# Domestic Violence Prevention Initiative
# Talking Points

1) The incidence of domestic violence and sexual assault in Indian Country is increasing. According to the U.S. Department of Justice (DOJ) and the Centers for Disease Control and Prevention (CDC), American Indian and Alaska Native (AI/AN) women suffer disproportionately high rates of sexual assault and intimate partner violence:

- AI/AN women are 2.5 times more likely to be raped or sexually assaulted than other women in the United States (Bureau of Justice Statistics, 2004);
- Approximately 40% of AI/AN women have experienced intimate partner violence at some time during their lifetime (Morbidity and Mortality Weekly Report, 2009);
- More than 1 in 3 AI/AN women will be raped and 6 in 10 will be assaulted in their lifetimes (Bureau of Justice Statistics, 2004);
- Rates for AI/AN intimate-partner homicide were higher for the AI/AN population, 2.3 per 100,000 (Morbidity and Mortality Weekly Report, 2009), and;
- AI/AN population (33.0 per 100,000) were more likely to experience stalking and harassment than other races (Bureau of Justice Statistics, 2009).

2) Indian Health Service (IHS) was appropriated funding by the Omnibus Appropriations Act 2009, Public Law 111-8, through the Domestic Violence Prevention Initiative (DVPI). Public Law 111-8 provides an increase in the IHS budget of $7.5 million for this initiative. For FY 2010, Congress added an additional $2.5M for a total of $10M in the program. The congressional appropriations report language reads as follows:

> "Domestic violence within the American Indian and Alaska Native (AI/AN) communities continues to be an area of serious concern. Children in these communities have the second highest rate of maltreatment in the country, and one in three AI/AN women will be physically or sexually abused in her lifetime. In order to provide the Indian Health Service (IHS) with additional tools to better address child and family violence in AI/AN communities, the bill includes $7,500,000 to implement a nationally coordinated domestic violence prevention initiative. With these funds, the IHS is encouraged to further expand its outreach advocacy programs into Native communities, expand the Domestic Violence and Sexual Assault Pilot project already in operation; and use a portion of the funding for training and the purchase of forensic equipment to support the Sexual Assault Nurse Examiner (SANE) program."

3) The DVPI is a nationally coordinated demonstration pilot program, focusing on providing targeted domestic violence and sexual assault prevention and intervention resources to regions in Indian Country with the greatest need for these programs. This initiative promotes the development of evidence-based and practice-based models that represent culturally-appropriate prevention and treatment approaches to domestic violence and sexual assault from a community-driven context.

4) The funds appropriated by Congress allow IHS to directly target two specific crisis areas to help develop pilot programs and from that experience develop potential larger scale interventions for Indian Country. They represent a valuable opportunity to address the crises of domestic violence and sexual assault.

5) Before developing specific DVPI objectives and activities, IHS engaged in Tribal consultation sessions with the National Tribal Advisory Committee on Behavioral Health (NTAC). The NTAC is composed of elected Tribal leaders across all twelve IHS Service Areas. The NTAC met on four occasions over a 5-month period to develop and provide recommendations to the Director of IHS on DVPI fund distribution and application. Although the NTAC has provided the following recommendations on the FY 2009 funding, they are currently discussing their recommendations on the additional $2.5M for FY 2010. Three major categories of funding were described:

1. National Management (evaluation, epidemiology, and national coordination) at $950,000;
2. Domestic Violence Prevention Initiative (Tribal and Urban Outreach) at $2,521,750. Of this funding, $262,000 will be used for urban Indian health programs, and;
3. Sexual Assault Projects Expansion (Sexual Assault Nurse Examiner (SANE) programs, Sexual Assault Forensic Examiner (SAFE) programs, Sexual Assault Response Teams (SART), and Area/Urban funding) at $4,028,250. Of this funding, $2,400,000 will be directed to SANE, SAFE, and SART program development while $1,628,250 will be for community-developed models of collaboration and intervention. The $2.4M directed to SANE, SAFE, and SART program development will not be a part of the Area distribution. This funding will be competed nationally and targeted to Tribal and IHS hospitals and clinics that provide 24/7 emergency care. Of the $1,628,250 directed to community-developed models, $262,000 will be used for urban Indian health programs.

6) These recommendations included funding distribution methodology reflecting the specific requirements spelled out in the congressional report language. IHS accepted the NTAC recommendations that funds should be allocated to the 12 IHS Areas based on the NTAC's DVPI formula. The proposed DVPI formula takes into consideration three quantifiable and level-of-need related metrics including: 1) area population, 2) poverty burden, and 3) disease burden. The IHS will utilize the allocation methodology for three years and then re-evaluate this allocation method and make adjustments as necessary. The DVPI process is being modeled after the Methamphetamine and Suicide Prevention Initiative (MSPI) process.

7) In January 2010, IHS will begin "Phase I: Proposal Development and Selection, and Distribution of Awards" of DVPI, using a competitive application process for Tribes, Tribal organizations, and Federally-operated programs to determine priority of funding. The IHS will use existing self-determination contracts, self-governance compacts, and funding agreements to award funding for approved projects as quickly as possible. These funds may also be used for projects awarded to federally operated programs and urban Indian health programs.

For funding, the DVPI pilot sites must address the following seven guiding principles:

1. Coordinate services for communities to respond to local domestic violence and/or sexual assault crises;
2. Participate in a nationally coordinated program focusing specifically on increasing access to domestic violence and/or sexual assault prevention or treatment services for survivors and their families;
3. Provide community-focused responses that enhance evidence-based or practice-based domestic violence and/or sexual assault prevention or treatment services or education programming;
4. Provide communities with needed resources to develop their own community-focused programs;
5. Establish baseline data information in the local communities;
6. Adequately document the level of need for the community, and;
7. Be scaled at a level that will ensure measureable impact.

8) DVPI funds will be used to expand and strengthen current Tribal and Urban responses to domestic violence and sexual assault crises and to establish new domestic violence and sexual assault prevention and treatment programs. This initiative supports individual programs and/or communities in their efforts to develop or enhance evidence-based or practice-based prevention, treatment, and educational services, allowing communities to develop their own focused programs. All twelve (12) Areas will consult with the Tribes in their Areas, solicit and evaluate Tribal proposals, and submit to IHS Headquarters the Tribal programs they recommend for funding with DVPI dollars.

The Domestic Violence Prevention Initiative consists of four phases:

**Phase I: Proposal Development and Selection, and Distribution of Awards (January 2010 – May 2010)**

During this initial phase, each of the 12 IHS Areas will solicit proposals from Tribes, Tribal organizations, and Federally-operated programs. With the assistance of IHS Headquarters staff, each Area will develop a proposal evaluation process based on the seven DVPI guidelines, Congressional intent, ability to demonstrate the greatest need, ability to meet program requirements, ability to implement and evaluate these services, and ability to collect and report on all applicable outcome measures. Once Area-level evaluations are complete, each Area will submit copies of the prioritized list of recommended projects for approval. The approval of proposals will be made by the Director, IHS. It is expected that the DVPI funds will be distributed to all of the IHS Areas by May 31, 2010.

Urban Indian health and Sexual Assault Projects Expansion programs will be reviewed and awarded by August 31, 2010.

**Phase II: DVPI Implementation (June 2010 – Ongoing)**

The Phase II portion of DVPI will focus on:

- Providing the awardees/grantees technical assistance as they begin implementing their 3-year plan;
- Providing technical assistance as they develop or enhance their local evaluation process;
- Creating a database and listserv of DVPI awardees/grantees to facilitate communication, and;
- Holding DVPI orientation sessions as needed to provide guidance and give the DVPI recipients an opportunity to collaborate and share information.

**Phase III: Data Collection and Problem-Solving, Evaluation (Ongoing)**

Program activities will be carried out and IHS will continue to provide technical assistance and guidance for all funded projects. Programs will collect required data on outcome measures. The Office of Management and Budget (OMB) will be involved in the development of the national outcome measures.

**Phase IV: Harvesting of Data, Evaluation (Ongoing)**

In order to ensure its effectiveness and apply promising practices in efforts across Indian Country, the DVPI will be outcomes-based and have both internal and external evaluation(s) of programs. Standardized national outcome indicators will be developed to measure performance of these projects. Each site will address and measure all applicable outcome measures which relate to their program. The awarded projects will meet established guidelines and will demonstrate intent to adhere to reporting requirements established by the Agency. Award recipients will report on data and evidence-based outcome measures designed to help IHS determine the most effective means for combating these issues in Tribal communities. The completion of a national, independent evaluation of the DVPI will also allow IHS to identify successful evidence-based and practice-based programs that can be replicated across the Indian health system.