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**THE NEXT MILLENNIUM CONFERENCE:
Ending Domestic Violence
Coming Together To End Violence
August 30, 1999**

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BOS: dm

MS. NAZARIO: I'm Carmen Nazario, Principal Deputy Assistant Secretary of the Administration For Children And Families with the Department Of Health And Human Services. I am happy to extend my welcome to you this afternoon to this wonderful conference, "The Next Millennium: Ending Domestic Violence." I'm sure that your participation here so far has heightened your enthusiasm, and that you're looking forward to the next few days.

We are honored today with the presence of Secretary Of Health And Human Services, Donna E. Shalala. Donna Shalala is -- (Applause.) Donna Shalala is the longest serving Secretary Of Health And Human Services in U.S. history. She joined the Clinton Administration in January, 1993 to lead the federal government's principal agency for protecting the health of all Americans and providing essential human services. Secretary Shalala has redefined the role of HHS Secretary partnering with businesses and other private sector organizations to extend the Department's Public Health And Education mission.

You have seen her picture, I'm sure, with the milk moustache to promote osteoporosis prevention. You saw or heard about her great first pitch, the full sixty feet, six inches for the Baltimore Orioles 1998 season -- (Applause.) -- after championing and campaigning to break the link

between smokeless tobacco and professional baseball.

Throughout her career, Secretary Shalala has been a scholar, teacher and public administrator. As Chancellor of the University of Wisconsin in Madison, she was the first woman to head a Big Ten university and was named -- (Applause.) -- and was named by Business Week as one of the five best managers in higher education. In 1992, Secretary Shalala received the National Public Service Award, and Glamour Magazine selected her Woman Of The Year in 1994.

Secretary Shalala earned her Ph.D. from the Maxwell School Of Citizenship And Public Affairs at Syracuse University in 1970. She also served as a Peace Corp volunteer in Iran. Secretary Shalala is one of the nation's foremost advocates for children and families. She has guided the welfare reform process; made health insurance available to an estimated 2.5 million children; raised child immunization rates to the highest level in history; and has led the fight against young peoples' use of tobacco, breast cancer, and violence against women.

She has absolutely been terrific on women's issues in general, but, particularly with regard to domestic violence. She has made certain that every corner of our Department is involved in this issue by identifying what each element has to bring. Under the Secretary's leadership, our Department

now supports the National Domestic Violence Hot Line, the National Resource Center Network -- (Applause.) -- grants to states for shelters and services, and state domestic violence coalitions. The Department's agenda reflects initiatives in strengthening the health care system encouraging improved linkages between child welfare, family and intimate violence, and criminal justice.

Her partnership with the Attorney General on the issue of violence against women has been a model. They not only have a collegial relationship, but they have a friendship and they are co-leaders on the issue of violence against women. This has been a model for staff in working together and in reaching out to the community with a lot of _____. With the President of the United States, they launched the National Advisory Council On Violence Against Women to insure that there is engagement and that resources are devoted to implement the initiatives needed to eliminate domestic violence from our landscape.

Secretary Shalala is an avid athlete and sports fan. She plays a competitive game of tennis. In her spare time, she also reads, golfs, hikes and climbs mountains among the Himalayas. Domestic violence is a pretty fit mountain to scale, but she's leading the way. Please help me welcome the Honorable Donna E. Shalala. (Applause.)

MS. SHALALA: Thank you very much. Thank you. (Applause.)

Thank you very much, Carmen. Thank you for that very nice introduction. Much nicer than the one I got the other day when I was in New York. I went to speak at a Youth Program and the young man said he lost my resume on the subway, what you can do in New York. And I said, "Just make the introduction brief." So he went running up to the microphone and said, "I'd like to introduce you to a woman of whom I'm told the less said the better." (Laughter.)

As Carmen noted, not only she and Olivia Golden have provided leadership on this issue, but a whole team of people at HHS across the Department have been committed. But I particularly want to thank Bill Riley, who I know got an award yesterday, -- (Applause.) -- who we all work for in the Department. (Applause.) Bill is a gifted public servant. It's my pleasure to be his colleague, and he's just done a wonderful job.

I also want to acknowledge Don Sykes, who came down from Wisconsin a little after me to the Department; Ann Rosewater, my special assistant; Hannah Rosenthal, the HHS Regional Director for Region Five. I think that Mark Rosenberg may have gotten here. He's going to be leading us to go into the academic world, but he's been a wonderful leader and committed at CDC. Our colleague, Wanda Jones, the Deputy Assistant Secretary For Health, who has provided leadership on a whole range of women's issue.

I also must acknowledge our colleagues at the Department Of Justice here led by Bonnie Campbell, the Director Of The Violence Against Women's Office in the Department of Justice. (Applause.) The former Attorney General of Iowa. (Applause.) And sitting next to her is John Schmidt, who was the Associate Attorney General in the Department and a wonderful supporter of their leader, the Attorney General Janet Reno's, efforts in this area.

Let me acknowledge both of our speakers; Beckie first, and apologize to them for not being able to stay for their speeches, and my good friend, Nancy Dickey, the President Of The American Medical Association, who have been extraordinary partners in this effort to rebuild and to build the infrastructure to prevent violence against women. I also want to acknowledge the Advisory Council Members Laurel Associates, who had the good sense to pick Vickii Coffey, one of the members of the Advisory Council, to help coordinate this conference. (Applause.)

I know there are other federal and state agencies represented, but I do want to acknowledge the corporate co-sponsors; the Chicago Foundation For Women, the City of Chicago, the Mayor's Office On Domestic Violence, and I know my good friend, Mayor Daley is hosting something connected -- an event connected with this conference.

The Hyatt Regency O'Hare. I love this place. I

actually did interview for the Wisconsin job here at this airport hotel, and I was telling the story of the press were all over the place and they got pictures of all the men that interviewed, but had no sense that Wisconsin would ever consider a woman. So no one ever found out that I was interviewing for the position. (Applause.) So it has a special place in my heart.

Our good friends at Liz Claiborne and at Polaroid and Sara Lee, who are also co-sponsors and have been wonderful supporters on this and so many other issues.

But travelling here today, I was reminded of the time that the great Oliver Wendell Holmes also went on a trip. He boarded a train at Washington's Union Station not very far from my office. But in the general commotion, this extraordinary jurist lost his ticket. Luckily, the conductor immediately recognized him and said, "Don't worry, Justice Holmes. I know that when you find your ticket, you'll mail it in to the company." "Mr. Conductor", Holmes replied very slowly, "The question isn't where is my ticket, but just where am I supposed to be going?" (Laughter.)

I like that story because all of us here at this conference have gathered to answer very similar questions. As we stand on the threshold of a new century and a new millennium, where must the Domestic Violence Movement go? In what direction must we lead, and what course must we

chart? But before we discuss our future course, I think it's important to first pause and reflect on just how far we've already come. Only a hundred years ago, as we stood on the threshold of this century, it was legal in many parts of this country for a man to beat his wife with a stick just as long as the stick was no longer than his thumb. That's where we got the term 'Rule Of Thumb'.

Just twenty-five years ago, domestic violence was still considered a family matter, a private matter. And when a woman called out for help, she got the same response that Karen did. In the 1970s, Karen was living with an abusive husband, but, like many of the survivors here today, she was also forced to endure another tragedy because, at that time, there were no lifelines for battered women, no safe havens to heal, no safe passageways to a better life. When she went to doctors and hospital battered and bruised, in one case, pregnant and black and blue from head to toe, no one questioned her. No one acknowledged the abuse. No one offered a helping hand. That abuse only stopped when Karen's husband was convicted of raping another woman.

And even when the Clinton Administration took office seven years ago, domestic violence was still seen by many people as just a criminal justice matter. But because of you, the leaders and the survivors here today, because of your tireless service and spirit, it is finally recognized

that domestic violence is also a health care matter. It's a workplace matter. It's a community matter. And most important, it matters to our nation. Thanks to you.

(Applause.) Thanks to you families have shelters and services to help and to heal them, and thanks to you fewer calls go for help unnoticed, unheard or unanswered, and thanks to you fewer women like Karen, in the words of another domestic violence survivor, must sorrow and grieve and suffer in silence.

And that's why it's an honor for me to join all of you today at this next millennium conference, the largest, the most representative, and the most significant domestic violence conference of the century. (Applause.) This is a historic meeting in turnout and in achievements. During the last seven years, we've continually supported your efforts. We've worked to create a comprehensive system; a seamless system that includes tough new penalties and programs to prosecute offenders; a seamless system of prevention and protection that follows a woman and her children from incident to safety, and an inclusive system that leaves no gaps large enough for anyone to fall through.

As some of you are aware, we've quadrupled funding for shelters and for critical services that abused women and their children need regardless of whether or not they leave home. We've established the National Domestic Violence Hot

Line, and over three hundred and forty thousand individuals have already reached out for help. We've increased the ability of battered women, especially those on welfare, to find safety and then attain jobs and child support. We're planning a National Conference On Sexual Assault; a counterpart to this gathering in the coming months. And we've worked to insure re-authorization of the landmark Violence Against Women Act. (Applause.)

These are significant accomplishments. Accomplishments that would have been impossible without your leadership, your advocacy and your commitment. Whenever the job gets so tough, whenever you're weary, think about how far we've come in such a short period of time. But while we can take pride in these accomplishments, we know that we still have a long way to go. Too many women are still having their bodies attacked and their spirits assaulted. Too many women are still suffering shattered bones and shattered lives and shattered dreams.

Helping those women, working together to develop a shared vision and strategies to end domestic violence in the millennium is, of course, why we've come together, and why the National Advisory Council On Violence Against Women was formed. Co-chaired by our outstanding Attorney General and me, the council is an excellent example of the partnership that my Department and the Justice Department have formed to

stop domestic violence. We've worked together to develop our national agenda for the nation on violence against women; an agenda which some of you will be discussing over the next five days.

We've focused our attention on three main areas; on prevention and early intervention, on service provision, on changing social norms and attitudes. And today, for the very first time, I want to discuss these areas with you because they also represent what I believe are the three key challenges to ending domestic violence in the millennium. They are challenges that must guide our work long after this conference has concluded, and they are challenges that cannot be met without your commitment, your creativity and your compassion.

When it comes to prevention and early intervention, the real challenge is to insure that domestic violence efforts are firmly rooted in our communities where women live and work, and worship and go to school. And that's why I'm pleased to announce today eleven new grant awards for Community Awareness and Domestic Violence Prevention Projects that will help all members of our families. These grants are being made to local organizations and to advocacy groups like the Boise Fort Reservation Tribal Council and the Casa [Merna (?)] Vasquez to help maintain those local networks that could best respond to domestic violence in

their communities. (Applause.)

But all of us know, who have worked in communities, that our work must be guided by one paramount goal to insure that wherever a battered woman goes whether or church or workplace or grocery store, whether court room or board room or treatment room, she's met with the same sensitivity and understanding and expertise that she would find in this conference room. For this to happen, we need all of you; our grass roots and community leaders. You've already changed our criminal justice systems for the better, and you're working to insure that battered women get the services and the support that they need.

Now you must infuse your experience and your energy into every place and network that a battered woman may encounter. But you won't be alone in your efforts because we've been striving to further that paramount goal at the federal level. We've been working with health care and substance abuse professionals to help them prevent and identify and treat domestic violence. Recently, we awarded eight health grants to help improve the health care response to domestic violence and, later this year, we'll be holding a National Summit For Social Workers. We've also produced a guide for HHS employees entitled "Understanding And Responding To Domestic Violence In The Workplace." And for the past three years, we've held a Domestic Violence Fair

for our own employees. Those activities include a play on domestic violence and exhibitions, and participants ranging from the YMCA to Men Against Rape, who provide a wide range of information.

What's truly remarkable isn't the breadth of activities, but the response. Each year we increase the amount of available material but, no matter how much we provide, it's simply never enough. And that tells me that there's a real need for accurate timely domestic violence information for those being abused in our communities and for those who want to help them, and this is particularly true for our under-served communities. While I'm proud of what my Department is doing to reach under-served women including minorities and low income women, and youth and women on welfare, and immigrants and women with disabilities, women who may never have been touched by domestic violence programs.

We've helped establish the Sacred Circle, a National Resource Center, to end violence against native American women. (Applause.) And we've helped to develop the Latino Domestic Violence Initiative among others. (Applause.) The National Domestic Violence Hot Line, which I visited in Texas myself, has been working to improve outreach to death battered women. (Applause.) And today, I'm pleased to announce three additional grants to Florida A&M, to Texas

Southern, to Prairie View to help train researchers and scholars and practitioners working on domestic violence in under-served communities. (Applause.) All of these efforts will help to insure that domestic violence will not remain hidden in the shadows or in the dark corners of any of our communities.

And, of course, as we work in our communities, our second challenge is to insure appropriate service provision. Above all, that means that we must correctly address the needs of battered women at every point in the arc of life. The needs of the young women trying to take care of her children will be very different from those of an elderly grandmother who may need her children to take care of her. Such a woman -- since women's vulnerability, risks and skills change throughout their lifetime, we must appreciate those differences and respond with appropriate services and support. Look at how far we've come that we can discuss the arc of life and different services at different levels depending on where you live, but where you are in your life.

As we do change these services and make them appropriate, since women and children who experience violence need a wide range of support and protection, we must always insure that any discussion of domestic violence includes the following; health care for mother and child, jobs and counselling and substance abuse treatment, and

child care and child support, and housing and legal assistance. (Applause.) Finally. We must also find ways to provide services to those abusers who are seeking help. At its crux, the challenge of service provision recognizes that ultimately we can only heal the scar of domestic violence if we treat the entire family. (Applause.)

Our final and, perhaps, most important challenge is to change social norms and customs because domestic violence will only end when we address those conditions that sustain violence in our society. It will only end when we challenge those customs and morays that say it's wrong to hit a stranger, but not a partner. And it will only end when every child in America realizes there is never a good reason for anyone, man or woman, to raise a hand in anger.

(Applause.) We have done a lot, but we must develop bold new strategies for both children and adults to make domestic violence finally totally unacceptable in our society.

(Applause.)

To break the cycle of violence and abuse, we must begin with our children. Too many children are growing up in homes where they are learning the family tradition of battering. We need to find out how to protect them, how to reduce the risk that they will commit or endure domestic violence when they grow up. And that's why my own Department partnering with Justice has held a landmark

National Summit in June on Children Exposed To Violence. The Summit is part of a broader initiative to help focus public attention on the problem, and to learn how we can help all family members who are suffering from domestic abuse.

Of course, if we want to change social norms, we can't forget the men. We need to reach out to a broad spectrum of men to help them understand what it takes to be responsible husbands and fathers and friends. And for those who refuse to understand, we must hold them accountable. (Applause.) None of this will be easy, but I know that working together and with you leading the way we can do it. We can meet the challenges of prevention and early intervention of service provision of changing social norms and customs. And we can move forward in our battle against domestic violence, but only if you infuse your experience and energy into every network that battered women encounter.

I'm reminded, again, of Oliver Wendell Holmes, perhaps, on that famous train trip that he once said, "The greatest thing in the world is not so much where we stand, but in what direction are we moving." I have no doubt that we're moving towards the day when we will have the resources and the research to prevent domestic violence; when every home will be a safe home, and when we can finally consign domestic violence to the history books once and for all.

That is my vision for the millennium, and I know it's a vision that all of you share. Thank you and have a great conference. (Applause.)

MS. NAZARIO: Wow! I am delighted to introduce to you our honored guests seated at the head table. To my right, Nancy Dickey, Dr. Nancy Dickey, past President Of The American Medical Association. (Applause.) Next to her, Bonnie Campbell, Director of the Violence Against Women's Office. (Applause.) Wanda K. Jones, Dr. Wanda K. Jones, Deputy Assistant Secretary, Violence Against Women's Office. (Applause.) John Schmidt, Co-chair of Chicago Host Committee. (Applause.) And William Riley, Federal Project Officer, Next Millennium Conference. (Applause.) To my left, Beckie Masaki, Director Of The Asian Women's Shelter. (Applause.) Ann Rosewater, Counsellor to the Secretary. (Applause.) Don Sykes, Director of the Office of Community Services. (Applause.) And Hannah Rosenthal, Regional Director of the Region Five, Illinois. (Applause.)

I am pleased to introduce to you your next speakers. Both of them have devoted their lives to including those of others, and both serve as role models for what young women can achieve. First, Dr. Nancy Dickey, who's the current -- excuse me. Are you current or past president? I'm sorry. Past President Of The American Medical Association. She's a member of the National Advisory Council On Violence Against

Women, and a fellow of the American Academy Of Family Physicians. She has worked with a number of periodicals including the Journal Of The American Medical Association, and she has received the distinguished alumni award from the University of Texas Medical School at Houston. Please help me welcome Nancy Dickey. (Applause.)

DR. DICKEY: Thank you so much, and I would never have corrected the Secretary. If she wants to call me President for life, that's all right. (Laughter.)

As a woman, a wife and a mother, a sister and a daughter and, most of all, as a physician, I am appalled by the shocking statistics of domestic violence in our nation. Recent surveys tell us numbers that you're all so well aware of that one-quarter of all women in the United States will be abused at some point in their lives. One-quarter. That's more than thirty million women. Just in my own home state of Texas, some six hundred thousand women are physically abused every year, and it's not just women who are abused. In 1995, three million children were abused, and elder abuse is on the rise as well with an increase of more than one hundred percent between 1986 and 1994.

That's why, like the Secretary, I'm so pleased to see all of you here today. Because domestic violence in our country is a social, economic, public health crisis that will require the efforts of all of us. Turning the tide

against violence of the magnitude that we experience in our great nation is going to take the best minds from as many disciplines as possible; lawyers, judges, the police, concerned citizens, social workers, members of the local community, the state community and our great nation. And clearly, it will take the insight of the victims themselves.

Now, one of the problems in dealing with domestic violence in America has always been that it's hidden behind closed doors, shrouded in a tradition of silence. We didn't teach physicians how to ask. We didn't teach patients how to volunteer the information. (Background interruption.) Women, who are battered by their so-called loved ones, tend to keep the truth of the treatment to themselves fearful of what people will think. In fact, nearly half the incidents of domestic violence against women discovered by the National Crime Survey in 1993 were not reported to the police. Actually, I'm surprised it was even as many as it was. We know from experience that at least thirty-five percent of women's visits to hospital emergency rooms are due to symptoms related to ongoing domestic violence and, yet, that's not the way that they're written up.

It saddens me, as a practicing physician, that the overwhelming number, some ninety percent of women, who have been physically abused by their partners, do not discuss

that abuse with their physicians; partly because they're not sure how to bring it up, partly because the questions aren't asked, and partly because they're not sure there's any answer that would be offered if they suggested the problem.

As physicians, our job has got to be to become better able to identify the victims. And even if the victims don't or, possibly, cannot tell us, we want to be sure that physicians become sensitive to the signs, the symptoms and the signals. Isn't it obvious that women don't just walk into doors or slip on a newly waxed floor, especially if it's happening recurrently? (Applause.)

Now, after twenty years of practice, I know that it's an uncomfortable topic. No one wants to raise the topic, especially if there's the possibility that you might be wrong, embarrassing yourself as well as the patient. But in the tradition of the sanctity of the doctor-patient relationship, our discussions with our patients are sacred and sealed by confidentiality and trust. And over the last fifteen, almost twenty years, as physicians, we've discovered that there should really be virtually nothing that is left unsaid in the doctor-patient relationship, and this issue, too, needs to be at the forefront of our discussions.

Now, as physicians, -- thank you. I agree. As physicians, we know what we should not do. We know that we

should not respond in ways that rationalize the violence, that tell the abuser that it's all right. We know that we can't let our respect for the privacy of our patients remain between us and the patient's concerns, but rather have to tell our patient that it's that very privacy that allows them to share the problem and know they can get an answer. We need to be very sure that we don't deny that abuse exists because, even occasionally, when patients do tell doctors, the doctors don't hear the message and don't offer a response. We need to be sure that we learn how to hear the patient's concern without sounding like we're blaming the victim. And we need to be sure that we don't overreact to the abuse in a way that we alienate the battered patient; telling that person once more that this is not a place that they can turn.

Here's what battered women in a recent study said they do want from physicians. They value direct questions about their abuse by physicians or other health care workers; the invitation to share what's going on. They're grateful to be given referrals to appropriate agencies that can offer assistance and follow-up and, thank heaven, for all of the things you offer in our communities because for too long physicians said, "Why ask the question if I don't have somewhere to refer my patient?" And it's actions by so many of your groups that mean that we now have substantial places

to refer.

They're appreciative of confidentiality, which is the basis of the relationship of trust between doctor and patient, and can offer emotional support to women when they most need that support. They're appreciate of physicians who create a safe setting in which to talk about domestic violence, and a physician who listens carefully and reassures the woman that the abuse is not her fault, that her feelings of shame and fear, and anger and depression are not only understandable, but they're appropriate in her situation, and that we can move on from those to more effective responses. They appreciate a physician who offers information and then telephone numbers or addresses for local resources such as shelters, support groups and legal services, or puts posters up with that kind of information so they can take a phone number and slip it in their pocket even if they're not ready to talk about the problem.

Physicians should also ask about the safety of children in the home, and help the patient begin safe planning in the event of any further abuse. You know, battered women greatly appreciate questions about the safety of their children, and physicians need to know how to ask about and then evaluate the actual situation about how quickly intervention needs to occur to be sure they don't unfairly jeopardize the mother's legal status as well.

I'm proud to say that the AMA and AMA physicians are taking a strong stand against the epidemic of domestic violence that plagues our country. Let me tell you a little bit about how we're responding, and hope that, if your physicians aren't here at the conference, that you go home and encourage them to become more involved. From our National Coalition Of Physicians Against Family Violence, we have literally thousands of physicians who get regular updates on information to a National Advisory Council representing National Medical Specialty Societies that comes together and, so far, has produced a series of diagnostic and treatment guidelines so that physicians, who didn't learn about this issue in medical school, can update themselves on how to ask the questions and how to respond.

We've gone a step further and made sure that in medical schools and in residency training programs where physicians learn to be specialists, that they're taught about these kinds of questions and how to identify what their community resources are so that they can offer patients real alternatives. But the best of solutions to complex problems lie in local community based actions.

And we have another colleague there that we hope you're partnering with as well. The American Medical Association Alliance, a group of more than fifty thousand physicians' spouses is hard at work in America's communities, in your

communities working for the cure. The Alliance has a program called "The SAVE Program", Stop America's Violence Everywhere, and it has literally made a lifesaving difference for so many American families. SAVE is an award winning program that is providing support and publicity to local organizations that help victims of violence, and it helps to educate communities as well from PTOs and school children to moving into the shelters and helping provide community outreach.

The AMA Alliance supports a program called "Save A Shelter" in which Alliance and local medical societies work together to sponsor shelters, staff hot lines, and provide for the needs of domestic violence victims in their own home communities. Meanwhile, the AMA Alliance joined with General Colin Powell's America's Promise, a national not for profit organization, to benefit America's youth to insure that school age children begin to learn early on that there are alternatives to violent behavior and that, even when they're seeing violence at home, school is an opportunity, hopefully, for them to practice other kinds of conflict resolution.

Now SAVE is expanding beyond its reach and focusing on making schools a safer place for our children. And having sat in on one of the sessions earlier this morning, I know that there are many of you doing similar kinds of things.

Like Secretary Shalala, I hope the next millennium shows us a time that this becomes only of historic significance because we've taught far better responses not only to children, but to the adults they will become. It was SAVE materials -- (Applause.) -- thank you. It was SAVE materials that I brought with me to the White House in May when we convened with President Clinton and other national leaders to talk about school violence. And SAVE materials will help inspire the action plan that the AMA partnering with a number of National Medical Associations is developing for physicians and their spouses and community leaders.

All of this action, what we're doing, what the Secretary is doing, and what all of you are doing is good news for all Americans. But from the AMA's perspective, we continue to be frustrated and tired of how often we put people back together only to see them back again in the emergency room or, worse, in the morgue. We cannot end domestic violence alone. But working together, your efforts as well as ours, getting the word out here today and every day hereafter, and with the help of every American understanding that it's partially their issue as well in our courts, in our shelters, in our communities, then we can turn the tide.

We can turn the tide to meet the needs of victims of domestic violence, the millions of elders, the millions of

children as well as the spouses in the communities. We can make sure that each of them has a safe place to go, and that we then begin to teach alternatives as well as offer treatments. It will take each and every one of us standing on common ground not only talking to one another, but sharing what works and finding alternatives to those programs that don't work, and all of the resources and all of the people we touch in our communities with lessons and tactics that we've learned together.

So on behalf of the American Medical Association, I thank you for lending your hands and allowing us to join our hands with yours in behalf of this cause. To counteract the hand that strikes with hands instead of trust and help, to make sure that domestic abuse, which is one of today's biggest public health issues, becomes tomorrow simply a history lesson. As citizens, as parents, as sons and daughters, as brothers and sisters, I look forward to continuing to work together with you to make sure that, in the future, we have a bigger partnership to end the problem, and then continue to play on the lessons that make sure that tomorrow's children have learned early on that there are better alternatives that lead to a stronger community. Thank you. (Applause.)

MS. NAZARIO: And now with us, we have Beckie Masaki, Co-founder of the Asian Women's Shelter in San Francisco, and

has served as its Executive Director since its inception in 1988. She has worked in the Domestic Violence Movement for almost two decades. Before directing AWS, Beckie was a staff member of La Casa de las Madres battered women's shelter. She serves on the board of the Family Violence Prevention Fund, and has provided training at the local, state, national and international levels. She's also an organizing member of the Asian Institute On Domestic Violence, part of Secretary Shalala's initiative on reaching out to under-served communities. And she will be joined by her Co-worker, Mimi Kin. (Applause.)

MS. MASAKI: Thank you. (Applause.) I think I figured out why I got the privilege to share the same podium as Secretary Shalala because we're about the same height. (Laughter.) And she has this little step-stool that they could bring out for me so I can see above you all.

SIDE B

MS. MASAKI: Become judgmental or overwhelmed by newcomers and new perspectives to the movement, forget about survivors in our rush to develop our DV theories, councils, departments, units, programs and public education efforts. (Applause.) Or if we ignore power and control issues in the very strategies we develop to end domestic violence -- (Applause.) -- we will do ourselves in. We will do ourselves in. We'll become diffused, fractionalized,

vulnerable to backlash, and miss this tremendous opportunity to make long lasting societal change.

Then how do we meet this challenge? How do we come together and gather strength? We gather strength by celebrating our accomplishments. Who would have dreamed that we would have over two thousand shelter based domestic violence programs across the nation, or domestic violence units in police stations, hospitals and courts? We dreamed this and contributed to making it a reality. Let's celebrate each milestone and victory, the public accomplishment of the Violence Against Women's Act, and the personal one of a woman rebuilding her life free from domestic violence. Ending the violence in all of our lives is life long work. We need to celebrate along the way to sustain and continually reignite and reaffirm our path towards peace.

We gather strength by reviving our proud legacies and being active participants in evolving our cultures. All of our collective cultures and histories have promoted and condoned domestic violence in many ways, but each culture also contains values that condemn domestic violence. Every community throughout time had at least one survivor, one mother, one grandmother, one community member brave enough to escape, speak out or resist domestic violence.

In the 13th century in Japan, a Buddhist Temple, _____

_____, or Refuge Temple was a battered women's shelter. Only women could go there. They lived safely away from abuse. And after three years, they could file for a divorce and the Buddhist priest would sanction their lives free from abusive husbands. In _____ tradition, as we learned from Karen, Marlin and Brenda, women are sacred and respected. If a man abused a woman, she was seen as untrustworthy and banished from important roles such as hunting.

We need to gather strength through reviving our traditions of peace and justice. We need to actively unbury the proud legacies and values within our cultures that will guide us towards peace, and stop using culture as an excuse to condone and perpetuate violence. (Applause.) This does not mean to ignore culture, but to understand that culture is not monolithic nor static. Cultures like people are alive, always growing, changing and evolving. The constant insidious presence of racism and other oppressions have robbed some groups and disconnected them from their past traditions of honoring women. And, at the same time, other groups have been encapsulated in a cultural freeze attributing futile traditions to modern realities in an attempt to preserve culture or be culturally sensitive.

We have to be active agents in evolving our cultures. Be respectful and share each other's cultural strengths, not misappropriate or stereotype them. We have many wonderful

traditions to pass on to our children, and domestic violence is not one of them. (Applause.) We gather strength. We gather strength through embracing diversity. Domestic violence crosses all lines, but our services, public education and research have not crossed all lines. We need to change our mind set.

Services to women with disabilities, non-English speaking immigrant women, lesbian, gay, bisexual and transgender survivors and other marginalized populations are commonly viewed as special needs. For battered women from these commonly excluded groups, access to shelter and other domestic violence services is not a special need, but a basic one. (Applause.) Multicultural does not mean a core program reflecting dominant white, middle class culture with add-ons of special components. (Applause.) A program with this mind set is a setup for token efforts, resentment from overburdened staff, and startup programs that are the first to be cut in lean times.

We can't view strategies to address the needs of marginalized groups as extras to add on to a untouched mainstream agenda. We need to transform the whole approach or, as Bell Hooks would say, "Bring the margin to the center." (Applause.) Changing our mind set to understand multilingual, multicultural services as an asset to all battered women will go far towards implementing our mission

and responding to the changing needs of our communities. For example. We all believe in the empowerment of women. In the U.S., empowerment has been put into practice through programs designed to foster independence, focus on self-esteem, and build individual strength. The U.S. emphasizes individualism and independence.

But for most Asian battered women, this notion is foreign. Asian cultures and language center around the individual in the context of the extended family and community to understand one self as independent of a family. Our community context only raises fear and reinforces isolation. At the Asian Women's Shelter, we define empowerment as inter-dependence creating a positive extended family of friends, services, and support of family members free from dependence on an abusive partner. Although derived from extended family values in the Asian community, the value of creating a network of inter-dependence can resonate with many cultures is a lesson to share for all battered women, and is a powerful method for breaking isolation, building community responsibility and awareness. We gather strength by not being afraid to go deeper and broader, to make linkages and collaborations across issue areas.

Beginning hundreds of years ago, slavery, the genocide of indigenous people and anti-immigrant policies tore up the

families of people of color in this country. And that destruction continues; reinforced by all forms of violence. We, as a people, have survived unbelievable histories of violent oppression, intersections, layers and generations of violence. We cannot expect that depth of violence to go away quickly or simply. This is not meant to discourage us, but to understand that our programs cannot expect immediate results within a grant cycle, or be isolated one time efforts. (Applause.)

We must -- we must connect to deeper, larger, ongoing context of ending societal violence. We need to make the connections between all forms of violence; war, gang violence, domestic violence, sexual abuse, child abuse, elder abuse, and the violence of homophobia, racism, sexism, poverty and the other ways that we hate and divide ourselves from one another. (Applause.) We need to understand the roots of violence and the abuse of power. We will not succeed if our programs work to end violence in one arena only to promote it in another. (Applause.)

When, for example, a battered women's program say, "No one deserves to be beaten", do we really mean it? If you are an undocumented, non-English speaking woman, will they help you? If you are a lesbian and the person who is abusing you is your girlfriend, will they believe you? When the work is overwhelming and we are fragmented, it is hard

to see the value of being inclusive and, yet, that is the very key to transcending the violence.

We gather strength by honoring survivors and upholding their lead. None of us would be here today if battered women had not started this movement to end domestic violence. (Applause.) In our individual work, as we assist with safety plans and advocacy, we all know that a battered woman knows best what will keep her safe and what will be the path she creates for herself and her children.

(Applause.) We need to extend that mind set in our program development, outreach efforts, policy making and research. The widening range of our collective work can converge into a powerful movement, but only if the focus of our diverse efforts center around and take direction from domestic violence survivors. (Applause.)

And lastly, we gather strength by practicing peace. To sustain ourselves in this work, we need to bring peace to ourselves and our loved ones. As we continue through this conference, let's practice peace within ourselves and among others, build community, and challenge ourselves to look and think in new ways and depth. Ending violence is lifetime work. It is a daily practice.

As the well-known Vietnamese Buddhist Monk, _____, says, "Non-violence is not a dogma. It is a process." With clarity, determination and patience, we can sustain a life

of action and be real instruments of peace.

Gather strength. Gather strength. Join me. Gather strength.

FROM THE FLOOR: Gather strength.

MS. MASAKI: Thank you. (Applause.)

MS. NAZARIO: Thank you to our wonderful, inspiring and thought provoking speakers. I think Vickii has some announcements. (Laughter.)

MS. COFFEY: I'm so inspired by this gathering that it's quite emotional for me, and I'm trying to compose myself to do these messages. I am just awed by all of you. Thank you so much for supporting us.