



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. FVPSA is located in the Family and Youth Services Bureau (FYSB), a division of the Administration on Children, Youth and Families in the Administration for Children and Families. Through the FVPSA Program (FVPSP), FYSB administers FVPSA formula grants to States, Territories and Tribes, State domestic violence coalitions, and national and special-issue resource centers.

First authorized as part of the Child Abuse Amendments of 1984 (PL 98-457), FVPSA has been amended eight times. It was most recently reauthorized for five years by the CAPTA Reauthorization Act of 2010 (PL 111-320).

The statute specifies how 98.5% of appropriated funds will be allocated, including three formula grants and one competitive grant. The remaining 1.5% is discretionary, and used for competitive grants, technical assistance and special projects that respond to critical or otherwise unaddressed issues. The FVPSP also administers the National Domestic Violence Hotline, which receives its own line-item appropriation.

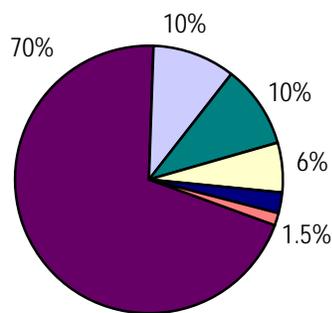
FVPSA is authorized for \$175 million annually and the National Domestic Violence Hotline is authorized for \$3.5 million annually. Appropriations for FY 11 were \$129.8 million and \$3.2 million, respectively.

Our Purpose:

- 1) Assist States and Indian tribes in efforts to increase public awareness about, and primary and secondary prevention of, family violence, domestic violence, and dating violence;
- 2) Assist States and Indian tribes in efforts to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents;
- 3) Provide for a national domestic violence hotline;
- 4) Provide for technical assistance and training relating to family violence, domestic violence, and dating violence programs to States and Indian tribes, local public agencies, nonprofit private organizations, tribal organizations, and other persons seeking such assistance and training.

Distribution of FVPSA Grants

- State and Territorial Formula Grants
- Tribal Formula Grants
- State Domestic Violence Coalitions Formula Grants
- National and Special Issue Resource Centers
- Evaluation, Monitoring and Administration
- Discretionary



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.⁵

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 nine men have experienced domestic violence during their lifetimes.²
- Approximately 15.5 million children are exposed to domestic violence every year.³
- 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.⁴

Sheltering Families in Crisis

FVPSA formula grants are distributed based on a minimum award plus population to every State and Territory and almost 200 Tribes. FVPSA formula grants are awarded to every State and Territory and about 200 Tribes, which funds more than 1,600 domestic violence shelters and 1,100 non-residential service sites, 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 year 2010, FVPSA-funded programs served over 1.3 million victims and their children and responded to 3.9 million crisis calls. FVPSA-funded programs don't just serve victims, they reach their communities; in FY 10, programs provided 87,569 community education presentations reaching almost 6.8 million adults.

In 2010, a survey of domestic violence programs across the nation found that in just one day, 70,648 victims were provided emergency shelter and 33,129 adults and children received non-residential assistance and 23,522 hotline calls were answered.⁶

As part of a new data collection program, FVPSP funded the *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*. This evaluation found 85-91% positive responses on outcomes associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies.⁹ Ninety-nine percent of victims served rated the shelter as helpful.

Making a Difference and Making It Last

FVPSA supports one national resource center and one tribal resource center, along with four specialized resource centers focusing on the justice system, child protective services and child custody, health care, and trauma. FVPSA also supports four culturally specific institutes that ensure services are accessible to victims with diverse needs. These ten centers are national leaders, providing training and technical assistance and building 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 supported children's services, runaway and homeless youth programs, and partnerships with Indian Health Services and the child welfare system.

Help Is Just a Phone Call Away (1-800-799-SAFE)

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 2 million calls and averages 23,500 calls a month. More than 90% 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 Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, *Morbidity and Mortality Weekly Report*. February 2008. Centers for Disease Control and Prevention.

³ McDonald, R., et al. (2006). "Estimating the Number of American Children Living in Partner-Violence Families." *Journal of Family Psychology*, 30(1), 137-142.

⁴ 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.

⁵ Tjaden, Patricia & Thoennes, Nancy, U.S. Department of Justice, "Full Report on the Prevalence, Incidence, and Consequences of violence Against Women," 22 (2000).

⁶ *Domestic Violence Counts 10: A 24-hour census of domestic violence shelters and services across the United States*. The National Network to End Domestic Violence. (Jan. 2011).

⁷ 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.

⁸ 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.

⁹ 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.

FOR MORE INFORMATION, PLEASE CONTACT MARYLOUISE KELLEY, DIRECTOR, FAMILY VIOLENCE PREVENTION AND SERVICES PROGRAM AT 202-401-5756 OR MARYLOUISE.KELLEY@ACF.HHS.GOV. THIS SHEET LAST UPDATED ON JULY 5, 2011.