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Family Violence Prevention and Services Act (FVPSA): Background and Funding

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Summary

Family violence broadly refers to acts of physical and sexual violence and emotional abuse perpetrated by individuals against family members. The federal government has responded to various forms of family violence, including violence involving spouses and other intimate partners, children, and the elderly. The focus of this report is on the federal response to domestic violence under the Family Violence Prevention and Services Act (FVPSA). "Domestic violence" is used in the report to describe violence among intimate partners, including those involved in dating relationships. Generally speaking, victims tend to be women. A 2010-2012 survey conducted by the Centers for Disease Control and Prevention (CDC) found that 37% of women had experienced sexual violence, physical violence, and/or stalking in their lifetimes and 7% had experienced these acts of domestic violence within the past year. Domestic violence is associated with multiple negative outcomes for victims, including mental and physical health effects.

Throughout much of the 20th century, domestic violence remained a hidden problem. Survivors of this abuse often endured physical and emotional abuse in silence out of fear of retaliation by their spouses or partners. In the 1970s, former battered women, civic organizations, and professionals began to open shelters and provide services to abused women and their children. As a result of these efforts and greater national attention to domestic violence, Congress conducted a series of hearings in the early 1980s to understand the scope of this violence and explore possible responses. In 1984, Congress passed FVPSA (Title III of P.L. 98-457). FVPSA has been reauthorized seven times, most recently through FY2015 (P.L. 111-320).

Congress appropriates funding for three sets of activities under FVPSA to address domestic violence. First, a national domestic violence hotline receives calls for assistance related to this violence. The hotline maintains a database of services throughout the United States and territories, and it provides referrals for victims and others affected by family violence. Second, FVPSA supports direct services to victims and their families, including victims in underserved and minority communities and children exposed to domestic violence. Most of this funding is awarded via grants to states, territories, and tribes, which then distribute the funds to local domestic violence service organizations. These organizations provide shelter and a number of services—counseling, referrals, development of a safety plan, advocacy, legal advocacy, and other services. This funding also supports state domestic violence coalitions that provide training for service providers and advocacy for victims, and nine national resource centers that provide training and technical assistance on various family violence issues for a variety of stakeholders. Third, FVPSA funds efforts to prevent domestic violence through a program known as Domestic Violence Prevention Enhancement and Leadership Through Allies (DELTA). The most recent iteration of DELTA supports efforts in selected communities to prevent domestic violence. FVPSA activities are administered by the U.S. Department of Health and Human Services (HHS). FY2017 funding for these three sets of activities was $165 million.

FVPSA was the first federal law to address domestic violence. Since the law was enacted in 1984, it has continued to have a primary focus on providing shelter and services for survivors and has increasingly provided support to children exposed to domestic violence and teen dating violence. With the 1994 enactment of the Violence Against Women Act (VAWA), the federal response to domestic violence has expanded to include investigating and prosecuting crimes and providing additional services to victims and abusers. VAWA activities are administered by multiple federal agencies.

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Introduction

This report provides an overview of the federal response to domestic violence—defined broadly to include acts of physical and nonphysical violence against spouses and other intimate partners—through the Family Violence Prevention and Services Act (FVPSA).[1] FVPSA programs are carried out by the Department of Health and Human Services'(HHS) Administration for Children and Families (ACF) and the Centers for Disease Control and Prevention (CDC). ACF administers most FVPSA programming, including grants to states, territories, and Indian tribes to support local organizations that provide immediate shelter and related assistance for victims of domestic violence and their children. ACF also provides funding for a national domestic violence hotline that responds to calls and web-based chats from individuals seeking assistance. The funding for ACF also supports state domestic violence coalitions that provide training for and advocacy on behalf of domestic violence providers within each state; as well as multiple resource centers that provide training and technical assistance on various family violence issues for a variety of stakeholders. The CDC funds efforts to prevent domestic violence through a program known as Domestic Violence Prevention Enhancement and Leadership Through Allies (DELTA). The House Committee on Education and the Workforce and the Senate Health, Education, Labor and Pension (HELP) Committee have exercised jurisdiction over FVPSA.

The report begins with background on the definitions of domestic violence, family violence, and related terms. This background section also describes the risk factors for domestic violence and estimates of the number of victims. The next section of the report addresses the history leading up to the enactment of FVPSA, and the major components of the act: a national domestic violence hotline, support for domestic violence shelters and non-residential services, and coordination efforts to prevent domestic violence. The report then discusses recent efforts under FVPSA to assist children and youth exposed to domestic violence, including teen dating violence.

Finally, the report provides an overview of FVPSA's interaction with other federal laws, including the Child Abuse Prevention and Treatment Act (CAPTA) and the Violence Against Women Act (VAWA).[2] FVPSA was the first federal law to address domestic violence, with a focus on providing shelter and services for survivors; however, since the enactment of VAWA in 1994, the federal response to domestic violence has expanded to involve multiple departments and activities that include investigating and prosecuting crimes and providing additional services to victims and abusers. FVPSA also includes provisions that encourage or require program administrators to coordinate FVPSA programs with related programs and research carried out by other federal agencies. The appendixes provide further detail about FVPSA-related definitions, research, and funding.

Background

Definitions

For purposes of this report, "domestic violence" is used to describe "family violence" that involves intimate partners and "dating violence," and it generally refers to physical and

[1] The law is codified at 42 U.S.C. §10401 et seq. The regulations for the program are at 45 C.F.R. 1370. A final rule from 2016 amended the regulations. See U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), "Family Violence Prevention and Services," 81 *Federal Register* 212, October 14, 2015.

[2] For further information, see CRS Report R42499, *The Violence Against Women Act: Overview, Legislation, and Federal Funding*, by Lisa N. Sacco.

nonphysical violence and emotional abuse perpetrated by individuals among current or former romantic partners.

The FVPSA statute focuses on "family violence," which can involve many types of family relationships and forms of violence. FVPSA defines the term as acts of violence or threatened acts of violence, including forced detention, that result in physical injury against individuals (including elderly individuals) who are legally related by blood or marriage and/or live in the same household.[3] This definition focuses on physical forms of violence and is limited to abusers and victims[4] who live together or are related by blood or marriage; however, researchers and others generally agree that family violence is broad enough to include nonphysical violence and physical violence that occurs outside of an intimate relationship.[5] Such a definition can encompass a range of scenarios—rape and other forms of sexual violence committed by a current or former spouse or intimate partner who may or may not live in the same household; stalking by a current or former spouse or partner; abuse and neglect of elderly family members and children; and psychologically tormenting and controlling a spouse, intimate partner, or other member of the household.

While family violence can encompass child abuse and elder abuse, FVPSA programs focus on individuals abused by their spouses and other intimate partners. Further, FVPSA references the terms "domestic violence" and "dating violence" as they are defined under VAWA, and discusses these terms alongside family violence. (The FVPSA regulations also define these terms as generally consistent with VAWA, but recognize that the term "dating violence" encompasses additional acts.[6]) The VAWA definition of "domestic violence" encompasses forms of intimate partner violence—involving current and former spouses or individuals who are similarly situated to a spouse, cohabiting individuals, and parents of children—that are outlawed under state or local laws. VAWA defines "dating violence" as violence committed by a person who has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship is determined based on consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the individuals involved. (**Table A-1** in **Appendix A** provides a summary of these and related terms as they are defined in statute.)

The federal government responds to child abuse and elder abuse through a variety of separate programs. Congress authorizes and funds a range of activities to prevent and respond to child abuse and neglect under Titles IV-B and IV-E of the Social Security Act and CAPTA.[7] Separately, the Older Americans Act (OAA), the major federal vehicle for the delivery of social and nutrition services for older persons, has authorized projects to address elder abuse. In addition, the OAA

[3] 42 U.S.C. §10402(4) (Definitions).

[4] This term is sometimes used interchangeably with the word "survivors."

[5] Roger J.R. Levesque, *Culture and Violence: Fostering Change Through Human Rights Law* (Washington, DC: American Psychological Association, 2001), p. 13.

[6] The 2016 final rule that amended the regulations for FVPSA notes with regard to "family violence" and "domestic violence," "the [social service] field and Congress have used the term interchangeably for decades." The final rule also notes that HHS sought to broaden the definition of "domestic violence," starting that "Given the continuum of behaviors constituting 'domestic violence' identified in FVPSA, and the broader protections embodied in State and other jurisdictional law, [HHS/]ACF will interpret 'domestic violence' as inclusive of additional acts recognized in other Federal, State, local, and tribal laws, as well as acts in other Federal regulatory and sub-regulatory guidance." Note that this definition is not intended to be interpreted "more restrictively than FVPSA and VAWA but rather to be inclusive of other, more expansive definitions." HHS, Family Violence Prevention and Services," 81 *Federal Register* 212, November 2, 2016.

[7] For further information, see CRS Report R43458, *Child Welfare: An Overview of Federal Programs and Their Current Funding*, by Emilie Stoltzfus.

authorizes and Congress funds the National Center on Elder Abuse to provide information to the public and professionals regarding elder abuse prevention activities, and provides training and technical assistance to state elder abuse agencies and to community-based organizations.[8] The Social Services Block Grant, as amended, also includes elder justice provisions, including several grant programs and other activities to promote the safety and well-being of older Americans.[9]

Risk Factors for Domestic Violence

The evidence base on domestic violence does not point strongly to any one reason that it is perpetrated, in part because of the difficulty in measuring social conditions (e.g., status of women, gender norms, and socioeconomic status, among others) that can influence this violence. Still, the research literature has identified two underlying influences: the unequal position of women and the normalization of violence, both in society and some relationships.[10] Certain risk variables are often associated with—but not necessarily the causes—of domestic violence. Such factors include a pattern of problem drinking, poverty and economic conditions, and early parenthood.[11] For example, substance abuse often precedes incidents of domestic violence. A study that examined the connection between alcohol and drug use and domestic violence, including homicide or attempted homicide, found that substance abuse was more prevalent among male perpetrators of violence than non-perpetrators; however, the study did not determine how substance use influenced the violence, if at all.[12]

Profiles of Survivors

Estimating the number of individuals involved in domestic violence is complicated by the varying definitions of the term and methodologies for collecting data. For example, some research counts a boyfriend or girlfriend as a family relationship while others do not; still other surveys are limited to specific types of violence and whether violence is reported to police. Certain studies focus more broadly on various types of violence or more narrowly on violence committed among intimate partners. In addition, domestic violence is believed to be underreported. Survivors may be reluctant to disclose their victimization because of shame, embarrassment, fear or belief that they may not receive support from law enforcement.[13]

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[8] For further information, see CRS Report R43414, *Older Americans Act: Background and Overview*, by Kirsten J. Colello and Angela Napili; and HHS, Office on Women's Health, *Overview of Violence Against Women Activities 2010-2011*, June 25, 2012, http://www.womenshealth.gov/publications/federal-report/index.html. (Hereinafter UHHS, Office on Women's Health, *Overview of Violence Against Women Activities 2010-2011*.)

[9] For further information, see CRS Report 94-953, *Social Services Block Grant: Background and Funding*, by Karen E. Lynch.

[10] Rachel Jewkes, "Intimate Partner Violence: Causes and Prevention," *The Lancet*, vol. 359 (April 20, 2002), pp. 1423-1429.

[11] U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, "Causes and Consequences of Intimate Partner Violence," http://www.nij.gov/topics/crime/intimate-partner-violence/Pages/welcome.aspx.

[12] Phyllis Sharps et al., "Risky Mix: Drinking, Drug Use, and Homicide," *NIJ Journal*, no. 250 (November 2003), https://www.ncjrs.gov/pdffiles1/jr000250d.pdf. The abused women studied were between ages 18 and 50 years old and were romantically or sexually involved with the perpetrator at some time during the past two years. A woman was categorized as abused if she had been physically assaulted, threatened with serious violence, or stalked by a current or former intimate partner.

[13] Sharon G. Smith et al., *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*, HHS, Centers for Disease Control and Prevention (CDC), http://www.cdc.gov/violenceprevention/nisvs/. (Hereinafter, Sharon G. Smith, *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*.)

Overall, two studies—the National Intimate Partner and Sexual Violence Survey (NISVS) and the National Crime Victimization Survey (NCVS)—show that violence involving intimate partners is not uncommon, and that both women and men are victimized sexually, physically, and psychologically. Women tend to first be victimized at a younger age than men. Further, minority women and men tend to be victimized at higher rates than their white counterparts.

National Intimate Partner and Sexual Violence Survey

NISVS provides information on the prevalence of domestic violence among individuals during their lifetimes and in the past 12 months prior to the survey. The CDC conducted the study annually in each of 2010-2012.[14] The survey examines multiple aspects of intimate partner violence—including contact sexual violence, which encompasses rape and other acts; physical violence; stalking; and psychological aggression. Selected findings from the study are summarized in **Table B-1** in **Appendix B**. Generally speaking, the survey found that victims tended to be women; however, a sizable share of men were victimized. Over one-third (37%) of women and nearly one-third (31%) of men in the United States reported that they experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime. About 7% of women and 6% of men had experienced these acts within the past year. The NISVS also found that 7% of victims of domestic violence were first victimized under the age of 18.

Women and men of color, particularly individuals who are multiracial, tended to experience domestic violence at higher lifetime rates. Among women, those who are multiracial were most likely to report contact sexual violence, physical violence, and/or stalking by an intimate partner (57%), followed by American Indian or Alaska Native women (48%), black women (45%), white women (37%), Hispanic women of any race (34%), and Asian or Pacific Islander women (18%).

Special Populations

The 2010 NISVS examined the prevalence of this violence based on how adult respondents identified their sexual orientation (heterosexual or straight, gay or lesbian, or bisexual). The study found overall, bisexual women had significantly higher lifetime prevalence of rape and sexual violence other than rape by an intimate partner when compared to both lesbian and heterosexual women. Lesbian women and gay men reported levels of intimate partner violence equal to or higher than those of heterosexuals.[15]

The 2010 NISVS also surveyed women on active duty in the military and the wives of active duty men. These women were asked to respond to whether they experienced intimate partner violence over their lifetime and during the three years and 12 months prior to the survey. The study found that the majority of women affiliated with the military were less likely to be victims of intimate partner violence compared to women in the general population. For example, 53.7% of active duty women and 48.6% of wives of active duty men experienced psychological aggression in

[14] Ibid. The NISVS is a national random telephone survey of the non-institutionalized English and/or Spanish-speaking U.S. population age 18 and older. The study is coordinated by the CDC, and developed and fielded with support from the Department of Justice and Department of Defense. Terms such as physical violence and stalking are defined in the report. Over the 2010-2012 period, more than 41,000 interviews were completed and more than 4,500 interviews were partially completed. National estimates were derived based on statistical weights applied to the percentages of respondents who experience domestic violence.

[15] Mikel L. Walters, Jieru Chen, and Matthew J. Breiding, *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation*, HHS, CDC, January 2013. For some types of violence, prevalence estimates for particular groups (e.g., gay or bisexual men and lifetime prevalence of rape by any perpetrator) were too small to produce reliable estimates and were not reported.

their lifetime, compared to 57.0% of women in the general population. However, active duty women who were deployed during the three years prior to the survey were significantly more likely to have experienced intimate partner violence during this period and over their lifetime compared to active duty women who were not deployed. Among those who deployed, 12.2% had been victims of physical violence, rape, or stalking by an intimate partner during the past three years and 35.2% had experienced victimization over their lifetime. This is compared to 10.1% (during the past three years) and 27.5% (lifetime prevalence) of women who had not deployed.[16]

National Crime Victimization Survey

The National Crime Victimization Survey is an ongoing survey coordinated by the U.S. Department of Justice's Bureau of Justice Statistics within the Office of Justice Programs. NCVS surveys a nationally representative sample of households. It is the primary source of information on the characteristics of criminal nonfatal victimization and on the number and types of crimes that may or may not be reported to law enforcement authorities. NCVS surveyed respondents about whether they have been victims of a violent crime, including rape/sexual assault, robbery, aggravated assault, and simple assault; and for victims, the relationship to the perpetrator.[17] The survey reports the share of crimes that are committed by an intimate partner (current or former spouses, boyfriends, or girlfriends), other family members, friends/acquaintances, or strangers. The 2015 survey found that over 800,000 individuals were victims of intimate partner violence. The rate of intimate partner violence remained relatively stable from 2014 (2.4 per 1,000 individuals age 12 and older) to 2015 (3.0 per 1,000 individuals age 12 and older).[18]

An earlier NCVS study (released in 2000 and supplemented with homicide data) focused on victims murdered by an intimate partner and on the prevalence of domestic violence by characteristics such as income, marital status, and the presence of children in the home.[19] The study examined changes over time, either 1976 or 1993 to 1998. The study found that the number of female victims of domestic violence declined from 1993 to 1998, from 1.1 million to 900,000 violent offenses. In addition, the number of murders by an intimate partner declined over the period from 1,600 murders in 1976 to 1,317 murders in 1998. Further, NCVS data showed that rates of domestic violence were inversely related to income over the 1993-1998 period, with rates seven times higher among women living in households with the lowest annual income (20.3 per 1,000 females) compared to those with the highest annual income (3.3 per 1,000). Marital status was also found to be associated with domestic violence. The rate of domestic violence was highest among those who were divorced or separated (31.9 per 1,000 females and 6.2 per 1,000 males) compared to those who were never married (11.3 and 1.6) or married (2.6 and 0.5). An equal share of victims (43%) had children under age 12 in the household or did not have children under age 12 in the household; the presence of children was unknown for the remaining victims. (See below for research on children exposed to domestic violence.)

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[16] Michele C. Black and Melissa T. Merrick, *Prevalence of Intimate Partner Violence, Sexual Violence, and Stalking among Active Duty Women and Wives of Active Duty Men—Comparisons with Women in the General Population, 2010,* HHS, CDC, March 2013.

[17] These terms are defined at U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, "All Terms and Definitions," http://bjs.ojp.usdoj.gov/index.cfm?ty=tda.

[18] Jennifer L. Truman and Rachel E. Morgan, *National Crime Victimization Survey, 2015,* Table 1, U.S. Department of Justice, Federal Bureau of Investigation October 2016, https://www.bjs.gov/content/pub/pdf/cv15.pdf.

[19] Callie Marie Rennison and Sarah Welchans, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *Intimate Partner Violence*, Special Report, May 2000.

Effects of Domestic Violence

Domestic violence is associated with multiple negative outcomes for victims, including mental and emotional distress and health effects. The 2010-2012 NISVS study found that these effects appeared to be greater for women. Nearly seven in ten (73%) women and nearly four in ten (36%) men who experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime also reported at least one impact as a result of this violence. Both women and men most frequently reported that they felt fearful (62% of women and 18% of men); exhibited post-traumatic stress symptoms (52% and 18%); and were concerned for their safety (57% and 17%).[20] A separate study of domestic violence among welfare recipients in two California counties found that their ability to find work was impaired by their victimization.[21] At the end of one year of participating in welfare-to-work activities, about 1 out of 10 (12%) welfare recipients who experienced serious domestic violence were working at least 26 hours a week, compared to more than a quarter (28%) who did not experience this type of victimization.

Domestic Violence: Development of the Issue

Early marriage laws in the United States permitted men to hit their wives, and throughout much of the 20th century family violence remained a hidden problem.[22] Victims, mostly women, often endured physical and emotional abuse in silence. These victims were hesitant to seek help because of fear of retaliation by their spouses/partners and concerns about leaving their homes, children, and neighborhoods behind. Women were worried that they would be perceived as deviant or mentally unstable or would be unable to get by financially.[23] In addition, victims were often blamed for their abuse, based on stereotypical notions of women (e.g., demanding, aggressive, and frigid, among other characteristics).

In the 1960s, shelters and services for victims of domestic violence became available on a limited basis; however, these services were not always targeted specifically to victims per se. Social service and religious organizations provided temporary housing for displaced persons generally, which could include homeless and abused women. In addition, a small number of organizations provided services to abused women who were married to alcoholic men. Beginning in the 1970s, the "battered women's movement" began to emerge; it sought to heighten awareness of women who were abused by spouses and partners. The movement developed from influences both abroad and within the United States. In England, the first battered women's shelter, Chiswick Women's Aid, galvanized support for similar types of services. In addition, the feminist movement in the United States increasingly brought greater national attention to the issue.[24]

As part of the battered women's movement, former battered women, civic organizations, and professionals opened shelters and began to provide services to victims, primarily abused women

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[20] Michele C. Black et al., *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*.

[21] Sandra Naylor Goodwin, Daniel Chandler, and Joan Meisel, *Violence Against Women: The Role of Welfare Reform*, California Institute for Mental Health for the U.S. Department of Justice, April 11, 2003.

[22] Ola W. Barnett, Cindy L. Miller-Perrin, and Robin D. Perrin, *Family Violence Across the Life Span*, 3rd ed. (Thousand Oaks, CA: Sage Publications, 2011), pp. 14-15. (Hereinafter, Ola W. Barnett, Cindy L. Miller-Perrin, and Robin D. Perrin, *Family Violence Across the Life Span*.)

[23] Susan Schechter, *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement* (Boston: South End Press, 1982), pp. 12-20. (Hereinafter Susan Schechter, *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*.)

[24] Ola W. Barnett, Cindy L. Miller-Perrin, and Robin D. Perrin, *Family Violence Across the Life Span*, p. 15.

and their children.[25] Shelters were most often located in old homes, at Young Women's Christian Association (YWCA) centers, or housed in institutional settings, such as motels or abandoned orphanages. In addition to providing shelter, groups in the battered women's movement organized coalitions to combine resources for public education on the issue, support groups for the victims, and services that were lacking. For example, the YWCA and Women in Crisis Can Act formed a hotline for abused women in Chicago. These and other groups convened the Chicago Abused Women's Coalition to address concerns about services for battered women. The coalition spoke to hundreds of community groups and professional agencies about battered women's stories, explained the significance of violence, detailed how violence becomes sanctioned, dispelled common myths, and challenged community members to provide funding and other support to assist abused women. The coalition mobilized around passage of a state law to protect women and require police training on family violence, among other accomplishments.

Based on a survey in the late 1970s, 111 shelters were believed to be operating across all states and in urban, suburban, and rural communities. These shelters generally reported that they provided a safe and secure environment for abused women and their children, emotional support and counseling for abused women, and information on legal rights and assistance with housing, among other supports. Approximately 90 of these shelters fielded over 110,000 calls for assistance in a given year.[26]

Around this same time, the public became increasingly aware of domestic violence. In 1983, *Time* magazine published an article, "Wife Beating: The Silent Crime," as part of a series of articles on violence in the United States. The article stated: "There is nothing new about wife beating…What is new is that in the U.S. wife beating is no longer widely accepted as an inevitable and private matter. The change in attitude, while far from complete, has come about in the past 10 to 15 years as part of the profound transformation of ideas about the roles and rights of women in society."[27] In 1984, then-U.S. Attorney General Benjamin Civiletti established the Department of Justice Task Force on Family Violence, which issued a report examining the scope and impact of domestic violence in America. The report also provided recommendations to improve the nation's law enforcement, criminal justice, and community response to offenses that were previously considered "family matters."[28]

Congressional Response

As a result of efforts by advocates and the Justice Department, Congress began to take an interest in domestic violence issues. The House Select Committee on Children, Youth, and Families conducted a series of hearings in 1983 and 1984 on child abuse and family violence throughout the country, to understand the scope of family violence better and explore possible federal responses to the problem. The committee heard from victims, domestic violence service providers, researchers, law enforcement officials, and other stakeholders about the possible number of victims and the need for additional victim services. In 1984, Congress enacted the Family Violence Prevention and Services Act (FVPSA) as Title III of the Child Abuse Amendments of 1984 (CAPTA, P.L. 98-457).Title I of that law amended the Child Abuse

[25] Susan Schechter, *Women and Male Violence: The Visions and Struggles of the Battered Women's Movement*.

[26] Albert B. Roberts, *Sheltering Battered Women: A National Study and Service Guide* (New York: Springer Publishing Company, 1981), pp. 7-11.

[27] Jane O'Reilly, Barbara B. Dolan, and Elizabeth Taylor, "Wife Beating: The Silent Crime," *Time*, September 5, 1983.

[28] U.S. Department of Justice, Office of Justice Programs, Office on Violence Against Women, *The History of the Violence Against Women Act*, http://www.ncdsv.org/images/OVW_HistoryVAWA.pdf.

Prevention and Treatment Act (CAPTA), and most of the seven subsequent reauthorizations of FVPSA have occurred as part of legislation that reauthorized CAPTA.[29] This includes the most recent reauthorization (P.L. 111-320), which extended funding authority for FVPSA through FY2015. As discussed later in this report, Congress subsequently broadened the federal response to domestic violence via the Violence Against Women Act, enacted in 1994.

FVPSA Overview

As originally enacted, FVPSA included both a social service and law enforcement response to preventing and responding to domestic violence. Grants were authorized for states, territories, and Indian tribes to establish and expand programs to prevent domestic violence and provide shelter for victims. In addition, Congress authorized grants to provide training and technical assistance to law enforcement personnel, and this funding was ultimately used to train law enforcement personnel throughout the country.[30] Over time, FVPSA was expanded to include support of other activities—including state domestic violence coalitions and grants that focus on prevention activities; however, authorization of funding for FVPSA law enforcement training grants was discontinued in 1992, just before the 1994 Violence Against Women Act was enacted and included funding authority for this purpose.[31]

As outlined in **Figure 1**, FVPSA currently authorizes three major activities—domestic violence shelters and support, the national domestic violence hotline, and domestic violence prevention activities under a program known as DELTA. The Family and Youth Services Bureau in HHS/ACF administers funding for the domestic violence shelters and support and the hotline. The CDC administers the DELTA Program. Funding authorization extended through FY2015. Congress has appropriated funding in subsequent years.

[29] CAPTA was originally enacted in 1974 (P.L. 93-247) to create a federal focus for responding to child abuse and neglect and authorize support for training and technical assistance to improve child protective services.

[30] From FY1986 through FY1994, funding for these grants was transferred from HHS to the Department of Justice, which carried out the grants under the Office for Victims of Crime (OVC). DOJ funded 23 projects to train law enforcement officers on domestic violence policies and response procedures, with approximately 16,000 law enforcement officers and other justice system personnel from 25 states receiving this training. The training emphasized officers as participants working with other agencies, victims, and community groups in a coordinated response to a crime problem. U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, *Report to Congress*, July 1996, https://www.ncjrs.gov/ovc_archives/repcong/welcome.html; and Lisa C. Newmark, Adele V. Harrell, and William Adams, *Evaluation of Police Training Conducted Under the Family Violence Prevention and Services Act*, Urban Institute, June 26, 1995, http://webarchive.urban.org/publications/405502.html.

[31] The Violence Against Women Act (VAWA) authorizes funding for training and support of law enforcement officials under the Services, Training, Officers, and Prosecutors (STOP) Grant program. For further information, see CRS Report R42499, *The Violence Against Women Act: Overview, Legislation, and Federal Funding*, by Lisa N. Sacco.

FVPSA requires state domestic violence coalitions—a statewide nongovernmental nonprofit domestic violence organization comprised primarily of domestic service providers—to work with law enforcement agencies.

Figure 1. Summary of Activities Authorized and Funded Under the Family Violence Prevention and Services Act (FVPSA)

Source: Congressional Research Service (CRS).

Funding

Table 1 includes actual funding from FY1993 to FY2017 for the three major FVPSA activities: (1) shelter, services, and support; (2) national domestic violence hotline; and (3) DELTA. Overall, funding has ranged from about $25 million (in FY1993) to $164 million (in FY2017). Funding for shelter, victim services, and program support increased fourfold from FY1993 to FY2000, peaking at just over $130 million in FY2010 and declining to $121 million in FY2013; however, the FY2014 funding level increased to almost $134 million, and Congress appropriated a high of $164 million for FY2017. Funding for the hotline grew from an initial amount of $1 million in FY1995 to $8 million in FY2017. Funding in most of the intervening years was approximately $2 million to $5 million. DELTA funds have decreased from $6.0 million in FY1999, the year it was first funded, to $5.5 million in each of FY2016 and FY2017.

Table 1. Funding for FVPSA Activities, FY1993-FY2017

	Shelter, Services, and Support	National Domestic Violence Hotline	DELTA	Total
FY1993	$24,678,619	N/A	N/A	$24,678,619
FY1994	$32,645,000	N/A	N/A	$32,645,000
FY1995	$32,645,000	$1,000,000	N/A	$33,645,000
FY1996	$47,642,500	$400,000	N/A	$48,042,500
FY1997	$72,800,000	$400,000	N/A	$73,200,000
FY1998	$86,642,206	$1,200,000	N/A	$87,842,206
FY1999	$88,778,000	$1,200,000	$5,998,000	$95,976,000
FY2000	$101,118,000	$1,957,000	$5,866,000	$108,941,000
FY2001	$116,899,000	$2,157,000	$5,866,000	$124,922,000
FY2002	$124,459,000	$2,157,000	$5,866,000	$132,482,000
FY2003	$124,459,000	$2,157,000	$5,828,000	$132,444,000
FY2004	$125,648,000	$2,982,000	$5,303,000	$133,933,000
FY2005	$125,630,000	$3,224,000	$5,258,000	$134,112,000
FY2006	$124,643,000	$2,970,000	$5,181,000	$132,794,000
FY2007	$124,731,000	$2,970,000	$5,110,000	$132,811,000
FY2008	$122,552,000	$2,918,000	$5,021,000	$130,491,000
FY2009	$127,776,000	$3,209,000	$5,511,000	$136,496,000
FY2010[a]	$130,052,000	$3,209,000	$5,525,000	$138,786,000
FY2011	$129,792,000	$3,202,000	$5,423,000	$138,417,000
FY2012	$129,547,000	$3,197,000	$5,411,000	$138,155,000
FY2013[b,c]	$121,225,000	$2,992,000	$5,350,000	$129,552,000
FY2014[c]	$133,521,000	$4,500,000	$5,414,000	$143,221,000
FY2015[c]	$135,000,000	$4,500,000	$5,414,000	$144,914,000
FY2016[c]	$150,000,000	$8,250,000	$5,500,000	$163,750,000
FY2017[c,d]	$150,517,702	$8,223,479	$5,487,000	$164,210,518

Source: U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), *FY1998-FY2016 Justification of Estimates for Appropriations Committees*; and Congressional Research Service correspondence with HHS, ACF, Administration on Children, Youth and Families (ACYF), Family and Youth Services Bureau (FYSB) and Centers for Disease Control and Prevention (CDC), September and November 2012, April 2016, and August 2017; HHS, ACF, *ACF All-Purpose Table – FY2012-2013* and CDC, *FY2013-FY2015 Full Year CR Operating Plan*; U.S. Congress, House Committee on Rules, 113th Cong., 2nd sess., Committee Print 113-32 to the Senate Amendment to the Consolidated Appropriations Act, 2014 (H.R. 3547), which was enacted as P.L. 113-76; Consolidated and Further Continuing Appropriations Act, 2015 (P.L. 113-235); U.S. Congress, House Committee on Rules, 114th Cong., 1st sess., Rules Committee Print 114-39 to accompany the Consolidated Appropriations Act, 2016 (H.R. 2029), which was enacted as P.L. 114-113; U.S. Congress, "Proceedings and Debates of the 115th Congress, First Session," House of Representatives, *Congressional Record*, vol. 163, part No. 76, Book III (May 3, 2017), p. H3952 and p. H3994; and HHS, "FY2017 ACF Operating Plan" and "FY2017 CDC Operating Plan."

Notes: Funding is allocated for shelter, support services, and program support and the Domestic Violence Hotline via HHS/Administration for Children and Families; and for DELTA via HHS/CDC. N/A means not applicable.

a. Funding for FY2010 was just over $130 million ($130,052,000). When FY2010 dollars were appropriated in December 2009, FVPSA required that "a portion of the excess" (of funds for shelter, support services, and program support) above $130 million was to be reserved for projects to address the needs of children who witness domestic violence. FVPSA was reauthorized in December 2010, and this provision was changed to require that when the appropriation exceeds $130 million, HHS must first reserve 25% of the excess funding for specialized services for abused parents and children exposed to domestic violence (42 U.S.C. §10403(a)(2)(A)(i)). This rule was triggered in FY2010 and the excess funding went to a grant program, Expanding Services for Children and Youth Exposed to Domestic Violence. For further information, see the section of this report on children exposed to domestic violence.

b. The final appropriations law for FY2013 was Consolidated and Continuing Appropriations Act, 2013 (P.L. 113-6). The FY2013 funding levels provided were based on the operating plan provided by HHS to Congress. This funding included a 0.2% rescission, per P.L. 113-6, and a sequestered amount of 5.0%, per the Budget Control Act of 2011 (P.L. 112-25), as amended by the American Taxpayer Relief Act of 2012 (P.L. 112-240).

c. Funding exceeded $130 million in each of FY2013 through FY2017, triggering the requirement under FVPSA that HHS must first reserve 25% of the excess funding for specialized services for abused parents and children exposed to domestic violence. The FY2016 appropriations request notes that "[i]n previous budgets [FY2013 through FY2015], this provision was overridden in order to direct resources to shelters." HHS, ACF, *FY2016 Justification of Estimates for Appropriations Committees*, p. 212; and based on correspondence with HHS, ACF, ACYF, FYSB, April 2016. Of the $20 million in excess funding for FY2016, $5 million has been reserved for specialized services for abused parents and children exposed to domestic violence and related technical assistance. Of the $20.5 million in excess funding for FY2017, $5.1 million has been reserved for these supports. HHS, ACF, *FY2017 Justification of Estimates for Appropriations Committees;* and CRS correspondence with HHS, ACF, ACYF, FYSB, April 2016 and August 2017.

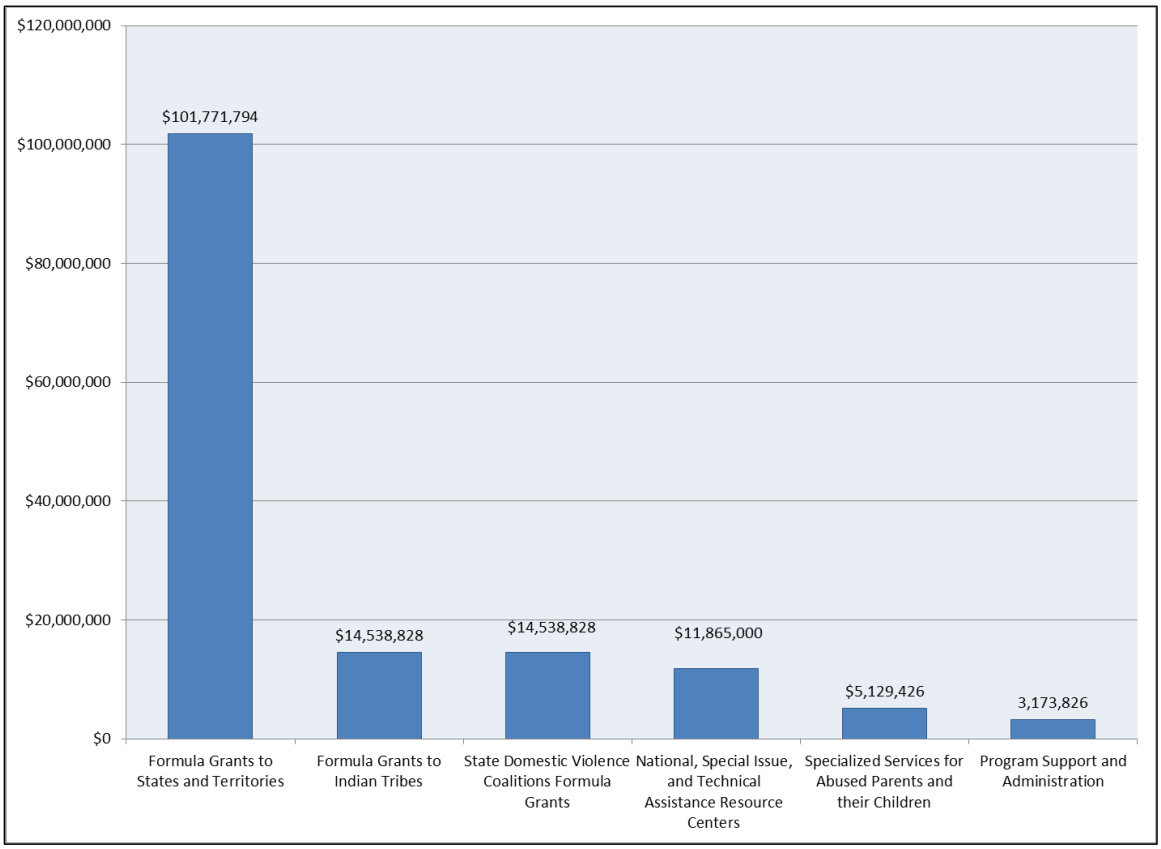
d. The final appropriations law for HHS was the Consolidated and Continuing Appropriations Act, 2017 (P.L. 115-31). The FY2017 funding levels provided are based on the operating plan provided by HHS to Congress, with further information from HHS that funds were subsequently transferred from Shelter, Services, and Support ($482,298) and the National Domestic Violence Hotline ($26,521) under the 1% transfer authority for the HHS Secretary in P.L. 115-31. CRS correspondence with HHS, ACF, ACYF, FYSB, April 2016 and August 2017.

Overview of Shelter, Services, and Support

Funding for shelter, support services, and program support encompasses multiple activities: formula grants to states and territories; grants to tribes; state domestic violence coalitions; national and special issue resource centers, including those that provide technical assistance; specialized services for abused parents and children exposed to domestic violence; and program support and administration. **Figure 2** shows FY2017 allocations for activities included as part of shelter, support services, and program support. Funding totaled $150,517,702 (this includes a transfer of $482,298 to other HHS activities). The following two sections provide further information about grants to states, territories, and tribes; and state domestic violence coalitions. In addition, the report provides information about national and special issue resource centers. The section of the report on services for children and youth exposed to domestic violence includes information about FY2017 and earlier support for specialized services for abused parents and children exposed to domestic violence.

Figure 2. Amount and Share of FY2017 Funding for Shelter, Support Services, and Program Support

Total allocation is $150,517,702



Source: Congressional Research Service, based on correspondence with the U.S. Department of Health Human Services, Administration for Children and Families, August 2017.

Formula Grants to States, Territories, and Tribes

No less than 70% of FVPSA appropriations for shelter and support must be awarded to states and territories through a formula grant. The formula grant supports the establishment, maintenance, and expansion of programs and projects to prevent incidents of domestic violence and to provide shelter and supportive services to victims of domestic violence. Each of the territories—Guam, American Samoa, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands—receives no less than one-eighth of 1% of the appropriation, or, in combination, about one-half of 1% of the total amount appropriated. Of the remaining funds, states (including the District of Columbia and Puerto Rico) receive a base allotment of $600,000 and additional funding based on their relative share of the U.S. population.[32] **Appendix C** provides funding in FY2016 and FY2017 for states and territories.

In addition, no less than 10% of FVPSA appropriations for shelter, services, and support are awarded to Indian tribes. Indian tribes have the option to authorize a tribal organization or a

[32] 42 U.S.C. §10405 (Allotment of funds). The FVPSA law defines a "state" to include each of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, and except as otherwise provided, Guam, America Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands. 42 U.S.C. §10410(10) (Definitions).

nonprofit private organization to submit an application for and to administer FVPSA funds. Nearly all of the same requirements that pertain to states and territories also pertain to tribes.

In applying for grant funding, states must make certain assurances pertaining to use and distribution of funds and to victims.

Selected Grant Conditions Pertaining to Use and Distribution of Funds[33]

States (and other jurisdictions) may use up to 5% of the grant funding for state administrative costs. The remainder of the funds are used to make subgrants to eligible entities for programs and projects that meet the goals of the grant program. No less than 70% of sub-grant funding is to be used to provide shelter, shelter expenses, and programming and services to adult and youth victims of domestic violence and their dependents. Shelter includes the physical space in which victims reside as well as the expenses of running shelter facilities.[34] Related supportive services are listed below. In addition, a minimum of 25% of subgrants must be used for these services:[35]

- assisting in the development of safety plans, and supporting efforts of victims to make decisions about their ongoing safety and well-being;
- providing individual and group counseling, peer support groups, and referrals to community-based services to assist victims and their dependents in recovering from the effects of domestic violence;
- providing services, training, technical assistance, and outreach to increase awareness of domestic violence and increase the accessibility of these services;
- providing culturally and linguistically appropriate services;
- providing services for children exposed to domestic violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent that support that parent's role as caregiver (which may include services that work with the non-abusing parent and child together);
- providing advocacy, case management services, and information and referral services concerning issues related to domestic violence intervention and prevention, including providing assistance in accessing federal and state financial assistance programs; legal advocacy; medical advocacy, including provision of referrals for appropriate health care services (but not reimbursement for any health care services); assistance in locating and securing safe and affordable permanent housing and homelessness prevention services; and transportation, child care, respite care, job training and employment services, financial literacy services and education, financial planning, and related economic empowerment services;
- providing parenting and other educational services for victims and their dependents; and

[33] 42 U.S.C. §10407 (State application).

[34] 42 U.S.C. §10408(b) (Subgrants and uses of funds).

[35] For example, of the 70% set-aside for shelter and supportive services, all of it could be used for shelter; however, an additional 25% must be used for supportive services.

- providing prevention services, including outreach to underserved populations.[36]

What Are "Eligible Entities" That Can Receive Funding from States/Territories?

A local public agency, or nonprofit private organization—including faith-based and charitable organizations, community-based organizations, tribal organizations, and voluntary associations—that assists victims of domestic violence and their dependents and has a documented history of effective work on this type of violence; *or* a partnership of two or more agencies or organizations that includes an agency or organization described above and an agency or organization that has a demonstrated history of serving populations in their communities, including providing culturally appropriate services.

Source: 42 U.S.C. §10408(c).

States must "give special emphasis" to supporting community-based projects of "demonstrated effectiveness" that are carried out by nonprofit organizations that operate shelters for victims of domestic violence and their dependents; or that provide counseling, advocacy, and self-help services to victims. States have discretion in how they allocate their funding, so long as they provide assurances that grant funding will be distributed equitably within the state and between urban and rural areas of the state.

States must also provide assurances that they will consult with and facilitate the participation of state domestic violence coalitions in planning and monitoring the distribution of grants and administering the grants (the role of state domestic violence coalitions is discussed further below).[37] States must describe how they will involve community-based organizations, whose primary purpose is to provide culturally appropriate services to underserved populations, including how such organizations can assist states in meeting the needs of these populations. States must further provide assurances that they have laws or procedures in place to bar an abuser from a shared household or a household of the abused persons, which may include eviction laws or procedures, where appropriate. Such laws or procedures are generally enforced by civil protection orders.

Subgrantees must provide a nonfederal match—of not less than $1 for every $5 of federal funding—directly from the state or through donations from public or private entities.[38] The matching funds can be in cash or in kind. Further, federal funds made available to a state must supplement, and not supplant, other federal, state, and local public funds expended on services for victims of domestic violence.

States have two years to spend funds. For example, funds allotted for FY2017 may be spent in FY2017 or FY2018. The HHS Secretary is authorized to reallocate the funds of a state, by the end of the sixth month of a fiscal year that funds are appropriated, if the state fails to meet the requirements of the grant. The Secretary must notify the state if its application for funds has not met these requirements. State domestic violence coalitions are permitted to help determine

[36] **Appendix B** provides information from a survey of domestic violence shelters of the types of services provided. Not all of these shelters received FVPSA funding when they were surveyed.

[37] Tribes do not necessarily have domestic violence coalitions and therefore related provisions do not apply; however, as discussed below, state domestic violence coalitions must collaborate with Indian tribes and tribal organizations (and corresponding Native Hawaiian groups or communities) to address the needs of Indian (including Alaska Native) and Native Hawaiian victims of domestic violence. 42 U.S.C. §10411(d)(8). The Violence Against Women Act authorizes funding for tribal domestic violence coalitions under the Tribal Domestic Violence and Sexual Assault Coalitions Grant (42 U.S.C. §3796gg-1). The program is funded by statutory set-asides from the VAWA-authorized STOP program and Sexual Assault Services program.

[38] 42 U.S.C. §10406(c) (Formula grants to states-grant conditions).

whether states are in compliance with these provisions. States are allowed six months to correct any deficiencies in their application.

Selected Grant Conditions Pertaining to Victims[39]

Other requirements of the grant program for states (and other jurisdictions) address the individual characteristics and privacy of participants and shelters. Both states and subgrantees funded under FVPSA may not deny individuals from participating in support programs on the basis of disability, sex, race, color, national origin, or religion (this also applies to FPVSA-funded activities generally). In addition, states and programs may not impose income eligibility requirements on individuals participating in these programs. Further, states and programs must protect the confidentiality and privacy of victims and their families to help ensure their safety. These entities are prohibited from disclosing any personally identifying information collected about services requested, and from revealing personally identifying information without the consent of the individual, as specified in the law. If the identity of the individual is compelled by statutory or court mandate, states and programs must make reasonable attempts to notify victims, and they must take steps to protect the privacy and safety of the individual.

States and programs may share information that has been aggregated and does not identify individuals, and information that has been generated by law enforcement and/or prosecutors and courts pertaining to protective orders or law enforcement and prosecutorial purposes. In addition, the location of confidential shelters may not be made public, except with written authorization of the person(s) operating the shelter. Subgrantees may not provide direct payment to any victim of domestic violence or the dependent(s) of the victim. Further, victims must be provided shelter and services on a voluntary basis. In other words, providers cannot compel or force individuals to come to a shelter, participate in counseling, etc.

State Domestic Violence Coalitions[40]

Since 1992, FVPSA has authorized funding for state domestic violence coalitions (SDVCs). A SDVC is defined under the act as a statewide nongovernmental, nonprofit private domestic violence organization that (1) has a membership that includes a majority of the primary-purpose domestic violence service providers in the state;[41] (2) has board membership that is representative of domestic violence service providers, and that may include representatives of the communities in which the services are being provided; (3) has as its purpose to provide education, support, and technical assistance to such service providers so they can maintain shelter and supportive services for victims of domestic violence and their dependents; and (4) serves as an information clearinghouse and resource center on domestic violence for the state and supports the development of policies, protocols, and procedures to enhance domestic violence intervention and prevention in the state.

Funding for SDVCs is available for each of the 50 states, the District of Columbia, Puerto Rico, and four territories (American Samoa, Guam, Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands). Each jurisdiction has one SDVC, and these coalitions are designated

[39] 42 U.S.C. §10406(c) (Formula grants to states-grant conditions) and 42 §10408(d) (Subgrants and use of funds-conditions).

[40] 42 U.S.C. §10411 (Grants to State Domestic Violence Coalitions).

[41] SDVCs may include representatives of Indian tribes and tribal organizations. See §42 U.S.C. 10411(h) (Indian representatives).

by HHS. Funding is divided evenly between these 56 jurisdictions. SDVCs must use FVPSA funding for specific activities, as outlined below:

- working with local domestic violence service programs and providers of direct services to encourage appropriate and comprehensive responses to domestic violence against adults or youth within the state, including providing training and technical assistance and conducting needs assessments;
- participating in planning and monitoring the distribution of subgrants and subgrant funds within the state under the grant program for states and territories;
- working in collaboration with service providers and community-based organizations to address the needs of domestic violence victims and their dependents who are members of racial and ethnic minority populations and underserved populations;
- collaborating with and providing information to entities in such fields as housing, health care, mental health, social welfare, or business to support the development and implementation of effective policies, protocols, and programs that address the safety and support needs of adult and youth victims of domestic violence;
- encouraging appropriate responses to cases of domestic violence against adult and youth victims, including by working with judicial and law enforcement agencies;
- working with family law judges, criminal court judges, child protective service agencies, and children's advocates to develop appropriate responses to child custody and visitation issues in cases of child exposure to domestic violence, and in cases where this violence is concurrent with child abuse;
- providing information to the public about prevention of family/domestic/dating violence, including information targeted to underserved populations; and
- collaborating with Indian tribes and tribal organizations (and corresponding Native Hawaiian groups or communities) to address the needs of Indian (including Alaska Native) and Native Hawaiian victims of domestic dating violence, as applicable in the state.[42]

National and Special Issue Resource Centers

FVPSA authorized a national information and research clearinghouse on the prevention of domestic violence. As part of the act's reauthorization in 1992, the language about the clearinghouse was struck and replaced with authorization for resource centers on domestic violence, including special issue resource centers to address key areas of domestic violence. Reauthorization of FVPSA in 2010 included authorization for a national resource center on American Indian women and three culturally specific resources, which had previously been funded through discretionary funds.[43] The 2010 law also authorized resource centers to address

[42] A SDVC is not required to use funds for certain purposes (i.e., working with judicial and law enforcement agencies, family law judges, criminal court judges, child protective service agencies, and children's advocates) if it receives funding to carry out these activities authorized under the Violence Against Women Act. These activities include grants to help states, state and local courts, state domestic violence coalitions, and other entities develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women and develop and strengthen victim services. See 42 U.S.C. §3796gg et seq. and 42 U.S.C. §3796gg(c).

[43] This is based on correspondence with HHS, ACF, September 2012.

disparities in domestic violence in states with high proportions of Indian (including Alaska Native) or Native Hawaiian populations, and training and technical assistance that address emerging issues related to domestic violence.[44]

HHS administers grants for 14 resource centers on topics that are specified in the law. The purpose of these resource centers is to provide information, training, and technical assistance on domestic violence. This assistance is provided by nonprofit organizations and other entities to multiple stakeholders—individuals, organizations, governmental entities, and communities—so that they can improve their capacity for preventing and responding to domestic violence. **Table C-2** summarizes the activities and FY2017 funding for the 14 resource centers. Pursuant to an increase in FY2017 appropriations for FVPSA shelter and services, and consistent with the budget request,[45] HHS is taking steps to establish the Alaska Native Tribal Resource Center on Domestic Violence.[46]

National Domestic Violence Hotline[47]

As amended by the Violence Against Women Act (VAWA) in 1994, FVPSA directs the HHS Secretary to award a grant to one or more private entities to operate a 24-hour, national, toll-free hotline on domestic violence. Since 1996, HHS has competitively awarded a cooperative agreement to one organization, the National Council on Family Violence in Texas, to operate the National Domestic Violence Hotline (NDVH).[48] The agreement was most recently awarded for a five-year period that extends through the end of FY2020.

FVPSA requires that the hotline provide information and assistance to adult and youth victims of domestic violence, family and household members of victims of such violence, and "persons affected by victimization." As required under FVPSA, the National Council on Family Violence carries out multiple activities:

- It employs, trains, and supervises personnel (paid staff and volunteers) to answer incoming calls; provides counseling and referral services; and directly connects callers to service providers. In FY2016, the hotline received about 25,000 calls each month and responded to 75% of all calls.[49]
- The National Council on Family Violence maintains a database of domestic violence services for victims throughout the United States, including information on the availability of shelter and services. This database includes information on

[44] 42 U.S.C §10410(b)(1)(A) authorizes the National Resource Center on Domestic Violence; 42 U.S.C §10410(b)(1)(B) authorizes the National Resource Center Addressing Domestic Violence and Safety for Indian Women; 42 U.S.C §10410(b)(2) authorizes the special issue resource centers; 42 U.S.C §10410(b)(3) authorizes state centers to reduce tribal disparities (Indian, including Alaska Natives or Native Hawaiians); 42 U.S.C §10410(b)(2) authorizes grants for training and technical assistance that addresses emerging issues in domestic violence.

[45] HHS, *FY2017 Administration for Children and Families Justification of Estimates for Appropriations Committees*, p. 12.

[46] Applications for the grant to operate the center are due in September 2018. HHS, ACYF, ACF, "Alaska Native Tribal Resource Center on Domestic Violence" funding announcement, HHS-2017-ACF-ACYF-EV-1281.

[47] 42 U.S.C §10413 (National Domestic Violence Hotline Grant).

[48] The National Council on Family Violence is a nonprofit organization and receives funding from multiple federal, state, and private sources. For further information, see National Council on Family Violence, "About the Hotline," http://www.thehotline.org/about-us/.

[49] HHS, *Administration for Children and Families FY2018 Justification of Estimates for Appropriations Committees*, p. 166.

services for victims of domestic violence, including the availability of shelters to which callers may be referred or directly linked to throughout the United States.

- The National Council on Family Violence provides assistance and referrals for family and household members who are victims and persons affected by victimization. This includes information on domestic violence, children exposed to domestic violence, sexual assault, intervention programs for batterers, and related issues.
- The National Council on Family Violence provides assistance to meet the needs of special populations, including underserved populations, individuals with disabilities, and youth victims of domestic and dating violence. The hotline provides access to personnel for callers with limited English proficiency and persons who are deaf and hard of hearing. Since 2007, the National Council on Family Violence has operated a separate hotline for youth victims of domestic violence, the National Dating Abuse Helpline, which is also funded under FVPSA. The Helpline offers real-time support primarily from peer advocates who are trained to provide support, information, and advocacy to those involved in abusive dating relationships, and family, friends, and others who support victims.[50]

Prevention Activities (DELTA)

Since 1994, FVPSA has authorized the HHS Secretary to award cooperative agreements to state domestic violence coalitions that coordinate local community projects to prevent domestic violence, including such violence involving youth. Congress first awarded funding for prevention activities in FY1996 under a pilot program carried out by the Centers for Disease Control and Prevention. The pilot program was formalized in 2002 under a program now known as the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program. The focus of DELTA is preventing domestic violence before it occurs, rather than responding once it happens or working to prevent its recurrence.[51] The program has had three iterations—DELTA, which was funded through FY2012 and involved 14 states; DELTA Prep, which extended from 2008 through June 2012 and involved 19 states that did not receive the initial DELTA funds; and DELTA FOCUS, extends the work of DELTA and DELTA Prep, involves 10 states, and is funded from March 2013 through February 2018.

[50] National Council on Family Violence, "Love is Respect," http://www.loveisrespect.org/.

[51] Primary prevention strategies attempt to stop both first-time perpetration and victimization by responding to the various factors that influence domestic violence. For example, prevention strategies that target individual-level influences are often designed to promote attitudes, beliefs, and behaviors that support intimate partnerships based on mutual respect and trust, such as through education and life skills training. Further, strategies that target community-level influences can be designed to affect the climate and policies in a given system, such as through social marketing campaigns.

DELTA[52]

The DELTA program was competitively awarded for the first time in 1996, and 14 domestic violence coalitions received funding under the original solicitation.[53] Funding was non-competitively awarded to these 14 coalitions under subsequent grant solicitations through FY2012. The program provided funding and technical assistance to the coalitions to support local efforts to carry out prevention strategies and work at the state level to oversee these strategies. Local prevention efforts were referred to as coordinated community responses (CCRs). The CCRs were led by domestic violence organizations and other stakeholders across multiple sectors, including law enforcement, public health, and faith-based organizations. The coalitions funded CCRs, and provided training and technical assistance to assist CCRs with building their capacity to implement and evaluate primary prevention strategies.[54] For example, the Michigan Coalition Against Domestic and Sexual Violence supported two CCRs—the Arab Community Center for Economic and Social Services and the Lakeshore Alliance Against Domestic and Sexual Violence—that focused on faith-based initiatives. Both CCRs held forums that provided resources and information about the roles of faith leaders in preventing the first-time occurrence of domestic violence. According to the CDC, the forums heightened the focus of faith leaders on healthy and respectful relationships in their premarital counseling activities and at congregational events.

Each of the 14 state coalitions also developed partnerships across their respective states with multiple stakeholders to provide technical assistance to their partners. For example, coalitions worked closely with their state public health agencies. The Kansas Coalition Against Sexual and Domestic Violence partnered with the state public health agency to expand the CDC's Choose Respect Campaign, which encourages healthy relationships for youth. Other state coalitions, such as the Delaware Coalition Against Domestic Violence and the North Carolina Coalition Against Domestic Violence, partnered with the public school system to provide curricula on dating and domestic violence for students.

The 14 state domestic violence coalitions developed five-to-eight year domestic violence prevention plans known as Intimate Partner Violence Prevention Plans. These plans were developed with multiple stakeholders, and they discuss the strategies needed to prevent first-time perpetration or victimization and to build the capacity to implement these strategies. The CDC issued a brief that summarizes the plans and identifies the successes and challenges for state domestic violence coalitions in supporting and enhancing intimate partner violence prevention efforts. Overall, the report found that states improved their capacity to respond to intimate partner violence through evidence-based planning and implementation strategies.[55]

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[52] 42 U.S.C. §10414. HHS, CDC, *The Delta Program: Preventing Intimate Partner Violence in the United States*, http://www.cdc.gov/violenceprevention/pdf/DELTA_AAG-a.pdf; and HHS, CDC, "Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)," https://www.cdc.gov/violenceprevention/delta/.

[53] These states include AK, CA, DE, FL, KS, MI, MT, NC, ND, NY, OH, RI, VA, and WI.

[54] The CDC defines "primary prevention" as "stopping IPV [intimate partner violence] before it occurs." CDC, "Violence Prevention: DELTA Focus," http://www.cdc.gov/violenceprevention/deltafocus/.

[55] HHS, CDC, *Taking Action to Prevent Intimate Partner Violence: Creating Statewide Prevention Plans*, 2013. For further information about DELTA evaluation activities from 2003 through 2010, see Pamela J. Fox et al., "Strengthening Systems for the Primary Prevention of Intimate Partner Violence and Sexual Violence: CDC's DELTA and EMPOWER Programs," *Journal of Family Social Work*, vol. 13, no. 4, 2013.

DELTA Prep

DELTA Prep was a project that extended from 2008 through June 2012, and was a collaborative effort among the CDC, the CDC Foundation, and the Robert Wood Johnson Foundation.[56] Through DELTA Prep, CDC extended the DELTA Program to 19 states[57] that were not receiving the initial DELTA funds. State and community leaders in these other states received training and assistance in building prevention strategies, based on the work of the 14 state domestic violence coalitions that received DELTA funds. DELTA Prep states integrated primary prevention strategies into their work and the work of their partners, and built leadership for domestic violence prevention in their states.

DELTA FOCUS[58]

DELTA FOCUS (Focusing on Outcomes for Communities United within States) continues the work of DELTA and DELTA Prep by providing funding to 10 state domestic violence coalition grantees for implementing and evaluating strategies to prevent domestic violence. Funding is provided by the coalitions to 18 community response teams that are engaging in carrying out these strategies. DELTA FOCUS differs from DELTA and DELTA Prep by placing greater emphasis on implementing prevention strategies rather than building capacity, since grantees are characterized as already having "high capacity." DELTA FOCUS also puts more emphasis on evaluating the program to help build its evidence base. The project period is March 2013 through February 2018.

Children and Youth Exposed to Domestic Violence

Background

FVPSA references, but does not define, children exposed to domestic violence.[59] According to the research literature, this exposure can include children who see and/or hear violent acts, are present for the aftermath (e.g., seeing bruises on a mother's body, moving to a shelter), or live in a house where domestic violence occurs, regardless of whether they see and/or hear the violence. In addition, young people may be exposed to violence in their dating relationships.[60] FVPSA

[56] The CDC Foundation is a nonprofit organization established by Congress that creates programs in partnership with the CDC for fighting threats to health. The Robert Wood Johnson Foundation is a philanthropic organization that focuses on public health issues.

[57] These states include AL, CT, DC, ID, IA, IN, KY, MA, MN, MI, NE, NH, NJ, OK, OR, PA, SC, TX, and WA.

[58] This information is based on correspondence with HHS, CDC, February 2014; HHS, CDC, "Funding Opportunity, DELTA FOCUS (Domestic Violence Prevention Enhancement Leadership Through Alliances, Focusing on Outcomes for Communities United with States);" and HHS, CDC, "The DELTA Focus Program: Intimate Partner Violence is Preventable," http://www.cdc.gov/violenceprevention/deltafocus/index.html.

[59] A separate federal program authorized under the Elementary and Secondary Education (ESEA) defines "witnessing domestic violence" for purposes of a program whose purpose is to combat the impact of experiencing or witnessing this violence by elementary and secondary school children. Under this program, witnessing domestic violence refers to directly observing or being within earshot of an act of domestic violence that constitutes actual or attempted physical assault; a threat or other action that places the victim in fear of domestic violence; or the aftermath of these acts. See 20 U.S.C. §7275. The program has not been funded. The statute references an outdated statute that defines "domestic violence" (42 U.S.C. §3796gg-2) under VAWA. This term is now defined at 42 U.S.C. §134925(a)(6)).

[60] Jeffrey J. Edleson, Narae Shin, and Katy K. Armedariz Johnson, "Measuring Children's Exposure to Domestic Violence: The Development and Testing of the Child Exposure to Domestic Violence (CEDV) Scale," *Children and*

references the definition of dating violence that is in VAWA, which means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim, and where the existence of the relationship is determined based on the length, type, and frequency of interaction between the persons in the relationship.[61]

Estimates of children exposed to adult domestic violence and teen dating violence vary based on the definition of these terms and methodology. A frequently cited estimate is that between 10% and 20% of children (approximately 7 million to 10 million children) are exposed to adult domestic violence each year.[62] Studies have estimated that 10% of teenagers who are dating are exposed to physical violence and sexual violence by their intimate partners each year.[63] The literature about the impact of domestic violence is evolving. The effects of domestic violence on children can range from little or no effect to severe psychological harm and physical effects, depending on the type and severity of abuse and protective factors, among other variables.[64]

Multiple FVPSA programs are intended to provide support for children exposed to family and related violence:

- One of the purposes of the formula grant program for states is to provide specialized services (i.e., counseling, advocacy, and other assistance) for these children.[65]
- The National Resource Center on Domestic Violence is directed to offer domestic violence programs and research that include both victims and their children exposed to domestic violence.
- The national resource center that addresses mental health and trauma issues is required to address victims of domestic violence and their children who are exposed to this violence.
- State domestic violence coalitions must, among other activities—work with the legal system, child protective services, and children's advocates to develop appropriate responses to child custody and visitation issues in cases involving children exposed to domestic violence.

In addition to these provisions, the FVPSA statute authorizes, and HHS funds, a program for specialized services for abused parents and their children. FVPSA activities for children exposed

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Youth Services Review, vol. 30, November 6, 2007, pp. 502-521. (Hereinafter Jeffrey J. Edleson, Narae Shin, and Katy K. Armedariz Johnson, "Measuring Children's Exposure to Domestic Violence: The Development and Testing of the Child Exposure to Domestic Violence (CEDV) Scale.")

[61] 42 U.S.C. §13925(a)(8).

[62] Jeffrey J. Edleson, Narae Shin, and Katy K. Armedariz Johnson, "Measuring Children's Exposure to Domestic Violence: The Development and Testing of the Child Exposure to Domestic Violence (CEDV) Scale."

[63] Carrie Mulford and Peggy Giordano, *Teen Dating Violence: A Closer Look at Adolescent Romantic Relationships*, U.S. Department of Justice, National Institute for Justice, October 27, 2008, https://www.nij.gov/journals/261/pages/teen-dating-violence.aspx; and HHS, CDC, *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9–12—United States and Selected Sites, 2015*, https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6509.pdf.

[64] Alice Summers, *Children's Exposure to Domestic Violence: A Guide to Research and Resources,* National Council of Juvenile and Family Court Judges and U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2006, pp. 5-6, http://www.ncjfcj.org/sites/default/files/Childrens%20Exposure%20to%20Violence.pdf.

[65] In the 2015 one-day census count of domestic violence shelter and service providers, 84% reported providing support and advocacy for children. National Network to End Domestic Violence (NNEDV), *Domestic Violence Counts 2015*, http://nnedv.org/downloads/Census/DVCounts2015/DVCounts15_NatlReport.compressed.pdf.

to domestic violence have also been funded through discretionary funding and funding leveraged through a semipostal stamp.

Specialized Services for Abused Parents and Their Children/Expanding Services for Children and Youth Exposed to Domestic Violence[66]

Since 2003, FVPSA has specified that funding must be set aside for activities to address children exposed to domestic violence if the appropriation for shelter, victim services, and program support exceeds $130 million.[67] Under current law, if funding is triggered, HHS must first reserve not less than 25% of funding above $130 million to make grants to a local agency, nonprofit organization, or tribal organization with a demonstrated record of serving victims of domestic violence and their children. These funds are intended to expand the capacity of service programs and community-based programs to prevent future domestic violence by addressing the needs of children exposed to domestic violence.

In FY2010, funding for shelter and services was just over $130 million. HHS reserved the excess funding as well as FVPSA discretionary funding (under shelter, victim services, and program support) to fund specialized services for children through an initiative known as Expanding Services for Children and Youth Exposed to Domestic Violence. HHS also used discretionary money to fund the initiative in FY2011 and FY2012. Total funding for the initiative was $2.5 million. This funding was awarded to five grantees—four state domestic violence coalitions and one national technical assistance provider—to expand supports to children, youth, and parents exposed to domestic violence and build strategies for serving this population.[68] For example, the Alaska Network on Domestic Violence and Sexual Assault, the state domestic violence coalition for Alaska, used the funding to address the lack of coordination between domestic violence agencies and the child welfare system. Their work involved developing an integrated training curriculum and policies, and creation of a multi-disciplinary team of child welfare and domestic violence stakeholders in four communities.

Funding exceeded $130 million in each of FY2013 through FY2017, thereby triggering the set-aside. In FY2013 through FY2015, HHS directed the extra funding for shelter, services, and support.[69] HHS provided funding for specialized services for abused parents and their children in FY2016 and FY2017. Of the approximately $20 million in excess funding in both years, approximately $5 million was allocated in each year for these services.[70] Approximately $4.5 million annually is funding 12 grantees to provide direct services under the grant, Specialized Services for Abused Parents and their Children (SSPAC). Grantees include domestic violence

[66] 42 U.S.C. §10406 (Formula Grants to States).

[67] This was enacted as a provision under the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). The 2010 reauthorization of FVPSA (P.L. 111-320) created a new section, specialized services for abused parents and their children, which has the same purpose as the original provision.

[68] The grantees were New Jersey Coalition for Battered Women, Wisconsin Coalition Against Domestic Violence, Alaska Network on Domestic Violence and Sexual Assault, Idaho Coalition Against Sexual and Domestic Violence, and Family Violence Prevention Fund.

[69] The FY2016 budget request notes that "In previous budgets [FY2013 through FY2015] this provision was overridden in order to direct resources to shelters." HHS, *FY2016 Administration for Children and Families Justification of Estimates for Appropriations Committees*, p. 212.

[70] HHS, *FY2017 Administration for Children and Families Justification of Estimates for Appropriations Committees;* and based on correspondence with HHS, ACF, April 2016.

coalitions and other entities. They are working to alleviate trauma experienced by children and youth who are exposed to domestic violence, support enhanced relationships between these children and youth and their parents, and improve systemic responses to these children and youth and their abused parents. A separate grant—Expanding Services to Children, Youth, and Abused Parents (ESCYAP)—is providing $500,000 annually to the nonprofit organization Futures Without Violence to provide training and technical assistance to the 12 grantees and facilitate coordination among them. [71] ESCYAP is further described in **Table C-2** with the national and special-issue resource centers funded under the law.

Support for Runaway and Homeless Youth Demonstration Grant

From FY2007 through FY2009, HHS used FVPSA discretionary funding (through shelter, victim services, and program support) to support eight grantees[72] that received funding through the Runaway and Homeless Youth program.[73] The FVPSA discretionary funds assisted grantees with developing services for runaway and homeless youth experiencing or at risk of experiencing dating violence. The initiative was created because many runaway and homeless youth are believed to come from homes where domestic violence occurs and they may be at risk of abusing their partners or becoming victims of abuse. The initiative funded projects carried out by faith-based and charitable organizations that advocated or provided direct services to runaway and homeless youth or victims of domestic violence. The grants funded training for staff at these organizations to enable them to assist youth in preventing dating violence. The initiative resulted in the development of an online toolkit for advocates in the runaway and homeless youth and domestic and sexual assault fields to help programs better address relationship violence with runaway and homeless youth.[74]

Semipostal Stamp Issued for Children Who Have Been Exposed to Domestic Violence

The Stamp Out Domestic Violence Act of 2001 (P.L. 107-67) directed the U.S. Postal Service (USPS) to issue a semipostal stamp[75] (between January 1, 2004, and December 31, 2006) to fund services for domestic violence, and to transfer funding from USPS to HHS. HHS designated the Administration for Children and Families (ACF) to administer the stamp act funds. The sale of the semipostal stamp generated $3.2 million. From FY2005 through FY2007, HHS used this revenue to provide FVPSA programming for nine states and local communities[76] to identify,

[71] CRS correspondence with HHS, August 2017; and HHS, ACF, FYSB, "2016 Family Violence Prevention and Services Discretionary Grant Specialized Services to Abused Parents and Their Children (SSAPC) and Expanding Services to Children, Youth, and Abused Parents (ESCYAP) Grantee Profiles," https://www.acf.hhs.gov/fysb/resource/ssapc-escyap-grantees-2016.

[72] The grantees were Council of Churches of Greater Bridgeport, Bridgeport, CT; Youth In Need, St. Charles, MO; Texas Network of Youth Services, Austin, TX; Hoyleton Youth & Family Services, Washington Park, IL; Family Violence Prevention Center, Raleigh, NC; Youth Services of Tulsa, OK; LUK Crisis Center, Inc., Fitchburg, MA; and Center for Community Solutions, San Diego, CA.

[73] For further information about this population and HHS' Runaway and Homeless Youth program, see CRS Report RL33785, *Runaway and Homeless Youth: Demographics and Programs*, by Adrienne L. Fernandes-Alcantara.

[74] National Resource Center on Domestic Violence, "Runaway & Homeless Youth and Relationship Violence Toolkit," http://www.nrcdv.org/rhydvtoolkit/index.html.

[75] For further information about semipostal stamps, see CRS Report RS22611, *Common Questions About Postage and Stamps*, by Michelle D. Christensen.

[76] The grantees were East Bay Community Foundation in Oakland, CA; Women's Crisis and Family Outreach Center

design, and test approaches for providing enhanced direct services for children whose parents were victims of domestic violence. With the funds, grantees (1) expanded the capacity of domestic violence programs to address the needs of children and youth coming into emergency shelters; (2) expanded the capacity of these programs to address the needs of families not in shelters; and (3) developed and enhanced community-based interventions for children exposed to domestic violence whose parents had not sought services or support from a domestic violence program. For example, the Virginia Sexual and Domestic Violence Coalition provided new and enhanced services to over 1,000 children and over 100 parents. In addition, approximately 300 public school personnel received comprehensive training on the impact of exposure to violence on children and youth and how to effectively respond to their needs, among other activities.[77]

FVPSA Interaction with Other Federal Laws

In addition to the Child Abuse Prevention and Treatment Act (CAPTA), FVPSA has been reauthorized by the Violence Against Women Act (VAWA) and shares some of that law's purposes. In addition, FVPSA interacts with the Victims of Crime Act (VOCA) because some FVPSA-funded programs receive VOCA funding to provide legal and other assistance to victims.[78] Further, FVPSA includes provisions that encourage or require HHS to coordinate FVPSA programs with related programs and research carried out by other federal agencies.

Child Abuse and Neglect

FVPSA does not focus on child abuse per se; however, in enacting FVPSA as part of the 1984 amendments to CAPTA, some Members of Congress and other stakeholders noted that child abuse and neglect and intimate partner violence are not isolated problems, and can arise simultaneously.[79] The research literature has focused on this association. In a national study of children in families who come into contact with a public child welfare agency through an investigation of child abuse and neglect, investigative caseworkers identified 28% of the children's caregivers as having a history of domestic violence (against the caregiver) and 12% of

in Castle Rock, CO; District of Columbia Department of Human Services in Washington, DC; Department of Human Services in Lansing, MI; New York State Coalition Against Domestic Violence in Albany, NY; Oklahoma Coalition Against Domestic Violence and Sexual Assault in Oklahoma City, OK; Womenspace, Inc. in Eugene, OR; Pennsylvania Coalition Against Domestic Violence in Harrisburg, PA; and Virginia Sexual and Domestic Violence Action Alliance in Richmond, VA. For further information about the projects, see HHS, ACF, Administration on Children, Youth, and Families, Family and Youth Services Bureau, *Family Violence Semipostal Stamp: Enhancing Services for Children and Youth Who Are Exposed to Domestic Violence*, *Report to Congress*, 2008, https://www.acf.hhs.gov/fysb/resource/report-to-congress-fvstamp.

[77] HHS, ACF, Administration on Children, Youth, and Families, Family and Youth Services Bureau, *Family Violence Prevention and Services Program, Report to Congress FY2008-FY2009*.

[78] The majority of non-residential domestic violence programs participating in a 2011 survey reported that they received FVPSA funding (65%) and other federal funding under the Victims of Crime Act (73%) or the Violence Against Women Act (76%). FVPSA funding made up 18.0% of the programs' budget; VOCA funding made up 21.0% of the programs' budget; and VAWA funding made up 14.6% of the programs' budget. Eleanor Lynn, Jill Bradshaw, and Anne Menard, *Meeting Survivors' Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study*, University of Connecticut, School of Social Work and National Resource Center on Domestic Violence, prepared for the U.S. Department of Justice, National Institute of Justice, November 2011.

[79] U.S. Congress, House Select Committee on Children, Youth, and Families, *Violence and Abuse in American Families*, 98th Cong., 2nd sess., June 14, 1984. See for example, statement of Representative David Marriott.

those caregivers as being in active domestic violence situations. Further, about 1 out of 10 of the child cases of maltreatment reported included domestic violence.[80]

CAPTA provides funding to states to improve their child protective services (CPS) systems. It requires states, as a condition of receiving certain CAPTA funds, to describe their policies to enhance and promote collaboration between child protective service and domestic violence agencies, among other social service providers.[81] Other federal efforts also address the association between domestic violence and child abuse. For example, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports efforts to improve the outcomes of young children living in communities with concentrations of domestic violence or child maltreatment, among other factors. The program provides grants to states, territories, and tribes for the support of evidence-based early childhood home visiting programs that provide in-home visits by health or social service professionals with at-risk families.[82]

Separately, the Family Connections Grants[83] program, under Title IV-B of the Social Security Act, provided funding from FY2009 through FY2014 to public child welfare agencies and nonprofit private organizations to help children—whether they are in foster care or at-risk of entering foster care—connect (or reconnect) with birth parents or other extended kin. The funds were used to establish or support certain activities, including family group-decision making meetings that enable families to develop plans that nurture children and protect them from abuse and neglect, and, when appropriate, to safely facilitate connecting children exposed to domestic violence to relevant services and reconnecting them with the abused parent.[84]

In addition, HHS and the Department of Justice supported the Greenbook Initiative in the early 2000s. The Greenbook was developed from the efforts of the National Council of Juvenile and Family Court Judges,[85] which convened family court judges and experts on child maltreatment and domestic violence. In 1999, this group developed guidelines for child welfare agencies, domestic violence providers, and dependency courts in responding to domestic violence and child abuse in a publication that came to be known as the Greenbook. Soon after, HHS and DOJ funded efforts in six communities to address domestic violence and child maltreatment by implementing guidelines from the Greenbook.[86] More recently, the Interagency Working Group on Child Abuse and Neglect has convened the Domestic Violence and Children Subcommittee of the Interagency

[80] Cecilia Casanueva et al., *NSCAW II Baseline Report: Maltreatment*, HHS, ACF, Office of Planning, Research and Evaluation, Final Report, August 2011, pp. 5-6, 15. Those percentages include all children without regard to whether the child was subsequently removed from the home. For children who stayed in the home following the investigation, the comparable percentages were the same (28% and 12%); for children removed from the home following the investigation, the comparable numbers were slightly higher (30% and 16%); however, this percentage difference was not statistically significant. The study did not compare the prevalence of domestic violence for families generally.

[81] 42 U.S.C. §5106a(a)(14) (Development and operation grants).

[82] For further information, see CRS Report R43930, *Maternal and Infant Early Childhood Home Visiting (MIECHV) Program: Background and Funding*, by Adrienne L. Fernandes-Alcantara.

[83] For further information on CAPTA and Family Connection Grants, see CRS Report R43458, *Child Welfare: An Overview of Federal Programs and Their Current Funding*, by Emilie Stoltzfus.

[84] 42 U.S.C. §627 (Family connection grants).

[85] 42 U.S.C. §627. The National Council of Juvenile and Family Court Judges is the operator of the FVPSA-funded Child Protection and Custody Resource Center.

[86] For further information, see National Council of Juvenile and Family Court Judges, "The Greenbook Initiative," http://www.thegreenbook.info/init.htm.

Work Group on Child Abuse and Neglect, which is co-chaired by the director of the FVPSA program.[87]

Violence Against Women Act (VAWA)[88]

FVPSA has twice been amended by the Violence Against Women Act (VAWA). Both FVPSA and VAWA are the primary vehicles for federal support to prevent and respond to domestic violence, including children and youth who are exposed to this violence; however, FVPSA has a more singular focus on prevention and services for victims, while VAWA's unique contributions are more focused on law enforcement and legal response to domestic violence.

VAWA was enacted in 1994 after Congress held a series of hearings on the causes and effects of domestic and other forms of violence against women. Members of Congress and others asserted that communities needed a more comprehensive response to violence against women generally—not just against intimate partners—and that perpetrators should face harsher penalties.[89] The shortfalls of legal response and the need for a change in attitudes toward violence against women were primary reasons cited for the passage of VAWA. Since the enactment of VAWA, the federal response to domestic violence has expanded to involve multiple departments and activities that include investigating and prosecuting crimes, providing additional services to victims and abusers, and educating the criminal justice system and other stakeholders about violence against women.

Although VAWA also addresses other forms of violence against women and provides a broader response to domestic violence, some VAWA programs have a similar purpose to those carried out under FVPSA. Congress currently funds VAWA grant programs that address the needs of victims of domestic violence. These programs also provide support to victims of sexual assault, dating violence, and stalking. For example, like the FVPSA grant program for states/territories and tribes, VAWA's STOP (Services, Training, Officers, Prosecutors) Violence Against Women Formula Grant program provides services to victims of domestic/dating violence (and sexual assault and stalking) that include victim advocacy designed to help victims obtain needed resources or services, crisis intervention, and advocacy in navigating the criminal and/or civil legal system.[90] Of STOP funds appropriated, 30% must be allocated to victim services. STOP grants also support activities that are not funded under FVPSA, including for law enforcement, courts, and prosecution efforts. Another VAWA program, Transitional Housing Assistance Grants for Victims of Domestic Violence, provides transitional housing services for victims, with the goal of moving them into permanent housing. Through the grant program to states/territories and tribes, FVPSA provides emergency shelter to victims of domestic violence and authorizes service providers to assist with locating and securing safe and affordable permanent housing and homelessness prevention services. Both programs are administered by the Department of Justice's Office of Violence Against Women (OVW).

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[87] HHS, Office on Women's Health, *Overview of Violence Against Women Activities 2010-2011*, p. 28.

[88] For further information, see CRS Report R42499, *The Violence Against Women Act: Overview, Legislation, and Federal Funding*, by Lisa N. Sacco.

[89] In their introduction to the Violence Against Women Act, then-Senator Joseph Biden and Senator Barbara Boxer highlighted the weak legal response to violence against women by police and prosecutors. Senators Biden and Boxer, "Violence Against Women," Remarks in the Senate, *Congressional Record*, June 21, 1994. See also Joseph Biden, "Violence Against Women: The Congressional Response," *American Psychologist*, vol. 48, no. 10 (October 1993), pp. 1059-1061; Barbara Vobejda, "Battered Women's Cry Relayed Up From Grass Roots," *Washington Post*, July 6, 1994, p. A1.

[90] University of Southern Maine, Muskie School of Public Service, *STOP Formula Grant Program*.

Victims of Crime Act (VOCA)

FVPSA requires that entities receiving funds under the grant programs for states/territories and tribes use a certain share of funding for selected activities, including assistance in accessing other federal and state financial assistance programs. One source of federal finance assistance for victims of domestic violence is the Crime Victims Fund (CVP), authorized under the Victims of Crime Act (VOCA) and administered by the Department of Justice's Office of Victims of Crime (OVC). Within the CVF, funds are available for victims of domestic violence through the Victim Compensation Formula Grants program and Victims Assistance Formula Grants program. The Victims Compensation Grants may be used to reimburse victims of crime for out-of-pocket expenses such as medical and mental health counseling expenses, lost wages, funeral and burial costs, and other costs (except property loss) authorized in a state's compensation statute. In recent years, approximately 40% of all claims filed were for victims of domestic violence. The Victims Assistance Formula Grants may be used to provide grants to state crime victim assistance programs to administer funds for state and community-based victim service program operations. The grants support direct services to victims of crime including information and referral services, crisis counseling, temporary housing, criminal justice advocacy support, and other assistance needs. In recent years, approximately 50% of victims served by these grants were victims of domestic violence.[91]

Federal Coordination

Both FVPSA, which is administered within HHS, and VAWA, which is largely administered within DOJ, require federal agencies to coordinate their efforts to respond to domestic violence. For example, FVPSA authorizes the HHS Secretary to coordinate programs within HHS and to "seek to coordinate" those programs "with programs administered by other federal agencies, that involve or affect efforts to prevent family violence, domestic violence, and dating violence or the provision of assistance for adults and youth victims of family violence, domestic violence, or dating violence."[92] In addition, FVPSA directs HHS to assign employees to coordinate research efforts on family and related violence within HHS and research carried out by other federal agencies.[93] Similarly, VAWA requires the Attorney General to consult with stakeholders in establishing a task force—comprised of representatives from relevant federal agencies—to coordinate research on domestic violence and to report to Congress on any overlapping or duplication of efforts on domestic violence issues.[94]

In 1995, HHS and DOJ convened the first meeting of the National Advisory Council on Violence Against Women. The purpose of the council was to promote greater awareness on violence against women and to advise the federal government on domestic violence issues. Since that time, the two departments have convened subsequent committees to carry out similar work. In 2010, former Attorney General Eric Holder re-chartered the National Advisory Committee on Violence

[91] 42 U.S.C. 10408(b)(G)(1) (Subgrants and uses of funds). Deposits to the CVF come from criminal finds, forfeited appearance bonds, penalties, and special assessments collected by U.S. Attorneys' Offices, federal courts, and the Federal Bureau of Prisoners. For further information, see CRS Report R42672, *The Crime Victims Fund: Federal Support for Victims of Crime*, by Lisa N. Sacco.

[92] 42 U.S.C. §10404(a)(5) (Authority of Secretary—authorities).

[93] 42 U.S.C. §10404(b)(3)(C) (Authority of Secretary—administration).

[94] 42 U.S.C. §14042(a) (Task Force).

Against Women, which had previously been established in 2006 under his predecessor.[95] As stated in the charter, the committee is intended to provide the Attorney General and the HHS Secretary with policy advice on improving the nation's response to violence against women and coordinating stakeholders at the federal, state, and local levels in this response, with a focus on identifying and implementing successful interventions for children and teens who witness and/or are victimized by intimate partner and sexual violence.

Separately, the director for FVPSA programs and the deputy director of HHS's Office on Women's Health provide leadership to the HHS Steering Committee on Violence Against Women.[96] This committee supports collaborative efforts to address violence against women and their children, and includes representatives from the CDC and other HHS agencies. The members of the committee have established links with professional societies in the health and social service fields to increase attention on women's health and violence issues. In addition to these collaborative activities, multiple federal agencies participate in the Teen Dating Violence Workgroup, which has met regularly since September 2006 to share information and coordinate teen dating violence program, policy, and research activities to combat teen dating violence from a public health perspective. The workgroup has funded a project to incorporate adolescents in the process for developing a research agenda to address teen dating violence.[97] Finally, the Office of the Vice President (Joe Biden) coordinated federal efforts to end violence against women, including by convening Cabinet-level officials to address issues concerning domestic and other forms of violence against women.[98]

[95] U.S. Department of Justice, "National Advisory Committee on Violence Against Women," https://www.justice.gov/ovw/national-advisory-committee-violence-against-women, and "Charge to the National Advisory Committee on Violence Against Women," April 2006.

[96] HHS, Office on Women's Health, *Overview of Violence Against Women Activities 2010-2011,* http://www.womenshealth.gov/publications/ederal-reports/OneDepartment-VAW-2010-2011.pdf.

[97] U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, "Setting the Teen Dating Violence Research Agenda," http://www.nij.gov/topics/crime/intimate-partner-violence/teen-dating-violence/research-agenda.htm.

[98] Office of the President, "1 is 2 Many," https://obamawhitehouse.archives.gov/1is2many; and The White House, *1 is 2 Many: Twenty Years Fighting Violence Against Women and Girls*, September 2014.

Appendix A. Definitions

Table A-1. Definitions of Family Violence and Related Terms in Federal Statute

Term	Definition
"Family Violence:" FVPSA defines this term at 42 U.S.C. §10402(4).	Any act or threatened act of violence, including any forceful detention of an individual, that (1) results or threatens to result in physical injury; and (2) is committed by a person against another individual (including an elderly individual) to or with whom such person is related by blood, is or was related to by marriage, or was otherwise legally related to, or is or was lawfully residing with.
"Domestic Violence:" FVPSA references the definition under the Violence Against Women Act (VAWA), as amended, at 42 U.S.C. §134925(a)(6).	Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of the jurisdiction.
"Dating Violence:" FVPSA references the definition under VAWA, as amended, at 42 U.S.C. §134925(a)(8).	Violence committed by a person who has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship is determined based on consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved.
"Elder abuse:" FVPSA references this term, but does not point to a specific definition. The term is defined under VAWA, as amended, at 42 U.S.C. §134925(a)(8).	Any action against a person who is 50 years of age or older that constitutes the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or deprivation by a person, including a caregiver, of goods or services with intent to cause physical harm, mental anguish, or mental illness.
"Child abuse:" FVPSA references this term, but does not point to a specific definition. The term is defined under the Child Abuse Prevention and Treatment Act (CAPTA), at 42 U.S.C. §5101 note.	At a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm.
"Witness Domestic Violence:" FVPSA references this term, but does not point to a specific definition. The term is defined in an unrelated context under the Elementary and Secondary Education Act (ESEA) for a program designed to combat the impact of experiencing or witnessing domestic violence for elementary and secondary school children (20 U.S.C. §7275).	To directly observe or be within earshot of an act of domestic violence that constitutes actual or attempted physical assault; a threat or other action that places the victim in fear of domestic violence; or the aftermath of these acts. (The term references an outdated statute that defines "domestic violence" (42 U.S.C. §3796gg-2) under VAWA. This term is now defined at 42 U.S.C. §134925(a)(6).)
"Stalking:" FVPSA references this term, but does not point to a specific definition. The term is defined under VAWA, as amended, at 42 U.S.C. §134925(a)(24).	Engaging in a course of conduct directed at a specific person that would cause a reasonable person to (1) fear for his or her safety or the safety of others; or (2) suffer substantial emotional distress.
"Sexual assault:" FVPSA references this term, but does not point to a specific definition. The term is defined under VAWA, as amended, at 42 U.S.C. §134925(a)(23).	Any sexual abuse or aggregative sexual abuse (as proscribed under18 U.S.C. §§2241 et seq.), whether or not the conduct occurs in the special maritime and territorial jurisdiction of the United States or in a federal prison and includes both assaults committed by offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

Source: Congressional Research Service (CRS).

Appendix B. Research on Prevalence and Effects of Domestic Violence, the Need for Shelter and Services

Table B-1. Lifetime and 12-Month Prevalence of Violence Committed by an Intimate Partner

National Intimate Partner and Sexual Violence Survey, Average Annual Estimates for 2010-2012

	Lifetime		Past 12 Months	
	Weighted Percentage	**Estimated Number**	**Weighted Percentage**	**Estimated Number**
Women				
Any contact sexual violence, physical violence, and/or stalking	37.3%	44,981,000	6.6%	7,919,000
Contact sexual violence	*16.4%*	19,743,000	2.1%	2,542,000
Physical Violence[a]	*32.4%*	39,111,000	3.9%	4,730,000
Stalking	*9.7%*	11,740,000	2.5%	3,027,000
Men				
Any contact sexual violence, physical violence, and/or stalking	30.9%	35,236,000	6.4%	7,260,000
Contact sexual violence	7.0%	8,006,000	1.8%	2,108,000
Physical Violence[a]	28.3%	32,313,000	4.7%	5,389,000
Stalking	2.3	2,612,000	0.8%	922,000

Source: Sharon G. Smith et al., *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report,* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, http://www.cdc.gov/violenceprevention/nisvs/.

Notes: National estimates were derived based on statistical weights applied to the percentages of respondents who experience domestic violence. Intimate partners include cohabiting or non-cohabiting romantic or sexual partners who are opposite or same sex couples.

Contact sexual violence by an intimate partner includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact perpetrated by an intimate partner. Physical violence is defined as a range of behaviors from slapping, pushing, or shoving to severe acts such as being beaten, burned, or choked. Stalking is defined as a pattern of harassing or threatening tactics used by a perpetrator that is both unwanted and causes fear of safety concerns in the victim. Psychological aggression includes expressive aggression such as name calling, or insulting or humiliating an intimate partner; and coercive control, which includes behaviors that are intended to monitor, control, or threaten an intimate partner.

a. The most prevalent type of physical violence among women over their lifetime and the past 12 months was being slapped, pushed, or shoved (30.3% and 3.6%, respectively), followed by any severe physical violence (23.2% and 2.5%, respectively). The most prevalent type of physical violence among males over their lifetime

and the past 12 months was being slapped, pushed, or shoved (26.0% and 4.4%, respectively) and any severe physical violence (13.9% and 2.1%, respectively). Severe physical violence includes hitting with a fist or something hard, kicking, hurting by pulling hair, slamming up against something, trying to hurt by choking or suffocating, beating, burning on purpose, or using a gun or knives.

Surveys of Domestic Violence Victims Receiving Shelter and Supportive Services

One-Day Census[99]

The National Network to End Domestic Violence, an advocacy and support organization for state domestic violence coalitions, conducts a one-day census of domestic violence programs across the country.[100] This count is conducted in September of each year. In 2016, the one-day census of 1,762 domestic violence programs (about 92.0% of all programs) found that the program provided nearly 73,000 adults and children with domestic violence services. On the day of the census, about eight out of ten adults and children received emergency shelter or transitional housing.

The one-day census also found that domestic violence programs provided the following services on the day of the census: support or advocacy for victims (95.0%), support or advocacy for children (86.0%), transportation (53.0%), and court and legal advocacy (52.0%). Victims made about 12,000 requests for services on the census day that could not be provided because programs lacked the resources to offer these services.[101] On the census day, local and state hotlines answered 19,461 hotline calls. and the National Domestic Violence Hotline answered 778 calls.

Surveys of Domestic Violence Shelter and Service Providers

In addition to the one-day census, the U.S. Departments of Health and Human Services and Justice carried out studies in 2009 and 2011 that examined the characteristics of domestic violence shelters and service providers, and the use and need for shelter and services. The studies found that shelters and service providers offered a variety of services, including counseling, parenting classes, case management, and assistance with obtaining protective or restraining orders. The survey of the service providers inquired about funding sources, and the majority of providers indicated they received funding through the Family Violence Prevention and Services Act (FVPSA). A majority also received funding from other federal sources to address domestic violence. Overall, survivors reported that they benefited greatly from these supports, although some continued to have multiple needs.

The 2009 study surveyed 215 shelter programs across eight states and 3,410 shelter residents in those programs.[102] The study examined the characteristics of shelters, the needs of survivors, and

[99] The percentages are based on the authors' calculations of numbers served.

[100] National Network to End Domestic Violence (NNEDV), *Domestic Violence Counts 2016*, http://nnedv.org/downloads/Census/DVCounts2016/Whole%20Census%20Report%20(smaller).pdf. NNEDV has identified 1,910 local domestic violence programs in the United States.

[101] FVPSA state and tribal grantees reported over 209,000 unmet requests for shelter in FY2015. HHS, *FY2018 Administration for Children and Families Justification of Estimates for Appropriations Committees*.

[102] This included 81% of shelters in the eight states: CT, FL, IL, MI, NM, OK, TN, and WA. Eleanor Lyon, Shannon Lane, and Anne Menard, University of Connecticut, School of Social Work and National Resource Center on Domestic Violence, *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*, prepared for the U.S. Department of Justice, National Institute of Justice, Final Report, February 2008.

whether shelters met their needs, among other topics. On average, these shelters had a capacity of 25 and each had sheltered an average of 130 adults and 114 children over the previous year. The median limit for length of stay was 60 days. Some shelters limited stays to 30 days while others allowed stays up to two years. Shelters reported offering a range of services, including support groups (97%), crisis counseling (96%), individual counseling (92%), parenting classes (55%), counseling for children (54%), and child care (50%). Respondents completed a written survey around the time that they both entered and exited the shelter. Nearly all (99.6%) were female.[103] Approximately one-quarter had first heard of the shelter within a day or two of arriving at it, which likely reflected that they came to the shelter in a crisis situation. Most (70%) respondents were between ages 25 and 50, about 20% were under age 25, and 10% were age 50 and older.[104] Approximately 60% of respondents were mothers. Participants stayed in the shelter for 33 days on average.

The survey asked about 38 different possible needs at both entry and exit. At entry, the most common needs they identified were safety (85%), affordable housing (85%), and learning about their options (80%). At exit, the most common needs identified were personal safety (98%), learning about options (98%), and understanding domestic violence (97%). Most respondents reported that they received the help they wanted across the most common needs; however, not all respondents reported receiving all the help they needed. For example, 70% of those who wanted help with learning about their options received all of the help they needed; 26% received some help and 4% received no help. Survivors were asked to describe what they would have done if they did not have access to a shelter. Many responded that they would have (1) been homeless and may have returned to the abuser because of the need for financial support; (2) lost valuables, jobs, and their children; (3) acted out of desperation, including resorting to violence against their offenders; or (4) continued to remain with their abusive partner.

The 2011 study included 1,467 survivors of domestic violence who received non-residential services at 90 domestic violence programs in four states and at culturally specific programs from across the country.[105] The purpose of the study was to learn more about the characteristics of domestic violence programs, the extent to which services met their expectations, and survivors' assessments of immediate outcomes associated with services. The programs had been in existence for an average of 23 years, had an average staff size of 16, and offered support to between 26 and 8,519 survivors in 2010. Nearly 40% were independent domestic violence programs and about one-quarter were dual domestic violence and sexual assault programs; the rest were part of a larger social service or community agency. Some programs reported whether they received FVPSA funding (65%) and other federal funding under the Victims of Crime Act (73%) or the Violence Against Women Act (76%).[106] The greatest share of services included support groups (94%), crisis counseling (93%), case management (92%), and help with obtaining protective or

[103] Thirteen of the respondents were men. As noted in the study, most men receive services other than emergency shelter from domestic violence programs, or obtain housing assistance through motel vouchers or safe homes and therefore would not be included in the study.

[104] Approximately 20% were under age 25 and 10% were ages 50 and older.

[105] Eleanor Lynn, Jill Bradshaw, and Anne Menard, *Meeting Survivors' Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study*, University of Connecticut, School of Social Work and National Resource Center on Domestic Violence, prepared for the U.S. Department of Justice, National Institute of Justice, November 2011, http://www.vawnet.org/Assoc_Files_VAWnet/DVServicesStudy-FINALReport2011.pdf.

[106] Less than half of the programs were able to provide data about what percentage of their budget came from specific sources. Of those that responded about FVPSA funding, this funding made up 18.0% of their budget; of those that responded about VOCA funding, this funding made up 21.0% of their budget; and of those responding about VAWA funding, this funding made up 14.6% of their budget.

restraining orders (88%). The referrals most likely to be made to outside entities were long-term housing (84%), disability issues (80%), and health care (80%).

Respondents were surveyed after having at least two contacts with the program. Most of the respondents were female (95%), with the greatest share of respondents being white (39%). More than half (53.1%) were ages 31 to 50, about one-quarter were ages 21 to 30; and about 10% were under age 21 and 12% were over the age of 50. Nearly half (46%) reported that they came to the United States from another country.[107] Survivors were most likely to report that they wanted help with talking to someone who understood their situation (98%), support to make decisions and changes in their lives (94%), and information about who to call or where to get help (94%), among other needs. For every need, the majority of survivors received all of the help they wanted. Among those who wanted a certain type of help and could not get it, the highest percentage wanted assistance with learning to drive; 29% got none of the help they wanted with driving. Survivors generally reported that they were satisfied with the services received (with most services being ranked as helpful or very helpful). Nine out of ten respondents reported that as a result of the services they received, they felt more hopeful, knew ways to plan for their safety, felt they would achieve their goals, and knew about their rights and options.

[107] Though not addressed in the report, the high representation of individuals who came from another country may be due to the oversampling of domestic violence programs that were culturally specific.

Appendix C. Funding for Selected FVPSA Activities

Table C-1. FVPSA Formula Grant Funding for Services and Shelter for States and Territories, FY2016 and FY2017

State/Territory	FY2016	FY2017
Alabama	$1,653,991	$1,659,175
Alaska	760,295	761,084
Arizona	2,044,932	2,052,039
Arkansas	1,245,290	1,248,464
California	8,958,387	8,999,499
Colorado	1,748,765	1,754,415
Connecticut	1,384,123	1,387,980
Delaware	801,859	802,852
District of Columbia	740,958	741,653
Florida	4,863,491	4,884,462
Georgia	2,778,787	2,789,504
Hawaii	906,153	907,659
Idaho	951,525	953,254
Illinois	3,408,943	3,422,759
Indiana	2,032,782	2,039,829
Iowa	1,273,864	1,277,178
Kansas	1,231,026	1,234,130
Kentucky	1,558,392	1,563,106
Louisiana	1,608,581	1,613,542
Maine	889,636	891,060
Maryland	1,892,775	1,899,134
Massachusetts	2,059,367	2,066,545
Michigan	2,757,735	2,768,349
Minnesota	1,781,911	1,787,725
Mississippi	1,252,231	1,255,439
Missouri	1,917,928	1,924,411
Montana	821,356	822,445
Nebraska	1,007,429	1,009,433
Nevada	1,208,388	1,211,380
New Hampshire	888,580	889,999
New Jersey	2,540,496	2,550,041
New Mexico	1,054,696	1,056,932
New York	4,884,918	4,905,994

State/Territory	FY2016	FY2017
North Carolina	2,747,364	2,757,927
North Dakota	757,735	758,511
Ohio	3,123,009	3,135,419
Oklahoma	1,439,614	1,443,744
Oregon	1,456,949	1,461,164
Pennsylvania	3,385,321	3,399,021
Rhode Island	829,281	830,409
South Carolina	1,641,151	1,646,272
South Dakota	784,225	785,131
Tennessee	2,016,445	2,023,412
Texas	6,367,015	6,395,381
Utah	1,232,534	1,235,645
Vermont	736,636	737,308
Virginia	2,401,177	2,410,037
Washington	2,120,112	2,127,589
West Virginia	1,004,330	1,006,319
Wisconsin	1,852,196	1,858,355
Wyoming	727,048	727,674
Total States	**99,531,732**	**99,870,789**
American Samoa	145,000	127,215
Guam	145,000	127,215
Northern Mariana Islands	145,000	127,215
Puerto Rico	1,388,268	1,392,145
Virgin Islands	145,000	127,215
Total Territories	**1,968,268**	**1,901,005.00**
Total	***$101,500,000***	***$101,771,794.00***

Source: Congressional Research Service, based on data provided by the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Family and Youth Services Bureau, August 2017.

Table C-2. FY2017 Funding for FVPSA National and Special Issue Resource Centers Funded Under FVPSA

Center	Description	FY2017 Allocation
National Resource Centers		
National Resource Center on Domestic Violence (NRCDV)	NRCDV provides training and technical assistance to a variety of stakeholders; develops and disseminates information packets that address a range of domestic violence issues; and publishes innovative intervention and model prevention practices, protocols, and policies. NRCDV also operates VAWnet, an online resource center (with support from the Centers for Disease Control and Prevention), and the Domestic Violence Evidence Project, which identifies emerging and promising evidence around domestic violence-related interventions. NRCDV's Women of Color Network builds the capacity of women of color advocates and activists responding to domestic violence in their communities. NRCDV is operated by an organization of the same name, in Pennsylvania. The website is http://www.nrcdv.org/.	$1,400,000
National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women (National Indigenous Women's Resource Center)	The National Indian Resource Center assists tribes and tribal organizations in responding to domestic violence. The resource center is engaged in public awareness, training and technical assistance, policy development, and research activities. The resource center also provides leadership on holding offenders accountable and ensuring that Native women and their children are safe from violence in their homes and their communities. The resource center is operated by the National Indigenous Women's Resource Center, in Montana. The website is http://www.niwrc.org/.	$1,260,000
Special Issue Resource Centers		
Criminal and Civil Justice Center (Battered Women's Justice Project, BWJP)[a]	BWJP provides training to enhance local efforts at coordinating the response of the criminal justice system to domestic violence cases. Training also focuses on improving battered women's access to civil justice options, and quality legal representation in civil court proceedings and advocacy for victims of domestic violence by military personnel, among other topics. BWJP is operated by an organization of the same name, in Minnesota. The website is http://www.bwjp.org.	$1,000,000
National Health Resource Center on Domestic Violence (HRC)	HRC supports health care practitioners, administrators and systems, domestic violence experts, survivors, and policymakers at all levels as they improve health care's response to domestic violence. The HRC supports health care leaders through groundbreaking models, education and response programs, advocacy, and technical assistance. The HRC offers free culturally competent materials and in-person trainings that are appropriate for a variety of public and private health professions, settings, and departments. The HRC also operates the Promising Futures project, which identifies and disseminates best practices for serving children, youth, and parents experiencing domestic violence. The HRC is operated by Futures Without Violence in California, and the website is http://www.futureswithoutviolence.org/.	$1,000,000
Child Protective Services and Custody Resource Center	The Resource Center provides leadership and assistance to consumers and professionals dealing with the issue of child protection and custody in the context of domestic violence. The Resource Center provides information products to those working in the fields of domestic violence, child protection, and custody; and technical assistance, training, policy development, and other resources that are intended to increase the safety, promote stability, and enhance the well-being of battered parents and their children. The Resource Center is operated by the National Council of Juvenile and Family Court Judges in Nevada. The website is http://www.ncjfcj.org/content/view/129/250/.	$1,000,000

Center	Description	FY2017 Allocation
National Center on Domestic Violence Trauma & Mental Health	The National Center on Domestic Violence, Trauma & Mental Health focuses on efforts to (1) promote dialogue between domestic violence and mental health organizations, policymakers, and survivor/advocacy groups about the complex intersections of domestic violence, trauma, and mental health and current strategies to enhance work in this area; (2) build capacity among local agencies, state domestic violence coalitions, and state mental health systems; and (3) provide recommendations on policies, practices, and collaborative models that will positively impact the lives of survivors and their children, particularly in relation to trauma and mental health. The center is operated by the Hektoen Institute for Medical Research, in Illinois. The website is http://www.nationalcenterdvtraumamh.org.	$1,000,000
Lesbian, Gay, Bi, Trans, and Questioning (LGBTQ) Institute on Intimate Partner Violence	The National LGBTQ Institute on Intimate Partner Violence is a collaboration of the Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse (NW Network) and the National Coalition of Anti-Violence Programs. The institute creates a bridge between mainstream domestic violence (DV) services and LGBTQ community programs; and identifies commonalities, strengths, and opportunities for learning across both the DV and LGBTQ communities. It also seeks to empower local communities to create sustainable strategies that work at the local level and increases the domestic violence field's capacity to provide domestic violence advocacy and prevention for diverse LGBTQ communities. The LGBTQ Institute is operated by the NW Network, in Washington state. The website is http://lgbtqipv.org/.	$450,000
National Capacity Building Center to Expand Services to Children, Youth, and Abused Parents Impacted by DV (ESCYAP)	The Promising Futures Capacity Building Center is a project of Futures Without Violence. It provides support to the network of domestic violence state coalitions and local community-based programs in creating organizational structures and services that prioritize child well-being, opportunities for healing, building resilience, and breaking the intergenerational cycle of violence, all within the context of the parent-child relationship. The center supports the Specialized Services for Abused Parents and their Children (SSAPC) grantees and the field more broadly. This is accomplished through facilitating a learning community; providing technical assistance and training; developing new resources and tools for the field; growing the research within evidence-based, trauma-informed, culturally relevant practices for children and youth and their parents in domestic violence programs; and supporting best practices in evaluation and documenting lessons learned. Promising Futures is operated by Futures Without Violence, in California. The website is http://www.promisingfutureswithoutviolence.org.	$500,000
Capacity Building and Program Technical Assistance for Family Violence Prevention and Services Act Formula	The National Network to End Domestic Violence (NNEDV) provides domestic violence state coalitions with critical information, training, technical assistance, and resources to develop comprehensive solutions to domestic violence. NNEDV's Capacity Building and Program Technical Assistance project provides resources on building organizational capacity, including by addressing issues such as best practices, standards, certification, quality assurance, trauma-informed approaches, and diversity and inclusion. The project helps build strong organizations by coaching them through leadership transitions, implementation of evidence-based practice models, infrastructure development to effectively manage financial and reporting requirements, and ongoing efforts to include historically marginalized communities. NNEDV is based in Washington, DC. The website is http://nnedv.org/projects/coalitions.html.	$450,000

Center	Description	FY2017 Allocation
Domestic Violence and Housing Technical Assistance Consortium	The National Domestic Violence and Housing Technical Assistance Consortium is a collaborative approach to providing training, technical assistance, and resource development at the intersection of domestic and sexual violence, homelessness, and housing. The consortium brings together national, state, and local organizations with expertise on housing and domestic violence to collaboratively improve policies, identify promising practices, and strengthen collaborations necessary to improve housing options for survivors of domestic violence and their children. This consortium is operated by the NRCDV in Pennsylvania. The website is http://safehousingpartnerships.org/.	$500,000
Special Issue Resource Centers: Culturally Specific Institutes		
Asian and Pacific Islander Institute on Gender-Based Violence	The Asian and Pacific Islander Institute on Gender-Based Violence is a national training and technical assistance provider and a clearinghouse on gender violence in Asian, Native Hawaiian, and Pacific Islander communities. It serves a national network of stakeholders working to eliminate violence against women. The institute focuses on analyzing the issues that inform prevention and intervention on violence against women. This is achieved by improving the cultural relevancy of services, providing the tools to confront and change gender norms, and conducting research and policy reviews that increase access to systems. The institute is operated by the Asian and Pacific Islander American Health Forum, in California. The website is http://www.apiidv.org.	$775,000
National Latin@ Network for Healthy Families and Communities (NLN), a project of Casa de Esperanza	The National Latin@ Network for Healthy Families and Communities (NLN) is the national institute addressing domestic violence, sexual assault, and human trafficking in Latina communities. Working both domestically and internationally, the NLN seeks to increase access to resources for Latinas experiencing violence, provide training and tools for professionals and community advocates, conduct culturally relevant research, and advocate for public policy based on the lived realities of Latinas. The website is https://www.casadeesperanza.org/.	$775,000
Ujima, Inc.: The National Center on Violence Against Women in the Black Community	Ujima, Inc.: The National Center on Violence Against Women in the Black Community (Ujima) is a national resource center that addresses domestic, sexual, and community violence. It responds to, addresses, and develops an active approach to ending violence against women in the black community. Ujima provides education and outreach, training and technical assistance, resource development, research, and public policy efforts to mobilize the black community and allies to strengthen families, individuals, and communities at large. Ujima is operated by the DC Coalition Against Domestic Violence in Washington, DC. The website is https://ujimacommunity.org/.	$775,000

Center	Description	FY2017 Allocation
State Resource Center to Reduce Tribal Disparities		
Alaska Native Tribal Resource Center on Domestic Violence (ANTRC)	*As of mid-August 2017, HHS has not determined the grantee for the Alaska Native Tribal Resource Center on Domestic Violence.* The ANTRC will focus on the intervention and prevention of family violence, domestic violence, and dating violence by offering statewide information, training, and technical assistance specially designed to reduce tribal disparities within Alaska Native (AN) communities and villages. The purpose of this project is to enhance the capacity of AN tribes and tribal organizations to respond to family violence, domestic violence, and dating violence in a culturally sensitive and relevant manner.	$980,000
Total		**$11,865,000**

Source: Congressional Research Service (CRS), based on a review of the center websites and correspondence with the U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Family and Youth Services Bureau, August 2017.

a. The National Clearinghouse for the Defense of Battered Women is a sub-grantee of the Battered Women's Justice Project. The National Clearinghouse provides technical assistance (but not direct representation) to battered women charged with crimes and to members of their defense team. Most frequently, these cases involve women who have defended themselves against life-threatening violence by their abuser and have been charged with assault or homicide. Some cases involve women coerced into crime by their abuser and charged with "failing to protect" their children from their abuser's violence or charged with "parental kidnapping" after fleeing to protect themselves or their children from their abuser.

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