Talking points for op-eds and letters to the editor:

- Senators should support a Senate bill substantially similar to H.R.1585, which passed the House with strong bipartisan support. We cannot go backwards, nor can we maintain the status quo. Lives are at stake.
- The Violence Against Women Act is one of pillars of the federal response to domestic violence, sexual assault, dating violence, and stalking (“the four crimes”).
- While the four crimes have decreased significantly since 1994 when VAWA was first passed, rates of violence are still far too high:
  - One in five women and one in 59 men are raped in their lifetimes;
  - One in four women and one in seven men experience severe physical abuse by an intimate partner in their lifetimes;
  - One in six women and one in nineteen men experience stalking in their lifetimes;
  - A woman is murdered by a male intimate partner with a gun every sixteen hours;
  - The four crimes disproportionately impact women and members of underserved communities.
- Maintaining the status quo is not acceptable, nor is rolling back vital protections for all survivors
- What VAWA does:
  - VAWA provides grants to transform law enforcement’s and the legal system’s response to the four crimes by bringing together victim service organizations, law enforcement, community-based organizations, prosecutors, judges, and other stakeholders to develop coordinated community responses;
  - VAWA funds prevention through a number of grants that approach prevention from different angles;
  - VAWA funds services to victims of the four crimes, including crisis intervention, domestic violence and sexual assault advocacy, shelter services, legal services and advocacy, housing for survivors, community-based interventions, and other important services;
○ VAWA funds population-specific programming, including programs designed to meet the needs of communities of color, older adults, rural communities, people with disabilities, young adults, LGBTQ people, and others; and
○ VAWA provides critical legal protections to all survivors.

● VAWA has transformed America’s response to the four crimes.
  ○ Since 1994, when VAWA was first passed, the rate of domestic violence has decreased 63%.
  ○ VAWA has strengthened victims’ involvement in the criminal legal system, including their likelihood of reaching out for help.
    ■ A study of Kentucky survivors found that when survivors seek protective orders, threats to harm or kill the survivors decreased by nearly 50%, moderate physical abuse decreased by 61%, and severe physical abuse decreased by 50%.
    ■ Research shows that sexual assault response teams - a form of coordinated community response - improve legal outcomes, the experience of the victim, and multidisciplinary cooperation.
    ■ VAWA-funded court and law enforcement reforms have improved access to safety and justice for survivors, increased offender accountability, and decreased recidivism.
  ○ VAWA-funded prevention programming has been empirically demonstrated to reduce sexual violence.
  ○ Between 2014 and 2016, VAWA funding provided more than one million victim services for survivors of the four crimes, including almost 2 million shelter nights, 600,000 hotline calls, victim advocacy for almost 300,000 unique individuals, and legal services for almost 100,000 survivors. Every six months in that period, VAWA funding served an average of 112,000 primary survivors and their children.
  ○ VAWA saves money. A 2002 study found that in its first five years, VAWA saved $15 billion in averted costs.
  ○ VAWA has ended impunity for domestic abusers who prey on Native women on tribal lands.
  ○ VAWA protects diverse survivors, including LGBTQ survivors, older adult survivors, survivors with disabilities, immigrant survivors, Native survivors, and others.

● VAWA is reauthorized every five years. These reauthorizations allow Congress to update the law to reflect updated best practices and to ensure VAWA is best meeting the needs of victims and survivors. VAWA has evolved significantly in the past quarter-century.
  ○ VAWA was passed at a time when domestic and sexual violence were not seen as serious crimes. Law enforcement responding to a domestic violence call would
often tell the perpetrator to walk around the block to cool off, but take no other action;

○ The first VAWA authorization was part of the 1994 Omnibus Crime Bill, and was primarily focused on increasing enforcement, including requiring grant recipients to have mandatory arrest policies;

○ Recognizing that survivors were being arrested along with perpetrators and that mandatory arrest policies disproportionately impact marginalized communities, Congress removed this provision;

○ While law enforcement and courts still receive VAWA funding, VAWA’s focus has shifted from arresting and incarcerating offenders to ensuring victims have options and access to safety;

○ It also recognizes and responds to the needs of survivors from underserved communities;

○ H.R.1585 continues this progress by providing survivors with alternatives to the criminal legal system, by discouraging compelling victim testimony, and by improving economic supports and housing options for survivors.

● H.R.1585, which passed the House with strong bipartisan support, is based on extensive outreach to direct service providers, other experts in the field, victims, survivors, and a variety of other stakeholders. It:

○ Maintains vital protections for all survivors;

○ Invests in prevention;

○ Ensures victim service providers can use VAWA funding to help victims experiencing a range of domestic violence behaviors, not just physical abuse;

○ Ends impunity for non-Native perpetrators of sexual assault, child abuse co-occurring with domestic violence, stalking, sex trafficking, and assaults on tribal law enforcement officers on tribal lands;

○ Improves access to safe housing and economic independence;

○ Protects dating violence from abusers with firearms;

○ Improves the healthcare system’s and workplace responses to the four crimes; and

○ Improves enforcement of court-ordered firearm relinquishment.