



Family Violence Prevention and Services Act Report to Congress 2011-2012



Administration for Children and Families
Administration on Children, Youth and Families
Family and Youth Services Bureau

Family Violence Prevention and Services Act (FVPSA)

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Executive Summary

The Family Violence Prevention and Services Act (FVPSA) funds core crisis and intervention services for the safety of victims of domestic violence and their families. A network of community-based shelters and non-residential services offer safe housing, crisis responses, advocacy, legal assistance, counseling, safety planning, and support groups for adults, youth, and children. The FVPSA-funded programs endeavor to stop violence before it starts and to ensure children grow up in safe and secure environments. This report provides an overview of the network of services and programming offered by FVPSA-funded programs in fiscal years (FYs) 2011 and 2012.

FVPSA, administered through the Family and Youth Services Bureau in the Administration on Children, Youth and Families, is the primary federal funding stream supporting emergency shelter and supportive services for victims and children of family violence, domestic violence, and dating violence. First enacted in 1984, FVPSA received an appropriation of \$129.8 million in fiscal year (FY) 2011 and \$129.5 million in FY 2012. The National Domestic Violence Hotline received \$3.2 million in FYs 2011 and 2012.

- In FYs 2011 and 2012, FVPSA formula grants to states, territories and tribes totaled \$207,470,900, providing core funding for over 1,600 community-based domestic violence shelter programs, and an additional 1,100 non-residential service sites in states and territories and 273 domestic violence services sites in tribal communities.
- Local domestic violence programs provided immediate shelter and supportive services to 1,046,670 adult victims of domestic violence in 2011 and 965,214 in 2012.
- Local programs responded to over 2.8 million and almost 2.7 million crisis calls in 2011 and 2012, respectively. Grantee focus groups revealed that due to economic impacts on programs and the resulting funding decreases experienced by many, the accompanying outreach and public awareness staffing reductions negatively affected the public's awareness of services available, likely reducing calls for support and assistance in 2012.
- In FYs 2011 and 2012, over 349,800 victims and their children were turned away because of capacity constraints.
- FVPSA-funded local programs also worked toward breaking the cycle of violence by offering presentations or trainings about domestic violence, dating violence, healthy relationships, or available services for victims to 2.3 million children and teens in 2012.
- The National Domestic Violence Hotline received 419,539 calls for help and information; over 2,800 more callers received services and referrals over the previous two-year reporting periods.
- State Domestic Violence Coalitions developed and implemented collaborative

intervention and prevention activities with public agencies and other service providers within their respective states.

- A network of nine national resource centers and culturally specific institutes provided comprehensive information, training, and technical assistance to inform, coordinate, and strengthen public and private efforts to address domestic violence.
- FVPSA discretionary grants improved the effectiveness of services and explored new approaches to address and prevent domestic violence by: providing comprehensive strategies for children exposed to domestic violence; building collaborations between domestic violence programs and child welfare agencies, health care providers, runaway and homeless youth programs, and other relevant programs; and, enhancing leadership opportunities for underrepresented populations in the domestic violence field.

Additionally, the Centers for Disease Control and Prevention (CDC) Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program (which received \$5.4 million in both FY2011 and FY2012) implemented and evaluated strategies to prevent first-time victimization and perpetration of intimate partner violence in fourteen states.

Multi-faceted FVPSA related efforts resulted in:

- Collaborative, innovative service delivery models;
- Partnerships with other federal, state and tribal agencies; and
- A solid network of training and technical assistance resources to advance the field.

The past few years have brought challenges to both domestic violence victims and the programs that serve them. Financial stress often exacerbates abuse when both victims and perpetrators have fewer options and resources. Job loss, foreclosure, and other stressors may increase violence or trap a victim in a dangerous relationship. Couples who report extensive financial strain have a rate of violence more than three times that of couples with low levels of financial strain.¹ FVPSA programs are proven to help victims move on from abuse to lead violence-free lives, and shelters are particularly crucial for survivors who have few resources with nowhere to turn.²

I. THE NEED FOR FVPSA-FUNDED SERVICES



Survivor Story: Pennsylvania

18-year-old Kelly was 8-months pregnant when she bravely left her abusive home in rural Pennsylvania. Without the support of friends or family, Kelly worried about her pregnancy and her abusive partner. On the verge of becoming homeless, Kelly contemplated ending her life until she was connected with the Pennsylvania Coalition Against Domestic Violence. Advocates at the Coalition linked Kelly with a local shelter, where staff provided her with emotional support and a safe place to stay. She stayed at the shelter for two months, during which she gave birth to her daughter.

When the time came, advocates working in the shelter took Kelly to the local hospital to ensure the safe delivery of her child. Once Kelly returned from the hospital with her daughter, shelter staff made sure she was equipped with everything she would need to begin a new life as a mother. Kelly received parenting classes, household budgeting lessons, resume building advice, and counseling and other life-transforming services.

Several years after Kelly left the shelter, she crossed paths with the shelter's director at a local grocery store. When Kelly saw her former advocate, she embraced her with tears streaming down her face, confiding, "You and the others at the shelter taught me that my life had value and purpose."

Domestic violence is a widespread social problem with significant health costs and consequences.

Prevalence³



- Each year, approximately twelve million people in the United States (U.S.) experience intimate partner violence.
- More than 1 in 3 women in the U.S. (35.6% or approximately 42.4 million) have experienced rape, physical violence, and/or stalking by an intimate partner at some point in her lifetime.
- More than half of women (51%) who have experienced rape in their lifetime report the perpetrators were current or former intimate partners.
- Sixty-nine percent of women and 53 percent of men who have experienced intimate partner violence in their lifetimes first experienced abuse before the age of 25.
- Nationwide, 1 in 6 women, and 1 in 19 men, have experienced stalking at some point in their lives, having felt very fearful, or believed that they or someone close to them would be harmed or killed; 66.2% of female and 41.4% of male stalking victims report being stalked by a current or former intimate partner.
- Four in 10 lesbian women (43.8%), and 6 in 10 bisexual women (61.1%), reported experiencing rape, physical violence, and/or stalking within the context of an intimate partner relationship at least once during their lifetime.⁴
- Approximately 1 in 4 gay men (26%), and 4 in 10 bisexual men (37.3%), reported experiencing rape, physical violence, and/or stalking by an intimate partner during their lifetime.⁵
- More than 4 out of every 10 American Indian or Alaska Native women (46%) and 1 in 2 multiracial non-Hispanic women (53.8%) have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime.⁶

Children & Youth

- In 2011, 1 out of 15, or approximately 5 million children, witnessed physical intimate partner violence in the U.S.⁷ Throughout childhood, it is estimated that 25.6 percent, or approximately 19.4 million children, witness domestic violence in their homes.⁸
- Thirty-one percent, or nearly 1 in 3 children who witnessed partner violence, also reported being physically abused.⁹
- Research finds that children who witness domestic violence are at greater risk of developing psychiatric disorders, developmental problems, school failure, committing violence against others, and are at risk of low self-esteem.¹⁰
- A 2012 study in the *Journal of Adolescent Health* notes that exposure to child maltreatment, specifically sexual abuse, among young men has been linked to higher rates of involvement in a teen pregnancy than among their non-abused peers.¹¹
- Adolescent girls who report violence from dating partners are approximately twice as likely as their peers who have not experienced abuse to have ever been

pregnant.¹²

Health Consequences ⁴



- In addition to the immediate effects of intimate partner violence, such as injury and death, there are other health consequences, many with long-term impacts, including sexually transmitted infections (STIs), pelvic inflammatory disease, and unintended pregnancy.¹³
- Individuals experiencing intimate partner violence often develop chronic mental health conditions, such as depression, post-traumatic stress disorder, anxiety disorders, substance abuse, and suicidal behavior;¹⁴ according to the CDC, 63 percent of female victims of intimate partner violence have experienced at least one symptom of PTSD.
- Intimate partner violence is associated with increased risk of chronic pain, neurological disorders, gastrointestinal disorders, migraine headaches, and other disabilities.¹⁵
- Intimate partner violence also is associated with preterm birth, low birth weight, and decreased gestational age.¹⁶
- Homicide by an intimate partner is the second leading cause of traumatic death among pregnant women, second only to medical complications during pregnancy.¹⁷
- In the U.S., 12 percent of women visiting a hospital emergency department at any given time are in abusive relationships, and approximately 35 percent of emergency room visits, 50 percent of all acute injuries, and 21 percent of all injured women requiring urgent surgery were the result of partner violence.¹⁸

Costs to Victims, Survivors and Society

- The health-related costs of intimate partner violence in the U.S. exceed \$5.8 billion each year; \$4.1 billion for direct medical and mental health services alone.¹⁹
- Intimate partner violence costs a health plan \$19.3 million each year for every

100,000 women between ages 18 and 64 enrolled. Even five years after abuse ends, health care costs for women with a history of intimate partner violence remain 20 percent higher than for women with no history of violence.²⁰

- One in eight stalking victims lost time from work because of fear for their safety or to pursue activities such as obtaining a restraining order or testifying in court.²¹
- Domestic violence victims lose a total of nearly 8 million days of paid work—the equivalent of more than 32,000 full-time jobs—and nearly 5.6 million days of household productivity each year as a result of the violence.²²

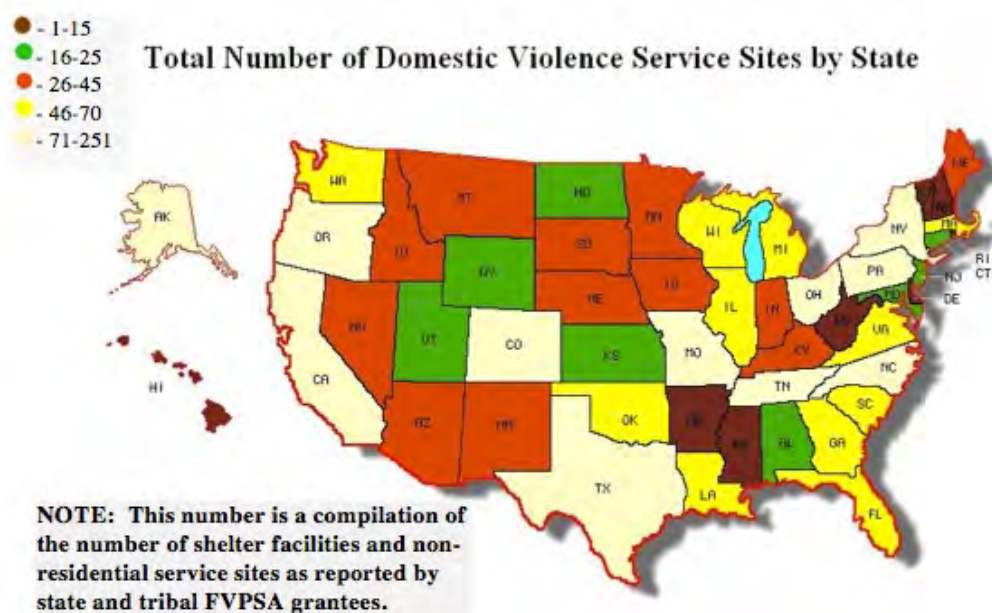
Whether considered individually or in totality, these data reflect the high prevalence and incidence of intimate partner violence in the U.S. and the ongoing need for both intervention and prevention efforts of the types currently supported by FVPSA.

II. PURPOSE AND PROGRAM OPERATIONS

A. Program Description

The Family Violence Prevention and Services Act (FVPSA), administered through the Family and Youth Services Bureau in the Administration on Children, Youth and Families, provides the primary federal funding stream dedicated to supporting emergency shelter and supportive services for victims of domestic violence and their dependents.

The FVPSA formula grants are awarded to over 200 tribes and every state and territory, which subgrant funds to more than 1,600 community-based domestic violence shelters and 1,100 non-residential services sites, providing both a safe haven and an array of intervention and prevention services. See Map 1: Total Number of Domestic Violence Service Sites by State below.



FVPSA also funds the National Domestic Violence Hotline, State Domestic Violence Coalitions, a network of National and Special Issue Resource Centers and Culturally Specific Institutes, and targeted discretionary grants, as well as the Centers for Disease Control's DELTA Program (see Appendix A: Domestic Violence Services Network Infographic of FVPSA-Funded Programs).

B. Statutory Authority

First authorized as part of the Child Abuse Amendments of 1984 (Public Law (P.L.) 98-457), the FVPSA has been amended eight times. Most recently, the FVPSA was reauthorized for five years by the Child Abuse Prevention and Treatment Reauthorization Act of 2010 (P.L. 111-320).

Legislative Charge for the Program

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 (including law enforcement agencies, courts, and legal, social service, and health care professionals in public agencies), nonprofit private organizations (including faith-based and charitable organizations, community-based organizations, and voluntary associations), tribal organizations, and other persons seeking such assistance and training.

C. Program Operations and Grants Administration

The Administration for Children and Families, Administration on Children, Youth and Families, Family and Youth Services Bureau, Division of Family Violence Prevention and Services, also referred to as the Family Violence Prevention and Services Program (FVPSA Program), administers the FVPSA formula grants to states, territories and tribes, State Domestic Violence Coalitions, as well as grants for national and special-issue resource centers. All grantees must apply for funds and meet eligibility requirements. Competitive grant applications are peer-reviewed before selection. The FVPSA grants are authorized for \$175 million, annually. Appropriations for the FVPSA grants in FY 2011 were \$129.8 million and in FY 2012 were \$129.5 million. When appropriations exceed \$130 million, not less than 25 percent of the excess above \$130

million will be reserved and made available to fund the Specialized Services to Abused Parents and their Children grant program.

The statute specifies how 98.5 percent of appropriated funds will be allocated, including three formula grant programs and one competitive grant program. The remaining 1.5 percent is discretionary, and used for competitive grants, technical assistance and special projects that respond to critical or otherwise unaddressed issues and emerging trends in the field. The following chart, Figure 1: FVPSA Statutory Distribution of Funds, illustrates the distribution of funds:

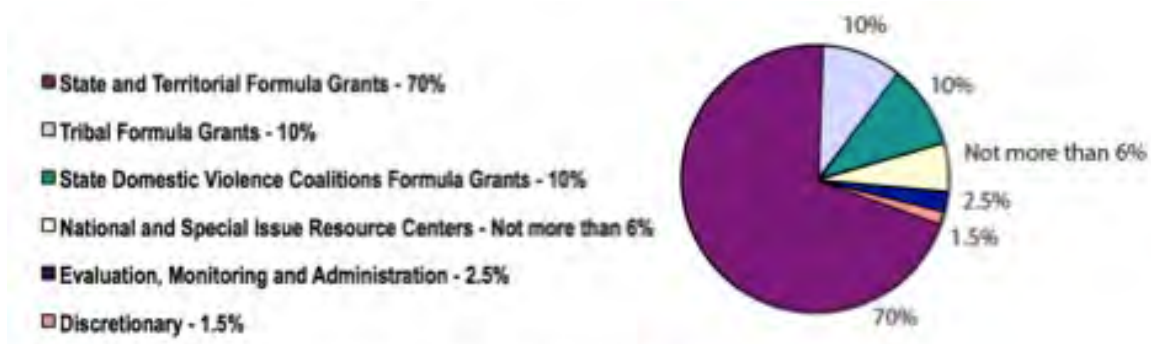


Figure 1 – FVPSA Statutory Distribution of Funds

D. Appropriations

For FYs 2011 and 2012, appropriations were allocated as follows in Table 1: FVPSA Program Allocation of Appropriations by Fiscal Year (rounded to the nearest \$100 thousand; due to rounding, columns may exceed actual totals – actual totals are used in “Total” row):

Table 1: FVPSA Program Allocation of Appropriations by Fiscal Year			
Category	FY2011	FY2012	% Approp.
State and Territorial Formula Grants	\$90.9 million	\$90.7 million	70%
Tribal Formula Grants	\$13 million	\$13 million	10%
State Domestic Violence Coalitions Formula Grants	\$13 million	\$13 million	10%
National and Special Issue Resource Centers*	\$9.1 million	\$9 million	6%
Evaluation, Monitoring and Administration	\$2.5 million	\$2.5 million	2%
Discretionary	\$1.3 million	\$1.3 million	1%
Total	\$129.8 million	\$129.5 million	100%
National Domestic Violence Hotline	\$3.2 million	\$3.2 million	100%

Demonstration Grants for Community Initiatives/DELTA	\$5.4 million	\$5.4 million	100%
Total	\$129.8 million	\$129.5 million	100%

E. Evaluation, Monitoring and Administration

The FVPSA Program, with nine full-time staff, administers grant awards using up to 2.5 percent of appropriations, as specified in the statute. FVPSA Program staff conducts peer reviews of competitive grants and evaluates formula grant applications to award funds. The staff monitors grantees through site visits and desk reviews, provides technical assistance to grantees, and conducts evaluations of programs. The staff also supports multiple departmental intra-agency and federal inter-agency collaborations on a range of issues affecting victims of domestic violence, and their families (highlighted in Section IX. Collaborations). Contractors provide administrative and logistical support.

The FVPSA program funded a research study, *Meeting Survivors' Needs Through Non-Residential Services and Supports*,²³ with the National Resource Center on Domestic Violence and the University of Connecticut School of Social Work.

This study of the services and supports provided by domestic violence programs in four states helped to address a research gap in current knowledge about the range of services provided by domestic violence programs and the needs and experiences of survivors. The report was released in 2011 and provided information about the types of services desired by survivors; the extent to which they obtain those services; and their overall satisfaction with those services. The study measured outcomes associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies. The following is a highlight of the research study:

- Domestic violence programs facilitated positive outcomes for survivors of domestic violence. **After seeking and receiving help, 95 percent of survivors were more knowledgeable about planning for their safety and more hopeful about their future.** These short-term indicators have been linked to long-term safety and well-being outcomes in longitudinal research.²⁴
- **Survivors found services and supports helpful.** Over 75 percent of the nearly 1,500 domestic violence survivors who used support groups, counseling, supportive services, and legal advocacy found these services to be “very helpful.” The vast majority (15-18%) of other survivors using these services found them to be “helpful.”
- **The state of the economy continues to have a negative effect on survivors.** About 45 percent of the survivors reported experiencing financial difficulties, including many not being able to pay their bills.
- Survivors who are mothers identified a number of child-related needs. **The number one child-related need for mothers was help with counseling for children.**

The FVPSA program collects data on clients served from subgrantee/contractual domestic violence programs as part of its Performance Progress Report. This data is collected and reported annually and used as part of the performance measurement process for the Department of Health and Human Services. Much of the data presented in this report, such as demographics on the clients served, is from this reporting system. Section III: The Program's Impact reflects this data.

In addition, the FVPSA program collects outcome data from the clients served. In 2011 and 2012, 89.7 percent (90.5% in 2012) of clients served in local domestic violence programs knew more community resources (first required outcome) after receiving services and 90.7 percent (90.3% in 2012) of clients knew more ways to plan for their safety (second required outcome). These two outcomes are correlated with other indices of longer-term client safety and well-being.²⁵

Research evidence shows that FVPSA-supported programs are addressing critical needs:

- Shelter programs are among the most needed and used resources for victims with abusive partners.²⁶
- Working with a domestic violence victim advocate and receiving social support while at a shelter significantly **reduced the likelihood that a victim would be abused again** and improved the victim's quality of life.²⁷ Positive life changes were demonstrated as victims successfully obtained desired community resources and increased their social supports.
- A FVPSA-funded study by the National Institute of Justice shows that the nation's domestic violence **shelters are addressing both urgent and long-term needs** of victims of violence, and are helping victims protect themselves and their children.

III. THE PROGRAM'S IMPACT

A. Serving Families in Crisis

Domestic violence shelter programs are among the most effective resources for victims with abusive partners. Approximately 1,600 shelters and 1,100 non-residential service sites are funded by FVPSA formula grants to states, territories and tribes.

The statistics collected by the FVPSA Program include a count of all the services for victims of domestic violence and their dependents provided by local domestic violence programs funded wholly or in part with FVPSA funds. Local domestic violence programs may receive additional funds from a state or local government or from a private source. Approximately 10 percent of local domestic violence program budgets are funded with FVPSA dollars.

Local domestic violence programs provided immediate shelter and supportive services to 1,046,669 adult victims of domestic violence in 2011 and 946,606 in 2012. (A detailed table of adults and children served in 2011 and 2012 is included in Appendix C: Total Victims Served by State and Year.) The noted decrease has multiple factors involving the downturn of the economy. The economic state affected victims' choices in seeking help, provided less funding to local programs for staffing and services and closed some shelters. In addition, some states changed how they distributed the FVPSA dollars within their state, thus changing the number of local programs contributing to this report.

In 2012, the majority of the victims served were ages 25-59 (50%). Twenty-two percent of those served were under age 18. Young adults ages 18-24 made up 15 percent of the clients served. Two percent were over age 59 and 12 percent had unknown ages. Almost 50 percent were White, 18 percent were Black, 15 percent were Latino and 4 percent were American Indian (Figure 2: People Served by State and Tribal Grantees by Race/Ethnicity, 2012).

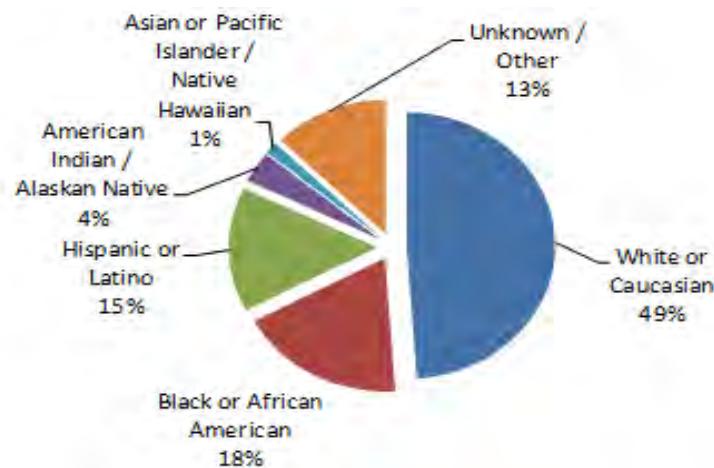


Figure 2: People Served by State and Tribal Grantees by Race/Ethnicity, 2012

Domestic violence programs serve a significant number of victims, yet the need remains greater than existing capacity.

In just one day...

On September 12, 2012, 1,646 out of 1,924, or 86 percent of identified local domestic violence programs in the U.S. and territories participated in the 2012 National Census of Domestic Violence Services, conducted by the National Network to End Domestic Violence. In just one day:²⁶

- 35,323 victims were provided emergency shelter;
- 29,001 adults and children received non-residential assistance;
- 20,119 state and local hotline calls were answered; and,

- 25,182 professionals and community members were trained by these programs.
- While an extraordinary breadth of services was provided, the identified programs denied 10,471 requests for services due to lack of capacity.

Domestic Violence Shelter Services

The results from *Meeting Survivors' Needs: a Multi-State Study of Domestic Violence Shelter Experiences* help paint a picture of the typical domestic violence program in the United States (see Appendix B: Domestic Violence Shelter Services Infographic for an illustration of these findings):²⁷

- **Shelters provide immediate safety** to victims and their children fleeing domestic violence. Shelters also help victims heal emotional wounds, rebuild economic self-sufficiency, connect with communities and stay safe, long-term. Most programs operate shelters, hotlines, and outreach services 24 hours a day, 7 days a week.
- The average domestic violence shelter has 16 to 17 staff and 17 monthly volunteers.
- Seventy percent (70%) of programs have fewer than 20 paid staff, including 38 percent with less than 10 paid staff. The average starting salary of a full-time, salaried, front-line advocate is \$24,765.
- **On average victims remain in shelter for 22 days**, and most shelters allow stays of 60 or more days to accommodate victims as they struggle to find safe, affordable housing.
- Ninety-eight percent (98%) of sampled shelters have the capability to accommodate residents with disabilities.
- **Eighty-two percent (82%) have bilingual staff**, including 71 percent who have staff who speak Spanish; sampled programs had staff/volunteers who speak 37 different languages.

A local domestic violence program may operate its own shelter facility, use contracts with hotels or have access to volunteer safe homes to meet victims' needs. However, the majority of clients served access supportive services only, such as advocacy and counseling. Figure 3 shows adults and children served from 2009-2012. **Local domestic violence programs provided 7.7 million shelter nights** for victims and their families. The average number of nights that victims stayed in shelter increased from 28 nights in 2011 to 30 nights in 2012. Clients staying in shelters are remaining longer due to more complex needs and the lack of affordable housing.

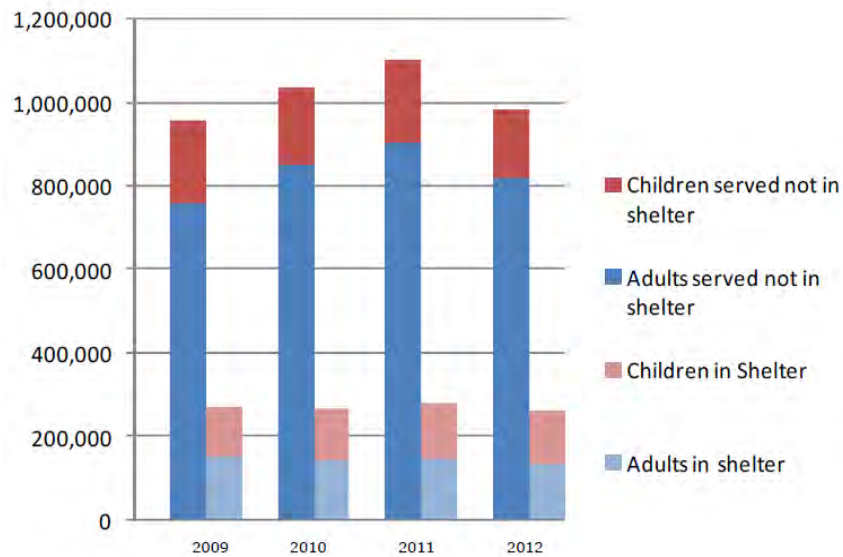


Figure 3: Adults and Children Provided Shelter or Non-Shelter Services by State and Tribal Grantees

Program Reflections: Utah

“Shelters in the rural areas of Utah rely heavily on FVPSA funding to assist in day-to-day operations. Rural services and shelters would not exist without the financial support of FVPSA, as these communities have limited means and cannot count on private donations.”

- Domestic Violence Program Administrator for the State of Utah

In FY 2011 and FY 2012, FVPSA-funded programs reported 174,892 unmet requests for shelter in 2011 and 174,947 unmet requests for shelter in 2012. This number is a count of the number of unmet shelter requests due to programs at capacity.

Domestic Violence Non-Residential Services

In addition to meeting the immediate safety needs of domestic violence victims, their children, and dependents, FVPSA-funded programs provide needed shelter services. The previously referenced report, *Meeting Survivors’ Needs Through Non-Residential Domestic Violence Services & Supports: A Multi-State Study* sampled the experiences of 1,467 domestic violence survivors receiving services from FVPSA-funded domestic violence programs in four states: Alabama, Illinois, Massachusetts, and Washington. The following key findings demonstrate how survivors value the vital services beyond shelter refuge:

- **Ninety-five percent (95%) of survivors surveyed attested to feeling “confident” in how to plan for their safety** after receiving support from a domestic violence advocate.
- More than half (51%) of survivors surveyed indicated that they were in “financial trouble” when they first contacted their local domestic violence programs for services.
- More than one-third of survivors surveyed listed “mental health issues” related to abuse as one of the challenges for which they sought supportive services from their domestic violence program.
- Besides shelter, survivors surveyed indicated individual counseling as the number one service sought from programs, followed by group therapy, supportive services, and legal advocacy.
- The **number one desired service** from a domestic violence program, according to survivors, is **“talking to someone who understands their situation”** (96.7% of survivors surveyed ranked this service as their top priority).

State and tribal subgrantees responded to more than 2.8 million crisis calls in 2011 and almost 2.7 million crisis calls in 2012. These calls could include victims calling for crisis counseling, shelter services or other support services, but excluding calls to the National Domestic Violence Hotline (identified later in this report). Grantee focus groups revealed that due to economic impacts on programs and the resulting funding decreases experienced by many, the accompanying outreach and public awareness staffing reductions negatively affected the public’s awareness of services available, likely reducing calls for support and assistance in 2012.

Community Education



Local domestic violence programs offer community education to the general public. Workshops to community or tribal leaders or training for health professionals are representative of conducted activities.

- **In 2011, 92,184 training presentations were conducted for 2.7 million people.** In 2012, 82,550 training presentations were conducted for 2.5 million people.

Local domestic violence programs also participated in events that increased public awareness and promoted outreach to victims.

- **In 2011 and 2012 respectively, 195,047 and 208,076 public awareness events were held nationwide by FVPSA-supported programs.**

Children and Youth Services

In 2011, a total of 131,933 children or youth were sheltered due to domestic violence (127,462 in 2012). While served by a local domestic violence program, children also may receive services to address crisis intervention, safety planning, and individual or group counseling.

Local domestic violence programs track the number of times they meet with a child to provide individual counseling or advocacy. Programs also track each time a child attends a counseling or advocacy group, e.g., children who are exposed to violence support group or art therapy. Additionally, programs count the number of times they provide mentoring or recreational activities for children. The numbers in Table 2, referred to as service contacts, are the most recent data presented as a snapshot for 2012.

Table 2: Services Provided to Children by State and Tribal Grantees, 2012

	Number of Service Contacts
Individual Counseling/Advocacy	1,135,001
Group Counseling	533,109
Individual Activities	572,326

Local domestic violence programs also provide presentations to children and youth about domestic violence, dating violence, healthy relationships or available services for victims (see Figure 4: Number of Youth Participants in Community Education by State and Tribal Grantees, 2009-2012).

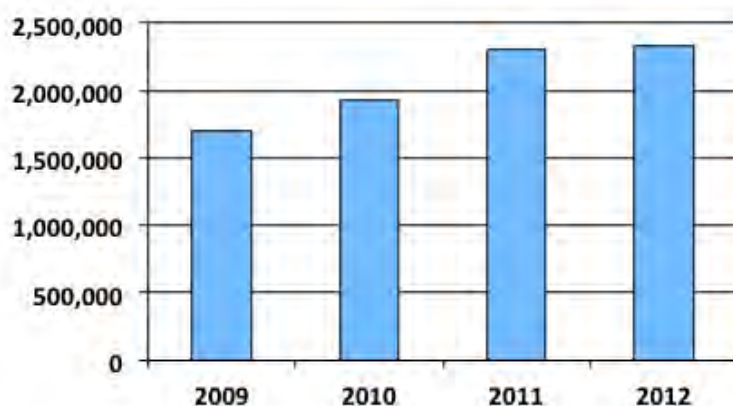


Figure 4: Number of Youth Participants in Community Education by State and Tribal Grantees, 2009-2012

B. State and Territorial Formula Grants

The FVPSA State and Territorial formula grants comprise 70 percent of FVPSA appropriations. Grants are awarded to state, territory and tribal governments and sub-granted to more than 1,600 community-based domestic violence shelter programs and 1,100 non-residential services sites. States and territories administer grants differently, often through state health, child welfare, or criminal justice agencies. Several states contract with their respective State Domestic Violence Coalitions to administer FVPSA funds at the state level. The Pacific Territories (Guam, American Samoa, and the Northern Marianas) and the Virgin Islands have historically applied for and received funds through the Social Services Block Grant.

The states and territories each determine how to allocate FVPSA formula funds to local domestic violence programs. Some share funds equally among all programs and others use competitive processes. Several have complex formulas based on population and areas served, while others focus on areas of need, such as rural communities.

The size of state and territorial awards depends upon population. For states, the base award is \$600,000 plus an additional amount determined by population. Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands are allotted not less than one-eighth of one percent of the amounts available.

A chart of funds awarded by state and territory is attached as Appendix D: State and Territory Funding FY 2011-2012 and an overview for FYs 2011 and 2012 is as follows in Table 3: Amount of Awards by State and Territory below:

Table 3: Amount of Awards by State and Territory		
	FY2011	FY2012
Total Funding for State and Territorial Formula Grants	\$90,825,038	\$90,682,686
Number of State Awards	52	52
Range of State Awards	\$703,499 to \$7,628,674	\$706,352 to \$7,629,510
Number of Awards to Territories	4	4
Amount of Awards to Territories	\$122,470	\$129,547

C. Tribal Formula Grants

The FVPSA statute dedicates 10 percent of FVPSA appropriations to federally-recognized tribes (including Alaska Native Villages) and tribal organizations that meet the definition of "Indian Tribe" or "Tribal organization" (at 24 U.S.C. 450b), and are able to demonstrate their capacity to carry out domestic violence prevention and services

programs. Tribal formula grants are distributed based on the number of tribes applying and on the populations of the eligible applicants. The most current Census is used for the tribes' enrollment data. Therefore, in FY 2012 when the 2010 Census was referenced for its new population data, award amounts shifted and programs either experienced increases or decreases in funding.

An additional factor in the funding variations was that more tribes applied. Approximately 40 percent of the 565 federally recognized tribes received FVPSA funding in FY2012.

Program Reflections: A Tribe in Oklahoma

"Increased funds from FVPSA in 2012 have helped us to provide emergency shelter, provide emergency supportive services, and provide more community outreach."

—A domestic violence program advocate

In FY 2011, tribal domestic violence programs reported serving 40,213 victims of domestic violence and their children. Of the victims served:

- 25,418 were women (92%), 2,188 men (8%), and 12,607 were children;
- The majority of people served were either American Indian or Alaskan Native (72%); and;
- 17 percent served were White, 4 percent Black, 3 percent Hispanic and 4 percent self-described as other or otherwise unknown.

Additionally, over 150,000 crisis calls were answered by tribal programs. Crisis calls included victims calling for counseling, shelter, or other services. Approximately 84 percent of the 141 tribal grantees contributed to this report.

As stated earlier, FY 2012 marked the first year that the FVPSA tribal grantees experienced a funding shift. Many programs received less than \$15,000. Reduced funding for the smallest tribes left the tribal domestic violence programs unable to meet the needs of survivors. In FY 2012, tribal domestic violence programs reported serving a total of 30,959 victims of domestic violence and their children. Of that total:

- 17,924 women (90%), 1,764 men (10%), and 10,099 children were served (1,172 were not-specified);
- The majority of people served were American Indian or Alaska Native (66%);
- 20 percent were White, 5 percent Black, 5 percent Hispanic and 4 percent self-described as other or otherwise unknown; and
- 46 percent served were under age 25.

In both FY 2011 and FY 2012, FVPSA tribal grants funded approximately 31 domestic violence shelters and 160 non-residential service sites. Although all FVPSA-funded local domestic violence shelters are available to all people, without discrimination, many

American Indian victims are hesitant to leave their familiar surroundings and have experienced discomfort and cultural alienation in facilities located off the reservation or not in alignment with their cultural values. Thus, many tribes strive to have a shelter and/or safe homes that meet the unique cultural needs of the tribal members.

Tribal domestic violence programs also reported providing 235,378 shelter nights for victims and their dependents in FY 2012. The average number of nights a victim is given shelter in a tribal program is 18 nights. There were 1,478 unmet requests for shelter within tribal programs due to lack of space or resources.

A chart of funds awarded to tribal grantees is attached as Appendix E: Indian Tribe and Alaska Native Village Funding FY 2011 – FY 2012. Tables 4 and 5: Indian Tribe and Alaska Native Village Funding (for FY 2011 and FY 2012 respectively) below provide an overview.

Table 4: Indian Tribe and Alaska Native Village Funding	FY 2011
Total Funding for Tribal Formula Grants	\$12,979,190
Range of Awards	\$23,598 to \$2,064,871
Number of Tribes Funded	237
Number of Grants	141
Number of Grants at \$23,598	76
Number of Grants between \$41K and \$95K	42
Number of Grants between \$112K and \$702K	21
Number of Grants over \$1,000,000	2

Table 5: Indian Tribe and Alaska Native Village Funding	FY 2012
Total Funding for Tribal Formula Grants	\$12,931,0711
Range of Awards	\$14,897 to \$1,675,967
Number of Tribes Funded	227
Number of Grants	140
Number of Grants at \$14,897	67
Number of Grants between \$15k and \$97k	58
Number of Grants between \$104k and \$931k	12
Number of Grants over \$1,000,000	3

Tribal domestic violence programs provide outreach programs to their tribal members who seek to increase the participants' awareness of domestic violence and educate them about the services available for victims and dependents. In addition, the programs are able to provide presentations aimed at preventing the violence from occurring by teaching about healthy relationships to both youth and adults.

In FY 2011,

- 105 programs provided 2,952 presentations to a general population of 102,671 adults; and,
- 96 programs provided 2,109 presentations to a general population of 60,289 youth.

In FY 2012,

- 114 programs provided 1,566 presentations to a general population of 47,020 adults; and,
- 100 programs provided 1,853 presentations to a general population of 48,736 youth.

IV. HELP IS JUST A PHONE CALL AWAY: THE NATIONAL DOMESTIC VIOLENCE HOTLINE

Survivor Story: National Domestic Violence Hotline

Beatrice got married at a young age to a successful lawyer from her hometown. When he asked her to relocate with him so that he could pursue a career opportunity, she did not hesitate. She left her family, her social circle, and her job as a pediatrician. Over the course of her pregnancy, her husband became unbearably controlling and verbally abusive. During her second trimester, he hit her.



When her son was born with mental and physical challenges, Beatrice began searching for ways to protect him from his father. There was little that she could do, however, with no career of her own and no way to provide for his special needs. It was then that she first sought help from the National Domestic Violence Hotline. Hotline advocates were able to assist Beatrice in finding shelter and legal advocacy for custody issues.

They also helped to track down transportation so that she and her son could return to her home state. There, Beatrice was able to rebuild her private medical practice with the help of her family and friends, who now lived close enough to provide childcare and emotional support.

"Thank you," Beatrice expressed to Hotline advocates. "Because of you, I finally have my happy ending!"

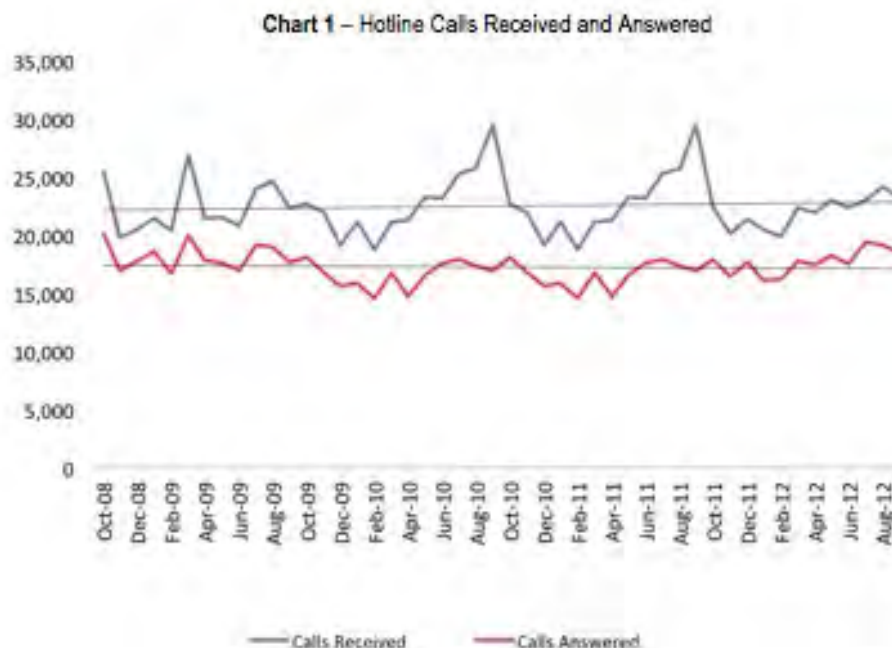
The National Domestic Violence Hotline provides live and immediate responses to thousands of victims and survivors of domestic violence, their families, friends, and concerned others. The Hotline is funded with a dedicated line-item appropriation and is not part of the appropriation that funds all other FVPSA grants.

- **In FY 2011, the Hotline received 277,454 calls and in FY 2012 it received 264,156 calls.**
- **The Hotline averaged 22,567 calls per month in FY 2011 and FY 2012.**
- More than 90 percent of callers report using the Hotline as their first call for help.

The Hotline directly connects the caller to a referral system of over 4,000 community programs in response to the needs of the women, men, youth and children on the lines. The Hotline operates 24 hours a day, seven days a week and is available in over 170 languages.

- Approximately 15,000 calls during FY 2011 and FY 2012 used interpretation services, including translation services for email and other caller needs in more than 50 different languages.

In prior years, the Hotline experienced an increase in callers requiring Spanish services. As a result, the Hotline prioritized the hiring of bilingual advocates, which led to a decrease in the use of the AT&T Language Line. With limited resources available to respond to call volume, the average caller waited 42 seconds, during the reporting period, before his or her call could be answered. Chart 1: Hotline Calls Received and Answered below illustrates this effect.



Response time was affected by call-spikes experienced when the Hotline was featured on nationally syndicated television shows and in other media outlets. Information about the Hotline has appeared on *MTV*, *BET*, *Oprah*, *Dr. Phil*, *Dr. Drew*, *Tyler Perry's House*

of Payne, Anderson Cooper, Larry King Live, The Today Show, and 48 Hours. It also has appeared on Spanish media outlets such as Univision and Telemundo. On average, each televised media spot resulted in about a 10 percent increase in daily call volume, with some media spots resulting in up to an 80 percent increase in daily call volume. Advocates at the National Domestic Violence Hotline anticipate that demand for Hotline services will climb due to effective outreach through mass media and community-based public awareness campaigns, improved access for multi-lingual callers and the increased economic challenges facing many victims and survivors.

Over the last two years in particular, responding to callers became more complex. Not only did requests come from contacts via telephone, but also through emails and TTY. During FY 2011 and FY 2012, Hotline advocates responded to 4,683 emails. Responding to victims via email presents several unique challenges. Email is not the safest way to communicate. Abusive partners often monitor email and email does not afford the advocate the opportunity to assess the situation in real time. The time that elapses between communications can pose additional risk factors. The challenges presented by email communications were resolved as the Hotline expanded secure text and chat features, thereby eliminating the need for email communications with Hotline users (in FYs 2013 and 2014). In addition, the Hotline continues to receive more and more calls from deaf and hard of hearing victims. At the beginning of FY 2011, Hotline Advocates were answering an average of 16 calls from deaf and hard of hearing victims per month. By the end of FY 2012, that average increased by over 400 percent to 86 calls per month.

V. SUPPORTING PROGRAMS AND THE COMMUNITY: RESOURCE CENTERS AND INSTITUTES AND STATE DOMESTIC VIOLENCE COALITIONS

Survivor Story: Rhode Island



Since 1989, Sisters Overcoming Abusive Relationships (SOAR), a survivor task force of the Family Violence Prevention and Services Program-funded Rhode Island Coalition Against Domestic Violence, has worked to promote awareness and advocate for the elimination of domestic violence by giving visibility to the voices of abused women. For one survivor in particular, the chance to tell her story through theater has been transformational.

Having endured an abusive marriage for over 20 years to a man influential in many social circles, Paula felt forced to be silent, thinking that no one would believe her if she shared the truth. After he passed away, she gained a newfound freedom and sense of relief. Having never told her story of abuse, Paula felt plagued with guilt and shame. During the length of their marriage, her husband had made her believe that she was mentally unstable, and that she was to blame for the dysfunction in their relationship. It took Paula close to 30 years after his death to speak openly about her experience. At first, she declined to share her story on stage, revealing to her peers that she had never even spoken about her abuse with her daughter. Encouraged by the strength of the other women, however, she later decided to take the stage.

Paula was supported by a team of 14 other women who came together to stage a production in October 2011 to tell their stories of abuse and survival; while some have been a part of SOAR for decades, others are new members who are sharing their stories for the first time. Many of the women, including Paula, expressed that collaborating on this venture has prompted their discovery of a newfound sense of courage and drive. This production has not only empowered these women as advocates, but also has encouraged them to speak more openly about their experiences with family and friends, truly strengthening the power of their voices.

A. National and Special Issue Resource Centers and Culturally Specific Institutes

In addition to supporting a national network of domestic violence shelters and services, FVPSA funds the Domestic Violence Resource Network (DVRN) to inform and strengthen domestic violence intervention and prevention efforts at the individual, community and societal levels. The DVRN is a coalition of national and special issue resource centers that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence. Member organizations ensure that across the nation victims of domestic violence, advocates, community-based programs,

educators, legal assistance providers, law enforcement and court personnel, health care providers, policy makers, and government leaders have access to up-to-date information on best practices, policies, research, and victim resources.

The DVRN includes two national resource centers, four special issue resource centers, and three culturally specific Institutes. Table 6: Resource Centers and Institutes below, illustrates the breakdown of funding for each resource center and institute for FY 2011 and FY 2012:

Table 6: Resource Centers and Institutes	FY 2011 Funding	FY 2012 Funding
National Resource Center on Domestic Violence (NRCDV)	\$1,500,000	\$1,500,000
National Health Resource Center on Domestic Violence (HRCDV)	\$1,100,000	\$1,100,000
Battered Women's Justice Project (BWJP) and National Clearing House for the Defense of Battered Women (NCDBW)	\$1,000,000	\$1,000,000
National Center on Domestic Violence, Trauma, and Mental Health (NCDVTMH)	\$1,100,000	\$1,100,000
Resource Center on Child Projection, Custody, and Domestic Violence (RCCDV)	\$1,100,000	\$1,100,000
Asian and Pacific Islander Institute on Domestic Violence (APIIDV)	\$550,000	\$550,000
Casa de Esperanza (CASA)	\$550,000	\$550,000
Institute on Domestic Violence in the African American Community (IDVAAC)	\$550,000	\$550,000
National Indigenous Women's Resource Center (NIWRC)	\$1,150,000	\$1,250,000
TOTAL	\$8,600,000	\$8,700,000

Together, the centers are national leaders, providing training and technical assistance, as well as conducting research and creating evidenced-based responses to domestic violence. The programs disseminate information to both the FVPSA-funded domestic violence service providers and the broader network of professionals throughout the U.S.

Table 7: Resource Center and Institutes Training and Technical Assistance below, illustrates the number of requests for training and technical assistance, as well as the number of individuals trained, by each resource center and institute in FY 2011 and FY 2012:

Table 7: Resource Center and Institutes Training and Technical Assistance	TA Request Responses FY2011	Trainings FY2011	Training Participants FY2011	TA Request Responses FY2012	Trainings FY2012	Training Participants FY2012
NRCDV	1,992	62	7,354	1,354	61	5,807
HRCDV	3,311	50	4,267	2,524	86	6,074
BWJP/NCDBW	3,139	108	8,491	1,800	76	4,873
NCDVTMH	248	38	3,378	809	62	5,450
RCCDV	638	31	3,936	1,122	16	2,137
APIIDV	120	39	2,419	153	50	5,521
CASA	218	37	1,407	331	45	3,335
IDVAAC	1,175	29	3,930	925	12	2,290
NIWRC	N/A	N/A	N/A	576	66	3,695
TOTAL	10,891	370	32,360	9,069	486	41,205



National Resource Center on Domestic Violence

The National Resource Center on Domestic Violence (NRCDV) provides a wide range of free, comprehensive

and individualized technical assistance, training, and resource materials. The scope of NRCDV's technical assistance is broad and includes domestic violence intervention and prevention, community education and organizing, public policy and systems advocacy, and information about funding opportunities. The NRCDV develops information packets, fact sheets, applied research papers, funding alerts, special collections, and training curricula, and supports several special projects designed to explore issues more deeply or develop more comprehensive assistance to unique constituent groups.

Special projects include the Domestic Violence Awareness Project, VAWnet – the National Online Resource Center on Violence Against Women, Women of Color Network, Building Comprehensive Solutions to Domestic Violence, and DV Evidence Project.

Accomplishments

- **From the Front of the Room: An Advocates Guide to Help Prepare Survivors for Public Speaking, and the accompanying From the Front of the Room: A Survivor's Guide to Public Speaking.** The NRCDV frequently receives requests from a variety of entities—programs, event organizers,

magazines, newspapers, etc.—seeking survivors who are willing to share their experiences of abuse publicly, and from survivors who are seeking help in telling their stories so that others can end the abuse in their lives and find safety.

In September 2011, in response to these requests, the Capacity Building and Education Team developed and released two speakers' guides on this topic, one for advocates supporting survivors and one for survivors themselves. The advocate's guide provides a basic overview of the issues that face survivors who desire to speak publicly about their experiences with intimate partner violence. Each publication provides tips for survivors and victim advocates, considerations for specific populations and a safety-planning guide. The purpose of each piece is to maximize the survivor's physical and emotional safety and ensure the overall success of the speaking engagement. These guides are available online and in hard copy²⁸.

- During FY 12 the NRCDV disseminated 157 hardcopies of the Advocates Guide and 442 hardcopies of the Survivor's Guide.
 - Hardcopies of the guides also were disseminated at the Texas Council on Family Violence's Annual Executive Directors' Conference and at the 2nd World Conference of Women's Shelters.
 - Along with the hard copy distribution of these publications, both speakers' guides became the most frequently viewed files on VAWnet.
- **Domestic Violence Evidence Project.** With the growing emphasis on identifying and integrating "evidence-based practice" into grant-funded programming, the DV Evidence Project is designed to respond to this need across the victim advocacy field. The DV Evidence Project combines concepts and best practices known from research, evaluation, practice and theory to inform critical decision-making by domestic violence programs and allies. With supplemental funds connected to the NRCDV's FY 2011 grant, the NRCDV's Policy and Research Team developed a website to organize and disseminate these resources.
 - The NRCDV also engaged DVRN members in reviewing and critiquing the "Domestic Violence Core Services Conceptual Framework" working paper and logic models, developed by Dr. Cris Sullivan.
 - The "DV Core Services Conceptual Framework" provides the domestic violence movement with an evidence-based framework to describe its work, short- and long-term outcomes, and is available online.²⁹

Special Issue Resource Centers



The Battered Women's Justice Project (BWJP) consists of two partnering agencies that operate in separate locations: the Battered Women's Justice Project and the National Clearinghouse for the Defense of Battered Women. BWJP promotes change within the civil and criminal justice systems

that enhances their effectiveness in providing safety, security and justice for battered women and their families.

BWJP provides technical assistance to advocates, civil attorneys, judges and court personnel, law enforcement officers, prosecutors, probation officers, batterers intervention program staff, defense attorneys, and policymakers; and to victims of domestic violence and their families and friends. Through trainings and consultations, they disseminate up-to-date information on recent research findings and promote the implementation of best practices and policies that emerge from the work of pioneering communities around the country.



The National Clearinghouse for the Defense of Battered Women, (NCDBW) located in Philadelphia, PA, addresses the unique needs of battered women who, as a result of abuse committed by an intimate partner, are charged with a crime.

The National Clearinghouse strives to prevent the re-victimization of battered women defendants by providing specialized technical assistance, resources, and support to battered women charged with crimes and to members of their defense teams.

Staff members conduct trainings for the criminal justice and advocacy communities; consult with local, state, and national organizations; maintain an extensive resource library of relevant case law, research, and litigation materials; and, advocate for public policy, institutional and social change.

Accomplishments

- ***Islamic Marriage Contracts: A Guide for Legal Professionals, Advocates, Imams & Communities*** by Maha Alkhateeb. This guide was developed in partnership with the Peaceful Families Project as a resource for legal professionals and advocates working with Muslims, and for Muslim leaders and community members. It is meant to provide and clarify information about Islam and gender equality in marriage and divorce, to direct readers to the best practices that safeguard women's rights and interests, to promote well-being and balance for all parties, and to nurture communities.

The guide also highlights the legal issues that may arise, as well as the resources that are available to American Muslim women and their families under American law. The guide is available online.³⁰

- ***Parent Coordination Services: A Guide for Policy Makers*** by Barbara Hart, JD. This guide is designed to assist policymakers, courts and attorneys in deliberations and decision-making on enabling legislation, licensing standards, rules of court, appointment letters or contracts, and the scope of appropriate authority and functions for court-appointed parent coordinators. This guide is available online.³¹

- **State Strangulation Laws.** This chart is a compilation of strangulation laws in the U.S., produced and updated by the BWJP to assist advocates. This guide is available online.³²



The National Health Resource Center on Domestic Violence (HRCDV) supports health care practitioners, administrators and systems, domestic violence experts, survivors, and policy makers at all levels as they improve health care's response to domestic violence. The HRCDV supports leaders in the field through groundbreaking model, education and response programs, cutting-edge advocacy and sophisticated technical assistance. The HRCDV offers a wealth of free culturally competent materials and in-person trainings that are appropriate for a variety of public and private health professions, settings, and departments.

Accomplishments

- **Intimate Partner Violence Screening and Counseling Online Toolkit (Healthcaresaboutipv.org).** This toolkit offers health care providers and victim advocates the tools for a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, and patient and provider education resources. It also offers strategies for forging partnerships between health care and domestic and sexual violence programs.³³
- **2012 National Conference on Health and Domestic Violence.** The HRCDV coordinated the 6th Biennial National Conference on Health and Domestic Violence, which aimed to advance the health care system's responses to domestic violence. The 2012 conference offered 13 in-depth pre-conference institutes and featured: more than 400 speakers, 170 presentations, 100 posters, and plenary and keynote sessions that highlighted the latest research and most innovative clinical responses to domestic violence, focusing on the work being done by physicians, physician assistants, dentists, nurses, nurse midwives, mental and behavioral health providers, social workers, domestic violence experts, researchers, and others.
- **Research and tools to create an evidence-based intervention that improves health and safety.** The HRCDV partnered in a research study addressing reproductive coercion that was released in the January 2011 issue of *Contraception*.³⁴ This study shed light on the forms of abuse men use as coercion and birth control sabotage to impregnate their female partners unwillingly.
 - The HRCDV also contributed to a study that found asking young women about reproductive coercion during family planning clinic visits dramatically reduced the odds of their male partners attempting to force them to

become pregnant. The study also found that a brief intervention was associated with a 70 percent reduction in male partner pregnancy coercion among women who had recently experienced intimate partner violence.³⁵

- In response to both studies, the HRCDV developed safety cards for women, families, and adolescents, for distribution in diverse settings (including mental health, primary care, pediatrics, domestic violence advocacy programs, home visits, and more). Examples of these safety cards can be viewed online.³⁶

Program Reflections: Health Resource Center on Domestic Violence

“A home visitation staff person who was at the domestic violence training has been using the safety cards with her families. She shared that her client brought [one of the cards] to her at a later visit and shared, ‘I am no longer involved in a relationship like that anymore but I remembered you talking to me about it. Now I’m using those questions as a guide to ask myself before getting into another relationship so I can make good choices.’”

-Health Resource Center on Domestic Violence Staff, on feedback from a home visitor who had attended an Iowa Project Connect training



The National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH) is a national, special issue resource center designed to cultivate a deeper understanding of the mental health and advocacy needs of survivors of domestic violence and their children and the impact of trauma on individual healing and social change.

NCDVTMH facilitates collaboration among domestic violence advocates, mental health and substance abuse professionals, disability rights organizations, and a variety of community-based service providers, as well as policy organizations and government agencies at the state and national levels.

Accomplishments

- **Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors.** NCDVTMH conducted a comprehensive literature review on treatment interventions currently available for survivors of domestic violence. The culminating report is part of a multi-year effort by NCDVTMH to partner with researchers, clinicians, and the domestic violence field to build an evidence base for both trauma-informed work and trauma-specific treatment in the context of domestic violence. This tool is available online.³⁷

- **Domestic Violence Coalitions' Needs Assessment Survey & Report.** In 2012, NCDVTMH collaborated with the National Network to End Domestic Violence to conduct a needs assessment of state and territorial domestic violence coalitions to identify training and technical assistance priorities, as well as to gather information on trauma-informed work at the coalition and program levels. The Survey Report summarizes the results of this effort, describing state-level collaborations and policy work, the availability of culturally specific services, and barriers and challenges faced by service providers.
- **Trauma Symposium.** In November 2012, NCDVTMH hosted a two-day Trauma Symposium to mark the beginning of an initiative to support state and territory domestic violence coalitions in developing the capacity to provide trauma-informed services, including the incorporation of a family-based perspective to better serve survivors with children. State Domestic Violence Coalitions from Kansas, West Virginia, Alabama, Idaho, Delaware, Alaska, and Ohio facilitated strategic discussions for collaborating with mental health and substance abuse agencies at state and local levels.
- **Representing Domestic Violence Survivors Who Are Experiencing Trauma and Other Mental Health Challenges Handbook for Attorneys.** With support from the Department of Justice, Office on Violence against Women, NCDVTMH jointly authored this handbook with the National Resource Center on Domestic Violence to advise attorneys representing survivors of domestic violence impacted by trauma and/or mental health challenges. This handbook is available online.³⁸
- **Special Collection: Trauma-Informed Domestic Violence Services.** NCDVTMH, in collaboration with the National Resource Center on Domestic Violence, developed and launched a three-part collection of resources relevant to domestic violence programs and advocates, accompanied by commentary from NCDVTMH to assist in putting this information into practice, which is now available on VAWnet.org.³⁹



NATIONAL COUNCIL OF
JUVENILE AND FAMILY COURT JUDGES
est. 1937

The Family Violence Department of the National Council of Juvenile and Family Court Judges

(NCJFCJ) provides leadership and assistance to consumers and professionals dealing with the issue of child protection and custody in the context of

domestic violence through the operation of the Resource Center on Domestic Violence: Child Protection and Custody (Resource Center). The Resource Center provides access to the best possible sources of information and tangible products to those working in the field of domestic violence, child protection, and custody. The Resource Center provides technical assistance, training, policy development, and other resources that increase safety, promote stability, and enhance the well-being of battered parents and their children.

Accomplishments

- The Resource Center produced and distributed the following legislative lists and guides to state laws for advocates and legal professionals (all available online):⁴⁰
 - **Child Custody - Domestic Violence as a Factor**
This tool sets forth the states that prioritize domestic violence in the best interests of the child analyses, and the states where domestic violence is an exception to considering certain best interests of the child factors.
 - **Child Custody - Rebuttable Presumptions**
This tool sets forth the states that have a rebuttable presumption that sole or joint physical or legal custody is not in the best interest of the child and should not be awarded to a perpetrator of domestic violence.
 - **Child Custody or Visitation with a Registered Sex Offender**
This tool looks at whether a registered sex offender can be awarded child custody or visitation.
 - **Children's Exposure to Domestic Violence Constitutes Child Abuse and/or Neglect**
This tool sets forth states that include children's exposure to domestic violence in their definitions of child abuse and/or neglect.
 - **Duties of Child Protection Services in Domestic Violence Cases**
This tool sets forth the states that have statutory duties for children's protective services in domestic violence cases.
 - **Judicial Ethics: A State-by-State Compilation**
This compilation contains selected judicial ethics advisory opinions that address community participation by judges to end domestic violence.
 - **Mandatory Domestic Violence Training for Judges**
This tool sets forth the states that require mandatory domestic violence training for judges.
 - **Mediation Where Domestic Violence is Present**
This chart sets forth the states that mandate mediation in child custody cases, that have a domestic violence ban or opt-out, and that have exceptions to mediation or mediation only with protective conditions, and sets forth who can mediate.
 - **Capacity building around the child support system and its relation to domestic violence.** The Resource Center and the National Resource Center on Domestic Violence co-hosted the National Workgroup on Child Support and Domestic Violence. This workgroup included FVPSA grantees, advocates, attorneys, and child support commissioners and administrators to identify needs, challenges, and potential improvements in child support systems for families experiencing domestic violence.

Culturally Specific Resource Centers and Institutes



The National Indigenous Women's Resource Center, Inc.

(NIWRC) is the National Indian Resource Center Addressing Domestic Violence and Safety for Indian Women. NIWRC's work serves to reclaim the sovereignty of Native nations and safeguard Native women and their children, including American Indians, Alaska (Native) tribes and Native Hawaiians.

Through public awareness, resource development, training and technical assistance to Native and non-Native programs and organizations, policy development, and research activities, NIWRC promotes that Native women and their children are entitled to: 1) safety from violence within their homes and communities; 2) justice both on and off tribal lands, and; 3) services designed by and for Native women based on their tribal beliefs and practices.

Program Reflections: National Indigenous Women's Resource Center

"FVPSA funds allowed us to expand and improve our law enforcement training program. Partnering with the Montana U.S. Attorney's Office and the Montana Coalition Against Domestic Violence & Sexual Assault, we were able to train more than 30 officers over 2 days on the intersection of domestic violence and law enforcement in Indian country."

- An advocate from the National Indigenous Women's Resource Center

Accomplishments

- **Technical Assistance** – NIWRC provides technical assistance, training, and resources on various topics to organizations, advocates, communities and responders.
 - In partnership with Montana's U.S. Attorney's Office, the Federal Bureau of Investigation, and Montana's Coalition Against Domestic Violence and Sexual Assault, NIWRC provided training to 30 Northern Cheyenne Bureau of Indian Affairs (BIA) law enforcement officers. Topics included: jurisdiction, report writing and domestic violence, officer safety, identifying strangulation, predominant aggressor, evidence-based prosecution, victim services, firearms, and protection orders.
 - "Working with Women who are Victims of Domestic Violence" is an example of training provided that increased the capacity of Native domestic violence programs and organizations. This webinar focused on the intersection of domestic violence and alcohol and substance abuse; the unique challenges to advocates working with women and children affected by alcohol and substance abuse, and; how to plan for the safety

of women who are victims of domestic violence and substance abuse and multi-abuse trauma. All archived webinars, including this one can be found at <http://www.niwrc.org/resources/webinars>.

- **Collaboration** – NIWRC is committed to building alliances, to have a greater impact with removing barriers to safety and creating a society where all individuals can live free from all oppressions.
 - **The National Center on Domestic Violence, Trauma, and Mental Health** and NIWRC continue to work together to explore the impact of research, evaluation, and programmatic outcomes on tribal programs and to assist tribal communities in developing or promoting culturally appropriate services for women who are victims of domestic violence and are affected by mental health or substance abuse.
 - **The National Domestic Violence Hotline** and NIWRC continue to collaborate on an initiative aimed at enhancing the Hotline's services and outreach to tribal communities and Native Alaska Villages. Native women from across Indian country serve on the Native Women's Virtual Council, formed to provide feedback on the needs of Native callers.
 - **The National Coalition of Anti-Violence Programs (NCAVP)** is a national coalition of Lesbian, Gay, Bisexual, Transgender, and Queer/questioning (LGBTQ) anti-violence organizations working to prevent, respond to, and end all forms of violence within and against LGBTQ and HIV-affected communities. NIWRC partnered with NCAVP to co-present a workshop entitled, "Meeting the Needs of Lesbian, Gay, Bisexual, Transgender, Two-Spirit, and Queer Survivors." The workshop provided an opportunity to educate participants on the multiple levels of discrimination LGBTQ survivors of domestic/sexual violence experience in seeking services and identified resources for ongoing technical assistance support.



The Asian & Pacific Islander Institute on Domestic Violence (APIIDV) 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 advocates, community members, organizations, service agencies, professionals, researchers, policy advocates, and activists from community and social justice organizations working to eliminate violence against women.

The API Institute's strategic agenda for programs, communities, and systems focuses on analyzing the critical issues that inform prevention and intervention in violence against Asian, Native Hawaiian and Pacific Islander 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.

Accomplishments

- **Consultation & Training to Federal Agencies on Trafficking, Domestic Violence in Refugee Communities, Trauma-Informed Care and other topics.**

APIIDV conducted trainings and provided consultation to the following Federal agencies throughout FY 2011 and FY 2012:

- Department of Health and Human Services: Family Violence Prevention and Services Program (FVPSA); Office of Community Services (OCS); Administration for Children and Families (ACF); Region IX Health Administrator, HHS; Office of Refugee Resettlement (ORR); Substance Abuse and Mental Health Services Administration (SAMHSA);
- Department of Justice: Office of Juvenile Justice and Delinquency Prevention (OJJDP);
- Office on Personnel & Management (OPM);
- Department of State; and,
- Executive Office of the President: White House Initiative on Asian Americans & Pacific Islanders; White House Advisor on Violence against Women.

- **Online Resources and New Website on Prevention, Intervention & Research.** APIIDV developed a new website to house over 40 publications relevant to programs serving Asian and Pacific Islander survivors of domestic violence, sexual violence and trafficking. Website usage increases annually by 20 percent and web traffic by 35 percent. For more information, please visit: www.apiidv.org.

- **Trauma-Informed Considerations for Asians and Pacific Islanders.** APIIDV developed this training for the Knowledge Exchange Policy Meeting, co-hosted by the FVPSA Program and the Substance Abuse and Mental Health Services Administration, in October 2011. Since then, APIIDV has led this training for hundreds of practitioners and community organizations, on culturally appropriate approaches to providing trauma-informed care to Asian and Pacific Islander communities.

- **Technical Assistance Brief: Considerations & Recommendations for Battered Women's Advocates.** Complementing the extensive training and technical assistance provided by APIIDV on issues related to human trafficking and its intersection with domestic violence in API communities, this publication is a guide for advocates working with trafficking victims. This brief is available online.⁴¹



The National Latin@ Network for Healthy Families and Communities (NLN) advances effective responses to eliminate violence and promote healthy relationships within Latino families and communities. The NLN addresses four primary issues: increasing access for Latinos experiencing domestic violence through training and technical assistance; producing culturally

relevant tools for advocates and practitioners; conducting culturally relevant research that explores the context in which Latino families experience violence; and, interjecting the lived realities of Latinos into policy efforts to better support Latino families.

The NLN is supported by three national steering committees in policy, technical assistance, and research.

Accomplishments

- **Realidades Latinas: A National Survey on the Impact of Immigration and Language Access on Latina Survivors.** Due to anecdotal reports on the effects of immigration enforcement policies on the Latino community the National Latin@ Network partnered with the National Domestic Violence Hotline to develop and conduct a survey regarding barriers to seeking services for survivors of domestic violence. The survey questions on immigration and language access were collected from Hotline callers. This report summarizes the findings and suggests implications for public policy, training, and further research. Available online.⁴²
- **Special Issue of Synergy on Immigration and Limited English Proficiency.** In collaboration with the National Council of Juvenile and Family Court Judges, this issue of *Synergy* (the newsletter of the Resource Center on Domestic Violence, Child Protection & Custody) is dedicated to immigration and child protection and custody issues in the context of domestic violence. The lead article articulates the effects that certain immigration laws are having on the U.S. born children whose victim parents of domestic violence are detained or deported due to their immigration status. Available online.⁴³
- **Líderes: A Community-Led, Evidenced-Based, Peer-Education Curriculum.** This curriculum emphasizes a peer model that utilizes the abilities of individuals to share critical information and resources, as well as build community and promotes healthy relationships with other community members. The effectiveness of similar peer leadership models addressing public health (often referred to as the *promotora* model) is well documented in public health literature. The National Latin@ Network conducted its own research study to document the outcomes of the curriculum, the first documented attempt to include domestic violence survivors as participants in such a program. The study is available online.⁴⁴



The Institute on Domestic Violence in the African American Community (IDVAAC) is focused on the unique circumstances and life experiences of African Americans as they seek resources and remedies related to the victimization and perpetration of domestic violence in their communities. IDVAAC recognizes the impact and

high correlation between intimate partner violence, child abuse, elder maltreatment, and community violence. IDVAAC's mission is to enhance society's understanding of, and

ability to, end violence in African American communities.

Accomplishments

- **National Conference on Domestic Violence, Race and Cultural Context.**⁴⁵ In August 2012, IDVAAC convened a national conference on Domestic Violence, Race and Cultural Context in Norfolk, Virginia. The conference focused on distinguishing social context from culture, determining the specific strengths and challenges of each, and how these elements relate to intimate partner violence, with a goal of learning how the study of social context can be useful in efforts to improve the response to battered women and their children, while holding perpetrators accountable for their behavior. Approximately 300 practitioners, policy makers, educators, law enforcement officers, members of the clergy, and other noted constituents joined IDVAAC as they examined culture, class, social context, and ethnicity for effective research, service delivery and social change.
- **Speaking Faith: Domestic Violence Programs and the African American Church.** IDVAAC developed this video to enhance training and technical assistance to the domestic violence field as a tool to strengthen partnerships between domestic violence programs and the faith community, working within the cultural context of African Americans. In 2011, IDVAAC conducted site visits and engaged with churches across the country to discuss church efforts to address domestic violence and implement practical and promising strategies to promote safety and healing for survivors and families within their faith communities. The video is available online.⁴⁶

B. State Domestic Violence Coalition Formula Grants

Each state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands have a federally-recognized Domestic Violence Coalition. The Coalitions serve as information clearinghouses and coordinate statewide domestic violence programs, outreach and activities. They provide technical assistance to local domestic violence programs (most of which are funded through sub-grants from FVPSA state, territorial and tribal formula grants) and encourage appropriate responses to domestic violence within their respective states and territories. The coalitions also partner with state and territorial formula grantees to accomplish state- and territory-wide needs assessments and participate in the planning and monitoring of the distribution of state and territorial formula grants.

Coalition activities cover a spectrum of intersecting social issues, which may include economic advocacy, human rights, homelessness and criminal and civil justice. Notable activities include: collaboration with and technical assistance for homeless service providers to screen for domestic violence and ensure victim safety; coordination and cross-training with organizations serving families of homicide victims to address grief and trauma; and, systems reform efforts and statewide planning with crime victim service organizations, and local, state, and tribal governments.

Each state and territorial domestic violence coalition received 1/56th of the total allotment for state/territory domestic violence coalitions (10% of the FVPSA appropriation). In FY 2011, each state and territorial domestic violence coalition received \$231,771 per coalition, for a total appropriation of \$12,979,189. In FY 2012, each state and territorial domestic violence coalition received \$231,333 per coalition, for a total appropriation of \$12,954,669. Snapshots of the coalitions' work are highlighted below:

Program Reflections: Tennessee

"Affordable housing is a vital resource for victims. It is an opportunity for them to rebuild their lives and start again. With the support of FVPSA, our Abuse Survivors Emergency Assistance Program has helped survivors stay in affordable housing, preventing them from becoming homeless, or returning to an abusive partner."

- An advocate from the Tennessee Coalition to End Domestic and Sexual Violence

Program Snapshots

- **The Tennessee Coalition to End Domestic and Sexual Violence** collaborated with the State Administrative Office of the Courts to train over 600 clerks on best practices on orders of protection and working with survivors of domestic violence; offered two specialized schools with the Tennessee Law Enforcement Training Academy, training almost 100 law enforcement officers on issues related to domestic violence and sexual assault; and, continued to build the capacity of domestic violence service providers throughout the state to improve access to services in rural areas.
- **The Georgia Coalition Against Domestic Violence** coordinated with state law enforcement to develop and distribute 12,000 pocket-sized reference guides for law enforcement on working with victims of domestic violence; partnered with Georgia Department of Family & Child Services (DFCS) to conduct online trainings for more than 380 DFCS staff on best practices when working with families with histories of domestic violence; and, managed the Georgia State Domestic Violence Hotline, which routed over 9,000 calls from victims seeking safety to local domestic violence service providers.
- **The California Partnership to End Domestic Violence** served on the California Attorney General's Human Trafficking Work Group; responded to nearly 400 requests for technical assistance from advocates across the state, providing specialized training on topics ranging from language access for survivors, to organizational development; and launched a new website, featuring resources connecting victims to local programs, tools for advocates, and public awareness materials; in FY 2012, the website received more than 874,900 unique visits.
- **The Kentucky Domestic Violence Association (KDVA)** assisted over 100 survivors of domestic violence to return to school, start small businesses, or

purchase homes through its Economic Justice program, which provides financial stability through financial education, Individual Development Accounts, and assistance applying for the Earned Income Tax Credit. KDVA held 31 in-person training sessions on the dynamics of domestic violence for 530 advocates, law enforcement personnel, judges and attorneys; and served on the Kentucky Attorney General's Task Force on Fatality Review to establish a statewide domestic violence fatality review process.

- **The Maryland Network Against Domestic Violence** provided entry-level training for cadets in law enforcement academies throughout the state to over 266 officers on a model protocol to respond to domestic violence victims; trained more than 400 health care professionals in partnership with the Maryland Health Care Coalition Against Domestic Violence, partnering on the development of the Health Care Coalition's guide, "*Health Care Response to Domestic Violence: An Advocacy-Based Manual for Hospitals, Facilities, and Providers*;" and completed its second annual Domestic Violence Fatality Review Report, a written protocol that examines fatalities, near-fatalities, and suicides to improve governmental and private systems' responses to domestic violence.

Program Reflections: California

"I took away a much better understanding of the neurobiology of trauma and have used that information every day since the conference. I appreciated having concrete therapeutic information to take home. I also took with me a better understanding of the implementation of trauma-informed care."

- An advocate from California reflecting on training provided by the California Partnership to End Domestic Violence

VI. Developing Leadership

A. Discretionary Grants to Expand Leadership Opportunities within the Domestic Violence Field for Members of Underrepresented Groups

In FY's 2011 and 2012, the FVPSA Program awarded a \$500,000 Continuing Discretionary Grant to the Pennsylvania Coalition Against Domestic Violence and National Resource Center on Domestic Violence for the Women of Color Network (WOCN), entitled "**Expanding Leadership Opportunities within the Domestic Violence Field for Members of Underrepresented Groups.**"

The WOCN Expanding Leadership program was designed to increase the presence of leaders from underrepresented groups within domestic violence programs and state coalitions; the leadership academy is the first federally funded program of its kind. The

program supports two 18-month sessions that follow a clearly identified curriculum that was developed by a group of national experts and partners, and supported by many nationally recognized Domestic Violence Culturally Specific Institutes and Resource Centers.

The academy consists of face-to-face training, webinars, teleconferences, social networking, fundraising activities, and outreach to state and local programs, tribes, and FVPSA state administrators. WOCN has a rich history of creating training and resource manuals for activists serving underrepresented communities. Building on that foundation, the academy curriculum was written and edited with the knowledge and insight of leaders from diverse movements, including immigrant, tribal, racial and ethnic minorities, LGBTQ, disabilities and deaf and hard of hearing communities. The first 18-month academy concluded in 2013 with 40 graduating fellows from the States of Minnesota, Vermont, Virginia and New Jersey.

While continuing to work in their own communities, each of the 40 graduating fellows will also serve as peer mentors to persons within their states to broaden the reach of the curriculum, and will serve as models and support for the next class of fellows participating in WOCN leadership academy.

Another feature of the WOCN leadership academy is an **Aspiring Allies** project, which provides anti-oppression training to advocates from mainstream populations who seek to serve as allies to underrepresented populations. Ten graduating aspiring allies will serve as peer allies to persons within their states.

VII. Breaking the Cycle: Prioritizing Children and Youth

A. Enhanced Services for Children and Youth Exposed to Domestic Violence Discretionary Grants

In FY 2011 and 2012, \$850,000 grants were awarded to four statewide capacity-building projects and one national technical assistance provider to expand services for children and youth exposed to domestic violence.

The five grantees are leaders for expanding a broader network of support for developing evidence-based interventions for children, youth and parents exposed to domestic violence, and for building national implementation strategies that will assist local improvements in domestic violence programs and community-based interventions. The grantees represented the following states: Alaska, Idaho, New Jersey, and Wisconsin.

Four Statewide Capacity Building Projects:

- The **New Jersey (NJ) Coalition for Battered Women** expanded an established model program for children who have been exposed to domestic violence. The Peace: A Learned Solution (PALS) program⁴⁷ provided children ages 3 through 12 with creative arts therapy to help them heal from exposure to domestic violence.

The PALS Expansion project worked with eleven NJ counties to ensure that the therapeutic intervention being provided was evidence-based by conducting a fidelity scale and outcome evaluation. A pilot PALS program was also conducted

for adolescents, ages 13 through 17, to gauge the effectiveness of the creative arts therapy with teens exposed to domestic violence.

- The **Wisconsin Coalition Against Domestic Violence** launched the Safe Together Project, to increase the capacity of Wisconsin domestic violence programs, particularly those serving under-represented or culturally specific populations, to support non-abusing parents and mitigate the impact of exposure to domestic violence on their children. One of the projects was a Native American culturally specific program called *Discovery Dating* through a partnership with the Wise Women Gathering Place.

This curriculum-based program engaged youth and adults to explore and clarify their goals and values, and discern character traits of others, thereby developing criteria and skills for better decision-making; the program also was evaluated.

- The **Alaska Network on Domestic Violence and Sexual Assault** improved collaboration between services and enhanced responses to Alaska's families by addressing the lack of coordination between domestic violence agencies, tribal partners and child welfare systems.

The Safe Growing Together Project examined what domestic violence programs could do to enhance relationships between battered mothers and their children, especially those from under-represented communities or involved in the child welfare system. This project included cross-education and development of an integrated training curriculum and policies. This project also included community-based, multidisciplinary teams in four Alaskan communities: Dillingham, Fairbanks, Juneau, and Kodiak.

- The **Idaho Coalition Against Sexual and Domestic Violence** launched the Resilient Families Idaho initiative. This initiative used counselors and advocates trained in two evidence-based programs, Child Parent Psychotherapy and Trauma-Focused Cognitive Behavioral Therapy to provide trauma-informed, developmentally sensitive parent-child services to promote resiliency and thriving, life-long healthy relationships in survivors of domestic violence and their children.

Resilient Families Idaho's partners integrated these parent-child practices and services into their overall organizational structures and built bridges in their communities to increase the most comprehensive child and parent-child centered approach to creating healthy futures.

National Technical Assistance & Resource Development:

Futures Without Violence served as national technical assistance support network for the domestic violence field and the four Enhancing Services for Children and Youth grantees. Over the three-year project period, Futures Without Violence:

- Conducted a national scan and literature review of existing evidence-based interventions and promising practices for children and youth exposed to domestic violence and other traumas. This literature review, performed by Dr. Linda Chamberlain, Ph.D., M.P.H., included a review of both research and experiential evidence related to services provided in multiple settings for children and youth exposed to domestic violence and other trauma.

- Developed evaluation measures to be used by domestic violence programs to support future documentation and evaluation of their work with children, youth and their mothers; and developed a framework and national recommendations for children's programs.
- Worked with a national leadership committee comprised of state coalitions, academics, activists, federal partners, and national organizations.
- Produced guidance for local domestic violence programs to assess their current capacities to serve children and youth and offered guidance on enhancing programmatic efforts.
- Provided technical assistance and training to four state coalitions funded under this program.
- Developed an online resource and capacity-building website, www.promisingfutureswithoutviolence.org, to assist domestic violence programs in enhancing their services for children, youth, and their mothers experiencing domestic violence. The website now includes:
 - A searchable database of evidence-based interventions and promising practices for serving children and youth exposed to domestic violence;
 - Strategies for strengthening program readiness and capacity to deliver developmentally appropriate, trauma informed and effective programming;
 - Information and resources on protective factors, resilience, and interventions that strengthen the mother-child bond;
 - Guidance on program evaluation and adaptation;
 - Testimonials highlighting states and programs doing innovative work;
 - Resources and guidance on working with culturally diverse families;
 - Training curriculums, research articles, and other tools for advocates; and,
 - Resources for parents and caregivers.

VIII. Working to Prevent Violence Before it Occurs: the DELTA Program

The FVPSA statute authorizes Demonstration Grants for Community Initiatives, administered by the Centers for Disease Control and Prevention's National Center for Injury Prevention and Control, via a separate line item appropriation. In FYs 2011 and 2012, the grants were administered as the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program, focusing on "primary prevention" – preventing violence before it happens.

Like many public health problems, intimate partner violence is not simply an individual problem. It is a problem rooted in community and societal norms. FVPSA authorizes distribution of federal funds to support coordinated community responses that address intimate partner violence. A coordinated community response (CCR) is an organized effort to prevent and respond to intimate partner violence in a community. It typically coordinates the work of diverse service sectors, such as organizations involved in violence prevention, youth development, education, public health, and faith-based

initiatives. In FYs 2011 and 2012, CDC's DELTA Program funded 14 state domestic violence coalitions to provide prevention-focused training, technical assistance, and financial support to local CCRs. Communities implemented and evaluated strategies focused on preventing first-time perpetration and victimization. Grantees were located in Alaska, California, Delaware, Florida, Kansas, Michigan, Montana, North Carolina, North Dakota, New York, Ohio, Rhode Island, Virginia, and Wisconsin.

Through the DELTA program, state domestic violence coalitions have established effective working relationships with key stakeholders and organizations in their states, resulting in programmatic and policy successes. Examples include:

- **Delaware's DELTA program** worked with a variety of stakeholders to create a 12-session curriculum, *Developing Healthy Relationships*. The Delaware Department of Education approved this curriculum as a "model instructional unit" for Delaware health teachers to use in K-12 classrooms across the state.
- In partnership with the Alaska Department of Education and the Alaska Department of Health and Social Services, the **Alaska Network on Domestic Violence and Sexual Assault** provided training to 50 teachers, domestic violence and sexual assault prevention staff, and community members on Fourth R (an interactive curriculum with core lessons about healthy relationships, sexual health and substance use prevention) instruction for grades 8-10 during FYs 2011 and 2012.

More than 22 schools are now using the Fourth R in their classrooms. In evaluations collected at the end of each unit, teachers reported a high level of student engagement and interest in the Fourth R. Teachers reported students having more honest discussions and that it strengthened class cohesion.

- In addition, the Stand Up Speak Up/Lead On! Campaign continued to gain momentum. At the close of LEAD ON! 2011, 95 percent of participants agreed that they understand ways they can encourage respect among peers and dating partners; 99 percent stated that they now know how to plan projects that promote respect and work to end violence in their community; 93 percent believe they could share messages to promote respect and end violence; 90 percent stated that they now have skills and tools to be a leader for respect in communities; 90 percent stated they would know what to do if someone they knew was being abused; and 95 percent agreed that they know ways they can encourage respect among dating peers and partners.
- The **North Carolina Coalition Against Domestic Violence** partnered with the North Carolina Department of Public Instruction to ensure every school principal in the state received information about intimate partner violence and the ways schools could partner with local communities and domestic violence programs on primary prevention activities.

IX. Collaborations

The FVPSA Program has spent years building partnerships with federal agencies to address the pervasive impact of domestic violence, dating violence, and trauma across the lifespan for victims of domestic violence and their children. Throughout 2011 and 2012, the FVPSA Program continued to lead partnerships with a number of federal agencies to ensure that the range of human service programs administered by the Department has the ability to:

- **Recognize** domestic violence and its impact;
- **React** appropriately, with trauma-informed strategies; and,
- **Refer** victims and their children to appropriate assistance.

A. Asset Building Agencies

The Office of Community Services' Assets for Independence (AFI) Program and the FVPSA Program continued a three-year effort to increase the availability of asset building resources available for victims of domestic violence and their families within local communities. Over the last two years, this strategic partnership increased national programming that focused on the economic challenges of domestic violence survivors. Notable efforts include:

- Expanding asset-building services to domestic violence survivors and honing asset experts' strategies for how best to help them achieve greater financial strength;
- Increasing the availability of technical assistance tools and resources available to domestic violence advocates and asset builders;
- Developing a toolkit for domestic violence service providers and AFI grantees on how to develop and maintain partnerships to provide services to domestic violence survivors, these toolkits were disseminated through a national training that reached over 300 people;
- Creating an Assets for Domestic Violence Survivors webpage on the AFI Resources Website (www.idaresources.org) that serves as a portal to articles on asset building, training tools, and partnership strategies; and
- Increasing dialogues between domestic violence advocates and asset building experts to discuss strategies to offer financial empowerment resources in their local communities.

B. Child Welfare Agencies

Within the Administration on Children, Youth and Families, the FVPSA Program and the Children's Bureau (CB) have collaborated on the co-occurrence of domestic violence and child maltreatment. The strategic focus of this partnership includes the national promotion of cross-system trauma-informed and domestic violence informed best practices. Notable efforts include:

- Training child welfare agencies about trauma-informed strategies for working with children, youth, and abused parents experiencing domestic violence;
- Promoting cross-system dialogues that discuss system barriers and safety challenges for victims of domestic violence and their children;
- Joint planning among child welfare agencies and domestic violence coalitions that address the needs of children exposed to domestic violence and working with abused parents;
- Increasing the availability of technical assistance tools and resources available to child welfare agencies on the co-occurrence of domestic violence and child maltreatment with an emphasis on working with culturally specific communities and supporting abused parents; and
- Implementing the Child Abuse Prevention and Treatment Act's domestic violence provisions.

C. Child Support Agencies

The Office of Child Support Enforcement (OCSE) and the FVPSA Program have partnered to coordinate training, policy, and programmatic efforts to address domestic violence in the child support context. Joint efforts focused on promoting training and technical assistance to increase domestic violence screening, improve caseworker understanding of a range of options for safe enforcement of protection orders, and increasing partnerships with local domestic violence programs. Notable efforts include:

- Promoting dialogues with domestic violence advocates and child support agencies that discuss system barriers and safety challenges for victims of domestic violence and their children;
- Increasing the availability of technical assistance tools and resources available to child support agencies that promote the awareness of families impacted by domestic violence who may be accessing child support resources; and
- Creating a training portal for child support agencies regarding the impact of domestic violence, the safe enforcement of protection orders, and increasing partnerships with domestic violence advocates.

D. Head Start

The Office of Head Start and the FVPSA Program partnered to promote collaboration with Head Start programs, domestic violence programs, and child welfare agencies for families who may be experiencing domestic violence and trauma. This partnership resulted in the implementation of a multi-disciplinary curriculum in Head Start centers in six states: Alabama, Florida, Michigan, Montana, New Mexico, and South Carolina. This national effort resulted in:

- Training that improved Head Start staff's capacities to identify domestic violence, understand its impact on families and children, and increase abilities to make appropriate service referrals;

- Increasing formalized partnerships between Head Start programs and domestic violence coalitions to improve policy and practices when working with families;
- Increasing agency planning to implement screening, assessment, and referrals for families experiencing domestic violence; and
- Evaluating the results of partnerships among Head Start programs and domestic violence programs.

E. Health Care Providers

The Health Resources and Services Administration's Office on Women's Health and the FVPSA Program partnered together to broaden health care providers' awareness of domestic violence and why it is a public health concern focusing on the long-term health impact of domestic violence and reproductive coercion. Notable efforts include:

- Promoting dialogues with domestic violence advocates and community/public health agencies that discussed reproductive coercion, domestic violence, rapid repeat pregnancies, and safety challenges for victims of domestic violence and their children;
- Increasing training for home visitors to assist with the identification and assessment of domestic violence within the context of home visitation services;
- Increasing the awareness of home visitors regarding national, state, and local domestic violence services with the goal of improving referrals for families experiencing domestic violence; and
- Increasing the availability of technical assistance tools and resources available to health care providers that promoted the awareness of the health impacts of domestic violence.

F. Refugee Resettlement Agencies

The Office of Refugee Resettlement and the FVPSA Program partnered to increase the awareness of resettlement agencies working with refugee families who may be experiencing domestic violence and trauma. Notable efforts include:

- Training resettlement agencies about culturally specific and trauma-informed strategies for working with children, youth, and adults experiencing domestic violence;
- Training resettlement agencies about the intersection of trafficking, trauma, and domestic violence and the prevalence of these co-occurrences for refugee communities; and
- Increasing awareness of national, state, and local domestic violence resources available as support resources for refugee families impacted by domestic violence.

G. Other Collaborative Efforts

In addition to administering the national network of nearly 2,700 FVPSA-funded domestic violence programs, state domestic violence coalitions, national resource

centers, and the National Domestic Violence Hotline, FVPSA division staff serve as partners and leaders to other federal agencies in a number of policy and programming initiatives, both within the Department of Health and Human Services and throughout the federal government. Activities include:

Department of Homeland Security

Immigrant victims of domestic and intimate partner violence often face challenges that impact safety and economic well-being, as well their relationships and connections with children and other family members. They may not speak English and U.S. laws, policies, and systems are foreign to them thereby complicating efforts to achieve independence and socio-economic integration.

To address these concerns, the FVPSA Program developed relationships and entered into collaborations with the Department of Homeland Security, Customs and Border Patrol, and with the Special Liaison to Non-Governmental Organizations within U.S Customs and Immigration Services (USCIS). In 2012, the FVPSA Program hosted a team of USCIS program officials at the annual FVPSA grantee meeting. USCIS officials served on a plenary panel to address critical federal public policy issues impacting survivors and their children. During this session, a brief introduction into the immigration remedies and policies relevant to victims and advocates was presented.

An outcome of this collaboration was a short webinar series for both FVPSA-funded grantees and USCIS federal officials that delved further into immigration remedies for battered immigrants, including Violence Against Women Act (VAWA) self-petitions for lawful permanent residency, and U Visas.

Tribal & Interagency Workgroups

In FY 2011 and FY 2012, the FVPSA program continued its participation in several tribal-focused working groups:

- **The Tribal Justice, Safety and Wellness Working Group (TJSW).** Since December 2006, the Department of Justice and its federal partners have worked steadily on responding to tribal needs through a series of TJSW consultation, training and technical assistance sessions held bi-annually across the country. These sessions address public safety and criminal justice and health and welfare issues (including domestic violence prevention and services) as well as economic development, safe housing, and safe communities.
- **The Health and Human Services (HHS) Tribal Violence Workgroup** collaborates to address safety and wellness issues in tribal communities; to establish joint priorities across agencies; to share technical assistance resources; and, to connect health resources and services and domestic violence programs on the national and local level. The workgroup is comprised of the Health Resources and Services Administration (HRSA), Indian Health Service (IHS), and the Administration for Children & Families (ACF). These agencies have collaborated to promote violence prevention awareness months, share resources on the federal level, and provide joint-agency webinar trainings.

FVPSA staff continued participation in a number of senior-level interagency working groups and projects in FY 2011 and FY 2012, including:

- **Interagency Workgroup on Violence Against Women, Office of the Vice President.** The FVPSA program is a member of this workgroup. FVPSA collaborates on projects and strategic planning to advance women's health as it relates to the prevention of gender-based violence and the enhancement of support services and resources for victims of intimate partner violence.
- **Interagency Workgroup on Women and Trauma.** The FVPSA Program is a member of the Women and Trauma Federal Partners Committee, launched on April 1, 2009. The Committee first developed as a work group within the Federal Partnership on Mental Health Transformation, and was established by the Substance Abuse and Mental Health Services Administration (SAMHSA) to take aggressive actions to develop policy and practice in many priority areas, including suicide prevention, employment, women, and youth in transition from school to work.
- **US Department of Health and Human Services (HHS) Violence against Women (VAW) Steering Committee.** The FVPSA Program is a member of the HHS VAW Steering Committee. Established in 1996 to strategically focus departmental collaboration on the issue of violence against women and girls, the VAW Steering Committee is comprised of senior-level representatives from diverse agencies and offices throughout HHS. By exploring and promoting the intersections of research, education, and training, VAW Steering Committee members build linkages with colleagues across HHS to improve the Department's response to violence against women and girls.
- **Coordinating Committee on Women's Health Intimate Partner Violence (IPV) Screening Workgroup.** Based on recommendations from the Institute of Medicine (IOM) regarding domestic violence in healthcare settings, stating that screening for domestic violence may help prevent future abuse, the FVPSA Program co-chairs this group with the Office on Women's Health and partners from the National Institutes of Health. The group leads HHS efforts to promote IOM recommendations to clarify guidelines for health practitioners by developing tools, models and resources to support training and technical assistance. In this capacity, the group sponsored the following event:
 - **IPV Health Screening Training with the Coordinating Committee on Women's Health.** On January 26, 2012, the FVPSA Program participated in an interagency training co-sponsored by the Coordinating Committee on Women's Health and the National Health Resource Center on Domestic Violence, which brought together a multi-disciplinary group of experts on public health, healthcare administration, domestic violence prevention and intervention, and research to build shared expertise. The training and discussion focused on strategies to increase the integration of trauma-informed programming and strengthen collaboration to support trauma-informed special initiatives, research, projects, or funding opportunities across federal agencies.

- **White House Federal Inter-Agency Working Group Addressing the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities.** The FVPSA Program is an active participant in the Administration's efforts to both improve the prevention of and interventions for HIV/AIDS and violence against women and girls. Pursuant to recommendations made by this work group, increased collaborations across the federal government and partnerships with FVPSA grantees, as well as others, aim to: improve health and wellness for women by screening for intimate partner violence and HIV; improve outcomes for women in HIV care by addressing violence and trauma; address certain contributing factors that increase the risk of violence for women and girls living with HIV; expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls; and support research to understand the scope of the intersection of HIV/AIDS and violence against women and girls, and develop effective interventions.⁴⁸

X. BUILDING ON SUCCESS: NEXT STEPS

Challenges

The past few years have brought challenges to both domestic violence victims and the programs that serve them. Financial stress often exacerbates abuse when both victims and perpetrators have fewer options and resources. Job loss, foreclosure, and other stressors may increase violence or trap a victim in a dangerous relationship. Couples who report extensive financial strain have a rate of violence more than three times that of couples with low levels of financial strain.⁴⁹ FVPSA programs are proven to help victims move on from abuse to lead violence-free lives, and shelters are particularly crucial for survivors who have few resources with nowhere to turn.⁵⁰

Next Steps

Providing Immediate Safety and Stability to Increase Healing and Long Term Well-being

Since 1984, FVPSA has funded core crisis and intervention services for the safety of victims of domestic violence, their dependents and families. Today, it remains the only federal-funding stream dedicated entirely to supporting domestic violence programs. The challenging economic climate over the past several years has reemphasized the vital need for this funding. Victims with fewer financial resources more often seek shelter because choices are nonexistent; therefore, shelter demand is high. Foreclosure, lay-offs, and multiple other stressors may lead to increased violence or trap victims in dangerous relationships.

- Couples who reported extensive financial strain had a rate of violence more than three times that of couples with low levels of financial strain.⁵¹
- Women whose male partners experienced two or more periods of unemployment over a five-year study were almost three times as likely to be victims of intimate partner violence as were women whose partners were in stable jobs.⁵²

Research funded by the FVPSA program to expand the evidence base for services indicates that victims frequently cite economic needs as both a reason for entering

shelter, and why it is often difficult to regain the personal resources to leave. In *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*, 61 percent of domestic violence victims needed three or more of the five kinds of economic help listed in the survey options (a job or job training, affordable housing, education/school, transportation, and help with budgeting).⁵³ However, this cluster of needs was the least likely to be fully met by domestic violence programs because the necessary community resources were already over-extended. As a result of the programming funded via the FVPSA, the federal government offers supportive solutions and dynamic programming to prevent domestic violence and to intervene during crises.

Continuing Development of Evidence-Based Resources and Trauma-Informed Practices

The FVPSA program is committed to understanding and documenting what is known about practice and interventions that work, what has potential to work for families impacted by domestic violence, and what can help grantees contribute to the evidence base for domestic violence services.

Looking ahead, FVPSA's research goals for the next year include: leading with evidence-based interventions and practice-based evidence for survivors; exploring how research can inform outcomes related to trauma specific work and core services; and promoting partnerships between researchers and domestic violence programs to bolster the evidence base for prevention and intervention, particularly through culturally specific organizations. Examples of a research agenda that began in FY 2012 and will be pursued in the coming years include:

- **The Domestic Violence Evidence Project.** This online resource was designed to help domestic violence service providers with tools and resources for identifying and integrating evidence-based practice. Over the next year, it will be expanded to include a conceptual framework, evaluation tools, and research summaries discussing the level of evidence for shelter services, support groups, and advocacy services. The website also will feature a review of the empirical evidence examining the extent to which domestic violence programs have been effective in providing activities for survivors and their children to influence the factors known to promote their well-being.
- **Promising Futures Best Practices for Serving Children, Youth and Parents Experiencing Domestic Violence.** This online resource center was developed to provide domestic violence and child welfare practitioners' access to trauma-informed best practices for serving children and families experiencing domestic violence. Over the next year, the website will be expanded to include strategies for strengthening program readiness and capacity to deliver developmentally appropriate, trauma-informed and effective programming, and information and resources on protective factors, resilience, and interventions that strengthen the mother-child bond.

Helping Victims and Families No Matter Where They Seek Help

It is estimated by advocates throughout the U.S. that thousands of families impacted by domestic violence may never contact a domestic violence program as a first step for support. For those victims who access support, research shows that victims are often seen by medical providers and social service providers and initially turn to trusted family

and friends for support.⁵⁴

Given this reality, the FVPSA Program will continue to prioritize collaborations with components across the Administration for Children and Families (ACF) to ensure that every division within its purview can: recognize domestic violence and the impact on victims and families; serve victims appropriately, within a trauma-informed framework; and, refer victims and their children to the appropriate services. All of this is meant to mirror the success of individual grantees across the U.S. whose constant efforts ensure that abuse victims are linked to human services every day.

In the coming years, the FVPSA Program will continue to build partnerships within ACF to create common standards for ensuring that health and human service providers supported by the Department have the capacity to recognize the impact and respond effectively to safely link program participants to appropriate domestic violence services. A part of this effort will include: communications from each agency to raise the awareness among employees and grantees about how domestic violence impacts the people they serve; providing resources available in their community; connecting them to online training resources; and asking them to undertake additional knowledge building efforts.

Supporting Programs and Services that Reflect the Diversity and Unique Needs of the Community Including Underserved and Underrepresented Populations

The FVPSA Program endeavors to ensure that every person seeking help for domestic violence, regardless of background or circumstance, gender, sexual orientation, ethnicity, or ability, has access to the support they need. While the vast majority of people served through FVPSA-funded programs are women, many of whom enter shelter with their children, FVPSA services are accessible and diverse. FVPSA programs also serve men and transgender victims. Expanding accessibility to programs, including ensuring that services are culturally competent, is, however, an ongoing effort. In the coming years, FVPSA plans to deepen this commitment by supporting the National Latin@ Network/Casa de Esperanza to partner with state domestic violence coalitions to improve program standards for language access for individuals with limited English proficiency. Additionally, a new grant program will be implemented for culturally specific services for domestic violence survivors from underrepresented communities. This will include a partnership with the Office on Violence against Women in the Department of Justice to support community-based organizations to provide trauma-informed domestic violence services for historically marginalized communities.

Moreover, because violence affects everyone, regardless of sexual orientation,⁵⁵ the FVPSA Program will support the establishment of a Learning Center to develop and identify effective approaches for serving LGBTQ survivors of intimate partner violence and building the capacity of community-based domestic violence and LGBTQ anti-violence programs to better serve LGBTQ intimate partner violence victims.

Focusing on Youth and Adolescents via Primary Prevention Efforts

One in 10 American teenagers suffers physical violence at the hands of a boyfriend or girlfriend each year; many others are sexually or emotionally abused.⁵⁶ A central focus

of the FVPSA program is to prevent this violence before it occurs. In the coming years, FVPSA will continue to partner with the Runaway and Homeless Youth and Adolescent Pregnancy Prevention programs to promote the healthy relationships among adolescents through prevention, education, and promotion of positive social norms in prevention and intervention services.

These partnerships will result in a demonstration pilot project for nine communities across the U.S. and an online toolkit to incorporate adolescent relationship abuse prevention into adolescent pregnancy prevention programming. Additionally, the FVPSA Program will encourage collaborations between tribal grantees in the domestic violence and adolescent pregnancy prevention fields. The FVPSA Program's National Center for Domestic Violence, Trauma and Mental Health, and the National Indigenous Women's Resource Center, will lead trainings for frontline staff delivering services to youth on how to identify trauma and for implementing best practices for using trauma-informed and culturally relevant approaches in teen pregnancy programs.

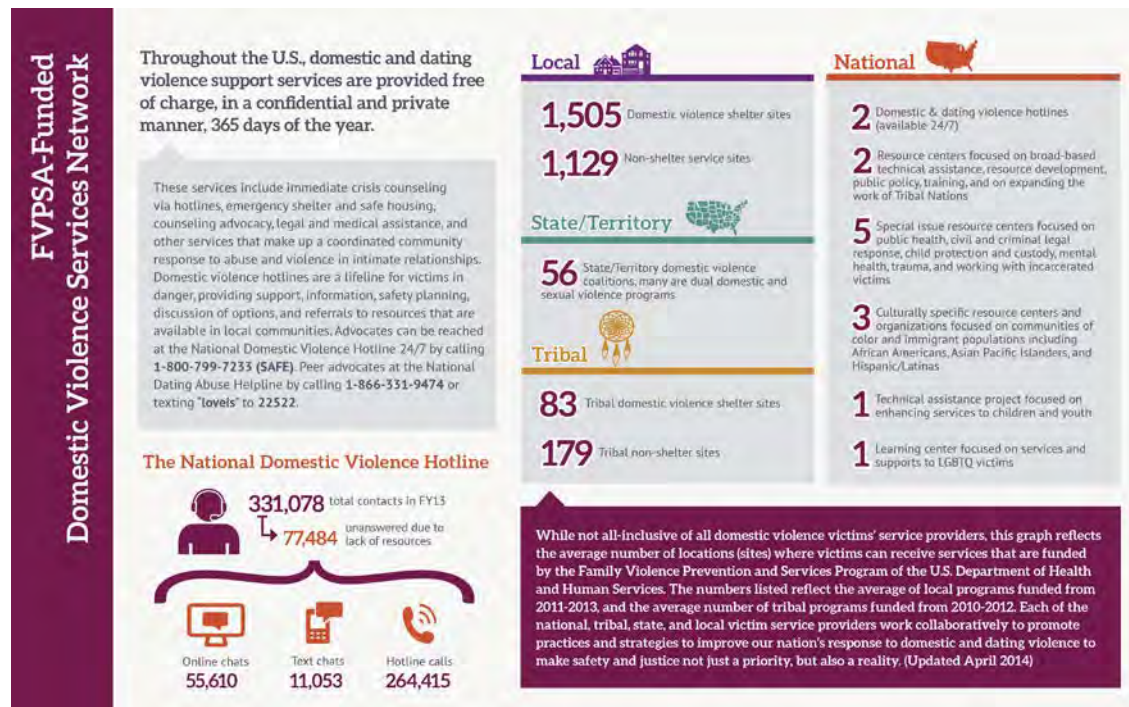
Building the Capacity of the Health System to Collaborate with the Domestic Violence Field

As HHS works to implement the Affordable Care Act, the FVPSA Program will work with health providers to promote intimate partner violence healthcare screening and counseling through training and technical assistance and linkages with domestic violence programs. FVPSA-funded state domestic violence coalitions will contribute to this effort with a multi-state working group on intimate partner violence screening and Affordable Care Act implementation, in partnership with the National Health Resource Center on Domestic Violence. At the Departmental level, FVPSA staff will co-lead a cross-agency committee to plan a Research Symposium on Intimate Partner Violence Screening & Counseling, with the Office on Women's Health, and the National Institutes of Health. The Symposium will bring together the country's top clinical researchers, medical practitioners, domestic violence experts and policy makers to examine the current state of the science, highlight best practices, and identify research gaps that need to be addressed to advance the health sector's response to intimate partner violence.

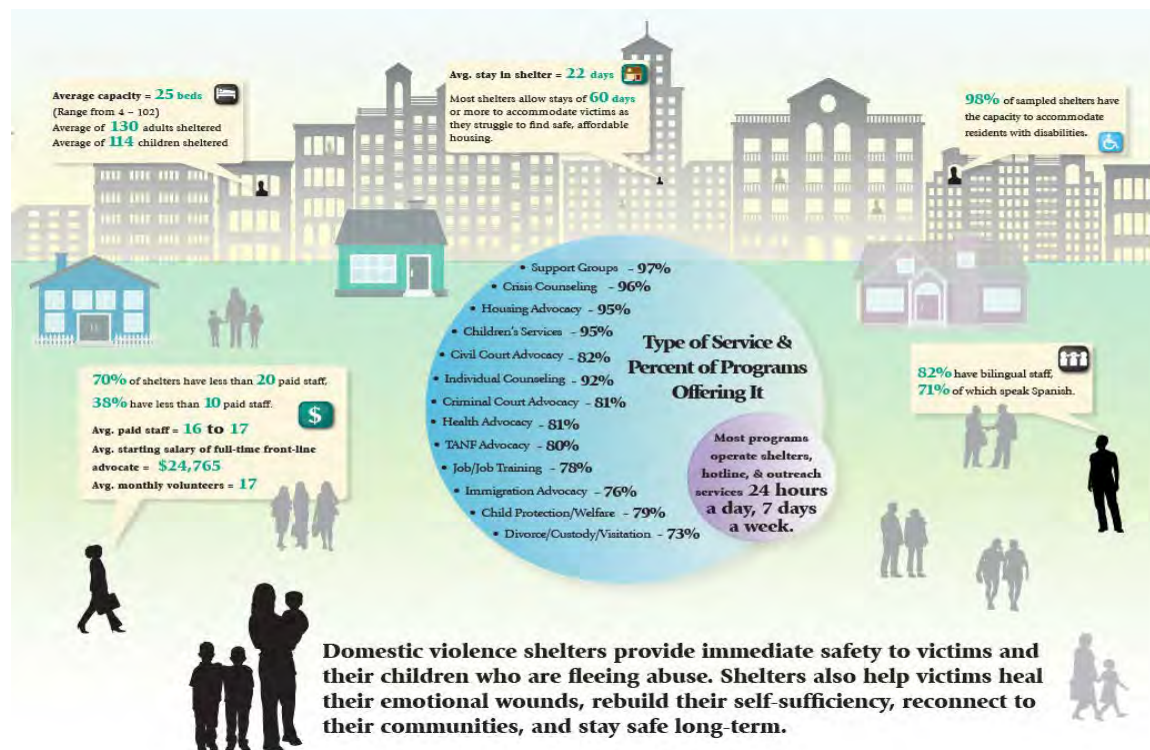
Every day across this country, thousands of domestic violence victims leave their homes seeking safety. Often, they take their children with them and bravely leave everything else behind. For the past several decades, the FVPSA Program has administered a national infrastructure of service providers, resource centers, and programs that support victims and their children while holding perpetrators accountable. The FVPSA program endeavors to help build communities' responses to intimate partner violence, ultimately reducing violence and saving lives while promoting cost-saving strategies across government.

XI. Appendices

A. Domestic Violence Service Network Infographic



B. Domestic Violence Shelter Services Infographic



C. Total Victims Served by State and Year

		Adults		Children		Total	
		2011	2012	2011	2012	2011	2012
AK	Shelter	1,501	1,232	1,260	1,206	2,761	2,438
	Non-Shelter	5,270	4,335	1,202	1,108	6,472	5,443
	Total	6,771	5,567	2,462	2,314	9,233	7,673
AL	Shelter	1,133	1,200	969	987	2,102	2,187
	Non-Shelter	8,263	8,053	569	1,013	8,832	9,066
	Total	9,396	9,253	1,538	2,000	10,934	11,253
AR	Shelter	548	470	544	442	1,092	912
	Non-Shelter	6,418	5,660	1,189	702	7,607	6,362
	Total	6,966	6,130	1,733	1,144	8,699	7,274
AZ	Shelter	954	1,086	985	949	1,939	2,035
	Non-Shelter	5,901	4,286	2,642	1,905	8,543	6,191
	Total	6,855	5,372	3,627	2,854	10,482	8,226
CA	Shelter	6,840	3,410	7,340	3,747	14,180	7,157
	Non-Shelter	65,652	33,817	9,788	2,960	75,440	36,777
	Total	72,492	37,227	17,128	6,707	89,620	43,934
CO	Shelter	2,796	3,027	2,117	2,292	4,913	5,319
	Non-Shelter	24,133	16,427	5,059	4,806	29,192	21,233
	Total	26,929	19,454	7,176	7,098	34,105	26,518
CT	Shelter	1,389	1,260	1,098	990	2,487	2,250
	Non-Shelter	15,597	12,191	823	568	16,420	12,759
	Total	16,986	13,451	1,921	1,558	18,907	15,009
DC	Shelter	36	109	97	141	133	250
	Non-Shelter	162	1,331	0	0	162	1,331
	Total	198	1,440	97	141	295	1,581
DE	Shelter	223	312	254	278	477	590
	Non-Shelter	379	347	0	2	379	349
	Total	602	659	254	280	856	939

		Adults		Children		Total	
		2011	2012	2011	2012	2011	2012
FL	Shelter	8,311	8,530	7,435	7,487	15,746	16,017
	Non-Shelter	35,142	31,902	3,817	3,712	38,959	35,614
	Total	43,453	40,432	11,252	11,199	54,705	51,631
GA	Shelter	4,786	3,787	4,718	3,761	9,504	7,548
	Non-Shelter	22,400	15,617	13,333	7,012	35,733	22,629
	Total	27,186	19,404	18,051	10,773	45,237	30,177
HI	Shelter	849	928	720	708	1,569	1,636
	Non-Shelter	0	575	0	2,693	0	3,268
	Total	849	1,503	720	3,401	1,569	4,904
IA	Shelter	2,558	1,975	1,950	1,506	4,508	3,481
	Non-Shelter	17,824	17,133	5,087	3,953	22,911	21,086
	Total	20,382	19,108	7,037	5,459	27,419	24,567
ID	Shelter	1,273	1,019	865	1,291	2,138	2,310
	Non-Shelter	15,248	13,381	6,428	6,017	21,676	19,398
	Total	16,521	14,400	7,293	7,308	23,814	21,708
IL	Shelter	3,985	3,979	3,679	3,741	7,664	7,720
	Non-Shelter	42,441	43,333	5,077	5,747	47,518	49,080
	Total	46,426	47,312	8,756	9,488	55,182	56,796
IN	Shelter	5,923	6,158	4,321	4,539	10,244	10,697
	Non-Shelter	15,657	17,138	5,762	5,912	21,419	23,050
	Total	21,580	23,296	10,083	10,451	31,663	33,747
KS	Shelter	1,438	1,412	1,359	1,274	2,797	2,686
	Non-Shelter	11,224	11,694	2,614	2,488	13,838	14,182
	Total	12,662	13,106	3,973	3,762	16,635	16,868
KY	Shelter	2,413	2,254	1,914	1,823	4,327	4,077
	Non-Shelter	25,010	25,020	1,713	1,713	26,723	26,733
	Total	27,423	27,274	3,627	3,536	31,050	30,809

		Adults		Children		Total	
		2011	2012	2011	2012	2011	2012
LA	Shelter	2,199	2,319	2,162	1,737	4,361	4,056
	Non-Shelter	10,196	8,275	3,663	3,038	13,859	11,313
	Total	12,395	10,594	5,825	4,775	18,220	15,369
MA	Shelter	445	372	308	258	753	630
	Non-Shelter	94	445	79	68	173	513
	Total	539	817	387	326	926	1,088
MD	Shelter	874	627	897	392	1,771	1,019
	Non-Shelter	12,870	6,627	794	307	13,664	6,934
	Total	13,744	7,254	1,691	699	15,435	7,806
ME	Shelter	492	487	402	455	894	942
	Non-Shelter	11,623	11,872	393	479	12,016	12,351
	Total	12,115	12,359	795	934	12,910	12,581
MI	Shelter	5,537	5,153	5,502	5,312	11,039	10,465
	Non-Shelter	26,723	26,870	3,367	3,245	30,090	30,115
	Total	32,260	32,023	8,869	8,557	41,129	40,575
MN	Shelter	8,095	4,466	4,675	4,603	12,770	9,069
	Non-Shelter	266	3,703	22	523	288	4,226
	Total	8,361	8,169	4,697	5,126	13,058	13,295
MO	Shelter	5,066	5,244	4,503	4,504	9,569	9,748
	Non-Shelter	21,542	23,769	9,186	6,333	30,728	30,102
	Total	26,608	29,013	13,689	10,837	40,297	39,825
MS	Shelter	892	974	957	978	1,849	1,952
	Non-Shelter	963	930	562	595	1,525	1,525
	Total	1,855	1,904	1,519	1,573	3,374	3,477
MT	Shelter	2,105	1,859	1,723	3,069	3,828	4,928
	Non-Shelter	5,752	6,842	1,614	1,494	7,366	8,336
	Total	7,857	8,701	3,337	4,563	11,194	13,231

		Adults		Children		Total	
		2011	2012	2011	2012	2011	2012
NC	Shelter	5,223	5,959	3,995	5,099	9,218	11,058
	Non-Shelter	41,059	55,984	8,100	368	49,159	56,352
	Total	46,282	61,943	12,095	5,467	58,377	58,463
ND	Shelter	524	541	446	370	970	911
	Non-Shelter	4,644	4,515	589	632	5,233	5,147
	Total	5,168	5,056	1,035	1,002	6,203	6,057
NE	Shelter	1,392	1,438	1,545	1,737	2,937	3,175
	Non-Shelter	15,400	13,764	7,015	6,487	22,415	20,251
	Total	16,792	15,202	8,560	8,224	25,352	23,426
NH	Shelter	341	375	261	255	602	630
	Non-Shelter	9,741	9,825	470	458	10,211	10,283
	Total	10,082	10,200	731	713	10,813	10,913
NJ	Shelter	1,428	1,199	1,541	1,411	2,969	2,610
	Non-Shelter	16,358	26,261	8,393	7,536	24,751	33,797
	Total	17,786	27,460	9,934	8,947	27,720	36,407
NM	Shelter	1,829	1,771	1,782	1,595	3,611	3,366
	Non-Shelter	1,214	4,423	1,101	942	2,315	5,365
	Total	3,043	6,194	2,883	2,537	5,926	8,731
NV	Shelter	872	1,084	675	700	1,547	1,784
	Non-Shelter	4,459	9,670	574	3,654	5,033	13,324
	Total	5,331	10,754	1,249	4,354	6,580	15,107
NY	Shelter	12,097	9,228	12,621	11,068	24,718	20,296
	Non-Shelter	92,139	50,242	18,378	8,188	110,517	58,430
	Total	104,236	59,470	30,999	19,256	135,235	78,726
OH	Shelter	4,284	4,536	3,972	4,094	8,256	8,630
	Non-Shelter	24,181	29,375	17,541	12,942	41,722	42,317
	Total	28,465	33,911	21,513	17,036	49,978	50,947

		Adults		Children		Total	
		2011	2012	2011	2012	2011	2012
OK	Shelter	4,088	4,062	3,187	2,871	7,275	6,933
	Non-Shelter	12,517	16,492	3,264	2,644	15,781	19,136
	Total	16,605	20,554	6,451	5,515	23,056	26,069
OR	Shelter	2,784	2,929	2,246	2,434	5,030	5,363
	Non-Shelter	20,575	19,981	4,595	5,117	25,170	25,098
	Total	23,359	22,910	6,841	7,551	30,200	30,391
PA	Shelter	5,165	4,903	4,234	4,412	9,399	9,315
	Non-Shelter	80,399	71,335	2,846	2,762	83,245	74,097
	Total	85,564	76,238	7,080	7,174	92,644	83,412
PR	Shelter	553	586	700	780	1,253	1,366
	Non-Shelter	1,326	1,395	375	755	1,701	2,150
	Total	1,879	1,981	1,075	1,535	2,954	3,516
RI	Shelter	261	265	268	286	529	551
	Non-Shelter	9,826	8,596	620	756	10,446	9,352
	Total	10,087	8,861	888	1,042	10,975	9,521
SC	Shelter	1,783	1,595	1,309	1,294	3,092	2,889
	Non-Shelter	12,383	12,873	6,234	7,379	18,617	20,252
	Total	14,166	14,468	7,543	8,673	21,709	23,141
SD	Shelter	1,484	2,353	2,501	2,765	3,985	5,118
	Non-Shelter	14,479	8,052	2,931	2,684	17,410	10,736
	Total	15,963	10,405	5,432	5,449	21,395	14,788
TN	Shelter	2,476	2,493	1,861	1,801	4,337	4,294
	Non-Shelter	22,558	19,844	4,226	3,330	26,784	23,174
	Total	25,034	22,337	6,087	5,131	31,121	27,468
TX	Shelter	11,893	11,902	14,798	14,406	26,691	26,308
	Non-Shelter	37,023	36,882	15,373	15,479	52,396	52,361
	Total	48,916	48,784	30,171	29,885	79,087	78,669

		Adults		Children		Total	
		2011	2012	2011	2012	2011	2012
UT	Shelter	1,655	1,745	1,300	1,446	2,955	3,191
	Non-Shelter	115	48	135	56	250	104
	Total	1,770	1,793	1,435	1,502	3,205	3,295
VA	Shelter	3,270	3,026	2,492	2,426	5,762	5,452
	Non-Shelter	13,798	13,738	3,616	3,451	17,414	17,189
	Total	17,068	16,764	6,108	5,877	23,176	22,636
VT	Shelter	407	558	299	436	706	994
	Non-Shelter	6,917	9,243	1,034	1,183	7,951	10,426
	Total	7,324	9,801	1,333	1,619	8,657	11,420
WA	Shelter	2,700	2,381	2,520	2,225	5,220	4,606
	Non-Shelter	10,416	9,875	783	766	11,199	10,641
	Total	13,116	12,256	3,303	2,991	16,419	15,056
WI	Shelter	3,360	3,786	3,434	3,779	6,794	7,565
	Non-Shelter	26,002	26,719	4,389	5,184	30,391	31,903
	Total	29,362	30,505	7,823	8,963	37,185	39,468
WV	Shelter	1,255	917	676	623	1,931	1,540
	Non-Shelter	14,176	16,784	2,475	2,776	16,651	19,560
	Total	15,431	17,701	3,151	3,399	18,582	21,100
WY	Shelter	492	567	516	679	1,008	1,246
	Non-Shelter	3,938	3,877	891	1,415	4,829	5,292
	Total	4,430	4,444	1,407	2,094	5,837	6,530
Total	Shelter	144,277	133,848	131,933	127,462	276,210	261,310
	Non-Shelter	902,393	831,366	200,731	165,337	1,103,124	996,703
	Total	1,046,670	965,214	332,664	292,799	1,379,334	1,246,118

D. State and Territory Funding FYs 2011-2012

States and Territories	FY11 State and Territory Formula Grant Awards	FY12 State and Territory Formula Grant Awards
Alabama	\$1,495,414	\$1,505,670
Alaska	\$732,822	\$734,015
American Samoa	\$129,792	\$129,547
Arizona	\$1,854,261	\$1,806,120
Arkansas	\$1,149,461	\$1,150,209
California	\$7,628,674	\$7,629,510
Colorado	\$1,555,512	\$1,548,967
Connecticut	\$1,269,042	\$1,274,402
Delaware	\$768,316	\$769,433
District of Columbia	\$714,031	\$713,540
Florida	\$4,125,202	\$4,147,650
Georgia	\$2,469,135	\$2,427,979
Guam	\$129,792	\$129,547
Hawaii	\$846,293	\$856,677
Idaho	\$893,951	\$895,790
Illinois	\$3,055,059	\$3,021,033
Indiana	\$1,821,427	\$1,823,439
Iowa	\$1,171,978	\$1,174,822
Kansas	\$1,136,016	\$1,138,359
Kentucky	\$1,420,377	\$1,418,802
Louisiana	\$1,454,219	\$1,455,409
Maine	\$850,690	\$850,651
Maryland	\$1,683,820	\$1,689,421
Massachusetts	\$1,853,844	\$1,835,483
Michigan	\$2,495,855	\$2,464,960
Minnesota	\$1,601,430	\$1,600,806
Mississippi	\$1,161,355	\$1,159,904
Missouri	\$1,738,605	\$1,730,060
Montana	\$785,405	\$786,694
Nebraska	\$941,647	\$944,615
Nevada	\$1,102,612	\$1,109,571
New Hampshire	\$851,883	\$848,407
New Jersey	\$2,255,874	\$2,258,957

States and Territories	FY11 State and Territory Formula Grant Awards	FY12 State and Territory Formula Grant Awards
New Mexico	\$982,161	\$988,550
New York	\$4,316,026	\$4,256,486
North Carolina	\$2,383,880	\$2,399,266
Northern Marianas	\$129,792	\$129,547
North Dakota	\$723,005	\$726,915
Ohio	\$2,794,963	\$2,776,842
Oklahoma	\$1,301,134	\$1,307,849
Oregon	\$1,327,492	\$1,322,892
Pennsylvania	\$2,996,938	\$2,996,833
Puerto Rico	\$800,279	\$1,303,025
Rhode Island	\$1,467,371	\$798,611
South Carolina	\$754,484	\$1,472,767
South Dakota	\$1,797,303	\$753,629
Tennessee	\$5,312,632	\$1,797,457
Texas	\$1,129,518	\$5,344,757
Utah	\$718,235	\$1,121,522
Vermont	\$2,098,963	\$718,072
Virginia	\$1,867,271	\$2,109,726
Virgin Islands	\$129,792	\$129,547
Washington	\$946,051	\$1,868,864
West Virginia	\$1,675,319	\$949,644
Wisconsin	\$703,499	\$1,673,087
Wyoming	\$1,354,424	\$706,352
TOTALS	\$90,854,326	\$90,682,689

E. Indian Tribe and Alaska Native Village Funding FYs 2011-2012

Tribal Grantee	FY 2011	FY 2012
<u>Alabama</u>		
Poarch Band of Creek Indians	\$23,599	\$14,897
<u>Alaska</u>		
Akiak Native Community	**	\$14,898
Alatna Tribal Council	\$23,599	\$14,897
Aleutian Pribilof Island Assoc Inc.*	\$141,591*	\$130,353*
Atka Tribal Council		
Belkofski Tribal Council		
Nikolski		
Native Village of Akutan		
Native Village of False Pass Tribes		
Native Village of Nelson Lagoon		
Native Village of Unga		
Qawalangin Tribe of Unalaska		
Saint Paul Tribal Government of Saint Paul		
Sand Point Qagan Tayagungin Tribal Council		
St George Traditional Council		
Allakaket Tribal Council	\$23,598	\$14,898
Anvik Traditional Council	\$23,599	\$14,897
Arctic Village Council	\$23,598	\$14,898
Beaver Village Council	\$23,599	\$14,897
Birch Creek Tribal Council	\$23,598	**
Bristol Bay Native Association*	\$584,063*	\$74,488*
Chignik Lake Traditional Village Council		
Ekwok Village Council		
Iliamna		
Manokotak		
Newhalen Tribal Council		

Central Council of Tlingit & Haida Indian Tribes	\$23,599	\$216,014
Chalkyitsik Village Council	\$23,598	\$14,897
Chugachmiut	\$94,394	\$14,898
Circle Tribal Council	\$23,599	**
Eastern Aleutian Tribes Inc*	\$141,591*	\$104,282*
Agdaagux Tribal Council		
Akutan Traditional Council		
False Pass Tribal Council		
Nelson Lagoon Village Council		
Pauloffharbor Tribe		
Qagan Tayagungin		
Unga Tribal Council		
Emmonak Women's Shelter*	**	\$44,693
Chuloonawick Native Village		
Native Village of Nunam Iqua		
Village of Kotlik		
Evansville Tribal Council	\$23,598	\$14,897
Fairbanks Native Association	\$141,591	\$26,071
Grayling IRA Council	**	\$14,898
Gwichyaa Zhee Gwich'in (Ft. Yukon)	\$23,599	\$26,071
Holy Cross Village Council	\$23,598	\$14,897
Hughes Village Hudotl'eekka Tribe	\$23,599	\$14,898
Huslia Village Council	\$23,598	\$14,897
Kaltag Tribal Council	\$23,599	\$14,898
Kodiak Area Native Association*	\$94,394*	\$104,282*
Akhiok Tribal Council		
Karluk IRA Tribal Council		
Larsen Bay		
Native Village of Ouzinkie		
Old Harbor Tribal Council		
Port Lions		

Tangirnaq		
Koyukuk Tribal Council	\$23,598	\$14,898
Louden Tribal Council	\$23,599	\$14,897
Maniilaq Association	\$300,886	**
McGrath Native Village Council	\$23,598	\$14,898
Mendas Cha-Ag Tribe	\$23,599	\$14,897
Minto Tribal Council	**	\$14,898
Native Village of Afognak	\$23,598	\$14,897
Native Village of Eagle	\$23,599	\$14,898
Native Village of Eyak	\$23,598	\$14,897
Native Village of Tanana	**	\$14,898
Nenana Native Council	\$23,599	\$14,897
Nikolai Edzeno Village Council	\$23,598	\$14,898
Northway Village Council	\$23,599	**
Nulato Tribal Council	\$23,598	\$14,897
Ruby Tribal Council	\$23,599	\$14,898
Shageluk IRA Tribal Council	\$23,598	\$14,897
South Central Foundation	\$165,193	\$171,321
Stevens Village Council	\$23,599	\$14,898
Sun'aq Tribe of Kodiak	\$23,598	\$26,071
Takotna Tribal Council	\$23,599	**
Tanacross Village Council	\$23,598	\$14,897
Telida Village Council	\$23,599	\$14,898
Tetlin Tribal Council	\$23,598	\$14,897
TOK Native Association	\$23,599	\$14,898
Venetie Village Council	\$23,598	\$14,897
<u>Arizona</u>		
Hualapai Tribal Council	\$23,598	\$14,898
Navajo Nation	\$2,064,871	\$1,675,967

Tohono O'odham Nation	\$123,892	\$78,212
Yavapai Prescott Indian	\$23,599	\$14,897
<u>California</u>		
Dry Creek Rancheria Band of Pomo Indians	\$23,598	\$14,898
Fort Mojave Indian Tribe	\$23,599	\$14,897
Inter-Tribal Council of California*	\$702,055*	\$499,079*
Big Pine Tribe		
Big Sandy Rancheria		
Blue Lake		
Bridgeport Indian Colony		
Cahto Indian Tribe		
California Valley Miwok Tribe		
Choinumni Tribe of Yokut Indians		
Cloverdale		
Coyote Valley Band		
Elem Colony		
Elk Valley		
Federated Indians of Graton Rancheria		
Gabrieleno Tongva		
Greenville Tribe		
Grindstone Rancheria		
Ione Band of Miwok		
Manchester/Point Arena		
Mechoopda Indian Tribe of Chico Rancheria		
Middletown Rancheria		
Mishewal Wappo Tribe of Alexander Valley		
Nor-rel-muk Band of Wintu Indians of W CA		
North Fork Rancheria		
Pinoleville Tribe		
Potter Valley Tribe		
Redwood Valley		

Resighini Tribe		
Scotts Valley Tribe		
Sherwood Tribe		
Susanville Indian Rancheria		
Tejon tribe		
Tubatulabals		
Washoe Tribe of Nevada and California		
Wintu Tribe of Northern California		
Wukchumni Tribe		
La Jolla Bands of Luiseno Indians*	\$23,598*	\$29,796*
La Jolla Band		
Santa Ysabel Lipay Nation		
Smith River Rancheria	\$23,599	\$14,898
Southern Indian Health Council*	\$188,792*	\$119,184*
Barona Band of Missions		
Campo Band of Kumeyaay Indians		
Capitan Grande		
Cuyapaipe		
Ewiiapaayp Band		
Jamul		
La Posta Band of Mission Indians		
Manzanita		
Sycuan		
Viejas Band		
Strong Hearted Native Women's Coalition, Inc*	**	\$29,796
Mesa Grande		
Soboba Band of Mission Indians		
Wiyot Tribe	\$23,598	\$14,898
<u>Colorado</u>		
Southern Ute Indian Tribal Council	**	\$96,834
<u>Idaho</u>		

Coeur D'Alene Tribe	\$23,599	\$55,866
Shoshone-Bannock Tribes	\$53,097	\$40,968
<u>Kansas</u>		
Kickapoo Tribe in Kansas	\$23,598	**
<u>Maine</u>		
Aroostook Band of Micmacs	\$23,599	\$14,898
Houlton Band of Maliseet Indians	\$23,598	\$14,898
Passamaquoddy Tribe at Indian Township	\$53,097	\$14,898
Penobscot Indian Nation	**	\$14,898
Pleasant Point Passamaquoddy Tribe	\$23,599	\$14,898
<u>Massachusetts</u>		
Wampanoag Tribe of Gay Head	**	\$14,898
<u>Michigan</u>		
Bay Mills	\$23,598	\$14,898
Grand Traverse	\$23,599	\$40,968
Hannahville Indian Community	\$23,598	\$14,898
Lac Vieux Desert Lake Superior	\$23,599	\$14,898
Little Traverse Bay Bands of Odawa Indians	\$41,297	\$14,898
Saginaw Chippewa Tribe	**	\$26,071
Sault St. Marie Tribe of Chippewa Indians	\$23,598	\$26,071
<u>Minnesota</u>		
Bois Forte Band of the Minnesota Chippewa	\$23,599	\$14,898
Grand Portage Reservation	\$23,598	\$14,898
Leech Lake Reservation	\$64,896	**
Red Lake Chippewa	\$76,695	\$48,417
White Earth Reservation	\$53,097	\$78,212
<u>Mississippi</u>		
Mississippi Band of Choctaw Indians	\$64,896	\$63,314
<u>Montana</u>		
Blackfeet Tribe	\$342,179	\$96,834

Chippewa Cree Tribe - Rocky Boy's Res.	**	\$33,519
Confederated Salish and Kootenai	\$88,494	\$48,417
Fort Belknap Community Council	\$47,197	\$26,071
Fort Peck Tribal Assiniboiné Sioux	\$64,895	\$96,834
Northern Cheyenne Tribal Council	\$64,896	\$40,968
<u>Nebraska</u>		
Iowa Tribe of Kansas and Nebraska	\$23,599	\$14,898
Omaha Tribe of Nebraska	**	\$55,866
Ponca Tribe of Nebraska	\$41,297	\$14,898
Santee Sioux Nation of Nebraska	\$41,297	\$14,898
Winnebago Tribe of Nebraska	\$41,297	\$26,071
<u>Nevada</u>		
Elko Band Council	\$23,599	\$14,898
Inter-Tribal Council of Nevada*	\$353,978*	\$234,643*
Battle Mountain Tribe		
Duckwater Shoshone		
Ely Shoshone Council		
Ft. McDermitt		
Las Vegas Paiute		
Lovelock Paiute Tribe		
Moapa River Reservation		
Pyramid Lake		
Reno/Sparks		
Shoshone Paiute Tribes of the Duck Valley Reservation		
Summit Lake Paiute Tribe		
Te-Moak Tribe		
Washoe Tribe		
Walker River		
Yerington Paiute Tribe		
Yomba Shoshone Tribe		

Confederated Tribes of Goshute		
<u>New Mexico</u>		
Eight Northern Indian Pueblos*	\$165,189*	\$294,227*
Pueblo of Ildefonso		
Pueblo of Nambe		
Pueblo of Picuris		
Pueblo of Pojoaque		
Pueblo of San Juan		
Pueblo of Santa Clara		
Pueblo of Taos		
Pueblo of Tesuque		
Pueblo of Isleta	\$41,297	\$33,519
Pueblo of Nambe	\$23,598	\$26,071
Santo Domingo Tribe	\$53,097	\$33,519
Zuni Tribe	\$153,390	**
<u>New York</u>		
St. Regis Mohawk Community & Educ. Fund	\$41,297	\$33,519
<u>North Carolina</u>		
Eastern Band of Cherokee Indians	\$88,494	\$78,212
<u>North Dakota</u>		
Pretty Bird Women House/Standing Rock Sioux	\$153,390	\$70,763
Spirit Lake of Ft. Totten	\$53,097	\$40,968
Three Affiliated Tribe/Fort Berthold	\$70,796	\$55,866
Turtle Mountain Band of Chippewa	\$112,093	\$70,763
<u>Oklahoma</u>		
Absentee Shawnee Tribe	\$88,494	\$55,866
Apache Tribe of Oklahoma	\$23,598	\$26,071
Cherokee Nation of Oklahoma	\$1,474,908	\$1,675,967
Chickasaw Nation	\$294,982	931,093
Choctaw Nation of Oklahoma	\$365,777	1,675,967

Citizen Potawatomi Nation	\$88,494	\$55,866
Comanche Indian Tribe	\$88,494	\$55,866
Eastern Shawnee Tribe	**	\$14,898
Fort Sill Apache	\$23,599	**
Iowa Tribe of Oklahoma	\$23,598	\$55,866
Kickapoo Tribe of Oklahoma	\$41,297	\$26,071
Muscogee Creek Nation	\$224,186	\$931,093
Osage Tribal of Oklahoma	\$88,494	\$141,526
Otoe-Missouria Tribe	\$23,599	\$14,898
Ponca Tribe of Indians	\$41,297	**
Quapaw Tribe of Oklahoma	\$23,598	\$48,417
Sac and Fox Nation	\$76,695	\$40,968
Wichita and Affiliated Tribes	\$23,599	\$14,898
<u>Oregon</u>		
Confederated Tribes of Grand Ronde	\$53,097	\$14,898
Confederated Tribes of Warm Springs	\$53,097	\$40,968
Klamath Tribe	\$41,297	\$14,898
<u>Rhode Island</u>		
Narragansett Indian Tribe	\$23,598	\$26,071
<u>South Carolina</u>		
Catawba Indian Nation	\$23,599	\$14,898
<u>South Dakota</u>		
Cheyenne River Sioux Tribe	\$123,892	\$70,763
Crow Creek Sioux Tribe	\$41,294	\$26,071
Flandreau Santee Sioux Tribe Housing Authority	**	\$33,519
Oglala Lakota Nation	\$176,989	\$275,604
Rosebud Sioux Tribe	\$200,587	\$96,834
Wiconi Wawokiya, Inc/Crow Creek - Red Horse	\$41,297	\$26,071
Women's Circle/Sisseton-Wahpeton	\$53,097	\$96,834
<u>Utah</u>		

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Paiute Indian Tribe of Utah	\$23,598	\$14,898
<u>Washington</u>		
Lummi Nation	\$41,297	\$40,968
Muckleshoot Tribe of Washington	\$41,297	\$33,519
Puyallup Tribe of Indians	\$23,599	\$63,314
Skokomish Indian Tribe	\$23,598	**
South Puget Inter-Tribal Planning Agency*	\$94,396*	\$59,592*
Chehalis		
Nisqually Tribe of Washington		
Shoalwater Bay Tribe of Washington		
Squaxin Island Tribe		
Spokane Tribe of Indians	\$41,297	\$26,071
Swinomish Indian Tribal Community	\$23,599	\$33,519
<u>Wisconsin</u>		
Bad River Band of Lake Superior	\$23,598	\$14,898
Ho-Chunk Nation	\$23,599	\$14,898
Lac Du Flambeau Lake Superior Chippewa	\$41,297	\$33,519
Menominee Tribe	\$53,097	\$26,071
Red Cliff Band of Lake Superior Chippewa	\$23,598	\$14,898
Sokaogon Chippewa Community	\$23,599	**
Stockbridge-Munsee	\$23,598	**
<u>Wyoming</u>		
Northern Arapaho Business Council	\$88,494	**

Indicates Consortium Tribes (FVPSA Grantees with subgrantees)

** Tribal Grantees not funded that year

Endnotes

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- ² Lyon, E., Lane, S., & Menard, A. (2008, October). *Meeting survivors' needs: A multi-state study of domestic violence shelter experiences*. Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice; 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.
- ³ Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., Chen, J., & Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- ⁴ Walters, M.L., Chen J., & Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- ⁵ Ibid.
- ⁶ Breiding, M. J., Chen J., & Black, M. C. (2014). *Intimate partner violence in the United States — 2010*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
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- ⁸ Ibid.
- ⁹ Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. *Child Abuse and Neglect*, 34(10), 734-741.
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- ¹² Silverman, J. G., Raj, A., & Clements, K. (2004). Dating violence and associated sexual risk and pregnancy among adolescent girls in the United States. *Pediatrics*, 114(2), e220-225.
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- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ Ibid.
- ¹⁷ Palladino, C. L., Singh, V., Campbell, J., Flynn, H., & Gold, K.J. (2011). Homicide and suicide during the perinatal period: Findings from the National Violent Death Reporting System. *Journal of Obstetrics and Gynecology*, 118(5), 1056-1063.

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- ¹⁸ Guth, A. A., & Pachter, L. (2000). Domestic violence and the trauma surgeon. *American Journal of Surgery*, 179(2), 134-140.
- ¹⁹ National Center for Injury Prevention and Control. (2003). *Costs of intimate partner violence against women in the U.S.* Atlanta, GA: Centers for Disease Control and Prevention.
- ²⁰ Rivara, F. P., Anderson, M. L., Fishman, P., Bonomi, A. E., Reid, R. J., Carrell, D., & Thompson, R. S. (2007). Healthcare utilization and costs for women with a history of intimate partner violence. *American Journal of Preventive Medicine*, 32(2), 89-96.
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- ²³ Lyon, E., Bradshaw, J., & Menard, M. (2011, November). *Meeting survivors' needs through non-residential domestic violence services & supports: Results of a multi-state study.* Washington, DC: National Institute of Justice.
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- ²⁸ To access these materials online, please visit:
http://vawnet.org/summary.php?doc_id=2950&find_type=web_desc_NRCDV and
http://vawnet.org/summary.php?doc_id=2951&find_type=web_desc_NRCDV
- ²⁹ To access this material, please visit: <http://www.dvevidenceproject.org>
- ³⁰ To access this material, please visit:
http://www.bwjp.org/files/bwjp/articles/Islamic_Marriage_Contracts_Resource_Guide_APIIDV_2012.pdf
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http://www.bwjp.org/files/bwjp/articles/Parent_Coordination_Services_A_Guide_for_Policy_Makers.pdf
- ³² To access this material, please visit:
http://www.bwjp.org/files/bwjp/articles/Strangulation_Laws_Chart.pdf
- ³³ Visit the toolkit at: <http://www.healthcaresaboutipv.org>
- ³⁴ To access the study, please visit: <http://www.contraceptionjournal.org/article/S0010-7824%2809%2900522-8/abstract>
- ³⁵ To view the results of the study, please visit: <http://www.healthcaresaboutipv.org/specific-settings/reproductive-health/>
- ³⁶ To view the safety cards, visit:
https://secure3.convio.net/fvpf/site/Ecommerce/567623699?FOLDER=1133&store_id=1241
- ³⁷ To access the report, please visit: <http://www.nationalcenterdvtraumamh.org/publications-products/ncdvtmh-review-of-trauma-specific-treatment-in-the-context-of-domestic-violence/>
- ³⁸ To access the handbook, please visit: <http://www.nationalcenterdvtraumamh.org/wp->

content/uploads/2012/01/AttorneyHandbookMay282012.pdf

³⁹ To view the special collection, please visit:

<http://www.nationalcenterdvtraumamh.org/2013/04/announcing-the-trauma-informed-domestic-violence-services-special-collection/>

⁴⁰ To access these guides, please visit: <http://www.ncjfcj.org/our-work/state-laws>

⁴¹ To access this brief, please visit: [http://www.apiidv.org/download/Trafficking-Considerations.Recs-APIIDV-2012.pdf](http://www.apiidv.org/download/Trafficking-Considerations.Rec-APIIDV-2012.pdf)

⁴² To access the survey results, please visit:

http://www.casadeesperanza.org/pdfs/NLNRealidades%20Latinas_The%20Impact%20of%20Immigration%20and%20Language%20Access_FINAL.pdf

⁴³ To view the newsletter, please visit: <http://www.ncjfcj.org/sites/default/files/Synergy16-1.pdf>

⁴⁴ To view the research study, please visit:

http://casadeesperanza.org/pdfs/ResearchSummary_LeadershipInterventionv_FINAL.pdf

⁴⁵ To view more information about the conference, please visit:

<http://www.idvaac.org/conferences/2012/2012.html>

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⁵⁰ Lyon, E., Lane, S., & Menard, A. (2008, October). *Meeting survivors' needs: A multi-state study of domestic violence shelter experiences*. Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice; 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.

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⁵³ Lyon, E., Lane, S., & Menard, A. (2008, October). *Meeting survivors' needs: A multi-state study of domestic violence shelter experiences*. Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice.

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