

**U.S. NATIONAL
PLAN TO END
GENDER-BASED
VIOLENCE:

STRATEGIES FOR
ACTION**

May 2023



**THE WHITE HOUSE
WASHINGTON**



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“As long as there are women in this country and around the world who live in fear of violence, there’s more we have to do to fulfill this sacred commitment. No one — no one, regardless of gender or sexual orientation, should experience abuse. Period. And if they do, they should have the services and support they need to get through it. And we’re not going to rest.”

– President Joseph R. Biden

“All Americans deserve to live free from violence. The President and I are fighting to ensure every woman in our nation is safe and all people can thrive. President Biden and I will continue to stand up for women and girls as we build a nation that is more fair and just.”

– Vice President Kamala Harris



EXECUTIVE SUMMARY

In this first-ever U.S. National Plan to End Gender-Based Violence (the National Plan or Plan), the Federal Government advances an unprecedented and comprehensive approach to preventing and addressing sexual violence, intimate partner violence, stalking, and other forms of gender-based violence (referred to collectively as GBV).¹ This initiative builds on the lessons learned and progress made as the result of tireless and courageous leadership by GBV survivors, advocates, researchers, and policymakers, as well as other dedicated professionals and community members who lead prevention and response efforts.

Gender-based violence is a public safety and public health crisis, affecting urban, suburban, rural, and Tribal communities in the United States. It is experienced by individuals of all backgrounds and can occur across the life course.² GBV happens in all spaces and spheres of human interaction, public and private—in homes, schools, and public venues; through social media and other online spaces; and in workplaces. In today’s globalized world, it can transcend national boundaries, including through online exploitation and abuse, human trafficking, and individuals fleeing GBV. The risks of GBV are heightened in conditions of disaster, conflict, or crisis, including public health crises such as a pandemic.

We have made significant progress since the days when GBV was widely considered a private matter, with limited services and support for victims, as well as limited protections from legal systems. Today, addressing GBV is an important part of our nation’s social consciousness and public policy priorities. Federal, state, local, Tribal, and territorial laws and policies provide important protections to survivors and families. Several landmark pieces of federal legislation—the Violence Against Women Act (VAWA), Family Violence Prevention and Services Act (FVPSA), and Victims of Crime Act (VOCA)—have strengthened protections and provide core funding through grant programs that advance promising practices nationwide. Schools, workplaces, health care facilities, faith-based institutions, community-based organizations, media, and online platforms have adopted GBV prevention and intervention initiatives. Victim service providers and criminal and civil justice system personnel, including public safety officials, are trained to better understand and address different forms of GBV and to hold perpetrators accountable. As a result of these efforts, survivors now have greater access to safety, healing, and justice. We have also developed better tools to measure GBV in its many forms, and to identify populations disproportionately impacted. And we have advanced efforts to prevent GBV through the development of different programs and policies aimed at decreasing risk factors and improving protective factors.

Yet much work remains to be done. Despite this progress, many people experience GBV over the course of their lives. Many survivors and their families face adverse health and economic outcomes, as well as significant challenges in accessing comprehensive support and services. Community resources remain underfunded and often lack culturally specific approaches needed to best serve survivors from historically marginalized and underserved communities. Too often,



efforts to address GBV have operated in silos or have failed to address how survivors of GBV may experience multiple forms of victimization. By and large, these approaches tend to concentrate on reacting to victims and perpetrators based on individual incidents. Additionally, victims and survivors of GBV often face numerous obstacles in accessing justice, and many are reluctant to engage with traditional justice systems. These realities underscore the importance of renewed efforts to understand how people experience GBV, what survivors need, and how to better prevent violence, hold abusers accountable, and challenge views that normalize, condone, or rationalize GBV. Strengthening coordination and commitments to advance GBV prevention, intervention, and response will reduce the devastating effects of GBV on health, safety, justice, development, and economic growth, and will support communities where all people can thrive.

On March 8, 2021, International Women’s Day, President Biden issued Executive Order 14020, on the Establishment of the White House Gender Policy Council (GPC),³ creating the first freestanding policy council within the Executive Office of the President focused on advancing gender equity and equality in both domestic and foreign policy. As directed in the Executive Order, GPC released a [National Strategy on Gender Equity and Equality \(National Gender Strategy\)](#)⁴ in October 2021 that reflected extensive input from federal agencies and civil society stakeholders. As part of the implementation of the National Gender Strategy, the Executive Order called on the GPC to “create a National Action Plan to End Gender-Based Violence that establishes a government-wide approach to preventing and addressing gender-based violence in the United States,” as well as to update the [U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally \(Global GBV Strategy\)](#).⁵ These initiatives are aligned with broader efforts of the Biden-Harris Administration to root out systemic barriers and discrimination and pursue equity and equality for all, as set forth in Executive Order 13985, “[Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#)”⁶ and Executive Order 13988, “[Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#).”⁷

Building upon existing federal initiatives, this National Plan to End Gender-Based Violence advances a comprehensive, whole-of-government, and intersectional approach⁸ to preventing and addressing GBV in the United States. The Plan sets forth a bold vision and gives priority to areas that have been underemphasized in GBV-focused policy and research, such as prevention, racial justice, LGBTQI+ equality, intergenerational healing, community wellness, and social norms change. Moreover, the Plan highlights critical connections between these priorities and areas that have historically received more focus, such as incident-focused interventions and system responses.

This Plan begins with a focus on what we know works to prevent GBV, including efforts to address the root causes of violence and abuse and to change social norms that perpetuate GBV. The Plan also highlights the importance of programs for children, families, and people who perpetrate GBV, recognizing that GBV can be an intergenerational problem. Indeed, childhood exposure to violence, including witnessing or experiencing violence, can increase a person’s risk for suffering relationship violence or perpetrating it when they are older.⁹

Complementing the focus on prevention, the Plan recognizes the critically important role of criminal and civil justice systems, victim advocates, law enforcement, health care providers, including mental health and substance use treatment providers, community-based organizations, and other services that protect survivors and families and foster a coordinated community response to GBV that is survivor-centered and trauma-informed. The Plan encourages



recognition by justice, health, and other systems of the diverse and complex needs of survivors through a “no wrong door” approach that maximizes survivor agency and choice. To this end, it also supports the development of restorative practices and other community-centered accountability frameworks that are responsive to survivors’ needs and preferences and that provide increased options for seeking support, safety, justice, and healing.¹⁰

Finally, the Plan recognizes the pervasive impacts of GBV across multiple sectors and social issues, and identifies key fields that often lack consideration of GBV issues and where insufficient attention is traditionally paid to survivors’ needs, including to ensure survivors’ access to housing, economic, and labor protections; address the increasing impact of online harms; and respond to the critical needs of survivors during emergencies and disasters, including in the context of pandemics and climate change.

The priorities in this National Plan to End GBV, as well as those reflected in the 2022 update to the U.S. Global GBV Strategy, reflect our nation’s ongoing commitment to continue advancing and integrating efforts to prevent and address gender-based violence both at home and abroad. Ending gender-based violence is, quite simply, a matter of human rights and justice.

The Plan provides an important framework for strengthening ongoing federal action and interagency collaboration in a comprehensive manner through a government-wide approach, while identifying opportunities to expand access to safety, support, healing, and justice for survivors. The Administration will support ongoing efforts to advance further development and implementation of the Plan through collaboration with federal agencies and through ongoing engagement with survivors, advocates, researchers, and representatives of civil society organizations, as well as state, local, and Tribal and territorial government officials, among others. Although the Plan is focused specifically on federal action, it is designed to be accessible and useful to public and private stakeholders across the United States for adaptation and expansion—because all communities are vital to ending GBV.

VISION STATEMENT

The United States will be a place where all people live free from gender-based violence (GBV) in all aspects of their lives.

This vision applies to all people, regardless of gender, sex, gender identity, sex characteristics, sexual orientation, race, ethnicity, religion, age, disability, geographic location, national origin, immigration or citizenship status, socioeconomic circumstance, medical condition or status, or other factors.



NATIONAL PLAN AT-A-GLANCE

This At-A-Glance section briefly summarizes the Pillars, Goals, and Objectives that are discussed in detail in the National Plan to End Gender-Based Violence.

PILLAR 1: Prevention

Goal 1: Enhance and promote GBV prevention

- Objective 1.1 Improve research and data collection about the nature and scope of GBV victimization and perpetration.
- Objective 1.2 Enhance research to capture information in federal datasets on marginalized and underserved communities and vulnerable populations, while also ensuring safety and confidentiality in the appropriate collection and use of data.
- Objective 1.3 Strengthen GBV prevention in agency plans and processes.
- Objective 1.4 Increase public awareness about the root causes of GBV, its societal impacts, and the value of GBV prevention and early intervention.

Goal 2: Enhance dissemination and implementation of GBV prevention strategies

- Objective 2.1 Strengthen and scale efforts to advance evidence-informed and evidenced-based strategies presented in the CDC Technical Packages and elsewhere that work to prevent GBV.
- Objective 2.2 Further develop the evidence base of what works to prevent GBV.

Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course

- Objective 3.1 Enhance education efforts that promote healthy and respectful relationships among children, youth, and young adults to address and break cycles of violence.
- Objective 3.2 Advance community-based solutions that work with multiple stakeholders, including men and boys, as essential participants in prevention.



Goal 4: Improve comprehensive health approaches to prevent GBV

Objective 4.1 Improve health care approaches to prevent GBV and help survivors heal.

PILLAR 2: Support, Healing, Safety, and Well-Being

Goal 1: Improve data collection, research, and evaluation on trauma-informed and survivor-centered approaches to GBV

Objective 1.1 Further invest in research and evaluation to determine the effectiveness of various trauma-informed approaches and interventions in achieving positive outcomes.

Objective 1.2 Expand knowledge about how trauma from GBV impacts specific populations and which trauma-informed approaches and interventions are the most effective for these populations.

Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels

Objective 2.1 Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming.

Objective 2.2 Expand availability of training and technical assistance on trauma-informed approaches for those working with survivors of GBV.

Objective 2.3 Develop programs and resources for adult intimate partner violence survivors disproportionately impacted by the child welfare system, foster care, and custody proceedings.

Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course

Objective 3.1 Enhance existing initiatives and support innovative approaches.

Objective 3.2 Support trauma-informed, accessible, and culturally responsive services to GBV survivors.

PILLAR 3: Economic Security and Housing Stability

Goal 1: Prevent and address GBV, including sexual harassment, in the world of work

Objective 1.1 Shift workplace norms and practices to prevent GBV and support employees impacted by GBV.

Objective 1.2 Establish the Federal Government as a model employer for preventing and responding to GBV in the workplace.



Objective 1.3 Build the capacity of employers, workplaces, unions, and worker organizations to prevent and respond to GBV, particularly in industries, occupations, and work arrangements in which workers face higher risks of GBV.

Goal 2: Improve economic security, asset-building opportunities, and financial protection to mitigate GBV, help survivors escape abuse, and support long-term financial independence

Objective 2.1 Improve GBV survivors' economic security through access to good jobs with family-sustaining wages, benefits, and workplace protections, as well as support for business entrepreneurship.

Objective 2.2 Increase access to and awareness of worker protections and policies to help GBV survivors or those at risk of GBV keep their job and maintain their economic security.

Objective 2.3 Fortify access to economic safety nets for workers and tenants.

Goal 3: Provide a spectrum of housing services, resources, programs, and protections for GBV survivors; ensure access to safe, affordable, and long-term housing

Objective 3.1 Reduce housing and economic barriers for survivors.

Objective 3.2 Recognize the different housing barriers and needs of survivors of intimate partner violence, sexual violence, stalking, and human trafficking.

Objective 3.3 Support and fund local housing models and practices that increase access to safe and affordable housing for survivors.

PILLAR 4: Online Safety

Goal 1: Establish a strategic vision and coordinated approach for how the Federal Government addresses online forms of GBV and integrates these efforts across existing policies and programs to support survivors and prevent harms

Objective 1.1 Improve coordination among federal agencies and departments to strengthen the Federal Government's effectiveness in preventing and addressing technology-facilitated GBV.

Goal 2: Enhance and expand federally funded research and data collection on technology-facilitated GBV

Objective 2.1 Update federal surveys and data collection efforts on GBV to incorporate measures for technology-facilitated GBV, including different forms of online abuse.

Objective 2.2 Support additional research to better understand the impact of technology-facilitated GBV, particularly on diverse populations,



and inform evidence-driven interventions that improve services and support for survivors.

Goal 3: Improve services and access to justice for victims of online forms of GBV

Objective 3.1 Increase access to survivor-centered services, information, and support for victims who experience technology-facilitated GBV through training and assistance for victim advocates, law enforcement, and the criminal legal system.

Objective 3.2 Build support for survivors of technology-facilitated GBV through training and technical assistance for federal, state, local, Tribal, and territorial partners in the fields of education, health, and mental health services.

Objective 3.3 Enhance accountability for technology-facilitated GBV.

PILLAR 5: Legal and Justice Systems

Goal 1: Advance access to justice for GBV survivors

Objective 1.1 Enhance federal programs that promote access to legal assistance for survivors in criminal, civil, family, immigration, military, and administrative legal systems.

Objective 1.2 Address barriers that prevent many GBV victims from seeking assistance.

Goal 2: Ensure that justice systems are responsive to survivors' needs and experiences

Objective 2.1 Strengthen and improve system responses to GBV.

Objective 2.2 Protect victims throughout the criminal justice process.

Goal 3: Expand options for survivors to seek safety and justice

Objective 3.1 Support the development of alternative pathways for survivors to seek safety, justice, and healing.

Objective 3.2 Assist survivors whose primary exposure to the criminal justice system has not been as a “recognized” victim.

Objective 3.3 Promote policies and practices that support GBV survivors' relationships with their children.



PILLAR 6: Emergency Preparedness and Crisis Response

Goal 1: Address GBV and associated risks in federal emergency response and recovery efforts

- Objective 1.1 Integrate crisis- and disaster-related policies, protocols, and practices to address GBV into federal emergency planning and community mapping tools, and leverage interagency structures.
- Objective 1.2 Collaborate with community-based partners, including those with expertise in GBV, to meet the unique needs of survivors before, during, and after a crisis or disaster.
- Objective 1.3 Provide resources and support to organizations that provide essential services for GBV survivors during crises, emergencies, and disasters, including pandemics.

Goal 2: Update training programs for first responders that address crisis- or disaster-related GBV and trauma-informed care for GBV survivors

- Objective 2.1 Revise existing training programs to ensure all federal employees and contractors who support and oversee emergency management programs serving GBV victims are properly trained.

Goal 3: Deepen the research base on the links between climate-related disasters and heightened risk for GBV, particularly for historically marginalized and underserved populations

- Objective 3.1 Support federal research efforts to deepen the evidence base for the links between GBV and natural disasters and to identify promising practices.

PILLAR 7: Research and Data

Goal 1: Expand the scope of research and data to improve inclusion of historically marginalized and underserved communities

- Objective 1.1 Support innovative research and data collection approaches to improve inclusion of historically marginalized and underserved communities.
- Objective 1.2 Consistently report disaggregated data from existing national data systems.

Goal 2: Improve understanding of GBV victimization and perpetration over the life course

- Objective 2.1 Expand research on GBV victimization and perpetration and their overlap through the life course.



Objective 2.2 Increase knowledge on what works to prevent GBV over the life course.

Goal 3: Leverage existing data collections to collect new data on GBV

Objective 3.1 Expand GBV data collection resources and collaborations.



PART I: Introduction

WHAT IS GENDER-BASED VIOLENCE?

Gender-based violence (GBV) is a term that generally refers to any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity, sex characteristics, or sexual orientation.¹¹ GBV encompasses, but is not limited to, physical, sexual, psychological, emotional, economic, and technological abuse or harm; threats of such acts; harassment; coercion; and arbitrary deprivation of liberty.¹² In most cases, GBV is rooted in historical and ongoing structural inequalities, the abuse of power, and harmful norms and practices¹³—including denial, tolerance, or silence in the face of these harms—as well as situational power imbalances. GBV is also compounded by other intersecting forms of discrimination and bias.

GBV is a term that is increasingly used at the global level.¹⁴ While people of all genders may experience GBV, the term is most often used to describe violence that disproportionately impacts women and girls, as well as lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons. We expect this terminology to continue to evolve over time, as our understanding of the nature and scope of GBV, and our recognition of the lived experiences and perspectives of victims and survivors, continue to evolve.

GBV is a form of discrimination and a public health crisis; it undermines safety, health, well-being, economic security, and human rights.¹⁵ In addition to its personal costs and individual impacts for victims and survivors—including the risk of injury and death—GBV has profound effects on children; burdens health and social service systems; imposes direct and indirect costs on families, communities, and economies; and affects development and public health.¹⁶

In this Plan, GBV primarily refers to a range of interpersonal violence across the life course, including:

- **Sexual violence:**¹⁷ Sexual activity when consent is not or cannot be obtained or given freely. Sexual violence includes rape, sexual assault, sexual harassment,¹⁸ and child sexual abuse;¹⁹
- **Intimate partner violence:**²⁰ Physical violence, sexual violence, stalking, psychological aggression, economic abuse, or reproductive or sexual health coercion by a current or former intimate partner. Intimate partner violence is also commonly referred to as domestic violence²¹ or dating violence,²² including teen dating violence;²³
- **Stalking:**²⁴ Pattern of repeated harassing or threatening behavior, causing fear, substantial emotional distress, or safety concerns for the victim; and
- **Other interconnected forms of violence and coercive control,** including certain forms of human trafficking, family violence, sexual exploitation, online harassment and abuse, reproductive and sexual coercion, substance use coercion,²⁵ forced sterilization, female genital mutilation and cutting,²⁶ child, early, and forced marriage,^{27,28} femicide, and gender-related hate crimes or killings.²⁹



This Plan focuses on preventing and addressing these various forms of interpersonal violence not only as specific incidents, but also as a social problem with causes and impacts that require more comprehensive approaches and prevention efforts. Furthermore, prevention efforts require addressing the reality that although most men do not engage in GBV,³⁰ most GBV—particularly the most severe forms—is perpetrated by men.³¹

GBV shares root causes with various forms of violence, such as hate crimes based on gender, sexual orientation, or gender identity.³² The Plan also complements other federal efforts focused more specifically on addressing broader hate crimes and other forms of discrimination based on sex, gender, gender-identity, sex characteristics, or sexual orientation.³³

No two individuals' experiences of GBV are the same. Systems and service providers must be prepared to provide assistance to all populations of survivors.³⁴ Furthermore, many child and adult GBV survivors have experienced “polyvictimization”—that is, multiple and varied forms of violence and abuse throughout the life course, ranging from childhood through older age.³⁵ Centering the strength, resilience, and lived experiences of survivors is central to providing an effective and trauma-informed response.

Additionally, while GBV is useful as an umbrella term, not all forms of GBV can be addressed or prevented with the same approaches. Policies and programs must be appropriately targeted to address specific forms of GBV, as well as address the ways in which these different forms of GBV may intersect (for instance, sex trafficking at the intersection with intimate partner violence).

One final note on terminology: this Plan uses the terms “victim” and “survivor” to refer to individuals who have experienced GBV. Both terms are important and have different implications when used in the context of advocacy and service provision. For example, the term “victim” has legal implications within criminal justice, immigration, and other legal processes, and usually refers to an individual who suffered harm as a result of criminal or other harmful conduct. Many laws that give individuals particular rights and legal standing use the term “victim,” as does federal law enforcement. “Survivor” is a term used widely by service providers and advocacy organizations to recognize the strength and courage it takes to overcome victimization. Individuals who have experienced GBV may choose to refer to themselves as “victims,” “survivors,” or by other designations; and this may change over the course of their lifetimes, and may depend on whether they feel they have healed, whether they feel justice was served, and whether they have experienced additional harms. While “survivor” is the term generally used in this Plan, both “victim” and “survivor” are used throughout.



BACKGROUND & CONTEXT

All people deserve to live free from threats and acts of GBV. This National Plan to End Gender-Based Violence continues our nation’s decades-long commitment to eliminate GBV and to advance human rights in our country and around the world.³⁶ This Plan builds on initiatives that trace their origins to the 1970s, when local anti-rape and anti-domestic violence movements emerged, led by survivors and advocates who established rape crisis centers and grassroots women’s shelters. These movements focused on victim safety and healing, improving the response of the criminal justice system and other systems, advancing legislative reform, and raising greater social awareness of what was largely considered a private matter.

Efforts to pass legislation to address domestic violence and sexual assault began at the state level in the 1970s. These efforts first received targeted federal support for the funding of domestic violence shelters and supportive services through the passage in 1984 of the Family Violence Prevention and Services Act (FVPSA),³⁷ which is administered through the U.S. Department of Health and Human Services (HHS) and provides funding for states, territories, and Tribes. FVPSA primarily funds shelters and services for victims of intimate partner violence (including dating violence), and also funds domestic violence coalitions in all states and territories, as well as specialized national resource and training centers.³⁸ The Victims of Crime Act (VOCA), which is administered through the U.S. Department of Justice (DOJ), was also enacted in 1984 and provides federal funding to states, territories, and Tribes to support direct services and victim compensation funds for crime victims (including GBV victims) through the Crime Victims Fund.³⁹

In 1989, U.S. Surgeon General C. Everett Koop called domestic violence “an overwhelming moral, economic, and public health burden,”⁴⁰ and in 1994, HHS Secretary Donna Shalala identified it as an “unacknowledged epidemic.”⁴¹

Global efforts to recognize the profound harms of violence against women occurred alongside those in the United States in the 1990s. In 1993, the United Nations recognized violence against women as a human rights violation and adopted the Declaration on the Elimination of Violence against Women.⁴² In 1995, at the United Nations Fourth World Conference on Women, the Beijing Declaration and Platform for Action included the goal to “[p]revent and eliminate all forms of violence against women and girls” and stated that “[v]iolence against women is an obstacle to the achievement of the objectives of equality, development and peace.”⁴³

The passage in 1994 of the Violence Against Women Act (VAWA)—landmark legislation written and championed by then-Senator Joe Biden—marked the first comprehensive U.S. federal legislative package focused on ending violence against women.⁴⁴ VAWA required every jurisdiction to provide full faith and credit to qualifying orders of protection issued anywhere in the United States and recognized crossing state lines to commit acts of domestic violence as a federal crime. It also established federal grant programs to improve the law enforcement response and advance a coordinated community approach across the 56 U.S. states and territories.⁴⁵

Each subsequent reauthorization of VAWA (in 2000, 2005, 2013, and 2022) significantly improved access to services and support for survivors of domestic violence, sexual assault, dating violence, and stalking; expanded access to resources and protections for Tribal communities; and enhanced education, research, and training for victim advocates, health professionals, educational institutions, law enforcement, prosecutors, and judges.



THE 2022 REAUTHORIZATION OF THE VIOLENCE AGAINST WOMEN ACT

In 2022, President Biden signed into law the fourth reauthorization of the bipartisan [Violence Against Women Act](#), renewing and strengthening the Federal Government’s commitment to increasing and expanding survivors’ access to safety and support and advancing prevention efforts. [Key highlights include:](#)

- **Increasing authorized funding for community-based responses.** Reauthorizes all current VAWA grant programs until 2027 and authorizes new programs, including a pilot program on survivor-centered restorative practices.
- **Expanding recognition of Tribal court jurisdiction over GBV.** Expands recognition of special Tribal criminal jurisdiction over non-Indian perpetrators to include additional forms of GBV and other crimes on Tribal lands; authorizes a pilot program for Alaska Tribes.⁴⁶
- **Addressing survivors’ economic, legal, and housing needs.** Enhances housing protections for survivors, addresses economic abuse and workplace responses, and expands grant funding for legal assistance for survivors.
- **Responding to the needs of marginalized and underserved populations.** Increases services and support for culturally specific communities,⁴⁷ LGBTQI+ survivors, individuals with disabilities, immigrant survivors, older adults, and victims in rural communities, among others.⁴⁸
- **Investing in prevention, youth, and addressing GBV in educational settings.** Expands support for rape prevention and education, as well as youth-focused prevention and services. Establishes a joint interagency Task Force on Sexual Violence in Education and requires the development of an online survey tool on postsecondary students’ experiences with domestic violence, dating violence, sexual assault, sexual harassment, and stalking.⁴⁹
- **Strengthening the health care response to sexual violence.** Expands access to training for sexual assault forensic examiners and authorizes a new grant program for States and Tribes to identify areas for improvement in health care delivery systems providing forensic examinations to survivors of sexual assault.
- **Strengthening federal criminal laws and jurisdiction over acts of GBV.** Makes it a federal crime for a federal law enforcement officer to engage in sexual conduct with someone in custody, in detention, or under supervision and does not allow “consent” to be used as a defense; makes all forms of sexual assault committed by government actors in violation of federal law into a felony; and criminalizes coercive or nonconsensual sex acts occurring within federal jurisdictions.⁵⁰



- **Enhancing efforts to reduce GBV-related homicides and enforce firearms laws.** Supports increased enforcement of federal, Tribal, and state firearms laws, including background check notifications to help state or Tribal law enforcement investigate and prosecute unlawful firearms purchasers.
- **Supporting prevention and prosecution of cybercrimes.** Creates a definition of technological abuse for VAWA grant programs and establishes a new federal civil remedy related to the non-consensual distribution of intimate images. Authorizes funding to establish a national resource center on cybercrimes against individuals and to create a grant program to support state, Tribal, and local governments' efforts to combat cybercrimes against individuals, including cyberstalking and nonconsensual distribution of intimate images.

GENDER-BASED VIOLENCE IN THE UNITED STATES TODAY

Prevalence and Incidence of GBV

Collecting national and state-level data about the prevalence and nature of GBV in the United States is quite complex, and different from other crime victimization data collections. Many survivors do not share or disclose their experiences of victimization, and those who do disclose may not do so until years later. Moreover, the likelihood of survivors disclosing their victimizations to friends, family members, or other confidants is significantly higher than the likelihood of formal reporting to law enforcement, health care providers, school personnel, crisis centers or helplines, or other entities that may track and collect data.⁵¹

The National Intimate Partner and Sexual Violence Survey and the National Crime Victimization Survey are two different national survey tools that measure various forms of GBV in the United States.⁵² The results of each survey are impacted by the varying methodologies, settings, and contexts used in the corresponding data collection.⁵³

National Intimate Partner and Sexual Violence Survey (NISVS)

The NISVS, which is implemented through the U.S. Department of Health and Human Services, measures lifetime and past 12-month prevalence of intimate partner violence, sexual violence, and stalking through telephone surveys using a public health behavioral framework. The most recent NISVS report, released in 2022, is based on an analysis of data collected in 2016-2017.⁵⁴

a) Intimate Partner Violence

The NISVS report indicates that about 41% of women and 26% of men reported having experienced, at some point in their lifetimes, **contact sexual violence, physical violence, and/or stalking by an intimate partner** that resulted in an intimate partner violence-related impact⁵⁵ (including, for example, injury or concern for safety, need for housing or legal services, or help from law enforcement).⁵⁶ In the 12 months preceding the data collection, an estimated 4.5% of women (5.7 million) and 2.8% of men (3.3 million) experienced intimate partner violence with an intimate partner violence-related impact.⁵⁷



b) Sexual Violence

According to the NISVS survey, more than half of women (54.3%) and nearly one-third (31%) of men in the United States reported some form of **sexual violence victimization** involving physical contact (contact sexual violence)⁵⁸ **by any perpetrator**, including intimate partners, at some point in their lifetimes.⁵⁹ In the 12 months preceding the data collection, 7.6% of women (9.5 million women) and 4.6% of men (5.4 million men) reported contact sexual violence.⁶⁰ Approximately 1 in 4 women (26.8% or 33.5 million) and 1 in 26 men (3.8% or 4.5 million) reported completed or attempted rape victimization at some point in their lifetimes.⁶¹

c) Stalking

According to the NISVS survey, almost 1 in 3 women (31.2% or 38.9 million) and 1 in 6 men (16.1% or 19 million) reported being a victim of stalking in their lifetimes that made them fearful, threatened, or concerned for their safety.⁶²

National Crime Victimization Survey (NCVS)

The NCVS, which is implemented through the U.S. Department of Justice, surveys a nationally representative sample of U.S. households regarding annual incidents of crime victimization. NCVS data reflect that during 2014-2019, the rate of intimate partner violence of women was seven times the rate of men, and the rate of rape or sexual assault of women was also seven times the rate of men.⁶³ An analysis of NCVS data over the past three decades indicates significant declines in incidences of rape, sexual assault, and intimate partner violence. Between 1993 and 2019, the NCVS reflects a 74% decline in intimate partner violence crimes and a 60% decline in rapes and sexual assaults, which tracks a similar (and indeed, even more substantial) decline in other criminal victimizations over the same period.⁶⁴

Regardless of the metrics used, the number of people impacted by intimate partner violence, sexual violence, stalking, and other forms of GBV in the United States is unacceptable. **While significant progress has been made in improving access to safety and services for survivors, much work remains to be done to prevent and address all forms of GBV.**

Disproportionate Impacts

GBV affects all populations, but some communities are disproportionately impacted. Additionally, it is important to address the impact of intersectional discrimination and bias on the basis of gender, race, and other factors, including sexual orientation, ethnicity, immigration status, religion, disability, age, and socioeconomic status. The impact of GBV and the challenges for survivors in accessing services and support are exacerbated by these intersecting forms of discrimination and bias.⁶⁵

The experiences of Black, Latino, Indigenous and Native American, Asian American, Native Hawaiian, and Pacific Islander persons and other survivors of color, as well as survivors from other marginalized and underserved communities, underscore this reality. A survey of American Indian and Alaska Native (AI/AN) women's lifetime experiences with GBV found that 56.1% had experienced sexual violence, 55.5% had experienced physical violence by an intimate partner, and 48.8% had experienced stalking—and that AI/AN women and men were significantly more likely to have experienced violence at least once in their lifetime by a perpetrator of a different race.⁶⁶ Black and AI/AN women are killed by a current or former partner at a rate 2.5 times that of white women.⁶⁷ Black transgender women accounted for the



largest proportion of victims of fatal violence against transgender and gender nonconforming people according to one effort to track these cases.⁶⁸ Bisexual women report being impacted by intimate partner violence at the highest rates—57% over the course of a lifetime, substantially greater than that of heterosexual women.⁶⁹

Immigrant survivors face increased vulnerability to multiple experiences of victimization, including fleeing violence in their country of origin, experiencing violence on the migration journey, and experiencing a heightened risk of exploitation and sexual violence in the United States. Immigrants also may have significant fears of reporting crimes, face barriers to accessing culturally and linguistically appropriate services,⁷⁰ face challenges pursuing potential immigration remedies for GBV victims, and experience multiple forms of systemic and societal discrimination.⁷¹

Risk for and experience with GBV varies across the life course, with youth and young adults particularly affected. Almost half of female victims of rape (49.0%) and more than half of male victims of rape (56.6%) were first victimized before the age of eighteen.⁷² The 2021 Youth Risk Behavior Survey (YRBS), a nationally representative sample of U.S. high school students, indicates that approximately 14% of female students in high school, 4% of male students, and 20% of students who identified as LGBTQ+⁷³ reported being forced to have sex at some point in their lives. Approximately 18% of female high school students, 5% of male students, and 22% of students who identified as LGBTQ+ reported experiencing sexual violence by anyone (including, but not limited to, dating relationships) in the previous 12 months.⁷⁴ Additionally, data from the 2019 YRBS revealed that 8.2% of students reported physical dating violence and 8.2% reported sexual dating violence during the previous 12 months.⁷⁵ Approximately one in 4 young women reported being victims of sexual assault while in college in a Campus Climate Survey Study.⁷⁶

Transgender individuals experience especially high levels of GBV. Approximately 24% of transgender youth reported lifetime forced sexual intercourse, and in the previous 12 months, 26.4% reported physical dating violence and 22.9% reported sexual dating violence—numbers significantly higher than those reported by youth who identify as cisgender.⁷⁷

Girls and young women in the juvenile justice system have experienced far greater rates of violence than their peers, including higher rates of past sexual abuse—a phenomenon commonly referred to as the “sexual abuse to prison pipeline.”⁷⁸ Moreover, child maltreatment, particularly sexual abuse, is strongly associated with commercial sexual exploitation and sex trafficking of minors.⁷⁹

People with disabilities experience significantly higher rates of intimate partner violence victimization and sexual violence victimization than people without disabilities, and often lack accessible services.⁸⁰

Older adults are also especially vulnerable to GBV.⁸¹ Those who experience abuse in later life may be abused by intimate partners, adult children, grandchildren, or other family members, caregivers, or persons in positions of authority, and often face additional barriers to accessing safety and services.⁸²

Impacts of GBV on Health and Well-Being

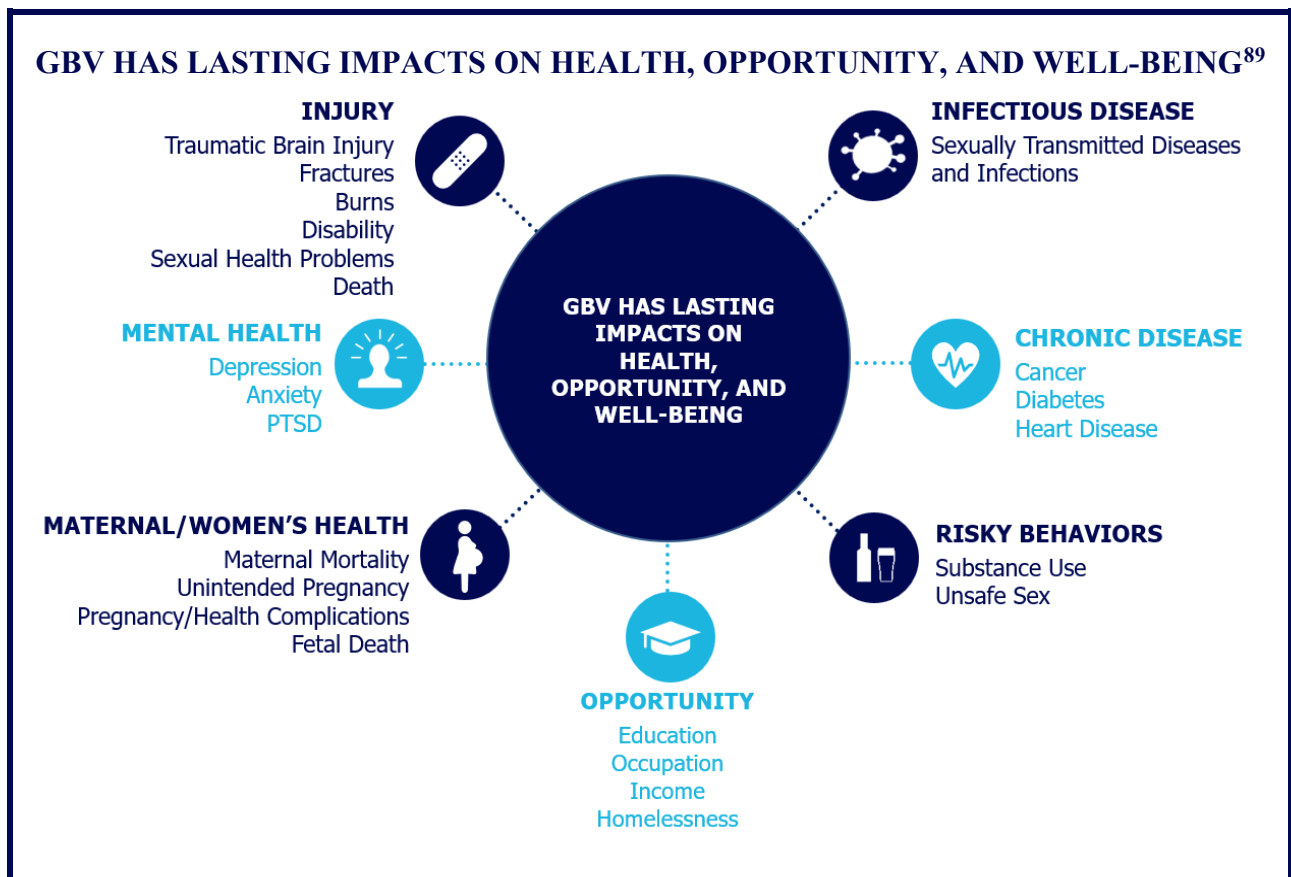
GBV victimization is associated with negative physical health outcomes for survivors, including many long-term health problems. These include chronic problems affecting the heart, muscles,



bones, and nervous and digestive systems, as well as diabetes, sexually transmitted infections, and traumatic brain injury.⁸³

Research has also shown the negative—and sometimes fatal—repercussions of GBV during pregnancy and the postpartum period, where women are often uniquely vulnerable to intimate partner violence.⁸⁴ Many intimate partner violence survivors experience reproductive coercion, a specific type of intimate partner coercive control that involves exerting power and control over reproduction through interference with contraception and pregnancy coercion.⁸⁵

GBV survivors are also at higher risk for negative mental health outcomes such as depression, anxiety, eating and substance use disorders, post-traumatic stress disorder (PTSD), and suicide attempts.⁸⁶ This is especially true for children who have been sexually abused, who are at higher risk for further victimization, homelessness, and serious and chronic health problems. One of the most immediate consequences of child sexual abuse is often the emergence of serious problems at school.⁸⁷ People from racial, ethnic, and other marginalized and underserved populations are at higher risk for worse outcomes as a result of facing additional barriers in accessing trauma-informed services and comprehensive support.⁸⁸

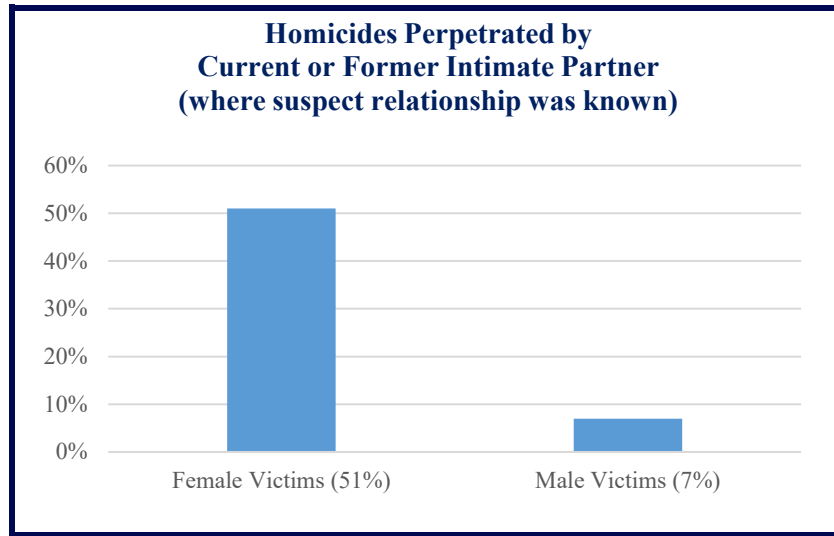


Intimate Partner Violence and Increased Risks of Homicides

Intimate Partner Violence and Homicide: In the United States, homicide is one of the leading causes of death for women under the age of 45.⁹⁰ Homicide is also a leading cause of death



during pregnancy and the postpartum period.⁹¹ An analysis by the Centers for Disease Control and Prevention (CDC) of homicide data from the National Violent Death Reporting System during 2003–2014 found that when the relationship between the victim and the suspect was known, **over half of all homicides of women (51%) were perpetrated by a current or former intimate partner, compared to 7.2% of homicides of men.**⁹²



Intimate Partner Violence and Firearms: While the vast majority of individuals who perpetrate intimate partner violence do not commit homicide, research has shown that the presence of firearms significantly increases the risk of death or serious injury for victims of domestic or dating violence.⁹³ In the above-mentioned CDC analysis, firearms were used in 54% of homicides in which the victim was female.⁹⁴ Moreover, men who use violence against their intimate partners and have access to a gun are five times more likely to commit intimate partner homicide against a female victim.⁹⁵ An abuser’s use of a gun to threaten or coerce an intimate partner can leave women especially at risk of severe injury and escalating coercive control.⁹⁶ Many communities grapple with a lack of coordination among local, state, Tribal, and federal systems, as well as a lack of sufficient resources to enforce firearms laws intended to keep guns out of the hands of adjudicated abusers.⁹⁷

Mass Shootings: Studies indicate that among those who commit mass shootings (defined as four or more people killed by gunfire, excluding the shooter⁹⁸), there is frequently a connection to domestic violence.⁹⁹ An analysis of mass shooting data from the Gun Violence Archive found that 59.1% of mass shootings between 2014 and 2019 were domestic violence related (i.e., in which at least one victim of a mass shooting was an intimate partner or family member of the perpetrator). Overall, in 68.2% of mass shootings, the perpetrator either killed at least one partner or family member or had a prior history of domestic violence.¹⁰⁰ While domestic violence or intimate partner violence alone cannot be used to predict mass shootings, nonetheless it is recognized that prior domestic abuse may be a risk factor among other variables within a broader threat assessment.¹⁰¹ Laws intended to keep guns out of the hands of adjudicated abusers can help reduce the risk of homicides.



Economic and Opportunity Costs of GBV

The estimated lifetime cost of rape—from attributable impaired health, lost productivity, criminal justice costs, and others—is \$122,461 per survivor.¹⁰² Across the population, this amounts to a total of **nearly \$3.1 trillion (2014 USD) over survivors’ lifetimes**, including **\$1.2 trillion (39%) in medical costs, and \$1.6 trillion (52%) in lost work productivity** among survivors and perpetrators.¹⁰³ The estimated lifetime cost of intimate partner violence is \$103,767 per female survivor and \$23,414 per male survivor; across the population, this amounts to nearly \$3.6 trillion (2014 USD) over survivors’ lifetimes.¹⁰⁴ GBV is also associated with reduced academic and professional opportunity for survivors.¹⁰⁵

Human Trafficking and GBV

Sexual violence and intimate partner violence are often used as a means of coercion in both sex and labor trafficking, where victims are highly vulnerable to multiple and interconnected forms of victimization.¹⁰⁶ Vulnerabilities to all forms of human trafficking can also be a consequence of GBV. For instance, an abusive spouse or intimate partner may force or coerce the victim into engaging in commercial sex or labor. In some instances, a marriage or intimate relationship may be a fraud instigated by the trafficker to exploit the victim. These risks are heightened for individuals from marginalized and underserved communities.¹⁰⁷ They are also exacerbated during times of conflict, displacement, and migration.

Furthermore, though labor trafficking and other forms of labor exploitation may not themselves be forms of GBV, they often increase vulnerability to many forms of GBV, including sexual harassment and sexual assault. Workers with limited economic, legal, or social power, such as migrant and domestic workers, workers with disabilities, youth workers, and other low-wage workers, are especially vulnerable to GBV, in the context of exploitative labor. A 2017 study found that 66% of trafficked domestic workers experienced physical or sexual violence by their employer, or a member of their employer’s family.¹⁰⁸

Detecting and investigating human trafficking that intersects with other forms of GBV is important, as is providing comprehensive assistance to victims who may have experienced multiple forms of abuse.

The specific goals identified in this Plan will inform and complement the Administration’s implementation of the 2021 White House National Action Plan to Combat Human Trafficking.¹⁰⁹



PART II: Guiding Principles

The Guiding Principles form the foundation for the Plan’s development and implementation, and shape the Strategic Pillars set forth in Part III.

1: CENTERING THE VOICES OF SURVIVORS

This Plan aims to ensure that federal GBV policy and programming is informed by and responsive to the lived realities of survivors, including through direct engagement with individuals, communities, and local and state partnerships. The Plan adopts a strengths-based approach¹¹⁰ that emphasizes survivor leadership, input, and innovation in efforts to prevent and address GBV. It also recognizes that there is no one-size-fits-all solution, and instead highlights the importance of supporting the leadership of survivors from historically marginalized and underserved communities and the initiatives of community-based, culturally specific, and population specific organizations to prevent and address GBV.

2: RECOGNIZING GBV AS A FORM OF GENDER DISCRIMINATION

GBV is a manifestation of historically unequal power relations between women and men, as well as other power differences, that disproportionately undermine the safety, health, well-being, economic potential, and human rights of women, girls, and LGBTQI+ people.¹¹¹ **This Plan therefore recognizes GBV as a form of gender discrimination, which is both a consequence and a driver of inequality and inequity.**¹¹² When women, girls, and LGBTQI+ people have the social, cultural, economic, and political equality to fully enjoy their rights and the autonomy to make decisions about their lives, this reduces the risk of GBV and the severity of its consequences, and fosters healthier environments and communities for everyone.

3: ADOPTING AN INTERSECTIONAL APPROACH

This Plan highlights the importance of an intersectional approach that addresses the impact of overlapping forms of discrimination and bias against GBV survivors on the basis of gender, sex, gender identity, sex characteristics, sexual orientation, race, ethnicity, religion, age, disability, geographic location, national origin, immigration or citizenship status, socioeconomic circumstance, medical condition or status, or other factors. The Plan also **acknowledges the disproportionate impact of GBV and the additional challenges of accessing services for people from historically marginalized and underserved communities.**¹¹³ The National Plan is informed by the historical and current context of these compounding burdens and the need to be proactive and culturally responsive¹¹⁴ in addressing these harms and advancing equity.¹¹⁵

4: EMBRACING A RIGHTS-BASED APPROACH

This Plan adopts a civil and human rights-based approach to GBV that reflects the values of respect, compassion, and human dignity for all and gives priority to transparency, accountability, empowerment, consultation, and participation. This approach draws from and builds upon U.S. civil rights and victims’ rights laws and international human rights laws that frame freedom from GBV as a human right and prioritize prevention, intervention,



measurements of effectiveness, accountability for those who perpetrate harm, and redress for survivors. And it commits to robust, long-term, and measurable implementation of its commitments.

5: ADDRESSING GBV THROUGH A PUBLIC HEALTH, PUBLIC SAFETY, AND LIFE COURSE LENS

This Plan recognizes the continuum of GBV across the life course and the impact of GBV and trauma on health outcomes, including mental health, as well as individual safety. The same social and structural factors that shape health—education, income, wealth, and conditions where we live, learn, work, and play (known as the “social determinants of health”)¹¹⁶—are strongly linked to GBV risk and outcomes. Addressing these social and structural factors that contribute to health inequities is critical for preventing and addressing GBV among marginalized and underserved communities and populations most affected. Effective policies and programs should help families, children, youth, and adults (including older adults) who may experience or be impacted by GBV over the course of their lives. Doing so will not only enhance individual and family health outcomes, but community health and public safety outcomes as well.

6: PROMOTING FEDERAL LEADERSHIP AND COORDINATION ACROSS SECTORS

This Plan embraces a whole-of-government, multi-sectoral, coordinated approach to ending GBV. To address the pervasiveness of GBV and its root causes, the Federal Government must develop GBV-focused resources and commitments in a more comprehensive manner across its agencies and support these efforts at the local, state, territorial, and Tribal levels, as well as in the private sector. A whole-of-government approach requires **integrating GBV-focused goals into federal programs, policies, and areas not traditionally associated with GBV.** It also requires strengthening policies and programs to support employees in the federal workforce impacted by GBV. For maximum impact, it requires supporting multi-sectoral efforts to align and harness public and private stakeholders from across society.

7: GROUNDING POLICIES AND PROGRAMS IN EVIDENCE AND RESEARCH

Federal policy and programming should be based on the best available evidence,¹¹⁷ research, and data on GBV and focus on improving data collection, research, and evaluation. Preventing and responding to GBV requires an understanding of how to protect against and lessen the drivers of GBV and how to identify and implement effective approaches to addressing it. We can enhance our understanding of GBV through the collection, analysis, and use of data and research using multiple methods, with community- and survivor-involved participatory research across all groups, including racial, ethnic, and LGBTQI+ populations.



PART III: Strategic Pillars

The *National Plan to End Gender-Based Violence: Strategies for Action* is designed to serve as a framework for federal agencies and other stakeholders working to end gender-based violence in the United States. It is intended to inform and guide ongoing and additional research, policy development, program planning, and service delivery for federal and nonfederal stakeholders. The National Plan is not a budget document and does not imply approval for any specific action. All activities included in this document are subject to budgetary constraints and other approvals, including the weighing of priorities and available resources by the Administration in formulating its annual budget and by Congress in legislating appropriations.

The Guiding Principles in Part II of the National Plan inform the work under each of the Plan's following seven Strategic Pillars. Although presented separately, the Strategic Pillars are interconnected. Pillar 7, which focuses on research, is crosscutting and integral to achieving the research and data priorities of the other six pillars. Each pillar contains goals to achieve the National Plan's vision, specific objectives for each goal, and corresponding strategies for action. The strategies for action are not meant to be exhaustive, but rather are intended to highlight key actions while also encouraging additional commitments to accomplish the larger goals and objectives. Additionally, [Annex 1](#) contains examples of Key Federal Activities that the Federal Government is undertaking and exemplify work underway to implement the goals, objectives and strategies for action corresponding to each pillar, and reflect ongoing commitments to implementing this Plan.



PILLAR 1

PREVENTION

Use a public health approach to strengthen primary prevention efforts and build the evidence base of what works to prevent GBV.

Prevention—especially primary prevention—is an essential component of eliminating GBV.¹¹⁸ Primary prevention seeks to stop violence before it occurs, by addressing its underlying drivers. This requires changing the social conditions that give rise to this violence, and reforming institutions and systems to better address these issues. For the most part, those who engage in abusive behavior are making a choice to exert power and control through the threat or use of violence, coercion, or other forms of abuse.

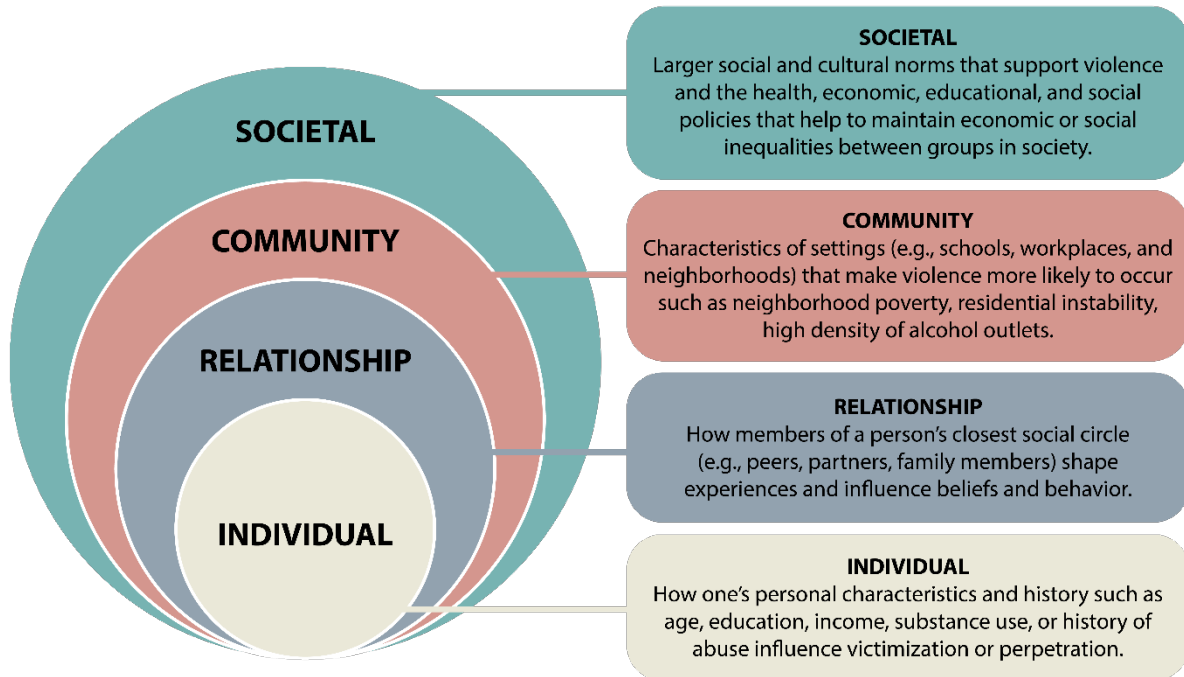
Comprehensive prevention aims to influence laws, policies, practices, and behaviors of people and organizations at four levels: individual, relationship, community, and societal. This approach engages people of all ages in all the places they live, work, learn, socialize, and play. Effective prevention requires recognizing and addressing risk factors that may contribute to the likelihood that a person will perpetrate or experience GBV, such as adverse childhood experiences (ACEs),¹¹⁹ harmful social and gender norms, and economic insecurity. Effective prevention also requires promoting protective factors that reduce the risk that someone will perpetrate or be a victim of GBV. It includes a broad range of activities, such as: fostering healthy relationships, positive social norms, and consent education in schools; improving training for health care providers and screening of patients for GBV to raise awareness and connect individuals to resources for prevention and early intervention; increasing neighborhood connectedness, and supporting safe, stable, nurturing relationships and environments for children and youth; protecting individuals from discrimination; providing trauma-informed support for those who have witnessed or experienced violence as children and youth; and enhancing employer-led workplace initiatives to embed respectful, inclusive, and safe environments through organizational structures, policies, and workplace cultures.

Pillar 1 lays out a set of policy and programmatic actions that address root causes, social norms, primary prevention, early intervention, effectiveness measures, and accountability mechanisms. This pillar spotlights two evidence-based prevention strategies—changing social norms and teaching skills to prevent GBV—as well as comprehensive health and public health approaches to prevent GBV and support survivors. Subsequent pillars focus on other evidence-informed prevention, intervention, and response strategies (some of which are considered secondary or tertiary prevention).¹²⁰ This multi-sectoral approach will enhance the Federal Government’s prevention efforts and improve public health and public safety outcomes for individuals and communities.



A SOCIAL-ECOLOGICAL APPROACH TO VIOLENCE

CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies.¹²¹



Goal 1: Enhance and promote GBV prevention

Preventing GBV is a core priority that requires investing in evidence-informed and, whenever possible, evidence-based strategies, programs, research, solutions, and policies that aim to stop GBV before it starts, as well as evaluating the effectiveness of existing efforts to intervene and respond to GBV.¹²²

Objectives

1.1 Improve research and data collection about the nature and scope of GBV victimization and perpetration.

Strategies for action include:

1.1.1 Support further research examining strategies to decrease risk factors and increase protective factors, and the extent to which they have a demonstrable impact on preventing GBV perpetration and victimization.

1.1.2 Support research to better understand the socioeconomic and structural factors that increase or decrease risk for GBV among different populations and communities.

1.2 Enhance research to capture information in federal datasets on marginalized and underserved communities and vulnerable populations, while also ensuring safety and confidentiality in the appropriate collection and use of data.

Strategies for action include:



1.2.1 Support research focused on the victimization of groups whose experiences with GBV have been understudied, such as LGBTQI+ (especially transgender¹²³ and bisexual¹²⁴) individuals; Black, Latino, Indigenous and Native American, Asian American, Native Hawaiian, and Pacific Islanders persons and other persons of color; and immigrants and refugees.

1.2.2 Enhance research on protective factors and risk factors for GBV victimization of girls and older women and persons with disabilities, disaggregating data by sexual orientation, gender identity, and race and ethnicity.

1.2.3 Support innovative ways to conduct research or collect data among historically marginalized communities, underserved communities, and Tribes, including making qualitative research, participatory research, and different evaluation methods priorities.

1.3 Strengthen GBV prevention in agency plans and processes.

Strategies for action include:

1.3.1 Agencies should develop, as appropriate, GBV prevention research agendas that define key research priorities.

1.3.2 Agencies should develop, as appropriate, GBV prevention implementation agendas or action plans that utilize research to identify goals for near- and longer-term improvements in GBV prevention and benchmarks in excellence for victim assistance.¹²⁵

1.4 Increase public awareness about the root causes of GBV, its societal impacts, and the value of GBV prevention and early intervention.

Strategies for action include:

1.4.1 Support further research on the economic and public safety impacts of GBV on American society, to better understand and communicate the full economic and societal burden of GBV and the cost-effectiveness of prevention strategies.

1.4.2 Build on the CDC's website as a centralized online location for national, publicly accessible research, data, and other information on GBV prevention.¹²⁶

Goal 2: Enhance dissemination and implementation of GBV prevention strategies

The CDC has developed a series of technical packages for violence prevention that compile the best available evidence and outline core strategies and approaches to reduce GBV (especially sexual violence and intimate partner violence) risk factors or achieve specific outcomes.¹²⁷ The evidence-based strategies presented in these technical packages (see below) and in other evidence-informed resources should be widely implemented in educational, community, and policy settings.

Objectives

2.1 Strengthen and scale efforts to advance evidence-informed and evidence-based strategies presented in the CDC Technical Packages and elsewhere that work to prevent GBV.

Strategies for action include:

2.1.1 Support initiatives that implement evidence-informed and evidence-based strategies in states, municipalities, Tribes, and territories.

2.1.2 Provide resources and technical assistance to communities and educational institutions to ensure successful and widescale implementation of evidence-informed and evidence-based strategies.

2.1.3 Continue to update CDC Technical Packages and other effective prevention strategies.



CDC TECHNICAL PACKAGES: STRATEGIES AND APPROACHES WITH THE BEST AVAILABLE EVIDENCE TO PREVENT GBV

The strategies and approaches for preventing GBV laid out below are presented in two CDC Technical Packages: [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#); and [STOP SV: A Technical Package to Prevent Sexual Violence](#).¹²⁸

STRATEGY	EXAMPLES OF APPROACHES
<p>Promote social norms that protect against violence by engaging influential adults and peers in families, schools, and communities to promote positive social norms that are intolerant of violence, and by disrupting experiences or societal messages that tend to normalize violence.</p>	<ul style="list-style-type: none"> • Bystander intervention programs • Engaging men and boys to promote norms that prevent GBV • Family-based approaches that promote positive family values and norms that prevent GBV
<p>Teach skills to prevent GBV in schools and communities as a way of promoting healthy, respectful relationships and safety from violence throughout life.</p>	<ul style="list-style-type: none"> • Social-emotional learning programs for youth, including teaching safe and healthy relationship skills to adolescents • Age- and developmentally- appropriate programs that teach healthy sexuality, including programming on consent, for middle school and above • Empowerment-based training to prevent victimization • Healthy relationship programs for adult couples in relationships without GBV
<p>Strengthen financial assistance and family support systems that bolster opportunities for economic mobility and security, especially for girls and women. Economic insecurity is a strong risk factor for perpetration and victimization.</p>	<ul style="list-style-type: none"> • Policies that strengthen household financial security for families and women (e.g., affordable housing programs, earned income tax credits, child tax credits) • Policies to support working families (e.g., paid family and medical leave and paid sick days) • Programs that increase leadership opportunities for girls
<p>Ensure a strong start for children to disrupt the developmental pathways toward violence and prevent Adverse Childhood Experiences (ACEs). The experience of childhood trauma</p>	<ul style="list-style-type: none"> • Early childhood home visitation programs • Preschool enrichment programs with family engagement



<p>is a strong risk factor for perpetration of and victimization from violence.</p>	<ul style="list-style-type: none"> • Parenting skill and family relationship programs • Treatment for at-risk children, youth, and families
<p>Create protective environments where people live, learn, work, and play. Environments that improve safety, social connections, and awareness of GBV can contribute to its prevention.</p>	<ul style="list-style-type: none"> • Improving school climate and safety, and monitoring the physical environment for GBV risk • Establishing policies that improve workplace climate and establish norms that protect against GBV • Addressing community-level risks by modifying the physical and social environments of neighborhoods (for instance, neighborhood poverty, residential segregation and instability, and high density of alcohol outlets)¹²⁹
<p>Intervene with supports to lessen harms from GBV and reduce future risk.¹³⁰</p>	<ul style="list-style-type: none"> • Survivor-centered services, including health care system responses that prevent future risk of GBV and mitigate long-term impacts • Housing programs to help survivors of GBV access safe and affordable housing • First responder and civil legal protections, including law enforcement efforts designed to help survivors and decrease their immediate risk for future violence, orders of protection, supports for children, and policies that keep firearms out of the hands of those who perpetrate intimate partner violence • Patient-centered approaches for identifying and supporting GBV survivors in health care settings • Treatment for at-risk children and families to prevent future harmful behavior • Treatment and support for survivors of sexual violence and intimate partner violence, including teen dating violence, such as cognitive behavioral therapy and cognitive trauma therapy



2.2 Further develop the evidence base of what works to prevent GBV.

Strategies for action include:

2.2.1 Continue to develop and evaluate promising and innovative practices in the field, including community- and Tribal-level strategies to address societal inequities and gender norms that cause or contribute to GBV.

2.2.2 Support the ongoing evaluation of evidence-based and evidence-informed prevention programs, in consultation with community members and service providers, and especially when implemented among new populations and in new settings.

2.2.3 Build partnerships with and learn from global partners engaged in research and promising practices on GBV prevention, intervention, and response. Share the domestic evidence base with domestic and global partners.

Goal 3: Improve prevention efforts to change social norms that support or condone GBV and to promote healthy and respectful relationships across the life course

The physical, mental, and emotional repercussions of GBV can have chronic and long-term health implications, impacting multiple generations and extended families. Engaging youth as thought leaders and partners allows us to identify emerging GBV-related issues and adopt innovative solutions tailored to the next generation. Moreover, engaging men and boys is critical for changing social attitudes and structural norms that condone GBV.

Objectives

3.1 Enhance education efforts that promote healthy and respectful relationships among children, youth, and young adults to address and break cycles of violence.

Strategies for action include:

3.1.1 Provide training and programming on consent, boundaries, de-escalation, and active bystander intervention. Promote the value of mentorship for children, youth, and young adults to nurture healthy relationships. Participation in mentoring programs can reduce school truancy, substance use, and physical aggression and fighting, all of which are risk factors for GBV perpetration.

3.1.2 Invest in “upstream” prevention efforts, like positive relationship building in youth, that can save lives and reduce costs to the health care system in the long-term.

3.1.3 Invest in the creation of youth peer support networks that encourage and build strong relationships. Active bystander programs and other programs that establish positive peer networks can reinforce respectful relationships and intolerance of violence in ways that reduce GBV perpetration.

3.2 Advance community-based solutions that work with multiple stakeholders, including men and boys, as essential participants in prevention.

Strategies for action include:

3.2.1 Support research and educational programs for community organizations, including those that engage men and boys, in efforts to promote gender equity and reduce GBV. This includes involving men and boys from diverse backgrounds as peer educators, active bystanders, and mentors in developing and conducting training and participating directly in the movement to end GBV.

3.2.2 Support programs that teach positive expressions of masculinity and foster strength-based parenting, to provide children with tools and techniques to deal with their emotions and express themselves in healthy ways.



3.2.3 Support evidence-based and evidence-informed community programs for those who have engaged in GBV to increase accountability and prevent and intervene to reduce future violence.

Goal 4: Improve comprehensive health approaches to prevent GBV

GBV is a public health priority that requires comprehensive public health solutions. The significant health impacts of GBV are not only destabilizing for individuals, families, and communities, but also impose great costs on U.S. health care systems. There are important civil rights and privacy implications as well for survivors in accessing health care services. Health care providers are important partners in preventing and screening for GBV, and for caring for people who disclose GBV during a health care visit. Many survivors will never obtain services at an intimate partner violence or sexual violence agency, but they will likely come into contact with various health care systems. This may be especially true for older adults, who experience high levels of GBV-related abuse and neglect that are often ignored or unaddressed, and that require age- or ability-sensitive interventions. Health care providers can deliver medical treatment for GBV survivors, administer the Sexual Assault Forensic Exam (rape kit), support survivors of intimate partner violence in accessing health care without abuser interference, offer information and connection to peer support, and give referrals to mental health and substance use treatment professionals. Health care professionals also can discuss other services and supports, including intimate partner violence or sexual violence victim advocacy, legal services, and benefit programs, such as for example through the Veteran’s Health Administration, where providers can connect survivors of military sexual trauma with information on how to access veterans’ benefits.

Objectives

4.1 Improve health care approaches to prevent GBV and to help survivors heal.

Strategies for action include:

4.1.1 Promote access to health care (including mental health and substance use services) for GBV survivors—independent of employment status.

4.1.2 Apply health-based strategies to prevent GBV, such as comprehensive and behavioral health support for people who are using violence against intimate partners or family members; multigenerational and peer-based approaches to offer anticipatory guidance on healthy relationships and caregiving strategies that promote resilience.

4.1.3 Promote routine screening and brief counseling for intimate partner violence by health care providers, as a covered preventive service for women of reproductive age through the Affordable Care Act with no additional cost for patients.¹³¹

4.1.4 Support the development of screening tools and health care interventions for all forms of GBV.

4.1.5 Ensure that health care systems actively work to address social determinants of health and violence prevention, including by addressing housing, homelessness, and food insecurity.

4.1.6 Support workplace GBV and equity policies for health care systems, including measures to create safe, trauma-informed healthcare facilities, so patients and providers alike can deliver and access care in an environment of dignity and respect.



PILLAR 2

SUPPORT, HEALING, SAFETY, AND WELL-BEING

Promote trauma-informed, holistic, accessible, and culturally specific services and responses for those who have experienced trauma as a result of GBV.

Understanding the impact of trauma on GBV survivors is essential to providing the care and treatment necessary for healing and restoration. When service providers do not provide trauma-informed responses, survivors can be retraumatized, causing additional harm. There are also public health and safety implications. Criminal and civil justice, child welfare, health, and social services personnel who are not trained to understand trauma and use trauma-informed approaches may misinterpret a victim’s words or behavior, resulting in victims being reluctant to interact with these systems, which themselves can be traumatizing. Ultimately, survivors may not receive essential health care, supportive services, or legal redress; the quality of investigations may be undermined; and perpetrators may not be held accountable—all of which could lead to continuation of individual and generational violence.

Trauma-informed care and services can improve survivor engagement, health outcomes, and provider and staff wellness.¹³² That is why **this National Plan makes federal funding and support a priority for programs, research, training, and technical assistance (collectively referred to as “federal activities”) that address GBV using trauma-informed, culturally specific, and survivor-centered care and support practices.** Importantly, this includes federal activities that may not be formally labeled “GBV-related,” but that nevertheless have a significant impact on the health, safety, and well-being of many identified and unidentified GBV survivors.

According to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), individual trauma results from an event, series of events, or set of circumstances (including various forms of GBV, child abuse and neglect, natural disasters, street violence, and terrorism) experienced as physically or emotionally harmful or life threatening and that has lasting adverse effects on an individual’s functioning, health, and well-being.¹³³ A “trauma-informed” program, organization, or system recognizes a survivor’s life experiences as critical to the delivery of effective care in ways that avoid re-traumatization and identify potential paths for recovery.¹³⁴ It also recognizes the signs and symptoms of trauma in clients, families, and staff and responds by integrating knowledge about trauma into policies, interventions (including assessment, treatment, or recovery supports), and organizational culture.¹³⁵

Trauma-informed and survivor-centered approaches and interventions should be included in trainings for any practitioner working with GBV survivors,¹³⁶ and should be broadly incorporated into policies, procedures, and practices in these professional spaces. Trauma-informed approaches also require health care workers, service providers, and system stakeholders to be trained in screening for GBV.

Trauma-informed and survivor-centered work should also take an intersectional approach. GBV survivors from culturally specific, marginalized, or underserved communities may experience different or worse outcomes as a result of multiple stressors related to societal factors (discrimination, exclusion, and justice system involvement), or due to life circumstances (poverty, neglect, or war). Individual trauma can be compounded by collective community



trauma resulting from shootings, mass violence, structural violence,¹³⁷ systemic racism,¹³⁸ or events like natural disasters and conflict that can lead to widespread sexual, physical, and emotional abuse.¹³⁹ The resulting trauma can be transmitted from one generation to the next in a pattern often referred to as historical, community, or intergenerational trauma.¹⁴⁰ While acknowledging historical trauma, however, it is also important to recognize the resilience, strength, and leadership of survivors from diverse communities. Using a strengths-based approach includes providing funding for community-based organizations that have a primary focus on providing holistic services and support for survivors from marginalized and underserved communities. Using a trauma-informed approach also includes efforts to address underlying trauma in those who cause harm to others, particularly those who experienced or witnessed sexual violence or domestic violence as children.

Trauma-informed and survivor-centered organizations should recognize the dignity and agency of survivors, ensure informed consent, and offer access to gender-responsive services; leverage the healing value of traditional cultural connections; incorporate policies, protocols, and processes that are responsive to the racial, ethnic, cultural, and linguistic needs of individuals served; recognize and address historical trauma; and respond to the unique ways in which trauma plays out in specific contexts.¹⁴¹

Goal 1: Improve data collection, research, and evaluation on trauma-informed and survivor-centered approaches to GBV

While there is much discussion in the victim services, health, and criminal justice fields about the use of trauma-informed and survivor-centered approaches and interventions, there are significant gaps in the research. A better understanding of the long-term benefits of trauma-informed care can help inform the Federal Government's investment choices in programs, training, and personnel. More survivor-led and survivor-informed research and evaluation of trauma-informed approaches can enable the Federal Government to ensure that different approaches to safety and healing—whether within or outside the criminal justice system—take survivors' perspectives into account.

Objectives

1.1 Further invest in research and evaluation to determine the effectiveness of various trauma-informed approaches and interventions in achieving positive outcomes.

Strategies for action include:

1.1.1 Prioritize funding research in two categories of interventions: programs specifically designed to serve GBV survivors and those designed to serve a broader population that may include GBV survivors, whether or not they are identified as such.

1.1.2 Ensure that research and evaluation results are translated effectively for a lay audience and made available in multiple communication formats (e.g., conference presentations, peer reviewed journals, newsletters, professional association and state licensing board communiques) to accommodate the diversity of information users.

1.2 Expand knowledge about how trauma from GBV impacts specific populations and which trauma-informed approaches and interventions are the most effective for these populations.

Strategies for action include:

1.2.1 Conduct a thorough review and inventory of effective trauma-informed and survivor-centered approaches for working with GBV survivors, identifying those tailored



for specific populations and cultures, including those focused on children impacted by witnessing or experiencing GBV. Widely disseminate this information through electronic and print media and make accessible in multiple languages. Guide practitioners on when and how these approaches can be effectively implemented.

1.2.2 Support research in key areas where the field lacks knowledge on the intersection of trauma and GBV, including the prevalence and impact of traumatic brain injury resulting from intimate partner violence; intergenerational trauma and its connection to future GBV and other forms of violence; trauma-informed interventions for incarcerated women; the relationship between GBV and mental health outcomes; the intersection of GBV and substance use (including substance use coercion); and the intersection of historical trauma, race, and GBV.

Goal 2: Improve the quality and quantity of trauma-informed, survivor-centered GBV programming at the federal, state, Tribal, territorial, and local levels

Federally funded programs that use trauma-informed, culturally specific, and survivor-centered approaches positively impact GBV survivors—whether they have been identified as survivors or not—as well as their children, and improve the well-being of individuals, families, and communities.

Objectives

2.1 Strengthen interagency coordination and support for using trauma-informed approaches in GBV programming.

Strategies for action include:

2.1.1 Strengthen interagency collaboration to identify federal programs and systems that would benefit from trauma-informed, survivor-centered approaches to address GBV prevention, intervention, and victim care and response. Use this initiative to communicate and share best practices and knowledge across federal agencies.

2.1.2 Prioritize interagency efforts to ensure that child welfare systems link GBV survivors and their children to a full array of trauma-informed, survivor-centered services focused on keeping them together, given the strong association between parental health and well-being and children’s health and well-being.

2.2 Expand availability of training and technical assistance on trauma-informed approaches for those working with survivors of GBV.

Strategies for action include:

2.2.1 Develop a deeper cadre of trauma specialists through education and training and providing financial assistance or incentives for those who are interested, including by funding more train-the-trainer programs to expand the nation’s capacity of trauma specialists. These specialists can include professional providers and survivor advocates.

2.2.2 Support state, Tribal, and local entities to enhance training and technical assistance on trauma-informed, culturally responsive, survivor-centered approaches for organizations and providers that work with GBV survivors and their children, including in the areas of mental health and substance use, health care, housing and homelessness, emergency management, public benefits, criminal justice, child welfare, adult protective services, educational institutions, faith-based communities, employment, disability services, and LGBTQI+ community centers.



A GBV LENS ON: INTIMATE PARTNER VIOLENCE AND THE CHILD WELFARE SYSTEM

The safety and well-being of children who witness and are exposed to intimate partner violence and their non-abusing parents are integrally linked. Many survivors report not disclosing their abuse to law enforcement out of fear that the state will remove their children.¹⁴² Additionally, immigrant survivors, or survivors in mixed-status families, may not disclose abuse because they fear immigration consequences.

Pursuant to the [Child Abuse Prevention and Treatment Act \(CAPTA\)](#), Congress found that “because both child maltreatment and domestic violence occur in up to 60% of the families in which either is present, States and communities should adopt assessments and intervention procedures aimed at enhancing the safety both of children and victims of domestic violence.”¹⁴³ Additionally, the [Family First Prevention Services Act](#) was enacted in 2018 to turn the focus of the current child welfare system toward keeping children safely with their families, to avoid the trauma that results when children are placed in out-of-home care.

The Department of Health and Human Services (HHS) funded the [Quality Improvement Center on Domestic Violence in Child Welfare](#), a five-year multisectoral partnership that is focused on improving collaboration between child welfare agencies and community partners addressing GBV, through a model that addresses the needs of both the child and non-abusing parent, as well as the behaviors and needs of the person causing harm. The research and capacity building projects continue to inform the development of an Adult & Child Survivor-Centered Approach. In 2021, [The Accountability Dialogues](#) brought leading policymakers together with GBV survivors whose children were removed by the child welfare system to discuss ways to improve the system. Continued efforts are necessary to support programs and resources at the federal, state, Tribal, territorial, and local levels to strengthen collaborations at the intersection of GBV and child welfare.

The Office of Family Violence Prevention and Services in HHS is funding a [National Capacity Building Center to Expand Services for Children, Youth, and Abused Parents Impacted by Domestic Violence](#).¹⁴⁴ This Center provides trauma-informed and culturally relevant technical assistance to professionals working with children exposed to domestic violence in child welfare and custody systems and expands their capacity to respond to child protection and custody issues to improve support for domestic violence survivors and their children.

2.3 Develop programs and resources for adult intimate partner violence survivors disproportionately impacted by the child welfare system, foster care, and custody proceedings.

Strategies for action include:

2.3.1 Develop and expand programs and services that keep children and non-abusing parents together and provide them with a range of services and resources, including housing, child care, transportation, domestic violence advocacy, mental health and wellness opportunities, and culturally responsive services that promote community connection.



2.3.2 Provide intervention services that hold abusive partners accountable, while simultaneously providing access to effective help and support for survivors.

2.3.3 Promote partnerships between domestic violence advocacy organizations and child welfare agencies and provide training for child welfare personnel to develop expertise on the dynamics of intimate partner violence.

2.3.4 Prioritize research on whether mandatory reporting decreases child maltreatment and harm in intimate partner violence-related cases; on the role of racial and gender bias in mandatory reporting; and on the impact of mandatory reporting on adult and child survivors and their families.

Increasing Access to Safety and Services for All Survivors Under VAWA, FVPSA, and VOCA

The Violence Against Women Act (VAWA), Family Violence Prevention and Services Act (FVPSA), and Victims of Crime Act (VOCA) provide core funding to all states and territories through grants to support services for survivors and enhance the response of communities to domestic violence, sexual assault, dating violence, and stalking. Systems and service providers must be prepared to provide assistance to all populations of survivors. Recipients of federal funds have an obligation not to discriminate against any otherwise eligible person on the basis of race, color, religion, national origin, sex, or disability, pursuant to various federal anti-discrimination provisions. In addition, the VAWA 2013 reauthorization included a groundbreaking non-discrimination provision that explicitly prohibited recipients of funds made available under VAWA or administered by OVW from discriminating against any otherwise eligible person based on actual or perceived gender identity or sexual orientation.¹⁴⁵

Since 1994, VAWA has also included a focus on reaching underserved populations who may face barriers in accessing and using victim services, and has expanded this focus through subsequent reauthorizations. This includes improving access to services and support for Tribal communities and those that are underserved due to geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs (such as language barriers, disabilities, immigration status, or age).¹⁴⁶ Additionally, OVW administers numerous VAWA-authorized discretionary grant programs that specifically focus on developing promising practices, building capacity, and creating targeted resources to increase access to survivor-centered, trauma-informed services for those who may encounter additional barriers to safety and support, while also building on a strengths-based approach led by different communities. These [targeted discretionary grant programs](#) are designed to address the needs of survivors from specific underserved populations, including individuals with disabilities, older adults, children and youth, individuals living in rural areas, culturally specific communities,¹⁴⁷ and Tribal communities. A broader VAWA-authorized grant program focuses on outreach and services to underserved populations more generally,¹⁴⁸ and has historically targeted population-specific service providers, such as those serving the LGBTQI+ and Deaf communities as well as religious minorities. VAWA 2022 authorized a new grant program to provide community-based services and responses focused on the needs of LGBTQI+ survivors.



Similarly, HHS administers the FVPSA program, which has expanded funding for [national training and resource centers](#), ensuring that specialized services and prevention programs are implemented nationally to address the needs of underserved populations, including racial- and ethnic-specific communities; American Indian, Alaska Native, and Native Hawaiian populations; rural communities; children/youth; LGBTQI+ populations; and other underserved populations. FVPSA has also expanded the National Domestic Violence Hotline’s capacity to connect survivors with culturally specific community-based services in their communities, while also allocating specific funding for a [Strong Hearts Native Helpline](#) and a [National Deaf Domestic Violence Hotline](#). In 2022, FVPSA launched its first [Native Hawaiian Resource Center on Domestic Violence](#) as well as Culturally Specific Sexual Assault Capacity Building Centers to strengthen services for survivors, children, and youth.

Additionally, the Department of Justice’s Office for Victims of Crime (OVC), using discretionary grants from the VOCA Crime Victims Fund, supports the [National Center for Culturally Responsive Victim Services](#). Developed by and for culturally specific communities, the NCCRVS promotes racial equity in victim services and compensation, provides training and technical assistance to advance services to GBV victims from marginalized and underserved communities of color, and builds the capacity of organizations that serve these communities.

Goal 3: Address disparities and inequities in access to trauma-informed care for GBV survivors from marginalized and underserved communities across the life course

Increasing efforts to promote the use of trauma-informed, survivor-centered, and culturally specific approaches will increase access to care and services for survivors from marginalized and underserved communities and will help to address disproportionate barriers to effective services that survivors from these communities may face.

Objectives

3.1 Enhance existing initiatives and support innovative approaches.

Strategies for action include:

3.1.1 Explore the use of “subgrants” and other initiatives to reach survivors and those affected by GBV from marginalized and underserved communities. Fund community-trusted and culturally specific national, state, or local organizations to administer the grants to communities and organizations that have not typically had access to federal funding.

3.1.2 Streamline and simplify the federal grant and contract application and reporting process, increase efforts to fund community-based organizations that are effectively serving specific underserved populations, and provide technical assistance to applicants that use community- and survivor-led approaches.

3.1.3 Increase collaboration among GBV, mental health, substance use treatment, and HIV care continuum¹⁴⁹ organizations, given the high rates of GBV among people seen in these settings, and the significant effects of GBV on mental health and substance use.¹⁵⁰

3.2 Support trauma-informed, accessible, and culturally responsive services to GBV survivors.¹⁵¹

Strategies for action include:

3.2.1 Support, through funding and technical assistance, culturally specific organizations and service providers in the development and implementation of services,



supports, and programs relevant to their communities, including those offering alternative pathways to justice and healing.

3.2.2 Encourage collaboration with faith-based leaders and communities, including training, technical assistance, and network-building for faith leaders to whom survivors can turn for assistance and support, as a complement to system engagement.¹⁵²

3.2.3 Support victim services, legal assistance, and health care providers to provide comprehensive screening for multiple forms of GBV victimization, including human trafficking, forced or child marriage, and other interconnected forms of GBV.

3.2.4 Support projects and programs that effectively work with state, local, Tribal, and territorial governments, social service agencies, and the community to provide culturally responsive services.

3.2.5 Establish an information clearinghouse for practitioners seeking trauma-informed, culturally responsive interventions for diverse populations of GBV survivors.

3.2.6 Ensure meaningful access to federally funded programs, activities, and services for individuals with limited English proficiency (LEP).¹⁵³

3.2.7 Ensure federally funded programs have accessible services and accommodations for survivors with disabilities of all ages, including older adults,¹⁵⁴ and that these programs promote those survivors' self-advocacy and independence.¹⁵⁵

3.2.8 Support projects and programs that address the unique needs of GBV survivors and children whose other parent engaged in abusive behavior.

A GBV LENS ON: VIOLENCE AGAINST INDIGENOUS WOMEN, GIRLS, AND TWO-SPIRIT INDIVIDUALS

Indigenous people in the United States have experienced a legacy of intergenerational and historical trauma, including the abuse of generations of Indigenous children in the federal Indian boarding school system.¹⁵⁶ Additionally, studies show disproportionate rates of GBV impacting Indigenous women and girls. An analysis of data from the National Intimate Partner and Sexual Violence Survey showed that among American Indian and Alaska Native (AI/AN) women, 56% had experienced sexual violence in their lifetime; and 96% of AI/AN women who had been victimized had experienced sexual violence by an interracial perpetrator (a perpetrator who was not AI or AN), compared to 21% of the AI/AN women who experienced sexual violence by an intraracial perpetrator (who was also AI or AN). Furthermore, 55.5% of AI/AN women had experienced physical violence by intimate partners in their lifetime; and 90% of the women who had been victimized had experienced physical violence by non-Native intimate partners.¹⁵⁷

On November 15, 2021, the President Signed an [Executive Order on Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People](#) (MMIP). Pursuant to the EO, the Administration has taken important steps to assess and address this crisis, including through the development by the Department of Justice and Department of Interior of a [Federal Law Enforcement Strategy to Prevent and Respond to Violence Against American Indians and Alaska Natives, Including to Address Missing or Murdered Indigenous Persons](#), as well as the establishment of a [Missing and Murdered Indigenous Persons Unit](#) at the Department of Interior within the Bureau of Indian Affairs Office of Justice Services.



In 2021, the [United States relaunched the North American Trilateral Working Group on Violence Against Indigenous Women and Girls](#) (Trilateral Working Group), in collaboration with the governments of Canada and Mexico, and with the participation of Indigenous women leaders from all three countries. The United States hosted the [Fourth Convening of the Trilateral Working Group](#) in July 2022, with the goals of improving regional coordination and enhancing individual country commitments to prevent and address all forms of GBV, including trafficking in persons and MMIP, with a focus on the disproportionate impact on Indigenous women and girls, as well as other LGBTQI+ persons. The convening emphasized the importance of increasing access to justice and services while using a human rights-based, survivor-centered, and culturally responsive approach. It also addressed the root causes of GBV, including economic insecurity and the effects of climate change, and reaffirmed a joint commitment to advancing Indigenous women’s leadership. The [White House issued a report following the Fourth Convening of the Trilateral Working Group](#), which highlights many key federal agency actions underway to address these critical issues.

One of these actions is the establishment of the [Not Invisible Act Commission \(NIAC\)](#), a cross jurisdictional advisory committee composed of law enforcement, Tribal leaders, federal partners, service providers, family members of missing or murdered individuals, and survivors. The Commission is continuing its work to draft final recommendations to combat the MMIP crisis.



PILLAR 3

ECONOMIC SECURITY AND HOUSING STABILITY

Promote housing stability, workplace safety, and economic security, to prevent and address GBV.

Economic security and stable housing are core foundations for strong and supported children, adults, families, and communities. GBV can destabilize these foundations, causing economic and social harm that makes it difficult for survivors to access safe and affordable housing, food, and other necessities. Moreover, economic, food, and housing insecurities can exacerbate an individual’s vulnerability to violence, preventing survivors from leaving dangerous situations at home or work.¹⁵⁸ Understanding and responding to the immense challenges that survivors face in accessing and maintaining jobs, financial resources, and housing is a federal priority, requiring deeper research, analysis, and policy work.

The World of Work

GBV in the world of work deeply impacts survivors’ safety and economic security, and can negatively impact other workers.¹⁵⁹ Importantly, as the new International Labor Organization Convention on Eliminating Violence and Harassment in the World of Work underscores, “the world of work” includes not only traditional workplaces, but anywhere workers are paid, in places workers take rest breaks, in work-related training, and through work-related communications.¹⁶⁰ The Convention defines “gender-based violence and harassment” as “violence and harassment directed at persons because of their sex or gender, or affecting persons of a particular sex or gender disproportionately, and includes sexual harassment.”¹⁶¹

Surveys show that **anywhere from 25% to 85% of women have experienced sexual harassment in the workplace, yet most cases are never reported formally.**¹⁶² The risks of sexual violence, harassment, exploitation, and human trafficking are higher for women and LGBTQI+ workers where they have limited bargaining power and fewer contractual and other rights at work. This includes work in male-dominated fields where they may encounter hostile work cultures (e.g., trucking, commercial vessels at sea, construction, scientific field research, and the military), low-wage and tipped employment where they have limited economic power to address mistreatment (e.g., restaurant, janitorial, agricultural, and migrant workers), and conditions of isolation where they may be vulnerable to exploitation (e.g., domestic workers and home health aides). Workers frequently leave their jobs to avoid harassment or are retaliated against if they report this conduct and trainees may drop out of training and apprenticeship programs and go into debt.¹⁶³

Intimate partner violence, sexual assault, or stalking that takes place outside of the workplace context can have spillover effects into the world of work, impacting general workplace safety¹⁶⁴ and affecting a survivor’s work performance, attendance, or ability to find or maintain employment.¹⁶⁵ Intimate partner violence results in approximately 500,000 women missing work annually, and has significant economic costs for survivors, as discussed in Part I.¹⁶⁶ One in 8 stalking victims lose time from work as a result of their victimization and more than half lose five days of work or more a year.¹⁶⁷

Intersecting forms of workplace discrimination, a persistent gender and racial wage gap, and collateral consequences associated with reporting GBV can limit a worker’s full economic



opportunity and earning potential, decreasing their economic security and increasing their risk for experiencing GBV—and this is especially true for women of color, transgender women, and women with disabilities who experience multiple intersections of discrimination and bias.

Immigrant survivors face increased barriers to economic stability. They often encounter delayed processing times when applying for special immigration remedies for GBV victims that were established through VAWA and the Trafficking Victims Protection Act (TVPA), such as the VAWA self-petition, the U visa for victims of domestic violence, sexual assault and other eligible crimes, and the T visa for victims of human trafficking. Delays in access to work authorization and public benefits for which an individual is potentially eligible, such as housing assistance or health care, can increase vulnerabilities to abuse and undermine recovery and healing.¹⁶⁸

Housing and Homelessness

Economic security is tied closely to housing security. GBV is a leading cause of homelessness for families with children.¹⁶⁹ Without stable and affordable housing options, GBV survivors across the life course must often choose between risking their safety living with someone who is abusive and risking homelessness if they leave.¹⁷⁰ Many survivors opt to stay or return to dangerous relationships and living arrangements (and trafficking survivors may be unable to leave traffickers) due to limited affordable housing options. Limited affordable housing options may also force trafficking survivors to enter into new exploitative situations, including abusive work environments, where they are vulnerable to being re-trafficked. Additionally, many people experiencing homelessness have experienced sexual violence before becoming homeless, particularly veterans.¹⁷¹

The harms of economic abuse are often compounded by restrictive rental policies that bar access for individuals with criminal records, poor or no credit histories, and prior eviction histories. In addition, survivors often face evictions due to the violence or criminal actions of abusive partners, traffickers, landlords, or neighbors, as well as due to nuisance and other crime-free housing ordinances that can penalize survivors for requesting police or emergency services.¹⁷²

Additionally, inadequate training of homelessness and housing assistance providers on how to recognize and effectively assist survivors of domestic violence, dating violence, sexual assault, stalking, and trafficking can undermine access to housing services, safety and stability.

Economic Abuse and Financial Protections

Economic abuse (sometimes referred to as “financial abuse”) is a common tactic used by abusers to gain power and control in a relationship. VAWA 2022 added a definition of the term “economic abuse” in the context of providing services and support for victims of domestic violence, dating violence, and abuse in later life. It is defined as “behavior that is coercive, deceptive, or unreasonably controls or restrains a person’s ability to acquire, use, or maintain economic resources to which they are entitled.”¹⁷³

Forms of economic abuse¹⁷⁴ include using coercion, fraud, or manipulation to:

- force default on joint obligations (such as school loans, debt, mortgages, or rent);
- prevent someone from furthering their education or obtaining employment;
- undermine or cause someone to lose their employment;



- control, unfairly use, or restrict a person’s access to money, assets, credit, or financial information; and/or
- attempt to damage or sabotage their creditworthiness.

Economic abuse affects survivors across the life course. Older survivors may experience economic abuse by intimate partners, family members, and others who establish a relationship of trust, such as caregivers.¹⁷⁵ Survivors of human trafficking may also be subject to economic abuse as a result of being trafficked.¹⁷⁶

Survivors report that having access to high-quality and affordable child care and elder care, a safe place to live, and other sources of financial support creates less dependence on abusive partners and creates pathways for survivor independence, as well as for success in school and the workplace.¹⁷⁷ Survivors also need protections in the consumer financial marketplace, including access to bank accounts with adequate privacy protections; a path to recover from damaged credit that stems from abuse-related coerced debt or other financial impacts; and mortgage and rental protections. Adjustments in the financial marketplace, industry practices, and the regulatory environment can help survivors acquire financial independence, economic stability, and safety.

Goal 1: Prevent and address GBV, including sexual harassment, in the world of work

Fostering a safe, respectful, and equitable workplace culture is paramount to preventing and addressing sexual harassment and other forms of GBV in the workplace and to promoting survivors’ economic security and participation. It is also important to recognize that sexual harassment is a form of GBV that exists on a continuum of harm that can lead to increased risks of sexual misconduct and sexual assault if not addressed. Individuals may also experience the impact of intersectional discrimination and bias on the basis of race, ethnicity, religion, and other factors. We must address the root causes of GBV in the world of work, including by focusing on preventing gender and racial discriminatory attitudes, behaviors, policies, and practices that lead to harmful workplace gender norms; and strengthening protections against all forms of discrimination, harassment, and retaliation. Paid sick and safe time, and paid family and medical leave, are important work-related policies that may help prevent abuse and assist survivors to address and recover from GBV.

Objectives

1.1 Shift workplace norms and practices to prevent GBV and support employees impacted by GBV.

Strategies for action include:

1.1.1 Advance work-related policies, such as paid family and medical leave¹⁷⁸ and paid sick leave policies for all workers (full- and part-time), which foster an inclusive workforce and support survivors who need to take time away from work to seek safety or recover from GBV.

1.1.2 Increase awareness of employees’ rights in the workplace if they experience sexual harassment or sexual assault, including rights under the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act and the Speak Out Act, which ensures that survivors are able to speak out about workplace sexual assault and sexual harassment and have the choice to pursue their case in court even if a contract signed prior to the dispute sought to limit those rights.



1.1.3 Enhance employer policies and trainings to prevent GBV in the workplace; promote inclusive and trauma-informed responses to survivors at work; and support employees who have experienced any form of GBV, inside or outside the workplace, access safety planning and referrals to outside resources.

1.1.4 Conduct research to identify, implement, adapt, and evaluate strategies to shift workplace norms to prevent GBV.

A GBV LENS ON: THE WORKPLACE

In VAWA 2005, Congress authorized the establishment of the OVW-funded [National Resource Center](#) on workplace responses to domestic and sexual violence, to provide information and assistance to public and private sector employers to aid them in developing and implementing responses to domestic and sexual violence. VAWA 2022 added sexual harassment as a category eligible for resource center support.

As the nation's largest employer, the Federal Government plays a critical role in preventing and responding to GBV in the federal workplace. A [Presidential Memorandum](#) issued in 2012 required federal agencies to develop workplace policies to address the effect of domestic violence and provide assistance to employees who are experiencing domestic violence. The Office of Personnel Management subsequently issued comprehensive [guidance for Agency-Specific Domestic Violence, Sexual Assault, and Stalking \(DVSAS\) Policies](#).

In June 2021, President Biden issued [Executive Order 14035: Diversity, Equity, Inclusion, and Accessibility \(DEIA\) in the Workplace](#). This led to the development of a [government-wide DEIA plan](#) that directs agencies to update and strengthen their workplace policies to support federal employees impacted by GBV, as well as enhance comprehensive policies and programs to prevent and address workplace harassment, with a particular focus on sexual harassment. President Biden, in February 2023, issued a [Presidential Memorandum](#) directing OPM to provide recommendations regarding safe leave, to support Federal employees' access to leave for purpose related to seeking safety and recovering from domestic violence, dating violence, sexual assault, or stalking—including to obtain medical treatment, seek assistance from service organizations, seek relocation, and take legal action.¹⁷⁹

Furthermore, in 2022, President Biden signed into law the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act,¹⁸⁰ which amended the Federal Arbitration Act for disputes involving sexual assault and sexual harassment in order to stop employers and businesses from forcing employees and customers out of the court system and into arbitration. It ensures that pre-dispute arbitration clauses and waivers of the right to bring joint actions in cases of sexual assault or sexual harassment are not valid or enforceable for cases that are filed under federal, Tribal, or state law. Additionally, the Speak Out Act,¹⁸¹ also enacted in 2022, ensures that survivors are able to speak out about workplace sexual assault and sexual harassment by prohibiting the enforcement of nondisclosure agreements and nondisparagement clauses between employers and employees and independent contractors that were in place before a sexual assault or sexual harassment dispute arose.



1.2 Establish the Federal Government as a model employer for preventing and responding to GBV in the workplace.

Strategies for action include:

1.2.1 Pursuant to Executive Order 14035 and each agency's DEIA plan (which applies to civilian personnel), agencies are reviewing and updating their workplace anti-harassment policies and other best practices on workplace responses to GBV, consulting, as needed, with OPM, OVW, and the Equal Employment Opportunity Commission (EEOC). This includes making both prevention and best practices priorities (e.g., regular climate surveys),¹⁸² focusing on anti-harassment trainings and initiatives, developing readily available and accessible complaint systems that include anonymous reporting options, providing effective education for supervisors, and ensuring leadership engagement.

1.2.2 Issue updated guidance on agency policies to address the impacts of GBV on the federal workforce, including guidelines addressing support for employee victims, such as leave policies and accommodations; disciplinary action against employees who commit or threaten acts of GBV; and measures to improve workplace safety related to GBV.

1.3 Build the capacity of employers, workplaces, unions, and worker organizations to prevent and respond to GBV, particularly in industries, occupations, and work arrangements in which workers face higher risks of GBV.¹⁸³

Strategies for action include:

1.3.1 Enhance enforcement of anti-discrimination and anti-retaliation laws, including the development of updated EEOC harassment guidance and technical assistance, to foster safe, respectful, and equitable workplaces that prevent GBV from occurring and support GBV survivors in pursuing claims and seeking assistance.

1.3.2 Enforce the General Duty Clause of the Occupational Safety and Health Act (OSH Act) as applied to incidents of violence at work, which may include GBV, when appropriate.¹⁸⁴

1.3.3 Support effective education and increased outreach to ensure workers and employers are aware of their rights and obligations by, for example, developing guidance and compliance assistance materials, and designating employee navigators to aid employers and employees in GBV prevention and response.

1.3.4 Increase training for employers on preventing and responding to GBV, including sexual harassment and human trafficking, as well as the risk factors for GBV that disproportionately impact women, girls, and LGBTQI+ individuals, and the higher risks of GBV in certain occupations.

1.3.5 Convene industry stakeholders, unions, survivors, and GBV experts to compile sector-specific good practices and guidance for employers to prevent and respond to GBV.

1.3.6 Increase outreach and technical assistance to the public workforce development system by the Department of Labor (DOL) Civil Rights Center (CRC) and Employment and Training Administration (ETA) about addressing challenges GBV survivors experience in seeking a job.¹⁸⁵



A GBV LENS ON: SEXUAL VIOLENCE IN THE U.S. MILITARY

Sexual violence in the armed forces is a matter of national security and military readiness that exists along a continuum of harm and includes sexual harassment and sexual assault. Data from the [Department of Defense \(DoD\) Workplace and Gender Relations Survey of Military Members for Fiscal Year 2021](#) illustrate this relationship. These data underscore the importance of prevention to promoting healthy, safe, and inclusive unit climates, as well as the need for strong accountability measures to deter future harm and hold offenders appropriately accountable.¹⁸⁶

- 8.4% of [Active Duty](#) women, and 1.5% of Active Duty men, were estimated to have experienced sexual assault in the survey conducted for Fiscal Year 2021.
- An estimated 12.9% of junior enlisted women (E1-E4) and 2.4% of junior enlisted men (E1-E4) indicated experiencing sexual assault.
- Approximately 29% of women and 7% of men indicated experiencing sexual harassment, with junior enlisted women (E1-E4) under the age of 25 most at risk.
- About 40% of women and nearly one-third of men experienced sexual harassment by the same alleged offender before their experience of sexual assault.
- The odds of experiencing sexual assault increase when command climate is unhealthy (the odds of experiencing sexual assault are 3 times higher for women and 10 times higher for men who also indicated experiencing sexual harassment in the past year).

DoD is working to address sexual violence across this continuum by implementing, wherever possible, the [recommendations from the Independent Review Commission on Sexual Assault in the Military](#) (IRC), established by Secretary of Defense Austin at the direction of President Biden. Following a 90-day review, the IRC identified more than 80 recommendations for DoD to improve climate and culture, prevent sexual assault and sexual harassment, improve care for survivors, and hold perpetrators accountable. Chief among those recommendations was the removal of sexual harassment investigations from a Service member's chain of command, and for sexual harassment survivors to be eligible for sexual assault prevention and response services. Provisions in the 2022 National Defense Authorization Act (NDAA) transferred authority from commanders to independent prosecutors for cases involving sexual assault, domestic violence, and related crimes. The passage of certain provisions of the [I Am Vanessa Guillén Act](#) in the 2022 NDAA added sexual harassment as a [specific offense](#) under the Uniform Code of Military Justice, and the 2023 NDAA transferred authority for these cases of sexual harassment to independent prosecutors beginning in 2025.

Goal 2: Improve economic security, asset-building opportunities, and financial protection to mitigate GBV, help survivors escape abuse, and support long-term financial independence

Ensuring that workers have access to good-paying jobs and professional development opportunities can help break the cycle of GBV by establishing financial independence and economic security. Economic security can also help prevent GBV by reducing vulnerabilities to violence and increasing independence to escape abuse. This requires addressing barriers rooted in systemic gender discrimination that can prevent women from entering and remaining in the



labor force as well as women’s overrepresentation in low-wage and undervalued jobs (known as occupational segregation). Moreover, wealth-building programs are vital to facilitating financial security for women across the life course, as are financial marketplace protections that support survivors’ long-term economic recovery from abuse. Survivors are often saddled with debt they were coerced into carrying by their abusers, which typically leads to ruined credit, and in turn, frequently prevents successful applications for employment, rental housing, utilities, credit cards, and more. Some survivors of labor trafficking carry debilitating levels of recruitment debt, which may keep them trapped in abusive situations.¹⁸⁷ Survivors are also often unable to open bank accounts their abusers cannot access, since abusers may control survivors’ financial credentials and identifying documents. Survivors are often burdened with housing debt from breaking leases or leaving mortgages when relocating from unsafe households. Removing coerced debt from credit records, gaining access to safe banking, housing-related debt repair, and other measures help survivors attain physical safety and begin to build financial security.

Objectives

2.1 Improve GBV survivors’ economic security through access to good jobs with family-sustaining wages, benefits, and workplace protections, as well as support for business entrepreneurship.¹⁸⁸

Strategies for action include:

2.1.1 Promote good jobs – as envisioned in the Good Jobs Principles – with family-sustaining wages and benefits, including by increasing pay and job quality for jobs that are disproportionately held by women.¹⁸⁹

2.1.2 Promote women’s access to high paying, quality jobs where they have historically been excluded or underrepresented.

2.1.3 Ensure enforcement of existing laws that raise wages and promote equal pay, including preventing compensation discrimination, addressing retaliation for exercising wage protections and accessing federally protected benefits, ensuring the right to form and join a union, and prohibiting wage theft.¹⁹⁰

2.1.4 Catalyze investment in women-owned businesses and expand women’s entrepreneurship opportunities by, for example, encouraging women-owned small businesses (WOSB) to apply for certification under SBA’s WOSB Federal Contract Program and encouraging Federal agencies to prioritize procurement opportunities for WOSBs.

2.2 Increase access to and awareness of worker protections and policies to help GBV survivors or those at risk of GBV keep their job and maintain their economic security.

Strategies for action include:

2.2.1 Increase public awareness of existing federal, state, and local laws concerning family, medical, sick, and safe leave.¹⁹¹

2.2.2 Increase public awareness of existing laws that protect workers affected by pregnancy, including childbirth, lactation, or related medical conditions, from discrimination and support them accessing reasonable accommodations to retain their job. These include new federal laws enacted in 2022: The Pregnant Workers Fairness Act (PWFA) and the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act.¹⁹²

2.2.3 Advance and expand access to high-quality, affordable child care.



2.2.4 Advance and expand access to quality, affordable home- or community-based care for families with aging relatives and people with disabilities.¹⁹³

2.2.5 Support efforts to develop flexible work policies and arrangements to allow for schedule flexibility, which increases job stability and retention.

2.3 Fortify access to economic safety nets for workers and tenants.

Strategies for action include:

2.3.1 Develop and evaluate programs that work with survivors on asset building through tenant-savings and match-savings programs and microloans, as well as access to credit and improving their credit records, to counteract financial abuse.

2.3.2 Improve financial protection systems to prevent perpetrators from engaging in fraudulent tax activities, such as joint filing, claiming child tax credits, or accessing survivors' information; and support survivors in obtaining assistance to address these harms.

2.3.3 Conduct education and outreach on accessing affordable health care services and insurance, retirement planning, and financial security for GBV survivors.

2.3.4 Support increased access to unemployment benefits for survivors by encouraging states to recognize GBV as a reasonable cause for leaving employment.

2.3.5 Support older survivors' retirement security through expanded access to retirement savings programs like the National Pension Counseling Program.¹⁹⁴

2.3.6 Examine financial, regulatory, and marketplace barriers for intimate partner violence survivors and consider improvements to survivors' access to housing and safe banking, credit, and other financial products and services.

2.3.7 Increase research and evaluation of economic policies, particularly with marginalized groups, to increase the evidence base of effective policies for GBV prevention.

Goal 3: Provide a spectrum of housing services, resources, programs, and protections for GBV survivors; ensure access to safe, affordable, and long-term housing

A wide range of housing services, programs, and supports are needed to address the diverse needs of survivors, and more research is also needed in this area. While some survivors need only temporary assistance, such as access to shelters or emergency funds, many need longer-term assistance. Approaches to housing should prioritize safety while considering the diverse needs of survivors. This includes availability of accessible housing, and consideration of specific housing contexts, such as whether survivors are homeowners, tenants, or people without housing.

Objectives

3.1 Reduce housing and economic barriers for survivors.

Strategies for action include:

3.1.1 Implement and enforce the housing rights of survivors under VAWA 2022, the Fair Housing Act, and related federal, state, local, and territorial laws. These include enjoying housing environments free from discrimination, including sexual harassment.¹⁹⁵

3.1.2 Provide training and technical assistance for housing and homeless assistance providers and victim service providers on the housing rights of survivors and on understanding GBV and the unique needs of survivors in the housing context. Promote awareness among survivors of their housing rights.

3.1.3 Consider funding a spectrum of housing and homeless services as well as financial resources that meet the diverse needs of survivors of all ages, including flexible



funding cash assistance programs.¹⁹⁶ These funding initiatives should consider length of time (crisis through to permanent housing) as well as different forms of housing (shelter, program-owned transitional housing, rental assistance, vouchers).

3.1.4 Revise, update, establish, and evaluate housing policies and guidance that take into consideration the barriers experienced by survivors, such as housing discrimination, criminal records, no or poor credit histories, and prior evictions, in accessing and maintaining housing and homelessness assistance. Housing policies should be trauma informed and victim centered and follow a voluntary services model whereby housing is not contingent on service engagement.

3.1.5 Explore data-sharing opportunities between GBV and homeless assistance and housing systems that promote safety and protect privacy.

3.1.6 Develop strong partnerships between victim service providers and housing providers to expand housing options for survivors.

3.1.7 Expand financial planning resources for survivors, including managing debt, repairing damaged credit history, separating consolidated student loans,¹⁹⁷ obtaining innocent spouse relief for tax liability purposes, and accessing applicable federal, state, and local tax credits.

3.1.8 Increase access to affordable legal services for survivors who are experiencing housing denials, evictions, barriers to accessing public benefits, and complex consumer legal issues, such as coerced debt.

3.1.9 Identify and build more comprehensive data sources on the housing needs and challenges of GBV survivors.

3.2 Recognize the different housing barriers and needs of survivors of intimate partner violence, sexual violence, stalking, and human trafficking.

Strategies for action include:

3.2.1 Identify opportunities to target supports for basic needs to prevent survivors of intimate partner violence, sexual violence, stalking, and human trafficking from facing homelessness.

3.2.2 Implement the amended definition of “homeless” under the McKinney-Vento Homeless Assistance Act, as provided by VAWA 2022,¹⁹⁸ so that more survivors can access the Department of Housing and Urban Development (HUD) homeless assistance programs.

3.2.3 Complete the HUD study on the availability and accessibility of housing or services for individuals experiencing homelessness or housing instability who are survivors of human trafficking, and those at risk of human trafficking, as required by VAWA 2022, including an assessment of the effectiveness of and considerations for housing and service-delivery models that are specific to survivors of trafficking.¹⁹⁹

3.3 Support and fund local housing models and practices that increase access to safe and affordable housing for survivors.

Strategies for action include:

3.3.1 Create and promote safe, affordable, long-term housing options for all survivors, using different models proven effective, including the Domestic Violence Housing First Model, especially in rural areas.²⁰⁰

3.3.2 Fund and support local “housing navigators,” or advocates who are trauma informed and culturally responsive, or who represent culturally specific communities, to work directly with survivors to find housing and develop partnerships with local housing providers.



3.3.3 Conduct research and evaluation to identify, implement, adapt, and evaluate trauma-informed supportive housing models.

A GBV LENS ON: HOUSING AND HOMELESSNESS

SPOTLIGHT ON THE IMPACT OF INTER-AGENCY COLLABORATIONS

The federal [Domestic Violence and Housing Technical Assistance Consortium](#) (Consortium) is an innovative, collaborative approach that emerged as a result of an interagency working group convened by the [U.S. Interagency Council on Homelessness](#) to address the impact of domestic violence on family homelessness. In highlighting the reality that domestic and sexual violence is a leading cause of homelessness for women and children, and that the need for safe and affordable housing is one of the most pressing needs for survivors of abuse, three agency partners decided that working collaboratively to address these issues would be more impactful than the work each was doing separately. As a result, the Department of Justice (through the Office on Violence Against Women and the Office for Victims of Crime), the Department of Health and Human Services (through the Family Violence Prevention and Services Program) and the Department of Housing and Urban Development (HUD) (through the Office of Special Needs Assistance Programs) signed a memorandum of understanding in 2015 to work collaboratively. Funded and supported by this inter-agency collaboration, the Consortium brings together national, state, and local organizations with deep expertise on housing and domestic and sexual violence to collaboratively build and strengthen technical assistance to both housing/homelessness service providers and victim service providers through the national initiative known as [Safe Housing Partnerships](#). The Consortium aims to improve policies, identify promising practices, and strengthen collaborations necessary to improve housing options for survivors of domestic and sexual violence and their children to enhance safety, stability, and well-being.

HUD has continued to address this critical intersection through the [Continuum of Care \(CoC\) Program](#), which provides grants for homeless assistance projects, including those that serve survivors of domestic violence, sexual assault, dating violence, stalking, or human trafficking who qualify as homeless. Subject to Congressional appropriations to HUD, Continuums of Care can receive additional funding for Domestic Violence Bonus projects that serve households fleeing domestic violence, sexual assault, dating violence, or stalking, such as rapid re-housing projects and supportive services for persons experiencing trauma or a lack of safety related to domestic violence, dating violence, sexual assault, stalking, or human trafficking. Additionally, VAWA 2022 expanded housing protections for survivors and [established at HUD a Gender-based Violence Prevention Office with a Violence Against Women Act Director](#). HUD also announced [a new funding opportunity](#) for FYs 2022 and 2023 to fund technical assistance providers that will provide VAWA trainings, technical assistance, and support to housing providers, grantees, and other stakeholders and continue to build on the work of the Consortium.



PILLAR 4

ONLINE SAFETY

Create safe and accountable online spaces and improve prevention of and response to technology-facilitated GBV.

When VAWA was first enacted in 1994, the internet was still in its infancy. Today, the internet has transformed our ability to connect and communicate, as well as access services and support. At the same time, social media and other online platforms are increasingly used as tools for abuse, harassment, and exploitation. VAWA 2022 included for the first time a specific definition of technological abuse²⁰¹ and additional provisions to address these harms, including a new title on cybercrimes against individuals.

Online harassment and abuse include a broad array of harmful and sometimes illegal behaviors that are perpetrated through the use of technology. Its many forms include the non-consensual distribution of intimate digital images; cyberstalking; sextortion;²⁰² doxing;²⁰³ malicious deep fakes; gendered disinformation; threats of rape and death; the online recruitment and exploitation of victims of sex trafficking; “outing” of LGBTQI+ individuals by intimate partners; and various other forms of technology-facilitated GBV. Women, adolescent girls, and LGBTQI+ individuals may also experience the impact of intersectional discrimination and bias on the basis of race, ethnicity, and other factors. In the United States, 1 in 3 women under the age of 35 reports being sexually harassed online,²⁰⁴ and over half of LGBTQI+ individuals report being the target of severe online abuse, including sustained harassment, physical threats, and stalking in addition to sexual harassment.²⁰⁵ Globally, half of girls report that they are more likely to be harassed online than on the street.²⁰⁶ In a survey conducted by the National Domestic Violence Hotline in 2022, 45% reported experiencing cyberstalking; 27% reported being threatened with the posting of intimate/sexual images without their permission; and 17% reported having intimate images posted without their permission.²⁰⁷

In the [United States and around the world](#), women and LGBTQI+ political leaders, public figures, activists, and journalists are especially targeted, including through online threats of sexual violence and the non-consensual distribution of intimate images. That abuse frequently chills their speech, impedes privacy, and undermines their ability to exercise their human rights and participate in democracy, governance, and civic life. Further, gender-based violence online and offline is linked with online misogyny and targeted violence and violent extremism.²⁰⁸

Online harassment and abuse can result in dire consequences for victims, ranging from psychological distress, self-censorship, and decreased participation in political and civic life, to economic losses, disruptions to education, increased self-harm, suicide, homicide, and other forms of physical and sexual violence. Digital technologies are also often used in concert with other forms of abuse and harassment, which underscores the urgency of addressing the interplay of in-person and online harms. More research is needed to fully understand the nature, magnitude, and costs of these harms and ways to address them in the United States and globally. The increasing rates and detrimental impact of technology-facilitated gender-based violence led to the establishment in 2022 of the White House Task Force to Address Online Harassment and Abuse.²⁰⁹



Goal 1: Establish a strategic vision and coordinated approach for how the Federal Government addresses online forms of GBV and integrates these efforts across existing policies and programs to support survivors and prevent harms

Technology-facilitated GBV, which has proliferated with the emergence of new technologies, transcends borders and impacts survivors in both public and private spaces. To comprehensively address all forms of GBV in today's digitally connected world, the Federal Government must establish a multi-sectoral and coordinated approach to prevention, protection, and accountability for online harms. Such an approach should also further integrate efforts to address online manifestations of GBV within existing federal policies and programs to prevent and address various forms of GBV.

Objectives

1.1 Improve coordination among federal agencies and departments to strengthen the Federal Government's effectiveness in preventing and addressing technology-facilitated GBV.

Strategies for action include:

1.1.1 Develop a federal blueprint for action to prevent and address technology-facilitated GBV, drawing from recommendations from survivors, researchers, victim advocates, and other stakeholders.²¹⁰

1.1.2 To advance implementation of the federal blueprint, federal agencies and departments should strengthen efforts within their existing programs and policies, as well as initiate new opportunities, to support prevention, protection, and accountability for online harms.

1.1.3 DOJ will develop a national strategy to prevent and address cybercrimes against individuals, pursuant to VAWA 2022, including addressing cyberstalking and the non-consensual distribution of intimate images of adults.²¹¹

1.1.4 Support engagement with international partners to develop best practices and programs, advance policies, and promote comparable metrics in global surveys to measure technology-facilitated GBV, such as through the participation of the United States in the Global Partnership for Action on Gender-Based Online Harassment and Abuse.²¹²

Goal 2: Enhance and expand federally funded research and data collection on technology-facilitated GBV.

There is growing evidence of the scope and impact of technology-facilitated GBV, but more research is needed to inform future efforts and support evidence-driven policy and interventions. Federally funded research, data collection, and reporting mechanisms should be updated to include robust measures for online forms of GBV, including through national public health surveillance (prevalence) data, national crime reporting, national victimization surveys, and qualitative research efforts.

Objectives

2.1 Update federal surveys and data collection efforts on GBV to incorporate measures for technology-facilitated GBV, including different forms of online abuse.

Strategies for action include:

2.1.1 Review and update key federal data sets measuring prevalence and incidence of GBV to include online forms of GBV, such as the non-consensual distribution of intimate



images, in future iterations of the National Intimate Partner and Sexual Violence Survey.²¹³

2.1.2 Review and update national crime victimization surveys and uniform crime reporting data from law enforcement agencies to include online crimes of technology-facilitated GBV, such as cyberstalking and the non-consensual distribution of intimate images.

2.2 Support additional research to better understand the impact of technology-facilitated GBV, particularly on diverse populations, and inform evidence-driven interventions that improve services and support for survivors.

Strategies for action include:

2.2.1 Support new surveys and qualitative research to measure the costs and impacts of technology-facilitated GBV on diverse populations, including a focus on the mental health effects of abuse on social media, particularly affecting adolescents and young adults.

2.2.2 Identify opportunities for “research-to-practice” efforts that pilot and evaluate new service models for survivors of technology-facilitated GBV to determine promising approaches for support and healing.

2.2.3 Encourage research to improve understanding of the shared risk and protective factors for unique forms of online GBV across the life course, including longitudinal, trauma-informed research on the lifetime impacts of experiencing online child sexual exploitation and abuse.

Goal 3: Improve services and access to justice for victims of online forms of GBV

Many victim service providers, law enforcement agencies, and other first responders are overwhelmed by the frequency and complexity of online crimes and forms of GBV. Expanding the Federal Government’s efforts to prevent and address technology-facilitated GBV must include better equipping victim service professionals and law enforcement with the knowledge and tools to effectively and compassionately address online forms of GBV. This includes training and funding for trauma-informed legal and social services and expanding access to justice for survivors seeking legal remedies to cyberstalking, the non-consensual distribution of intimate images, and other online forms of GBV, including child sexual exploitation and abuse through the internet. The Federal Government is also committed to working with state, Tribal, territorial, and local law enforcement agencies and partners to bring perpetrators to justice, while also developing new strategies and approaches for promoting systemic incentives for technology platforms to improve safety for and responses to victims.

Objectives

3.1 Increase access to survivor-centered services, information, and support for victims who experience technology-facilitated GBV through training and assistance for victim advocates, law enforcement, and the criminal legal system.

Strategies for action include:

3.1.1 Enhance training for state, local, Tribal, and territorial law enforcement partners, prosecutors, and courts to integrate promising practices in investigating and responding to technology-facilitated GBV, including attention to the links between online misogyny and violent extremism.

3.1.2 Educate and raise awareness among victim advocates and legal service providers to support victims who seek legal assistance in pursuing the new federal civil cause of



action for the intimate visual depiction of themselves disclosed without their consent, as established in VAWA 2022.²¹⁴

3.1.3 Review and update, as appropriate, existing grant programs for domestic violence and sexual violence service providers and programs to address technology-facilitated GBV and encourage state, local, Tribal, and territorial partnerships to integrate online forms of GBV into their coordinated community response plans.

3.1.4 Establish new grant program as authorized in VAWA 2022, and pursuant to funding allocated for FY 2023, to train law enforcement and prosecutors to better address technology-facilitated GBV, in collaboration with victim service providers.²¹⁵

3.2 Build support for survivors of technology-facilitated GBV through training and technical assistance for federal, state, local, Tribal, and territorial partners in the fields of education, health, and mental health services.

Strategies for action include:

3.2.1 Establish training for educators and school professionals in K-12 and university settings to increase awareness of the harms of technology-facilitated GBV and encourage compassionate and effective responses to survivors.

3.2.2 Strengthen digital literacy programming funded by federal agencies to support local partners' understanding of the risks and harms of online forms of GBV and how to prevent them, recognizing that the benefits of increased access to technology come also with new risks for exploitation and abuse.

3.3 Enhance accountability for technology-facilitated GBV.

Strategies for action include:

3.3.1 Support establishment of a federal criminal statute that prohibits the nonconsensual distribution of intimate images to hold individual perpetrators accountable.

3.3.2 Implement military justice reforms to hold Service members appropriately accountable who engage in cyber harassment and other forms of technology-facilitated sexual harassment and sexual assault.²¹⁶

3.3.3 Continue to strengthen coordination with state and local law enforcement partners on investigations and prosecutions of cyberstalking, the non-consensual distribution of intimate images, child sexual exploitation, sextortion, and other forms of technology-facilitated GBV.



PILLAR 5

LEGAL AND JUSTICE SYSTEMS

Creating effective responses to GBV through the criminal, civil, immigration, and military justice systems and community-based approaches.

Effective legal and justice systems provide accountability for perpetrators and ensure that GBV survivors have a full range of options when seeking pathways to safety, services, healing, and well-being. Improving the response to GBV from legal and justice systems requires all those involved in federal, Tribal, state, territorial, local, immigration, and military justice systems to be knowledgeable of crime victims' rights and the dynamics of different forms of GBV. This includes GBV perpetrated by private actors or government actors who use their authority to facilitate their misconduct.²¹⁷ Enhanced training and technical assistance for law enforcement officers, prosecutors, judges, and other key personnel in civil, criminal, family, administrative, and Tribal courts on trauma-informed, culturally responsive, and survivor-centered approaches to GBV are critical to ensuring that perpetrators are held accountable, and victims' rights are honored and enforced. Effective responses to GBV also enhance law enforcement officer safety, as these crimes, and especially intimate partner violence, can be dangerous for officers when responding to these calls.²¹⁸

Many law enforcement officers, prosecutors, judges, and other justice system personnel strive to improve responses to reports of GBV crimes—and are actively engaged in the development of trauma-informed, survivor-centered responses. Despite these intentions and progress made, many GBV survivors are reluctant to seek law enforcement or judicial intervention, and those who engage with these systems report mixed experiences. According to DOJ data, in 2020, only about 23% of victims of rape or sexual assault and 43% of domestic violence victims reported their assaults to the police.²¹⁹ Indeed, sexual assault is the most underreported violent crime by a significant margin.²²⁰ Most sexual assault cases that are reported to law enforcement are dropped at various stages of the investigation and prosecution. Only about a third of reported rapes result in an arrest,²²¹ and very few sexual assault cases result in a conviction.²²² There appear to be a range of complex factors involved in whether survivors decide to engage with legal and justice systems. More research is needed to develop nationally representative data that examines survivors' experiences with legal and criminal justice systems, barriers they might encounter, and the responses of those systems to GBV.

One way many communities have sought to improve survivors' experiences with justice systems is through the development of coordinated community responses (CCRs), an approach adopted and elevated by VAWA's diverse grant programs.²²³ CCRs are designed to encourage partnerships among government agencies, victim service providers, law enforcement agencies, prosecutors' offices, courts, child welfare agencies, health care providers, sexual assault and domestic violence coalitions, rape crisis centers and shelters, community-based organizations, and other representatives from the communities being served. Together, members of CCRs work to identify problems in responding to GBV and share ideas for achieving greater victim safety, reduce revictimization that may occur when a survivor has to navigate multiple systems, increase perpetrator accountability, and augment public safety and public trust.²²⁴ CCRs also can facilitate community implementation of effective interventions for



preventing and responding to GBV, such as keeping firearms out of the hands of convicted abusers, those subject to protective orders, and those who pose a threat to themselves or others.

Improving the justice system's response to GBV also requires addressing significant barriers that survivors may encounter, particularly for those from historically marginalized and underserved communities. This includes identifying and preventing gender bias in law enforcement responses to GBV—per recently updated DOJ guidance²²⁵—as well as by increasing support for survivor-centered, culturally specific organizations in the development of community-based intervention strategies.

In addition, the Federal Government has a unique trust responsibility to ensure public safety in Tribal communities, where American Indian and Alaska Native people suffer from disproportionate rates of domestic violence and sexual violence. Jurisdictional complexities and limited resources, however, have long hindered accountability for non-Native perpetrators of GBV crimes on Tribal land. The recognition in VAWA 2013 and 2022 of inherent Tribal criminal jurisdiction over certain non-Native perpetrators, as well as increased federal investments in Tribal courts and victim service providers, has empowered Tribes to provide more robust protections for their own communities.²²⁶

Furthermore, effectively addressing GBV requires considering its impact on children and youth, including the risk of potential future criminal justice system involvement among those affected by GBV at a young age. Studies of incarcerated women reveal that up to 80% have experienced prior violence and victimization before being incarcerated²²⁷ and they are more likely to be victimized while in prison.²²⁸ Girls and gender non-conforming young people in the juvenile justice system have experienced far greater rates of violence than their peers, with 42% of girls in custody reporting past physical abuse and 35% reporting past sexual abuse.²²⁹ Black girls especially experience high incidence rates of sexual harassment and sexual assault in schools and in the community, and when this conduct and the resulting trauma goes unaddressed, these girls are disproportionately disciplined, suspended, and expelled, which can propel them into the school-to-prison pipeline.²³⁰ Culturally responsive programs and services that recognize and address this trauma should be made available to survivors who are involved in the juvenile or criminal justice systems.

Additionally, pursuant to Title IX, educational institutions that receive federal funding have an obligation to implement crucial protections for students who are victims of sexual harassment, sexual assault, and sex-based discrimination, and respond promptly to all complaints of sex discrimination with a fair and reliable process.²³¹ Sports leagues and programs at all levels—for children, youth, college students, and adults—are also important spaces for prevention, investigation, and response.

Survivor-centered approaches include identifying and providing assistance to noncitizen victims of GBV and providing meaningful language access for survivors with limited English proficiency. Many noncitizen victims have temporary or unauthorized status in the United States, which is a powerful deterrent to reporting crime and cooperating with law enforcement, and also increases their vulnerability to abuse. Immigration relief for survivors (such as Continued Presence and the T visa for victims of trafficking, the U visa for victims of GBV and other eligible crimes, the VAWA self-petition for certain abused family members of U.S. citizens or lawful permanent residents, the battered spouse waiver for immigrant victims married to U.S. citizens and lawful permanent residents, and Special Immigrant Juveniles (SIJ)) provide



important pathways to safety and support for survivors and their children and increase offender accountability. For those who are eligible, asylum and refugee status can also provide an important form of protection for GBV survivors. Congress has made it clear that a range of services necessary for life or safety, including for survivors, are to be made available regardless of immigration status.²³² While important progress has been made, immigrant survivors face barriers accessing certain public benefits and assistance depending on immigration status, and significant delays and limitations in accessing immigration remedies for victims continue to undermine access to safety and stability.²³³

Though significant progress has been made to recognize and advance the rights of all GBV survivors, more work remains to be done to prevent and mitigate GBV, enhance public trust, and ensure that survivors have a full range of options when seeking pathways to safety, healing, well-being, and justice. This includes increasing access to essential services and victim advocacy, strengthening evidence-informed practices that enhance accountability for GBV, advancing racial equity as an essential component of ending GBV, and supporting survivor participation in criminal justice system reform efforts. This Pillar outlines goals to enhance access to justice for GBV survivors.

Goal 1: Advance access to justice for GBV survivors

Victims and survivors of GBV often face numerous obstacles in accessing justice. Federal agencies help to reduce these challenges by supporting programs and initiatives designed to educate victims²³⁴ on their rights, creating greater support for and access to legal assistance, and addressing and remediating barriers that marginalized communities face when engaging the criminal justice system by building trust with and improving access for these communities. Moreover, a coordinated community response (CCR) that extends well beyond the criminal and civil legal systems is a prerequisite for advancing the effective and efficient administration of justice for survivors. The Federal Government can also support education and training for federal, state, local, Tribal, and territorial justice system personnel on addressing the needs of all survivors in a trauma-informed, survivor-centered, and culturally responsive manner that is responsive to survivors' privacy concerns.

Objectives

1.1 Enhance federal programs that promote access to legal assistance for survivors in criminal, civil, family, immigration, military, and administrative legal systems.

Strategies for action include:

1.1.1 Support increased access to and availability of legal representation by attorneys for GBV victims, including by funding programs that provide a wide range of legal services.²³⁵ This includes quality indigent defense for GBV victims, civil legal aid delivery systems, and victims' rights enforcement.

1.1.2 Support the expansion of access to legal information and support by legal navigators and other lay advocates for vulnerable victims across legal systems.²³⁶ This includes victim advocates in court systems; non-attorney "Accredited Representatives" for survivors in U.S. immigration proceedings;²³⁷ and Protection and Advocacy Systems (P&As) at the state level to protect individuals with disabilities.²³⁸

1.1.3 Create an Office of Special Trial Counsel in each military service, as directed in the National Defense Authorization Act, in order to ensure that well trained and



specialized military justice prosecutors outside the chain of command handle all covered cases, including GBV, from referral of charges through final disposition.²³⁹

1.2 Address barriers that prevent many GBV victims from seeking assistance.

Strategies for action include:

1.2.1 Provide education and training to criminal, family, and juvenile court judges, prosecutors, court-appointed professionals, and guardians ad litem on the dynamics of GBV and needs of survivors, tactics of misuse of systems by abusers (including in child custody hearings), as well as trauma-informed, survivor-centered approaches to working with GBV survivors and addressing the needs of historically marginalized and underserved communities.²⁴⁰

1.2.2 Explore ways to advance programs that promote meaningful access to justice systems for communities that require specialized supports and services, including age and linguistically appropriate and culturally specific supportive services for victims with limited English proficiency (LEP), pursuant to Title VI of the Civil Rights Act of 1964,²⁴¹ and to those who are Deaf or hard-of-hearing, or have disabilities, pursuant to the Americans with Disabilities Act (ADA)²⁴² and Section 504 of the Rehabilitation Act.²⁴³

1.2.3 Support the development or enhancement of effective multidisciplinary CCR²⁴⁴ models, such as human trafficking task forces, Sexual Assault Response Teams (SARTs), Domestic Violence High Risk Teams (DVHRTs), and other programs that use approaches that minimize trauma and revictimization to facilitate the increased identification of victims and the connection of victims with a comprehensive set of stabilizing and supportive services.

1.2.4 Ensure opportunities for incarcerated survivors in prisons, jails, juvenile justice facilities, and detention centers to anonymously report sexual abuse and harassment, pursuant to standards issued under the Prison Rape Elimination Act (PREA).²⁴⁵

A GBV LENS ON: REDUCING GUN VIOLENCE

By funding research, investing in prevention and intervention programs, and supporting state and local officials through training and technical assistance, the Federal Government can strengthen efforts to reduce firearm-facilitated violence.²⁴⁶ For example, research has shown that states can save lives by authorizing courts to issue extreme risk protection orders²⁴⁷ that temporarily prevent a person in crisis from accessing firearms. In 2021, DOJ issued commentary and model legislation to help guide state, local, and Tribal jurisdictions in drafting legislation to enact extreme risk protection orders.²⁴⁸ This effort is further strengthened by the [Bipartisan Safer Communities Act \(BSCA\)](#), which includes \$750 million in funding for states to implement crisis interventions such as extreme risk protection orders and funding to address trauma experienced by survivors of firearm violence.

The Federal Government can further the goal of reducing violence through enforcement of existing firearm laws that prohibit anyone convicted of a misdemeanor crime of domestic violence or subject to a domestic violence protective order from possessing or purchasing a firearm.²⁴⁹ The recent BSCA strengthened firearm prohibitors by partially closing the “boyfriend loophole” for dating partners convicted of domestic assault, by prohibiting them from purchasing or possessing a firearm for a period of at least five years.²⁵⁰ VAWA 2022 also addresses firearm violence. The NICS Denial Notification Act, part of VAWA 2022, requires federal officials to



notify state and local law enforcement when individuals who are legally prohibited from purchasing firearms fail a background check through the National Instant Criminal Background Check System (NICS)²⁵¹ and clarifies that persons convicted of qualifying misdemeanor crimes of domestic violence who violate local laws are also subject to a specific federal firearms prohibition.²⁵²

DOJ's Office on Violence Against Women provides funding through VAWA for a [National Resource Center on Domestic Violence and Firearms](#) to provide training and promote the effective implementation and enforcement of federal, state, and Tribal firearms prohibitions in domestic violence, dating violence, and stalking cases.

Furthermore, to address broader community impacts on public safety, additional research is needed to assess the impact of adverse childhood experiences (ACEs), especially witnessing or experiencing abuse, on violence perpetration and victimization later in life.²⁵³ The Administration has increased investments in [Community Violence Intervention](#) to build the capacity of focused deterrence, violence interruption, and hospital-based programs. Community violence intervention (CVI) programs are effective because they leverage trusted messengers who work directly with individuals most likely to engage in or be victimized by gun violence, intervene in conflicts, and connect people to social, health and wellness, and economic services to reduce the likelihood of violence as an answer to conflict.

Goal 2: Ensure that justice systems are responsive to survivors' needs and experiences

In order to navigate different and complex systems, survivors often need assistance addressing various barriers and undertaking safety planning that is tailored to their unique situation. For instance, victims who contact the police may face repercussions (e.g., retaliation by the abuser, victim-blaming, children being removed from their homes, immigration consequences, and nuisance ordinances that may lead to eviction of the victim from their home) or may find themselves at a disadvantage in navigating those systems without access to other services (e.g., child care; medical care, including for mental health; safe leave from work; meaningful language access; assistance with transportation; and access to victim advocacy) which may not be available. This could pose additional barriers to their safety. In addition, victims seeking to protect themselves and their children may find that participation in a court proceeding could escalate the abusive partner's violence or entangle the family in the child welfare system.²⁵⁴ Also, victims seeking to keep their whereabouts confidential may be stalked by the perpetrator after a court date. The Federal Government can improve system responses by supporting efforts that focus on survivor and community safety, such as by addressing the critical and often lethal nexus of firearms and intimate partner violence and using holistic, culturally responsive approaches to justice system reform. Programs and initiatives should seek to address the needs of survivors holistically to ensure appropriate safety planning and support for GBV victims at every stage.²⁵⁵

Objectives

2.1 Strengthen and improve system responses to GBV.

Strategies for action include:

2.1.1 Support the development and expansion of trauma-informed, victim-centered, and culturally responsive GBV trainings and awareness programs for first responders,



investigators, law enforcement, victim assistance personnel, forensic interview specialists, prosecutors, attorneys, victim advocates, and judges and other court personnel, including criminal courts, family courts, and unified court systems, as well as personnel who work in immigration matters, and in detention and corrections facilities.²⁵⁶

2.1.2 Support efforts that encourage the identification, mitigation, and prevention of gender and racial bias in law enforcement responses to GBV.²⁵⁷

2.1.3 Support Tribal courts' exercise of special Tribal criminal jurisdiction over non-Native perpetrators, including the additional GBV crimes recognized in VAWA 2022.²⁵⁸

2.1.4 Expand cross-department and interagency work on missing or murdered American Indians and Alaska Natives (AI/AN) and support Tribal leaders in addressing unsolved cases involving AI/AN women and girls.²⁵⁹

2.1.5 Support initiatives to improve the investigation of cases of missing or murdered victims of GBV²⁶⁰ and to assess barriers to safety and justice for historically marginalized or underserved populations that are disproportionately impacted.²⁶¹

2.1.6 Support Tribal, state, and local partners in reducing the risk of harm through gun violence by enforcing domestic violence firearm prohibitions,²⁶² enacting state laws that authorize courts to issue extreme risk protection orders,²⁶³ and assisting jurisdictions with their additional commonsense approaches to keep dangerous firearms out of dangerous hands.

2.1.7 Support increased federal coordination efforts to address GBV, including in the workplace, and housing,²⁶⁴ and by implementation of the comprehensive recommendations of the Independent Review Commission on Sexual Assault in the Military, which were enacted through the 2022 National Defense Authorization Act.²⁶⁵

2.1.8 Address the issue and impact of unsubmitted sexual assault kits and support programs that assist state, local, and Tribal jurisdictions in establishing sustainable change in practices, and policies that support survivors' access to sexual assault examinations; ensuring timely testing of sexual assault kits; improving investigations and prosecutions in connection with the sexual assault kit testing process; and providing victim notification and services.²⁶⁶

2.1.9 Continue to support and expand policies and programs to improve access to and reduce delays in processing applications for immigration relief for GBV survivors, including through the VAWA self-petition, the U visa for victims of crime, the T visa for victims of trafficking, and asylum applications.²⁶⁷

2.1.10 Update and strengthen implementation of Title IX regulations, which prohibit discrimination based on sex in federally-funded education programs or activities, including sex-based harassment or sexual violence, in elementary schools, secondary schools, and postsecondary institutions.²⁶⁸

2.1.11 Support the implementation by the Department of Education (ED), DOJ, and HHS of a Task Force on Sexual Violence in Education, as required by VAWA 2022, to gather information and make recommendations on preventing and responding to sexual violence in educational settings to the Secretary of Education, the Secretary of HHS, the Attorney General, and Congress, as well as to educational institutions and the public.²⁶⁹

2.1.12 Support and implement policies for federal law enforcement, prosecutors, and other employees who work with victims and witnesses to use trauma-informed, victim-centered, unbiased, and culturally sensitive approaches in the investigation and prosecution of GBV, and treatment of victims, and ensure that GBV victims are accorded their rights and provided with services as described by the Victims' Rights and Restitution Act and the Crime Victims' Rights Act.²⁷⁰



2.1.13 Encourage all federally funded programs that provide support to victims of GBV to also provide support for their own personnel by developing programs that address secondary trauma and vicarious trauma experienced by first responders, advocates, and others.

2.2 Protect victims throughout the criminal justice process.

Strategies for action include:

2.2.1 Encourage criminal justice agencies and community organizations to develop and widely distribute communication and community-specific outreach plans to inform individuals of their rights as crime victims during National Crime Victims' Rights Week and throughout the year.²⁷¹

2.2.2 Encourage formal relationships between community-based rape crisis centers and other victim service organizations and correctional facilities through implementation and enforcement of the Prison Rape Elimination Act (PREA)²⁷² to reduce vulnerabilities of individuals who are incarcerated or in detention, and support training and education programs for victim service providers on survivors' rights under PREA.

2.2.3 Identify ways to strengthen responses to allegations of sexual misconduct committed by government actors against those in law enforcement custody, in detention, or under supervision; confined in government facilities; or who otherwise come into contact with system actors who have used their position to facilitate sexual misconduct. This includes developing guidance on best practices, implementing policy reform, holding perpetrators accountable, and instituting training both on trauma-informed, survivor-centered approaches and on the newly codified sexual misconduct and criminal civil rights statutes that were enacted through Title XII of VAWA 2022, "Closing the Law Enforcement Consent Loophole."²⁷³

Goal 3: Expand options for survivors to seek safety and justice

It is critically important to recognize that there is no one-size-fits-all solution to securing safety and justice for GBV survivors. Some survivors may choose to engage in criminal justice processes or other legal and non-legal systems, while others may pursue different pathways. Individual survivors themselves may vary in their willingness to engage with various systems through the course of their experience with victimization. Expanding and enhancing varied options and pathways for GBV survivors to seek justice and safety, defined on their own terms, is an important component of providing trauma-informed, survivor-centered approaches. This includes services and remedies that may complement or be adjacent to traditional justice system responses including, for example, co-responder models, community-based restorative practices programs, and community programs run by culturally specific and faith-based organizations.²⁷⁴

Objectives

3.1 Support the development of alternative pathways for survivors to seek safety, justice, and healing.

Strategies for action include:

3.1.1 Support research on the effectiveness of co-responder models to determine whether dispatching social service providers, treatment providers, health and mental health professionals, and other community advocates separately or alongside law enforcement to respond to GBV is an effective means to identify and assist survivors and promote public safety.



3.1.2 Develop training and enhance support for local and state jurisdictions instituting effective co-responder or community responder models.²⁷⁵

3.1.3 Support evaluation of restorative approaches to preventing or addressing GBV and provide training on evidence-based, evidence-informed, and culturally specific restorative practices.²⁷⁶

3.1.4 Invest in programs implementing restorative practices to prevent or address GBV, where evidence has shown them to be effective, such as the Pilot Program on Restorative Practices authorized in VAWA 2022.²⁷⁷

3.1.5 Support and evaluate abusive partner intervention programs that include a broad range of community-based accountability measures.²⁷⁸

3.1.6 Support community violence intervention (CVI) strategies²⁷⁹ with the potential to address violence stemming from harmful gender norms and power dynamics, as well as the lingering impact of adverse childhood experiences (ACEs). This includes collaborations offering cross-training between CVI programs and GBV advocates. Encourage the involvement of GBV survivors, particularly women of color and survivors from marginalized communities, in the development and implementation of these community violence intervention strategies and supports.²⁸⁰

3.2 Assist survivors whose primary exposure to the criminal justice system has not been as a “recognized” victim.

Strategies for action include:

3.2.1 Advance policies and programs that assist survivors, including victims of sex trafficking, who were not recognized as victims at the time of their arrest, or those who were victimized while under arrest, in detention, or under court supervision. This includes expanding legal assistance for survivors in post-conviction relief proceedings through the implementation of new VAWA 2022 provisions for legal assistance where a victim’s conviction arose from their victimization.

3.2.2 Work to mitigate potential harms associated with mandatory and dual arrest policies, and support methods of discouraging use of “punitive programs” that penalize victims.²⁸¹

3.2.3 Review and revise, as needed, policies and practices to protect against the arrest and detention of youth who are sexually exploited for commercial sex acts; ensure instead that they are recognized as sex trafficking victims if they are under 18, without the need to prove force, fraud, or coercion; and ensure that they receive adequate services and support as survivors.²⁸²

3.2.4 Support local programs and services for girls and LGBTQI+ youth to reduce the “school-to-prison” and “sexual abuse-to-prison” pipelines caused by the detention and incarceration of adolescents for status offenses and resulting technical violations, when abuse affects their ability to function in school and may cause or contribute to the underlying behaviors.²⁸³ Improve training and policies to prevent youth arrests based on mandatory arrest policies for domestic violence.²⁸⁴

3.2.5 Support the development and implementation of trainings, programs, policies, and services at all stages of the criminal justice system, including in detention facilities, that address GBV survivors and their needs in a gender-responsive, trauma-informed, unbiased, and culturally responsive manner.²⁸⁵

3.3 Promote policies and practices that support GBV survivors’ relationships with their children.

Strategies for action include:



3.3.1 Provide training and technical assistance to state child welfare agencies on the dynamics of GBV and the impacts of racial bias on child welfare decision-making, and develop model protocols that outline ways to keep GBV survivors and their children together, documenting the steps taken to do so and the array of services, supports, and benefits provided to each family.

3.3.2 Support the development of programs and policies that recognize the impact incarceration has on families, provide support for stabilizing familial structures, and emphasize child health, well-being, and safety.²⁸⁶

3.3.3 Support policies and programs that enable incarcerated GBV survivors to maintain contact with children and other family members and facilitate survivors' reunification with children and family upon reentry into the community post-incarceration.²⁸⁷

3.3.4 Support access to legal services for GBV survivors seeking custody of their children during divorce and custody proceedings.²⁸⁸

A GBV LENS ON: CHILD CUSTODY AND THE FAMILY COURT SYSTEM

Understanding the connection between intimate partner violence (IPV) and parenting decisions is critical in child custody cases. During the process of divorce or separation, fathers who abuse the mothers of their children are twice as likely to seek sole custody of their children compared to non-abusive fathers. **Courts award sole or joint custody to fathers in 70% of these custody cases, contrary to the widespread misperception that mothers always win custody of children.**²⁸⁹ And in the context of GBV, mothers who allege child abuse perpetrated by the father are at significant risk of losing custody of their children.²⁹⁰ As a result, custody and parenting arrangements negotiated or ordered by the court can expose survivors and children to further coercive control, manipulation, and abuse if judges and court personnel do not receive adequate training on these issues. Furthermore, GBV survivors often cannot obtain legal representation for these civil proceedings, which limits their ability to access the full range of legal protection or relief for themselves and their children.²⁹¹

To address these complexities, DOJ funding supported the development of [SAFeR](#),²⁹² a four-pronged approach to decision-making in IPV-related parenting cases designed to produce safer, more workable outcomes for survivors and their children. The SAFeR approach consists of four parts: (1) screening for IPV; (2) assessing the full nature and context of IPV; (3) focusing on the effects of IPV on parenting, co-parenting, and the best interests of the child; and (4) responding to the lived experience of IPV survivors in all family court recommendations, decisions, and intervention practices. SAFeR steers practitioners away from making unfounded assumptions about IPV and people's experiences of it and is rooted in survivors' lived experiences, recognizing that no two cases are the same.²⁹³



PILLAR 6

EMERGENCY PREPAREDNESS AND CRISIS RESPONSE

Addressing GBV in the face of public health crises and natural disasters.

The risk of GBV is heightened during emergencies, including those brought on by natural disasters, public health crises, or climate change.²⁹⁴ Displacement and food and housing insecurity, are common experiences in emergency situations that increase the risk for many forms of violence, including GBV.²⁹⁵ For instance, rates of intimate partner violence doubled in the wake of Hurricane Katrina, with women who experienced the greatest levels of displacement and related stressors experiencing the most significant increase in intimate partner violence.²⁹⁶

Natural disasters, public health crises, and other emergencies also reinforce preexisting social, political, and economic inequalities, including in access to food, water, health care, transportation, and social services.²⁹⁷ Survivors may face additional barriers accessing essential services, including GBV-related assistance.²⁹⁸ Emergency preparedness and response efforts may not adequately account for the increased risk of GBV, or the needs of survivors. Moreover, first responders on the frontlines of community responses to crises and emergency events often lack sufficient training regarding survivors' needs. More research is needed to better understand how crises impact the risk of GBV, what strategies can be used to mitigate that risk, and what interventions will most effectively address survivors' needs during and after an emergency.

Vulnerable and historically marginalized groups are at greater risk for harm during and after emergencies, including natural disasters and public health crises. Lack of access to life-sustaining resources may force women to enter or remain in unsafe situations, increasing their risk of experiencing GBV.²⁹⁹ Economic shocks, crises, and climate-related disasters, such as drought, are also forcing people to migrate in increasingly large numbers, both within and across national borders, resulting in unprecedented numbers of displaced persons and migrants.³⁰⁰ Women, girls, and LGBTQI+ individuals who are dislocated from community support systems, housed in unprotected congregate settings, or forced to migrate under unsafe conditions are particularly vulnerable to multiple forms of GBV, including sexual assault and human trafficking.³⁰¹

The COVID-19 pandemic further revealed the increased risk for GBV, and the particular barriers faced by survivors in the context of emergencies. Following the outbreak of the COVID-19 pandemic, data collections and reports from front-line advocates indicated increases in GBV, especially intimate partner violence.³⁰² Victims and survivors quarantined with abusive partners faced increased difficulties accessing victim advocacy, counseling, shelter, and legal services. Moreover, the economic stress and increased isolation associated with the pandemic had a multiplying effect for GBV survivors, as these very factors are generally associated with the escalation of abuse and impediments to safety.³⁰³ Additionally, the COVID-19 pandemic increased the demand among GBV survivors for health care, including physical and behavioral treatment services.³⁰⁴ Availability of resources also declined significantly during this time of enhanced need, as many shelters, direct service providers, courts, and victim service agencies had to reduce services or shut down altogether, leaving survivors without access to essential services and support.³⁰⁵ Survivors who did have access to shelter were often forced to choose



between seeking safety from abuse and risking exposure to the virus for themselves and their children.³⁰⁶

This pillar focuses on advancing effective responses to GBV before, during, and after a crisis or emergency event. Overall, emergency preparedness and response efforts often lack sufficient consideration of how emergencies exacerbate GBV risk and are too-often siloed from community-based GBV service providers, who are not integrated in the planning and implementation of emergency response processes. As a result, federal, state, tribal, territorial, and local responders, who often lack the training and community-based knowledge necessary to provide for the needs of GBV survivors, may fail to anticipate and address these needs. Moreover, domestic and sexual violence organizations face critical resource constraints, including provider burnout,³⁰⁷ and require access to flexible disaster-relief funding to support survivors during and after emergencies and access to resources to maintain continuity of services. Emergency preparedness and response strategies are more effective not only for survivors, but also communities as a whole, when they anticipate increased risk for GBV and integrate strategies to address the impact of intersecting crises on survivors, particularly those from vulnerable populations.³⁰⁸ These strategies also need to include how to better use technology to reach and support survivors, such as through telehealth, remote support groups, and virtual access to court proceedings, while keeping in mind the additional challenges and barriers that survivors may encounter in accessing and using technology.

Goal 1: Address GBV and associated risks in federal emergency response and recovery efforts

Addressing GBV should be mainstreamed across federal response and recovery efforts, including planning, funding, training, and emergency situation strategies. Engaging survivors, advocates, and community partners, including especially intimate partner violence and sexual violence service providers and shelters, as well as immigrant and refugee support organizations, is critical to ensuring that the unique needs and specific vulnerabilities of survivors are integrated into response efforts, and that crisis planning efforts account for the increased risk of GBV during and after an emergency.

Objectives

1.1 Integrate crisis- and disaster-related policies, protocols, and practices to address GBV into federal emergency planning and community mapping tools, and leverage interagency structures.

Strategies for action include:

1.1.1 Develop disaster-specific GBV prevention strategies and integrate them into emergency planning manuals, protocols, trainings, and directives. These strategies should include measures to mitigate trauma to GBV survivors, including secondary and vicarious trauma.

1.1.2 Enhance existing community mapping tools to identify survivor-specific needs, including what services will be most necessary and where they should be located.

1.1.3 Anticipate the housing needs of GBV survivors, and prepare to provide safe and accessible sheltering in times of crisis or disaster.

1.1.4 Develop response strategies for preventing and responding to GBV for persons displaced by crises or disasters, including internally displaced persons, migrants, and other persons who cross state and national borders.



1.1.5 Develop coordinated efforts between federal agencies leading emergency preparedness and response and those whose primary mission is to prevent and address GBV to better address the needs of GBV survivors prior to, during, and following a crisis or disaster. Further, ensure coordination within agencies that have both an emergency preparedness and response function or division and a component that oversees efforts to address GBV.

1.1.6 Develop standard operating procedures that educate and inform regarding prevention, reporting, and coordination with law enforcement and GBV service providers, as necessary.

1.1.7 Ensure that Federal Emergency Management Agency (FEMA) has updated policies in place to support GBV survivors during response to and recovery from emergencies or disasters.³⁰⁹

1.1.8 For domestic emergencies that may require the assistance of the Department of Defense, ensure that federal, state, and local responders coordinate protection strategies to prevent and address GBV with Gender Advisors from U.S. Northern Command, a joint military command that is authorized to assist civil authorities in domestic emergencies, including providing support to law enforcement and other qualifying entities.³¹⁰ Gender Advisors have specialized knowledge and training on protection strategies to mitigate GBV risks in emergency settings.³¹¹

1.2 Collaborate with community-based partners, including those with expertise in GBV, to meet the unique needs of survivors before, during, and after a crisis or disaster.

Strategies for action include:

1.2.1 Prioritize community-led engagement and Tribal consultation when crafting and implementing GBV-related solutions, especially in geographic areas where services and supports are largely unavailable. Collaborate with these partners to ensure the availability of culturally and linguistically appropriate services for GBV survivors and their children following a crisis or disaster.

1.2.2 Collect data on disaster-related GBV to identify, implement, and evaluate effective prevention and response strategies that support GBV survivors. Promote data collection practices that capture intersectional and compounding vulnerabilities, and adhere to standards for the safe and ethical collection of data.

1.3 Provide resources and support to organizations that provide essential services for GBV survivors during crises, emergencies, and disasters, including pandemics.

Strategies for action include:

1.3.1 Consult with a diverse array of emergency response partners and organizations that support GBV survivors, as well as GBV survivors and advocates, to inform prevention efforts, safe sheltering, and support for rape crisis services.

1.3.2 Leverage existing grants, cooperative agreements, and other funding mechanisms and provide technical assistance to organizations that support GBV survivors, including by funding community-based organizations that provide culturally and linguistically specific services, to facilitate these organizations' ability to respond rapidly in a crisis context.

1.3.3 Support projects that enhance communications among programs, support the evacuation and movement of survivors, and share resources.

1.3.4 Support direct service providers during a crisis through the provision of flexible funding, including health care providers, victim service advocates, and other frontline workers, to address emerging needs of GBV survivors.



1.3.5 Ensure GBV serving organizations are aware of disaster-related funding and programming opportunities through targeted outreach and communication strategies by the Federal Government.

1.3.6 Develop policies and practices that better support the health, safety, and well-being of victim advocates in times of crisis.

Goal 2: Update training programs for first responders that address crisis- or disaster-related GBV and trauma-informed care for GBV survivors

Mitigating GBV risks should be a critical component of any crisis or disaster response effort. It is essential that first responders are trained to mitigate the risk of disaster-related GBV and address the needs of survivors who experience GBV before, during, and after crises and disasters. Trainings should emphasize coordination with and referrals to state, local, Tribal, and territorial domestic violence and sexual assault organizations, as well as collaboration with culturally specific and community-led partners. Training the disaster workforce to better identify GBV risks and provide survivors with meaningful referrals to victim services and flexible resources to attain basic needs, such as food and shelter, will increase survivors' safety and well-being during times of crisis.

Objective

2.1 Revise existing training programs to ensure all federal employees and contractors who support and oversee emergency management programs serving GBV victims are properly trained.

Strategies for action include:

2.1.1 Through existing grants and contracts, develop trainings that help disaster response professionals to identify GBV-related risks and compounding vulnerabilities, and prioritize the delivery and development of trainings to prepare disaster response professionals to address the unique needs of GBV survivors following a crisis or disaster.

2.1.2 Ensure that preparedness grant programs support cadres of trainers, including culturally competent trainers who represent diverse communities, who can provide training to state, local, Tribal, and territorial emergency responders and community programs serving GBV survivors.

A GBV LENS ON: PANDEMIC RELIEF FOR GBV SURVIVORS

The Federal Government [invested nearly \\$1 billion of American Rescue Plan \(ARP\) funds in Family Violence Prevention and Services Programs](#)³¹² during the height of the COVID-19 pandemic to support domestic violence and sexual assault survivors and their children. The funds covered increased support for domestic violence and sexual assault services providers, as well as COVID-19 testing, vaccines, mobile health units, and other support for domestic violence services programs, as well as targeted funding for culturally specific services and Tribal communities, and increased funding for national training and technical assistance.



Goal 3: Deepen the research base on the links between climate-related disasters and heightened risk for GBV, particularly for historically marginalized and underserved populations

Climate-related crises and disasters have increased in frequency and severity in recent years, disproportionately impacting underserved communities and vulnerable populations, who are already at heightened risk for GBV.³¹³ Indigenous people, migrants, and displaced persons are at an especially high risk for new and compounding incidence of GBV, in part because of pre-existing structural inequalities and in part because vulnerable communities have the fewest resources to withstand the impacts of climate disasters. Federal efforts to deepen the research base are important to better understand these links, and to ultimately address climate-related disasters and emergencies in a way that accounts for these disparities.³¹⁴

Objective

3.1 Support federal research efforts to deepen the evidence base for the links between GBV and natural disasters and to identify promising practices.

Strategies for action include:

3.1.1 Leverage the research capabilities of federal agencies to improve research related to disasters, to build an evidence base for the impact of disasters on GBV risk, including within marginalized and underserved communities. This should include support for research on risk mitigation strategies rooted in culturally-specific, traditional and Indigenous knowledge.³¹⁵

3.1.2 Conduct research on climate-related human migration and GBV risk, specifically related to sexual violence and human trafficking.³¹⁶



PILLAR 7

RESEARCH AND DATA

Identify gaps in research and data collection and expand evidence base to better understand the scope and impact of GBV.

Research and data form the foundation for achieving many of the goals identified in the National Plan. Building upon and strengthening existing research and data allows us to better understand GBV and develop more effective ways of preventing and responding to it at every level—with individuals, families, communities, schools, places of work, and systems.

Strategies and actions to reduce, and ultimately end, GBV should be based on rigorous, inclusive research and data, and should be assessed on an ongoing basis to evaluate outcomes, monitor progress, and identify opportunities for future policy and program development.

The Federal Government can improve the ways we prioritize and fund GBV research and data collection and analysis by increasing the quantity and types of data collected and by rethinking how we collect data and conduct research. This requires engaging in a process of evaluating ongoing data collections and methodologies to understand who is being reached and which populations are underrepresented through current modes of research, such as through the use of online, in-person, and phone surveys.³¹⁷ It is also necessary to actively seek input from those impacted by GBV when assessing and prioritizing research and data activities and ensure research methods are inclusive of diverse communities.

While we have made significant progress in understanding the nature and prevalence of GBV in the United States generally, research and data gaps remain, particularly for historically marginalized and underserved communities. Addressing these gaps requires increased, consistent, and long-term financial investment and coordination across federal agencies through a whole-of-government approach. It is important to note, though, that preserving different and complementary agency approaches to identifying, prioritizing, and answering GBV research and data questions is critical to capturing a full and accurate picture of GBV in the United States.

Goal 1: Expand the scope of research and data to improve inclusion of historically marginalized and underserved communities

Research and data on GBV tend to exclude or under-include historically marginalized and underserved communities, particularly in identifying variations in characteristics and risk and protective factors. The resultant lack of data and research limits our understanding of the social forces that drive GBV, narrows our scope, and restricts our ability to monitor the success of prevention strategies. To counter historical biases and build an inclusive base of knowledge about GBV, the voices and perspectives of historically marginalized and underserved groups must be included throughout the process, including when identifying research and data needs and priorities. Traditional research methods that rely on quantitative measures may be less suited for studying the experiences of GBV in marginalized and underserved communities; at the same time, there is an inherent bias in the public health and safety establishments toward these traditional methods, leading to the perpetuation of limited data that lacks inclusion of particularly underserved populations. Additionally, reporting disaggregated data from public health surveillance data collection systems³¹⁸ is essential for obtaining accurate estimates of the prevalence of GBV among different populations and examining the impact of multiple and



diverse identities and characteristics on victimization rates and experiences with violence. While some systems may not capture information necessary to disaggregate data, many do collect key information but are unable to report on intersectional characteristics (e.g., race and ethnicity, sexual orientation, gender identity, and disability) due to limited sample sizes of smaller or traditionally underserved communities. In all efforts to improve the collection and use of data related to GBV, protecting the privacy, confidentiality, and safety of survivors is paramount.

Objectives

1.1 Support innovative research and data collection approaches to improve inclusion of historically marginalized and underserved communities.

Strategies for action include:

1.1.1 Develop and recommend incorporation of consistent language for GBV research and data calls (e.g., grant solicitations, requests for proposals (RFPs), notices of funding opportunities (NOFOs)) that specifically articulate the need for increased research and data regarding historically marginalized and underserved communities.³¹⁹

1.1.2 Federal agencies should make it a priority to actively engage with historically marginalized and underserved groups when identifying research and data needs and priorities and throughout the process of developing and implementing the research or data collection.

1.1.3 Federal agencies' funding opportunities should allow for expanded opportunities to determine the most appropriate ways to conduct research or collect data on GBV generally, and especially among historically marginalized communities. This may at times include prioritizing qualitative and mixed methods research; participatory and community-based research and evaluation methods; targeted web panel surveys; and non-probability sampling (including convenience sampling).³²⁰

1.2 Consistently report disaggregated data from existing national data systems.

Strategies for action include:

1.2.1 Enhance funding for ongoing public health surveillance data collection systems so that federal agencies can increase their samples of individuals from historically marginalized and underserved communities to enable reliable, disaggregated data reporting on GBV across intersections of key characteristics at national and state levels.

1.2.2 Build upon, disseminate, and encourage federal agencies to adopt best practices for collecting data, including coordinating GBV data collection on diverse populations with data collections developed through the Interagency Working Group on Equitable Data and other efforts to enhance the collection and use of data on sexual orientation, gender identity, and sex characteristics (SOGI data).³²¹

A GBV LENS ON: INVOLVING PEOPLE WITH LIVED EXPERIENCES IN RESEARCH

People who design, implement, and evaluate federal programs addressing GBV can develop a deeper understanding of the issues addressed in those programs when they engage in a meaningful way with people who have lived experience of these issues. Federal agencies that fund research and program evaluation can bolster the quality, validity, and utility of that research—and ensure findings have practical import for all communities—when research grants encourage or require that the voices of those with lived experience, as well as those from communities disproportionately impacted by GBV, be central to developing, shaping, and



participating in the research and analyzing findings. For example, beginning in FY 2022, the Office on Violence Against Women requires that applicants to its Research and Evaluation Initiative explain how people with lived experience will be involved in the project besides as study participants.

Furthermore, a December 2021 HHS report, [Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice](#), describes how to involve people with lived experience in developing, implementing, and evaluating programs. These firsthand perspectives are valuable for enhancing programming so that it truly meets the needs of the populations it is designed to serve.

Goal 2: Improve understanding of GBV victimization and perpetration over the life course

Additional theoretically grounded research on specific topics (outlined in Objectives 3.1 and 3.2) will deepen the evidence base and better inform prevention and intervention efforts that support and improve outcomes for GBV survivors. This includes further research on risk factors and protective factors over the life course, regarding both victimization and perpetration. When building this evidence base, it is essential to partner with survivors and impacted groups in the prioritization and implementation of research and evaluation.

Objectives

2.1 Expand research on GBV victimization and perpetration and their overlap through the life course.

Strategies for action include:

2.1.1 Increase investments in longitudinal research to understand risk and protective factors for GBV victimization and perpetration at different levels of the social ecology (such as individual, relational, community), and how they interact over time (for example, protective factors that buffer risk for experiencing or perpetrating GBV after experiencing adverse childhood experiences (ACEs)). This research can include the overlap between GBV victimization and perpetration, and the association of GBV with other forms of violence, particularly, gang, gun, and other community violence.

2.1.2 Make a life course approach the priority in research and data collections by ensuring inclusion and adequate representation of persons at all life stages, including youth, reproductive age/pregnant women, older adults, and adults with disabilities.

2.1.3 Increase investments in longitudinal research to understand the impact of GBV over time, including the association with pregnancy, reproductive health, and maternal mortality and morbidity (particularly focused on improving research for communities that are disproportionately impacted), consistent with the ongoing implementation of the White House Blueprint for Addressing the Maternal Health Crisis, as well as on and GBV's impact on health outcomes, including mental health, substance use, physical health and health behaviors, and re-exposure to violence.

2.2 Increase knowledge on what works to prevent GBV over the life course.

Strategies for action include:

2.2.1 Increase investments in research to identify, adapt, and evaluate effective GBV prevention approaches, including implementation strategies, particularly for groups that are disproportionately affected (such as developing new approaches or adapting and evaluating existing evidence-based approaches for marginalized or high-risk groups).



2.2.2 Increase investments in approaches that address social and structural factors affecting GBV risk, including policies (for example, economic or housing policies), social norms change, or community-level prevention.

2.2.3 Evaluate approaches that show promise for preventing multiple public health problems, including GBV, simultaneously.

Goal 3: Leverage existing data collections to collect new data on GBV

While new data collections may sometimes be necessary, existing, related federal data collections should also be leveraged to integrate GBV content.³²² Adding GBV content to existing related data sets would enable an examination of the overlaps of the different public health problems to inform the development of approaches to preventing and addressing violence, polyvictimization, and other public health problems simultaneously. To add GBV content to existing data collections, agencies must have expertise in collecting data on sensitive or personal experiences to ensure the confidentiality, privacy, safety, and dignity of respondents. Additionally, agencies must be aware of opportunities to supplement existing data collections through collaboration.

Objective

3.1 Expand GBV data collection resources and collaborations.

Strategies for action include:

3.1.1 Create, share, and maintain an inventory of data sources (including types of data and methods) across federal agencies on populations or topics that may be interconnected with GBV to identify opportunities for further study of GBV.³²³

3.1.2 Create a resource hub that serves as a one-stop shop for existing guidance on best practices to aid federal agencies that do not collect GBV data to add GBV content to their existing data collection, including with respect to protecting confidentiality, privacy and safety, as well as ensuring dignity in addressing GBV.³²⁴ Consider United Nations and World Health Organization guidance on collecting data about violence against women.³²⁵

3.1.3 Encourage coordination and investment in supplementing ongoing data collection on GBV-related topics with GBV content.



PART IV: Implementation

The *National Plan to End Gender-Based Violence: Strategies for Action* is designed to serve as a framework for federal agencies and other stakeholders working to end gender-based violence in the United States. The National Plan is intended to inform and guide research, policy development, program planning, service delivery, and other efforts by federal and nonfederal stakeholders.

This Plan will also serve as a tool to foster enhanced coordination across federal agencies and programs, identify areas of synergy and new opportunities for collaboration, and monitor and evaluate progress.

Integration with Broader Equity Efforts at Home and Abroad

This National Plan is part of the implementation of the [National Strategy on Gender Equity and Equality](#), which identified 10 interconnected priority areas, including ending gender-based violence, and advances an intersectional approach and comprehensive agenda for addressing these priorities through both domestic and foreign policy.

The National Plan also aligns with the recently updated [U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally](#) and presents an opportunity to strengthen global partnerships, cooperation, and cross-learning in efforts to prevent and address gender-based violence both at home and abroad.

This Plan also complements and expands upon other legislative and executive actions, such as those listed in [Annex 2](#), and works to integrate efforts to prevent and address GBV with our broader equity efforts and commitments.

Whole-of-Government Coordination

The Plan is a roadmap for a whole-of-government effort to prevent and address GBV in the United States.

National responsibility for realizing its bold vision is not the task of a sole agency or White House office, but rather a responsibility that cuts across the work of the Federal Government. Federal partners will collaborate through a **GBV Federal Interagency Working Group**, which will convene on a regular basis to advance implementation of the National Plan and foster collaboration across the Administration.

Federal agencies will provide input for the development of an implementation plan and will meet regularly to coordinate activities, identify opportunities to better align and accelerate federal efforts, apply lessons learned from data and research findings, address emerging issues, monitor progress toward the Plan's goals and objectives, and report on national progress. This work will foster and be informed by increased collaboration and partnership with Congress, state, local, Tribal, and territorial governments; foreign governments and multi-lateral organizations; and non-governmental actors—including civil society, community-based organizations, faith-based groups, private-sector organizations, and survivor leaders.



Monitoring and Accountability

Achieving the priorities outlined in this Plan requires articulating concrete goals and objectives, committing to strategies, dedicating sufficient resources, and instituting metrics to measure progress. Federal agencies will implement this plan across four methods: (1) Strategic Planning & Budgeting, (2) Policy & Program Development, (3) Measurement & Data, and (4) Management & Training.³²⁶ Implementation efforts will expand upon the goals, objectives, and strategies for action established in this Plan; specify timelines and implementing entities for each of the seven pillars where relevant; and set indicators and targets. Agencies and departments will report on key activities to advance these goals when reporting annually on progress toward the goals of the National Strategy on Gender Equity and Equality. As social, legal, policy, and public health advances and challenges emerge, new and innovative federal policies will be developed to complement the Plan.

Consultation and Engagement

This National Plan has been developed with the active and meaningful participation of survivors, advocates, communities, civil society, service providers, researchers, and government officials, among others, whose continued engagement is critical for the Plan's implementation, monitoring, and evaluation. To inform federal implementation of this Plan, the White House Gender Policy Council (GPC) and agency partners will continue to center input from GBV survivors and those most affected by GBV.

The Biden-Harris Administration will also continue to engage and work with a diverse group of stakeholders to end GBV, including Congress, state, local, Tribal, and territorial governments; survivors and their families; policy, advocacy, community-based, and faith-focused organizations; service providers; educational institutions; researchers and academics; the media; and other private-sector actors, including employers, professional associations, and philanthropic organizations. We all have a role to play in preventing GBV; improving support, health, and well-being for survivors; and promoting equity, inclusion, and accessibility for all people.



ANNEX 1: Key Federal Activities

This Annex contains a list of **Key Federal Activities** corresponding to each pillar. **These activities are significant examples, though not an exhaustive list, of specific initiatives already underway or that the United States government has already committed to undertake** (through legislation or executive action) that implement the goals and objectives of the Plan. The primary agencies and components responsible for each key federal activity are listed in parentheses after each entry.

See [Annex 4](#) for a list of all federal agency, component, and other similar names and acronyms used in Annex 1 and throughout this Plan.

PILLAR 1: PREVENTION & PUBLIC HEALTH

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED GRANTS & PROGRAMS

1. The [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#) provides evidence-based home visiting services to at-risk pregnant women and parents to prevent child abuse, neglect, and other adverse childhood experiences (ACEs), all of which are risk factors for GBV perpetration later in life. (HHS HRSA).
2. The [Rape Prevention and Education \(RPE\) Program](#) provides funding, training, and technical assistance to promote evidence-based approaches to prevent sexual violence. (HHS CDC).
3. The [Domestic Violence Prevention Enhancement and Leadership Through Alliances \(DELTA\) Impact Program](#) funds state domestic violence coalitions and local communities to implement strategies and approaches designed to decrease risk factors that may lead to intimate partner violence and to increase protective factors that prevent it. (HHS CDC).
4. The [Engage Men and Boys as Allies in the Prevention of Violence Against Women and Girls \(EM\) Program](#) supports educational programming and community organizing to encourage men and boys to work as allies with women and girls to prevent domestic violence, dating violence, sexual assault, stalking, and sex trafficking. (DOJ OVW).
5. The [Office of Safe Supportive Schools \(OSSS\)](#) grant programs and technical assistance centers can support GBV-related activities. OSSS's National Center on Safe and Supportive Learning Environments developed "lessons from the field" webinars on GBV prevention in schools and postsecondary institutions and training on healthy relationships; emotional, physical and online safety; trafficking; and students' physical and mental health, including attention to trauma and violence prevention. NCSSLE also produces a [Directory of Federal Sexual Assault Prevention Resources: Information for Local and State Officials](#), which is designed to support school board members, district officials, superintendents, state education board members and others in improving local and state policies, school-based prevention and intervention programming, and response to sexual misconduct in K–12 learning environments. (ED OSSS).



6. The [Keep Young Athletes Safe Program](#) supports the ongoing implementation of prevention measures to safeguard amateur athletes from sexual, physical, and emotional abuse in the athletic programs of the United States Olympic & Paralympic Committee and each national governing body. (DOJ OJP SMART).
7. The [Strategies to Support Children Exposed to Violence Initiative](#) funds communities to develop and provide support services for children exposed to violence in their homes, schools, and communities. It also funds community-based project sites to provide training and technical assistance on youth violence prevention and intervention. (DOJ OJP OJJDP).
8. The [Addressing Female Genital Mutilation and Cutting \(FGMC\) Program](#) supports projects to build or enhance community responses to FGMC by increasing services, education, and community partner engagement. (DOJ OJP OVC).
9. The [Human Trafficking Youth Prevention Education \(HTYPE\) Demonstration Program](#) provides funds for local education agencies to develop and implement programs to prevent human trafficking victimization through skills-based training and education for school staff and students. (HHS ACF OTIP).
10. The [Teen Pregnancy Prevention \(TPP\) Program](#) supports innovative, evidence-based adolescent health and family planning programs, services, strategic partnerships, evaluation, and research. The program targets youth populations and communities especially impacted by teen pregnancy and STIs, behavioral risk factors underlying teen pregnancy, or other associated risk factors (e.g., exposure to violence, substance use, and dating violence). (HHS OPA).
11. The [Violence Against Women and Substance Use Prevention Initiative](#) funds intimate partner violence trainings for substance use disorder providers, with a focus on the intersection of intimate partner violence and substance use disorder during the pregnancy and postpartum period. The initiative funds statewide pilot projects that support partnerships between substance use disorder providers and state and local domestic and sexual violence organizations; identify and disseminate best practices; integrate IPV and substance protocols into medical practice; integrate perinatal and postpartum programs into existing substance use programs; and evaluate intimate partner violence/substance use disorder health outcomes in the pregnant and postpartum period. (HHS OASH OWH; HHS ACF FVPSA).

POLICIES, REGULATIONS & ADMINISTRATIVE ACTIONS

12. The [DoD Prevention Plan of Action 2.0 2022-2024](#) establishes a framework to guide the development, implementation, and evaluation of integrated primary prevention, a new area of emphasis at DoD that involves developing shared solutions to the problems of sexual assault, harassment, retaliation, domestic abuse, suicide, and child abuse. (DoD).
13. DoD's [Integrated Primary Prevention Policy for Prevention Workforce and Leaders](#) commits DoD to establishing and maintaining a robust, enterprise-wide Integrated Primary Prevention (IPP) capability that includes a trained and full-time IPP Workforce, leaders equipped to facilitate prevention activities, and an enduring infrastructure for the collection and application of prevention data. The policy includes an accountability structure for administering, receiving, and using command climate assessment information to empower commanders to improve climate. The policy also provides guidance for selecting and



evaluating the prevention activities of military installations as part of the on-site installation evaluation process. (DoD).

INTERAGENCY STRATEGIES & COLLABORATIONS

14. The [HHS Steering Committee on Violence Against Women](#) strategically focuses departmental collaboration on the intersections of research, education, and training concerning violence against women and girls. Steering Committee members build links with colleagues across HHS, and other federal agencies, to improve HHS's response to violence against women and girls. (HHS).
15. The Department of Education (ED) has responsibility under VAWA 2022 to develop, in consultation with DOJ, CDC, HHS, and other experts, a standardized online survey tool to be administered by postsecondary institutions regarding their students' experiences with GBV. VAWA 2022 sets out numerous topics for the survey to cover, including questions designed to determine the impact and effectiveness of prevention and awareness programs. VAWA 2022 also tasks ED with co-leading a Task Force on Sexual Violence in Education, together with DOJ and HHS, which launched in September 2022, submitting a [report to Congress, soliciting input from diverse stakeholders, and developing recommendations on many aspects of sexual violence prevention and response](#). (ED, DOJ, and HHS).
16. The Senior Policy Operating Group (SPOG) of the [President's Interagency Task Force \(PITF\) to Monitor and Combat Trafficking in Persons](#) developed a [Guide for Introductory Human Trafficking Awareness Training](#) for agencies to use as a resource and share with stakeholders. The SPOG will also analyze the rights and protections granted to temporary employment-based visa holders and develop solutions for addressing gaps, as directed in the [National Action Plan to Combat Human Trafficking](#). Multiple federal agencies have developed specialized components to support the work of the PITF, including [DOJ's Anti-Trafficking Program](#), led by the National Human Trafficking Coordinator; the [HHS Task Force to Prevent and End Human Trafficking](#); and the [DHS Center for Countering Human Trafficking](#). (DoS, DOJ, HHS, DHS).

TECHNICAL ASSISTANCE & TRAINING RESOURCES

17. The [IPV Prevention Council](#) seeks to enhance the capacity of state and territorial domestic violence coalitions and community-based domestic violence programs to advance a comprehensive national prevention agenda and broaden support for its full implementation at the national, state, territory and local levels. (HHS ACF FVPSA; HHS CDC).
18. The CDC's [Technical Packages for Violence Prevention](#) offer strategies, approaches, and examples of policies, programs, and practices based on the best available evidence to prevent many forms of GBV-related violence, including adverse childhood experiences (ACEs), child abuse and neglect, intimate partner violence, sexual violence, suicide, and youth violence. (HHS CDC).
19. [VetoViolence](#) provides interactive violence prevention tools and trainings for policy makers, educators, service providers, and community partners working to prevent GBV. (HHS CDC).



20. [Dating Matters®: Strategies to Promote Healthy Teen Relationships](#) is an evidence-based, comprehensive teen dating violence prevention model, including classroom-based student programs, parent training programs, a communications program led by older peers, educator trainings, and more. The Dating Matters Toolkit is an online resource giving communities step-by-step guidance for implementation. (HHS CDC).
21. The [Health Partners on IPV + Exploitation Program](#) serves health centers through training on trauma-informed services, partnerships, policy development, and processes to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking, and exploitation. (HHS HRSA).
22. DoD has committed to establishing [a clearinghouse for primary prevention research](#) that will accelerate dissemination of research findings and streamline data collection processes. (DoD).
23. [Equity Assistance Centers](#) (EACs), funded by ED, are statutorily authorized to provide technical assistance and training to school districts on issues related to equity in education, including disseminating information on nondiscrimination requirements and instructing school officials on sexual harassment prevention.
24. ED’s [Clery Group](#) administers the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (Clery Act), which requires all higher education institutions that participate in the Title IV Federal Student Aid programs to take action to prevent all forms of sexual violence, including ongoing sexual violence awareness and prevention campaigns on primary prevention, risk reduction, and bystander intervention. Institutions must also provide specialized training for officials who investigate or adjudicate sexual violence allegations; and provide easy-to-understand materials that explain students’ options for reporting and how to secure accommodations, protective measures, and support services. The Clery Group helps institutions create and improve resources for survivors; provides technical assistance to institutions that want to improve their campus safety programs; and conducts training that reaches thousands of school officials and practitioners, as well as conducting investigations and assessments to evaluate Clery Act compliance in furtherance of preventing sexual violence on campuses throughout the country. (ED).
25. ED’s [Readiness and Emergency Management for Schools \(REMS\) Technical Assistance Center](#) provides support to K–12 schools, school districts, and institutions of higher education, along with their community partners, in development of high-quality emergency operations plans and comprehensive emergency management planning efforts. REMS’ programming, online courses, and training guides address many topics, including adult sexual misconduct in the school setting. (ED).



PILLAR 2: SUPPORT, HEALING, SAFETY, AND WELL-BEING

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED GRANTS & PROGRAMS

1. The [Services Grant Program for Residential Treatment for Pregnant and Postpartum Women](#) provides substance use disorder treatment and recovery support services and harm reduction interventions to pregnant and postpartum women in both residential and outpatient substance use disorder treatment. Among the required activities, grantees must provide counseling on domestic violence and sexual abuse when these issues are identified. (HHS SAMHSA).
2. The [Specialized Services for Abused Parents and Their Children](#) grant projects focus on capacity building to improve responses to children, youth, and parents experiencing domestic violence by (1) improving systems for and responses to abused parents and their children exposed to domestic violence; (2) coordinating or providing new or enhanced residential and non-residential services for children exposed to violence; and (3) enhancing evidence- and practice-informed services, strategies, advocacy, and interventions for children and youth exposed to domestic violence. (HHS ACF FVPSA).
3. The [National Deaf Domestic Violence Hotline, led by Abused Deaf Women’s Advocacy Services \(ADWAS\)](#), partners with the [National Domestic Violence Hotline](#) to provide accessible services by Deaf advocates to support Deaf individuals who have experienced domestic violence or sexual assault. ADWAS also works with Deaf and hearing friends and family member of Deaf survivors, and provides support, education and technical assistance for Domestic Violence and Sexual Assault programs and shelters to improve their accessibility for Deaf survivors who need their services. (HHS ACF FVPSA).
4. The [StrongHearts Native Helpline](#) provides safe, confidential, and anonymous domestic and sexual violence helpline for Native Americans and Alaska Natives, offering culturally-appropriate support and advocacy nationwide. (HHS ACF FVPSA).
5. The [Juvenile Tribal Healing to Wellness Courts](#) and [Family Drug Treatment Courts](#) programs support strategies to train and implement culturally responsive, evidence-based, and trauma-informed practices for youth and families suffering from substance use or mental health disorders, including those experiencing or with histories of GBV. (DOJ OJP OJJDP).
6. The [Enhancing Law Enforcement Response to Victims \(ELERV\) Strategy](#) aims to enhance federal, state, local, campus, and Tribal law enforcement response to victims of all crimes, to build community-wide trust and confidence in the police, foster healing processes for victims, increase victim participation, and produce stronger cases. (DOJ OJP OVC).
7. The [Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities](#) provide comprehensive case management for Indigenous survivors of human trafficking, including assistance in accessing housing, health care, mental health services, education, employment, and referrals, among other services. (HHS ACF OTIP).
8. The [Enhanced Training and Services to End Abuse in Later Life Program](#) funds projects that support a comprehensive approach to addressing elder abuse in their communities. Grantees provide training to criminal justice professionals to enhance their ability to



address elder abuse, neglect, and exploitation; provide cross-training opportunities to professionals working with older victims; establish or support a coordinated community response to elder abuse; and provide or enhance services for victims who are 50 years of age or older. (DOJ OVW).

9. The [Grants to Enhance Culturally Specific Services for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program](#) supports culturally specific community-based organizations in addressing the critical needs of sexual assault, domestic violence, dating violence, and stalking victims in a manner that affirms a victim's culture. (DOJ OVW).
10. The [Grants for Outreach and Services to Underserved Populations Program](#) was authorized to develop and implement outreach strategies targeted at adult or youth victims of domestic violence, dating violence, sexual assault, or stalking in underserved populations and to provide victim services to meet the needs of adult and youth victims in underserved populations. (DOJ OVW).
11. The [Grants for Training and Services to End Violence Against Individuals with Disabilities and Deaf People Program](#) seeks to create sustainable change within and between organizations that improves the response to individuals with disabilities and Deaf individuals who are victims of sexual assault, domestic violence, dating violence, and stalking and to hold perpetrators of such crimes accountable. (DOJ OVW).
12. The [Tribal Sexual Assault Services Program](#) (TSASP) is one of five funding streams within the [Sexual Assault Services Program](#) (SASP). Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment (e.g., accompanying victims to court, medical facilities, police departments), support services, and related assistance for adult, youth, and child victims of sexual assault. TSASP specifically supports projects to create, maintain, and expand sustainable sexual assault services provided by Tribes, tribal organizations, and nonprofit tribal organizations within Indian country and Alaska Native villages. (DOJ OVW).
13. The DoD's [Commander's Package](#) will be a special package prepared for the Commander by a victim advocate that contains recommendations for a survivor's immediate and ongoing care based on best practices for crime victims. DoD partnered with the Federal Research Division (FRD) to conduct a literature review, stakeholder debrief, external expert interviews, and case studies, which resulted in the best practices and recommendation to support the development of the Commander's Package. Additionally, distinct from the Commander's Package, DoD has [clarified existing policy](#) so commanders and Military Treatment Facility directors may grant convalescent leave (non-chargeable) to Service members for their treatment and recuperation from sexual assault. And, under existing policy and procedures, commanders should allow Service members to attend, in a normal duty status during normal duty hours, any scheduled medical or non-medical appointments, services, or counseling related to their sexual assault incidents, in order to support them in their recovery. (DoD).

INTERAGENCY STRATEGIES & COLLABORATIONS



14. The [Health Resources and Services Administration Strategy to Address Intimate Partner Violence](#) centers on (1) providing training to address intimate partner violence (IPV), (2) developing partnerships to raise IPV awareness within HHS, (3) increasing access to “IPV-informed health care services,” and (4) addressing gaps in knowledge about IPV risks, impacts, and intervention. (HHS HRSA).
15. The [Interagency Task Force for Trauma-Informed Care](#) provides recommendations on best practices and better coordination of federal responses regarding the impact of trauma on children and their families. The Task Force released the [National Strategy on Trauma-Informed Care Operating Plan](#) in November 2021 to guide further work. (HHS SAMHSA).
16. The [Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health](#) sets an overall vision and common approach for federal agencies to strengthen the vital conditions necessary for improved community and individual resilience, and well-being. The Plan calls for a transformational systemic change in federal action including through support for community-led prevention, reduction, and elimination of individual and collective victimization and trauma. (HHS OASH).

TECHNICAL ASSISTANCE & TRAINING RESOURCES

17. The [Training and Technical Assistance \(TTA\) Program](#), operated by the National Council of Family and Juvenile Court Judges, provides OVW grantees and potential grantees with training, expertise and problem-solving strategies, peer-to-peer consultations, site visits, and tailored assistance to meet the challenges of addressing sexual assault, domestic violence, dating violence, and stalking. The [TA Provider Resource Center \(TA2TA\)](#), facilitates the collaboration and communication of the OVW TA provider community and its constituents to strengthen partnerships, identify promising practices and address emerging issues. (DOJ OVW).
18. The [Domestic Violence Resource Network](#) promotes up-to-date information on best practices, policies, research, and victim resources, and supports health care professionals, advocates, survivors, and policymakers at all levels in improving our nation’s response to domestic violence. (HHS ACF FVPSA).
19. The [National Center for Culturally Responsive Victim Services](#) promotes racial equity in victim services and compensation, provides training and technical assistance to advance services to GBV victims from marginalized and underserved communities of color, and builds the capacity of organizations that serve these communities. (DOJ OVC).
20. The [Starter Kit on Engaging People With Lived Experience in Child Support Programs](#) was developed for child support programs, grant recipients, and stakeholders by the Office of Child Support Enforcement. The Kit emphasizes that lived experiences of IPV survivors and others are valuable and needed to inform child support programming. (HHS ACF OCSE).
21. The [National Center on Domestic Violence Trauma & Mental Health](#) develops model policies on intimate partner violence and trauma, conducts and analyzes trauma research, and offers training, consultation, and resources for advocates, service providers, and policymakers concerning the nexus between intimate partner violence and trauma for survivors and their children. (HHS ACF FVPSA).



22. DHS's [Blue Campaign](#) developed an online [GBV Awareness Course](#) to help airport and private aviation industry personnel define the concept of GBV; identify its various forms, including human trafficking; and describe ways to support victims and survivors. (DHS).
23. OVC funded the e-publication, [Achieving Excellence: Model Standards for Serving Victims & Survivors of Crime](#), which provides guidelines and suggestions to help victim service practitioners and program administrators improve the quality and consistency of their response to crime victims. (DOJ OJP OVC).
24. The [Human Trafficking Capacity Building Center](#) assists organizations and Tribes with building their capacity to aid all trafficking victims, navigating resources, and strengthening human trafficking service networks. The Center has developed strategies and resources for victim-centered, trauma-informed care. (DOJ OJP OVC).
25. The [SOAR Online Training Modules](#), developed by the National Human Trafficking Training and Technical Assistance Center, educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify and respond appropriately to individuals who are at risk of or who have experienced human trafficking. (HHS ACF OTIP).



PILLAR 3: ECONOMIC SECURITY AND HOUSING

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED GRANTS & PROGRAMS

1. The [Transitional Housing Assistance Grants for Victims of Domestic Violence, Dating Violence, Sexual Assault and Stalking Program](#), provides funding for transitional housing and related wrap-around services for survivors and their children. This grant program received increased funding for FY 2023 and OVW's grant announcement encouraged applicants to propose detailed plans for enhancing survivors' economic autonomy and reaching underserved populations. (DOJ OVW).
2. [Domestic Violence Housing First \(DVHF\) Demonstration Evaluation](#) is a quasi-experimental, longitudinal study that examines the impact of the DVHF model (which offers mobile advocacy and/or flexible financial assistance to survivors) on the lives of domestic violence survivors and their children over time. (HHS ASPE and DOJ OJP OVC).
3. The [Fostering Access, Rights, and Equity \(FARE\) Grant Program](#) offered by DOL's Women's Bureau supports non-profit organizations' efforts to address gender-based violence and harassment (GBVH) in the world of work, with a particular focus on workers who are disproportionately impacted by GBVH. Grant recipients will build awareness, connect women to federal and state workplace rights and benefits, and implement worker and survivor-driven strategies to shift workplace norms. (DOL WB).
4. Grantees of HUD's [Community Development Block Grant Program](#) can fund a wide range of activities for low- and moderate-income persons, including services for survivors of domestic violence, dating violence, sexual assault, and stalking; housing information and referral; youth services; child care services; and mental health services. (HUD CPD).
5. The [Office of Special Needs Assistance Programs \(SNAPS\)](#), through HUD's [Continuum of Care Program](#), provides grants for homeless assistance projects, including those that serve survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking who qualify as homeless. Continuums of Care can receive additional funding for Domestic Violence Bonus projects that serve members of households fleeing various forms of GBV. (HUD CPD SNAPS).
6. HUD's [Community Compass Technical Assistance and Capacity Building Grants](#) provide funding for VAWA training and technical assistance to HUD grantees (including certain housing providers) and other stakeholders. (HUD).
7. [The Safe Access for Victims' Economic Security \(SAVES\) Program](#) develops, evaluates, and implements model practices for safe access to child support and parenting time services. [SAVES Demonstration Grants](#) fund child support programs in 12 states and one Tribe to implement comprehensive domestic violence safety policies, procedures, and outreach activities to enhance safety for survivors of domestic violence in the child support program and increase access to child support and parenting time services for parents not currently receiving child support due to safety



concerns. The national SAVES Center provides comprehensive training, technical assistance, and evaluation support to SAVES Demonstration grantees. (HHS ACF OSCE).

8. The [VAWA/HOPWA \(Housing Opportunities for People With AIDS/HIV\) Demonstration Initiative](#) awarded joint funding to eight demonstration projects across the country to provide housing assistance and supportive services to individuals living with HIV/AIDS who were homeless or in need of housing assistance due to domestic violence, sexual assault, dating violence, or stalking. [Three videos](#) were recently produced that highlight lessons learned and key factors to consider in addressing the intersection of HIV and IPV, including domestic violence, dating violence, sexual assault, and stalking. (HUD, DOJ).

POLICIES, REGULATIONS & ADMINISTRATIVE ACTIONS

9. The Consumer Financial Protection Bureau issued a final rule in June 2022 regarding the [Prohibition on Inclusion of Adverse Information in Consumer Reporting in Cases of Human Trafficking](#), pursuant to legislation that amended the Fair Credit Reporting Act in order to assist consumers who are victims of trafficking in building or rebuilding financial stability and personal independence. The new regulation established a method for a victim of human trafficking to report adverse information that resulted from human trafficking and prohibits consumer reporting agencies from furnishing a consumer report containing the adverse information. (CFPB).
10. The Consumer Financial Protection Bureau (CFPB), an independent agency, continues to investigate the needs of those impacted by intimate partner violence and identifies policies that may better support survivors in collaboration with partners and stakeholders. (CFPB).
11. HUD revised the Federal Housing Administration's [Single Family Housing Policy Handbook](#) to include new guidelines that will help borrowers who are survivors of domestic violence access alternatives to foreclosure, by allowing them to proceed with loss mitigation without the participation of a co-borrower. (HUD).
12. [NIH policy](#) sets forth an expectation that every organization receiving NIH funds has policies and practices in place that foster a harassment-free environment, and requires NIH-funded institutions to report when individuals identified as principal investigator or key personnel in an NIH notice of award are removed from their position or otherwise disciplined due to concerns about harassment, bullying, retaliation, or hostile working conditions. (HHS NIH).
13. U.S. Citizenship and Immigration Services of the Department of Homeland Security (DHS) issued a [final rule on the Public Charge Ground of Inadmissibility](#) in September 2022 to provide clarity and consistency for noncitizens on how DHS will administer the public charge ground of inadmissibility and restore the historical understanding of a "public charge" that had been in place for decades.
14. HUD released a [Notice](#) setting out HUD's enforcement authority under VAWA, establishing that HUD's [Office of Fair Housing and Equal Opportunity \(FHEO\)](#) and [Office of General Counsel \(OGC\)](#) will implement and enforce VAWA in such way that provides the same rights and remedies as those provided under the Fair Housing



Act. HUD's [Office of Public and Indian Housing](#), [Office of Multifamily Housing](#), [Office of Community Planning and Development](#), and [Office of Fair Housing and Equal Opportunity](#) anticipate implementing VAWA 2022's housing provisions through updated regulations, notices, forms, policies, and other guidance, in addition to training and technical assistance to covered housing providers and other grantees and stakeholders. (HUD).

15. The [Sexual Harassment in the Workplace Initiative](#) works to address workplace sexual harassment in violation of Title VII by state and local government employers. It focuses on litigation opportunities, identifying best practices and tools to prevent and correct sexual harassment, and educating public employers and workers about their obligations and rights. (DOJ).
16. HUD established a [Director on Gender-Based Violence Prevention and Equity](#) in the Office of the Secretary in 2021 and will establish a Gender-based Violence Prevention Office with a Violence Against Women Act Director pursuant to VAWA 2022. (HUD).

INTERAGENCY STRATEGIES & COLLABORATIONS

17. The [White House Government-Wide Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#) details a comprehensive framework to prevent and address workplace harassment in the federal workforce, as required by Executive Order 14035, Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce. Progress on this framework involves three phases: (1) a self-assessment that includes an internal policy and procedure review; (2) implementing promising practices with specific milestones; and (3) supporting sustainability and continued improvement, assessing evidence, and adopting evidence-based policies, practices, and processes.
18. The [Sexual Harassment in Housing Initiative](#) addresses and raises awareness about sexual harassment by landlords, property managers, maintenance workers, loan officers, or other people who have control over housing. Outreach efforts by HUD and DOJ include developing public service announcements, holding roundtables nationwide, speaking at conferences, and developing websites and other resources (including palm cards and multi-lingual flyers). HUD and DOJ have recovered millions of dollars for survivors through enforcement actions to combat sexual harassment in housing under the Fair Housing Act and, where appropriate, the Equal Credit Opportunity Act. (HUD and DOJ).
19. The [2022 Federal Strategic Plan to Prevent and End Homelessness](#) of the U.S. Interagency Council on Homelessness's (USICH) identifies specific strategies that member federal agencies and state and local governments can undertake to increase access to services and supports for GBV survivors. (USICH).
20. The [National Action Plan to Combat Human Trafficking](#) includes Principle 2.6, regarding employment, education, and other services for human trafficking victims. Priority Action 2.6.2 directs federal agencies to increase access to shelters and safe housing for victims and directs HUD, HHS, the General Services Administration (GSA), USICH, and DOJ to convene a Federal Interagency Human Trafficking



Housing Workgroup to enhance federal coordination on viable options for providing temporary or permanent housing to human trafficking victims.

TECHNICAL ASSISTANCE & TRAINING RESOURCES

21. The EEOC provides several resources on preventing and addressing GBV, including harassment, in the world of work. This includes a [Training Program on Respectful Workplaces](#) geared toward employers; a [Q&A](#) that addresses employers' legal obligations under Title VII and the ADA to applicants or employees who experience GBV in the workplace; a [Report of the Co-Chairs of the Equal Employment Opportunity Commission's Select Task Force on the Study of Harassment in the Workplace](#) that identifies effective strategies; and a technical assistance document, [Promising Practices for Preventing Harassment. \(EEOC\)](#).
22. The [Workplaces Respond to Domestic and Sexual Violence National Resource Center](#) provides resources for employers, including federal agencies, on addressing the needs of employees who are GBV survivors. Federally focused resources include a model agency policy, model training, and various tip sheets. (DOJ OVW).
23. The EEOC recently issued a new technical assistance document entitled [Promising Practices for Preventing Harassment in the Federal Sector](#). The document builds upon existing EEOC guidance and is intended to serve as a resource to help federal agencies prevent and remedy harassment, including sexual harassment, and to assist agencies as they work to update or revise their anti-harassment policies and programs. Most of the practices identified, such as those related to conducting investigations and addressing online harassment, may also be helpful to practitioners outside of the federal government. (EEOC)
24. The [Safe Housing Partnerships](#) was established through the federal Domestic Violence and Housing Technical Assistance Consortium, an innovative, collaborative approach to providing training, technical assistance, and resource development at the critical intersection of domestic and sexual violence, homelessness, and housing. (DOJ OVW OVC, HHS FVPSA, HUD).
25. The [Housing and Economic Mobility Toolkit](#) contains four documents that provide guiding principles for serving individuals who have experienced trafficking, strategies for developing community partnerships, and clarification about survivors' eligibility for existing housing resources. (HHS ACF OTIP).
26. HUD's new [VAWA webpage](#) serves as a clearinghouse for HUD's VAWA resources. The site features FAQs on VAWA housing protections, VAWA trainings, related forms and legal authorities, as well as referrals to direct services for survivors. (HUD).
27. HUD's [Office of Policy Development and Research](#) anticipates creating new data points concerning GBV survivors and their housing needs and challenges by linking HUD administrative data onto existing national surveys, as well as embarking on a study assessing the housing and services needs of human trafficking survivors and those at risk of being trafficked who are experiencing homelessness or housing instability, as required by VAWA 2022. (HUD).



28. The Department of Education funds the National Center for Homeless Education ([NCHE](#)), a technical assistance center that supports the implementation of the [Education for Homeless Children and Youth \(EHCY\) grant program](#). NCHE provides guidance and support, including on [domestic and sexual violence in relation to children experiencing homelessness or residential instability](#) to State coordinators, school district liaisons, families experiencing homelessness, and other stakeholders and partners.



PILLAR 4: ONLINE SAFETY

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED GRANTS & PROGRAMS

1. OVC's [Advancing the Use of Technology to Assist Victims of Crime](#) program supports initiatives designed to increase access to services and information about victims' rights, strengthening service providers' understanding and support of survivors of technology-facilitated GBV. (DOJ OJP OVC).
2. The Department of Justice received funding through the Consolidated Appropriations Act of 2023 to implement [two new grant programs authorized in VAWA 2022](#), including the establishment of a National Resource Center on Cybercrimes Against Individuals, and grants to provide training and support to State, Tribal, and local law enforcement, prosecutors, and judicial personnel to assist victims of cybercrimes. (DOJ).

TECHNICAL ASSISTANCE & TRAINING RESOURCES

3. The [Tech Safety App Version 2.0](#) was updated to provide survivors and advocates with information on safety and privacy, how technology can be misused, and what survivors can do to address technology-facilitated GBV. (DOJ OJP OVC).
4. The [Technology and Confidentiality Technical Assistance Project](#), implemented by the National Network to End Domestic Violence's [Safety Net Project](#), focuses on the intersection of technology and domestic and sexual violence and works to address how it impacts the safety, privacy, accessibility, and civil rights of victims. This includes training law enforcement and justice systems, social services, coordinated community response teams and others on tactics of technology misuse and offender accountability. The project also hosts an online [Technology and Confidentiality Resources Toolkit](#). (DOJ OVW and DOJ OJP OVC).
5. The National Domestic Violence Hotline conducted a [survey of survivors about experiences with online harassment and abuse](#), including youth who seek support from the Love Is Respect chat line for teen dating violence. (HHS ACF FVPSA).
6. The [National Threat Assessment Center](#) (NTAC) issued the report, [Hot Yoga Tallahassee: A Case Study of Misogynistic Extremism](#), which analyzed a 2018 attacker's background and highlights the threats misogynistic extremism pose. As part of its research on the nexus between online misogyny and domestic terrorism, NTAC is preparing a report on intimate partner violence as a motive and precursor to mass violence, including an analysis of the prior communications and online presence of attackers. (DHS USSS).
7. The [Cyber-Abuse Research Initiative](#), supported by the National Opinion Research Center, collects nationally representative data on cyberstalking to assess its scope and nature as well as determine survivors' access to services and any unmet needs. Research is underway, and report findings will be published later this year. (DOJ OVW).



8. The [National Juvenile Online Victimization Study](#) collects national data on arrests made for internet- and technology-facilitated child exploitation crimes to produce national estimates and examine trends. (DOJ NIJ).
9. The [Addressing Online Harassment and Abuse in Technology-Facilitated Human Trafficking Information Memorandum](#) explains how technology is misused by human traffickers, provides data on the increase in technology-facilitated child trafficking, and notes additional resources. (HHS ACF OTIP).

INTERAGENCY STRATEGIES & COLLABORATIONS

10. The [White House Task Force to Address Online Harassment and Abuse](#) is an interagency initiative that was established through a Presidential Memorandum in July 2022 to address online harassment and abuse, specifically focused on technology-facilitated gender-based violence. The Task Force is tasked with developing concrete recommendations to improve prevention, response, and protection efforts through programs and policies in the United States and globally. An [Executive Summary of the Initial Blueprint](#) for the White House Task Force was released in March of 2023.
11. The [Global Partnership for Action on Gender-Based Online Harassment and Abuse](#) is an initiative that brings together countries, international organizations, civil society, and the private sector to better prioritize, understand, prevent, and address the growing scourge of technology-facilitated gender-based violence.



PILLAR 5: LEGAL AND JUSTICE SYSTEMS

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED GRANTS & PROGRAMS

1. The [Legal Assistance for Victims Program](#) (LAV) funds comprehensive direct legal assistance to victims of domestic violence, dating violence, sexual assault, and stalking on diverse legal issues, including Tribal, immigration, employment, administrative agency and campus proceedings, and protection orders; criminal justice investigations, prosecutions, and post-trial matters that impact the victim's safety and privacy; family law matters such as divorce, child custody, or child support; and consumer or housing matters and credit restoration. (DOJ OVW).
2. The [Expanding Legal Services Initiative](#), part of the LAV Program, supports the establishment of new legal assistance programs, giving priority to racial equity and underserved communities. Grantees receive specific training to help create a legal program from the ground up. (DOJ OVW).
3. The [Improving Criminal Justice Responses \(ICJR\) Program](#) is designed to encourage community-based partnerships to improve the criminal justice response to domestic violence, sexual assault, dating violence, and stalking and to seek safety and autonomy for victims. The FY 2023 appropriation sets aside specific amounts for special initiatives on domestic violence homicide reduction, effective policing and prosecution responses, and enhanced investigation and prosecution of online abuse and harassment. (DOJ OVW).
4. DOJ's Office on Violence Against Women administers more than twenty [grant programs authorized by VAWA](#). These grant programs are designed to develop the nation's capacity to reduce domestic violence, dating violence, sexual assault, and stalking by strengthening services to victims, holding offenders accountable, and enhancing a coordinated community response. (DOJ OVW).
5. OVC's [Bridging Inequities—Legal Services and Victims' Rights Enforcement for Underserved Communities Program](#) enhances the provision of civil legal services to victims of crime from marginalized and underserved communities by training and supporting legal fellows who reflect those communities. (DOJ OJP OVC).
6. The [National Service Line for Incarcerated Survivors of Sexual Abuse Initiative](#) is underway to determine if and how the development of such a hotline could assist correctional agencies and facilities across the nation in achieving and maintaining compliance with [PREA Standards](#) for access to external services and reporting. (DOJ OVW and DOJ OJP BJA).
7. OVC's [2022 Safety, Support, and Services for Survivors of Sexual Abuse in Youth Detention](#) funds the development of partnerships between detention facilities and community-based service providers in order to increase access to services for juvenile survivors of sexual abuse and assault who are incarcerated. (DOJ OJP OVC).
8. The [Resolve Program](#) provides a post-sentencing intake needs assessment—including assessing adverse childhood experiences—and programming for incarcerated women



who have experienced trauma. Inmates can self-direct participation in the program. (DOJ BOP).

9. The [Reducing Risk for Girls in the Juvenile Justice System](#) program supports communities to develop, enhance, or expand early intervention programs and treatment services for girls involved in the juvenile justice system, and supports training and technical assistance for those efforts. (DOJ OJP OJJDP).
10. The federally funded [Legal Services Corporation \(LSC\)](#) is the largest single funder of civil legal aid for low-income Americans in the country. LSC grantees help intimate partner violence survivors by obtaining protective orders in court and enforcing them, securing child custody orders, and providing other legal services related to separation and divorce proceedings, such as employment, financial, issues and housing problems.
11. The [CATCH a Serial Offender Program](#) is a program and DoD database that gives people making a sexual assault report, where the name of the suspect is not known by law enforcement, an opportunity to anonymously submit suspect information to help DoD identify serial offenders. The system provides an avenue to confidentially submit information about the alleged offender and incident to military investigators. Should the suspect in one entry match with other reports, individuals who reported to the CATCH Program are notified of the match and offered the opportunity participate in the military investigative and justice processes. (DoD).
12. The [National Sexual Assault Kit Initiative \(SAKI\)](#) provides funding to support multidisciplinary community response teams to inventory, track, and expeditiously test previously unsubmitted sexual assault kits; produce necessary protocols and policies to improve collaboration and promote sustainable reform among laboratories, police, prosecutors, and victim service providers; provide resources to address cold case sexual assault investigations and prosecutions; and optimize victim notification protocols and services.

POLICIES, REGULATIONS & ADMINISTRATIVE ACTIONS

13. DOJ's updated guidance on [Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias](#) is designed to help law enforcement agencies recognize, mitigate, and prevent gender bias and other forms of bias from compromising the response to, and investigation of, sexual assault, domestic violence, and other forms of GBV. The guidance provides eight principles to help ensure that bias, whether conscious or unconscious, does not undermine efforts to keep survivors safe, while promoting accountability. (DOJ OVW and DOJ CRT).
14. OJJDP is updating guidance, now entitled *Girls, Young Women, and Gender Non-Conforming Youth and Teens in the Juvenile Justice System*, to recognize diverse pathways into and across systems, and reduce the number of juveniles entering the system to only those who pose a serious threat to public safety. This document will also provide recommendations for improving system and programmatic responses tailored to the needs and identities of girls, young women, and gender non-



conforming youth and teens who come into contact with the juvenile justice system. (DOJ OJP OJJDP).

15. DOJ's revised [Attorney General Guidelines for Victim and Witness Assistance](#) reflect statutory updates, case law developments, the impact of technology, and lessons learned working with victims and witnesses. This resource promotes a victim-centered, trauma-informed, and culturally sensitive approach in all service provision; provides further guidance on how best to assist vulnerable victims; and, for the first time, includes a section specifically dedicated to working with AI/AN communities. (DOJ).
16. The Attorney General will submit, pursuant to Section 1204 (c) of [VAWA 2022](#), an annual report to Congress examining inconsistencies between State laws on marriage-age and State laws on age-based sex offenses, such as statutory rape. (DOJ)
17. DOJ's [Directive on Promoting Public Safety in Indian Country](#), issued to all U.S. Attorneys and law enforcement components, declares it a DOJ priority to address the disproportionately high rates of violence experienced by American Indians and Alaska Natives, and the high rates of indigenous persons reported missing. As a result of this directive, U.S. Attorney's offices located in Indian Country developed new guidelines for cases involving missing or murdered Indigenous persons and updated their operational plans to improve coordination, better support victims, and address other pressing public safety issues. (DOJ).
18. DoD's [Offices of Special Trial Counsel](#) will be composed of independent, specially trained prosecutors who will try covered cases, including domestic violence and sexual assault. Each Service will provide a specially trained, professionalized judge advocate workforce, which will [report directly to the Service secretary](#). The special trial counsel will handle offenses occurring on or after December 27, 2023. (DoD).
19. DoD [Instruction 6400.06 on DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel](#) aims to prevent and address domestic abuse in the DoD by promoting awareness of domestic abuse and its impacts on individuals, families, and readiness. It aims to support initiatives to strengthen families, encourage early help-seeking, support victims of abuse, while addressing prevention strategies, while establishing a coordinated community response (CCR) that promotes accountability for alleged abusers and intervening in abusive situations, and developing comprehensive safety plans that prevent re-abuse. (DoD).
20. U.S. Citizenship and Immigration Services (USCIS) announced in March 2023 the opening of the [Humanitarian, Adjustment, Removing Conditions, and Travel Documents \(HART\) Service Center](#). This new Service Center will focus on the adjudication of humanitarian-based immigration relief, including VAWA self-petitions and U-visas for victims of eligible crimes, and will significantly increase the number of adjudicators in order to positively impact the timeliness, and scale of USCIS' humanitarian processing abilities. (DHS USCIS).
21. Updated USCIS policy guidance for [T visa adjudications](#), [VAWA self-petitions](#), and [Special Immigrant Juvenile \(SIJ\) classifications](#) provides direction on how to improve



access to safety, services, and support for immigrant GBV survivors, emphasizing a victim-centered approach when working with noncitizen victims of trafficking and other crimes, and those who are victims of battery or extreme cruelty by an abusive spouse or other family member. (DHS USCIS).

22. USCIS implemented a new [Bona Fide Determination process \(BFD\)](#) to conduct initial reviews of U nonimmigrant status petitions more efficiently and provide eligible victims of qualifying crimes with employment authorization and deferred action while they await a final adjudication. This will [provide victims with further protections and stability](#) and better equip them to cooperate with and assist law enforcement. (DHS USCIS).
23. [ICE Directive 11005.3: Using a Victim-Centered Approach with Noncitizen Crime Victims](#) updates policy guidance regarding civil immigration enforcement actions involving noncitizen crime victims, including the exercise of prosecutorial discretion in appropriate circumstances to facilitate access to justice and victim-based immigration benefits, including the VAWA self-petition, U visa, and T visa. (DHS ICE).
24. U.S. Immigration and Customs Enforcement's (ICE) [Victims Engagement and Services Line](#) serves as a streamlined and all-encompassing access point for victims, regardless of the immigration status of the victim or perpetrator. This includes guidance on available U- and T-visa resources and information about the Blue Campaign to counter human trafficking. It also includes a Detention Reporting and Information Line that provides victims the ability to report incidents of sexual or physical assault, abuse, mistreatment or human trafficking in ICE detention. (DHS ICE).
25. The Department of Education has proposed [amendments to its Title IX regulations](#) to advance Title IX's goal of ensuring that no person experiences sex discrimination in education, that all students receive appropriate support as needed to access equal educational opportunities, and that school procedures for investigating and resolving complaints of sex discrimination, including sex-based harassment and sexual violence, are fair to all involved. (ED).
26. USCIS has updated its Policy Guidance to include the first [consolidated Guidance on VAWA self-petitions](#). Modifications include updates on eligibility, filing, and adjudication requirements for VAWA-self petitions to reflect current laws and existing practice, including updated guidance on shared residence requirements and eligibility of stepchildren and stepparents in the event of divorce. (DHS USCIS).

INTERAGENCY STRATEGIES & COLLABORATIONS

27. The DOI's [Murdered and Missing Unit \(MMU\)](#) was created in April 2021 to provide cross-department and interagency work on missing or murdered American Indians and Alaska Natives. Since its formation, the MMU has marshalled law enforcement resources to focus on the Missing or Murdered Indigenous Peoples (MMIP) crisis with 17 offices located across 12 states. (DOI).



28. During the 2022 White House Tribal Nations Summit, the DOI's Bureau of Indian Affairs (BIA) and FBI entered a [new Memorandum of Understanding \(MOU\)](#) to establish clear guidelines regarding the respective jurisdictions in certain investigative matters and provide for the effective and efficient administration of criminal investigative service in Indian Country. The guidelines will be used to resolve jurisdictional questions between the agencies at the field level and will strengthen notification mechanisms and information sharing between FBI and BIA. (DOI BIA and DOJ FBI).
29. DOI and DOJ worked together to establish the [Not Invisible Act Commission](#), an advisory committee composed of law enforcement, tribal leaders, federal partners, service providers, and most importantly: survivors. The Commission has been holding hearings, gathering testimony, and receiving additional evidence and feedback from its members to develop recommendations to improve intergovernmental coordination and establish best practices for state-tribal-federal law enforcement to combat the epidemic of missing persons, murder, and trafficking of Native Americans and Alaska Natives (DOI and DOJ).
30. Pursuant to the [National Action Plan to Combat Human Trafficking, Priority Item 2.2.3](#), DOJ will convene a federal working group to ensure cross-agency coordination on issues around vacatur, expungement, and notation on disposition of arrest records for human trafficking victims who were not recognized as such at the time of arrest. (DOJ).

TECHNICAL ASSISTANCE & TRAINING RESOURCES

31. The [Victims of Child Abuse Act Tribal Children's Advocacy Centers Training and Technical Assistance Program](#) funds, supports, and delivers coordinated training and technical assistance to federally recognized Tribes and children's advocacy centers (CACs) supporting AI/AN communities to improve investigative responses and treatment services for victims of child sexual abuse and their families. (DOJ OJP OJJDP).
32. The [National PREA Resource Center](#) provides extensive training, technical assistance, and resources to confinement facilities and agencies across the country on preventing, detecting, and responding to the sexual abuse and sexual harassment of persons who are incarcerated, and on achieving and maintaining compliance with the [PREA Standards](#). (DOJ OJP BJA).
33. The [National Resource Center for Justice-Involved LGBTQ+ and Two-Spirit Youth](#) seeks to build capacity among OJJDP's current training and technical assistance providers, develop and disseminate resources (e.g., fact sheets, toolkits, online curriculums, webinars, training and guidance manuals, etc.), and respond to requests from justice-involved youth stakeholders, including juvenile detention center staff, law enforcement officers, judges and court staff, probation staff, and community-based providers. (DOJ OJP OJJDP).
34. The [Tribal Access Program for National Crime Information \(TAP\)](#) provides Tribes with access to data across the Criminal Justice Information Services and other national crime information systems for federally authorized criminal justice and non-



criminal justice purposes. TAP enhances participating Tribes' ability to register sex offenders, have orders of protection enforced off-reservation, protect children, keep guns out of the wrong hands, and improve the safety of public housing. It also allows Tribal arrests and convictions to be associated with a Tribe. (DOJ OJP SMART, OVC, COPS and DOJ OVW).

35. The National Institute of Justice's [Violence Against Women and Family Violence Program](#) supports the development of objective and independent knowledge and validated tools to reduce GBV, promote justice for victims of crime, and enhance criminal justice system responses. (DOJ OJP NIJ).
36. The [Dru Sjodin National Sex Offender Public Website](#) is a critical part of the nation's sex offender registration and notification scheme, providing the only U.S. government website that links public state, territorial, and tribal sex offender registries in one national search site, as well as providing technology tools for states, Tribes, and territories to share information, track registered offenders, and notify survivors, families, and the public of offenders' whereabouts. (DOJ OJP SMART).
37. DOJ launched a [New MMIP Website](#), which serves as a central hub of resources to more comprehensively address issues of missing or murdered Indigenous persons, bring justice to victims and their families, and promote increased transparency about the Department's law enforcement efforts. (DOJ).



PILLAR 6: EMERGENCY PREPAREDNESS AND CRISIS RESPONSE

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED GRANTS & PROGRAMS

1. [Sexual Violence in Disasters](#), a report by the National Sexual Violence Resource Center (NSVRC), highlights key lessons from the COVID-19 pandemic and other recent disasters, with a particular focus on the intersection of sexual violence and racial and social inequities. The report provides resources and recommendations for mitigating disaster-related GBV. (HHS CDC).
2. The [SOAR for Disaster Management](#) is an online training that equips disaster management professionals with the information and resources they need to prevent, identify, and respond to human trafficking during and after disasters or emergencies. (HHS ACF OTIP).

INTERAGENCY STRATEGIES & COLLABORATIONS

3. The DHS **Council on Combating Gender-Based Violence (CCGBV)** ensures that policies addressing GBV are consistent legally and department-wide, and examines how DHS can improve its response to GBV, including before, during, and after crises and disasters. (DHS).
4. The DHS [Center for Countering Human Trafficking \(CCHT\)](#), the first unified, inter-component coordination center for countering human trafficking, seeks to play a significant role in advancing law enforcement operations, protecting victims, and enhancing prevention efforts before, during, and after a disaster or emergency event. (DHS).
5. Interagency [Guidance to State and Local Governments and Other Federally Assisted Recipients Engaged in Emergency Preparedness, Response, Mitigation, and Recovery Activities on Compliance with Title VI of the Civil Rights Act of 1964](#) was developed to ensure that individuals and communities affected by disasters do not face unlawful discrimination on the basis of race, color, or national origin in violation of Title VI. The Guidance invokes the National Response Framework and the National Disaster Recovery Framework, both of which highlight the importance of complying with the nondiscrimination requirements of civil rights statutes, addressing the needs of the whole community, and ensuring equal opportunity to access recovery efforts. (DOJ, DHS, HUD, HHS, and DOT).

TECHNICAL ASSISTANCE & TRAINING RESOURCES

6. A study undertaken by the National Academies of Sciences, Engineering, and Medicine and sponsored by the CDC reviews [the state of the evidence on public health emergency preparedness and response \(PHEPR\)](#) practices and the improvements necessary to move the field forward and to strengthen the PHEPR system. (HHS CDC).



PILLAR 7: RESEARCH AND DATA

EXAMPLES OF KEY FEDERAL ACTIVITIES

FEDERALLY FUNDED RESEARCH, GRANTS & PROGRAMS

1. HHS has supported [multiple research awards](#) aimed at building the evidence for sexual violence prevention approaches that have substantial uptake in practice, to rigorously evaluate the effectiveness of primary prevention efforts implemented by [Rape Prevention and Education \(RPE\) Programs](#). (HHS CDC).
2. HHS has supported [multiple research awards](#) aimed at building the evidence for the primary prevention of adult- and youth-perpetrated child sexual abuse. As of September 2022, nine research studies are funded to test the effectiveness of prevention strategies and approaches for preventing or reducing child sexual abuse. (HHS CDC).
3. NIJ, in partnership with OVW, has recently funded research projects related to the impact of brain injury on domestic violence survivors, understanding the experiences of Latina survivors, and improving data collection on Missing or Murdered Indigenous Persons, among other projects. NIJ has received annual funding from VAWA for research and development since 1998. (DOJ OJP NIJ and DOJ OVW).
4. NIH, in collaboration with HHS and other federal agencies, conducts research on different types of GBV, including intimate partner violence, sexual violence, teen dating violence, bias-based bullying and harassment, and violence targeting LGBTQI+ populations. [A Notice of Special Interest \(NOSI\) on Research on Addressing Violence to Improve Health Outcomes](#) was released in July 2022. Over the past decade, NIH's [annual investment in Violence Against Women research](#) has increased significantly. (HHS NIH).
5. The [Women's Health Needs Study \(WHNS\)](#) is the first multi-site study in the United States to collect information on Female Genital Mutilation/Cutting (FGM/C) and related health characteristics, behaviors, and attitudes from U.S.-resident women aged 18 to 49 who were born, or whose mothers were born, in a country where FGM/C is a prevalent practice. WHNS will assess the extent to which FGM/C affects women in these communities, women's attitudes about continuance of the practice, and their health experiences. Findings on women's health needs, experiences, and attitudes related to FGM/C can be used to inform and plan programs, services, and prevention efforts. (HHS CDC).

FEDERAL DATA COLLECTIONS

6. The [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#) provides ongoing nationally representative public health surveillance of sexual violence, stalking, and intimate partner violence victimization by person characteristics (including sex, gender identity, sexual identity, race, ethnicity, disability status, and age). (HHS CDC).
7. The longstanding [National Crime Victimization Survey \(NCVS\)](#) provides national data on the level and change of nonfatal personal and property crimes both reported and not reported to police. NCVS data provide information about domestic violence, intimate



partner violence, rape or sexual assault, stalking, hate crimes, and victimization by person characteristics (including sex, gender identity, sexual orientation, and disability status). (DOJ OJP BJS).

8. The [Anti-Trafficking Information Management System](#) (ATIMS) captures data on the characteristics and trafficking experiences of foreign national adults and minors requesting HHS Certification or Eligibility through the Shepherd module. The Grant Performance module is also being developed within ATIMS to capture demographic information and services delivered to clients enrolled within the Office on Trafficking in Persons' comprehensive case management programs. (HHS ACF OTIP).

TECHNICAL ASSISTANCE & TRAINING RESOURCES

9. The report [Measuring Sex, Gender Identity, and Sexual Orientation](#), authored by the National Academy of Science and commissioned by the NIH Sexual and Gender Minority Research Office, offers principles and guidelines for collecting sex and gender data as well as criteria for selecting recommended data measures that will inform additional data collections and future research in how to best serve LGBTQI+ Americans. (HHS NIH).



ANNEX 2: Federal Actions Chart

Annex 2 contains a list of key executive and legislative actions that are related to the priorities and goals of this Plan. This serves to highlight the importance of further integrating our country's GBV prevention and response efforts with our broader equity efforts and across intersecting policy priorities.

EXECUTIVE ACTIONS

1. [Executive Order 13623: Preventing and Responding to Violence Against Women and Girls Globally](#)
2. [Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#)
3. [Executive Order 14091: Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#)
4. [Executive Order 13988: Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#)
5. [Executive Order 14020: Establishment of the White House Gender Policy Council](#)
6. [Executive Order 14021: Guaranteeing an Educational Environment Free from Discrimination on the Basis of Sex, Including Sexual Orientation or Gender Identity](#)
7. [Executive Order 14035: Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce](#)
8. [Executive Order 14053: Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People](#)
9. [Executive Order 14074: Advancing Effective, Accountable Policing and Criminal Justice Practices to Enhance Public Trust and Public Safety](#)
10. [Executive Order 14075: Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#)
11. [Memorandum on the Establishment of the White House Task Force to Address Online Harassment and Abuse](#)
12. [Presidential Memorandum on Promoting Accountability for Conflict-Related Sexual Violence](#)

NATIONAL PLANS AND STRATEGIES

1. [United States Strategy to Prevent and Respond to Gender-Based Violence Globally](#)
2. [National Strategy on Gender Equity and Equality](#)



3. [National Action Plan to Combat Human Trafficking](#)
4. [National HIV/AIDS Strategy](#)
5. [White House Blueprint for Addressing the Maternal Health Crisis](#)
6. [National Strategy for Countering Domestic Terrorism](#)
7. [United States Strategy on Women, Peace, and Security](#)
8. [National Strategy for Child Exploitation Prevention and Interdiction](#)

OTHER FEDERAL INITIATIVES

1. [Independent Review Commission on Sexual Assault in the Military](#)
2. [Interagency Working Group on Safety, Opportunity, and Inclusion for Transgender and Gender Diverse Individuals](#)
3. [North American Trilateral Working Group on Violence Against Indigenous Women and Girls](#)
4. [Community Violence Intervention \(CVI\) and Prevention Initiative](#)
5. [Memorializing Transgender Day of Remembrance: A Report from the Interagency Working Group on Safety, Opportunity, and Inclusion for Transgender and Gender Diverse Individuals](#)
6. [HHS HRSA Strategy to Address Intimate Partner Violence](#)
7. [The Attorney General Guidelines for Victim and Witness Assistance](#)

FEDERAL LEGISLATION

1. [Violence Against Women Act Reauthorization Act of 2022 \(VAWA\)](#)
2. [Family Violence Prevention and Services Act of 1984 \(FVPSA\) \(Title III of the Child Abuse Amendments of 1984\)](#)
3. [Victims of Crime Act of 1984](#)
4. [Victims of Child Abuse Act Reauthorization Act of 2018](#)
5. [Child Abuse Prevention and Treatment Act of 2018 \(CAPTA\)](#)
6. [Women, Peace, and Security Act of 2017](#)
7. [Strengthening the Opposition to Female Genital Mutilation \(FGM\) Act of 2020](#)
8. [Missing Persons and Unidentified Remains Act of 2019](#)
9. [COVID-19 Hate Crimes Act \(2021\)](#)
10. [Combat Online Predators Act \(2020\)](#)
11. [PROTECT Our Children Act of 2022](#)



12. [Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act of 2021](#)
13. [VOCA Fix to Sustain the Crime Victims Fund Act of 2021](#)
14. [Title IX of the Education Amendments of 1972](#)
15. [Speak Out Act \(2022\)](#)
16. [Countering Human Trafficking Act of 2021](#)
17. [Victims' Rights and Restitution Act of 1990 \(VRRRA\)](#) (Title 5 of the Crime Control Act of 1990)
18. [Crime Victims' Rights Act \(2004\) \(as amended\)](#)
19. [The Fair Housing Act \(1968\) \(as amended\)](#)
20. [Sex Offender Registration and Notification Act](#) (Title I of the Adam Walsh Child Protection and Safety Act of 2006)
21. [Trafficking Victims Protection Act of 2000 \(as amended\)](#)
22. [Pregnant Workers Fairness Act \(2022\)](#)
23. [Section 109 of Title I of the Housing and Community Development Act of 1974](#)
24. [Title VII of the Civil Rights Act of 1964](#)
25. [Title VI of the Civil Rights Act of 1964](#)



ANNEX 3: Acknowledgments

The White House Gender Policy Council is grateful for the critical input and deep expertise that guided the development of this first-ever National Plan to End Gender-Based Violence. The creation of this plan was only possible through extensive engagement with domestic and international partners and collaboration across the Federal Government and beyond.

We are grateful to the diverse range of external stakeholders whose input and recommendations deeply informed the contours and priorities of the Plan. The White House Gender Policy Council (GPC) participated in more than 25 listening sessions involving over 2,000 individuals, including many survivors as well as numerous U.S. civil society, nonprofit, community-based, and faith-based organizations; researchers; and academics working across the GBV field.

We thank the U.S. Federal Government agencies and each of the components within the Executive Office of the President for their contributions. Dedicated interagency working groups, composed of subject matter experts from across the Federal Government, provided input and collaborative work on the pillars and strategies for action. Finally, we are grateful for the expertise shared by Members of Congress and state, Tribal, and local leaders across the United States, as well as the valuable perspectives offered by multi-lateral partners and global experts who have developed similar national plans in other countries. Just as the formation of this Plan would not have been possible without rigorous engagement from a broad group of stakeholders, its implementation hinges on the work we will do together. We look forward to continuing this collaboration in the years ahead, in service of our vision of a world free from gender-based violence.



ANNEX 4: Federal Acronyms

Annex 4 provides a list of all federal agency, component, and other similar names and acronyms used throughout this Plan.

The White House

Gender Policy Council (GPC)

Domestic Policy Council (DPC)

U.S. Agency for International Development (USAID)

Consumer Financial Protection Bureau (CFPB)

U.S. Department of Defense (DoD)

U.S. Northern Command (USNORTHCOM)

U.S. Department of Education (ED)

Office of Safe and Supportive Schools (OSSS)

U.S. Department of Health and Human Services (HHS)

Administration for Children and Families (ACF)

Administration for Native Americans (ANA)

Administration on Children, Youth, and Families (ACYF)

Family and Youth Services Bureau (FYSB)

Office of Child Care (OCC)

Office of Child Support Enforcement (OCSE)

Office of Community Services (OCS)

Office of Family Assistance (OFA)

Office of Head Start (OHS)

Office of Family Violence and Prevention Services (OFVPS)

Office of Planning, Research & Evaluation (OPRE)

Office on Trafficking in Persons (OTIP)

Administration for Community Living (ACL)

Administration for Strategic Preparedness and Response (ASPR)

Centers for Disease Control and Prevention (CDC)

Health Resources and Services Administration (HRSA)

National Institutes of Health (NIH)

Office of the Surgeon General (OSG)

Office of the Assistant Secretary for Health (OASH)

Office of Population Affairs (OPA)

Office on Women's Health (OWH)

Substance Abuse and Mental Health Services Administration (SAMHSA)

U.S. Department of Homeland Security (DHS)

Center for Countering Human Trafficking (CCHT)

Council on Combating Gender-Based Violence (CCGBV)

Federal Emergency Management Agency (FEMA)



Homeland Security Investigations (HSI)
Human Rights Violators and War Crimes Center (HRVWCC)
Homeland Security Investigations (HSI) Victim Assistance Program (VAP)
U.S. Immigration and Customs Enforcement (ICE)
U.S. Citizenship and Immigration Services (USCIS)
U.S. Secret Service (USSS)

U.S. Department of Housing and Urban Development (HUD)

Office of Fair Housing and Equal Opportunity (FHEO)
Office of Community Planning and Development (CPD)
 Office of Special Needs Assistance Programs (SNAPS)
Office of Housing
 Federal Housing Administration (FHA)
 Office of Multifamily Housing
Office of Policy Development and Research (PD&R)
Office of Public and Indian Housing (PIH)

U.S. Department of the Interior (DOI)

Bureau of Indian Affairs (BIA)

U.S. Department of Justice (DOJ)

Office on Violence Against Women (OVW)
Office of Justice Programs (OJP)
 Bureau of Justice Assistance (BJA)
 Bureau of Justice Statistics (BJS)
 National Institute of Justice (NIJ)
 Office of Juvenile Justice and Delinquency Prevention (OJJDP)
 Office for Victims of Crimes (OVC)
 Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART)
 Office for Access to Justice (ATJ)
Bureau of Prisons (BOP)
Executive Office for Immigration Review (EOIR)

U.S. Department of Labor (DOL)

Office of the Assistant Secretary for Administration and Management (OASAM)
 Civil Rights Center (CRC)
Employment and Training Administration (ETA)
Occupational Safety and Health Administration (OSHA)
Women's Bureau (WB)

U.S. Department of State (DoS)

U.S. Department of Veterans Affairs (VA)

U.S. Equal Employment Opportunity Commission (EEOC)

U.S. Interagency Council on Homelessness (USICH)

U.S. Office of Personnel Management (OPM)

U.S. Small Business Administration (SBA)



ENDNOTES

¹ Style and language usage guides from several agencies were consulted in the selection of terms and phrasing for this Plan. All language was selected with the intention of being inclusive and reflective of the lived experiences of victims and survivors.

² World Health Organization. [Life Course](#) (“A life course approach to health aims to ensure people’s well-being at all ages by addressing people’s needs, ensuring access to health services, and safeguarding the human right to health throughout their life time.”); Alwin, D.F. [Life Course, life cycle, life history, life span and life stage](#). In: Runehov, A.L.C., Oviedo, L. (eds) Encyclopedia of Sciences and Religions. Springer, Dordrecht, 2013 (“Life course means: (1) Events marking transitions and trajectories of roles extending across the life span, such as entering and leaving school, acquiring a full-time job, getting married, divorced, having children, retiring, and the like; (2) a perspective on the investigation of the changing environment of the individual and its developmental implications; (3) an approach offering a way of linking early life experiences to later life outcomes, such as the exposure to early life risk factors and their consequences for later life health.”).

³ The White House. [Executive Order on Establishment of the White House Gender Policy Council](#). 8 Mar. 2021.

⁴ The White House. [National Strategy on Gender Equity and Equality](#). 2021.

⁵ The updated Global GBV Strategy was released in December 2022. U.S. Department of State & U.S. Agency for International Development. [United States Strategy to Prevent and Respond to Gender-Based Violence Globally: 2022 Update](#). 2022.

⁶ The White House. [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#). 20 Jan. 2021. *See also* The White House. [Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#). 2023.

⁷ The White House. [Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#). 20 Jan. 2021.

⁸ The White House. [National Strategy on Gender Equity and Equality](#). 2021 (“Gender-based violence poses additional challenges for individuals from marginalized or underserved populations who experience intersecting forms of oppression, such as racism, homophobia, xenophobia, and economic exploitation, which affect their safety, well-being, and their ability to access support.”). As described in Guiding Principle 3, an intersectional approach addresses the impact of overlapping forms of discrimination and bias against GBV survivors based on gender, sex, gender identity, sex characteristics, or sexual orientation, as these factors intersect with race, ethnicity, religion, age, disability, geographic location, national origin, immigration or citizenship status, socioeconomic circumstance, medical condition or status, or other factors. An intersectional approach also acknowledges the disproportionate impact of GBV on people from historically marginalized and underserved communities. The National Plan is informed by the historical and current context of these compounding burdens and the need to be proactive and culturally responsive in addressing these harms and advancing equity.



⁹ Hughes, K. et al. [The Effect of Multiple Adverse Childhood Experiences on Health: A Systematic Review and Meta-Analysis](#). *The Lancet Public Health*, vol. 2, no. 8, 2017, pp. e356-e366; Jennings, W. G. et al. [Investigating the Role of Child Sexual Abuse in Intimate Partner Violence Victimization and Perpetration in Young Adulthood from a Propensity Score Matching Approach](#). *Journal of Child Sexual Abuse*, vol. 24, no. 6, 2015, pp. 659-681.

¹⁰ See Office on Violence Against Women. [Twenty Years of the Violence Against Women Act: Dispatches from the Field](#). U.S. Department of Justice, June 2016.

¹¹ In [Bostock v. Clayton County](#), 140 S. Ct. 1731 (2020), the Supreme Court held that Title VII of the Civil Rights act of 1964’s prohibition against sex discrimination also prohibits discrimination because of sexual orientation and gender identity. Based on the reasoning of *Bostock*, prohibitions against discrimination because of “sex” also therefore prohibit discrimination because of sexual orientation or gender identity, even if those characteristics are not separately listed. While this plan discusses sex, sexual orientation, and gender identity separately throughout, that is not intended to call into question the fact that prohibitions against sex discrimination also prohibit discrimination based on sexual orientation and gender identity.

¹² Basile, K. et al. [Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2014; Breiding, M. et al. [Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2015; Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016.

¹³ UN Women. [Frequently asked questions: Types of violence against women and girls](#). (“Gender-based violence (GBV) refers to harmful acts directed at an individual or a group of individuals based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms.”); United Nations Committee on the Elimination of Discrimination Against Women. [General Recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19](#). 26 July 2017; see also Organization of American States. [Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women](#). 9 June 1994, Article 2 (“CONCERNED that violence against women is an offense against human dignity and a manifestation of the historically unequal power relations between women and men”); United Nations General Assembly. [Declaration on the Elimination of Violence Against Women](#). 20 Dec. 1993 (“[V]iolence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.”).

¹⁴ The words in this Plan are not legal definitions, and the language used throughout this Plan is intended to build knowledge and awareness. This requires continued engagement with victims, survivors, advocates, policymakers, and others, which we did in the development of this Plan and will continue to do after the release of this Plan.

¹⁵ U.S. Department of State & U.S. Agency for International Development. [United States Strategy to Prevent and Respond to Gender-Based Violence Globally: 2022 Update](#). 2022



(“Gender-based violence is a human rights abuse, a form of discrimination, a manifestation of unequal power, and a public health crisis in the United States and globally.”); U.S. Department of State & U.S. Agency for International Development. [United States Strategy to Prevent and Respond to Gender-Based Violence Globally: 2016 Update](#). 2016, pp. 7, 34 (“Regardless of the form that gender-based violence takes, it is a human rights abuse, a public health challenge, and a barrier to civic, social, political, and economic participation and development. ... Gender-based violence undermines not only the safety, dignity, overall health status, and human rights of the millions of individuals who experience it, but also the public health, economic stability, and security of nations.... DRL considers gender-based violence a serious human rights violation or abuse.”); Vice President Joseph R. Biden. Washington, DC, 2 Apr. 2013 (quoted in [United States Strategy to Prevent and Respond to Gender-Based Violence Globally: 2016 Update](#). 2016, p. 3) (“You cannot have a conversation about human rights and human dignity without talking about the right of every woman on this planet to be free from violence and free from fear.”); The White House. [National Strategy on Gender Equity and Equality](#). 2021, p. 14 (“All people deserve to live free from the threat of gender-based violence. Gender-based violence undermines safety, health, well-being, economic potential, and human rights. In addition to the human cost to individuals across their lifespan, gender-based violence has direct and indirect costs for families, communities, and economies and impacts democratic governance, development, and public health.”); President Barack Obama. Presidential Proclamation – Twentieth Anniversary of the Violence Against Women Act. Washington, DC, 9 Sept. 2014 (“On the anniversary of this landmark legislation, we rededicate ourselves to strengthening the protections it first codified, and we reaffirm the basic human right to be free from violence and abuse.”)

¹⁶ World Health Organization. [Violence Against Women Prevalence Estimates, 2018: Global, Regional and National Prevalence Estimates for Intimate Partner Violence Against Women and Global and Regional Estimates for Non-Partner Sexual Violence Against Women](#). 2021; World Health Organization. [Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence](#). 2013.

¹⁷ Sexual violence includes “forced or alcohol/drug facilitated penetration of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; nonphysically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature. Sexual violence can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.” Basile, K. et al. [Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2014, pp. 1, 11. According to VAWA, “The term ‘sexual assault’ means any non-consensual sexual act proscribed by Federal, Tribal or State law, including when the victim lacks capacity to consent.” Violence Against Women Act Reauthorization Act of 2022 § 2, [34 U.S.C § 12291\(a\)\(35\)](#) (Definitions and grant provisions).

¹⁸ In this Plan, we use the term “sexual harassment” to refer to hostile, intimidating, abusive, or unwelcome conduct of a sexual nature, or based on sex or gender, that impacts safety or well-being at school, home, work, or other public and private spaces. Under U.S. law, sexual harassment in the employment context includes “[u]nwelcoming sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature” (29 C.F.R. § 1604.11 (2016)) or on the basis of sex that unreasonably interferes with the terms and conditions of the



target’s work environment, or adversely impacts the target’s safety and well-being. Additional legal standards may apply, depending on the context. *See* Equal Employment Opportunity Commission. Guidelines on Discrimination Because of Sex, [29 C.F.R. § 1604.11](#). 1 July 2016; *see also, e.g.*, Office of Fair Housing and Equal Opportunity. [Sexual Harassment in Housing](#). U.S. Department of Housing and Urban Development.

¹⁹ Child sexual abuse includes incest and child sexual exploitation. [The National Strategy for Child Exploitation Prevention and Interdiction](#) addresses child sexual abuse in greater detail. U.S. Department of Justice. [The National Strategy for Child Exploitation Prevention and Interdiction: A Report to Congress – April 2016](#). Apr. 2016.

²⁰ Intimate partner violence includes “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner).” Breiding, M. et al. [Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2015, p. 11.

²¹ In this Plan, we use the word “domestic violence” specifically to refer to intimate partner violence. However, many state and local laws define “domestic violence” to include intimate partner violence, family violence (such as violence between parents and children as well as siblings), and in some cases violence between individuals who cohabit even where there is no intimate partner or familial relationship. These categories of violence include acts committed against both youth and adult victims. VAWA 2022 defines “domestic violence” to include “felony or misdemeanor crimes committed by a current or former spouse or intimate partner of the victim under the family or domestic violence laws of the jurisdiction receiving grant funding.” However, in the case of victim services, the VAWA definition of domestic violence is broader than the reference to crimes and “includes the use or attempted use of physical abuse, or sexual abuse or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior, by a person who—(A) is a current or former spouse or intimate partner of the victim, or person similarly situated to a spouse of the victim; (B) is cohabitating with or has cohabitated with the victim as a spouse or intimate partner; (C) shares a child in common with the victim; (D) commits acts against a youth or adult victim who is protected from those acts under the family or domestic violence laws of the jurisdiction”; Violence Against Women Act Reauthorization Act of 2022 § 2, [34 U.S.C. § 12291\(a\)\(12\)](#) (Definitions and grant provisions); *see* Breiding, M. et al. [Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2015, p. 11.

²² Dating violence can happen at any age and is a form of intimate partner violence against a dating partner. The Violence Against Women Act, as amended, defines ‘dating violence’ as “violence committed by a person—(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship. (ii) The type of relationship. (iii) The frequency of interaction between the persons involved in the relationship.” [34 U.S.C. § 12291\(a\)\(11\)](#) (Definitions and grant provisions).

²³ Teen dating violence is a form of dating violence similar to adult intimate partner violence.



See Centers for Disease Control and Prevention. [Preventing Teen Dating Violence](#). U.S. Department of Health and Human Services, 9 Mar. 2020; see Breiding, M. et al. [Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2015, p. 5.

²⁴ The Violence Against Women Act defines ‘stalking’ as “engaging in a course of conduct directed at a specific person that would cause a reasonable person to—(A) fear for his or her safety or the safety of others; or (B) suffer substantial emotional distress.” [34 U.S.C. § 12291\(a\)\(36\)](#) (Definitions and grant provisions).

²⁵ Substance use coercion “occurs when perpetrators of intimate partner violence undermine and control their partners through substance-use related tactics and actively keep them from meeting treatment and recovery goals. Office of the Assistant Secretary for Planning and Evaluation & Family and Youth Services Bureau. [Understanding Substance Use Coercion as a Barrier to Economic Stability for Survivors of Intimate Partner Violence: Policy Implications](#). U.S. Department of Health and Human Services, Oct. 2020, p.1.

²⁶ Strengthening the Opposition to Female Genital Mutilation Act of 2020 § 3, [18 U.S.C. § 116](#) prohibits “female genital mutilation” (FGM/C) of girls in the United States, the facilitation or consent of a parent or guardian to perform FGM/C on a minor, and the transportation of girls outside the United States to have FGM/C performed. The Violence Against Women Act Reauthorization Act of 2022 added a definition of FGM/C consistent with the meaning in the STOP FGM Act and clarified that VAWA-funded victim services and legal assistance are available to many adult survivors of violence who also are victims of FGM/C. Additionally, several of OVW’s programs were amended to support services for FGM/C survivors. Violence Against Women Act Reauthorization Act of 2022 § 2, [34 U.S.C. § 12291\(a\)\(15\)](#) (Definitions and grant provisions); Violence Against Women Act Reauthorization Act of 2022 § 2, [34 U.S.C. § 12291\(b\)\(14\)](#) (Definitions and grant provisions). Violence Against Women Act Reauthorization Act of 2022 §101, [34 U.S.C. §§ 10441\(b\)\(20\) & \(22\)](#) (Purpose of program and grants); Violence Against Women Act Reauthorization Act of 2022 § 105, [34 U.S.C. § 20123\(d\)\(6\)](#) (Grants for outreach and services to underserved populations); Violence Against Women Act Reauthorization Act of 2022 § 302, [34 U.S.C. §§ 12451\(b\)\(1\)\(E\) & \(2\)\(A\)](#) (Creating hope through outreach, options, services, and education for children and you (“CHOOSE Children & Youth”)).

²⁷ “Child marriage” and “early marriage” refer to marriage involving a person under the age of 18, while “forced marriage” refers to marriage in a which a person of any age does not or cannot give consent. Forced marriage is distinct from arranged marriage, where families may be involved in the selection of a marriage partner, but the decision ultimately rests with the individual. The United Nations considers child, early, and forced marriage (CEFM) to be a human rights abuse and a form of GBV. United Nations Children’s Fund. [Towards Ending Child Marriage: Global trends and profiles of progress](#). Oct. 2021. The 2022 update to the [United States Strategy to Prevent and Respond to Gender-Based Violence Globally](#) includes support for ending CEFM as a priority for U.S. foreign policy, diplomacy, and programming to address the unique and disproportionate forms of GBV faced by girls and young women.

²⁸ “Forced marriage” and marriage involving persons under 18 also occurs in the United States. VAWA 2022 added a definition of forced marriage (marriage in which a person of any age does not or cannot give consent and in which there is force, fraud, or coercion) and recognized that



forced marriage “can be both a cause and a consequence of domestic violence, dating violence, sexual assault, or stalking.” Violence Against Women Act Reauthorization Act of 2022 § 2(a), [34 U.S.C. § 12291\(a\)\(16\)](#) (Definitions and grant provisions). Laws pertaining to the legal age of marriage and consent are established by the states, and many states have passed legislation in recent years to further limit or prohibit marriage under the age of 18. Tahirih Justice Center. [The National Movement to End Child Marriage](#). 1 Nov. 2022 (reporting that seven states prohibit marriage of a person under age 18 without exceptions. All others allow persons under the age of 18 to marry under varying circumstances, with all of these states requiring judicial consent for a person under the age of 16 to marry, except for one state that requires judicial consent for females to marry under the age of 15). At the federal level, VAWA 2022 included a provision that requires the Attorney General to submit an annual report to Congress examining discrepancies between state laws on age-based sex offenses, such as statutory rape, and laws on marriage-age. Violence Against Women Act Reauthorization Act of 2022 § 1204(c), [34 U.S.C. § 60106](#) note, Reports to Congress (Incentives for States).

²⁹ Examples of GBV also include other forms of violence and harmful practices based on gender norms that disproportionately impact women and girls. *See* Basile, K. et al. [Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2014; Breiding, M. et al. [Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2015; Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016; Committee on the Elimination of Discrimination Against Women. [General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19](#). United Nations, 14 July 2017, pp. 5-6; [Declaration on the Elimination of Violence against Women, U.N. Doc. A/RES/48/104](#). United Nations General Assembly, 48th session, 85th Plenary Meeting, 20 Dec. 1993, Article 2; Organization of American States. [Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women](#). 9 June 1994, Article 2.

³⁰ Singh, V. et al. [Characteristics of Men Who Perpetrate Intimate Partner Violence](#). *The Journal of the American Board of Family Medicine*, vol. 27, no. 5, 2014.

³¹ *See* Basile, K. et al. [The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022 (finding that, concerning lifetime experiences of rape, more than three quarters (76.8%) of male victims reported having only male perpetrators, 10.4% had only female perpetrators, and 9.6% had both male and female perpetrators; most female victims (94.0%) reported having only male rape perpetrators in their lifetime—2.4% had both male and female perpetrators); Walters, M. L. et al. [The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Jan. 2013 (finding most bisexual and heterosexual women (89.5% and 98.7%, respectively) reported having only male perpetrators of intimate partner violence; two-thirds of lesbian women (67.4%) reported



having only female perpetrators of intimate partner violence; the majority of bisexual men (78.5%) and most heterosexual men (99.5%) reported having only female perpetrators of intimate partner violence; and most gay men (90.7%) reported having only male perpetrators of intimate partner violence).

³² U.S. Department of Justice. [Learn About Hate Crimes in the United States](#).

³³ United Nations Committee on the Elimination of Discrimination Against Women. [General Recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19](#). 26 July 2017; ; The White House. [Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation](#). 20 Jan. 2021; The White House. [Fact Sheet: President Biden to Sign Historic Executive Order Advancing LGBTQI+ Equality During Pride Month](#). 15 June 2022; The White House. [Memorializing Transgender Day of Remembrance: A Report from the Interagency Working Group on Safety, Opportunity, and Inclusion for Transgender and Gender Diverse Individuals](#). 20 Nov. 2021; U.S. Department of Education. [The U.S. Department of Education Releases Proposed Changes to Title IX Regulations, Invites Public Comment](#). 23 June 2022.

³⁴ On the experiences of women and girls, see D’Inverno, A. et al. [The Impact of Intimate Partner Violence: A 2015 NISVS Research-in-Brief](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Aug. 2019, p. 3. (“Among victims of contact sexual violence, physical violence, and/or stalking by an intimate partner, over two-thirds of female victims and nearly one-third of male victims reported experiencing an intimate partner violence-related impact during their lifetimes.”). On the experiences of LGBTQI+ individuals, see Walters, M. et al. [The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Jan. 2013 (finding, as with other forms of violence, that some racial/ethnic, and sexual minority groups are disproportionately impacted by sexual violence... [A]mong sexual minorities, that 46.1% and 13.1% of bisexual and lesbian women, respectively, have experienced rape at some point in their lives, and 74.9% and 46.4%, respectively, have experienced other forms of sexual violence in their lifetime. Among men, 47.2% bisexual men and 40.2% gay men have experienced some form of sexual violence other than rape in their lifetime.). On the experiences of men and boys, see Centers for Disease Control and Prevention. [Intimate Partner Violence, Sexual Violence, and Stalking Among Men](#). U.S. Department of Health and Human Services; Smith, S. G. et al. [The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief – Updated Release](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Nov. 2018; Kolbe, V. & Büttner, A. [Domestic Violence Against Men—Prevalence and Risk Factors](#). *Deutsches Arzteblatt International*, vol. 117, no. 31-32, 2020, pp. 534-541.

³⁵ “Polyvictimization” is defined as having experienced multiple victimizations of different kinds, such as sexual abuse, physical abuse, bullying, and exposure to family violence. Musicaro, R. M. et al. [The Complexity of Adaptation to Childhood Polyvictimization in Youth and Young Adults: Recommendations for Multidisciplinary Responders](#). *Trauma, Violence, & Abuse*, vol. 20, no. 1, 2017; Aakvaag H. F. et al. [Adult Victimization in Female Survivors of Childhood Violence and Abuse: The Contribution of Multiple Types of Violence](#). *Violence Against Women*, vol. 23, no. 13, 2016, pp. 1601-1619; Schwab-Reese, L. M. et al. [A Comparison of Violence Victimization and Polyvictimization Experiences Among Sexual Minority and](#)



[Heterosexual Adolescents and Young Adults](#). *Journal of Interpersonal Violence*, vol. 36, no. 11-12, 2018; Jung H. et al. [Gender Differences in Intimate Partner Violence: A Predictive Analysis of IPV by Child Abuse and Domestic Violence Exposure During Early Childhood](#). *Violence Against Women*, vol. 25, no. 8, 2019, 903-924; Mitchell, K. J. et al. [Developmental Stage of Onset, Poly-Victimization, and Persistence of Childhood Victimization: Impact on Adult Well-Being in a Rural Community-Based Study](#). *Child Maltreatment*, vol. 25, no. 1, 2019; Rapsy C. M. et al. [Childhood Sexual Abuse, Poly-Victimization and Internalizing Disorders Across Adulthood and Older Age: Findings From a 25-year Longitudinal Study](#). *Journal of Affective Disorder*, vol. 244, 2019, pp. 171-179; Finkelhor, D. et al. [Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse](#). Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, Oct. 2011, p. 4, NCJ 235504.

³⁶ Office on Violence Against Women. [Twenty Years of the Violence Against Women Act: Dispatches from the Field](#). U.S. Department of Justice, June 2016.

³⁷ The [Family Violence Prevention and Services Act \(FVPSA\)](#) was enacted in 1984 ([Title III of Pub. L. No. 98-457](#)) and has been reauthorized seven times.

³⁸ The Public Health and Welfare: Family Violence Prevention and Services, [42 U.S.C. § 10401](#); the [American Rescue Plan Act of 2021 §§ 2204-2205](#), Public Law 117-2, 135 stat. 4, 34-35. *See also* U.S. Department of Health and Human Services. [HHS Announces Nearly \\$800 Million in American Rescue Plan Funds to Support Domestic Violence and Sexual Assault Survivors and their Children](#). 25 Oct. 2021.

³⁹ The [Crime Victims Fund](#) is made up of fines, fees, and penalties paid by convicted federal offenders, not taxpayers. VOCA funding supports domestic violence shelters, rape crisis centers, and child abuse treatment programs, among others.

⁴⁰ The American College of Obstetricians and Gynecologists. [Doctors Announce Campaign to Combat Domestic Violence](#). 3 Jan. 1989.

⁴¹ U.S. Department of Health and Human Services. [Domestic Abuse Against Women Is Epidemic in America, Shalala Says](#). Press Release, 11 Mar. 1994.

⁴² United Nations General Assembly. [Declaration on the Elimination of Violence Against Women](#). 20 Dec. 1993; United Nations. [Vienna Declaration and Programme of Action](#). 25 June 1993, p. 37.

⁴³ United Nations Fourth World Conference on Women. [Beijing Declaration and Platform for Action](#). Sept. 1995, p. 78.

⁴⁴ Sacco, L. N. & Hanson, E. J. [The Violence Against Women Act \(VAWA\): Historical Overview, Funding, and Reauthorization](#). Congressional Research Service, 23 Apr. 2019; Legal Momentum. [History of the Violence Against Women Act; Violence Against Women Act of 1994](#), Pub. L. No. 103-322.

⁴⁵ Office on Violence Against Women. [Twenty Years of the Violence Against Women Act: Dispatches from the Field](#). U.S. Department of Justice, June 2016.

⁴⁶ *See* U.S. Department of Justice. [2013 and 2022 Reauthorizations of the Violence Against Women Act](#). Sept. 2022. *See* Department of Justice, Tribal Consultation, [Violence Against Women Act Reauthorization 2022 Alaska Pilot Project Framing Paper](#), 2022. VAWA 2022 establishes a pilot program that would enable Alaska Tribes designated by the Attorney General to exercise special Tribal criminal jurisdiction “over all persons present in the Village of the



Indian tribe,” including persons who are not Indians. [Violence Against Women Act Reauthorization Act of 2022 § 813\(d\)](#), Pub. L. No. 117-103, 136 Stat. 49, 906-908.

⁴⁷ As described in Guiding Principle 3, the terms “culturally responsive” and “culturally specific” refer to approaches that address the critical needs of GBV survivors in a manner that affirms a survivor’s culture, language, and background. This concept underscores that there is no “one size fits all” approach to adequately address these critical needs. Culturally specific community-based organizations are more likely to understand the complex, multi-layered challenges and obstacles that victims from their communities face when attempting to access services. Culturally specific community-based organizations are also better equipped to form essential relationships and engage their communities in the creation and implementation of services relevant to the diverse and unique needs of the victims. *See* definition of “Culturally specific” and “Culturally specific services” found in Violence Against Women Act, [34 U.S.C. § 12291\(a\)\(8\)](#) & (9) (Definitions and grant provisions); *see also* “DOJ Grants to Enhance Culturally Specific Services for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program” in [Culturally Specific Services Program](#); *see also* The White House. [National Strategy on Gender Equity and Equality](#). 2021 (prioritizing support for culturally specific community-based organizations, culturally competent services, culturally responsive approaches, and culturally relevant education).

⁴⁸ This Plan’s focus on historically marginalized and underserved communities builds on the definition of “underserved and historically marginalized communities” in the National Gender Strategy. The White House. [National Strategy on Gender Equity and Equality](#). 2021 (“women and girls of color, LGBTQI+ people, people with disabilities, and all of those whose lives are affected by persistent poverty and inequality”); This Plan also looks to Executive Order 13985 and the Department of Labor Equity Action Plan for guidance in defining historically marginalized and underserved communities. The White House. [Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#). 20 Jan. 2021 (“(a) The term ‘equity’ means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality; (b) The term ‘underserved communities’ refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of ‘equity.’”); U.S. Department of Labor. [Department of Labor Equity Action Plan](#) (characterizing marginalized communities as “including racial and ethnic minorities, low-paid and part-time workers, workers with limited English proficiency, and workers with lower levels of formal education,” and mentioning the following groups as examples of marginalized communities: “women, people of color, immigrants, youth, persons with disabilities, and justice-impacted individuals, among others.”).

⁴⁹ Violence Against Women Act Reauthorization Act of 2022 § 1314, [20 U.S.C. § 1689](#) (Taskforce on Sexual Violence in Education); Violence Against Women Act Reauthorization Act of 2022 § 1507, [20 U.S.C § 1161/–6](#) (Online Survey Tool for Campus Safety); U.S.



Department of Education. [Interagency Task Force on Sexual Violence in Education 90-Day Report](#). 30 Nov. 2022.

⁵⁰ [Violence Against Women Act Reauthorization Act of 2022](#), Pub. L. No. 117-103, §§1201-1205, 136 Stat. 49, 923-927 (Title XII—Closing the Law Enforcement Consent Loophole); see Gold, F. [2022 Update: Prosecuting Sexual Misconduct by Government Actors](#). Department of Justice Journal of Federal Law and Practice, vol. 70, no. 2, 2022, pp. 49-68; See U.S. Sentencing Commission. [Amendments to the Sentencing Guidelines \(Preliminary\)](#). April 5, 2023, Sexual Abuse Offenses.

⁵¹ For example, according to the National Crime Victimization Survey, in 2021, only 21.5% of rape and sexual assault victimizations (about 1 in 5) were reported to the police. Thompson, A. & Tapp, S. [Criminal Victimization, 2021](#). Sept. 2022, table 4. See also National Domestic Violence Hotline. [Who Will Help Me? Domestic Violence Survivors Speak Out About Law Enforcement Responses](#). 2015, p. 2 (finding, in a 2015 survey of 637 callers to the National Domestic Violence Hotline who had experiences of partner abuse, that over 50% did not interact with the police about their IPV experience); U.S. [Department of Defense. Department of Defense Annual Report on Sexual Assault in the Military: Fiscal Year 2021](#). 2 July 2022 (finding only 1 in 5 Service members who experienced a sexual assault in 2021 reported it, and an estimated 13% of junior enlisted women (E1-E4) and 2% of junior enlisted men (E1-E4) indicated experiencing sexual assault (even though both women and men in this age group were significantly more likely than older counterparts to experience sexual assault in that time period)); Krebs, C. et al. [Campus Climate Survey Validation Study: Final Technical Report](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2016, p. 107 (concluding that across the nine colleges that participated in the study, the majority of incidents of rape (64%) and sexual battery (68%) were disclosed to a roommate, friend, or family members, while the likelihood of formal reporting was much lower. Only 4.3% of sexual battery incidents and 12.5% of rape incidents were reported by a survivor to any official (including school faculty or personnel; a crisis center, helpline, hospital, or health care center at the school or outside the school; campus police or school security; or local police), and only 1.1% of sexual battery incidents and 4.2% of rape incidents were reported by the victim to any law enforcement agency.); Office on Violence Against Women. [Conducting a Valid Campus Climate Survey](#). U.S. Department of Justice, Oct. 2016; Hanson, B. [Understanding the Campus Climate Survey Validation Study Final Technical Report](#). Office on Violence Against Women, U.S. Department of Justice, 21 Jan. 2016.

⁵² The [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#) uses a random digit-dial methodology to conduct telephone interviews of adults using a public health survey with questions focused on behaviors regarding lifetime prevalence of GBV, as well as experiences of GBV during the previous 12 months. The [National Crime Victimization Survey \(NCVS\)](#), by contrast, is based on information collected annually from a sample of persons age 12 or older in U.S. households through interviews regarding specific incidents of criminal victimization. First interviews are typically conducted in person, with subsequent interviews conducted either in person or by phone over a three -and-a-half-year period.

⁵³ The [National Intimate Partner and Sexual Violence Survey \(NISVS\)](#), [National Crime Victimization Survey \(NCVS\)](#), and Center for Disease Control and Prevention's (CDC) [Youth Risk Behavior Surveillance System \(YRBS\)](#) are designed for different purposes, focus on



different populations, and collect different types of information. They also differ in how questions about victimization are asked and what types of victimization are included. In addition to data collected through these self-reported surveys, the Federal Bureau of Investigation's (FBI) [National Incident-Based Reporting System \(NIBRS\)](#) also includes national data on some forms of gender-based violence that are reported to law enforcement. Because NIBRS data are based on crimes recorded by law enforcement agencies, they differ from estimates derived from the above-mentioned surveys in that they exclude victimizations that are not reported to police. Each of the three surveys and NIBRS has strengths and limitations in the types of information they can provide. Collectively, they present a complementary and more comprehensive picture of some forms of gender-based violence in the United States. For the key differences between these surveys, *see* Centers for Disease Control and Prevention. [Sexual Violence: United States Health and Justice Measures of Sexual Victimization](#). U.S. Department of Health and Human Services, 2018; *see also* National Institute of Justice, Office of Justice Programs. [Differences Between Two National Surveys](#). U.S. Department of Justice, 2016.

⁵⁴ Leemis, R. W. et al. [The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022.

⁵⁵ The estimates provided in this Plan reflect those set forth in the 2016/17 administration of the National Intimate Partner and Sexual Violence Survey (NISVS) and should not be compared to earlier NISVS estimates because of changes in the methodology used (for example, changes to survey questions and question order). For more information, *see* Kresnow, M. et al. [NISVS 2016/2017 Data Assessment Report: Examination of Data Representatives and Factors Contributing to Observed Increases in Estimates of Violence Victimization in the Presence of Low Response Rates](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022.

⁵⁶ Commonly experienced IPV-related impacts reported by both women and men included concern for safety, being fearful, injury, PTSD symptoms, needing medical care, and needing help from law enforcement. Leemis, R. W. et al. [The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022.

⁵⁷ Leemis, R. W. et al. [The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Intimate Partner Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022.

⁵⁸ Contact sexual violence is a combined measure that includes rape, being made to penetrate someone else (males only), sexual coercion, and/or unwanted sexual contact. Basile, K. et al. [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022.

⁵⁹ Basile, K. et al. [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022.

⁶⁰ Basile, K. et al. [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022.



⁶¹ According to the [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#), “[a]bout 1 in 9 men (10.7% or 12.6 million) in the United States reported being made to penetrate someone in his lifetime ... About one percent of men (1.3% or about 1.6 million) reported being made to penetrate in the 12 months before the survey.” Basile, K. et al. [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022, p. 3.

⁶² Smith, S. G. et al. [The National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Stalking — Updated Release](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2022.

⁶³ NCVS data reflect that during 2014-2019, the rate of rape/sexual assault for females was 2.7 per 1,000 and 0.4 for males, and the rate of intimate partner violence was 4.5 per 1,000 for females and 0.6 for males. Bureau of Justice Statistics, Office of Justice Programs. [National Crime Victimization Survey \(NCVS\) Dashboard \(N-DASH\)](#). U.S. Department of Justice.

⁶⁴ Bureau of Justice Statistics, Office of Justice Programs. [National Crime Victimization Survey \(NCVS\) Dashboard \(N-DASH\)](#). U.S. Department of Justice (generating statistics on the decline in crimes of intimate partner violence, rape, sexual assault, and other crimes between 1993 and 2021).

⁶⁵ Racial and ethnic inequalities, including health inequities, are well documented in the United States and have been a part of government statistics that are used to drive data-driven service delivery and accessibility. *See* U.S. Government Accountability Office. [Race in America Past Reports](#) (collecting GAO reports examining disparities faced by minorities and low-income people in the areas of economic/financial, education, environmental justice, equal employment, government programs, health care, justice and law enforcement, and the military); *see also* Centers for Disease Control and Prevention. [Racism and Health](#). U.S. Department of Health and Human Services, 2021 (“[a] growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color. The impact is pervasive and deeply embedded in our society—affecting where one lives, learns, works, worships and plays and creating inequities in access to a range of social and economic benefits.”); Centers for Disease Control and Prevention. [Advancing Health Equity in Chronic Disease Prevention and Management](#). U.S. Department of Health and Human Services, 2022; Domestic Policy Council. [Delivering on Equity, Access, and Opportunity for the American People](#). The White House. Feb. 2023 (summarizing federal agency progress in implementing agency specific equity action plans); *see also* The White House. [Advancing Equity and Racial Justice Through the Federal Government](#).

⁶⁶ Rosay, A. [Violence Against American Indian and Alaska Native Women and Men](#). National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, May 2016, p. 2.

⁶⁷ Petrosky, E. et al. [Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate partner Violence – United States, 2003-2014](#). Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 July 2017, pp. 741-746.

⁶⁸ Human Rights Campaign. [An Epidemic of Violence: Fatal Violence Against Transgender and Gender Non-Confirming People in the United States in 2020](#). Human Rights Campaign Foundation (“Since 2013, HRC and other advocates have tracked 202 cases of fatal violence



against transgender and gender non-conforming people across 30 states and 113 cities nationwide. Although each case is unique in its circumstances, we know this epidemic disproportionately impacts Black transgender women, who comprise 66% of all victims of fatal violence against transgender and gender non-conforming people.”).

⁶⁹ Walters, M. et al. [The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Jan. 2013; Rothman E. F. et al. [The Prevalence of Sexual Assault Against People Who Identify as Gay, Lesbian, or Bisexual in the United States: A Systematic Review](#). *Trauma, Violence, & Abuse*, vol. 12, no. 2, Apr. 2011, pp. 55-66.

(finding, in a systematic review of prevalence studies, that 85% of lesbian and bisexual women reported lifetime SA).

⁷⁰ See National Domestic Violence Hotline. [Abuse in the Latinx Community](#) (explaining that a barrier to obtaining support for abuse in Latino communities “is finding programs and resources that are culturally and linguistically appropriate” particularly for members of the Latino community who speak primarily Spanish and learned English as a second language.); National Domestic Violence Hotline. [Abuse in AAPI Communities](#) (“Language barriers may be an issue as English may not be the primary language for the survivor. This can create problems when seeking help and can limit how and where the survivor can access support.”); Casa De Esperanza. [Ensuring Access to Services for Survivors with Limited English Proficiency: Frequently Asked Questions](#) (explaining how to support survivors who do not primarily speak English, in addition to highlighting other additional resources); Yoshihama, M. et al. [Facts & Stats, Updated & Expanded 2020 Domestic Violence in Asian & Pacific Islander Homes](#). Asian Pacific Institute on Gender-Based Violence, Oct. 2020, p. 36 (reporting on a study by the National Domestic Violence Hotline which found that in 2012 Asian callers listed language (34%), immigration status (30%), and transportation (14%) as the three top barriers to seeking help for their experiences of domestic violence).

⁷¹ Wachter, K. & Dalpe, J. [Bridging the Gaps: Addressing Refugee and Immigrant Women’s Experiences with Domestic Violence and Sexual Assault](#). International Rescue Committee, Sept. 2018 (finding that refugee and immigrant women have formidable service and support needs related to DV and SA; access to immediate and extended family shapes whether and how women seek help; myriad factors limit women’s access to support and services; and complex factors shape service provision for refugee and immigrant women who have experienced DV and SA); Office on Violence Against Women. [2020 Biennial Report to Congress on the Effectiveness of Grant Funds Under the Violence Against Women Act](#). U.S. Department of Justice, Mar. 2022, p. 56 (“...immigrant and refugee victims often faced highly complex legal issues due to their immigrant status and cultural background, and victims from marginalized groups struggled with cultural and social isolation and long histories of trauma in addition to their experiences with domestic violence and/or sexual assault.”); Lee, N. et al. [National Survey of Service Providers on Police Response to Immigrant Crime Victims, U Visa Certification and Language Access](#). National Immigrant Women’s Advocacy Project, American University, Washington College of Law, 16 Apr. 2013 (reporting that when immigrant survivors of domestic violence, sexual assault, and human trafficking called law enforcement, responding officers were able to identify the language spoken by the survivor in fewer than half of the cases and, in 30% of those cases, unqualified interpreters were used).



⁷² Basile, K. et al. [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022; Basile, K. et al. [Interpersonal Violence Victimization Among High School Students — Youth Risk Behavior Survey, United States, 2019](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 Aug. 2020.

⁷³ This YRBS report explains: “Because the 2021 national YRBS did not have a question assessing gender identity, this report does not highlight data specifically on students who identify as transgender. Therefore, the T commonly used in the acronym LGBTQ+ is not included when referring to the data. However, strategies to improve adolescent health should be inclusive of all students who identify as LGBTQ+, so the full acronym is used when highlighting actions.... Future versions of the national YRBS will include a question on gender identity.” Centers for Disease Control and Prevention. [Youth Risk Behavior Survey \(YRBS\) Data Summary & Trends Report: 2011-2021](#). U.S. Department of Health and Human Services, 2023, p. 5.

⁷⁴ Centers for Disease Control and Prevention. [Youth Risk Behavior Survey \(YRBS\) Data Summary & Trends Report: 2011-2021](#). U.S. Department of Health and Human Services, 2023, pp. 53, 55.

⁷⁵ Basile, K. et al. [Interpersonal Violence Victimization Among High School Students — Youth Risk Behavior Survey, United States, 2019](#). Morbidity and Mortality Weekly Report. Center for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 Aug. 2020, pp. 28-37; Underwood, J. M. et al. [Overview and Methods for the Youth Risk Behavior Surveillance System — United States, 2019](#). Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 Aug. 2020, pp. 1-10.

⁷⁶ Krebs, C. et al. [Campus Climate Survey Validation Study: Final Technical Report](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, Jan. 2016, p. 76 (“Across the four-year schools in the CCSVS, over a quarter of senior females (25.1%) reported that they had experienced unwanted/nonconsensual sexual contact since entering college.”); Fedina L. et al. (2018). [Campus Sexual Assault: A Systematic Review of Prevalence Research From 2000 to 2015](#). Trauma, Violence, & Abuse, vol. 19, no. 1, Jan. 2018, pp. 76-93.

⁷⁷ Johns, M. M. et al. [Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students – 19 States and Large Urban School Districts, 2017](#). Prevention Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 25 Jan. 2019, pp. 67-71; Whitton, S. et al. [A Longitudinal Study of IPV Victimization Among Sexual Minority Youth](#). Journal of Interpersonal Violence, vol. 34, no. 5, 2019, p. 912 (“Odds of [IPV] were 76% higher for female than for male LGBT youth, 2.46 times higher for transgender than for cisgender youth, and 2 to 4 times higher for racial-ethnic minorities than for white youth.”).

⁷⁸ Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs. [Girls and the Juvenile Justice System](#). U.S. Department of Justice, 2016; Listenbee, R. et al. [Report of the Attorney General's National Task Force on Children Exposed to Violence](#). U.S. Department of Justice, 12 Dec. 2012; Saada Saar, M. et al. [The Sexual Abuse to Prison Pipeline: The Girls' Story](#). Human Rights Project for Girls, Georgetown Law Center on Poverty and Inequality, Ms. Foundation for Women, 2018, pp. 10-11.



⁷⁹ Institute of Medicine and National Research Council. [Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States](#). The National Academies Press, 2013, Box 3 (Risk Factors).

⁸⁰ Basile, K. et al. [Disability and Risk of Recent Sexual Violence in the United States](#). American Journal of Public Health, vol. 106, no. 5, May 2016, pp. 928-933 (finding that an estimated 2.6% of women with a disability experienced rape by anyone in the 12 months before the survey, compared with 0.7% of women without a disability; and 9.9% of women and 8.6% of men with a disability reported recent (past 12 months) sexual violence victimization other than rape, compared with 4.7% of women and 4.6% of men, respectively, without a disability); Breiding, M. & Armour, B. [The Association Between Disability and Intimate Partner Violence in the United States](#). Annals of Epidemiology, vol. 25, no. 6, 31 Mar. 2015, pp. 455-457 (finding that 7.1% of women with a disability experienced physical violence by an intimate partner in the 12 months before the survey, compared with 3.3% of women without a disability, and reporting that “[c]ompared to women without a disability, women with a disability were significantly more likely to report experiencing each form of IPV measured, which includes rape, sexual violence other than rape, physical violence, stalking, psychological aggression, and control of reproductive or sexual health. For men, significant associations were found with respect to stalking and psychological aggression by an intimate partner.”); Centers for Disease Control and Prevention. [Sexual Violence and Intimate Partner Violence Among People with Disabilities](#). U.S. Department of Health and Human Services, 1 June 2020 (presenting data points from the 2010 NISVS, indicating that an estimated 2 in 5 (39%) female victims of rape had a disability at the time of the rape, and nearly 1 in 4 (24%) male victims who experienced sexual violence other than rape had a disability at the time of the victimization); Harrell, E. [Crime Against Persons with Disabilities, 2009–2019 — Statistical Tables](#). U.S. Department of Justice, Bureau of Justice Statistics, Nov. 2021 (finding that persons with disabilities were victims of 26% of all nonfatal violent crime, while only accounting for about 12% of the population; and for females with disabilities, the rate of violent victimization (49.4 per 1,000) was over four times the rate for females without disabilities (11.3 per 1,000)).

⁸¹ VAWA established the Enhanced Training and Services to End Abuse in Later Life Program (Abuse in Later Life Program), which funds projects that support a comprehensive approach to addressing elder abuse in their communities. For additional information, *see* Office on Violence Against Women. [Abuse in Later Life Program](#). U.S. Department of Justice, 2021.

⁸² National Clearinghouse on Abuse in Later Life. [An Overview of Abuse in Later Life](#). 2013; Administration for Community Living. [Late Life Domestic Violence](#). U.S. Department of Health and Human Services; Crockett, C. et al. Intimate Partner Violence in Later Life. In Geffner, R. et al. (eds). Springer, 13 Oct. 2021.

⁸³ Office of Women’s Health. [Effects of Violence Against Women](#). U.S. Department of Health and Human Services; Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017, p. 10; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016, p. 8.

⁸⁴ Ayala Quintanilla, B. P. A. et al. [Social Determinants and Maternal Exposure to Intimate Partner Violence of Obstetric Patients with Severe Maternal Morbidity in the Intensive Care](#)



[Unit: A Systematic Review Protocol](#). *BMJ Open*, vol. 6, no. 11, 2016 (as cited in the [White House Blueprint for Addressing the Maternal Health Crisis](#), p. 51).

⁸⁵ Reproductive coercion can include threatening to leave or threats of violence if a partner does not become pregnant or does not comply with a perpetrator’s wishes to terminate or continue a pregnancy. Basile, K. et al. [Prevalence of Intimate Partner Reproductive Coercion in the United States: Racial and Ethnic Differences](#). *Journal of Interpersonal Violence*, vol. 36, no. 21-22, Nov. 2021; Basile, K. et al. [National Intimate Partner and Sexual Violence Survey: 2016/2017 Report on Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, June 2022; Basile, K. et al. [Rape-Related Pregnancy and Association with Reproductive Coercion in the U.S.](#) *American Journal of Preventative Medicine*, vol. 55, no. 6, 22 Oct. 2018, pp. 770-776.

⁸⁶ Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017, p. 10; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016, p. 8.

⁸⁷ Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs. [Report of the Attorney General’s National Task Force on Children Exposed to Violence](#). U.S. Department of Justice, 12 Dec. 2012, p. 29-31.

⁸⁸ Centers for Disease Control and Prevention. [Fast Facts: Preventing Intimate Partner Violence](#). U.S. Department of Health and Human Services; Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016.

⁸⁹ Centers for Disease Control and Prevention. [GBV Has Lasting Impacts on Health, Opportunity, and Well-Being](#). U.S. Department of Health and Human Services, 2022. (Graphic has been adapted for this Plan).

⁹⁰ Petrosky E. et al. [Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence—United States, 2003-2014](#). *Morbidity and Mortality Weekly Report*. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 July 2017, pp. 741-746.

⁹¹ Wallace, M. et al. [Homicide During Pregnancy and the Postpartum Period in the United States, 2018-2019](#). *Obstetrics & Gynecology*, vol. 138, no. 5, 1 Nov. 2021, pp. 762-769 (analyzing National Center for Health Statistics’ mortality files among pregnant women and concluding that “homicide is a leading cause of death during pregnancy and the postpartum period.”); Lawn, R & Koenen, K. [Homicide is a leading cause of death for pregnant women in U.S.](#) *The BMJ*, Editorial, 19 Oct. 2022.

⁹² The Centers for Disease Control and Prevention’s National Violent Death Reporting System (NVDRS) is an active state-based surveillance system that monitors characteristics of violent deaths, including homicides. The system links three data sources (death certificates, coroner/medical examiner reports, and law enforcement reports) to create a comprehensive depiction of who dies from violence, where and when victims die, and factors perceived to contribute to the victim’s death. Petrosky E. et al. [Racial and Ethnic Differences in Homicides of](#)



[Adult Women and the Role of Intimate Partner Violence—United States, 2003-2014](#). Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 July 2017, pp. 741-746. This report includes NVDRS data from 18 states during 2003-2014 (all available years). *See also* Wilson, R. F. et al. [Surveillance for Violent Deaths—National Violent Death Reporting System, 42 States, the District of Columbia, and Puerto Rico, 2019](#). Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 20 May 2022, pp. 1-40. The DOJ Bureau of Justice Statistics has published a recent analysis of only National Incident-Based Reporting System (NIBRS) data (reported by law enforcement agencies) finding that, in 2021, the percentage of females murdered by an intimate partner was more than five times higher (34%) than for males (6%). Smith, E. L. [Female Murder Victims and Victim-Offender Relationship, 2021](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, December 2022.

⁹³ Huff-Corzine, L. & Marvell, T. [Domestic Violence and Mass Shootings: A Review of Current Academic Literature](#). Dec. 2021, pp. 28-29 (“According to the risk assessment literature, past attacks and threats with a firearm indicate a greater chance of intimate partner homicide than if no firearm is available Easy access to a firearm leads to an escalation of domestic violence events [T]he presence of a firearm in combination with the victim’s threat of separation leads to a nine times greater chance that the abuser will kill their intimate partner.”).

⁹⁴ Petrosky E. et al. [Racial and Ethnic Differences in Homicides of Adult Women and the Role of Intimate Partner Violence—United States, 2003-2014](#). Morbidity and Mortality Weekly Report. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 21 July 2017, pp. 741-746.

⁹⁵ Campbell, J. et al. [Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study](#). American Journal of Public Health, vol. 93, no. 7, July 2003, pp. 1089-1097.

⁹⁶ Around 4.5 million women in the United States have been threatened with a firearm, and nearly 1 million women have been shot or shot at by an intimate partner. Sorenson S. B. & Schut, R. A. [Nonfatal Gun Use in Intimate Partner Violence: A Systematic Review of the Literature](#). Trauma, Violence, & Abuse, vol. 19, no. 4, Oct. 2018 pp. 431-442; Hartley, C. C. & Ryan, R. [Prosecution Strategies in Domestic Violence Felonies: Anticipating and Meeting Defense Claims, Final Report](#). Apr. 2002, p. 47 (“defendant had a gun or other weapon and showed it to the victim in order to coerce compliance”); Roehl, J. et al. [Intimate Partner Violence Risk Assessment Validation Study, Final Report](#). U.S. Department of Justice, May 2005, p. 11 (stating that gun ownership is linked with increased risk of intimate partner homicide).

⁹⁷ Battered Women’s Justice Project. [Implementing an Effective Firearms Relinquishment Protocol \(Webinar Recording\)](#). Oct. 2021; Safer Families. Safer Communities. [Improve the Response to Firearms in the Criminal Legal System](#).

⁹⁸ Importantly, the definition of “mass shooting” differs from the definition of “mass public shooting.” *See* Krouse, W. J. & Richardson, D. J. [Mass Murder with Firearms: Incidents and Victims, 1999-2013](#). Congressional Research Service, 30 July 2015, p. 2 (defining a “mass shooting” as “a multiple homicide incident in which four or more victims are murdered with firearms, within one event, and in one or more locations in close proximity,” and defining a “mass public shooting” as “a multiple homicide incident in which four or more victims are



murdered with firearms, within one event, in at least one or more public locations, such as, a workplace, school, restaurant, house of worship, neighborhood, or other public setting.”)

⁹⁹ Geller, L. B. et al. [The Role of Domestic Violence in Fatal Mass Shootings in the United States, 2014–2019](#). *Injury Epidemiology*, vol. 8, no. 38, 2021. *See also* Turanovic, J. et al. [A Comprehensive Assessment of Deadly Mass Shootings, 1980-2018](#). July 2022.

¹⁰⁰ Geller, L. B. et al. [The Role of Domestic Violence in Fatal Mass Shootings in the United States, 2014–2019](#). *Injury Epidemiology*, vol. 8, no. 38, 2021 (explaining that the authors focused on mass shootings with four or more fatalities by gunfire (not including the perpetrator) and applied this criteria when identifying mass shooting incidents from the Gun Violence Archive to include in the data set for analysis); Gu, J. [Deadliest Mass Shootings Are Often Preceded by Violence at Home](#). Bloomberg L. P., 30 June 2020 (finding that out of 749 mass shootings in the past six years, about 60% involved men who had histories or were in the act of committing DV. In incidents with six or more deaths, the correlation climbed to 70%).

¹⁰¹ Huff-Corzine, L. & Marvell, T. [Domestic Violence and Mass Shootings: A Review of Current Academic Literature](#). Dec. 2021, p. 29, NCJ 303499 (“[T]here are, on average less than 15 mass shooters a year with histories of domestic violence, and about 1.5 million men commit physical domestic violence each year, suggesting that less than one in 100,000 domestic abusers will eventually commit mass shootings.”)

¹⁰² The per-victim cost was \$122,278 for women and \$124,631 for men, representing outcome differences (e.g., pregnancy), as well as differences in the proportion of victims by sex affected by particular outcomes. Peterson, C. et al. [Lifetime Economic Burden of Rape Among U.S. Adults](#). *American Journal of Preventive Medicine*, vol. 52, no. 6, June 2017, pp. 691-701.

¹⁰³ Peterson, C. et al. [Lifetime Economic Burden of Rape Among U.S. Adults](#). *American Journal of Preventive Medicine*, vol. 52, no. 6, June 2017, pp. 691-701.

¹⁰⁴ Peterson, C. et al. [Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults](#). *American Journal of Preventive Medicine*, vol. 55, no. 4, Oct. 2018, pp. 433-444.

¹⁰⁵ Centers for Disease Control and Prevention. [Intimate Partner Violence](#). U.S. Department of Health and Human Services; Centers for Disease Control and Prevention. [About the CDC-Kaiser ACE Study](#). U.S. Department of Health and Human Services, 6 Apr. 2021; McLaughlin, H. et al. [The Economic and Career Effects of Sexual Harassment on Working Women](#). *Gender and Society*, vol. 31, no. 3, 10 May 2017, pp. 333-358.

¹⁰⁶ VAWA acknowledges the importance of providing victim services and legal assistance to survivors of domestic violence, sexual assault, dating violence, and stalking who are also victims of severe forms of human trafficking in persons, as defined by federal law; *See* Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(b\)\(14\)](#) (“Victim services and legal assistance under this subchapter also include services and assistance to— (A) victims of domestic violence, dating violence, sexual assault, or stalking who are also victims of severe forms of trafficking in persons as defined by section 7102 of title 22”). *See also* [Violence Against Women Act Reauthorization Act of 2022 § 5](#). SENSE OF CONGRESS (“It is the sense of Congress— (1) that sex trafficking victims experience sexual violence and assault; and (2) that Federal recognition of their recovery is important.”). VAWA also specifically identifies sex trafficking as a form of GBV to be addressed in grants to Tribal communities and in grant-funded projects focused on providing services to children and youth. *See* Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 10452](#) (Grants to Tribal governments) and



[§12451](#) (Creating Hope through Outreach, Options, Services and Education for Children and Youth (CHOOSE Children and Youth Grants)).

¹⁰⁷ U.S. Department of Justice. [National Strategy to Combat Human Trafficking: January 2022](#). pp. 3-4 (“Combating human trafficking requires us to recognize the intersection between these crimes and gender, racial, and economic inequality.”).

¹⁰⁸ Hafiz, S. & Paarlberg, M. [The Human Trafficking of Domestic Workers in The United States: Findings From the Beyond Survival Campaign, 2017](#). Institute for Policy Studies & the National Domestic Workers Alliance, Mar. 2017.

¹⁰⁹ The White House. [The National Action Plan to Combat Human Trafficking, 2021](#).

¹¹⁰ A “strengths-based approach” refers to policies, practice methods, and strategies that acknowledge and draw upon the strengths of individuals, families, and communities. National Technical Assistance and Evaluation Center for Systems of Care. [An Individualized, Strengths-Based Approach in Public Child Welfare Driven Systems of Care](#). 2008; National Center on Parent, Family and Community Engagement. [Family Engagement and Cultural Perspectives: Applying Strengths-Based Attitudes](#). 2018.

¹¹¹ As previously discussed, although women, girls, and LGBTQI+ individuals are disproportionately affected by GBV, cisgender men and boys are also among GBV survivors.

¹¹² Under the Committee on the Elimination of Discrimination against Women and other international human rights instruments, GBV constitutes a form of discrimination against women. *See, for example*, United Nations Committee on the Elimination of Discrimination Against Women. [General Recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19](#). 26 July 2017 (making explicit the gendered causes and impacts of violence against women by stating that GBV is specifically “directed against a woman because she is a woman, or violence that affects women disproportionately”); United Nations General Assembly. [Declaration on the Elimination of Violence Against Women](#). 20 Dec. 1993 (defining violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”).

¹¹³ The White House. [National Strategy on Gender Equity and Equality](#). 2021.

¹¹⁴ The terms “culturally responsive” and “culturally specific” refer to approaches that address the critical needs of GBV survivors in a manner that affirms a survivor’s culture, language, and background. This concept underscores that there is no “one size fits all” approach to adequately address these critical needs. Culturally specific community-based organizations are more likely to understand the complex, multi-layered challenges and obstacles that victims from their communities face when attempting to access services. Culturally specific community-based organizations are also better equipped to form essential relationships and engage their communities in the creation and implementation of services relevant to the diverse and unique needs of the victims. *See* Office on Violence Against Women. [Culturally Specific Services Program](#). U.S. Department of Justice (“DOJ Grants to Enhance Culturally Specific Services for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program”); *see also* The White House. [National Strategy on Gender Equity and Equality](#). 2021 (prioritizing support for culturally specific community-based organizations, culturally competent services, culturally responsive approaches, and culturally relevant education).



¹¹⁵ Under Section 10(a) of the White House’s [Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), “[t]he term ‘equity’ means the consistent and systematic treatment of all individuals in a fair, just, and impartial manner, including individuals who belong to communities that often have been denied such treatment, such as Black, Latino, Indigenous and Native American, Asian American, Native Hawaiian, and Pacific Islander persons and other persons of color; members of religious minorities; women and girls; LGBTQI+ persons; persons with disabilities; persons who live in rural areas; persons who live in United States Territories; persons otherwise adversely affected by persistent poverty or inequality; and individuals who belong to multiple such communities.” Under Section 10(b), “[t]he ‘underserved communities’ refers to those populations as well as geographic communities that have been systematically denied the opportunity to participate fully in aspects of economic, social, and civic life, as defined in Executive Orders 13985 and 14020.” The White House. [Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#). 2023.

¹¹⁶ Social determinants of health (SDOH) are the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. They can be grouped into 5 domains: economic stability; education access and quality; health care access and quality; neighborhood and built environment; social and community context. Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health. [Social Determinants of Health](#). U.S. Department of Health and Human Services.

¹¹⁷ Evidence is defined as the available body of facts and information indicating whether a conviction or proposition is valid. In this instance, the strength of the evidence is determined by assessing whether programs or practices achieve the desired outcomes. However, the evidence (or lack thereof) should be evaluated along a continuum (i.e., effective, promising, emerging, inconclusive/unclear effects). See National Resource Center on Domestic Violence. [Domestic Violence Evidence Project](#). (“It is important that research and evaluation efforts include the voices and experiences of survivors, service providers, advocates and community members. Ideally, research is done collaboratively with these experts.”)

¹¹⁸ Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016; Ellsberg, M. et al. [Prevention of Violence Against Women and Girls: What Does the Evidence Say?](#) *The Lancet*, vol. 385, 21 Nov. 2014, pp. 1555-1566.

¹¹⁹ Centers for Disease Control and Prevention. [Adverse Childhood Experiences \(ACEs\)](#). U.S. Department of Health and Human Services, 2 Apr. 2021.

¹²⁰ Secondary and tertiary prevention strategies and programs address violence *after* it happens. Secondary prevention efforts focus on immediate responses to violence to reduce short-term harms—e.g., services like emergency and medical care. Tertiary prevention efforts are long-term responses intended to minimize lasting harms and promote resiliency—e.g., approaches to address trauma or disability from experiences of violence and help victims recover physically and emotionally. Centers for Disease Control and Prevention. [Violence Prevention](#)



Fundamentals. U.S. Department of Health and Human Services, 2020.

¹²¹ This social-ecological model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level. Besides helping to clarify these factors, the model also suggests that to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact. Centers for Disease Control and Prevention. [The Social-Ecological Model: A Framework for Prevention](#). U.S. Department of Health and Human Services, 18 Jan. 2022; Figure: Strategies based on the best available evidence to prevent Gender Based Violence (GBV).

¹²² Centers for Disease Control and Prevention. [Understanding Evidence: Part 1: Best Available Research Evidence](#). U.S. Department of Health and Human Services, 2011.

¹²³ The White House. [FACT SHEET: Biden-Harris Administration Advances Equality and Visibility for Transgender Americans](#). Mar. 2022.

¹²⁴ Coston, B. M. [Power and Inequality: Intimate Partner Violence Against Bisexual and Non-Monosexual Women in the United States](#). *Journal of Interpersonal Violence*, vol. 36, no. 1-2, Jan. 2021, pp. 381-405.

¹²⁵ *See, for example*, U.S. Department of Defense. [Department of Defense Sexual Assault Prevention and Response: Research Agenda FY21-25](#). 2020. Note that additional programs and approaches may well fit under these strategies, but were not in existence at the time of the Technical Packages' publication.

¹²⁶ Centers for Disease Control and Prevention. [Violence Prevention](#). U.S. Department of Health and Human Services.

¹²⁷ Centers for Disease Control and Prevention. [Technical Packages for Violence Prevention](#). U.S. Department of Health and Human Services.

¹²⁸ Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016. The first five strategies focus more on primary prevention and the last strategy focuses on intervention after violence has occurred, which is widely recognized as a secondary prevention strategy (or tertiary, depending on definition). For more information on primary, secondary, and tertiary prevention, *see* Centers for Disease Control and Prevention. [Veto Violence, Principles of Prevention Guide](#). U.S. Department of Health and Human Services, p. 6. For more information on the strategies, *see* the CDC's technical packages on intimate partner violence and sexual violence. Niolon, P. H. et al. [Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2017; Basile, K. et al. [STOP SV: A Technical Package to Prevent Sexual Violence](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2016.

¹²⁹ Centers for Disease Control and Prevention. [The Social-Ecological Model: A Framework for Prevention](#). U.S. Department of Health and Human Services, 18 Jan. 2022; Figure: Strategies



based on the best available evidence to prevent Gender Based Violence.

¹³⁰ This intervention strategy is generally considered a “secondary prevention” strategy because it is focused more on responses to GBV (specifically, IPV and SV); but because some interventions can prevent GBV from happening in the future and can prevent some of the negative consequences of GBV, this intervention strategy is also included here as a prevention strategy.

¹³¹ Required plans cover women’s preventive health services, including birth control and counseling, well-woman visits, breast and cervical cancer screenings, prenatal care, interpersonal violence screening and counseling, and HIV screening and STI counseling, with no cost-sharing to the woman. Agency for Healthcare Research and Quality. [ACA-Covered Preventive Health Services for Women](#). U.S. Department of Health and Human Services; U.S. Department of Health and Human Services. [Fact Sheet: Celebrating the Affordable Care Act](#). 18 Mar. 2022; [White House Blueprint for Addressing the Maternal Health Crisis](#) (Action 5.4 in the Blueprint is focused on preventing violence against pregnant and postpartum individuals and highlights the recommendation from the U.S. Preventive Services Task Force that clinicians screen for intimate partner violence and other forms of gender-based violence in women of reproductive age and provide or refer women who screen positive to ongoing support services). June 2022. U.S. Preventive Services Task Force. [Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening](#). 23 Oct. 2018.

¹³² Trauma and Justice Strategic Initiative. [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, July 2014; Maul, A. & Menschner, C. [Key Ingredients for Successful Trauma-Informed Care Implementation](#). Center for Health Care Strategies, Apr. 2016; U.S. Department of Justice. [Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias](#). 23 May 2022.

¹³³ Trauma and Justice Strategic Initiative. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, July 2014, p. 7.

¹³⁴ Trauma and Justice Strategic Initiative. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, July 2014, p. 9; Maul, A. & Menschner, C. [Key Ingredients for Successful Trauma-Informed Care Implementation](#). Center for Health Care Strategies, Apr. 2016; U.S. Department of Justice. [Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias](#). 23 May 2022.

¹³⁵ Maul, A. & Menschner, C. [Key Ingredients for Successful Trauma-Informed Care Implementation](#). Center for Health Care Strategies, Apr. 2016.

¹³⁶ This includes law enforcement officers, prosecutors, victim advocates, judges, parole and probation officers, correctional personnel, military officers, medical-forensic examiners, teachers, child welfare professionals, medical providers, and mental health and substance use disorder providers.

¹³⁷ Pinderhughes, H. et al. [Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma](#). Prevention Institute, 2015.



¹³⁸ The White House. [Executive Order on Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#). 16 Feb. 2023.

¹³⁹ Trauma and Justice Strategic Initiative. [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, July 2014; Pinderhughes, H. et al. [Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma](#). Prevention Institute, 2015.

¹⁴⁰ Trauma and Justice Strategic Initiative. [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, July 2014; Pinderhughes, H. et al. [Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma](#). Prevention Institute, 2015.

¹⁴¹ Trauma and Justice Strategic Initiative. [SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach](#). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, July 2014.

¹⁴² Coker, D. et al. [Responses from the Field: Sexual Assault, Domestic Violence, and Policing](#). American Civil Liberties Union, Oct. 2015.

¹⁴³ Child Abuse Prevention and Treatment Act, [42 U.S.C. § 5111 \(12\)](#) (Congressional Findings and declaration of purpose).

¹⁴⁴ Family and Youth Services Bureau, Administration for Children and Families. [Resource Centers](#). U.S. Department of Health and Human Services; Futures Without Violence. [Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence](#). 2012; [Futures Without Violence](#) website.

¹⁴⁵ Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(b\)\(13\)\(B\)](#) (Definitions and grant provisions) (Note the following language from the Violence Against Women Act: “If sex segregation or sex-specific programming is necessary to the essential operation of a program, nothing in this paragraph shall prevent any such program or activity from consideration of an individual’s sex. In such circumstances, grantees may meet the requirements of this paragraph by providing comparable services to individuals who cannot be provided with the sex-segregated or sex-specific programming.”). *See also* [Resources and FAQs for Grantees](#). U.S. Department of Justice; [Frequently Asked Questions, Nondiscrimination Grant Condition in the Violence Against Women Reauthorization Act of 2013](#). U.S. Department of Justice, 9 Apr. 2014.

¹⁴⁶ Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(a\)\(46\)](#) (Definitions and grant provisions) (“The term ‘underserved populations’ means populations who face barriers in accessing and using victim services, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.”).

¹⁴⁷ Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(a\)\(8\)](#) (Definitions and grant provisions); Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(a\)\(9\)](#) (Definitions and grant provisions). *See* Office on Violence Against



Women. [Culturally Specific Services Program](#). U.S. Department of Justice.

¹⁴⁸ Office on Violence Against Women. [Underserved Program](#). U.S. Department of Justice.

¹⁴⁹ Office on Women’s Health. [Violence Against Women and HIV Risk](#). U.S. Department of Health and Human Services.

¹⁵⁰ Office on Women’s Health. [Effects of Violence Against Women](#). U.S. Department of Health and Human Services, Mar. 2021 (highlighting the long-term mental health effects of violence against women, including post-traumatic stress disorder, depression, and anxiety, in addition to emphasizing that many women utilize alcohol and drugs to cope with the trauma); Administration for Children and Families & Substance Abuse and Mental Health Services Administration. [Information Memorandum on the Intersection of Domestic Violence, Mental Health, and Substance Use](#). U.S. Department of Health and Human Services, 2019 (acknowledging that “domestic violence can have significant mental health and substance abuse-related effects” and calling for “increased collaboration between domestic violence, mental health and substance use disorder treatment service providers and systems”); Substance Abuse and Mental Health Services Administration. [Substance Abuse Treatment: Addressing the Specific Needs of Women, Quick Guide for Administrators Based on TIP 51](#). U.S. Department of Health and Human Services, Nov. 2013, p. 33 (“[a]mong women in substance abuse treatment, it has been estimated that 55 to 99 percent have experienced trauma—commonly childhood physical or sexual abuse, domestic violence, or rape.”).

¹⁵¹ The Office on Violence Against Women’s Grants to Enhance Culturally Specific Services for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Program supports the maintenance and replication of existing successful community-based programs providing culturally specific services to victims of domestic violence, dating violence, sexual assault, and stalking, as well as the development of innovative culturally specific strategies to enhance access to services and resources for victims who face obstacles to using more traditional programs. *See* Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(a\)\(9\)](#) (Definitions and grant provisions) (“The term ‘culturally specific services’” means community-based services that include culturally relevant and linguistically specific services and resources to culturally specific communities.); Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(a\)\(8\)](#) (Definitions and grant provisions) (“The term ‘culturally specific’ means primarily directed toward racial and ethnic minority groups (as defined in 42 U.S.C. § 300u-6(g)”); Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(a\)\(8\)](#) (Definitions and grant provisions); [46 U.S.C. § 300u-6\(g\) \(Office of Minority Health\)](#) (defining “racial and ethnic minority group[s]” as “American Indians (including Alaska Natives, Eskimos, and Aleuts); Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.”).

¹⁵² As recognized in President Biden’s Executive Order reestablishing the White House Office of Faith-Based and Neighborhood Partnerships, faith-based organizations often play a critical role in providing services in rural communities and underserved populations where accessible stand-alone service providers are nonexistent, as well as in communities of color, immigrant communities, Tribal communities, and other communities that have deep-rooted connections to faith-based organizations as points of social support. The White House. [Executive Order on the Reestablishment of the White House Office of Faith-Based and Neighborhood Partnerships](#). 14 Feb. 2021.



¹⁵³ See U.S. Department of Justice. [The Department of Justice Equity Action Plan 2022](#). 2022 (including, as one of its five action items, “reducing language barriers that make it difficult for individuals with limited English proficiency to access Department programs or activities, communicate public safety concerns, or vindicate their rights.”). See also Office on Violence Against Women. [Language Access and Policy Plan](#). U.S. Department of Justice, revised 18 Jan. 2017; [Limited English Proficiency](#) (sharing “resources and information to help expand and improve language assistance services for individuals with limited English proficiency, in compliance with federal law.”); U.S. Department of Housing and Urban Development. [Final Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#). 22 Jan. 2007.

¹⁵⁴ See National Clearinghouse on Abuse in Later Life. [An Overview of Abuse in Later Life](#).

¹⁵⁵ See, for example, Office on Violence Against Women. [Disability Grant Program](#). U.S. Department of Justice.

¹⁵⁶ Office of the Assistant Secretary – Indian Affairs. [Federal Indian Boarding School Initiative: Investigative Report](#). U.S. Department of the Interior, May 2022; [Secretary Deb Haaland. Memorandum: U.S. Department of the Interior announces Federal Indian Boarding School Initiative](#). 22 June 2021; U.S. Department of the Interior. [Department of the Interior Releases Investigative Report, Outlines Next Steps in Federal Indian Boarding School Initiative](#). 11 May 2022; Gender Policy Council. [Report on the Fourth Convening of the Trilateral Working Group on Violence Against Indigenous Women and Girls](#). The White House, 27 July 2022; U.S. Department of State. [Joint Statement by the Trilateral Working Group on Violence against Indigenous Women and Girls, Following the 21st Session of UN Permanent Forum for Indigenous Issues](#). 16 May 2022 (recognizing, that “Indigenous women, young women, and girls in all their diversity, and two-spirit and gender-diverse individuals face disproportionately high rates of gender-based violence. This violence is a multidimensional phenomenon that is predicated on histories of abuse and perpetuated by ongoing discrimination and racism, including multiple and intersecting forms of discrimination. . . . Much work needs to be done to enhance intervention, access to justice, and to strengthen prevention efforts.”)

¹⁵⁷ Rosay, A. [Violence Against American Indian and Alaska Native Women and Men](#). National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, May 2016, p. 2, (finding in an analysis of the 2010 NISVS data that more than half of AI/AN women had experienced sexual violence (56.1%), physical violence by an intimate partner (55.5%), and psychological aggression by an intimate partner (66.4%)); Gone, J. P. et al. [The Impact of Historical Trauma on Health Outcomes for Indigenous Populations in the USA and Canada: A Systematic Review](#). *American Psychologist*, vol. 74, no. 1, Jan. 2019, pp. 20-35; Guenzel, N. & Struwe, L. [Historical Trauma, Ethnic Experience, and Mental Health in a Sample of Urban American Indians](#). *Journal of the American Psychiatric Nurses Association*, vol. 26, no. 2, Nov. 2019, pp. 145-156.

¹⁵⁸ Ricks, J. et al. [Food Insecurity and Intimate Partner Violence Against Women: Results from the California Women’s Health Survey](#). *Public Health Nutrition*, vol. 19, no. 5, 2015, pp. 914-923; Anderson, D. K. & Saunders, D. G. [Leaving An Abusive Partner: An Empirical Review of Predictors, the Process of Leaving, and Psychological Well-Being](#). *Trauma Violence & Abuse*, vol. 4, no. 2, May 2003, pp. 163-191.

¹⁵⁹ International Labour Organization General Conference. [C190, Violence and Harassment](#)



[Convention, 2019](#). 21 June 2019, § II, Art. 3.

¹⁶⁰ International Labour Organization General Conference. [C190, Violence and Harassment Convention, 2019](#). 21 June 2019; *see also* International Labour Organization General Conference. [Final Record Vote on the Adoption of the Convention Concerning the Elimination of Violence and Harassment in the World of Work](#). 21 June 2019. (noting that the United States has voted to adopt ILO Convention C190.)

¹⁶¹ International Labour Organization General Conference. [C190, Violence and Harassment Convention, 2019](#). 21 June 2019, § 1, Art. 1(1). Convention C190 uses the term “violence and harassment” in the world of work to refer “to a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment.”

¹⁶² Feldblum, C. & Lipnic, V. [Select Task Force on the Study of Harassment in the Workplace Report of Co-Chairs Chai A. Feldblum & Victoria A. Lipnic](#). U.S. Equal Employment Opportunity Commission, June 2016; *See also* Basile et al. [National Prevalence of Sexual Violence by a Workplace-Related Perpetrator](#). *American Journal of Preventative Medicine*, vol. 58 no. 2, 2020, pp. 216-223 (finding that in the United States, 5.6% of women (almost 7 million) and 2.5% of men (nearly 3 million) reported some type of sexual violence by a workplace-related perpetrator.)

¹⁶³ A survey conducted by the Institute for Women’s Policy Research found that 44% of tradeswomen said they are leaving or have seriously considered leaving the industry, with “lack of respect/ harassment” being the most prevalent reason for thinking about leaving. Institute for Women’s Policy Research. [A Future Worth Building: What Tradeswomen Say About the Change They Need in the Construction Industry](#). 16 Nov. 2021.

¹⁶⁴ Tiesman, H. M. et al. [Workplace Homicides Among U.S. Women: The Role of Intimate Partner Violence](#). *Annals of Epidemiology*, vol. 22, no. 4, Apr. 2012, 277-284 (“Between 2003 and 2008, 648 women were feloniously killed on the job. The leading cause of workplace homicide for U.S. women was criminal intent, such as robbing a store (n = 212; 39%), followed by homicides perpetrated by a personal relation (n = 181; 33%). The majority of these personal relations were intimate partners (n = 142; 78%). Over half of workplace homicides perpetrated by intimate partners occurred in parking lots and public buildings (n = 91; 51%).”) *See also* Widiss, D. A. [Addressing the Workplace Effects of Intimate Partner Violence](#). *Violence and Abuse in and Around Organisations* (C. L. Cooper & R. J. Burke, eds.). Oct. 2017 Draft; Centers for Disease Control and Prevention. [The National Intimate Partner and Sexual Violence Survey \(NISVS\): Reports and Publications](#) (providing data on the work impacts of IPV and stalking); [Federal Bureau of Investigation Crime Data Explorer](#) (providing reported crime data).

¹⁶⁵ Hess, C. & Del Rosario, A. [Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors’ Education, Careers, and Economic Security](#). Institute for Women’s Policy Research, 2018; Centers for Disease Control and Prevention. [Violence Prevention: What Are the Consequences?](#) U.S. Department of Health and Human Services, 2 Nov. 2021; *see also* Reeves, C. & O’Leary-Kelly, A. [A Study of the Effects of Intimate Partner Violence on the Workplace: Grant 2003-RC-CX-0021](#). Office of Justice Programs, U.S. Department of Justice, June 2009.



¹⁶⁶ See Hess, C. & Del Rosario, A. [Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors' Education, Careers, and Economic Security](#). Institute for Women's Policy Research, 2018, p. 22; D'Inverno, A. et al. [The Impact of Intimate Partner Violence: A 2015 NISVS Research-in-Brief](#). Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, 2019, p. 12 (highlighting 2015 National Intimate Partner and Sexual Violence Survey (NISVS) results); Peterson, Cora et al. [Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults](#). *American Journal of Preventive Medicine*, vol. 55, no. 4, 4 Oct. 2018, pp. 433-444.

¹⁶⁷ Baum, K. et al. [Stalking Victimization in the United States](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, Jan. 2009, NCJ 224527.

¹⁶⁸ National Immigrant Women's Advocacy Project. [Transforming Lives: How the VAWA Self-petition and U Visa Change the Lives of Survivors and their Children After Employment Authorization and Legal Immigration Status](#). American University, Washington College of Law, 2021.

¹⁶⁹ Family and Youth Services Bureau, Administration for Children and Families. [Domestic Violence and Homelessness: Statistics \(2016\)](#). U.S. Department of Health & Human Services.

¹⁷⁰ Family and Youth Services Bureau, Administration for Children and Families. [Domestic Violence and Homelessness: Statistics \(2016\)](#). U.S. Department of Health & Human Services.

¹⁷¹ Safe House Partnerships. [Sexual Violence Relocation & Homelessness](#). National Sexual Violence Resource Center, 2020.

¹⁷² U.S. Department of Housing and Urban Development. [Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Enforcement of Local Nuisance and Crime-Free Housing Ordinances Against Victims of Domestic Violence, Other Crime Victims, and Others Who Require Police or Emergency Services](#). 13 Sept. 2016.

¹⁷³ Violence Against Women Act Reauthorization Act § 2, [34 U.S.C. § 12291\(a\)\(13\)](#) (Definitions and grant provisions).

¹⁷⁴ Violence Against Women Act Reauthorization Act § 2, [34 U.S.C. § 12291\(a\)\(13\)](#) (Definitions and grant provisions); National Network to End Domestic Violence. [Learn more about Financial Abuse](#). National Coalition Against Domestic Violence. [Quick Guide: Economic and Financial Abuse](#); Postmus, J. et al. [Economic Abuse as an Invisible Form of Domestic Violence: A Multicountry Review](#). *Trauma, Violence, and Abuse*, vol. 21(2), 2020, pp. 261-283.

¹⁷⁵ The [National Center on Elder Abuse \(NCEA\)](#), a program of the U.S. Administration on Aging, defines "financial or material exploitation" of elders as "the illegal or improper use of an elder's funds, property, or assets," including "cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney." See also Phelan, A. [Financial Abuse of Older People](#). *Advances in Elder Abuse Research: Practice, Legislation and Policy*. Springer, 2020, pp. 101-119.

¹⁷⁶ See [Consumer Financial Protection Bureau Final Rule on Prohibition on Inclusion of Adverse Information in Consumer Reporting in Cases of Human Trafficking](#) (establishing a method for a victim of human trafficking to report adverse information that resulted from human trafficking and prohibiting consumer reporting agencies from furnishing a consumer report containing the adverse information). 12 CFR Part 1022. June 2022.



¹⁷⁷ Hess, C. & Del Rosario, A. [Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors’ Education, Careers, and Economic Security](#). Institute for Women’s Policy Research, 2018 (“When shown a list of financial factors that may have affected their decision to stay with or return to their partner, respondents most commonly selected ‘unable to support myself and/or my children’ and ‘didn’t have another place to live’ (83 percent) as reasons affecting their decision.... Other common reasons included being unable to afford child care (50 percent)”); Futures Without Violence. [Child Care as a Domestic Violence Issue](#). June 2022.

¹⁷⁸ The U.S. Office of Personnel Management has indicated that a “family member,” for purposes of family, medical, or other forms of leave, should be interpreted to include individuals who have close family-like relationships, whether or not those relationships rest on blood or formal legal ties. U.S. Office of Personnel Management. [Fact Sheet: Definitions Related to Family Member and Immediate Relative for Purposes of Sick Leave, Funeral Leave, Voluntary Leave Transfer, Voluntary Leave Bank, and Emergency Leave Transfer](#). June 2010. *See also* Widiss, D. A. [Chosen Family, Care, and the Workplace](#). The Yale Law Journal, vol. 131, 5 Nov. 2021 (outlining the range of “chosen family member” definitions).

¹⁷⁹ The White House. [Biden-Harris Administration Announces New Actions to Support and Advance Women’s Economic Security](#). 2 Feb. 2023.

¹⁸⁰ Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act of 2021, [9 U.S.C. §§ 401-402](#).

¹⁸¹ Speak Out Act, [42 U.S.C. §§ 19401-19404](#).

¹⁸² Prevention-oriented climate surveys are anonymous, confidential surveys of employees that explore workplace culture and environment to identify employee needs, gaps in response, and workplace expectations. For more details, *see* [Workplaces Respond to Domestic and Sexual Violence. How-To Guide: Workplace Climate Surveys](#).

¹⁸³ Shaw, E. et al. [Sexual Harassment and Assault at Work: Understanding the Costs](#). Institute for Women’s Policy and Research, Oct. 2018 (using the phrase “Employment Situations Associated with High Rates of Harassment”); Feldblum, C. & Lipnic, V. E. [Risk Factors for Harassment](#); U.S. Equal Employment Opportunity Commission. [Select Task Force on the Study of Harassment in the Workplace: Report of Co-Chairs Chai A. Feldblum & Victoria A. Lipnic](#). June 2016 (listing risk factors for harassment or environmental risks, and organizational factors or conditions that may increase the likelihood of harassment, noting that “[m]ost if not every workplace will contain at least some of the risk factors we describe below. In that light, to be clear, we note that the existence of risk factors in a workplace does not mean that harassment is occurring in that workplace. Rather, the presence of one or more risk factors suggests that there may be fertile ground for harassment to occur, and that an employer may wish to pay extra attention in these situations, or at the very least be cognizant that certain risk factors may exist. Finally, we stress that the list below is neither exclusive nor exhaustive, but rather a number of factors we felt were readily identifiable.”); International Labour Organization General Conference. [C190, Violence and Harassment Convention, 2019](#). 21 June 2019 (calling on member states to identify, in consultation with the employers’ and workers’ organizations concerned, and through other means, the sectors or occupations and work arrangements in which workers and other persons concerned are more exposed to violence and harassment).



¹⁸⁴ Under Section 5(a)(1) of the Occupational Safety and Health Act of 1970, also known as the General Duty Clause, employers must provide “employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.” Occupational Safety and Health Act of 1970 § 5, [29 U.S.C. § 654\(a\)\(1\)](#) (Duties of employers and employees). Employers can be cited for a violation of the General Duty Clause if a recognized serious hazard exists in their workplace and the employer does not take steps to prevent or abate the hazard, or materially reduce or eliminate the hazard. While violence in the workplace, including domestic violence, is recordable for Occupational Safety and Health Administration recordkeeping purposes, determining whether a domestic violence or other GBV incident constitutes a General Duty Clause violation would be dependent on the specific circumstances.

¹⁸⁵ The workforce system helps job seekers access employment, education, training, and support services and benefits (including unemployment insurance benefits) and matches employers with skilled workers. The Workforce Innovation and Opportunity Act (WIOA) nondiscrimination regulations govern the system, and explicitly state that discrimination against GBV survivors—for example, denying a survivor access to services or training out of concern that the survivor’s participation could disrupt the program or activity—constitutes sex discrimination. Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act, [29 C.F.R. 38.7\(d\)\(7\)](#) (Discrimination prohibited based on sex) 2 Dec. 2016.

¹⁸⁶ See U.S. Department of Defense. [Annual Report on Sexual Assault in the Military Fiscal Year 2021](#). Sept. 2022. (noting that, in July 2021, the Independent Review Commission on Sexual Assault in the Military “published its report, making 82 recommendations to improve climate and culture, prevent sexual assault and sexual harassment, better care for victims, and hold perpetrators appropriately accountable.” p. 4).

¹⁸⁷ Gordon, J. [Global Labor Recruitment in a Supply Chain Context](#). International Labour Organization, June 2015.

¹⁸⁸ U.S. Department of Labor. [Bearing the Cost: How Underrepresentation in Undervalued Jobs Disadvantaged Women During the Pandemic](#). 15 Mar. 2022.

¹⁸⁹ U.S. Department of Labor. [Bearing the Cost: How Underrepresentation in Undervalued Jobs Disadvantaged Women During the Pandemic](#). 15 Mar. 2022; Women’s Bureau. [Equal Pay and Pay Transparency Protections](#). U.S. Department of Labor; U.S. Department of Labor and U.S. Department of Commerce. [Good Jobs Principles](#).

¹⁹⁰ U.S. Equal Employment Opportunity Commission. [Equal Pay/Compensation Discrimination](#); Women’s Bureau. [Equal Pay and Pay Transparency Protections](#). U.S. Department of Labor; Office of Federal Contract Compliance Programs. [Pay Transparency Protections Frequently Asked Questions](#). U.S. Department of Labor; Mangundayao, I. et al. [More Than \\$3 Billion Stolen Wages Recovered for Workers Between 2017 and 2020](#). Economic Policy Institute, 22 Dec. 2021.

¹⁹¹ For example, Executive Order 13706, Establishing Paid Sick Leave for Federal Contractors, provides that employees of certain federal contractors may accrue paid sick leave and, among other purposes, use it for an absence resulting from domestic violence, sexual assault, or stalking, if the time absent from work is for a medical condition, obtaining medical care, or to obtain additional counseling, seek relocation, seek assistance from a victim services organization, take



related legal action, or assist a family member engaging in any of these activities. U.S. Wage and Hour Division. [Fact Sheet: Final Rule to Implement Executive Order 13706, Establishing Paid Sick Leave for Federal Contractors](#). U.S. Department of Labor, Sept. 2016. Some state laws (e.g., [New York](#), [Maryland](#), [Minnesota](#)) provide for safe leave in cases of domestic violence. A Better Balance. [Overview of Paid Sick Time Laws in the United States](#). 22 June 2022.

¹⁹² [Pregnant Workers Fairness Act](#), Pub. L. No. 117-328, §§ 101-109, 1626-1631 (Pregnant Workers). [Providing Urgent Maternal Protection \(PUMP\) for Nursing Mothers Act](#), Pub L. No. 117-328, §§ 101-103, 1635-1639 (PUMP for Nursing Mothers Act).

¹⁹³ Administration for Children and Families. [HHS and USDA Launch Resource Guide to Help Rural Communities Increase Access to Child Care Services](#). U.S. Department of Health and Human Services, 21 Sept. 2021.

¹⁹⁴ Administration for Community Living. [Pension Counseling and Information Program](#). 13 Nov. 2017; Employee Benefits Security Administration. [Fact Sheet: Participant Assistance and Outreach Program](#). U.S. Department of Labor, Jan. 2020.

¹⁹⁵ Violence Against Women Act Reauthorization Act of 2022 §601, [34 U.S.C. § 12491](#) (Housing protections for victims of domestic violence, dating violence, sexual assault, and stalking). The Violence Against Women Act provides protections for survivors of domestic violence, dating violence, sexual assault, or stalking who are applying for, or are the beneficiaries of, certain kinds of housing assistance provided by the Federal Government. The Act also protects the right to report crime and emergencies from one's home. Further, the federal Fair Housing Act prohibits discrimination because of sex (including sexual orientation and gender identity), race, national origin, disability, familial status (presence of children under age 18, including pregnancy and seeking legal custody), color, and religion, which may include survivors of domestic violence who are subjected to discrimination or penalized by the application of local nuisance ordinances for seeking emergency assistance too many times within a given period. Therefore, robust enforcement of the Fair Housing Act is a tool that may be useful to help reduce the housing and economic barriers that survivors experience. For more information on specific types of housing rights survivors enjoy under the Fair Housing Act and other civil rights laws, *see* U.S. Department of Housing and Urban Development. Rule: [Quid Pro Quo and Hostile Environment Harassment and Liability for Discriminatory Housing Practices Under the Fair Housing Act](#). 12 Sept. 2016; U.S. Department of Housing and Urban Development. [Questions and Answers on Sexual Harassment under the Fair Housing Act](#). 17 Nov. 2008.

¹⁹⁶ Sullivan, C. et al. [Flexible Funding as a Promising Strategy to Prevent Homelessness for Survivors of Intimate Partner Violence](#). *Journal of Interpersonal Violence*, vol. 34, no. 14, 2016; Marcus, S. [Reaching BIPOC Survivors with COVID-relief Flexible Funding in Harris County Texas](#). Safe Housing Alliance, Mar. 2022; Bomsta, H. & Sullivan, C. [Research Brief: IPV Survivors' Perceptions of How a Flexible Funding Housing Intervention Impacted their Children](#). Safe Housing Partnerships, June 2018.

¹⁹⁷ The Joint Consolidation Loan Separation Act, enacted in 2022, provides relief for borrowers who previously consolidated their student loan debt with a spouse, and allows them to file an application with the Department of Education to separate their loans in the event of domestic violence, economic abuse, or an unresponsive partner. *See* The Joint Consolidation Loan Separation Act, [20 U.S.C. § 1087\(e\)](#).



¹⁹⁸ See [42 U.S.C. 11302\(b\)](#).

¹⁹⁹ See [Violence Against Women Act Reauthorization Act of 2022](#), Pub. L. No. 117-103, § 606, 136 stat. 887. (Study and Report on Housing and Service Needs of Survivors of Trafficking and Individuals at Risk for Trafficking).

²⁰⁰ Chen, J. & Sullivan, C. [Domestic Violence Housing First Demonstration Evaluation Project: Final Report](#). Sept. 2022; Office of the Assistant Secretary for Planning and Evaluation. [Domestic Violence Housing First \(DVHF\) Demonstration Evaluation](#). U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration. [Housing First Pilot Helps Domestic Violence Survivors](#). U.S. Department of Health and Human Services.

²⁰¹ VAWA 2022 defines technological abuse as “an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence or stalking and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, or communication technologies, or any other emerging technologies.” Violence Against Women Act Reauthorization Act of 2022, [34 U.S.C. § 12291\(b\)\(13\)\(B\)](#) (Definitions and grant provisions).

²⁰² U.S Immigration and Customs Enforcement. [Sextortion: It’s more common than you think](#). Department of Homeland Security, 2023; see also Federal Bureau of Investigation. [Sextortion: How We Can Help You](#).

²⁰³ Doxing “refers to gathering an individual’s Personally Identifiable Information (PII) and disclosing or posting it publicly, usually for malicious purposes such as public humiliation, stalking, identity theft, or targeting an individual for harassment.” The Privacy Office. How to Prevent Online Harassment from Doxing. Department of Homeland Security, April 2017.

²⁰⁴ Vogels, E. A. [The State of Online Harassment](#). Pew Research Center, 13 Jan. 2021 (“Fully 33% of women under 35 say they have been sexually harassed online . . .”; “in the U.S. women are twice as likely to say they were targeted due to their gender.”).

²⁰⁵ Vogels, E. A. [The State of Online Harassment](#). Pew Research Center, 13 Jan. 2021 (finding approximately 7 in 10 LGB adults have encountered any harassment online and 51% have been targeted for more severe forms of online abuse. “By comparison, about four-in-ten straight adults have endured any form of harassment online, and only 23% have undergone any of the more severe behaviors.”).

²⁰⁶ Girls Get Equal. [Free to be Online?](#) Plan International, 2020, pp. 7, 38 (“Fifty per cent of survey respondents reported that online harassment was more common than street harassment . . .”).

²⁰⁷ National Domestic Violence Hotline. [2022 Online Harassment and Abuse Survey Results Summary](#).

²⁰⁸ National Threat Assessment Center, United States Secret Service. [Mass Attacks in Public Spaces: 2016-2020](#). U.S. Department of Homeland Security. Jan. 2023, pp. 29-30 (“[i]n addition to in-person attacks, 14 attackers (8%) engaged in online misogynistic behavior.”); United States Secret Service, National Threat Assessment Center. [Hot Yoga Tallahassee – A Case Study of Misogynistic Extremism](#). Department of Homeland Security. Mar. 2022 (“this case study highlights the specific threat posed by misogynistic extremism”).



²⁰⁹ The White House. [Fact Sheet: Presidential Memorandum Establishing the White House Task Force to Address Online Harassment and Abuse](#). 16 June 2022. *See also* The White House. [Readout of White House Listening Session on Tech Platform Accountability](#). 8 Sept. 2022.

²¹⁰ The White House. [Executive Summary: Initial Blueprint for the White House Task Force to Address Online Harassment and Abuse](#). 3 Mar. 2023.

²¹¹ *See* Violence Against Women Act Reauthorization Act of 2022 § 1403(b), [34 U.S.C. § 30109\(b\)](#) (National strategy, classification, and reporting on cybercrime).

²¹² U.S. Department of State. [2022 Roadmap for the Global Partnership for Action on Gender-Based Online Harassment and Abuse - United States Department of State](#). 16 Mar. 2022.

²¹³ *See* Violence Against Women Act Reauthorization Act of 2022 § 1403(c), [34 U.S.C. § 30109\(c\)](#) (National strategy, classification, and reporting on cybercrime) (“Classification of cybercrimes against individuals for purposes of crime reports.”).

²¹⁴ *See* Violence Against Women Act Reauthorization Act of 2022 § 1309, [15 U.S.C. § 6851](#) (Civil action relating to disclosure of intimate images).

²¹⁵ *See* Violence Against Women Act Reauthorization Act of 2022 § 1401(b), [34 U.S.C. § 30107](#) (Local law enforcement grants for enforcement of cybercrimes).

²¹⁶ Independent Review Commission on Sexual Assault in the Military. *Hard Truths and the Duty to Change: Recommendations from the Independent Review Commission on Sexual Assault in the Military, 2021*. Independent Review Commission on Sexual Assault in the Military. [Implementation Roadmap](#), 2021. The White House. [Fact Sheet: Executive Order, 2022 Amendments to the Manual for Courts Martial](#). The White House. [Readout of White House Listening Session on Tech Platform Accountability](#). 8 Sept. 2022.

²¹⁶ The White House. [Fact Sheet: Executive Order, 2022 Amendments to the Manual for Courts Martial](#). 26 Jan. 2022.

²¹⁷ 18 U.S.C. § 242 makes it a crime for a person acting under color of law to willfully deprive a person of their Constitutional rights. To act under “color of law” means to use government-sanctioned authority—at all levels of government—to facilitate one’s conduct, regardless of whether on- or off-duty; *See* U.S. Department of Justice. [Full Guidance: Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias](#). 23 May 2022, p. 27 (citing *See* United States v. Classic, 313 U.S. 299, 326 (1941); *Screws v. United States*, 325 U.S. 91, 111 (1945)).

²¹⁸ According to data from the FBI’s Law Enforcement Officers Killed and Assaulted ([LEOKA](#)) database, 43 of the 503 officers nationwide who were feloniously killed between 2011 and 2020 (roughly 8.5%) were killed while responding to domestic disturbance or domestic violence calls. Crime Data Explorer. [National Law Enforcement Officers Killed and Assaulted Infographic](#). Federal Bureau of Investigation, 1 Dec. 2022.

²¹⁹ Morgan, R. E., & Thompson, A. [Criminal Victimization, 2020](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, Oct. 2021, NCJ 301775.

²²⁰ *See, for example*, Morgan, R. E., & Thompson, A. [Criminal Victimization, 2020](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, Oct. 2021, NCJ 301775.

²²¹ Uniform Crime Reporting Program. [2017 Crime in the United States: National Data](#). Federal Bureau of Investigation.

²²² *See* literature reviews in, and reported findings of, the following: Morabito, M. S. et al. [It All](#)



[Just Piles Up: Challenges to Victim Credibility Accumulate to Influence Sexual Assault Case Processing](#). *Journal of Interpersonal Violence*, vol. 34, no. 15, 2019, pp. 3151-3170; Spohn, C. & Tellis, K. [The Criminal Justice System’s Response to Sexual Violence](#). *Violence Against Women*, vol. 18, no. 2, 2012, pp. 169-192; Alderden, M. A. & Ullman, S. E. [Gender Difference or Indifference? Detective Decision Making in Sexual Assault Cases](#). *Journal of Interpersonal Violence*, vol. 27, no. 1, 2012, pp. 3-22.

²²³ Office on Violence Against Women. [Twenty Years of the Violence Against Women Act: Dispatches from the Field](#). U.S. Department of Justice, June 2016.

²²⁴ U.S. Department of Justice. [FY 2021 Congressional Justification for the Office on Violence Against Women](#). 2020.

²²⁵ U.S. Department of Justice. [Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias](#). 23 May 2022.

²²⁶ The White House. [Fact Sheet: Reauthorization of the Violence Against Women Act \(VAWA\)](#). 16 Mar. 2022. See U.S. Department of Justice. [2013 and 2022 Reauthorizations of the Violence Against Women Act](#). Sept. 2022.

²²⁷ Covington, S. S. [Women in Prison: Approaches in the Treatment of Our Most Invisible Population](#). *Women and Therapy Journal*, vol. 21, no. 1, 1998, pp.141-155; Harden, J. & Hill, M. (eds). [Breaking the Rules: Women in Prison and Feminist Therapy](#). Haworth Press, 1998; Bilyeau, N. [The Trauma of Women in Prison](#). *The Crime Report*, 8 Oct. 2020.

²²⁸ Park, Y. [Addressing Trauma in Women’s Prisons](#). National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, 11 May 2022; Buehler, E. D. [Sexual Victimization Reported by Adult Correctional Authorities, 2016-2018](#). Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, June 2021, NCJ 255356.

²²⁹ Sedlak, A. J. & Bruce, C. [Survey of Youth in Residential Placement: Youth Characteristics and Backgrounds](#). U.S. Department of Justice, 2017; Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs. [OJJDP Girls Policy Guidance](#). U.S. Department of Justice, Jan. 2013. (update pending).

²³⁰ Saada Saar, M. et al. [The Sexual Abuse to Prison Pipeline: The Girls’ Story](#). Human Rights Project for Girls, Georgetown Law Center on Poverty and Inequality, Ms. Foundation for Women, 2018 (Noting that “African-American girls constitute 14 percent of the general population nationally but 33.2 percent of girls detained and committed,” p. 7). Simkins, S. B. et al. [School to Prison Pipeline for Girls: The Role of Physical and Sexual Abuse](#). *Children’s Legal Rights Journal*, vol. 24, no. 4, Winter 2004, pp. 56-72, NCJ 209146.

²³¹ Office for Civil Rights. [Sex Discrimination: Overview of the Law](#). U.S. Department of Education, 12 July 2022. In 2021, President Biden issued Executive Order 14021, directing the Department of Education to perform a comprehensive review of its Title IX regulations. The White House. [Executive Order on Guaranteeing an Educational Environment Free from Discrimination on the Basis of Sex, Including Sexual Orientation or Gender Identity](#). 8 Mar. 2021. See also Department of Education. [The U.S. Department of Education Releases Proposed Changes to Title IX Regulations, Invites Public Comment](#). 23 June 2022.

²³² Office for Civil Rights. [Joint Letter on Life and Safety Services by the U.S. Department of Justice, U.S. Department of Housing and Urban Development, and the U.S. Department of Health and Human Services](#). U.S. Department of Health and Human Services, 5 Aug. 2016 (“...to remind recipients of federal financial assistance that they should not withhold certain services based on



immigration status when the services are necessary to protect life or safety.”). U.S. Citizenship and Immigration Services of the Department of Homeland Security (DHS) issued a [final rule on the Public Charge Ground of Inadmissibility](#) in September 2022 to amend the regulations (vacating the 2019 final rule). See [DHS Publishes Fair and Humane Public Charge Rule](#). September 2022.

²³³ Orloff, L. E. et al. [Transforming Lives: How the VAWA Self-Petition and U-Visa Change the Lives of Survivors and their Children After Employment Authorization and Legal Immigration Status](#). National Immigrant Women’s Advocacy Project, 8 June 2021, p. 147; *see also* Rodriguez, R. et al. [Promoting Access to Justice for Immigrant and Limited English Proficient Crime Victims in an Age of Increased Immigration Enforcement: Initial Report from a 2017 National Survey](#). National Immigrant Women’s Advocacy Project, 3 May 2018, p. 87 (finding that research among VAWA self-petitioners consistently shows that a significant percentage continue to reside in abusive homes until after they receive work authorization. Those who stay suffer daily (27%), weekly (21%), and monthly (24%) abuse).

²³⁴ Note that while this Plan generally uses the term “survivor,” here we use “victim” for consistency with the terminology used by federal offices, programs, and grants.

²³⁵ VAWA 2022 revised the definition of “victim services or services” to include “legal assistance,” thereby broadening the scope of all VAWA grant programs that support “victim services” to include comprehensive legal assistance by an attorney. It also expanded the definition of “legal assistance” to cover assistance provided by attorneys, Board of Immigration Appeals accredited representatives, Veterans Affairs authorized representatives, and lay advocates in Tribal court, and to include assistance in restorative practice processes and in post-conviction relief proceedings where conviction of a victim arose from their victimization. Violence Against Women Act Reauthorization Act of 2022 § 2, [34 U.S.C. § 12291\(a\)\(51\)](#) (Definitions and grant provisions).

²³⁶ Some states are seeking to expand legal help by reforming regulations concerning the authorized practice of law and authorizing legal assistance by trained lay advocates—people who are not licensed attorneys—similar to federal processes that provide for accredited representatives in the Board of Immigration Appeals (BIA) and Department of Veterans Affairs (VA) proceedings. The supreme courts in [Arizona](#), [Utah](#), and [Alaska](#) have adopted rules that approve trained lay advocates to provide trauma-informed, limited-scope legal advice to survivors of intimate partner violence for civil legal system issues, including protective orders, child support, spousal maintenance, and fair and equitable property and debt divisions. See Supreme Court of the State of Arizona. [Authorizing a Licensed Legal Advocate Pilot Program for Domestic Violence Cases and Related Matters](#). 10 June 2020; Office of Legal Services Innovation, Utah Supreme Court. [Authorized Entities](#); Supreme Court of the State of Alaska. [Adopting Bar Rule 43.5 concerning waivers for non-lawyers trained and supervised by Alaska Legal Services Corporation](#). 29 Nov. 2022. The Conference of Chief Justices has endorsed, as a promising practice, “regulatory innovations that have the potential to improve the accessibility, affordability and quality of civil legal services, while ensuring necessary and appropriate protections for the public.” [Resolution 2 – Urging Consideration of Regulatory Innovations Regarding the Delivery of Legal Services](#). 5 Feb. 2020.

²³⁷ Federal regulations allow non-attorney “Accredited Representatives” to represent noncitizens before the Department of Homeland Security and the Executive Office for Immigration Review, which includes the immigration courts and the Board of Immigration Appeals. Recognition of



Organizations and Accreditation of Non-Attorney Representatives, [8 C.F.R. § 1292.1\(a\)\(4\)](#) (Representation and Appearances) 19 Dec. 2017. These representatives are accredited through the Recognition and Accreditation Program, which aims to increase the availability of competent immigration legal representation for low-income and indigent persons, thereby promoting the effective and efficient administration of justice. Executive Office of Immigration Review.

[Recognition & Accreditation \(R&A\) Program](#). U.S. Department of Justice, 14 Apr. 2021.

²³⁸ Protection and Advocacy Systems (P&As) work at the state level to protect individuals with disabilities by empowering them and advocating on their behalf. There are 57 P&As in the U.S. and its territories. Each operates independently and may partner with agencies that provide other services. Administration for Community Living. [Protecting Rights and Preventing Abuse of People with Disabilities](#). U.S. Department of Health and Human Services, last modified 27 July 2022.

²³⁹ [National Defense Authorization Act for Fiscal Year 2022 §§531-539C](#), Pub. L. No. 117-81, 135 stat. 1541, 1692-1699.

²⁴⁰ The Office on Violence Against Women’s Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program encourages state, local, and Tribal governments and courts to improve the criminal justice response to domestic violence, dating violence, sexual assault, and stalking as serious violations of criminal law requiring the coordinated involvement of the entire criminal justice system. The program statute includes a purpose area to educate federal, state, local, Tribal, and territorial judges, courts, and court-based and court-related personnel in criminal and civil courts (including juvenile courts) about domestic violence, dating violence, sexual assault, and stalking and to improve judicial handling of such cases. *See* Office on Violence Against Women. [OVW Fiscal Year 2022 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program Solicitation](#). U.S. Department of Justice, 16 Mar. 2022; Violence Against Women Act Reauthorization Act of 2022 § 102(a), [34 U.S.C. §§ 10461-10465](#) (Grants to Improve the Criminal Justice Response and Enforcement of Protection Orders); Grants to Encourage Arrest Policies and Enforcement of Protection Orders, [28 C.F.R. § 90D](#). 8 Jan. 2015.

²⁴¹ U.S. Department of Justice. [Limited English Proficiency](#).

²⁴² Civil Rights Division. [ADA.gov](#). U.S. Department of Justice (providing information and technical assistance on the Americans with Disabilities Act.).

²⁴³ Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.

²⁴⁴ U.S. Department of Justice. [FY 2021 Congressional Justification: Office on Violence Against Women](#). 2020.

²⁴⁵ Wolff, N. et al. [Sexual Violence Inside Prisons: Rates of Victimization](#). *Journal of Urban Health*, vol. 83, no. 5, 2006, pp. 835-848.

²⁴⁶ Office of the Deputy Attorney General. [Memorandum for Department of Justice Employees: Comprehensive Strategy for Reducing Violent Crime](#). U.S. Department of Justice, 26 May 2021; U.S. Department of Justice. [Commentary for Extreme Risk Protection Order Model Legislation](#). 7 June 2021.

²⁴⁷ According to the U.S. Department of Health and Human Services, “[a]n ERPO is a court order that temporarily prevents a person in crisis, who poses a danger to themselves or others, from accessing firearms. ERPO legislation, which can vary in important ways among states,



generally specifies certain categories of petitioners (e.g., law enforcement officers, family members, health care providers) who may apply to a court for an ERPO and includes requirements for affidavits or sworn oral statements from the petitioner or witnesses to support the application.” U.S. Department of Health and Human Services. [HIPAA Privacy Rule and Disclosures of Protected Health Information for Extreme Risk Protection Orders](#).

²⁴⁸ U.S. Department of Justice. [Commentary for Extreme Risk Protection Order Model Legislation](#). 7 June 2021.

²⁴⁹ Criminal Resource Manual. [Restrictions on the Possession of Firearms by Individuals Convicted of a Misdemeanor Crime of Domestic Violence](#). U.S. Department of Justice. *See also* [18 U.S.C. § 922\(d\)\(9\) and \(g\)\(9\)](#).

²⁵⁰ Bipartisan Safer Communities Act § 12005, [18 U.S.C. § 921\(a\)\(37\)\(A\)](#). Section 12005 of the BSCA amends and expands the Gun Control Act (GCA) Misdemeanor Crimes of Domestic Violence firearm prohibition to include dating partners, but it does not similarly expand the GCA Domestic Violence Protective Order firearm prohibition to include current and former dating partners. The law also requires people ages 18 to 21 to undergo enhanced background checks, and includes the first-ever federal law that makes gun trafficking and straw purchases distinct federal crimes.

²⁵¹ [Violence Against Women Act Reauthorization Act of 2022](#), Pub. L. No. 117-103, § 1101, 136 Stat. 49, 919-920 (codified as NICS Denial Notification Act of 2022 § 1101, [18 U.S.C. § 925B](#) (Reporting of background check denials to state authorities)).

²⁵² Violence Against Women Act Reauthorization Act of 2022 § 1104, [18 U.S.C. § 921\(a\)\(33\)](#) (Definitions); VAWA 2022 also included a provision authorizing the Attorney General to appoint Special Assistant United States Attorneys and Task Force Officers from the Bureau of Alcohol, Tobacco, Firearms and Explosives to investigate and prosecute violations under 18 U.S.C. § 922(g)(8) and (9) § 1103. Violence Against Women Act Reauthorization Act of 2022 § 1103, [18 U.S.C. § 925D](#) (Special assistant U.S. attorneys and cross-deputized attorneys).

²⁵³ *See* Bender, A. K. et al. [Guns and Intimate Partner Violence among Adolescents: A Scoping Review](#). *Journal of Family Violence*, vol.36, 2021, pp. 605-617 (“adolescence may confer a unique blend of risk factors for both firearm and relationship violence, yet the intersection of these issues has received relatively little attention compared to gun violence in adult relationships. Areas for future inquiry involve increased surveillance of this issue and interventions addressing the shared risks for gun carrying/access and teen dating violence”); Thulin, E. J. et al. [Adolescent Adverse Childhood Experiences and Risk of Adult Intimate Partner Violence](#). *American Journal of Preventive Medicine*, vol. 60, no. 1, Jan. 2021, pp. 80-86 (examining individual adverse childhood experiences (including “being a victim of violence, observed family conflict, parental intoxication, parental divorce, and observed community violence”) iteratively to understand which adverse experiences predicted intimate partner violence in adulthood, and finding that “observed community violence remained significant when accounting for all other adverse childhood experiences.”).

²⁵⁴ Center for the Study of Social Policy. [Race Equity Review: Findings from a Qualitative Analysis of Racial Disproportionality and Disparity for African American Children and Families in Michigan’s Child Welfare System](#). 2009. *See generally* Roberts, D. E. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. Vintage Books, 2d ed., 2017; Harris-Perry, M. V. *Sister Citizen: Shame, Stereotypes, and Black Women in America*. Yale University Press,



2013; Rivaux, S. L. et al. [The Intersection of Race, Poverty, and Risk: Understanding the Decision to Provide Services to Clients and to Remove Children](#). *Child Welfare* vol. 87, no. 2, 2008, pp. 151, 165-166; Detlaff, A.J. et al. [Disentangling Substantiation: The Influence of Race, Income, and Race on the Substantiation Decision in Child Welfare](#). *Children & Youth Services Review*, vol. 33 no. 9, 2011, pp. 1630, 1634-1636.

²⁵⁵ U.S. Department of Justice. [Justice Department Announces Six New Firearms Technical Assistance Project Sites and Awards \\$750,000 to National Resource Center on Domestic Violence and Firearms](#). 30 June 2022; U.S. Department of Justice. [Commentary for Extreme Risk Protection Order Model Legislation](#). 7 June 2021; [Bipartisan Safer Communities Act](#), Pub. L. No. 117-159, 136 stat. 1313, 1339. The Bipartisan Safer Communities Act includes \$750 million for states to implement crisis interventions such as Extreme Risk Protection Orders.

²⁵⁶ The Office on Violence Against Women’s National Violence Against Women Law Enforcement Training and Technical Assistance (TTA) Consortium (LETTAC) is a single, streamlined point of entry for Office on Violence Against Women grantees and the field to request law enforcement TTA. LETTAC makes inclusivity a priority—including support for traditionally underserved jurisdictions such as rural and tribal communities—in assisting all law enforcement in best responding to, investigating, and prosecuting intimate partner violence and Violence Against Women Act crimes in a trauma-informed manner, supporting victim healing, safety, and justice. National Violence Against Women Law Enforcement Training and Technical Assistance Consortium. [About LETTAC](#). Office on Violence Against Women, U.S. Department of Justice; *See also* Park, Y. [Addressing Trauma in Women’s Prisons](#). National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, 11 May 2022; Children’s Bureau, Administration on Children, Youth and Families. [Forensic Interviewing: A Primer for Child Welfare Professionals](#). Administration for Children and Families, U.S. Department of Health and Human Services, July 2017.

²⁵⁷ U.S. Department of Justice. [Improving Law Enforcement Response to Sexual Assault and Domestic Violence by Identifying and Preventing Gender Bias](#). 23 May 2022.

²⁵⁸ VAWA 2022 expanded the recognition of inherent Tribal authority to exercise Special Tribal Criminal Jurisdiction over non-Indian offenders over “covered crimes,” which include—in addition to domestic violence, dating violence, and violation of certain protection orders—assault of Tribal justice personnel, child violence, obstruction of justice, sexual violence, sex trafficking, and stalking. The Violence Against Women Act Reauthorization Act of 2022 also includes the Tribal Access Program, Reimbursement to Tribal Governments program, Alaska Pilot Project, and the reauthorization of the Special Tribal Criminal Jurisdiction Grant. Violence Against Women Act Reauthorization Act of 2022 § 802, [34 U.S.C. § 41107](#) (Access to the national crime information databases by tribes); Violence Against Women Act Reauthorization Act of 2022 § 804, [25 U.S.C. § 1304\(h\)](#) (Tribal jurisdiction over covered crimes); Violence Against Women Act Reauthorization Act of 2022 § 813(d), [25 U.S.C. § 1305\(d\)](#) (Tribal Jurisdiction in Alaska); Violence Against Women Act Reauthorization Act of 2022, [25 U.S.C. § 1304](#) (Tribal jurisdiction over covered crimes).

²⁵⁹ The U.S. Department of Interior created a new [Missing and Murdered Unit](#) within the Bureau of Indian Affairs Office of Justice Services to pursue justice for missing or murdered American Indians and Alaska Natives and to advance cross-departmental and interagency work involving missing and murdered American Indians and Alaska Natives.



²⁶⁰ The Homicide Victims’ Families’ Rights Act of 2021 establishes a framework for immediate family members of a victim of murder under federal law to request a review of the victim’s case file if the murder was committed more than three years prior, the murder was investigated by a federal law enforcement entity, all probative investigative leads have been exhausted, and no likely perpetrator has been identified. Homicide Victims’ Families’ Rights Act of 2021, [34 U.S.C. §§ 60901-60912](#).

²⁶¹ According to the 2022 National Crime Information Center Missing Person and Unidentified Person Statistics, for example, 97,924 Black females were identified as missing persons in 2022. This number represents 36% of the total number of missing females in 2022 (n = 271,493). Federal Bureau of Investigation. [2022 National Crime Information Center \(NCIC\) Missing Person and Unidentified Person Statistics](#). 2022, p.5.

²⁶² U.S. Department of Justice. [Justice Department Announces Six New Firearms Technical Assistance Project Sites and Awards \\$750,000 to National Resource Center on Domestic Violence and Firearms](#). 30 June 2022;

U.S. Department of Justice. [Commentary for Extreme Risk Protection Order Model Legislation](#). 7 June 2021.

²⁶³ U.S. Department of Justice. [Commentary for Extreme Risk Protection Order Model Legislation](#). 7 June 2021; The [Bipartisan Safer Communities Act](#) includes \$750 million for states to implement crisis interventions such as Extreme Risk Protection Orders.

²⁶⁴ Housing and Enforcement Section, Civil Rights Division. [Sexual Harassment in Housing Initiative](#). U.S. Department of Justice, 7 Nov. 2018; Employment Litigation Section, Civil Rights Division. [Sexual Harassment in the Workplace Initiative](#). U.S. Department of Justice, 28 Feb. 2018.

²⁶⁵ U.S. Secretary of Defense Lloyd Austin. [Memorandum: Department of Defense Actions and Implementation Guidance to Address Sexual Assault and Sexual Harassment in the Military](#). U.S. Department of Defense, 2 July 2021.

²⁶⁶ See Bureau of Justice Assistance, Office of Justice Programs. National Sexual Assault Kit Initiative. U.S. Department of Justice; Violence Against Women Act Reauthorization Act of 2022 § 1505, [18 U.S.C. §3772\(a\)\(2\)](#) (Sexual assault survivor’s rights).

²⁶⁷ USCIS implemented a new [Bona Fide Determination process \(BFD\)](#) to conduct initial reviews of U nonimmigrant status petitions more efficiently and provide eligible victims of qualifying crimes with employment authorization and deferred action while they await a final adjudication. See, [USCIS Issues Policy Providing Further Protections for Victims of Crime](#). 14 June 2021.

²⁶⁸ In June 2022, the Department of Education released a Notice of Proposed Rulemaking to amend the agency’s Title IX regulations, which prohibit discrimination based on sex in federally-funded education programs or activities. The proposed regulations will advance Title IX’s goal of ensuring that no one experiences sex discrimination, sex-based harassment, or sexual violence in education; that all students receive appropriate support as needed to access equal educational opportunities; and that schools have fair procedures in place to investigate and resolve sex discrimination complaints. The proposed regulations would also clarify Title IX’s protection against discrimination based on sex stereotypes, sex characteristics, pregnancy or related conditions, sexual orientation, and gender identity. U.S. Department of Education. [The U.S. Department of Education Releases Proposed Changes to Title IX Regulations, Invites Public](#)



Comment. 23 June 2022.

²⁶⁹ Violence Against Women Act Reauthorization Act of 2022 § 1314, [20 U.S.C. § 1689](#) (Task Force on Sexual Violence in Education). *See also* Department of Education. [Interagency Task Force on Sexual Violence in Education: 90-Day Report](#). 30 Nov. 2022.

²⁷⁰ U.S. Department of Justice. [Justice Department Updates Guidelines for Victim and Witness Assistance](#). 21 Oct. 2022.

²⁷¹ National Crime Victim Law Institute. [Rights Enforcement Toolkit](#).

²⁷² Wolff, N. et al. [Sexual Violence Inside Prisons: Rates of Victimization](#). *Journal of Urban Health*, vol. 83, no. 5, 2006, pp. 835-848.

²⁷³ Violence Against Women Act Reauthorization Act of 2022 § 1201, [18 U.S.C. § 250](#) (Penalties for civil rights offenses involving sexual misconduct).

²⁷⁴ OVW has dedicated funding for culturally specific organizations, i.e., the [Grants to Enhance Culturally Specific Services for Victims of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Program](#) and the [Sexual Assault Services Culturally Specific Program](#).

²⁷⁵ The Office for Victims of Crime's FY 2022 Field-Generated Solicitation, Increasing Options and Expanding Access for Victims of Crime, provides funds to grantees to develop or enhance promising practices, models, and programs that offer innovative solutions to build the capacity of service providers to increase the service options and/or expand access points for victims of crime in underserved communities. Areas of particular interest include co-responsive approaches that partner service providers and public safety personnel in response to particular crimes, disturbances, and calls for service. Office for Victims of Crime, Office of Justice Programs. [OVC FY 2022 Field-Generated Solicitation: Increasing Options and Expanding Access for Victims of Crime](#). U.S. Department of Justice, 4 May 2022; [34 U.S.C. § 20103\(c\)\(1\)\(A\)](#) (Crime victim assistance); The Office on Violence Against Women's Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program encourages state, local, and Tribal governments and courts to improve the criminal justice response to domestic violence, dating violence, sexual assault, and stalking as serious violations of criminal law requiring the coordinated involvement of the entire criminal justice system. The FY 2022 solicitation included a priority area to increase access to justice for all survivors of sexual assault, domestic violence, dating violence, and stalking through exploration of survivor-centered criminal justice system reform, including activities that involve officer/advocate field response teams or co-responders, violence interruption programs, restorative justice practices, services for justice-involved survivors, changes to agency policies, or protocols to reduce unnecessary administrative burdens on victims accessing the criminal justice system. Office on Violence Against Women. [OVW Fiscal Year 2022 Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program Solicitation](#). U.S. Department of Justice, 16 Mar. 2022. *See also* Violence Against Women Act Reauthorization Act of 2022 § 102(a), [34 U.S.C. §§ 10461-10465](#) (Grants to improve the criminal justice response and enforcement of protection orders); Grants to Encourage Arrest Policies and Enforcement of Protection Orders, [28 C.F.R. § 90D](#). 8 Jan. 2015.

²⁷⁶ In 2019, the Bureau of Justice Assistance (BJA) launched the National Center on Restorative Justice (NCRJ) to educate and train the next generation of juvenile and criminal justice leaders, and support research focusing on how best to provide direct services to address social inequities such as simultaneous access to substance abuse treatment and higher education. BJA selected



Vermont Law School as its first partner in the NCRJ to support the field in accessing education, training, and research resources to advance restorative justice principles and practices. Bureau of Justice Assistance, Office of Justice Programs. [National Center on Restorative Justice: Overview](#). U.S. Department of Justice, 27 Apr. 2020.

²⁷⁷ VAWA 2022 authorized a pilot Program on Restorative Practices that directs the Office on Violence Against Women to award grants to develop and implement a program, or to assess best practices, for restorative practices to prevent or address the four VAWA crimes; training on restorative practices; and evaluation of restorative practices. Violence Against Women Act Reauthorization Act of 2022 § 109, [34 U.S.C § 12514](#) (Pilot program on restorative practices). See, [The White House Alternatives, Rehabilitation, and Reentry Strategic Plan](#) which included the commitment of “Integrating restorative practices into federal Violence Against Women Act (VAWA) grants.” (“DOJ will leverage new authorities, provided under the VAWA Reauthorization of 2022, to support alternative pathways to justice through grants from the Office on Violence Against Women (OVW). In FY22, DOJ received an \$11 million appropriation to create a restorative practices program through OVW. In preparation, DOJ is examining current restorative practices that could be effectively replicated with the necessary safeguards in place for survivors. DOJ is also convening a series of conversations with experts in the field to assess when restorative practices are appropriate options and how they can be implemented to facilitate opportunities for safe, voluntary dialogue. Their feedback will inform DOJ’s administration of funds, as well as identify efforts to integrate restorative practice options into other grant programs that can support these approaches.”), p. 15. April 2023. See also, [OVW Fiscal Year 2023 Restorative Practices Technical Assistance Pilot Program Call for Concept Papers](#), issued March 9, 2023.

²⁷⁸ For example, the Office on Violence Against Women has funded the Abusive Partner Accountability and Engagement program. Center for Court Innovation. [Abusive Partner Accountability and Engagement](#). 2022.

²⁷⁹ Community violence intervention strategies focus on violence interrupters, credible messengers, and other outreach to help identify and mediate community violence, support victims and their families, and provide access to social services. National Criminal Justice Association. [An Overview: Community Violence Intervention Strategies](#). Oct. 2021 (defining “community violence” as “the intentional use of physical force or power, threatened or actual, against another person, group, or community in a specific location that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”).

²⁸⁰ In 2021, the Biden-Harris Administration announced it would convene and support a Community Violence Intervention (CVI) Collaborative of 16 local jurisdictions that are committing to using federal funding or other public funding to increase investment in their CVI infrastructure. The Collaborative is an 18-month initiative to enhance partnerships and coordination in each jurisdiction and to facilitate peer-to-peer learning around effective community-based public safety strategies. National experts and federal agencies are providing training and technical assistance to help communities assess their existing public safety ecosystem, identify gaps, and build the capacity to expand programming that saves lives and provides needed services to communities impacted by gun violence. The White House. [Fact Sheet: Biden-Harris Administration Announces Comprehensive Strategy to Prevent and Respond to Gun Crime and Ensure Public Safety](#). 23 June 2021. See also The White House. [Readout of](#)



[White House Community Violence Intervention Collaborative Meeting](#). 16 Feb. 2022.

²⁸¹ Examples include compelling survivors’ testimony with a subpoena or material witness warrant, or through the use of nuisance ordinances that penalize victims and increase their risk of homelessness for calling law enforcement for emergency assistance or because of “criminal activity” occurring at the property where they reside. VAWA 2022 changed the statutory title of the Office on Violence Against Women’s Improving Criminal Justice Responses to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Grant Program to remove the reference to encouraging arrest policies. It also modified the program’s purpose area supporting pro-arrest programs to address offender accountability and homicide reduction instead and further modified one of the program’s certification requirements to encourage but not mandate arrest of offenders. Finally, it added a purpose area to the program on alternative methods of reducing crime to supplant “punitive programs,” which are defined as those that penalize victims based on a request for law enforcement or emergency assistance or because of criminal activity at the property where they reside.). Violence Against Women Act Reauthorization Act of 2022 § 102, [34 U.S.C. § 10461](#) (Grants).

²⁸² The Office for Victims of Crime’s FY 2022 Field-Generated Strategies to Address the Criminalization of Minor Victims of Sex Trafficking will provide funds to grantees for the purpose of ending the criminalization of minor victims of sex trafficking and develop, expand, or strengthen victim service programs to support victim-centered, trauma-informed, developmentally appropriate, and evidence-based responses to minor victims of sex trafficking. Protection and Assistance for Victims of Trafficking, [22 U.S.C. § 7105\(b\)\(2\)](#); *see also* Office for Victims of Crime, Office of Justice Programs. OVC FY 2022 Field-Generated Strategies to Address the Criminalization of Minor Victims of Sex Trafficking. U.S. Department of Justice, 2022.

²⁸³ Simkins, S. B. et al. [School to Prison Pipeline for Girls: The Role of Physical and Sexual Abuse](#). Children’s Legal Rights Journal, vol. 24, no. 4, Winter 2004, pp. 56-72, NCJ 209146.

²⁸⁴ Office on Violence Against Women. [The Impact of Incarceration and Mandatory Minimums on Survivors: Exploring the Impact of Criminalizing Policies on African American Women and Girls](#). U.S. Department of Justice, 2017; Sherman, F. T. et al. [Unintended Consequences: Addressing the Impact of Domestic Violence Mandatory and Pro-Arrest Policies and Practices on Girls and Young Women](#). National Girls Initiative, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, 2016.

²⁸⁵ *See, for example*, the [Resolve Program](#) in Reentry Services Division. Federal Bureau of Prisons. [First Step Act: Approved Programs Guide](#). U.S. Department of Justice, Feb. 2021, p. 25. The Resolve Program provides a post-sentencing intake needs assessment—including assessing adverse childhood experiences—and programming for incarcerated women who have experienced trauma. Inmates can self-direct their participation in the program.

²⁸⁶ Federally funded reentry programming should be gender and culturally responsive and trauma-informed. For example, the DOJ Gender Equity and Equality Implementation Plan includes work to increase equitable access to gender-responsive care, services, and supports for currently incarcerated women, girls, and gender nonconforming individuals. It also includes addressing the criminalization of women, girls, and gender nonconforming individuals, including by considering ways to mitigate the consequences of justice involvement, such as reentry rights



and needs, the impact of a criminal record on employment and housing opportunities, and preventing criminalization in the first place.

²⁸⁷ Title X of VAWA 2022 addresses practices related to inmates who are parents, including assessing family-focused programming needs at intake, allowing pregnant inmates to reside with children born during incarceration, and developing gender-responsive, family-focused reentry services that address previous exposure to and potential risk for domestic and sexual violence and include parenting classes, assistance securing child care, and other support. [Violence Against Women Act Reauthorization Act of 2022](#), Pub. L. No. 117-103, §§ 1001-1005, 136 Stat. 49, 912-919 (Improving conditions for women in federal custody) (codified as Ramona Brant Improvement of Conditions for Women in Federal Custody Act § 1001, [18 U.S.C § 4051](#) (Treatment of primary caretaker parents and other individuals); Stop Infant Mortality and Recidivism Reduction Act § 1002, [18 U.S.C § 4042 Note](#) (Duties of Bureau of Prisons); Violence Against Women Act Reauthorization Act of 2022 § 1003, [18 U.S.C. § 4001 Note](#) (Limitations on detention; control of prisons); Violence Against Women Act Reauthorization Act of 2022 § 1004, [18 U.S.C. § 3624 Note](#) (Release of a prisoner)).

²⁸⁸ For example, the Office on Violence Against Women’s Justice for Families and Legal Assistance for Victims programs fund work to improve family courts, supervised visitation, and representation in family court proceedings.

²⁸⁹ Meier, J. S. & Dickson, S. [Mapping Gender: Shedding Empirical Light on Family Courts’ Treatment of Cases Involving Abuse and Alienation](#). Minnesota Journal of Law & Inequality, vol. 35, no. 2, 2017, pp. 311-334.

²⁹⁰ Meier, J. S. et al. [Child Custody Outcomes in Cases Involving Parental Alienation and Abuse Allegations](#). George Washington University Law School Public Law Research Paper No. 2019-56, George Washington University Legal Studies Research Paper No. 2019-56, 2019.

²⁹¹ Przekop, M. [One More Battleground: Domestic Violence, Child Custody, and the Battersers’ Relentless Pursuit of Their Victims Through the Courts](#). Seattle Journal for Social Justice, vol. 9, no. 2, 2011, pp. 1053-1106.

²⁹² SAFeR calls on professionals to: Screen for intimate partner violence in every case. Assess the full nature and context of any intimate partner violence detected. Focus on the effects of intimate partner violence. Respond to people’s lived experience of intimate partner violence. Battered Women’s Justice Project. [SAFeR: An Approach That is Right for the Moment](#). 2020.

²⁹³ Battered Women’s Justice Project. [SAFeR: An Approach That is Right for the Moment](#). 2020; Battered Women’s Justice Project. [Guardians ad Litem – A SAFeR Approach to Enhancing Domestic Violence Practice](#). National Webinar Series, 2021.

²⁹⁴ Castañeda Camey, I. et al. [Gender-Based Violence and Environment Linkages: The Violence of Inequality](#). International Union for Conservation of Nature and Natural Resources, 2020, p. 140; Gebhardt, A. [Sexual Violence in Disaster](#). National Sexual Violence Resource Center, 16 Nov. 2021, p. 11.

²⁹⁵ Federal Emergency Management Agency. [2022-2026 FEMA Strategic Plan: Building the FEMA our Nation Needs and Deserves](#). U.S. Department of Homeland Security, p. 14; Gebhardt, A. [Sexual Violence in Disaster](#). National Sexual Violence Resource Center, 16 Nov. 2021, p. 18; U.S. Environmental Protection Agency. [Climate Change and Social Vulnerability in the U.S.: A Focus on Six Impacts](#). 2022.

²⁹⁶ Schumacher, J. et al. [Intimate Partner Violence and Hurricane Katrina: Predictors and](#)



[Associated Mental Health Outcomes](#). Violence and Victims, vol. 25, no. 5, 2010, pp. 588-603.

²⁹⁷ Federal Emergency Management Agency. [2022-2026 FEMA Strategic Plan: Building the FEMA our Nation Needs and Deserves](#). U.S. Department of Homeland Security, p. 14; Gebhardt, A. [Sexual Violence in Disaster](#). National Sexual Violence Resource Center, 16 Nov. 2021, p. 18; U.S. Environmental Protection Agency. [Climate Change and Social Vulnerability in the U.S: A Focus on Six Impacts](#). 2022.

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Executive Office of the President, 15 Nov. 2021. ITEK is one of the many important bodies of knowledge that contributes to the scientific, technical, social, and economic advancements of the United States and to our collective understanding of the natural world.

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³¹⁷ Representative surveys collect data from a subset of a larger population with the goal of reflecting the characteristics of the population through sampling methods.

³¹⁸ “Public health surveillance data” refers to the practice of identifying and monitoring prevalence and trends of a public health problem over time, to use in planning, implementation, and evaluation of practice. *See* Centers for Disease Control and Prevention. PH 101 Series. [Introduction to Public Health Surveillance](#). U.S. Department of Health and Human Services, 15 Nov. 2018.

³¹⁹ A model to follow could be one the National Institutes of Health requires of their grantees when it comes to the inclusion of women and minorities. Office of Research on Women’s Health, National Institutes of Health. [NIH Inclusion Outreach Toolkit: How to Engage, Recruit, and Retain Women in Clinical Research](#). U.S. Department of Health and Human Services; National Heart, Blood, and Lung Institute, National Institutes of Health. [Policy for the Inclusion of Women, Minorities, and Participants Across the Lifespan in Clinical Research](#). U.S. Department of Health and Human Services.

³²⁰ *See* Tenny, S. et al. [Qualitative Study](#). In StatPearls [Internet]. StatPearls Publishing, Updated 24 May 2022 (defining qualitative research as a type of research that “gathers participants’ experiences, perceptions, and behavior. It answers the hows and whys instead of how many or how much”); Arnold, D. et al. [“What Do You Need? What Are You Experiencing?” Relationship Building in Participatory Research Projects: Critical Self-Reflections of Researchers](#). International Journal of Environmental Research and Public Health, vol. 19, no. 15, July 2022, p. 3 (explaining that participatory approaches “refer[] to the co-operation in decision-making and research activities of those persons who are directly affected by the problems that are the subject of the respective research projects”); National Library of Medicine. [Finding and Using Health Statistics Glossary](#). Department of Health and Human Services (“[n]onprobability Sampling: A type of sampling that does not involve random selection and so cannot rely on probability theory to ensure that it is representative of the population of interest.”); Kelly, K. et al. [Good Practice in the Conduct and Reporting of Survey Research](#). International Journal for Quality in Health Care, vol. 15, no. 3. May 2003, p. 264 (identifying convenience sampling as a form of non-random sampling where the sample is comprised of “individuals who are the easiest to recruit”).

³²¹ *See, for example*, Committee on National Statistics & Committee on Measuring Sex, Gender, Identity, and Sexual Orientation, Division of Behavioral and Social Sciences and Education.



[Measuring Sex, Gender Identity, and Sexual Orientation](#). National Academies of Sciences, Engineering, and Medicine, 2022. The White House. [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#). [Executive Order 13985](#). Executive Office of the President, 20 Jan. 2021. The White House. [Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals](#). 15 June 2022.

³²² For instance, data collections related to (1) ACEs and other forms of violence, including gang violence, firearm violence, online abuse, and community violence and (2) public health issues such as reproductive/maternal health, child health and wellbeing, child welfare, maternal mortality and morbidity, disability, substance use, or HIV.

³²³ See Office of Management and Budget. [Federal Data Strategy](#). U.S. General Services Administration; [Foundations for Evidence-Based Policymaking Act of 2018](#), Pub. L. No. 115-435.

³²⁴ See Division of Behavioral and Social Sciences and Education, Committee on National Statistics & Committee on Measuring Sex, Gender, Identity, and Sexual Orientation. [Measuring Sex, Gender Identity, and Sexual Orientation](#). National Academies of Sciences, Engineering, and Medicine. 2022.

³²⁵ Department of Economic and Social Affairs. [Guidelines for Producing Statistics on Violence against Women—Statistical Surveys](#). United Nations, 2014; United Nations. [Statistical Framework for Measuring the Gender-Related Killing of Women and Girls](#). 2022; Sexual and Reproductive Health and Research. [Improving the Collection and Use of Administrative Data on Violence Against Women: Global Technical Guidance](#). World Health Organization, 2022.

³²⁶ See The White House. [National Strategy on Gender Equity and Equality](#). 2021, p. 8.