MISSISSIPPI STATE DEPARTMENT OF HEALTH

MISSISSIPPI STATE DEPARTMENT OF HEALTH
OFFICE AGAINST INTERPERSONAL VIOLENCE
DOMESTIC VIOLENCE AND SEXUAL ASSAULT FY 2014 ANNUAL REPORT

IDENTIFYING THE PROBLEM:

Interpersonal violence is defined as behavior between family members and intimate partners, as well as acquaintances and strangers, that cause physical, psychological, or sexual harm, and includes domestic violence, stalking, sexual assault and other related crimes. The prevalence of these types of behaviors is an epidemic affecting individuals in all communities, regardless of age, economic status, sexual orientation, gender, race, religion or nationality. The devastating consequences of such violence can cross generations and leave scars which last a lifetime, both physically and emotionally. Domestic violence, sexual assault, and other forms of interpersonal violence are recognized as public health concerns that have long-standing effects on the overall health and quality of life in our communities.

- Women who suffer from intimate partner violence are at an increased vulnerability of contracting HIV or other STI's due to forced intercourse or prolonged exposure to stress. (World Health Organization, 2013)
- There is a relationship between intimate partner violence and depression and suicidal behavior. (World Health Organization, 2013)
- It is estimated that half of women in abusive relationships are physically injured by their partners. (World Health Organization, 2013)
- Based on 2005 data from the Behavioral Risk Factor Surveillance System (BRFSS), for both women and men, links were found between history of nonconsensual sex and high cholesterol, stroke and heart disease; female victims of nonconsensual sex were more likely to report heart attack and heart disease compared to non-victims. (Smith S. a., 2011)
- During 2004-2006, an estimated 105,187 females and 6,526 males aged 10-24 years received medical care in U.S. emergency departments as a result of nonfatal injuries sustained from a sexual assault. (CDC, 2009)

Domestic violence, sexual assault and other forms of intimate partner violence also have a toll on the economy and the ability of its victims to obtain and retain employment.

- Victims of intimate partner violence lose a total of 8.0 million days of paid work each year. (Rothman, 2007)
- The cost of intimate partner violence exceeds $8.3 billion per year. (Rothman, 2007)
- Between 21-60% of victims of intimate partner violence lose their jobs due to reasons stemming from the abuse. (Rothman, 2007)

The following statistics illustrate the magnitude of the problem of domestic violence and sexual assault on a national level:

- Nearly 20 people per minute are victims of physical violence by an intimate partner in the United States. During one year, this equates to more than 10 million women and men. (Black, 2011)
- 1 in 3 women and 1 in 4 men have experienced [some form of] physical violence by an intimate partner within their lifetime. (Black, 2011)
- 1 in 5 women and 1 in 7 men have experienced severe physical violence by an intimate partner in their lifetime. (Black, 2011)
- 1 in 7 women and 1 in 18 men have experienced stalking victimization during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed. (Black, 2011)
- Intimate partner violence is most common among women between the ages of 18-24. (Truman, 2014)
- Intimate partner violence accounts for 15% of all violent crime. (Truman, 2014)
- 1 in 5 women and 1 in 59 men in the United States have experienced rape in her/his lifetime. (Black, 2011)
- 9.4% of women in the United States have been raped by an intimate partner in her lifetime. (Black, 2011)
- 19.3 million women and 5.1 million men in the United States have experienced stalking in their lifetime. 66.2% of these female stalking victims reported stalking by a current or former intimate partner. (Black, 2011)
- 20% of victims involved in intimate partner homicides were not the intimate partners themselves, but family members, friends, neighbors, persons who intervened, law enforcement responders, or bystanders (Smith S. F., 2014)
- 72% of all murder-suicides involve an intimate partner and 94% of the victims of these murder suicides are female. (Violence Policy Center, 2012)
- Nearly 1 in 5 (18.3%) women and 1 in 71 men (1.4%) reported experiencing rape at some time in their lives. (Black, 2011)
- Approximately 1 in 20 women and men (5.6% and 5.3%, respectively) experienced sexual violence other than rape, such as being made to penetrate someone else, sexual coercion, unwanted sexual contact, or non-contact unwanted sexual experiences. (Black, 2011)

- 13% of women and 6% of men reported they experienced sexual coercion at some time in their lives. (Black, 2011)
- 37.4% of female rape victims were first raped between ages 18-24. (Black, 2011)
- 42.2% of female rape victims were first raped before age 18. (Black, 2011)
- 29.9% of female rape victims were first raped between the ages of 11-17. (Black, 2011)
- 12.3% female rape victims and 27.8% of male rape victims were first raped when they were age 10 or younger. (Black, 2011)

SERVICES:

With regard to services provided to victims of domestic violence, on September 17, 2013, 1,649 out of 1,905 (87%), of identified local domestic violence programs in the United States and territories participated in the 2013 National Census of Domestic Violence Services, sponsored by the National Network to End Domestic Violence. The following figures represent the information reported by these 1,649 participating programs across the nation about services provided during the 24-hour survey period:

- **66,581 Victims Served in One Day .** 36,348 domestic violence victims (19,431 children and 16,917 adults) found refuge in emergency shelters or transitional housing provided by local domestic violence programs. 30,233 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups.
- **20,267 Hotline Calls Answered.** Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources. In the 24-hour survey period, local and state hotlines answered 20,267 calls and the National Domestic Violence Hotline answered 550 calls, averaging more than 14 hotline calls every minute.
- **23,389 Educated in Prevention and Education Trainings.** On the survey day, 23,389 individuals in communities across the United States attended 1,413 training sessions provided by local domestic violence programs, gaining much needed information on domestic violence prevention and early intervention.

Although the foregoing figures represent national trends, Mississippi has not escaped the incidence of intimate partner violence. During FY 2014, in Mississippi:

- Law enforcement officers responded to 10,241 calls related to domestic violence. 603 of those calls involved victims under the age of eighteen (18).
- Courts issued 2,732 domestic abuse protection orders, and 77 of those involved victims under the age of 18.

Although Mississippi's shelters participated in the national survey reference above, state numbers are not collected as a "snapshot," but are instead compiled over a period of time. For FY 2014, Mississippi's domestic violence shelters and sexual assault crisis centers reported the following numbers:

Domestic Violence Programs:

- Domestic violence shelters provided temporary housing and safety to 2,020 women, men and children, and non-residential services to another 1,442 women, men and children.
- Domestic violence programs received a total of 44,275 calls for emergency assistance or referrals.
- 54% of women provided shelter were between the ages of 25 and 40, 24% were between the ages of 41 and 59, and 20% were 18-24.
- 33% of the children provided shelter were between the ages of 3 and 6 years old, 31% were between the ages of 7 and 13, and 28% were two and younger.
- Of the women provided shelter, 46% identified as white, 49% identified as black or African-American, and 3% identified as Hispanic.
- The vast majority of women – 61% - who were provided shelter reported an annual family income of less than $5,000. Only 5% reported a family income of greater than $30,000.
- 70% of women reported physical and psychological abuse; 16% reported psychological abuse only, and 13% reported sexual abuse.
- 32% of victims reported that their abuser was their spouse, and 52% reported their abuser was an intimate partner.
- Women reported the following regarding their educational levels:
    - 6^{th} – 12^{th} grade: 27%
    - High school graduate: 24%
    - GED: 12%
    - 1-4 years college/technical: 25%
    - College graduate: 8%
- 76% of women provided shelter reported that they were unemployed.
- 25% of women provided shelter reported having some kind of disability (physical, developmental, psychological or some combination thereof).

Sexual Assault Crisis Centers:

- Sexual assault crisis centers provided assistance to 410 adult sexual assault victims (35 males and 375 females) and 419 children (93 males and 326 females). Services were also provided to 241 female adult survivors of child sexual abuse and 3 male survivors of child sexual abuse. Crisis centers received 11,842 calls to their crisis lines.
- Of all new victims served by rape crisis centers, only 10% reported being sexually assaulted by a stranger, while 47% reported sexual assault by an acquaintance. 39% reported rape as a result of incest, and 4% reported marital rape.
- Of the children provided services by the sexual assault crisis centers, 25% were aged 0 – 6, 32% were aged 7 – 12, and 44% were aged 13-17.

The nature of non-residential services provided by programs varies, but generally includes:

- provision of clothing and personal hygiene items,
- transportation to court, doctor appointments, hospitals, job interviews
- accompaniment to court for civil and criminal proceedings
- accompaniment to hospital or clinic for forensic exams
- legal advocacy through legal clinics
- individual and group counseling
- life skills training (parenting classes, financial planning, job skills)
- childcare,
- transitional housing as client become more independent and can move out of the shelter environment, and
- referrals for medical care, mental health care, employment opportunities, housing, job skills, victim compensation, etc.

As can be seen, many of the services provided by Mississippi's domestic violence shelters and sexual assault crisis centers are geared towards not only helping a victim through the immediate trauma and aftermath of the violence, but also towards helping that victim become a survivor by empowering them to live free from violence. Though the provision of basic human needs (food, shelter, and clothing) is something immediate and vital, it is widely recognized that for the long-term well-being of a crime victim, other supportive services are equally important. Our state's victim service providers seek to provide both, with limited funds.

All programs also provide educational and awareness programs in their communities. These programs can be geared towards our youth, to provide them with the tools to develop healthy relationships (and recognize unhealthy relationships) and general public, but also to professionals such as law enforcement officers, court personnel and medical personnel who are called upon to respond to victims. During FY 2014, Mississippi's domestic violence programs provided 971 programs targeting adults/general population, reaching 70,721 people, and 747 programs targeting youth, reaching 28,620 children. Mississippi's rape crisis centers, during the same period, conducted 305 community education sessions (18,926 participants), 41 law enforcement trainings (892 participants) and 537 youth education sessions (19,626 participants).

Programs around the state are also providing services for the perpetrators of interpersonal violence. Programs known as "batterer intervention" or "batterer programs" are designed to prevent perpetrators from repeating their violent behaviors. These programs attack the underlying belief systems held by many abusers (whether conscious or not) that support power and control in a relationship, and differ in both focus and effectiveness than "anger management" programs, which are ineffective in addressing controlling and abusive behavior. Most perpetrators are ordered by a court to attend such programs, as a condition of passing the case to the file or non-adjudicating the case. A total of 660 men and 165 women participated in such programs during FY 2014. Qualified batterer programs are not available in all parts of the state, nor is there any official state recognition of the minimum standards or of a standardized approved curriculum. This leads to inconsistencies in the content, length, training

and overall effectiveness of these programs, as well as complicates efforts to measure the success of these programs.

Unfortunately, victim service organizations are not always able to meet the needs of their communities. In the 2013 National Census of Domestic Violence Services, it was reported that victims made more than 9,000 requests for services, including emergency shelter, transitional housing, and non-residential services, that could not be provided because programs did not have the resources to provide these services. The most frequently requested non-residential services that could not be provided were housing advocacy, legal representation, and financial assistance. When a program or shelter cannot meet the needs of a victim, there can be serious repercussions. When this information could be obtained, programs reported that due to the unavailability of services, 60% of victims returned to the abuser, 27% became homeless, and 11% ended up living in their cars. Programs reported they were unable to provide the services for various reasons: 27% reported reduced government funding; 20% reported not enough staff; 12% reported cuts from private funding sources; 10% reported reduced individual donations. Across the United States 1,696 staff positions were eliminated in the past year. Most of these positions were direct service providers, such as shelter staff or legal advocates. This means that there were fewer advocates to answer calls for help or provide needed services.

FUNDING:

The Mississippi State Department of Health, through the Office Against Interpersonal Violence, administers several different funding sources for domestic violence and sexual assault service providers in the State of Mississippi. The sole source of state funding for domestic violence programs is the Victims of Domestic Violence Fund, established by Miss. Code Section 93-21-117. According to Miss. Code Section 93-21-117, money from various sources are deposited into this fund: $10 assessment collected from individuals posting bond (unless exempted) pursuant to Section 89-38-31; $14 of fees collected for each marriage license issued pursuant to Section 25-7-13; and $.49 collected as an assessment from individuals charged with certain crimes, as provided for by Section 99-19-73. There is no similar source of state funding for sexual assault crisis centers provided for by state law. The remainder of the funds administered by the State Department of Health for the benefit of domestic violence and sexual assault service providers is derived from federal grants made available through the US Department of Health and Human Services (Family Violence Prevention and Services program) and the Centers for Disease Control (Rape Prevention and Education Preventive Health Block Grant programs). During state FY 2014, the MSDH administered a total of approximately $2,143,304 (estimated due to inconsistencies between federal fiscal year, state fiscal year, and individual grant project periods). Of this funding, the vast majority - $1,752,304 - was dedicated to support domestic violence shelters and supportive services, and local sexual assault crisis centers, with the remainder held by the MS State Department of Health for administrative needs and to support staff.

All of the organizations supported through the various funds provide their services at no charge[1]. These organizations and the valuable services they provide are maintained solely through the grants that they receive through MSDH and other sources and local contributions from municipalities, counties and individuals.

Domestic Violence:

Victims of Domestic Violence Fund: Eligibility to receive funding through the Victims of Domestic Violence Fund is limited to qualified domestic violence shelter programs around the state. Programs must meet certain minimum requirements: provision of temporary emergency shelter for victims and dependents; provide a twenty-four/seven (24/7) crisis line; offer individual and group counseling; and have in place mechanisms for referrals to other community services such as medical, legal, job training, and housing, etc. During FY 2014, grants from the Victims of Domestic Violence Fund were provided to thirteen (13) residential domestic violence shelters meeting these minimum requirements. The funded organizations were: Adrienne's House (Pascagoula), Angel Wings Outreach Center (Mendenhall), Care Lodge (Meridian), Catholic Charities Shelter for Battered Families (Jackson), Catholic Charities Guardian Shelter (Natchez), the Center for Violence Prevention (Pearl), Domestic Abuse Family Shelter (Laurel), Haven House (Vicksburg), House of Grace (Southaven), Gulf Coast Women's Center for Nonviolence (Biloxi), Our House (Greenville), Safe Haven (Columbus), and S.A.F.E. (Tupelo). Each program was provided with $50,000, for a total of $700,000. [2] The process for awarding funding is by sub-grant, for which eligible organizations submit proposals detailing the activities for which funds will be utilized. During FY 2014, shelters used funding provided by the DV Fund to support necessary staff, including shelter aides, food service workers, court advocates, case workers, and counselors, to support the day-to-day operational expenses of a residential facility, including telephone, electric service, groceries and other supplies, and maintenance.

Family Violence Prevention and Services Fund: The Family Violence Prevention and Services program (FVPSA), administered through the US Department of Health and Human Services, Administration for Children and Families, has a similar purpose, but unlike the Victims of Domestic Violence fund, organizations only providing non-residential services are also eligible to receive funding. FVPSA funds are made available to each state to support shelter and related supportive services for victims of domestic violence, family violence and dating violence, and their dependents. FVPSA funding is also used to support prevention efforts geared towards stopping family violence before it occurs. During Federal FY 2014 (10/1/2013 through 9/30/2014), MSDH funded fourteen (14) residential domestic violence shelters and three (3) non-residential programs through the Family Violence Prevention and Services program. The funded organizations included all those funded from the DV fund, in addition to the three non-residential programs: Adrienne's House, Angel Wings Outreach Center, Care Lodge, Catholic

[1] An exception to this rule is batterer programs. Batterer programs are financially supported, at least partially, by fees paid to the program by the participant (perpetrator).

[2] During FY 2014, it was discovered that $1.6 million was unexpended in this fund and during FY 2015, OAIV and MSDH have taken steps to more accurately account for and distribute these funds to the programs they are intended to support.

Charities Shelter for Battered Families, Catholic Charities Guardian Shelter, the Center for Violence Prevention, Domestic Abuse Family Shelter, Exchange Club of Vicksburg (Child and Parent Center), Family Crisis Services of Northwest Mississippi (Oxford), Haven House, House of Grace, Gulf Coast Women's Center for Nonviolence, the Mississippi Coalition Against Domestic Violence (statewide), Our House, Safe Haven, S.A.F.E., Inc., and Southwest Mississippi Christian Outreach Services (WINGS) (McComb). The process for awarding funding is by sub-grant, for which eligible organizations submit proposals detailing the activities for which funds will be utilized. A formula was utilized to determine the level of funding to each program, based upon geographic location and primacy. Primary shelters in a region (those shelters having been in existence the longest) each received approximately $79,500. Two regions support multiple programs. In the Jackson metro areas, in addition to the primary shelter, a second, third and fourth shelter were supported, with a lesser level of funding. On the Gulf Coast, in addition to the primary shelter, a second shelter has been established and funded. During FY 2014, residential programs used funding provided by FVPSA to support necessary staff, including shelter aides, food service workers, court advocates, case workers, and counselors, to support the day-to-day operational expenses of a residential facility, including telephone, electric service, groceries and other supplies, and maintenance. Several programs also supported legal clinics with FVPSA funding. Non-residential services such as community outreach, education, parenting classes, and counseling were provided to victims around the state.

Sexual Assault

As mentioned above, there are no state funds, fees, or assessments directly allocated to support rape crisis centers in Mississippi. Through MSDH, these organizations receive important funding to assist them in their mission, but far from enough to successfully support a program without other sources.

Rape Prevention and Education (RPE) Fund. The Centers for Disease Control administers the Rape Prevention and Education program, which supports primary prevention efforts focused on stopping sexual violence before it occurs. In Mississippi, this federal program is administered through MSDH. Nine (9) organizations received funding during FY 2014 under this program: Catholic Charities Rape Crisis Center (Jackson), Catholic Charities Guardian Rape Crisis Center Natchez), Family Crisis Services of Northwest Mississippi (Oxford), Gulf Coast Women's Center for Nonviolence (Biloxi), the Mississippi Coalition Against Sexual Assault (statewide), Our House, Safe Haven, S.A.F.E., Inc., the Shafer Center (Hattiesburg), and Wesley House (Meridian). The funding made available to Mississippi by CDC is limited, and as such, the amounts available for disbursement to rape crisis centers are small. For FY 2014, the amount available to local programs was approximately $25,000. The focus of the CDC funds is on prevention efforts and these funds cannot be utilized to support programs that respond to persons already victimized (advocacy, hospital accompaniment, court accompaniment, etc.). The process for awarding funding is by sub-grant, for which eligible organizations submit proposals detailing the activities for which funds will be utilized. Applications are reviewed for accuracy and compliance. Equal funding is provided to all rape crisis programs.

Preventive Health and Health Services Block Grant. The MSDH also administers certain funds made available for the purpose of prevention and services through the Preventive Health and Health Services Block Grant. A portion of these funds are designated to support sexual assault prevention. Approximately $66,000 was made available to Mississippi, to be divided between programs for the purpose of enhancing prevention efforts.

OAIV ACTIVITIES AND INITIATIVES:

In the initial six (6) months since the creation of the Office Against Interpersonal Violence within the Mississippi State Department of Health, we have begun to address many of the issues which were set forth in the Governor's Domestic Violence Task Force and subsequent legislation (HB 1030, 2014 Regular Session). The appointment of an Advisory Board was the first action. The following Advisory Board members, representing various disciplines with preference to former Task Force members were named: Ken Winter (serving as business community representative and former task force member): Trey Bobinger (serving as an attorney with lobbing experience and a former task force member); Dr. Jimmy Porter (serving as a member of the faith community and a former task force member); Dr. Patricia Davis (serving as the licensed counselor or social worker); Dr. Joseph Blackston (serving as a medical professional with forensic experience); and Sarah Reynolds (serving as a survivor of interpersonal violence and a former task force member). The Advisory Board held its first meeting on July 21, 2014. The Advisory Board was tasked with appointing a Steering Committee to guide in its deliberations, creation of policies/procedures and certification standards. Named to the Steering Committee were: Levette Kelly Johnson (Director of the Sexual Assault Coalition), Wendy Mahoney (director of the Domestic Violence Coalition), Sandra Morrison, Sandy Middleton, Patricia Davenport, Leslie Payne and Kimberly Newell, as directors of service organizations funded through MSDH, and Paula Broome (Attorney General's Office representative). OAIV also retained staff necessary to perform its functions: Heather Wagner, as Director, who is under contract from the Mississippi Attorney General's Office and was a former member of the DV Task Force as well; Christy Ainsworth, LCMSW, as Deputy Director, and Ann Smith as project officer.

The OAIV is currently in the process of developing administrative rules governing the operation of the office and the administration of funds. Members of the Advisory Board and Steering Committee will play integral roles in the development of these policies, to ensure that consideration is given to all concerns. Since July 1, 2014, several grant awards have been made to various programs and as FY 2015 progresses, OAIV will be in a better position to assess the effectiveness of funded programs. OAIV is dedicated to facilitating and streamlining funding, but also to ensuring the funds are being awarded and expended in meaningful ways. Program evaluations, site visits and other mechanisms will assist OAIV in this process and in the future, the information we gather will guide the activities and decisions of OAIV.

In addition to administering funding, priority areas of OAIV are to develop certification standards for funded programs and to develop a standardized reporting system for funded programs. Certification standards will be minimum standards to which all funding through

OAIV will be tied. Standards will cover issues related to quality of services, minimum educational and/or training for staff, and other matters that will impact the ability of a program to delivery services effectively. To this end, OAIV staff has been gathering information from our state coalitions, but also from other states and will be presenting our recommendations to the Steering Committee for review before final presentation to the Advisory Board for adoption. The standardized reporting system will be designed to not only lessen the burden on funded programs which currently spend untold hours of staff time entering information and creating multiple reports for various funders, but also to tailor the information entered and collected to allow OAIV to get a better picture of the trends, the needs of local communities, the types of victims being served, those who may be underserved, and to better gauge the activities of funded organizations. The result will be better data upon which OAIV may rely to make funding decisions, to create a state plan and to more effectively address the needs of victims in the State of Mississippi. Only with a comprehensive state plan will Mississippi, as a state, be able to thoroughly address the widespread and far-reaching societal impact of interpersonal violence. A state plan which addresses how the state will focus attention and limited resources to prevention efforts, education, prosecution, and provision of services is vital. A comprehensive plan must also identify the needs of the State: what are the needs of victims, what needs are not being met, whether there are geographic areas of the state where the needs of victims not being met, whether there are populations that are underserved and identifying those populations, and making a plan to address these needs. The provision of effective services to victims is paramount and resources are limited. Therefore, a state plan must also include a mechanism to measure the effectiveness of services or prevention efforts. The limited resources must be utilized judiciously and programs must be evaluated regularly to ensure that as a State, we support programs which are providing effective assistance for victims or effective prevention efforts.

RECOMMENDATIONS:

OAIV makes the following recommendations to the Legislature for addressing the issues of interpersonal violence:

- State recognition of standards for batterer intervention programs. OAIV plans, as part of the creation of the certification standards described above, to define and develop standards specifically addressing such programs. State recognition of the validity of these standards and a requirement of courts to utilize only those programs meeting these standards is necessary to ensure consistent quality of these programs statewide.
- Consolidation of administration of funding for all victim services programs under one agency. This will better facilitate the creation of standards for programs, the method of evaluation of programs and the development of a state plan, and will lead to greater uniformity and consistency in funding decisions, determination of state priority areas and better and more efficient expenditure of limited resources.
- State support for victim service and prevention programs. As mentioned above, there is no direct state support for victim service providers. This is extremely short-sighted. It is well documented that the provision of services for victims is an essential part of

recovery from trauma, and this recovery has bigger and broader impacts on the state as a whole:

- a domestic violence victim who receives services and support and is able to move forward, not return to the abuser, learn skills and become a productive and contributing member of society is an asset to the State;
- a victim of sexual assault who receives support and advocacy to allow him/her to handle the trauma so that he/she is able to return to normal life is an asset to the State;
- a victim of trafficking who receives assistance and is provided with resources and referrals, enabling them to become a survivor is as asset to the State;
- a child who receives information on healthy relationships and how to recognize unhealthy, controlling behavior early on is at significantly less risk of becoming a perpetrator of abuse or victim of abuse, thus helping to end the intergenerational cycle of violence.
- a perpetrator of domestic violence who is provided with skilled, qualified intervention which assists him/her to modify deeply held beliefs and behaviors, stands a significantly less likelihood of continuing abusive behavior than one who does not.

While all these factors may seem, at first blush, to be a benefit only to the victim, looking deeper it is obvious that the entire family, community and state will benefit. The following positive impacts will result from greater attention to prevention and services for victims of interpersonal violence: more individuals in the work force; fewer missed days of work and unproductiveness: fewer medical costs related to interpersonal violence; fewer instances of recidivism; cost savings in criminal justice system by reduction of the incidence of such violence; and overall well-being of Mississippi communities and citizens will be improved by making our homes safer places to live.

In Mississippi, we are fortunate to have some very effective laws related to criminalizing interpersonal violence. However, simply having criminal laws which penalize the offenders is not enough, as can be seen from the statistics which indicate these forms of violence continue to be prevalent in our state and nation. Services for victims and prevention efforts each play a vital role in helping to curb the occurrence of these crimes and must be available if we as a start and nation hope to begin to see a decline of interpersonal violence.

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