will always involve a close-knit and very multidisciplinary team. Such teams already exist in Gender Identity Clinics and the extremely large dataset from those actually attending such clinics makes it clear that satisfaction levels are extraordinarily high; chief patient concerns appear to be long waiting lists to access clinics and other parts of the NHS preventing referral to those clinics or

failing to cooperate with the advice given by the clinics. Recent, very welcome, if somewhat belated higher administrative action has been taken to address the problems of waiting lists. The Association does feel, though, that attention should be directed at strongly encouraging primary and secondary care providers to heed and adhere to the plans issued by NHS England and to grasp that gender dysphoric people as equally deserving patients in whose care they decidedly can and should play their part.

Sincerely,

Dr. James Barrett
President, British Association of Gender Identity Specialists

20 August 2015

U.S. Department of Justice
Office of Justice Programs
*Bureau of Justice Statistics*

SPECIAL REPORT

JULY 2018 NCJ 251146

# Sexual Victimization Reported by Adult Correctional Authorities, 2012-15

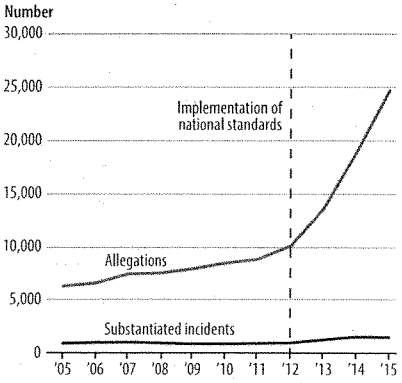
Ramona R. Rantala, *BJS Statistician*

In 2015, correctional administrators reported 24,661 allegations of sexual victimization in prisons, jails, and other adult correctional facilities (**figure 1**).[1] More than half (58%) involved sexual victimization by staff toward inmates, and the remainder (42%) involved sexual victimization by inmates towards other inmates.

About 8% (1,473) of the allegations were substantiated based on completed investigations. The number of allegations rose sharply after the National Standards to Prevent, Detect, and Respond to Prison Rape were issued by the Department of Justice in 2012. (See *National Standards to Prevent, Detect, and Respond to Prison Rape* text box.) The standards require correctional facilities to educate staff and inmates on sexual victimization, refer all allegations for investigation, track the information collected in the Survey of Sexual Victimization (SSV), and provide the information on request. (See *The Bureau of Justice Statistics surveys of sexual victimization in correctional facilities* text box.)

[1]Excludes inmate-on-inmate sexual harassment, which was first measured in 2013. (See page 11.)

**FIGURE 1**
**National estimates of allegations and substantiated incidents of sexual victimization in adult correctional facilities, 2005–15**




Note: Excludes inmate-on-inmate sexual harassment. See appendix table 1 for estimates and standard errors.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005–15.

## HIGHLIGHTS

- Correctional administrators reported 24,661 allegations of sexual victimization in 2015, nearly triple the number recorded in 2011 (8,768).
- Most of the increase in allegations was due to an increase in unfounded (determined not to have occurred) and unsubstantiated (insufficient evidence to determine if it occurred) allegations.
- The increase in allegations of sexual victimization from 2011 to 2015 coincided with the release in 2012 of the National Standards to Prevent, Detect, and Respond to Prison Rape.
- In 2015, an estimated 1,473 allegations were substantiated (determined to have occurred), up 63% from the 902 substantiated in 2011.
- Fifty-eight percent of substantiated incidents of sexual victimization in 2015 were perpetrated by inmates, while 42% were perpetrated by staff members.
- The number of allegations in prisons increased from 6,660 in 2011 to 18,666 in 2015 (up 180%).
- During the 3-year aggregated period of 2013-15, there were an estimated 15,875 allegations of inmate-on-inmate sexual harassment, of which 2,426 (16%) were substantiated based on completed investigations.

BJS

## Definitions

The Bureau of Justice Statistics uses uniform definitions for each sexual act and investigative outcome. Each sexual act is classified by the perpetrator (i.e., inmate or staff) and the type of act. In 2013, BJS modified the survey to align the definitions with the national standards. BJS began collecting data on inmate-on-inmate sexual harassment in 2013.

*Inmate-on-inmate sexual victimization* involves nonconsensual sexual acts or abusive contact with a victim without his or her consent or with a victim who cannot consent or refuse.

- *Nonconsensual sexual acts* are the most serious victimizations and include—
  - contact between the penis and the vulva or the penis and the anus including penetration, however slight
  - contact between the mouth and the penis, vulva, or anus
  - penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
- *Abusive sexual contact* is less serious and includes intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person. Incidents in which the contact was incidental to a physical altercation are excluded.

*Substantiated allegation* means the event was investigated and determined to have occurred, based on a preponderance of the evidence (28 C.F.R. §115.72).

*Unfounded allegation* means the investigation determined that the event did not occur.

*Unsubstantiated allegation* means the investigation concluded that evidence was insufficient to determine whether or not the event occurred.

*Staff-on-inmate sexual victimization* includes sexual misconduct or sexual harassment perpetrated on an inmate by staff. Staff includes an employee, volunteer, contractor, official visitor, or other agency representative. Family, friends, and other visitors are excluded.

- *Staff sexual misconduct* includes any consensual or nonconsensual behavior or act of a sexual nature directed toward an inmate by staff, including romantic relationships. Such acts include—
  - intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks that is unrelated to official duties or with the intent to abuse, arouse, or gratify sexual desire
  - completed, attempted, threatened, or requested sexual acts
  - occurrences of indecent exposure, invasion of privacy, or staff voyeurism for reasons unrelated to official duties or for sexual gratification.
- *Staff sexual harassment* includes repeated verbal comments or gestures of a sexual nature to an inmate by staff. Such statements include—
  - demeaning references to an inmate's gender or sexually suggestive or derogatory comments about his or her body or clothing
  - repeated profane or obscene language or gestures.

The SSV (formerly the Survey of Sexual Violence) is an annual collection conducted by the Bureau of Justice Statistics (BJS) since 2004, and is based on the official administrative records of correctional systems and facilities. The SSV helps BJS to meet its mandates under the Prison Rape Elimination Act of 2003 (PREA).

The surveys include all federal and state prisons, all facilities operated by the U.S. military and ICE, and a representative sample of jail jurisdictions, privately operated jails and prisons, and jails holding adults in Indian country. Responses are weighted to provide national estimates for jails and privately operated facilities. Because the estimates for jails and private facilities are based on a sample rather than a complete enumeration, they are subject to sampling error. Standard errors are provided in the appendix. In total, data were collected from facilities holding 1.96 million inmates in 2012, 1.97 million inmates in 2013, 1.93 million inmates in 2014, and 1.92 million inmates in 2015. (See *Methodology* for more information about sampling procedures, systems and facilities from which data were collected, and standard errors.)

Administrators provided annual counts for each type of victimization that was alleged or first discovered during the prior calendar year. They also indicated how many were substantiated or determined to have occurred; unfounded or determined not to have occurred; unsubstantiated or had insufficient evidence to make a final determination; or under investigation at the time of data collection. In addition to requiring all allegations to be investigated, the national standards include criteria for substantiating incidents based on a preponderance of the evidence.

## National Standards to Prevent, Detect, and Respond to Prison Rape

The Prison Rape Elimination Act of 2003 (PREA) includes a requirement to develop national standards.[2] Following the process outlined in PREA, the Department of Justice published the National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. §115) on June 20, 2012. The national standards were effective immediately for the Federal Bureau of Prisons (BOP) and outlined a 3-year phase-in period for audits.

The standards address numerous issues, practices, and requirements to prevent, detect, and respond to sexual abuse in confinement settings. The standards include definitions of terms related to sexual abuse (§115.6), prevention planning (§115.11-18), responsive planning (§115.11-22), training and education of staff and inmates (§115.31-35), reporting allegations (§115.51-54), investigation of allegations (§115.71-73), data collection via the Survey of Sexual Violence (SSV, §115.87), and audits (§115.93 and §115.401-405).[3]

In 2013, the SSV was renamed the Survey of Sexual Victimization and was updated to better reflect the national standards. Definitions were modified for each type of victimization and investigative outcome. Questions about inmate-on-inmate sexual harassment were added. Changes to the substantiated incident forms included asking whether the incident location was subject to video monitoring, expanding victim and inmate perpetrator demographic characteristics to include transgender and intersex, and expanding answer categories to capture common written responses.

When the standards were published, it was anticipated that the number of allegations might increase and that such an increase—

> might reflect increased abuse, or it might just reflect inmates' increased willingness to *report* abuse, due to the facility's success at assuring inmates that reporting will yield positive outcomes and not result in retaliation. Likewise, an increase in substantiated incidents could mean either that a facility is failing to protect inmates, or else simply that it has improved its effectiveness at investigating allegations.[4]

To provide administrators more time to conduct investigations, SSV data are collected after the reference year has ended. For example, 2012 data were collected from July to December 2013, after the standards came into effect for the BOP and during the implementation period for other facilities. Audits can also affect the numbers reported via SSV. For example, audits may reveal a miscategorization of type of victimization, and a facility may revise numbers previously reported to the Bureau of Justice Statistics.

[2]Prison Rape Elimination Act of 2003, P.L. 108-79 §§ 7-8. Retrieved from www.gpo.gov/fdsys/pkg/PLAW-108publ79/pdf/PLAW-108publ79.pdf

[3]Prison and Jail Standards, 28 C.F.R. Part 115. Retrieved from www.prearesourcecenter.org/sites/default/files/library/prisonsandjailsfinalstandards.pdf

[4]National Standards to Prevent, Detect, and Respond to Prison Rape, 77 Fed. Reg. 37107 (June 20, 2012) 28 C.F.R. Part 115. Retrieved from www.gpo.gov/fdsys/pkg/FR-2012-06-20/pdf/2012-12427.pdf

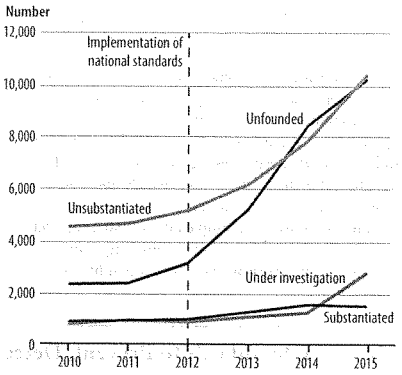
Each sexual victimization is classified by the type of perpetrator (i.e., inmate or staff) and act, which is defined by BJS in conjunction with the national standards. Inmate-on-inmate sexual victimization includes nonconsensual sexual acts, abusive sexual contact, and sexual harassment (as of 2013). Staff-on-inmate sexual victimization includes sexual misconduct and sexual harassment.

## Allegations of sexual victimization

### *Allegations of sexual victimization increased in both prisons and jails*

After the national standards were issued in 2012, the number of allegations of sexual victimization that were substantiated increased for 2 years, then leveled off. The number of allegations that were unfounded (determined not to have occurred) and unsubstantiated (insufficient evidence to determine if it occurred) rose sharply. Of the 24,661 allegations of sexual victimization in 2015, a total of 1,473 (6%) were substantiated and 2,733 (11%) were under investigation during data collection (**figure 2**). Prior to 2014, more allegations were unsubstantiated than were unfounded. In 2014, for the first time in 11 years of collecting SSV data, allegations that were unfounded (8,372) exceeded those that were unsubstantiated (7,783). In 2015, the number of unfounded allegations (10,142) was nearly equal to the number of unsubstantiated allegations (10,313).

**FIGURE 2**
**National estimates of outcomes of alleged sexual victimization in adult correctional facilities, 2010–15**




Note: Excludes inmate-on-inmate sexual harassment. See appendix table 2 for estimates and standard errors.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2010–15.

## The Bureau of Justice Statistics surveys of sexual victimization in correctional facilities

Section 4(a)(1) of the Prison Rape Elimination Act of 2003 (PREA) requires the Bureau of Justice Statistics to "carry out, for each calendar year, a comprehensive statistical review and analysis of the incidence and effects of prison rape" (P.L. 108-79).

BJS has developed a multiple-measure, multiple-mode data collection strategy to fully implement requirements under PREA, including three surveys relating to inmate sexual victimization. The Survey of Sexual Victimization annually collects administrative data on the incidence of sexual victimization in adult and juvenile correctional facilities. The National Inmate Survey and the National Survey of Youth in Custody gather data on the prevalence of sexual assault as reported by inmates in prisons and jails and by youth held in juvenile correctional facilities. (For more information on BJS's PREA data collection activities, see the BJS website.)

Correctional administrators reported 24,661 allegations of sexual victimization in 2015, an increase from the 18,891 allegations reported in 2014 (**table 1**). The total allegations in 2015 were nearly triple the number reported in 2011 (8,768 allegations), the year before the national standards were implemented. The standards specified not only what data must be tracked and reported to BJS, but also required inmate education, medical and mental health care for victims, and investigations of each allegation, all of which may have encouraged victims and increased their willingness to report sexual abuse.

Increases between 2011 and 2015 occurred for all types of correctional facilities. The number of allegations in prisons increased from 6,660 allegations in 2011 to 18,666 in 2015 (up 180%). The number of allegations in jails increased from 2,047 in 2011 to 5,809 in 2015 (up 184%).

**TABLE 1**
**National estimates of allegations of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015* | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| **Total** | 24,661 | 18,891 † | 13,568 † | 10,047 † | 8,768 † | 8,404 † | 6,241 † |
| **Prisons**[a] | 18,666 | 13,794 † | 9,850 † | 7,575 † | 6,660 † | 6,648 † | 4,791 † |
| Public - federal | 740 | 776 † | 879 † | 718 † | 488 † | 479 † | 268[b] |
| Public - state | 16,940 | 12,186 † | 8,394 † | 6,433 † | 5,765 † | 5,812 † | 4,341 † |
| **Jails**[c] | 5,809 | 4,905 † | 3,577 † | 2,411 † | 2,047 † | 1,700 † | 1,406 † |
| **Other adult facilities** | | | | | | | |
| Military | 35 | 37 † | 16 † | 7 † | 4 † | 6 † | 8 † |
| Immigration and Customs Enforcement | 151 | 148 † | 125 † | 54 † | 50 † | 46 † | 4 † |
| Indian country jails[d] | 0 | 7 † | 0 | 0 | ^ | ^ | 32 † |

Note: Excludes inmate-on-inmate sexual harassment. See appendix table 3 for standard errors.

*Comparison year.

†Difference with comparison year is significant at the 95% confidence level. Federal prisons, state prisons, military facilities and ICE facilities are complete enumerations rather than a sample, so any difference with comparison year is significant. See footnote b for one exception.

^Too few cases to provide a reliable estimate.

[a]Includes federal, state, and private prisons.

[b]Estimates for federal prisons in 2005 are not comparable to those for other years due to a change in reporting.

[c]Includes local and private jails.

[d]Excludes facilities housing only juveniles.

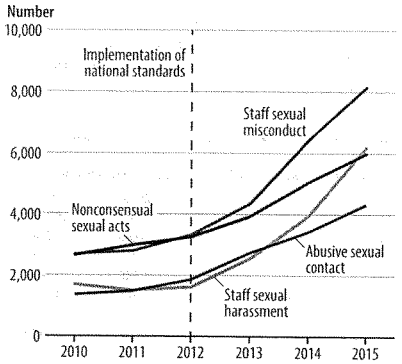
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

The overall rate of reported allegations nearly tripled during the same period, from 3.9 allegations per 1,000 inmates in 2011 to 11.0 per 1,000 in 2015 (**table 2**). Allegation rates increased for all types of facilities. Rates for prisons rose from 4.5 allegations per 1,000 inmates in 2011 to 12.6 per 1,000 in 2015. Jails consistently had lower rates than prisons, rising from 2.7 allegations per 1,000 inmates in 2011 to 8.0 in 2015.

### *Staff-on-inmate victimization accounted for 63% of the increase in allegations from 2011 to 2015*

After implementation of the national standards, allegations of staff-on-inmate sexual misconduct increased from 2,800 in 2011 to 8,151 in 2015 (up 191%) (**figure 3**). Allegations of staff-on-inmate sexual victimization increased more than inmate-on-inmate victimization, accounting for 63% of the total increase. During the same period, inmate-on-inmate nonconsensual sexual acts accounted for the smallest relative increase (up 101%), from 2,986 to 5,992.

**FIGURE 3**
**National estimates of allegations of sexual victimization in adult correctional facilities, by type of victimization, 2010–15**




Note: Excludes inmate-on-inmate sexual harassment. See appendix table 5 for estimates and standard errors.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2010–15.

**TABLE 2**
**Rates per 1,000 inmates of allegations of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015* | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 11.04 | 8.37 † | 5.95 † | 4.49 † | 3.90 † | 3.65 † | 2.83 † |
| Prisons[a] | 12.58 | 9.28 † | 6.55 † | 5.16 † | 4.49 † | 4.40 † | 3.33 † |
| Public - federal | 4.61 | 4.58 † | 5.06 † | 4.07 † | 2.77 † | 2.77 † | 1.71[b] |
| Public - state | 14.63 | 10.35 † | 7.13 † | 5.50 † | 4.81 † | 4.74 † | 3.68 † |
| Jails[c] | 8.03 | 6.56 † | 4.73 † | 3.22 † | 2.73 † | 2.20 † | 1.86 † |
| Other adult facilities | | | | | | | |
| Military | 25.17 | 26.81 † | 11.40 † | 4.96 † | 2.63 † | 3.95 † | 3.08 † |
| Immigration and Customs Enforcement | 8.12 | 8.14 † | 7.22 † | 2.92 † | 3.41 † | 2.67 † | 0.61 † |
| Indian country jails[d] | 0.00 | 2.35 † | 0.00 | 0.00 | ^ | ^ | ^ |

Note: Excludes inmate-on-inmate sexual harassment. See appendix table 4 for standard errors.
*Comparison year.
†Difference with comparison year is significant at the 95% confidence level. Federal prisons, state prisons, military facilities and ICE facilities are complete enumerations rather than a sample, so any difference with comparison year is significant. See footnote b for one exception.
^Too few cases to provide a reliable estimate.
[a]Includes federal, state, and private prisons.
[b]Estimates for federal prisons in 2005 are not comparable to those for other years due to a change in reporting.
[c]Includes local and private jails.
[d]Excludes facilities housing only juveniles.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

## Outcomes of sexual victimization investigations

### *Overall, 8% of completed investigations were substantiated from 2012-15*

During the 4-year aggregated period of 2012-15, investigations were completed for 61,316 (91%) of the 67,168 total allegations (table 3).

For inmate-on-inmate sexual victimization, investigations were completed for 28,507 of the 30,590 allegations (93%), and for staff-on-inmate victimization, investigations were completed for 32,809 of the 36,578 allegations (90%) during the 4-year period. Overall, 5,187 (8%) of completed investigations were substantiated.

**TABLE 3**
**National estimates of outcomes of investigations into allegations of sexual victimization, by type of facility, 2012–15**

| | Number of allegations | | |
|---|---|---|---|
| Type of victimization and outcome | All facilities* | Federal and state prisons | Local jails |
| Inmate-on-inmate | 30,590 | 19,202 | 9,586 |
| Substantiated | 2,982 | 1,523 | 1,282 |
| Unsubstantiated | 14,596 | 9,696 | 3,908 |
| Unfounded | 10,928 | 6,397 | 3,998 |
| Under investigation | 2,076 | 1,587 | 388 |
| Nonconsensual sexual acts | 18,235 | 11,298 | 5,938 |
| Substantiated | 1,137 | 631 | 461 |
| Unsubstantiated | 8,333 | 5,288 | 2,494 |
| Unfounded | 7,142 | 4,100 | 2,702 |
| Under investigation | 1,620 | 1,280 | 277 |
| Abusive sexual contact | 12,356 | 7,904 | 3,648 |
| Substantiated | 1,845 | 892 | 822 |
| Unsubstantiated | 6,263 | 4,408 | 1,414 |
| Unfounded | 3,786 | 2,297 | 1,296 |
| Under investigation | 456 | 307 | 111 |
| Staff-on-inmate | 36,578 | 27,864 | 6,585 |
| Substantiated | 2,205 | 1,419 | 598 |
| Unsubstantiated | 14,746 | 11,667 | 1,997 |
| Unfounded | 15,858 | 11,474 | 3,636 |
| Under investigation | 3,771 | 3,305 | 354 |
| Sexual misconduct | 22,268 | 16,244 | 4,574 |
| Substantiated | 1,678 | 1,078 | 446 |
| Unsubstantiated | 8,076 | 6,129 | 1,265 |
| Unfounded | 10,040 | 6,950 | 2,562 |
| Under investigation | 2,477 | 2,088 | 301 |
| Sexual harassment | 14,310 | 11,620 | 2,011 |
| Substantiated | 527 | 341 | 152 |
| Unsubstantiated | 6,671 | 5,538 | 731 |
| Unfounded | 5,819 | 4,524 | 1,074 |
| Under investigation | 1,294 | 1,217 | 53 |
| Total | 67,168 | 47,066 | 16,171 |

Note: Excludes inmate-on-inmate sexual harassment, which BJS began collecting in 2013. Detail may not sum to total due to discrepancies in reporting. See appendix table 6 for standard errors.

*Includes private prisons and jails, jails in Indian country, and facilities operated by the U.S. military and Immigration and Customs Enforcement.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2012–15.

During the 4-year aggregated period of 2012-15, investigations were completed for 16,612 of the 18,235 allegations (91%) of inmate-on-inmate nonconsensual sexual acts. Fewer than 1 in 10 (7%) or 1,137 of these completed investigations were substantiated. More than 4 in 10 (43%) completed investigations of nonconsensual sexual acts were unfounded, and half (50%) were unsubstantiated (**table 4**).

More than half (53%) of the completed investigations of inmate-to-inmate abusive sexual contact were unsubstantiated. An estimated 16% of the completed investigations were substantiated, and 32% were unfounded. In local jails, 23% of the completed investigations were substantiated, 37% were unfounded, and 40% were unsubstantiated. In state and federal prisons, 12% of completed investigations were substantiated, 30% were unfounded, and 58% were unsubstantiated.

Fewer than 1 in 20 (4%) completed investigations of staff sexual harassment were substantiated. Fewer than 1 in 10 (8%) of the completed investigations of staff sexual misconduct were substantiated.

**TABLE 4**
**Outcomes of completed investigations of sexual victimization, by type of facility, 2012–15**

| | Percent by outcome[a] | | |
|---|---|---|---|
| Type of victimization and outcome | All facilities[b] | Federal and state prisons* | Local jails |
| Inmate-on-inmate | 100% | 100% | 100% |
| Substantiated | 10.5% | 8.6% | 14.0% † |
| Unsubstantiated | 51.2% | 55.0% | 42.5% † |
| Unfounded | 38.3% | 36.3% | 43.5% † |
| Number of completed investigations | 28,507 | 17,616 | 9,189 |
| Nonconsensual sexual acts | 100% | 100% | 100% |
| Substantiated | 6.8% | 6.3% | 8.1% † |
| Unsubstantiated | 50.2% | 52.8% | 44.1% † |
| Unfounded | 43.0% | 40.9% | 47.8% † |
| Number of completed investigations | 16,612 | 10,019 | 5,657 |
| Abusive sexual contact | 100% | 100% | 100% |
| Substantiated | 15.5% | 11.7% | 23.3% † |
| Unsubstantiated | 52.7% | 58.0% | 40.0% † |
| Unfounded | 31.8% | 30.2% | 36.7% † |
| Number of completed investigations | 11,895 | 7,597 | 3,532 |
| Staff-on-inmate | 100% | 100% | 100% |
| Substantiated | 6.7% | 5.8% | 9.6% † |
| Unsubstantiated | 44.9% | 47.5% | 32.0% † |
| Unfounded | 48.3% | 46.7% | 58.4% † |
| Number of completed investigations | 32,809 | 24,560 | 6,230 |
| Sexual misconduct | 100% | 100% | 100% |
| Substantiated | 8.5% | 7.6% | 10.4% † |
| Unsubstantiated | 40.8% | 43.3% | 29.6% † |
| Unfounded | 50.7% | 49.1% | 60.0% † |
| Number of completed investigations | 19,794 | 14,157 | 4,273 |
| Sexual harassment | 100% | 100% | 100% |
| Substantiated | 4.0% | 3.3% | 7.8% † |
| Unsubstantiated | 51.3% | 53.2% | 37.4% † |
| Unfounded | 44.7% | 43.5% | 54.9% † |
| Number of completed investigations | 13,016 | 10,403 | 1,957 |

Note: Detail may not sum to 100% due to rounding. See appendix table 7 for standard errors.
*Comparison group.
†Difference with comparison group is significant at the 95% confidence level.
[a]Percentages based on allegations for which investigations have been completed.
[b]Includes private prisons and jails, jails in Indian country, and facilities operated by the U.S. military and Immigration and Customs Enforcement.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

### *The annual number of substantiated incidents of sexual victimization increased by 63% from 2011 to 2015*

Correctional administrators reported 1,473 substantiated incidents of sexual victimization in 2015 (**table 5**). Although this was fewer than the 1,522 substantiated incidents reported in 2014, it was more than the number reported in all other years and represented a 63% increase from the 902 incidents substantiated in 2011. Jails saw a greater percentage increase than prisons. The number of substantiated incidents in jails doubled from 284 in 2011 to 576 in 2015 (up 103%). In comparison, the number of substantiated incidents in prisons rose from 605 to 873 (up 44%).

Rates of substantiated incidents of sexual victimization showed minimal year-to-year changes until one year after the standards were issued in 2012 (**table 6**). Rates of substantiated incidents in jails doubled from 0.4 per 1,000 inmates in 2011 to 0.8 per 1,000 in 2015.

**TABLE 5**
**National estimates of substantiated incidents of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015* | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 1,473 | 1,522 | 1,239 † | 953 † | 902 † | 856 † | 885 † |
| Prisons[a] | 873 | 888 | 782 † | 656 † | 605 † | 603 † | 524 † |
| Public - federal | 19 | 13 † | 13 † | 24 † | 9 † | 16 † | 41[b] |
| Public - state | 810 | 771 † | 704 † | 588 † | 537 † | 541 † | 459 † |
| Jails[c] | 576 | 616 | 441 † | 292 † | 284 † | 244 † | 348 † |
| Other adult facilities | | | | | | | |
| Military | 3 | 3 | 1 † | 1 † | 2 † | 2 † | 2 † |
| Immigration and Customs Enforcement | 21 | 15 † | 15 † | 5 † | 5 † | 2 † | 1 † |
| Indian country jails[d] | 0 | ^ | 0 | 0 | ^ | ^ | ^ |

Note: Excludes inmate-on-inmate sexual harassment. Detail may not sum to total due to rounding. See appendix table 8 for standard errors.
*Comparison year.
†Difference with comparison year is significant at the 95% confidence level. Federal prisons, state prisons, military facilities and ICE facilities are complete enumerations rather than a sample, so any difference with comparison year is significant. See footnote b for one exception.
^Too few cases to provide a reliable estimate.
[a]Includes federal, state, and private prisons.
[b]Estimates for federal prisons in 2005 are not comparable to those for other years due to a change in reporting.
[c]Includes local and private jails.
[d]Excludes facilities housing only juveniles.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

**TABLE 6**
**Rates per 1,000 inmates of substantiated incidents of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015* | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 0.66 | 0.67 | 0.54 † | 0.43 † | 0.40 † | 0.37 † | 0.40 † |
| Prisons[a] | 0.59 | 0.60 | 0.52 † | 0.45 † | 0.41 † | 0.40 † | 0.36 † |
| Public - federal | 0.12 | 0.08 † | 0.07 † | 0.14 † | 0.05 † | 0.09 † | 0.26[b] |
| Public - state | 0.70 | 0.65 † | 0.60 † | 0.50 † | 0.45 † | 0.44 † | 0.39 † |
| Jails[c] | 0.80 | 0.82 | 0.58 † | 0.39 † | 0.38 † | 0.32 † | 0.46 † |
| Other adult facilities | | | | | | | |
| Military | 2.16 | 2.17 | 0.71 † | 0.71 † | 1.31 † | 1.32 † | 0.77 † |
| Immigration and Customs Enforcement | 1.13 | 0.83 † | 0.87 † | 0.27 † | 0.34 † | 0.12 † | 0.15 † |
| Indian country jails[d] | 0.00 | ^ | 0.00 | 0.00 | ^ | ^ | ^ |

Note: Excludes inmate-on-inmate sexual harassment. See appendix table 9 for standard errors.
*Comparison year.
†Difference with comparison year is significant at the 95% confidence level. Federal prisons, state prisons, military facilities and ICE facilities are complete enumerations rather than a sample, so any difference with comparison year is significant. See footnote b for one exception.
^Too few cases to provide a reliable estimate.
[a]Includes federal, state, and private prisons.
[b]Estimates for federal prisons in 2005 are not comparable to those for other years due to a change in reporting.
[c]Includes local and private jails.
[d]Excludes facilities housing only juveniles.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

### *From 2014 to 2015, the number of substantiated incidents did not change significantly*

From 2011 to 2015, the overall number of substantiated incidents increased from 902 to 1,473 (**table 7**). The number of substantiated incidents decreased from 1,522 in 2014 to 1,473 in 2015, but the change was not statistically significant.

Inmate-on-inmate sexual victimizations made up more than half (58%) of the incidents that were substantiated in 2015. Inmate-on-inmate abusive sexual contact more than doubled, from 250 substantiated incidents in 2011 to 557 in 2015, which was the largest increase in substantiated incidents. Substantiated incidents of staff sexual misconduct increased from 327 in 2011 to 467 in 2015.

Each year from 2010 to 2012, staff sexual misconduct had the largest number of substantiated incidents; however, from 2013 to 2015, the number of substantiated incidents of inmate-on-inmate abusive sexual contact exceeded substantiated incidents of staff sexual misconduct.

**TABLE 7**
**National estimates of substantiated incidents of sexual victimization, by type of victimization, 2005 and 2010–15**

| Type of victimization | 2015* | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 1,473 | 1,522 | 1,239 † | 953 † | 902 † | 856 † | 885 † |
| Inmate-on-inmate | 852 | 863 | 756 | 511 † | 473 † | 437 † | 499[a] |
| Nonconsensual sexual acts | 295 | 308 | 293 | 241 † | 224 † | 198 † | 326 |
| Abusive sexual contact | 557 | 555 | 464 † | 269 † | 250 † | 239 † | 173 † |
| Staff-on-inmate | 621 | 659 | 482 † | 442 † | 429 † | 418 † | 386[a] |
| Sexual misconduct | 467 | 499 | 359 † | 353 † | 327 † | 319 † | 338 † |
| Sexual harassment | 154 | 160 | 123 † | 89 † | 102 † | 99 † | 48 † |

Note: Excludes inmate-on-inmate sexual harassment. Detail may not sum to total due to rounding. See appendix table 10 for standard errors.
*Comparison year.
†Difference with comparison year is significant at the 95% confidence level.
[a]Standard errors are not available.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

## Inmate-on-inmate sexual harassment

Sexual harassment of one inmate by another was first measured in the Survey of Sexual Victimization (SSV) in 2013. Inmate-on-inmate sexual harassment includes—

- repeated and unwelcome sexual advances
- requests for sexual favors
- verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

During the 3-year aggregated period of 2013-15, an estimated 15,875 allegations of inmate-on-inmate sexual harassment were made (**table 8**).

More than 10,000 of these allegations occurred in prisons and more than 5,000 occurred in jails. Overall, the rate of allegations of inmate-on-inmate sexual harassment was 2.2 per 1,000 inmates in prisons and 2.5 per 1,000 inmates in jails.

During 2013-15, more than 2,400 allegations of inmate-on-inmate sexual harassment were substantiated. Approximately half (1,201) were in prisons and half (1,196) were in jails. Overall, the rate of substantiated incidents of inmate-on-inmate sexual harassment was 0.3 per 1,000 inmates in prisons and 0.5 per 1,000 inmates in jails.

**TABLE 8**
**National estimates of allegations, substantiated incidents, and rates per 1,000 of inmate-on-inmate sexual harassment, by type of facility, 2013–15**

| | Allegations | | Substantiated incidents | |
|---|---|---|---|---|
| Type of facility | Number | Rate per 1,000 | Number | Rate per 1,000 |
| Total | 15,875 | 2.34 | 2,426 | 0.36 |
| Prisons[a] | 10,065 | 2.25 | 1,201 | 0.27 |
| Public - federal | 158 | 0.31 | 8 | 0.02 |
| Public - state | 9,318 | 2.65 | 1,136 | 0.32 |
| Jails[b] | 5,671 | 2.55 | 1,196 | 0.54 |
| Other adult facilities | | | | |
| Military | 19 | 4.55 | 1 | 0.24 |
| Immigration and Customs Enforcement | 110 | 2.03 | 23 | 0.43 |
| Indian country jails[c] | 10 | 0.73 | 5 | 0.35 |

Note: Detail may not sum to total due to rounding. See appendix table 11 for standard errors.
[a]Includes federal, state, and private prisons.
[b]Includes local and private jails.
[c]Excludes facilities housing only juveniles.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2013–15.

*Continued on next page*

## Inmate-on-inmate sexual harassment (continued)

Of the estimated 15,875 allegations of inmate-on-inmate sexual harassment reported during the 3-year period, 2,426 were substantiated, 4,996 were unfounded, 7,979 were unsubstantiated, and 469 were still under investigation **(table 9)**. Based on allegations with completed investigations, a sixth (16%) were substantiated, a third (32%) were unfounded, and more than half (52%) were unsubstantiated.

Outcomes differed by type of facility. Among allegations with completed investigations in state and federal prisons (excluding those under private contract), 13% of allegations of inmate-on-inmate sexual harassment were substantiated and 55% were unsubstantiated. In local jails, 21% of completed investigations of inmate-on-inmate sexual harassment were substantiated and 44% were unsubstantiated.

**TABLE 9**
**National estimates of outcomes of investigations into allegations of inmate-on-inmate sexual harassment, by type of facility, 2013–15**

| | Number of allegations | | | Percent by outcome[a] | | |
|---|---|---|---|---|---|---|
| Outcome | All facilities[b] | Federal and state prisons[c] | Local jails[c] | All facilities[b] | Federal and state prisons[c] | Local jails[c] |
| Total | 15,875 | 9,476 | 5,550 | | | |
| Substantiated | 2,426 | 1,144 | 1,174 | 15.7% | 12.5% | 21.3% † |
| Unsubstantiated | 7,979 | 5,057 | 2,445 | 51.8 | 55.4 | 44.4 † |
| Unfounded | 4,996 | 2,928 | 1,885 | 32.4 | 32.1 | 34.2 |
| Under investigation | 469 | 347 | 43 | | | |

Note: Detail may not sum to total due to discrepancies in reporting. Detail may not sum to 100% due to rounding. See appendix table 12 for standard errors.

*Comparison group.

†Difference with comparison group is significant at the 95% confidence level.

[a]Percentages based on allegations for which investigations have been completed.

[b]Includes private prisons and jails, jails in Indian country, and facilities operated by the U.S. military and Immigration and Customs Enforcement.

[c]Excludes facilities under private contract.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2013–15.

## Methodology

The Bureau of Justice Statistics (BJS) began the Survey of Sexual Violence (renamed the Survey of Sexual Victimization) in 2004. It is an annual collection mandated by the Prison Rape Elimination Act of 2003 (PREA) to measure the incidence of prison rape. The survey is based on official administrative records of correctional systems and facilities, and covers all federal prisons, state prisons, and facilities operated by the U.S. military and Immigration and Customs Enforcement, and a representative sample of local jails, jails in Indian country, and privately operated jails and prisons. The U.S. Census Bureau currently serves as the data collection agent.

### Sampling

The sample designs for BJS's 2012, 2013, 2014, and 2015 Survey of Sexual Victimization (SSV, formerly Survey of Sexual Violence) varied for each type of facility covered by the Prison Rape Elimination Act of 2003.

#### *Federal and state prisons*

For each year, the survey included the Federal Bureau of Prisons and all 50 state adult prison systems. Prison administrators reported on allegations and substantiated incidents of sexual victimization that occurred within publicly operated adult prison facilities only, and excluded allegations and incidents involving federal or state inmates in other facilities, such as privately operated prisons or jails.

#### *Privately operated state and federal prisons*

For each year, a sample of 125 privately operated state and federal prison facilities was drawn from BJS's Census of State and Federal Adult Correctional Facilities (CSFACF), which was updated annually to include new privately operated facilities and to exclude facilities that had closed or were no longer privately operated. For SSV 2012, the CSFACF 2005 was used as the sampling frame. After updating, the frame contained 402 records for privately operated state and federal prisons. The number of inmates confined on June 30, 2005, was used as the measure of size. Facilities with 450 inmates or more on this date were selected with certainty (i.e., given a 100% chance of selection) due to size. There were 74 facilities selected with certainty in 2012.

For SSV 2013, 2014, and 2015, the CSFACF 2012 was used as the sampling frame. The number of inmates confined on December 31, 2012, was used as the measure of size. Facilities with 450 inmates or more on this date were selected with certainty due to size. For SSV 2013, there were 471 privately operated state and federal prisons in the frame, and 90 were selected with certainty. For SSV 2014, there were 458 privately operated state and federal prisons in the updated frame, and 82 were selected with certainty. For SSV 2015, there were 537 privately operated state and federal prisons in the updated frame. The sample size was increased to 155, and 109 were selected with certainty.

The remaining facilities were sorted by region (Northeast, Midwest, South, or West), state, and size, then sampled systematically with probabilities proportional to their size. That is, larger facilities had a greater probability of selection. Fifty-one private prisons were selected in the sample for SSV 2012, 35 were selected for SSV 2013, 43 were selected for SSV 2014, and 46 were selected for SSV 2015.

Among the privately operated prisons selected for the 2012 survey, 13 closed prior to data collection and 2 were out of scope, meaning the facility was no longer privately operated and the data would be reported by the state or jail jurisdiction that was operating it. For the 2013 survey, 5 privately operated prisons closed prior to data collection and 4 were out of scope; for the 2014 survey, 4 closed and 4 were out of scope; and for the 2015 survey, 6 closed and 2 were out of scope. All active privately operated prisons selected for SSV 2013 responded to the survey. Two active privately operated prisons selected for SSV 2012, one selected for 2014, and five selected for 2015 did not respond to the survey:

- Catalyst Behavioral Services Cameo, OK (2014)
- Delaney Hall, NJ (2015)
- Dismas Charities, El Paso, TX (2015)
- Dismas House of Atlanta West, GA (2015)
- San Luis Valley Community Center, CO (2012)
- Talbert House, Spring Grove Center, OH (2015)
- Therapeutic Community of Southern Colorado, CO (2015)
- Volunteers of America, Northwest Ohio, OH (2012).

### *Public jails*

A sample of 700 publicly operated jail jurisdictions was drawn each year from BJS's Deaths in Custody Reporting Program (DCRP) data. For each SSV data collection, the preceding year of DCRP was used as the sampling frame. For example, DCRP 2014 was used for SSV 2015. For SSV 2012, there were 2,844 jail jurisdictions on the frame. In 2013, there were 2,921; in 2014, there were 2,918; and in 2015, there were 2,904.

Each year, the largest jail jurisdiction was selected with certainty in 45 states and the District of Columbia.[5] Jail jurisdictions with average daily populations (ADP) greater than or equal to 1,000 inmates were also selected with certainty (116 for SSV 2012, 118 for 2013, 117 for 2014, and 111 for 2015). The remaining jail jurisdictions on each frame were then grouped into three strata based on ADP, then sorted by region and state.

- For the SSV 2012 sample, 186 jail jurisdictions were selected from 1,481 jurisdictions with an ADP of 87 or less in the first stratum, 119 from 770 jurisdictions with an ADP of 88 to 268 were selected in the second stratum, and 233 from 431 with an ADP of 269 to 999 were selected in the third stratum.
- For the SSV 2013 sample, 215 jail jurisdictions were selected from 1,456 jurisdictions with an ADP of 81 or less in the first stratum, 108 from 830 jurisdictions with an ADP of 82 to 265 were selected in the second stratum, and 213 from 471 with an ADP of 266 to 999 were selected in the third stratum.
- For the SSV 2014 sample, 282 jail jurisdictions were selected from 1,513 jurisdictions with an ADP of 89 or less in the first stratum, 85 from 792 jurisdictions with an ADP of 90 to 273 were selected in the second stratum, and 170 from 450 with an ADP of 274 to 999 were selected in the third stratum.
- For the SSV 2015 sample, 178 jail jurisdictions were selected from 1,452 jurisdictions with an ADP of 81 or less in the first stratum, 195 from 834 jurisdictions with an ADP of 82 to 261 were selected in the second stratum, and 170 from 461 with an ADP of 262 to 999 were selected in the third stratum.

[5]Five states with combined jail/prison systems had no public jails: Connecticut, Delaware, Hawaii, Rhode Island, and Vermont.

Among the public jail jurisdictions selected in the samples, one closed prior to the 2012 data collection and one closed prior to 2015. Three active jail jurisdictions selected in the sample did not respond to the 2012 survey, three did not respond to the 2013 survey, four did not respond to the 2014 survey, and four did not respond to the 2015 survey:

- Clinton County Jail, KY (2015)
- Coahoma County Sheriff's Office, MS (2012)
- Crittenden County Sheriff's Office, AR (2013)
- Cumberland County Sheriff's Office, ME (2013)
- Eau Claire County Sheriff's Office, WI (2014)
- Harmon County Sheriff's Office, OK (2014)
- Lawrence County Sheriff's Office, MO (2012)
- Morgan County Sheriff's Office, AL (2015)
- Pettis County Sheriff's Office, MO (2015)
- Pierce County Detention and Corrections Center, WA (2013, 2014)
- Ponca City Police Department, OK (2014)
- Tate County Sheriff's Office, MS (2015)
- Vigo County Sheriff's Office, IN (2012).

### *Privately operated jails*

For SSV 2012, a sample of 15 private jails was selected from the 33 in DCRP 2011. Five were selected with certainty because they were large compared to other private jails. The remaining 10 were selected with probability proportional to size after sorting the file by region, state, and ADP. For SSV 2013, all 32 private jails on the DCRP 2012 were selected with certainty. For SSV 2014, all 29 private jails on the DCRP 2013 were selected with certainty. For SSV 2015, a sample of 15 private jails was selected from the 39 in DCRP 2014. Seven were selected with certainty due to size. The remaining eight were selected with probability proportional to size after sorting the file by region, state, and ADP.

Among the private jails selected for SSV 2012, one had closed prior to data collection. For SSV 2014, one closed prior to data collection and two were out of scope. During the 4 years, one active private jail selected in the sample did not respond to the survey:

- Bay County Jail Facility, FL (2013).

### *Other correctional facilities*

A sample of jails in Indian country was selected each year using BJS's Annual Survey of Jails in Indian Country from the previous year as the frame. Facilities that held only adults or adults and juveniles were eligible to be sampled for the adult SSV data collection. Facilities that held only juveniles were eligible for the juvenile SSV data collection.

Each year, large jails were selected with certainty. The measure of size was ADP, which was adjusted to one for jails whose average was less than one. For SSV 2012, a sample of 20 jails was selected from a total of 60 on the frame. Three had an ADP of 140 or more and were selected with certainty. For SSV 2013, a sample of 20 jails was selected from a total of 59. Four had an ADP of 124 or more and were selected with certainty. For SSV 2014, a sample of 25 jails was selected from a total of 58. Eight had an ADP of 68 or more and were selected with certainty. For SSV 2015, a sample of 25 jails was selected from a total of 57. Seven had an ADP of 83 or more and were selected with certainty. The remaining sample was selected using probability proportional to size for each survey year.

All of the selected adult jails in Indian country were active. Two did not respond to SSV 2012, two did not respond to SSV 2013, and one did not respond to SSV 2014:

- Choctaw Justice Complex Adult Detention, MS (2012)
- Navajo Department of Corrections -Tuba City, AZ (2012)
- Tohono O'odham Adult Detention Center, AZ (2013, 2014)
- White Mountain Apache Detention Center, AZ (2013).

A census of all military facilities operated by the U.S. Air Force, U.S. Army, U.S. Navy and the U.S. Marine Corps was taken. A second census of all facilities operated by or exclusively for Immigration and Customs Enforcement (ICE), that is, dedicated ICE facilities, was taken. This list was updated annually by ICE. There were 23 dedicated ICE facilities for the 2012 survey, 22 for the 2013 and 2014 surveys, and 24 for the 2015 survey. All active U.S. military facilities and dedicated ICE facilities participated in the survey each of the 4 years.

### Nonresponse adjustments

Survey responses were weighted to produce national estimates by type of correctional facility. Data from the Federal Bureau of Prisons and all state prison systems, U.S. military facilities, and dedicated ICE facilities were given a weight of 1.00 because they were all selected with certainty and had 100% survey participation.

Among public jails, private jails, Indian country jails, and private prisons, facilities were assigned an initial weight equal to the inverse of the probability of selection. In each survey year, weights for responding public jail jurisdictions were adjusted for nonresponse by multiplying initial weights by the ratio of the sum of initial weights of active jurisdictions in each stratum to the sum of weights for participating jurisdictions. As a result, the sum of the final weights in each stratum equaled the sum of weights for active jails in each stratum.

Nonresponse adjustments for samples of private jails, private prisons, and jails in Indian country were based on the ratio of the sum of weights times the measure of size for each affected stratum. Within each stratum the number of active jails or prisons was multiplied by the measure of size of each facility, and then summed. The ratio of the first sum to the latter sum equaled the nonresponse adjustment factor for the affected stratum. Overall, after adjusting for nonresponse and summing across all strata, multiplying the adjusted weight by the sum of the measure of size equaled the total number of inmates held in private jails, private prisons, and jails in Indian country.

### National estimates and accuracy

When national estimates are derived from a sample, caution must be used when comparing one estimate to another or when comparing estimates over time. Although one estimate may be larger than another, estimates based on a sample have some degree of sampling error. The sampling error of an estimate depends on several factors, including the amount of variation in the responses and the size of the sample. When the sampling error around an estimate is taken into account, estimates that appear different may not be statistically different.

One measure of the sampling error associated with an estimate is the standard error. The standard error may vary from one estimate to the next. Generally,

an estimate with a small standard error provides a more reliable approximation of the true value than an estimate with a large standard error. Estimates with relatively large standard errors are associated with less precision and reliability and should be interpreted with caution.

Estimates and standard errors were calculated using SUDAAN.[6] For summary-level statistics, the 2012, 2013, 2014, and 2015 data files were treated separately.

Standard errors are included in the appendix tables. These standard errors may be used to construct confidence intervals around survey estimates (e.g., numbers, rates, and percentages), and differences between estimates. For example, table 1 shows an estimated 24,661 allegations in 2015; appendix table 3 shows a standard error of 206 for that estimate. The 95% confidence interval around the number of allegations is $24{,}661 \pm 1.96 \times 206$, resulting in a confidence interval of 24,257 to 25,065.

[6]See Research Triangle Institute (June 2013). SUDAAN Release 11.0.1. Research Triangle Park, NC.

### Test of statistical significance

BJS conducted statistical tests to determine whether differences in estimated numbers, percentages, and rates in this report were statistically significant once sampling error was taken into account. To facilitate the analysis, differences in estimates of sexual victimization for subgroups have been tested at the 95% significance level. For example, the difference between the total number of allegations of sexual victimization in 2015 (24,661 allegations) and 2014 (18,891 allegations) is statistically significant at the 95% confidence level (see table 1). In all tables providing detailed comparisons, differences that are significant at the 95% confidence level have been designated with a dagger (†). The comparison group has been designated with one asterisk (*).

**APPENDIX TABLE 1**
**Estimates and standard errors for figure 1: National estimates of allegations and substantiated incidents of sexual victimization in adult correctional facilities, 2005–15**

| | Allegations | | Substantiated incidents | |
|---|---|---|---|---|
| Year | Estimate | Standard error | Estimate | Standard error |
| 2015* | 24,661 | 206 | 1,473 | 40 |
| 2014 | 18,891 † | 214 | 1,522 | 61 |
| 2013 | 13,568 † | 215 | 1,239 † | 44 |
| 2012 | 10,047 † | 106 | 953 † | 27 |
| 2011 | 8,768 † | 90 | 902 † | 30 |
| 2010 | 8,404 † | 115 | 856 † | 29 |
| 2009 | 7,855 † | 87 | 851 † | 40 |
| 2008 | 7,457 † | 212 | 931 † | 38 |
| 2007 | 7,374 † | 198 | 1,001 † | 57 |
| 2006 | 6,528 † | 169 | 967 † | 76 |
| 2005 | 6,241 † | 179 | 885 † | 90 |

*Comparison year.
†Difference with comparison year is significant at the 95% confidence level.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005–15.

**APPENDIX TABLE 2**
**Estimates and standard errors for figure 2: National estimates of outcomes of alleged sexual victimization in adult correctional facilities, 2010–15**

| | Substantiated | | Unsubstantiated | | Unfounded | | Under investigation | |
|---|---|---|---|---|---|---|---|---|
| Year | Estimate | Standard error | Estimate | Standard error | Estimate | Standard error | Estimate | Standard error |
| 2015* | 1,473 | 40 | 10,313 | 88 | 10,142 | 148 | 2,733 | 12 |
| 2014 | 1,522 | 61 | 7,783 † | 105 | 8,372 † | 129 | 1,213 † | 12 |
| 2013 | 1,239 † | 44 | 6,122 † | 83 | 5,158 † | 145 | 1,045 † | 20 |
| 2012 | 953 † | 27 | 5,124 † | 64 | 3,115 † | 53 | 856 † | 7 |
| 2011 | 902 † | 30 | 4,611 † | 50 | 2,338 † | 51 | 919 † | 18 |
| 2010 | 856 † | 29 | 4,489 † | 70 | 2,293 † | 72 | 766 † | 17 |

*Comparison year.
†Difference with comparison year is significant at the 95% confidence level.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2010–15.

**APPENDIX TABLE 3**
**Standard errors for table 1: National estimates of allegations of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 206 | 214 | 215 | 106 | 90 | 115 | 179 |
| Prisons | 75 | 51 | 55 | 14 | 16 | 56 | 52 |
| Jails | 192 | 208 | 208 | 105 | 88 | 100 | 171 |
| Other adult facilities | | | | | | | |
| Indian country jails | 0 | 3 | 0 | 0 | ^ | ^ | 13 |

^Too few cases to provide a reliable estimate.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

**APPENDIX TABLE 4**
**Standard errors for table 2: Rates per 1,000 inmates of allegations of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 0.10 | 0.09 | 0.09 | 0.05 | 0.04 | 0.06 | 0.09 |
| Prisons | 0.06 | 0.04 | 0.04 | 0.01 | 0.02 | 0.03 | 0.03 |
| Jails | 0.27 | 0.27 | 0.26 | 0.14 | 0.12 | 0.14 | 0.23 |
| Other adult facilities | | | | | | | |
| Indian country jails | 0.00 | 1.05 | 0.00 | 0.00 | ^ | ^ | ^ |

^Too few cases to provide a reliable estimate.
Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

**APPENDIX TABLE 5**
**Estimates and standard errors for figure 3: National estimates of allegations of sexual victimization in adult correctional facilities, by type of victimization, 2010–15**

| | 2015 | | 2014 | | 2013 | | 2012 | | 2011 | | 2010 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Type of incident | Estimate | Standard error | Estimate | Standard error | Estimate | Standard error | Estimate | Standard error | Estimate | Standard error | Estimate | Standard error |
| Inmate-on-inmate | | | | | | | | | | | | |
| Nonconsensual sexual acts | 5,992 | 107 | 5,057 | 104 | 3,931 | 82 | 3,255 | 54 | 2,986 | 45 | 2,660 | 49 |
| Abusive sexual contact | 4,320 | 63 | 3,433 | 71 | 2,743 | 123 | 1,860 | 34 | 1,480 | 34 | 1,360 | 37 |
| Staff-on-inmate | | | | | | | | | | | | |
| Sexual misconduct | 8,151 | 90 | 6,449 | 106 | 4,345 | 75 | 3,322 | 53 | 2,800 | 42 | 2,692 | 60 |
| Sexual harassment | 6,197 | 67 | 3,953 | 48 | 2,549 | 35 | 1,611 | 30 | 1,502 | 36 | 1,692 | 38 |

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2010–15.

**APPENDIX TABLE 6**
**Standard errors for table 3: National estimates of outcomes of investigations into allegations of sexual victimization, by type of facility, 2012–15**

| | Number of allegations | |
|---|---|---|
| Type of victimization and outcome | All facilities | Local jails |
| Inmate-on-inmate | 258 | 253 |
| Substantiated | 65 | 60 |
| Unsubstantiated | 120 | 117 |
| Unfounded | 169 | 168 |
| Under investigation | 20 | 20 |
| Nonconsensual sexual acts | 179 | 177 |
| Substantiated | 35 | 35 |
| Unsubstantiated | 96 | 93 |
| Unfounded | 115 | 115 |
| Under investigation | 19 | 19 |
| Abusive sexual contact | 159 | 155 |
| Substantiated | 54 | 48 |
| Unsubstantiated | 63 | 63 |
| Unfounded | 101 | 100 |
| Under investigation | 4 | 4 |
| Staff-on-inmate | 212 | 191 |
| Substantiated | 58 | 45 |
| Unsubstantiated | 102 | 90 |
| Unfounded | 147 | 132 |
| Under investigation | 16 | 15 |
| Sexual misconduct | 167 | 153 |
| Substantiated | 53 | 39 |
| Unsubstantiated | 83 | 75 |
| Unfounded | 109 | 100 |
| Under investigation | 15 | 14 |
| Sexual harassment | 94 | 82 |
| Substantiated | 19 | 19 |
| Unsubstantiated | 48 | 41 |
| Unfounded | 73 | 61 |
| Under investigation | 2 | 2 |
| Total | 382 | 364 |

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2012–15.

**APPENDIX TABLE 7**
**Standard errors for table 4: Outcomes of completed investigations of sexual victimization, by type of facility, 2012–15**

| | Percent by outcome | |
|---|---|---|
| Type of victimization and outcome | All facilities | Local jails |
| Inmate-on-inmate | | |
| Substantiated | 0.21% | 0.60% |
| Unsubstantiated | 0.33 | 0.91 |
| Unfounded | 0.37 | 1.07 |
| Number of completed investigations | 255 | 250 |
| Nonconsensual sexual acts | | |
| Substantiated | 0.19% | 0.56% |
| Unsubstantiated | 0.42 | 1.18 |
| Unfounded | 0.44 | 1.24 |
| Number of completed investigations | 175 | 173 |
| Abusive sexual contact | | |
| Substantiated | 0.39% | 1.24% |
| Unsubstantiated | 0.46 | 1.21 |
| Unfounded | 0.55 | 1.74 |
| Number of completed investigations | 158 | 155 |
| Staff-on-inmate | | |
| Substantiated | 0.17% | 0.67% |
| Unsubstantiated | 0.24 | 1.05 |
| Unfounded | 0.26 | 1.17 |
| Number of completed investigations | 210 | 189 |
| Sexual misconduct | | |
| Substantiated | 0.25% | 0.83% |
| Unsubstantiated | 0.31 | 1.27 |
| Unfounded | 0.34 | 1.38 |
| Number of completed investigations | 165 | 151 |
| Sexual harassment | | |
| Substantiated | 0.14% | 0.93% |
| Unsubstantiated | 0.33 | 1.68 |
| Unfounded | 0.35 | 1.83 |
| Number of completed investigations | 94 | 82 |

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2012–15.

**APPENDIX TABLE 8**
**Standard errors for table 5: National estimates of substantiated incidents of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 40 | 61 | 44 | 27 | 30 | 30 | 90 |
| Prisons | 0 | 37 | 21 | 9 | 11 | 11 | 9 |
| Jails | 40 | 48 | 39 | 25 | 28 | 27 | 90 |
| Other adult facilities | | | | | | | |
| Indian country jails | 0 | ^ | 0 | 0 | ^ | ^ | ^ |

^Too few cases to provide a reliable estimate.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

**APPENDIX TABLE 9**

**Standard errors for table 6: Rates per 1,000 inmates of substantiated incidents of sexual victimization, by type of facility, 2005 and 2010–15**

| Type of facility | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 0.02 | 0.03 | 0.02 | 0.01 | 0.01 | 0.01 | 0.04 |
| Prisons | 0.00 | 0.02 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 |
| Jails | 0.06 | 0.06 | 0.05 | 0.03 | 0.04 | 0.04 | 0.12 |
| Other adult facilities | | | | | | | |
| Indian country jails | 0.00 | ^ | 0.00 | 0.00 | ^ | ^ | ^ |

^Too few cases to provide a reliable estimate.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

**APPENDIX TABLE 10**

**Standard errors for table 7: National estimates of substantiated incidents of sexual victimization, by type of victimization, 2005 and 2010–15**

| Type of victimization | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2005 |
|---|---|---|---|---|---|---|---|
| Total | 40 | 61 | 44 | 27 | 30 | 30 | 90 |
| Inmate-on-inmate | 35 | 37 | 37 | 17 | 17 | 16 | ... |
| Nonconsensual sexual acts | 18 | 18 | 18 | 15 | 13 | 8 | 79 |
| Abusive sexual contact | 29 | 32 | 31 | 8 | 11 | 15 | 29 |
| Staff-on-inmate | 19 | 46 | 23 | 20 | 23 | 23 | ... |
| Sexual misconduct | 17 | 44 | 16 | 18 | 17 | 20 | 30 |
| Sexual harassment | 7 | 10 | 12 | 8 | 13 | 11 | 5 |

...Not available.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2005 and 2010–15.

**APPENDIX TABLE 11**

**Standard errors for table 8: National estimates of allegations, substantiated incidents, and rates per 1,000 of inmate-on-inmate sexual harassment, by type of facility, 2013–15**

| | Allegations | | Substantiated incidents | |
|---|---|---|---|---|
| Type of facility | Number | Rate per 1,000 | Number | Rate per 1,000 |
| Total | 285 | 0.04 | 89 | 0.01 |
| Prisons | 40 | 0.01 | 16 | 0.00 |
| Jails | 283 | 0.13 | 87 | 0.04 |
| Other adult facilities | | | | |
| Indian country jails | ^ | ^ | ^ | ^ |

^Too few cases to provide a reliable estimate.

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2013–15.

**APPENDIX TABLE 12**

**Standard errors for table 9: National estimates of outcomes of investigations into allegations of inmate-on-inmate sexual harassment, by type of facility, 2013–15**

| | Number of allegations | | Percent by outcome | |
|---|---|---|---|---|
| Outcome | All facilities | Local jails | All facilities | Local jails |
| Total | 285 | 282 | | |
| Substantiated | 89 | 87 | 0.43% | 1.15% |
| Unsubstantiated | 127 | 124 | 0.48 | 1.18 |
| Unfounded | 131 | 131 | 0.44 | 1.18 |
| Under investigation | 9 | 9 | | |

Source: Bureau of Justice Statistics, Survey of Sexual Victimization, 2013–15.

**Violent Men In Women's Jail And Prison Facilities**
**Stories from New York, Massachusetts, and California**

With a national self-identification standard for gender identity overriding sex in the law, based on the gender identity provisions in the Equality Act, there will be no legal grounds on which prison officials can keep these men out of women's facilities. The denial of female-only living and bathing facilities for incarcerated women violates their human rights under international law standards for humane treatment of prisoners.

**New York: Synthia China Blast (formerly, Luis Morales)**

"2 Kings Get Life In Rape Slay Of Girl, 13"
*Daily News*, November 5, 1996 https://archive.fo/9iqNh

A Bronx mother yesterday berated two members of the Latin Kings gang for smirking while standing trial for torturing and killing her 13-year-old daughter. Yvonne Hill then nodded approvingly when the men were sentenced to life in prison for murdering Ebony Williams. "Ever since the trial was going on, all I see is Luis Morales grinning and Carlos Franco, too," Hill said. "You ain't smiling today. I hope you both rot in hell.

"Morales, 22, and Franco, 24, appeared unmoved as Bronx Supreme Court Justice Martin Marcus sentenced them to 25 years to life for the 1993 slaying. Bronx Prosecutor William Hrabsky said the two held the girl captive in a Hunts Point apartment, Morales raping her and repeatedly slashing her body. Franco was charged with killing the girl after breaking her neck. "The suffering that this poor child went through is beyond belief and puts this crime in the category of monstrous and barbarous," Hrabsky said. Investigators said the men shoved Ebony's body into a box and dumped it on the Sheridan Expressway at E. 165th St., where it was set on fire. They later bragged about the crime to friends, many of whom testified against them. In court, a defiant Morales wore a black-and-gold Latin Kings necklace and insisted that other gang members, not he and Franco, killed Ebony. "I will be back down and I will be vindicated," he said. "I didn't kill her. I didn't do it. But whatever happens here today, I'll take it like a man. ..."

**Massachusetts: Michelle Kosilek**
**(formerly, Robert Kosilek)**

"Should This Inmate Get a State-Financed Sex Change Operation?"
*The New Republic*, October 30, 2013

"... Early in the morning of May 23, 1990, police executed a search warrant at a new three-story duplex on Concetta Circle in Mansfield, Massachusetts, a small commuter town about 30 miles south of Boston. The house belonged to Robert and Cheryl Kosilek, both of whom worked as substance-abuse counselors at nearby hospitals, and Cheryl's teenage son Timothy. On the previous night, police had discovered Cheryl's body in the parking lot of the Emerald Square Mall, a 20-minute drive away. She lay beneath a blanket in the back seat of her gray Hyundai. Her top had been pulled up, her pants pulled down. She had been garroted with both wire and rope and nearly decapitated.

A short, dark-haired, heavy-set man of 41 emerged from the Kosilek home and spoke to the newspaper and TV reporters gathered outside. "My best friend has been killed, and they tell me they think I did it," Robert Kosilek declared, fighting back sobs. "Of course I didn't ... I couldn't do that to anyone."

"... On the afternoon of May 24, while attempting to flee, Kosilek was stopped for speeding in New Rochelle, New York, 200 miles from his home. The arresting officer smelled alcohol on Kosilek's breath and found a bottle of vodka and two beer cans on the floor of the car. "I can't call my wife," Kosilek told him. "I murdered my wife." ..."

**CALIFORNIA: DANA RIVERS**

"Oakland Lesbian Couple and Their Son Murdered By Former LGBT Activist"
*Autostraddle*, November 16, 2016

Courtesy Michael Campbell — Pictured left to right are Patricia Wright, Benny Diambu-Wright, and Charlotte Reed. The threesome was found stabbed and shot to death at their Oakland home Nov. 11, 2016. A San Jose woman, Dana Rivers, 61, was arrested shortly thereafter in connection with the triple homicide.

via East Bay Times

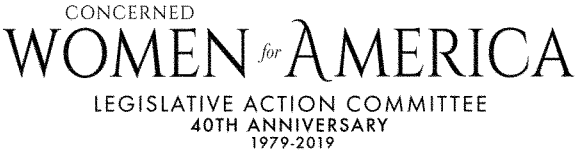
"... Tragically, Diambu-Wright, along with his 57-year-old mother and her 56-year-old partner, were found dead on the property of their Elmhurst home last Friday after suffering fatal gunshot and stabbing wounds. There was also a fire in the garage that the Oakland Fire Department extinguished within half an hour. Police had responded to reports of gunshots heard on the block a little after midnight, and immediately found Diambu outside, bleeding to death. After hearing a loud noise from the garage, a bloody 61-year-old Dana Rivers emerged from the house with knives and ammunition in her pockets. She then "began to make spontaneous statements about her involvement in the murders" and attempted to flee on her motorcycle.

Today, Rivers was charged with three counts of murder with special circumstances, arson, and possession of metal knuckles. She may be sentenced to life in prison without the possibility of parole and could also be eligible for the death penalty, depending on the judgment of the Alameda County District Attorney's Office.

In a tragic twist, Dana Rivers was actually a very well-known transgender activist."

"Transgender Activist Ordered To Stand Trial For Oakland Triple Murder"
*CBS SF Bay Area*, March 7, 2018

"... A motive for the three homicides wasn't disclosed during Rivers' preliminary hearing but prosecutors said it will be revealed at her trial, which may not take place for several years since she could face the death penalty and the attorneys in the case need time to prepare. ..."




**Hearing on the Reauthorization of the Violence Against Women Act**

**House Judiciary Subcommittee – March 7, 2019**

**Concerned Women for America Legislative Action Committee Statement for the Record**

The purpose of the Violence Against Women Act (VAWA), from its bipartisan inception in 1994, was to combat violence against women and protect, support, and seek justice for women who have suffered sexual assault or domestic abuse. In reauthorizing VAWA in 2019, Concerned Women for America Legislative Action Committee, the nation's largest public policy women's organization, encourages Congress to strengthen the focus of VAWA funds more effectively on the needs of women and girls, who remain at greatest risk of violence.

The CDC 2015 National Intimate Partner and Sexual Violence Survey underscores how women in the United States are victims of violence at disproportionately higher levels than men. For all forms of violence, 25% of women compared to 10% men; for rape, 21.3 % women compared to 2.6% men; for stalking, 16% women compared to 5.6% men. In spite of expanded federal programming and annual funding increases for VAWA, the number of women raped rose 3% between 2010 and 2015 (18.3% to 21.3%).

As cited in a Congressional Research Service Report on VAWA (May 26, 2015), "For domestic violence, sexual assault, dating violence, and stalking, the risk of victimization is highest for women."

With each reauthorization, the focus of VAWA has drifted further from its original objectives of serving women victims of violence. The 2013 law became a divisive attempt to promote a gender identity agenda that erodes protections for women by elevating male gender perceptions above the safety and privacy of biological females. The 2019 VAWA reauthorization should advance the original intent, not compromise it.

Concerned Women for America Legislative Action Committee requests the following improvements to VAWA law:

1. Specify clearly that nothing in the intent or implementation of VAWA compromise, threaten, or undermine the privacy, safety and rights of adult women and girls.

Current VAWA law defines gender identity as an "underserved population," giving biological men who identify as women special preference in programs. It also requires providers to elevate gender identity rights above adult women and girls seeking refuge from violence. This is an affront to the rights of females and endangers their privacy and safety in places like domestic violence shelters. Nondiscrimination provisions in VAWA should not be allowed to overrule the rights and protections of women or prevent providers from acting in accordance with their privacy and safety.

2. Focus nondiscrimination provisions on established and universally-accepted civil rights nondiscrimination laws as defined in the 1964 Civil Rights Act and Education Amendments of 1972.

"Actual or perceived" language renders civil rights protections meaningless for women in the context of gender identity. A male who self-identifies as female can claim access to spaces that should be segregated based on biological sex. Conceivably, this language also protects persons who might claim national origin or race according to a personal perception, gaining them eligibility as an underserved population that is not intended.

3. Include provisions to prevent female genital mutilation (FGM) in the United States.

FGM targets the most vulnerable of the female population — young girls. We must encourage states through education, awareness, and increased criminal penalties to work toward total eradication of the abhorrent, violent practice of cutting and mutilating female genitalia, wounding girls for life.

4. Prohibit discrimination against providers who operate according to their sincerely held religious beliefs.

Many community-based providers who operate crisis centers for women and provide shelter for domestic abuse victims are faith-based. VAWA programs should operate consistent with the Religious Freedom Restoration Act, not in violation of it.

# US EQUALITY ACT: GENDER IDENTITY IMPACT SUMMARY

## Making "gender identity" a protected characteristic under federal law would erase the protected category of sex.

The Equality Act, introduced in the US House of Representatives as H.R. 2282 in 2017, and likely to be reintroduced, includes gender identity rules that have received little public focus regarding their adverse impact on sex stereotyping bans, or the **danger they pose to women and children**.

In several places in this bill, it directs the term "sex" in federal civil rights law to be replaced with the term, "sex, sexual orientation, gender identity." While sexual orientation does not alter the legal category of sex, the bill's authors made clear that gender identity is to take precedence over and replace sex as a protected category. The bill doesn't mention individuals with clinically diagnosed gender dysphoria, or undertaking surgical or hormonal transition, thus making clear that **self-declared gender identity would be sufficient** to claim protected legal status.

From the bill summary: "Employers must recognize individuals in accordance with their gender identity if sex is a bona fide occupational qualification that is reasonably necessary to the normal operation of that particular business or enterprise."

## Women and girls would be harmed by the Equality Act.

Under current civil rights law employers may hire and assign work on the basis of sex only when it's a bona fide occupational qualification. These are some jobs and assignments this change will affect, **taking away the right** of Americans to insist that only someone of the same sex be able to:

- Perform security pat downs or strip searches
- Supervise locker rooms or shared **showers**
- Handle **intimate care** for hospital and long-term care patients
- Chaperone a doctor or medical assistant who is providing such care
- Perform intimate **medical examinations**
- Supervise drug tests
- Supervise **children** on overnight trips

Also from the summary, "The bill prohibits an individual from being denied access to a shared facility, including a restroom, a locker room, and a dressing room, that is in accordance with the individual's gender identity." This means that American women will no longer be able to expect any single-sex facilities when using or being required to stay in:

- Shared hospital rooms or wards
- Locker rooms and public or group showers
- Multi-stall bathrooms
- Jails, prisons, or **juvenile detention** facilities
- Homeless shelters
- Overnight drug rehabilitation centers
- Domestic **violence or rape crisis** shelters

Women sharing prison showers, emergency shelters, changing rooms, and long-term care facilities with strangers shouldn't be put in the position of wondering if they can complain about a naked male in their presence, or if that complaint would be a violation of his civil rights.

No concept so poorly defined as "gender identity" should be passed into federal law as a protected characteristic, especially not when it would erase the protected category of sex.

### Women's sports and scholarships would be at risk

This bill will end sports programs and scholarships set aside for women and girls. All such programs **will have to admit men and boys** who identify themselves as women or girls. Such programs will no longer meet their intended purpose of protecting the rights of women and girls by redressing historical inequality of opportunity.

### What is Gender? Anything Except Sex.

Because the term gender identity has been defined in the bill as, "gender-related identity, appearance, mannerisms, or characteristics, regardless of the individual's designated sex at birth," it redefines the protected characteristic of sex as everything **except** sex.

"Gender-related identity" has **no definition**. It likely refers to a claim of feeling that one is of a different sex, or no sex, regardless of one's physical sex. Physical sex is clear for 99.98 percent of people, and all intersex people also have a sex. Rules and policies based on this poor wording and muddled thinking will create **judicial chaos**, and will not protect the rights of women and children, or anyone else the bill seeks to protect.

Discrimination against people on the basis of appearance, mannerisms, and the oddly undefined "characteristics," as related or unrelated to sex, should already be prohibited under existing laws that prohibit discrimination on the basis of sex stereotypes. This definition seems to define **sex stereotypes** as a protected characteristic, thereby erasing legal protections women may have against discriminatory sex stereotyping. Indeed, lawyers and judges are being directed to disregard sex, making it **impossible to define the category of sex** that commonly has the stereotype attached to it.

The authors of this bill **can't define either gender or gender identity** outside of sex stereotypes, yet they suggest that any person can claim a gender identity. This gender identity, still undefined, will override their legal sex in all those cases that the law previously allowed sex to be recognized as a bona fide consideration.

This bill tragically attempts to prohibit sex discrimination by forbidding the law to see sex. A law, and courts, that cannot see sex, also cannot address sex discrimination or protect the **bodily privacy rights and dignity** of Americans in those circumstances where sex matters very much.

**U.S. Department of Justice**
Office of Justice Programs
*Bureau of Justice Statistics*

DATA COLLECTION PROFILE

June 2018, NCJ 251672

Prison Rape Elimination Act of 2003

# PREA Data Collection Activities, 2018

The Prison Rape Elimination Act of 2003 (PREA; P.L. 108-79) requires the Bureau of Justice Statistics (BJS) to carry out, for each calendar year, a comprehensive statistical review and analysis of the incidence and effects of prison rape. PREA further specifies, "The review and analysis…shall be based on a random sample, or other scientifically appropriate sample, of not less than 10% of all Federal, State, and county prisons, and a representative sample of municipal prisons."

In 2017, more than 7,600 prisons, jails, community-based facilities, and juvenile correctional facilities nationwide were covered by PREA. The act requires the Attorney General to submit—no later than June 30 of each year—a report that lists institutions in the sample and ranks them according to the incidence of prison rape. BJS has developed a multiple-measure and -mode data collection strategy to implement requirements under PREA.

## DATA COLLECTIONS AND DEVELOPMENT ACTIVITIES DURING 2017 AND 2018

The **Survey of Sexual Victimization (SSV)**, formerly known as the Survey of Sexual Violence, is an administrative data collection based on official records and conducted by BJS since 2004. The survey measures five different types of sexual victimization. BJS uses uniform definitions to classify each sexual act by the perpetrator (inmate or staff) and the type of act. In 2013, BJS added or modified the definitions to align with the PREA standards that were promulgated in May 2012.

The SSV is administered to a sample of at least 10% of all correctional facilities covered under PREA. It gathers information on allegations and substantiated incidents that occur each calendar year. The SSV is one way in which BJS is meeting the annual reporting mandate of PREA.

During 2016-17, BJS and the U.S. Census Bureau completed data collection for the 2015 reference year. On behalf of BJS, the U.S. Census Bureau mailed survey forms to correctional administrators in the Federal Bureau of Prisons, state prison systems, private prison facilities, public and private jails, jails in Indian country, and facilities operated by the U.S. military and by Immigration and Customs Enforcement (ICE). Administrators completed the forms on paper via a fillable PDF or as a web-based survey.

Overall, the 2015 SSV achieved a 99% response rate from agencies and sampled facilities known to be in operation at the time of the survey. In July 2018, BJS will release *Sexual Victimization Reported by Adult Correctional Authorities, 2012-15* (NCJ 251146, BJS web).

Among the findings—

- Correctional administrators reported 24,661 allegations of sexual victimization in 2015, nearly triple the number recorded in 2011 (8,768 allegations).
- Most of the increase in allegations was due to an increase in unfounded or unsubstantiated allegations. (Unfounded allegations are those in which an investigation determined that an event did not occur. Unsubstantiated allegations are those in which an investigation concluded that evidence was insufficient to determine whether an event occurred.)
- The sharp rise in unfounded or unsubstantiated allegations of sexual victimization coincided with the release of the National Standards to Prevent, Detect, and Respond to Prison Rape in 2012. It reflects improvements in data collection and reporting by correctional authorities, and increased reporting of allegations by inmates.
- Substantiated allegations rose from 902 in 2011 to 1,473 in 2015 (up 63%). (Substantiated allegations

are those in which an investigation determined that an event occurred, based on a preponderance of the evidence.)

- Among the 24,661 allegations of sexual victimization in 2015, a total of 1,473 were substantiated, 10,142 were unfounded, 10,313 were unsubstantiated, and 2,733 were still under investigation.
- In 2014, unfounded allegations (8,372) exceeded unsubstantiated allegations (7,783) for the first time in SSV data collection. Prior to 2014, more allegations were unsubstantiated than were unfounded.
- The number of substantiated incidents of sexual victimization in local and private jails more than doubled, from 284 in 2011 to 576 in 2015 (up 103%). In comparison, the number of substantiated incidents in federal prisons rose from 605 to 873 (up 44%).
- In 2015, 58% of substantiated incidents were perpetrated by inmates, while 42% were perpetrated by staff members, versus 56% by inmates and 44% by staff members in 2011.
- In 2015, there were 295 substantiated inmate-on-inmate nonconsensual sexual acts (the most serious inmate-on-inmate victimization), down from 308 in 2014 but up from 241 in 2012.
- From 2013-15, there were an estimated 15,875 allegations of inmate-on-inmate sexual harrassment, of which 2,426 were substantiated. (Inmate-on-inmate sexual harrassment was first measured in 2013, and is not included in the victmization totals cited above.) The National Inmate Survey (NIS) gathers data on the prevalence and incidence of sexual assault in adult prison and local jail facilities as reported by inmates. Inmates have been interviewed using audio computer-assisted self-interview (ACASI) technology with a touchscreen-enabled laptop and an audio feed to maximize inmate confidentiality and minimize literacy issues.

The 2007 NIS (NIS-1) completed 63,817 interviews, the 2008-09 NIS (NIS-2) completed 81,566 interviews, and the 2011-12 NIS (NIS-3) completed 92,449 interviews. PREA requires BJS to provide a listing of prison and jail institutions "ranked according to the incidence of prison rape in each institution" (P.L. 108-79). Past NIS collections show that prisoners have higher rates of sexual victimization than jail inmates. In NIS-3, 4.0% of state and federal prisoners reported having experienced some type of sexual victimization (2.0% perpetrated by another inmate and 2.4% by staff).[1] In comparison, 3.2% of jail inmates reported some type of sexual victimization that was perpetrated by another inmate (1.6%) or staff (1.8%).

BJS determined that the NIS-4 will be administered separately in prison and jail facilities. Data collection in state and federal prisons will occur in 2018-19, followed by data collection in local jails in 2019-20.

In preparation for the NIS-4 Prisons and NIS-4 Jails collections, BJS engaged in the following activities during 2017-18:

- In June 2017, BJS issued a competitive solicitation to obtain a data collection agent through a cooperative agreement to administer the NIS-4 Prisons collection. It was awarded to RTI International (Research Triangle Park, NC) in October 2017.
- In preparation for the NIS-4 Jails collection, BJS convened a national workshop of sheriffs, jail administrators, and other stakeholders (as required under Section 4 of PREA) in September of 2017 to solicit their views on potential revisions for the next round of data collection and to ensure that the NIS-4 Jails collection will maximize data quality and minimize burden on sampled facilities.

Since the workshop, BJS has completed an assessment of all aspects of the NIS-3 collection and begun work on the design of the national implementation of the NIS-4 Jails collection.

Completed tasks include the development of an optimal sample design that will provide both reliable estimates for sampled jail facilities and the ability to measure change from past NIS collections.

The sampling objectives include—

- estimating the 2019 overall sexual victimization rates for the three outcomes of interest (any sexual victimization, inmate-on-inmate sexual

[1] Estimates do not sum to total because inmates may report a victimization by a staff member, a victimization by a fellow inmate, or multiple victimizations by staff or inmate(s).

victimization, and staff sexual misconduct) with similar precision to past NIS studies

- determining whether the sexual victimization rates have changed since the NIS-3 collection
- estimating the sexual victimization rates among female inmates with similar or better precision than past NIS studies
- enabling the estimation of sexual victimization rates by facility characteristics (e.g., facility size, staffing levels) with reasonable precision.

Additional completed tasks include the development of a—

- revised sexual victimization questionnaire, including items to capture detailed characteristics of the most recent incident by type of victimization, including items that measure—
  - relationships between victims and perpetrators (whether other inmates or staff members) to better understand the interactions that occur leading up to and after the incidents
  - steps inmates have taken to reduce their chances of being victimized in the future and the impact on the victim and perpetrator as a result of reporting the incident.
- revised alternative questionnaire that will be administered to a random sample of selected inmates (5% to 10% of the NIS-4 Jails sample) to provide greater confidentiality and anonymity for survey respondents. The questionnaire includes items on life and childhood experiences; facility characteristics and conditions; facility rules; infractions and altercations within facilities; experiences with restrictive housing; inmate's participation in drug use, drug treatment, and mental health programs; and reentry and post-release plans.
- supplemental jail facility survey to measure the extent to which facilities comply with PREA standards and other facility characteristics that may co-vary with sexual victimization. Items include type of supervision, the mental health caseload, management practices, inmate management philosophy, and measures of the structure and continuum of security within the facility.

In January 2018, BJS received approval from the Office of Management and Budget (OMB) to conduct a cognitive test of new and revised items in the NIS-4 Prisons and Jails surveys. A total of 49 questions were tested. During February, April, and May 2018, a total of 45 interviews were conducted with adult respondents who were recently released from prison or jail and administer the NIS-4 Jails collection. BJS anticipates making this award in the summer of 2018.

Before implementing the NIS-4 Prisons and NIS-4 Jails collections in 2019-20, BJS will cognitively test all new or revised survey items, conduct expert reviews of the facility characteristics surveys, and pilot test all survey instruments and data collection protocols in selected facilities.

The **National Survey of Youth in Custody (NSYC)** provides facility-level estimates of youth reporting sexual victimization in juvenile facilities. To collect this information, the youth use ACASI technology with a touchscreen-enabled laptop and an audio feed to maximize confidentiality of responses and minimize literacy issues.

The first NSYC (NSYC-1) was conducted from June 2008 to April 2009, and the second (NSYC-2) was from February 2012 to September 2012. In October 2017, BJS received OMB approval for the full national implementation of NSYC-3.

After receiving OMB clearance, Westat (Rockville, MD), the data collection agent for the NSYC-3, and BJS engaged in numerous activities:

- In November 2017, state- and facility-level recruitment began in juvenile confinement facilities deemed eligible for the study.
- In January 2018, Westat developed new training manuals and materials to train field interviewers and began recruiting and hiring field interviewers.
- In March 2018, a production visit was completed in one state to verify the operation of all collection protocols and data-transfer systems, and extensive web-based and on-site training was conducted for all field staff.

Data collection began in April 2018 and will continue through the summer and into early fall. At the time of publication, data collection will be complete in more currently incarcerated inmates in two jails. BJS issued a competitive solicitation in April of 2018 to obtain a collection agent through a cooperative agreement to

than a third of the sampled facilities. The first report from NSYC-3 is expected in 2019.

- *Facility-level and Individual-level Correlates of Sexual Victimization in Juvenile Facilities, 2012*, NCJ 249877, June 2016
- *Sexual Victimization Reported by Juvenile Correctional Authorities, 2007-12*, NCJ 249145, January 2016
- *Survey of Sexual Violence in Juvenile Correctional Facilities, 2007-12 - Statistical Tables*, NCJ 249143, January 2016
- *Survey of Sexual Violence in Adult Correctional Facilities, 2009-11 - Statistical Tables*, NCJ 244227, January 2014
- *Sexual Victimization Reported by Adult Correctional Authorities, 2009-11*, NCJ 243904, January 2014
- *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012*, NCJ 241708, June 2013
- *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12*, NCJ 241399, May 2013
- *Sexual Victimization Reported by Former State Prisoners, 2008*, NCJ 237363, May 2012
- *Sexual Violence Reported by Juvenile Correctional Authorities, 2005-06*, NCJ 215337, July 2008
- *Sexual Victimization in Local Jails Reported by Inmates, 2007*, NCJ 221946, June 2008
- *Sexual Victimization in State and Federal Prisons Reported by Inmates, 2007*, NCJ 219414, December 2007
- *Sexual Violence Reported by Correctional Authorities, 2006*, NCJ 218914, August 2007
- *Sexual Violence Reported by Correctional Authorities, 2005*, NCJ 214646, July 2006
- *Sexual Violence Reported by Correctional Authorities, 2004*, NCJ 210333, July 2005

## UPCOMING REPORTS IN 2018

- *Sexual Victimization Reported by Adult Correctional Authorities, 2012-15*
- *Sexual Victimization Reported by Juvenile Correctional Authorities, 2012-15*
- *Survey of Sexual Violence in Juvenile Correctional Facilities, 2012-15 - Statistical Tables*

## PREVIOUSLY RELEASED REPORTS

- *Sexual Victimization Reported by Adult Correctional Authorities, 2007-2008*, NCJ 231172, January 2011
- *Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09*, NCJ 231169, August 2010
- *Sexual Victimization in Juvenile Facilities Reported by Youth, 2008-09*, NCJ 228416, January 2010

The Bureau of Justice Statistics of the U.S. Department of Justice is the principal federal agency responsible for measuring crime, criminal victimization, criminal offenders, victims of crime, correlates of crime, and the operation of criminal and civil justice systems at the federal, state, tribal, and local levels. BJS collects, analyzes, and disseminates reliable statistics on crime and justice systems in the United States, supports improvements to state and local criminal justice information systems, and participates with national and international organizations to develop and recommend national standards for justice statistics. Jeffrey H. Anderson is director.

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