

The Family Violence Prevention Services Act (FVPSA) Reauthorization

For over two decades, the Family Violence Prevention and Services Act (FVPSA), administered by the Department of Health and Human Services (HHS), has been the lifeblood of core domestic violence programs, including shelters and outreach programs, in communities nationwide. FVPSA was enacted by Congress in 1984 to address public awareness and prevention of family violence, provide services for victims and their dependents, and provide training and resources to local agencies and nonprofit organizations working to address domestic violence. Through three central programs – Formula Grants for Shelter and Services, DELTA Grants, and the National Domestic Violence Hotline – FVPSA has made significant progress toward ending domestic violence.

Keeping Victims and Families Safe in a Crisis

- One in every four women will experience domestic violence during her lifetime.¹
- Over 2,000 community-based domestic violence programs for victims and their children offer services such as emergency shelter, counseling, legal assistance, and preventative education to millions of women, men and children annually.²
- In 2007, a 24-hour survey of domestic violence programs across the nation found that in just one day, 53,203 victims were served. Unfortunately, due to a lack of resources, 7,707 requests for services were unmet.³
- Shelter programs are among the most effective resources for victims with abusive partners.⁴
- Staying at a shelter or working with a domestic violence advocate significantly reduced the likelihood that a victim would be abused again and improved the victim's quality of life.⁵

The FVPSA State Grant Response

Administered through the HHS Administration on Children and Families, the FVPSA formula grants provide funding to states, territories and tribes to support domestic violence services in their communities using a population-based formula.

FVPSA Formula Grants enable communities to respond with lifesaving emergency assistance when victims of domestic violence and their families reach out for help. Over the past 30 years, shelters and local programs have evolved to provide a wide spectrum of residential and nonresidential services, which can include shelter or transitional housing, safety planning, counseling, legal services, child care and services for children, career planning, life skills training, community education and public awareness, and other necessities such as clothing, food, and transportation.

Stopping Violence Before It Starts

- Approximately 15.5 million children are exposed to domestic violence every year.⁶
- The cost of intimate partner violence exceeds \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health care services.⁷
- One large study found that men exposed to physical abuse, sexual abuse and adult domestic violence as children were almost four times more likely than other men to have perpetrated domestic violence as adults.⁸
- Men are the perpetrators in at least 85% of domestic violence cases, and prevention programs must be expanded to address their needs.⁹ Research demonstrates that men are willing to help prevent violence against women, particularly through shaping younger men and boys' attitudes toward violence against women.¹⁰

The Demonstration Grants for Community Initiatives (DELTA Prevention Grants) Response

Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) integrates primary prevention into local community responses that address the underlying causes of domestic violence in order to stop abuse before it starts. DELTA is one of the few funding sources for prevention work, and its programs are guided by the principles of preventing violence through evidence-based programs that are evaluated to inform future program planning. DELTA grants are administered by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

DELTA-funded programs use innovative strategies including peer-education programs for men about family and relationships, community change initiatives focused on engaging men in prevention efforts, school-based education to prevent youth bullying that often carries into adulthood, and youth-led initiatives to prevent dating violence and promote healthy relationships.

Answering the First Call for Help

- Since opening in 1996, the National Domestic Violence Hotline has received 1.8 million calls from individuals in need of support and assistance.
- The Hotline averages 19,700 calls a month and provides services in more than 170 languages.
- More than 60% of callers report that this is their first call for help.
- In 2007, the Hotline received 236,907 calls, a 10% increase from 2006.
- Over 29,000 of those calls in 2007 (14% of the total) went unanswered due to a lack of resources.

The National Domestic Violence Hotline Response

The National Domestic Violence Hotline is a 24-hour, confidential, toll-free hotline, located in Texas. Using a multifaceted telecommunications system, Hotline advocates immediately connect the caller to a service provider in his or her area. Highly trained Hotline advocates provide support, information, referrals, safety planning, and crisis intervention to hundreds of thousands of domestic violence victims and perpetrators. Through a national database, advocates can link callers to more than 5,000 local shelters and other service providers across the country that offer a wide range of services to support and respond to victims' needs.

In 2007, the Hotline launched the loveisrespect National Teen Dating Abuse Helpline with support from Liz Claiborne Inc. This toll-free telephone resource was created to help teens (ages 13-18) who are experiencing dating abuse and is the only teen dating abuse helpline in the country serving the 50 states, Puerto Rico, and the Virgin Islands.

Meeting Community Needs

Through its formula grants, FVPSA supports essential resource centers, institutes, and state, territorial and tribal coalitions. Despite receiving only a small share of FVPSA funds, these programs ensure a coordinated response to domestic violence, address emerging issues, provide technical assistance to FVPSA grantees, train community members, and meet the needs of underserved communities.

Reauthorization: The Time Is Now

With tremendous bipartisan support from Congressional and Executive leadership, FVPSA has offered lifesaving services to millions of victims and has been reauthorized and amended six times to continue meeting critical needs. Immediate Congressional action is needed to reauthorize FVPSA, which is set to expire at the end of 2008. We must act now to continue the progress we have made toward ending domestic violence and protect the lives of thousands of victims and families who come forward for help each day.

¹ Tjaden, Patricia & Thoennes, Nancy. National Institute of Justice and the Centers for Disease Control and Prevention, "Extent, Nature and Consequences of Intimate Partner Violence: Findings from the National Violence Against Women Survey." 2000.

² National Coalition Against Domestic Violence, *Detailed Shelter Surveys* (2001).

³ *Domestic Violence Counts 07: A 24-hour census of domestic violence shelters and services across the United States*. The National Network to End Domestic Violence. (Jan. 2008).

⁴ See: Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence*, 19(7), 815-829; Bowker, L. H., & Maurer, L. (1985). The importance of sheltering in the lives of battered women. Response to the Victimization of Women and Children, 8, 2-8; Gordon, J. S. (1996). "Community services for abused women: A review of perceived usefulness and efficacy." *Journal of Family Violence* 11(4): 315-329; Sedlak, A. J. (1988). Prevention of wife abuse. In V. B. Van Hasselt, R. L. Morrison, A. S. Bellack, & M. Hersen (Eds.), *Handbook of Family Violence* (pp. 319-358). NY: Plenum Press; Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980). *Behind closed doors: Violence in the American family*. NY: Anchor Press; Tutty, L. M., Weaver, G., & Rothery, M. (1999). Residents' views of the efficacy of shelter services for assaulted women. *Violence Against Women*, 5(8), 898-925.

⁵ See: Berk, R. A., Newton, P. J., & Berk, S. F. (1986). What a difference a day makes: An empirical study of the impact of shelters for battered women. *Journal of Marriage and the Family*, 48, 481-490; Bybee, D.I., & Sullivan, C.M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, 30(1), 103-132; Constantino, R., Kim, Y., & Crane, P.A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. *Issues in Mental Health Nursing*, 26, 575-590; Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women's safety planning. *Violence Against Women*, 10(5), 514-533; Sullivan, C.M. (2000). A model for effectively advocating for women with abusive partners. In J.P. Vincent & E.N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126-143). London: Jessica Kingsley Publishers; Sullivan, C.M., & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43-53.

⁶ McDonald, R., et al. (2006). "Estimating the Number of American Children Living in Partner-Violence Families." *Journal of Family Psychology*, 30(1), 137-142.

⁷ *Costs of Intimate Partner Violence Against Women in the United States*. (2003). Centers for Disease Control and Prevention, National Centers for Injury Prevention and Control. Atlanta, GA.

⁸ Whitfield, C.L., Anda, R.F., Dube, S.R., & Felitti, V.J. (2003) Violent childhood experiences and the risk of intimate partner violence in adults. *Journal of Interpersonal Violence*, 18, 166-185.

⁹ Rennison, Callie Marie and Sarah Welchans. (2003). *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC.

¹⁰ E. Klein, J. Campbell, E. Soler, and M. Ghez., *Ending Domestic Violence: Changing Public Perceptions/ Halting the Epidemic*. (London: Sage Publications, 1997). See also research on behalf of the Family Violence Prevention Fund by Peter D. Hart Research Associates, 2000 and 2001.

Reauthorizing FVPSA – Continuing Success While Embracing Change

Domestic violence is not just a crime; it's a public health issue that leads to increased health care costs, chronic health conditions, disabilities, lost work time, frequent trips to the emergency room and, all too often, death. One in four women has been beaten or raped by a husband, boyfriend or partner – a crisis of epidemic proportions.

The Family Violence Prevention and Services Act (FVPSA) has been intervening in and preventing domestic violence since it was first authorized in 1984. It funds essential services that are at the core of our nation's work to end domestic violence: emergency shelters, hotlines, counseling and advocacy, and primary and secondary prevention – immediate crisis response and the comprehensive support to help victims put their lives back together.

Reauthorizing FVPSA presents an exciting opportunity to stop violence before it starts and meet the needs of underserved communities while continuing proven, successful strategies.

- ✓ The FVPSA code has been significantly amended 6 times over the last 24 years and is now difficult to interpret. Language in parts of the bill is antiquated. To make the legislation consistent, simple for HHS to implement, and easy for Congress to oversee, the **statute should be reorganized in a logical fashion and language updated** to reflect current and emerging best practices.
- ✓ Underserved victims, such as those with mental illnesses or disabilities, have special needs that are not always met by traditional service providers struggling to maintain enough funding to keep their doors open. Victims from marginalized racial, ethnic and religious populations may not feel safe reaching out for help beyond their communities. FVPSA reauthorization should **dedicate 2.5% of funding from the formula grants to meet the needs of marginalized communities**. Outside of the formula grants, a **new pilot project designed to build community capacity to provide services and prevention** for underserved communities should be created.
- ✓ Increased access to FVPSA funds for community-based and faith-based programs will also improve the diversity of available services and create more options for victims to find safety. **Making language more inclusive of children and youth as well as victims from underserved populations** will also help achieve this goal.
- ✓ One-half to two-thirds of the residents of domestic violence shelters are children, and approximately 15.5 million children are exposed to domestic violence each year. FVPSA currently includes a set-aside for children's services, but it is largely undefined. FVPSA reauthorization should **enhance children's services and distribute funding efficiently** to states and communities.
- ✓ The state planning process used to distribute FVPSA formula grants to local programs and the administration of those grants should be **made more transparent and accountable** to grantees, advocates, and legislators alike.
- ✓ FVPSA currently funds several national resource centers, culturally specific institutes, state coalitions, and Tribes, which **ensures a coordinated response to domestic violence and a timely reaction emerging issues**. To continue this and improve the provision of technical assistance, the language authorizing the institutes and resource centers should be restructured and combined with dedicated funds.
- ✓ Demonstration Grants for Community Initiatives (popularly known as DELTA grants) are administered by the Centers for Disease Control and Prevention and have made bold strides to **prevent domestic violence from ever happening** by changing community and personal attitudes about relationships and abuse. The **DELTA grants should be statutorily defined and expanded** to include a secondary-prevention component.
- ✓ The **National Domestic Violence Hotline** should be maintained, building on its strengths and expanding its focus to include teen dating violence.