



*Department of Health and Human Services / Administration for Children and Families
Administration on Children, Youth and Families / Family and Youth Services Bureau*

The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their dependents.

First authorized as part of the Child Abuse Amendments of 1984 (PL 98-457), FVPSA has been amended seven times. It was most recently reauthorized for five years by the Keeping Children and Families Safe Act of 2003 (PL 108-36) and expires in 2008. The Violence Against Women and Department of Justice Reauthorization Act of 2005 (PL 109-164) made small amendments.

The Family Violence Prevention and Services Program (FVPSA) administers FVPSA formula grants to States, Territories and Tribes, State domestic violence coalitions, and national and special-issue resource centers.

The statute specifies how 97.5% of appropriated funds will be allocated, including three formula grants and one competitive grant. The remaining 2.5% is discretionary, and used for competitive grants, technical assistance and special projects that respond to critical or otherwise unaddressed issues.

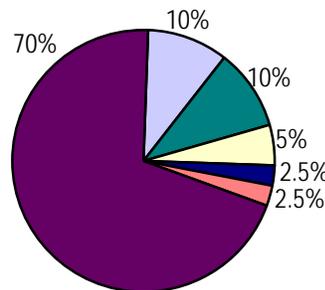
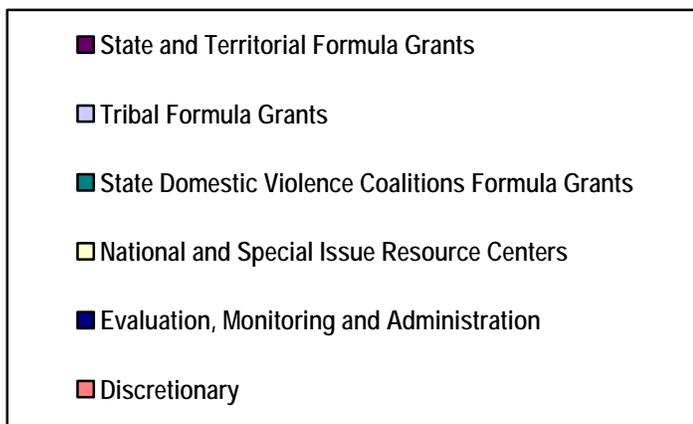
The FVPSA also administers the National Domestic Violence Hotline, which receives its own line-item appropriation.

FVPSA is authorized for \$175 million annually and the National Domestic Violence Hotline is authorized for \$3.5 million annually. Appropriations for FY 07 were \$122.6 million and \$2.9 million, respectively.

Our Purpose:

- 1) Assist States in efforts to increase public awareness about and prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents; and*
- 2) Provide for technical assistance and training relating to family violence programs to States, local public agencies (including law enforcement agencies, courts, legal, social service, and health care professionals), nonprofit private organizations, and other persons seeking such assistance.*

Distribution of FVPSA Grants



American Indian and Alaska Native women are battered, raped and stalked at more than twice the rate of any other group of U.S. women.⁶

10% of FVPSA grants are dedicated to Tribes and distributed based on population.

The Need for FVPSA-Funded Services

- * Approximately 2.3 million people each year in the United States are physically assaulted and/or raped by a current or former spouse, boyfriend or girlfriend.¹
- * One in every four women and one in every thirteen men have experienced domestic violence during their lifetimes.²
- * Female victims of domestic violence were physically assaulted an average 6.9 times per year by the same partner.³
- * Approximately 15.5 million children are exposed to domestic violence every year.⁴
- * The Journal of Interpersonal Violence reports that men exposed to physical abuse, sexual abuse, and domestic violence as children were almost four times more likely than other men to have perpetrated domestic violence as adults.⁵

Sheltering Families in Crisis

FVPSA formula grants are distributed based on a minimum award plus population to every State and Territory and over 200 Tribes. Grants are awarded to State, Territory and Tribal governments and subgranted to more than 1,200 emergency domestic violence shelters and 300 non-residential services programs, providing both a safe haven and an array of supportive services to intervene in and prevent abuse.

Shelter programs are among the most effective resources for victims with abusive partners.⁸

Staying at a shelter or working with a domestic violence advocate significantly reduced the likelihood that a victim would be abused again and improved the victim's quality of life.⁹

In fiscal years (FYs) 05 and 06, FVPSA-funded programs served over 589,000 victims and their children and responded to approximately 3.25 million crisis calls. FVPSA-funded programs don't just serve victims, they reach their communities; in FYs 05 and 06, these programs provided 550,400 community education presentations.

In 2007, a 24-hour survey of domestic violence programs across the nation found that in just one day, 53,203 victims were served, 20,582 hotline calls were answered and 1,521 trainings were held.⁷

The FVPSA is beginning a new data collection program to measure outcomes. Results from a sample of eight States found that positive indicators ranged from 85 – 93%, and 99% of victims served rated the shelter as helpful.

Making a Difference and Making It Last

FVPSA supports one national and one Tribal resource center, along with three special-issue resource centers. Using discretionary funds, three culturally specific institutes and an institute on trauma and mental health have also been developed. These nine centers are national leaders, providing training and technical assistance as well as creating evidenced-based responses to domestic violence. Combined with FVPSA-funded State domestic violence coalitions, these programs ensure coordinated, best-practice solutions are implemented and sustained. Discretionary funds have also supported services for runaway and homeless youth, public awareness activities, partnerships with Indian Health Services, demonstration projects for serving children, and collaborations with the child welfare system.

Help Is Just a Phone Call Away

The National Domestic Violence Hotline is a 24-hour, confidential, toll-free hotline. Hotline staff immediately connect the caller to a service provider in his or her area. Highly trained advocates provide support, information, referrals, safety planning, and crisis intervention in 170 languages to hundreds of thousands of domestic violence victims.

Since opening in 1996, the National Domestic Violence Hotline has received over 1.8 million calls and averages 19,700 calls a month. More than 60% of callers report that this is their first call for help.

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

² Ibid.

³ Ibid.

⁴ McDonald, R., et al. (2006). "Estimating the Number of American Children Living in Partner-Violence Families." *Journal of Family Psychology*, 30(1), 137-142.

⁵ Whitfield, C.L., Anda, R.F., Dube, S.R., & Felitti, V.J. (2003) Violent childhood experiences and the risk of intimate partner violence in adults. *Journal of Interpersonal Violence*, 18, 166-185.

⁶ Tjaden, Patricia & Thoennes, Nancy, U.S. Department of Justice, "Full Report on the Prevalence, Incidence, and Consequences of violence Against Women," 22 (2000).

⁷ *Domestic Violence Counts 07: A 24-hour census of domestic violence shelters and services across the United States.* The National Network to End Domestic Violence. (Jan. 2008).

⁸ See: Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence*, 19(7), 815-829; Bowker, L. H., & Maurer, L. (1985);

The importance of sheltering in the lives of battered women. Response to the Victimization of Women and Children, 8, 2-8; Gordon, J. S. (1996). "Community services for abused women: A review of perceived usefulness and efficacy." *Journal of Family Violence* 11(4): 315-329; Sedlak, A. J. (1988);

Prevention of wife abuse. In V. B. Van Hasselt, R. L. Morrison, A. S. Bellack, & M. Hersen (Eds.), *Handbook of Family Violence* (pp. 319-358). NY: Plenum Press; Straus, M. A., Gelles, R. J., & Steinmetz, S. K. (1980);

Behind closed doors: Violence in the American family. NY: Anchor Press; Tutty, L. M., Weaver, G., & Rothery, M. (1999). Residents' views of the efficacy of shelter services for assaulted women. *Violence Against Women*, 5(8), 898-925.

⁹ See: Berk, R. A., Newton, P. J., & Berk, S. F. (1986). What a difference a day makes: An empirical study of the impact of shelters for battered women. *Journal of Marriage and the Family*, 48, 481-490;

Bybee, D.I., & Sullivan, C.M. (2002). The process through which a strengths-based intervention resulted in positive change for battered women over time. *American Journal of Community Psychology*, 30(1), 103-132;

Constantino, R., Kim, Y., & Crane, P.A. (2005). Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study. *Issues in Mental Health Nursing*, 26, 575-590;

Goodkind, J., Sullivan, C.M., & Bybee, D.I. (2004). A contextual analysis of battered women's safety planning. *Violence Against Women*, 10(5), 514-533;

Sullivan, C.M. (2000). A model for effectively advocating for women with abusive partners. In J.P. Vincent & E.N. Jouriles (Eds.), *Domestic violence: Guidelines for research-informed practice* (pp. 126-143). London: Jessica Kingsley Publishers;

Sullivan, C.M., & Bybee, D.I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67(1), 43-53.

FOR MORE INFORMATION, PLEASE CONTACT MARYLOUISE KELLEY, DIRECTOR, FAMILY VIOLENCE PREVENTION AND SERVICES PROGRAM AT 202-401-5756 OR MARYLOUISE.KELLEY@ACF.HHS.GOV.