

Report to Congress

FY 2007-2008

Family Violence Prevention and Services Program



United States Department of
Health & Human Services

Administration for Children and Families
Administration on Children, Youth and Families

REPORT TO CONGRESS, FY 2007 – FY 2008

FAMILY VIOLENCE PREVENTION AND SERVICES PROGRAM

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THE FAMILY VIOLENCE PREVENTION AND SERVICES PROGRAM: FY 2007 – 2008

Executive Summary

The Family Violence Prevention and Services Act (FVPSA) sustains core services that provide safety for victims of domestic violence when they are in crisis. A network of community-based shelters and non-residential services offer safe housing, advocacy, legal assistance, counseling and support groups, safety planning, and crisis response. FVPSA-funded programs also take the next steps to stop violence before it starts and ensure children grow up safe and secure.

FVPSA is the primary federal funding stream supporting emergency shelter and related assistance for victims of family violence and their dependents. First enacted in 1984, FVPSA received an appropriation of \$124.7 million in Fiscal Year (FY) 2007 and \$122.6 million in FY 2008. The National Domestic Violence Hotline received \$3 million in FY 2007 and \$2.9 million in FY 2008.

- In FYs 2007 and 2008, FVPSA formula grants to States, Territories and Tribes totaled \$197.8 million, providing core funding for over 1,500 community-based domestic violence programs.
- These local programs responded to nearly 4.7 million crisis calls, and provided emergency shelter and supportive services to nearly 307,000 adult victims of domestic violence.
- FVPSA-funded local programs also worked toward breaking the cycle of violence when sheltering and offering positive, proactive youth development to 287,000 children and teens.
- However, over 247,000 victims and their children were turned away because shelters were full or programs lacked resources.
- The National Domestic Violence Hotline received 485,758 calls for help and information.
- FVPSA funding was instrumental in both FYs 2007 and 2008 in promoting effective outreach and services to previously underserved rural, Tribal, and culturally diverse communities.
- State Domestic Violence Coalitions developed and implemented collaborative intervention and prevention activities with public agencies and other service providers within their States.
- A network of eleven national resource centers and institutes provided comprehensive information, training, and technical assistance to inform, coordinate and strengthen public and private efforts to end domestic violence.
- FVPSA discretionary grants improved the effectiveness of services and explored new approaches to address and prevent domestic violence, building collaborations between domestic violence programs and faith-based organizations, child welfare agencies, health care providers, runaway and homeless youth programs, and more.

In addition, the Centers for Disease Control's DELTA Program (\$5.1 million in FY 2007 and \$5.0 million in FY 2008) implemented and evaluated strategies to prevent first-time victimization and perpetration of intimate partner violence in 14 States.

These multi-faceted FVPSA program efforts are resulting in:

- Collaborative, innovative service delivery models
- Partnerships with other Federal, State and Tribal agencies
- A solid network of training and technical assistance resources to advance the field.

In this time of economic turmoil, FVPSA-funded services are needed more than ever: 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 a proven-effective means to help victims lead violence-free lives² and shelters are particularly crucial when families have few resources and nowhere to turn.



I. THE NEED FOR FVPSA-FUNDED SERVICES

“When Lori arrived at our shelter, she had been evicted from her apartment. She wasn’t able to pay rent after losing her job due to calling in too often, sometimes because her abuser refused to care for their children, was intoxicated, or simply was not there. Other times she simply didn’t want to explain her bruises.

The landlord was also concerned with the amount of police calls to her home. In the few months she had lived at that address, her abuser had kicked in her door, broken windows, and punched holes in the wall.

Lori arrived at our shelter with her children and the clothes on their backs. Her other clothing had been soaked in bleach. She did not have birth certificates or social security cards; her abuser had taken them, making it impossible for her to find another job. She arrived with no home, no independence, and no confidence.

What’s heartbreaking is that you and I can see that these acts are done out of cruelty. But to her, it is reasonable, perhaps even deserved.

While she was in our shelter, she began to work on herself, filed an order for protection and went to support groups and resource groups. She met with her advocate to work on her goals and with her therapist to work on herself. She and her children attended the weekly parent/child communication group and they were able to begin working on the damaged relationship she had with her children.

In the short time that Lori was in our shelter, she got her and her children’s documents, the children were enrolled in school, they all completed safety plans, she applied for medical assistance, she found employment and, with the help of her job counselor, secured daycare. She learned what abuse is, what love is not. She remembered just how capable and complete she is. It is success to be able to see abuse is not your fault.

Lori and her children left Women’s Advocates and moved into permanent affordable housing. Her family continues to work with our aftercare specialist, receiving ongoing support, information and referrals to available resources in her community.”

– Women’s Advocates, Inc., St. Paul, Minnesota

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

PREVALENCE

- Approximately 2.3 million people each year in the United States are physically assaulted and/or raped by a current or former spouse, boyfriend or girlfriend.³
- One in every four women and one in every thirteen men have experienced domestic violence during their lifetimes.⁴
- Female victims of domestic violence were physically assaulted an average of 6.9 times per year by the same partner.⁵
- Sixty-four percent of women who reported being raped, physically assaulted, and/or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend, or date.⁶

- Approximately 2.53 million women and 892,000 men are stalked annually in the U.S, most commonly by a current or former intimate partner.⁷
- Between one-third and one-half of all battered women are raped by their partners at least once during their relationship. Marital rape accounts for approximately 25% of all rapes.⁸

CHILDREN

- Approximately 15.5 million children are exposed to domestic violence every year.⁹
- Slightly more than half of female victims of intimate violence live in households with children under age 12.¹⁰
- Research finds that children who witness domestic violence are at greater risk of developing psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem.¹¹
- Men exposed to physical abuse, sexual abuse, and domestic violence as children are almost four times more likely than other men to have perpetrated domestic violence as adults.¹²

HEALTH CONSEQUENCES

- In addition to injuries, domestic violence contributes to a number of chronic health problems including depression, PTSD, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, chronic pain and suicidality. Violence also limits victims' ability to manage other chronic illnesses such as diabetes and hypertension.¹³
- Domestic violence is the second leading cause of death for pregnant women.¹⁴ Some 25 to 50 percent of adolescent mothers experience partner violence before, during, or just after their pregnancy.¹⁵
- Victims of domestic and sexual violence are more likely to experience: coercive unprotected sex; birth control sabotage;¹⁶ unintended pregnancy;¹⁷ teen pregnancy;¹⁸ rapid repeat pregnancies;¹⁹ multiple abortions; and sexually transmitted infections, including HIV.²⁰
- One in three high school girls who has been abused by a boyfriend has become pregnant. Being physically and sexually abused leaves teenaged girls up to 6 times more likely to become pregnant.²¹

COSTS TO VICTIMS AND SOCIETY

- The health-related costs of intimate partner violence in the United States exceed \$5.8 billion each year; \$4.1 billion for direct medical and mental health services alone.²²
- Intimate partner violence costs a health plan \$19.3 million each year for every 100,000 women between 18 and 64 enrolled. Even five years after abuse has ended, health care costs for women with a history of intimate partner violence remain 20% higher than those for women with no history of violence.²³
- 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. About 30% of stalking victims accrued out-of-pocket costs for things such as attorney fees, damage to property, child care costs, moving expenses or changing phone numbers; 13% spent \$1,000 or more.²⁴
- 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.²⁵

Taken individually or as a whole, these data provide compelling evidence of 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.

FVPSA-supported programs are proven to work:

- Shelter programs are among the most effective resources for victims with abusive partners.²⁶
- Staying at a shelter or working with a domestic violence advocate significantly reduced the likelihood that a victim would be abused again and improved the victim's quality of life.²⁷
- A recently released FVPSA-funded study shows conclusively 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.²⁸



II. PURPOSE AND PROGRAM OPERATION

A. Program Description

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

FVPSA formula grants are awarded to over 200 Tribes and every State and Territory, which subgrant funds to more than 1,200 community-based domestic violence shelters and 300 non-residential services programs, providing both a safe haven and an array of supportive services to intervene in and prevent abuse.

FVPSA also provides funding for the National Domestic Violence Hotline, State Domestic Violence Coalitions, a network of National Resource Centers and Culturally Specific Institutes, and targeted discretionary grants, as well as the Centers for Disease Control's DELTA Program.

B. Statutory Authority

FVPSA (42 USC 10401 et seq.) was first authorized as part of the Child Abuse Amendments of 1984 (PL 98-457) and has been subsequently amended seven times. It was most recently reauthorized for five years by the Keeping Children and Families Safe Act of 2003 (PL 108-36) and expired at the end of fiscal year 2008. The Violence Against Women and Department of Justice Reauthorization Act of 2005 (PL 109-164) made minor amendments.

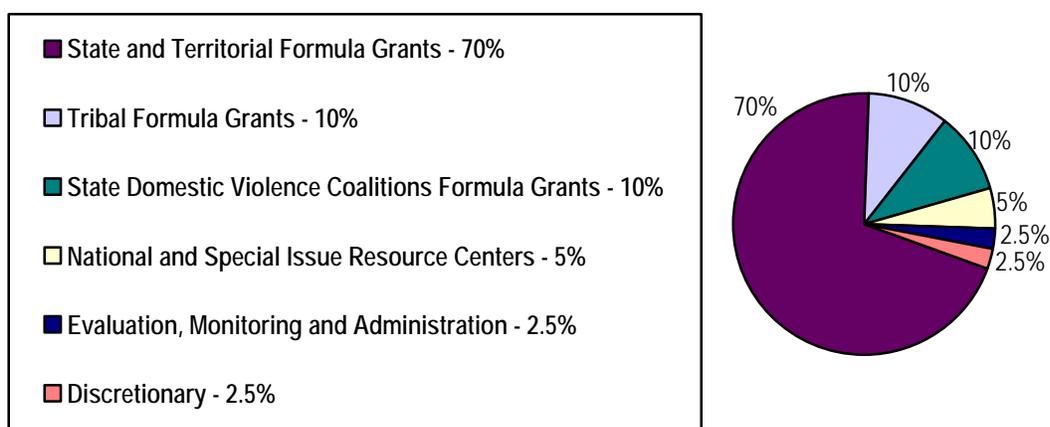
Legislative Charge for the Program

- 1) Assist States in efforts to increase public awareness about and prevent family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents; and
- 2) Provide for technical assistance and training relating to family violence programs to States, local public agencies (including law enforcement agencies, courts, legal, social service, and health care professionals), nonprofit private organizations, and other persons seeking such assistance (42 U.S.C. 10401).

C. How the Program Operates: Grant Administration

The Family Violence Prevention and Services Program (FVPSA Program) administers 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 the eligibility requirements. Competitive grant applications are peer-reviewed before selection. FVPSA formula grants are authorized for \$175 million annually. Appropriations for FVPSA formula grants in FY 2007 were \$124.7 million and in FY 2008 were \$122.6 million. If appropriations reach \$130 million, a portion of the amount above \$130 million will be reserved and made available to carry out additional projects to address the needs of children who witness domestic violence.

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



The FVPSA Program also administers the National Domestic Violence Hotline, which receives its own line-item appropriation (\$3 million in FY 2007 and \$2.9 million in FY 2008). The Hotline is authorized for \$3.5 million annually.

D. Appropriations

For FYs 2007 and 2008, appropriations were allocated as follows (rounded to the nearest \$100 thousand; due to rounding, columns may exceed actual totals – actual totals are used in “Total” row):

Category	FY 2007	FY 2008	% Approp
State and Territorial Formula Grants	\$87.3 million	\$85.7 million	70%
Tribal Formula Grants	\$12.5 million	\$12.3 million	10%
State Domestic Violence Coalitions Formula Grants	\$12.5 million	\$12.3 million	10%
National and Special Issue Resource Centers	\$6.3 million	\$6.2 million	5%
Evaluation, Monitoring and Administration	\$3.1 million	\$3.1 million	2.5%
Discretionary	\$3.1 million	\$3.1 million	2.5%
Total	\$124.7 million	\$122.6 million	

National Domestic Violence Hotline	\$3 million	\$2.9 million	100%
Demonstration Grants for Community Initiatives/DELTA	\$5.1 million	\$5.0 million	100%

E. Evaluation, Monitoring and Administration **(2.5% of total appropriation, \$3.1 M in FY 2007 and FY 2008)**

The FVPSA Program administers grant awards with six full-time staff with up to 2.5% of appropriations. FVPSA Program staff conduct peer reviews of competitive grants and evaluate formula grant applications to award funds. Staff monitor grantees through site visits and desk reviews, provide technical assistance to grantees, and conduct evaluations of programs (new outcome measures have been introduced for FY 2009). Contractors provide administrative and logistical support.

After a program assessment in 2004, the FVPSA Program implemented new performance and reporting requirements and outcome measures. As one aspect of its improvement plan, the FVPSA Program began a new data collection program to measure outcomes, particularly the maintenance of quality services provided to victims of domestic violence and their children. After extensive planning, the FVPSA Program introduced new performance reporting requirements to grantees throughout FY 2008 at grantees' conferences, through grantee correspondence and guidance, and through program announcements. The Program provided technical assistance to grantees related to developing mechanisms for collecting outcome data directly from survivors. In the future, the FVPSA Program will analyze trends for two performance measures, create baselines, and establish ambitious targets.

One key outcome is increasing the percentage of domestic violence program clients who report improved knowledge of safety planning. This measure is correlated with other indices of longer-term client safety and well-being, and will help document the impact of services provided by FVPSA grantees and subgrantees. As part of this new evaluation, the FVPSA program recently funded an unprecedented study surveying 3,410 shelter residents in 215 programs across 8 states. Nearly 99% of shelter residents described shelter as helpful, 91% reported they now have more ways to plan for and stay safe after leaving the shelter, and 85% know more community resources to help achieve that safety. These positive outcomes are associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies.²⁹

III. IMPACT OF THE PROGRAM

A. Sheltering Families in Crisis



“When asked what he liked best about staying in the shelter, a 10-year-old boy answered, ‘I can sleep at night.’” – Maryland Domestic Violence Program, FY 2008

Domestic violence shelter programs have been found to be among the most effective resources for victims with abusive partners.³⁰ Approximately 1,200 shelters and 300 non-residential programs are funded by FVPSA formula grants to States, Territories and Tribes.

These shelters serve a staggering number of victims, yet the need remains greater than their capacity.

Nearly a third of requests for shelter were denied due to lack of resources in FYs 2007 and 2008. These victims may have found shelter in another city or state, or they may have remained trapped in an abusive relationship or facing homelessness.

“We are the only shelter in an area of over 89,000 miles. Clients arrive at our door in freezing temperatures because they have nowhere else to go. We are an essential part of this community.”
– Alaska Domestic Violence Program

In just one day...

According to *Domestic Violence Counts 08: A 24-Hour Census of Domestic Violence Shelters and Services across the United States*, a one-day census of domestic violence services conducted annually, on September 17, 2008, 1,553 domestic violence programs:

- Served 60,799 victims;
- Answered 21,683 hotline calls;
- Trained 30,210 community members; and
- Had to deny 8,927 requests for services due to lack of capacity.³¹

“We succeeded in placing a mom and her three children in a rental apartment after they had been in the shelter for 48 days. We got furniture and other necessities through a local church, whose volunteers assisted in helping this family move.” – North Carolina Domestic Violence Program, FY 2007

What do domestic violence shelters look like?

In 2007, the Connecticut Coalition Against Domestic Violence sponsored “Walk in Our Footsteps” at Bushnell Park. The silent display included 996 pairs of shoes, representing the 996 children who were sheltered in the past year in Connecticut.

Results from *Meeting Survivors’ Needs: A Multi-State Study of Domestic Violence Shelter Experiences* and *Domestic Violence Counts 08: A 24-Hour Census of Domestic Violence Shelters and Services across the United States* help paint a picture of typical programs:

- Shelters provide immediate safety to victims and their children who are fleeing domestic violence. Shelters also help victims heal their emotional wounds, rebuild their self-sufficiency, connect to their 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 of programs have fewer than 20 paid staff, including 38% with less than 10 paid staff. The average

starting salary of a full-time, salaried front-line advocate is \$24,765.

- Average capacity is 25 beds, with a range from 4 to 102, and 130 adults and 114 children sheltered in the last year.
- 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 housing.
- 98% of sampled shelters have the capacity to accommodate residents with disabilities.
- 82% have bilingual staff, including 71% who speak Spanish; sampled programs had staff/volunteers who speak 37 different languages.
- Programs offer a wide range of advocacy and services:

Type of Service or Advocacy and Percent of Programs Offering It			
Support Groups	97%	Health Advocacy	81%
Crisis Counseling	96%	TANF Advocacy	80%
Housing Advocacy	95%	Child Protection/Welfare	79%
Children’s Services	95%	Job/Job Training	78%
Individual Counseling	92%	Immigration Advocacy	76%
Civil Court Advocacy	82%	Divorce/Custody/Visitation	73%
Criminal Court Advocacy	81%		

FVPSA Formula Grants to States: FY 2007 and 2008 Service Statistics

responses are from 52 States and Territories unless noted

	Women Sheltered	Men Sheltered	Children Sheltered	Total Sheltered	Shelter Nights	Unmet Requests	Hotline Calls
FY 2008	150,098	1,095	135,377	286,570	4,812,768 ^a	126,536 ^a	2,047,790 ^a
FY 2007	154,430	976	151,621	307,027	n/a	120,770 ^a	2,649,546 ^a
Total	304,528	2,071	286,998	593,597	4,812,768	247,306	4,697,336

Shelters impact more than just the victims they serve; they engage their communities through outreach and education and involve local residents as volunteers. Indeed, most shelters could not operate without the help of numerous volunteers:

responses are from 52 States and Territories unless noted

	# of Community Education Presentations for Adults	# of Adult Participants in Community Education Presentations	Volunteers	Volunteer Hours
FY 2008	111,175 ^a	2,962,423 ^a	84,106 ^a	3,844,244 ^a
FY 2007	n/a	n/a	77,617 ^a	3,715,870 ^a
Total	111,175	2,962,423	161,723	7,560,114

**B. State and Territorial Formula Grants
(70% of total appropriation, \$87.3 M in FY 2007 and \$85.7 M in FY 2008)**

FVPSA State and Territorial formula grants make up 70% of FVPSA appropriations. Grants are awarded to State, Territory and Tribal governments and subgranted to more than 1,200 community-based domestic violence shelter programs and 300 non-residential services programs. States and Territories administer their grants in different ways, often through state health, child welfare or criminal justice agencies. Several States contract with their State Domestic Violence Coalitions to administer FVPSA funds at the state level. The Pacific Territories (Guam, American Samoa, the Northern Marianas, and the Trust Territory of the Pacific) have historically applied for and receive their funds through their consolidated social services block grants.

***“A woman came in today so badly beaten that she was coughing up blood. We were able to help her obtain a protection order against her abuser that afternoon.”
– Arkansas Domestic Violence Program***

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

The size of State and Territorial awards depends on State population. For States, the award is \$600,000 plus an additional amount determined by population. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are allotted not less than 1/8 of 1 percent of the amounts available.

^a 27 States reported in shelter nights in FY 2008. 35 States reported in unmet requests in FY 2008 and FY 2007. 42 States in FY 2008 and 43 in FY 2007 reported hotline calls. 22 States reported community presentations and adult participants in FY 2008. 26 States in FY 2008 and 28 in FY 2007 reported volunteers. 34 States in FY 2008 and 32 in FY 2007 reported volunteer hours.

A chart of funds awarded by State is attached as Appendix A, and an overview for FYs 2007 and 2008 is as follows:

	FY 2007	FY 2008
Total Funding for State and Territorial Formula Grants	\$87,311,700	\$85,786,365
Number of State Awards	52	52
Range of State Awards	\$694,424 to \$7,284,240	\$691,844 to \$7,101,954
Number of Awards to Territories	4	4
Amount of Awards to Territories	\$124,731	\$122,552

Underserved Communities Find a Voice with FVPSA

Of particular importance to the FVPSA Program is ensuring that the needs of historically marginalized populations are met. FVPSA funds can be used flexibly by States to address those communities most in need:

In Multnomah County, Oregon's most populated county, the network of domestic violence providers made subgrants to five culturally specific service providers for typically underserved populations including immigrant and refugee, African-American, Russian, Latina, and Native American women. These agencies provided direct services to women through their agencies and co-case managed women with the domestic violence shelters. They served an average of 210 adults a month with in-person services and provided co-case management to 220 adults. – Oregon

Deaf Abused Women and Children Advocacy Services decided to close its doors after nine years of service to Austin on behalf of the deaf community. Recognizing the gap this created in service access for members of the deaf community, SafePlace hired new staff members who are fluent in sign language. This helped ensure that the deaf and hearing impaired have continued access to services in their primary language. – Texas

The Prison Project managed by SAFE in Hunterdon at Edna Mahan Correctional Facility for Women continues to be a successful intervention to the multitudes of women who report a history of personal violence. At a recent interview of inmates during intake into Edna Mahan, approximately 75% reported having a history of past abuse. There were approximately 44 individuals in the educational groups that were held from January-September 2008. Staff counseled 75 women during 438 sessions in those 9 months, with a waiting list of 50 women on any given day. The inmates are not only dealing with past abuse, but current trauma as well. Women face possible retribution from staff and other inmates for reporting the assaults they are currently experiencing. The counselor guides the women through exploring their choices and coping with the traumatic experiences. – New Jersey

C. Tribal Formula Grants (10% of total appropriation, \$12.5 M in FY 2007 and \$12.3 M in FY 2008)

In the largest-ever survey of its kind, a 2008 CDC report on health and violence found 39% of American Indian and Alaska Native women surveyed identified as victims of domestic violence in their lifetime, a rate higher than any other race or ethnicity surveyed.³² Native women are also raped and stalked at more than twice the rate of any other group of U.S. women.³³ To help address this problem, the FVPSA statute

dedicates ten percent of FVPSA appropriations to Federally recognized Tribes (including Alaska Native Villages) and Tribal Organizations. These Tribal Formula Grants are distributed based on population to all eligible Tribal governments who apply – 181 Tribes in FY 2007 and 202 Tribes in FY 2008.

“We posted a weekly online poll asking, “What would you do if someone you know was in a violent relationship?” Not long after, a mother and her 7 children came to the shelter and for the first time spoke of the physical and sexual abuse that had been occurring in their household for over 20 years. The father eventually pleaded guilty and is now sentenced to 20 years in prison.” – Tlingit and Haida Tribes (Alaska)

These grants are primarily for the provision of immediate shelter and related assistance for victims of domestic violence and their dependents. In addition, funds may also be used in establishing, maintaining, and expanding programs and projects to prevent domestic violence. Funding is available to all Native American Tribes and Tribal Organizations that meet the definition of “Indian Tribe” or “Tribal Organization” at 25 U.S.C. 450b, and are able to demonstrate their capacity to carry out domestic violence prevention and services programs.

“Our goal is to continue to provide [prevention] education to the youth and community to protect those who can not protect themselves. There is a crucial need to continue the funding from the Federal Government to assist victims and their families and to bring the necessary services to the people of the Spokane Indian Reservation. Through continued support this reservation can eventually be free from violence and perpetrators will continue to be held accountable for their actions.” – Spokane Tribe (Washington)

Tribal programs are heavily dependent on alternatives to the traditional shelter facilities funded through State grants. In FYs 2007 and 2008, there were approximately 70 shelters on Tribal lands. These shelters often combine the structure and accommodations of a regular shelter with cultural historical traditions, such as sweat lodges, which the Tribes have found supportive to victims.

“The White Mountain SAFE House has implemented many culturally appropriate methods for Native American victims. . . . We have made significant progress in ensuring the success of a Native American woman and her children to be empowered to successfully make choices to ensure re-entry into the community living violence free lives.” – Navajo Nation

Due to the daunting cost of establishing a shelter, many Tribes – particularly the smaller ones – rely on service agreements with shelters or hotels/motels in neighboring communities to provide emergency housing. However, many American Indian victims are hesitant to leave their familiar surroundings and have experienced discomfort and cultural alienation in facilities located off the reservation. Victims’ hesitation to reside in off-reservation facilities has led to the establishment and use of “safe homes” – networks of community members who have expressed a willingness to provide temporary shelter on an immediate basis to a victim of abuse.

“One woman we worked with all summer completed her first quarter of college and made the honor roll. She continues to maintain her sobriety and provide support to the women in the community.” – Confederated Salish and Kootenai Tribes of the Flathead Nation (Montana)

The Tribal Formula Grants are distributed based on population. The sizes of Tribal awards are dependent upon the Tribal census and the number of Tribes applying. There are currently 562 Federally recognized Tribes, therefore the size of awards will change if more apply in the future. Reservation and surrounding Tribal Trust Land populations are used to determine the base grant amounts. Once the base amounts have been distributed, the ratio of the Tribe’s population to the total Tribal applicant population is considered in allocating the remaining funds.

A chart of funds awarded to Tribes is attached as Appendix B. Below is an overview for FYs 2007 and 2008:

	FY 2007	FY 2008
Total Funding for Tribal Formula Grants	\$12,473,000	\$12,255,195
Range in Awards	\$26,709 – \$2,337,036	\$26,541 – \$2,219,962
Number of Awards	181	202
Number of Grants \$26,541	120	135
Number of Grants \$26,542 – \$100,100	34	49
Number of Grants \$100,101 - \$1,000,000	25	16
Number of Grants Over \$1,000,000	2	2



IV. MAKING IMMEDIATE AND LONG-TERM CHANGE: SHELTER STUDY EVALUATION

The FVPSA program recently funded *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*. The study was administered by the National Institute of Justice, and conducted by the University of Connecticut's Institute for Violence Prevention and Reduction at the School of Social Work in conjunction with the National Resource Center on Domestic Violence. The final

report was released on February 18, 2009 and is available at <http://new.vawnet.org/category/Documents.php?docid=1756>. This unprecedented study surveyed 3,410 shelter residents in 215 programs across 8 states and was offered in 11 languages.

In addition to data about the efficacy of FVPSA-funded shelter programs, the study reveals details about domestic violence shelters and the experiences of domestic violence survivors utilizing their services. Qualitative data from the study is telling; one victim replied that if shelter hadn't been available, "Probably I would have been killed. Cause I had nowhere else to go."

What do survivors need and want from shelters?

- **Personal safety** – 99%.
 - 99% reported they got the safety they wanted; 95% got help with safety planning.
- **Support**, such as counseling, emotional support and access to faith community – 99%.
 - 89% got the emotional support and 86% got the counseling they wanted.
- **Help with economic issues**, including finding affordable housing, job training, transportation, education, managing money – 93%.
 - Economic needs were also highly likely to be met: job or job training (75%), finding affordable housing (81%), TANF (84%) or other governmental benefits (81%), budgeting (81%), and transportation (88%).
- **Child-related needs**, such as safety for children, counseling for children, health issues for kids, child care – 99% of mothers.

- 98% of mothers got help with children's safety; 92% with children's schooling; 90% with parenting, particularly "responding to my children when they are upset or causing trouble."

The longer survivors stayed at the shelter, the more likely they were to receive the help they needed. For example, 89% of those who stayed more than two weeks at the shelter got the counseling they wanted, compared to 80% who stayed for a shorter time.

What impact do shelters have?

Survivors were asked about the changes in their lives due to the services they received at shelters. They reported improvement in the following areas:

- **Access to Safety:** more ways to plan for safety (91%), options and choices (91%), and community resources (85%)
- **Increasing survivor confidence:** will achieve goals (93%), hopeful about future (92%).
- **Improvements for children:** feel more supported (84%), understand what is happening (78%), able to express feelings without violence (77%).

These outcomes are associated with longer-term improved safety (less violence) and well-being in experimental, longitudinal studies.³⁴



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

(Funded through a line-item appropriation, \$3.0 M in FY 2007 and \$2.9 M in FY 2008)

The caller on the line had contacted the Hotline a year earlier. At that time, her situation had seemed hopeless to her, and she had called out to the Hotline Advocates in a desperate attempt to reverse the circumstances that had trapped her and her son in an abusive home. As a young woman, she had met and married a successful lawyer from her hometown. When he asked her to relocate with him so that he could pursue a job opportunity, she did not hesitate. She left her family, her social circle, and her own private practice to be with him. A year later, she became pregnant with their son. With the news of her pregnancy, her husband became unbearably controlling and verbally abusive. He would repeatedly call her names. During her second trimester, he threw his first punch.

When her son was born with mental and physical disabilities, she developed an intense need to protect him from his increasingly abusive father. There was little 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 called out for help from the Hotline.

"I can't remember the person with whom I spoke with a year ago today," the caller said. "But I had to call and thank you, from the very bottom of my heart, for changing my life and for helping me to protect my son." The caller further explained that she was able to rebuild her private practice with the help of her family and friends, who now live close enough to provide childcare and support.

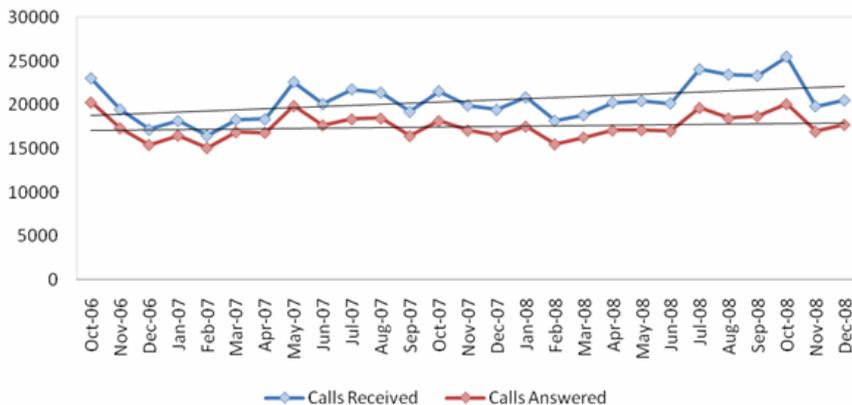
The National Domestic Violence Hotline provides a live and immediate response to thousands of victims of domestic violence and their families. In FY 2007, the Hotline received 235,639 calls. Call volume increased 9.6% in FY 2008 to 250,119 calls. The Hotline directly connects the caller to a seamless referral system of over 5,000 community programs in response to the needs of the women, men, youth and children on the line. The Hotline operates 24 hours a day, 7 days a week and is available in 170 languages. Over 60% of callers report that this is their first call for help.

The Hotline is funded with its own line-item appropriation and is not part of the formula that funds all other FVPSA grants. Appropriations for the Hotline were \$3 million in FY 2007 and \$2.9 million in FY 2008.

On September 30, 2008, the Hotline received its 2 millionth call. The Hotline averaged 20,800 calls per month in FY 2008. Current growth rates project the Hotline will receive its 3 millionth call in 2011, which is less than half the amount of time it took to reach the first million calls. Demand for Hotline services continues to climb steadily due to effective outreach through mass media and community-based public awareness campaigns, and improved access for multi-lingual callers.

Not only have total calls increased, but calls have become more complex. The average length of calls increased 24 percent between FY 2007 and FY 2008 – from 6.79 minutes to 8.4 minutes. The number of calls requiring use of translation services provided through the AT&T Language Line also increased 20 percent over FY 2007. With diminishing resources available to respond to the volume and length of calls, wait times for calls to be answered increased from 21 seconds in FY 2007 to 30 seconds in FY 2008 and calls answered declined from 89% in FY 2007 to 84% in FY 2008.

NDVH Calls Received and Calls Answered



Lines indicated trends in calls from 10/06 to 12/08. Calls answered and received both increased, but the gap between them increased as well.

Additionally, the Hotline reported that response time was affected by call spikes experienced when the Hotline was featured on nationally syndicated television shows, such as the Oprah Winfrey Show and Spanish-language television. For example, on two days on which the Hotline number was aired on Oprah and on Despierta America, a popular Spanish-language morning show, call volume increased over 130 percent.



VI. MAKING A DIFFERENCE AND MAKING IT LAST: RESOURCE CENTERS AND INSTITUTES, COALITIONS AND OPEN DOORS

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

(5% of total appropriation, statutorily mandated, and approximately 1.25% of total appropriation, funded through discretionary grants, respectively)

The FVPSA statute mandates a competitive grant program for one national and one Tribal resource center, along with three special-issue resource centers which focus on health care, civil and criminal justice, and child protection and custody (collectively termed “National and Special Issue Resource Centers.”) Using FVPSA discretionary funds and awarded through a competitive peer-review process, support has also been provided to five culturally specific institutes and an institute on trauma and mental health.

Together, these eleven centers are national leaders, providing training and technical assistance, as well as conducting research and creating evidenced-based responses to domestic violence. These programs are crucial for disseminating information to both FVPSA-funded domestic violence service providers and the broader network of professionals – including health care providers, law enforcement, court and judicial personnel, child welfare caseworkers, and educators – who reach victims and their children.

Five percent of appropriations are statutorily allocated to National and Special Issue Resource Centers:

	FY 2007	FY 2008
National Resource Center on Domestic Violence (NRCDV)	\$1,778,300	\$1,580,300
Sacred Circle: National Resource Center to End Violence Against Native Women (Sacred Circle)	\$1,178,812	\$1,178,812
Battered Women's Justice Project (BWJP)	\$1,178,812	\$1,178,812
Health Resource Center on Domestic Violence (HRCDV)	\$1,361,187	\$1,323,812
Resource Center on Domestic Violence: Child Protection and Custody (RCDV)	\$1,178,812	\$1,178,812
Total	\$6,675,923	\$6,440,548

Roughly half of the discretionary grant funds have been awarded to five culturally specific institutes and the National Center on Domestic Violence, Trauma and Mental Health:

	FY 2007	FY 2008
National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)	\$399,991	\$399,991
Institute on Domestic Violence in the African American Community (IDVAAC)	\$399,925	\$399,925
Asian and Pacific Islander Institute on Domestic Violence (APIIDV)	\$400,000	\$400,000
Alianza: The National Latino Alliance for the Elimination of Domestic Violence	\$400,000	\$145,000 ^b
Encuentro Latino National Institute on Family Violence (ELNIFV)	n/a	\$250,000 ^b

^b In FY 2008, the Encuentro Latino National Institute on Family Violence was awarded the grant to maintain an institute on domestic violence in the Latino community. The former grantee, Alianza, was awarded a small supplemental grant to continue the provision of technical support, including disseminating products and curricula previously developed.

Immigrant Family Institute (IFI)	n/a	\$250,000
Total	\$1,599,916	\$1,844,916

***National and Special Issue Resource Centers and Culturally Specific Institutes:
Technical Assistance (TA) and Training Statistics***

	TA Request Responses ^c FY 2007	TA Request Responses ^c FY 2008	Trainings FY 2007	Trainings FY 2008	Training Participants FY 2007	Training Participants FY 2008
NRCDDV	1,595	1,442	41	32	2,400	1,850
Sacred Circle	1,434	1,536	37	25	882	667
BWJP	3,168	4,925	40	73	3,295	3,798
HRC	950	1,044	40	50	2,200	1,150
RCDV	1,091	961	15	15	1,193	3,215
NCDVTMH	40	24	10	16	1,300	1,980
IDVAAC	2,500	2,500	45	52	2,150	2,535
APIIDV	163	156	21	17	939	978
Alianza	142	148	28	26	1,350	1,400
TOTALS	11,043	12,712	267	290	14,409	15,593

The new institutes ELNIFV and IFI first received funds in the 4th quarter of FY 2008 and do not have training and technical assistance statistics to report.

***National Resource Center on Domestic Violence –
www.nrcdv.org and www.vawnet.org***

The NRCDDV continues to employ three key strategies to enhance domestic violence intervention and prevention efforts – technical assistance and training, developing and disseminating specialized resource materials, and designing and implementing special projects that allow the NRCDDV to focus more deeply on a particular issue or constituency group.

“We are a small rural program with a very small budget. All information we can use to overcome the many obstacles we face is beneficial and also helps staff morale.”

VAWnet, NRCDDV’s online resource center supported by the Centers for Disease Control and Prevention, received an average of over 800,000 visitors annually (or over 2,000 daily visitors) during FYs 2007 and 2008, with an average of over 1,500 downloads. In FYs 2007 and 2008, the NRCDDV continued to

develop and widely disseminate NRCDDV publications and resources, as well as those of our Domestic Violence Resource Network partners and others in the field.

The NRCDDV developed the 2007 and 2008 Domestic Violence Awareness Month Packets and disseminated them to over 4,300 advocates and practitioners to support awareness and education activities at the community and state level.

The Women of Color Network, a project of the NRCDDV, released its National Survey for Women of Color Advocates and Activists and several editions of “Women of Color Voices” Newsletter, as well as numerous facts on issues of importance to women of color activists, including dating

^c Calls or other requests for technical assistance to which the grantee responded and provided support.

violence, elder abuse, economic empowerment, and Lesbian, Gay, Bisexual, and Transgender (LGBT) issues.

Through the NRCDV's technical assistance, training, resource development and special projects, each year thousands of practitioners, policymakers, individuals and organizations have access to comprehensive, high quality, and free assistance, resources and support for their domestic violence intervention and prevention efforts. The NRCDV's collaborative approach allows them to extend and enhance both their efforts and those of their partners as they identify, organize and disseminate a wide range of materials and resources.

Sacred Circle: National Resource Center to End Violence Against Native Women – www.sacred-circle.com

Tribal advocates have been very isolated from each other by geography, lack of resources, and lack of opportunity. Sacred Circle helps to de-isolate Tribal people and work. As one training participant remarked, “I never thought other people cared about us, as Indians, but I guess they really do!”

Sacred Circle is the national resource center for all Tribal domestic violence organizations. The main focus of their work is providing consultation, technical assistance, and training on domestic violence strategies and response to American Indian Tribes and Tribal organizations. Sacred Circle has particularly helped develop Tribal shelters that provide culturally appropriate services to Native victims in Indian Country.

Sacred Circle has been very successful in developing and providing information to elected and informal Tribal leaders. This effort has created support for local Tribal domestic violence programs. Sacred Circle has provided training, technical assistance, and consultation to 193 Indian Tribes and countless native and non-native organizations. Examples of this technical assistance include the following trainings:

- Establishing and Implementing an Effective Tribal Coordinated Community Response
- Sexual Violence in the Lives of Native Women
- Law Enforcement Response in PL 280 States (States with enforcement authority in Tribal lands)
- Response of Law Enforcement
- Batterers: Parenting, Visitation and Custody Issues
- Connections: Chemical Dependence and Battering
- Women Who Use Violence
- Probation: Tribal Systems Approach to Domestic Violence

Battered Women's Justice Project: Criminal and Civil Justice Center – www.bwjp.org

A disabled Vietnamese victim's husband left her and took her three children three years ago. He is harassing her by phone and using her social security number. When she tried to get a new social security number, she was given a new card with the same number. We found a Vietnamese speaking advocate in her city to help her.

“You never know what little thing you say or do in a training that will create that spark in someone to keep going or find their new passion for the work. You all did that in so many ways and helped to create new coordination and collaboration for our community. Thank you both for your continued willingness to work with communities such as ours to inspire and motivate.” – Attendee of Knoxville, TN Training

A major focus of BWJP training efforts continues to be the enhancement of local efforts to coordinate the response of the criminal justice system to domestic violence cases. Each year BWJP sponsors a meeting of the Coalition Advocates and Attorneys Network that

brings together staff from domestic violence coalitions around the country who are engaged in legal policy work in their individual states. In this way, state efforts are supported through the interchange of expertise within the group and from other national experts. Recent topics of discussion have included: trends in custody law, the overrepresentation of people of color and low income people in the Child Protection systems, and Economic Justice issues for battered mothers. During FYs 2007 and 2008, BWJP published several documents that addressed emerging legal issues.

Battered Women's Justice Project: National Clearinghouse for the Defense of Battered Women – www.ncdbw.org

The NCDBW provides specialized technical assistance to defense teams (attorneys, expert witnesses, and advocates) working on cases that involve battered women charged with crimes related to their abuse. Most of these cases involve battered women who defended themselves against their batterer's violence and were charged with assault or homicide. NCDBW is also working on developing comprehensive coordinated community responses to battered women charged with crimes.

Monica called our office collect from jail. She was terrified and didn't understand how she could be facing a murder charge when she had simply defended herself against her husband's violent attack. We supported her, spoke with her family, talked with her attorney, helped locate an expert witness and an advocate, and provided the defense team with sample motions and briefs. She was found not guilty at trial.

The NCDBW has begun working intensively with five sites across the country – West Virginia, King County, WA (Seattle), Michigan, Kentucky, and Delaware – to help them develop or improve their responses to charged and incarcerated battered women, as well as to battered women returning to their communities after incarceration.

National Health Resource Center on Domestic Violence – www.endabuse.org

The HRCDV works to decrease long-term health care costs and consequences of domestic violence by educating providers on how to identify patients who are victims of abuse. The HRCDV offers model strategies and tools to health care providers and domestic violence/sexual assault programs to address and prevent the chronic health issues associated with exposure to abuse. For example, during FYs 2007 and 2008, the HRCDV developed patient safety cards with messages about reproductive coercion, pregnancy wheels with prompts for providers to ask about reproductive coercion, and posters for reproductive health care settings.

In FY 2007, HRCDV reached thousands of providers through training and technical assistance and worked to promote partnerships between health and public health professionals and domestic violence prevention advocates. In March of 2007, they convened the 4th National Conference on Health and Domestic Violence, co-sponsored by most of the major health associations in the country, and offering continuing medical education to the over 1000 providers and advocates who attended.

In FY 2008, HRCDV continued their comprehensive reproductive health campaign designed to help health care providers and victim advocates reduce risk for unintended pregnancy, exposure to sexually transmitted diseases and improve reproductive health through violence prevention. They worked with major health associations to help them integrate violence prevention into efforts to promote wellness and prevention as part of any effort to decrease chronic health care costs.

In Massachusetts, every family planning provider in the state has been trained on how to assess for violence and work with patients on how to prevent pregnancy in the context of an abusive relationship.

***Resource Center on Domestic Violence, Child Protection and Custody –
www.ncjfcj.org/dept/fvd***

The RCDV 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.

A specialist working in child welfare law in Hawaii requested information to help her develop her jurisdiction's juvenile dependency mediation program. The RCDV provided a copy of the Greenbook (Guidelines for Responding to Co-occurring Domestic Violence and Child Maltreatment), and walked her through tools, policies, and other resources. She developed a concrete program structure, policies and a training curriculum for new mediators.

The RCDV provides training throughout the country designed to increase the expertise and capacity of professionals in the field and improve the quality of provided services on issues relevant to child protection and custody in the context of domestic violence. In FYs 2007 and 2008, RCDV staff and consultants provided training to over 4,700 participants across the nation and produced over 10 scholarly articles, resource guides, bench tools, and other publications for training purposes or for use as reference documents.

***The National Center on Domestic Violence, Trauma, and Mental Health –
www.nationalcenterdvtraumamh.org***

The NCDVTMH develops comprehensive, accessible, and culturally-relevant responses to the range of trauma- and mental health-related issues faced by domestic violence survivors and their children. The Center offers information about current practice, model approaches and policies, and successful collaborations as well as individualized training, capacity-building assistance, and consultation. The NCDVTMH focuses its activities in 3 main arenas: promoting dialogue among domestic violence and mental health organizations, policy-makers, and survivor/advocacy groups; helping local agencies, state coalitions, and state mental health systems increase their capacity to provide effective assistance to survivors of domestic violence who are experiencing the traumatic effects of abuse and/or living with mental illness; and improving policy affecting the complex life circumstances of domestic violence survivors and their children, particularly in relation to trauma and mental health.

A disability law center sought information for handling cases in which both a victim and a perpetrator of domestic violence are receiving mental health services at the same facility. We provided strategies for improving the mental health system's response to survivors of domestic violence with sensitivity to both victim safety and disability rights.

Key resources developed in FYs 2007 and 2008 include tools and trainings for state and local advocates on creating welcoming, accessible, trauma-informed services, and capacity-building, a national symposium on domestic violence, trauma, and mental health, tip sheets on DV shelters and federal antidiscrimination laws, a matrix of state statutes on mental health confidentiality and state statutes on firearms and mental health, and multiple book chapters.

***Alianza: The National Latino Alliance for the Elimination of Domestic Violence –
www.dvalianza.org***

Alianza is a national organization addressing domestic violence in the Latino population. Alianza promotes understanding, sustains dialogue, and generates solutions to move toward the elimination of domestic violence affecting Latino communities by: increasing public awareness about the devastating effects of domestic violence on Latino families and communities; identifying and promoting research and practices that inform public policy and that lead to the development of culturally competent strategies and programs; and providing training and technical assistance to organizations and individuals that provide domestic violence related services to Latino Communities.

Alianza continues to receive and respond to requests for assistance, information, and resources from people around the country and Mexico. The requests ranged from answering questions about basic domestic violence in Latino communities and information about services provided by Alianza, to requests for referrals to domestic violence programs and educational materials in Spanish. Having materials accessible for downloading on their website has proven to be an effective way to distribute information across the nation.

***Asian and Pacific Islander Institute on Domestic Violence –
www.apiahf.org/apidvinstitute***

Alianza provided training and resources on HHS-priority issues:

Developing strategies that build upon cultural and community strengths and eliminate barriers to services for Latino victims;

Working with men and boys to end domestic violence;

Training for HHS Office of Refugee Resettlement Healthy Marriage grantees on domestic violence;

Working with Latino communities on the intersection of domestic violence, mental health and trauma.

Furthering the goals of strengthening advocacy and cultural competency, changing norms to prevent gender violence, and influencing systems change, APIIDV activities in this period focused on advancing work with constituents and national partners on several key issues: abusive international marriages, civil legal issues, mental health and trauma of refugees and immigrants, and sexual violence.

In November 2007, the APIIDV convened a National Summit Confronting Gender Violence: Advocacy and Activism in Asian & Pacific Islander Communities. This Summit brought together the leadership of the API battered women's movement with 200 advocates, researchers and policy-makers representing 70 domestic violence agencies and 20 national and state-wide organizations. Eleven ethnic specific caucuses – Arab, Chinese, Filipino, Hmong, Japanese, Korean, Muslim, Native Hawaiian and Pacific Islander, South Asian, Vietnamese, and Cambodian/Lao/Thai – met to set the national agenda for their communities.

The Hmong women's advocates' caucus at the National Summit provided momentum for a Midwest initiative on abusive international marriages in the Hmong community. This resulted in two forums of Hmong advocates and community leaders to develop strategies to address the issue.

Within their national network, there is a high demand for replicable community engagement tools and models that are effective in building awareness of domestic violence dynamics in Asian, Native Hawaiian and Pacific Islander

communities. The APIIDV developed and broadly disseminated a skit, Blanketed by Blame, Empowered by Support: Maya's Story, a dramatization of how a community responds when a battered woman seeks help. The skit illustrates the differences between harmful, victim-blaming responses and those that validate and support. Since they disseminated the skit, at least eight organizations have used it in their community organizing activities and adapted it for Chinese, South Asian, and Latino audiences.

***Institute on Domestic Violence in the African American Community –
www.dvinstitute.org***

Much of the work of IDVAAC during FYs 2007 and 2008 has been to assist communities across the country in engaging community members and expanding their awareness about how domestic violence affects the African American community broadly and certain communities specifically, as well as inform them about approaches and resources to address those effects.

IDVAAC has been working to develop the "African American Peace Project" in Detroit MI, Denver, CO, Los Angeles, CA, and Tacoma, WA. This project includes

IDVAAC completed a video on domestic violence – Aftermath of Katrina: Crescent House New Orleans. The video describes what we have learned regarding addressing the issue of domestic violence in the midst of a catastrophe. It was shown at the International Family Justice Center Conference (500 people) to a standing ovation.

developing city-based newsletters, community-based assessments, bringing together community leaders, and developing Web-based resources including city-specific blogs. IDVAAC hopes to expand this project across the United States. In FY 2008, IDVAAC developed two newsletters with circulations of 16,000 per year. They completed two Special Issue journals and conducted webcasts on topics such as Fatherhood and Domestic Violence, Engaging the African American Community to Address Domestic Violence, and Prisoner Re-entry and Domestic Violence.

Encuentro Latino National Institute on Family Violence – www.latinodv.org

The ELNIFV provides free technical assistance, training, and consultation informed by the recommendations of Latino survivors of domestic violence. They increase understanding of domestic violence in the Latino community through research and dissemination of culturally competent approaches, and promote best practices for Latino populations by providing information and web-based resources on promising programs, implementation and evaluation. ELNIFV helps providers and others develop capacity to effectively serve Latino clients. This new institute received funds in the last quarter of FY 2008 and does not yet have training and technical assistance statistics to report.

Immigrant Family Institute – www.iistl.org

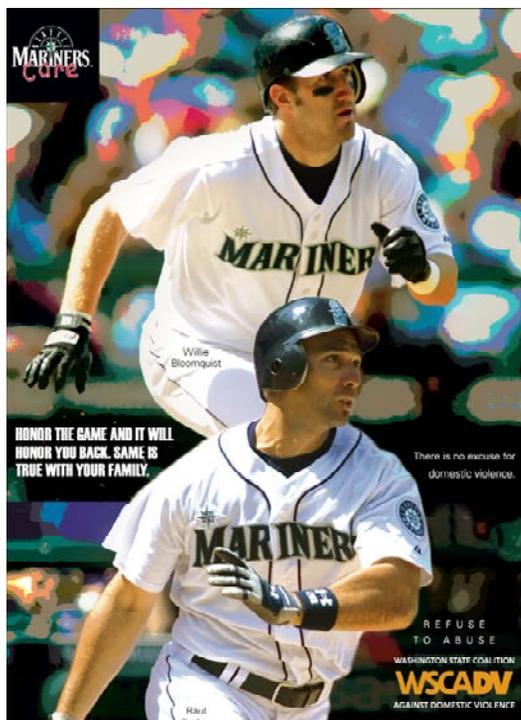
The IFI is a project-specific coalition of domestic violence and immigrant and refugee service providers in six US cities brought together to begin the process of integrating their respective practices to enhance delivery of domestic violence services to immigrants. The IFI will develop and disseminate culturally appropriate promising practices for domestic violence services to immigrant women in 18 cities around the nation. The IFI currently has a working draft of a psychosocial assessment tool, legal protocols and a culturally attuned safety plan for review and testing within six partner agencies. This new institute received funds in the last quarter of FY 2008 and does not yet have training and technical assistance statistics to report.

B. State Domestic Violence Coalition Formula Grants
(10% of total appropriation, \$12.5 M in FY 2007 and \$12.3 M in FY 2008)

Each State, the District of Columbia, Puerto Rico and the U.S. Virgin Islands has a federally recognized Domestic Violence Coalition. These 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 subgrants from FVPSA State, Territorial and Tribal formula grants) and ensure best practices are developed and implemented. Coalition activities are varied and may also include economic advocacy, partnerships with government agencies, and public awareness campaigns. Funds are divided equally among all Coalitions. Each Coalition received \$235,342 in FY 2007 and \$231,230 in FY 2008. Their multifaceted work can best be described in the words of the Coalitions themselves:

The Michigan coalition Against Domestic and Sexual Violence works to improve the availability of safe, affordable, permanent and supportive housing options for battered women. This includes partnering on a variety of committees and workgroups with the Michigan State Housing Development Authority (MSHDA). This also includes a membership on the "living in Michigan" Coalition, the Habitat for Humanity Domestic Violence Initiative, and the Supportive Housing Executive Committee to the Campaign to End Homelessness in Michigan. MCADSV has also devoted resources to developing the leadership capabilities of a number of survivors who are interested in working on state and national initiatives for affordable housing for battered women.

The Missouri Coalition Against Domestic and Sexual Violence responded to 1,248 requests for technical assistance, trained 1,718 service providers, 493 advocates, held a conference for 198 providers, and conducted 38 on-site trainings for 472 advocates and other service providers.



The Washington State Coalition Against Domestic Violence continued its partnership with the Seattle Mariners in implementing a unique education campaign that involves professional baseball players in delivering a domestic violence prevention message through television, radio and print advertising. In 2008, Mariners players served as campaign spokesmen. Full-page print ads designed by pro bono partners were published throughout the season in the Mariners' Magazine. For example, one ad pictured the players in action with the captions: "Honor the game and it will honor you back. Same is true with your family." and "There is no excuse for domestic violence."

The New Hampshire Coalition Against Domestic and Sexual Violence continued to coordinate the program that places domestic violence advocates in the Division for Children, Youth and Families (DCYF) district offices to work with abused women who are identified through the child protective services system. This project is being funded under both the Violence Against Women Act and FVPSA, and has required a new level of collaboration between domestic violence and child abuse professionals.

The Delaware Coalition Against Domestic Violence staff continued work on the "Savings for Safety" matched savings program funded by the Delaware Fund for Women. Current primary partners in this project include member programs People's Place and the YWCA. The "Savings for Safety" project has enabled 10 survivors to save up to \$500 for a specific purpose as defined by her personal need (car loan, rent deposit, school tuition, etc.) When the survivor reaches her goal, her savings will be matched dollar for dollar up to \$500. A number of the program participants have successfully met their savings goals including one woman who used the funds for a rent deposit and another who bought a bed so that she no longer had to sleep on the floor in her apartment.

The Connecticut Coalition Against Domestic Violence worked intensively with the Latino community to facilitate focus group discussions about the needs of victims. A Spanish-language public awareness campaign was launched and was widely supported by Spanish-language media outlets. A special "mock court" was held and facilitated in Spanish. A large number of citizens attended and their evaluations indicated that the event was extremely informative.

The Illinois Coalition Against Domestic Violence focuses specifically on advocating for proper enforcement of the Illinois Domestic Violence Act as well as appropriate resources being made available to survivors and their children. This is accomplished in a variety of ways. The coalition is available for technical assistance to individual judicial systems and personnel, domestic violence service providers, law enforcement personnel, health care providers, abuser service providers, and other social service providers.

C. Open Doors Grants **(funded through discretionary grants, \$1.14 M in FY 2008)**

Discretionary grants have been used to respond to emerging issues, generally by supporting collaborative solutions. In FY 2008, the FVPSA Program awarded discretionary Open Doors to Safety grants, designed to increase the capacity of State Domestic Violence Coalitions and local domestic violence programs to reach underserved populations. Five grants were awarded, three to expand accessibility of services to victims who are mentally ill, suffering from trauma or abusing substances, and two to serve incarcerated and formerly incarcerated victims. To address these hard-to-serve populations, Coalitions and local programs are building relationships with mental health providers, working closely with the FVPSA-funded resource centers and institutes, and sharing information with each other. Best practices developed through these grants will be disseminated nationally. Each grantee received approximately \$200,000. The National Network to End Domestic Violence received a grant of \$199,956 to provide technical assistance to the grantees.

The Alabama Coalition Against Domestic Violence (ACADV) is improving shelter response to victims of domestic violence who also suffer from mental illness, trauma-related conditions or substance abuse. Working with two of its member domestic violence programs – SafeHouse of Shelby County and Crisis Services of North Alabama (CSNA) – ACADV will explore models for specialized services for such victims. They will also continue disability and substance abuse work groups and conduct a community needs assessment.



VII. BREAKING THE CYCLE: PRIORITIZING CHILDREN AND YOUTH

A. Enhanced Services for Children Who Have Been Exposed to Domestic Violence Discretionary Grants **(\$3.2 M from FY 2004 through FY 2008, funded through stamp sales, not appropriations)**

The Stamp Out Family Violence Act of 2001 created a “semipostal” stamp to provide the public a direct and tangible way to contribute to funding for domestic violence programs. Family Violence Stamp sales generated \$3.2 million to support domestic violence programs administered by HHS. Funds generated from stamp sales are in addition to FVPSA

appropriations. To meet the need for effective practice models and enhanced services to respond to children exposed to domestic violence, the FVPSA Program distributed these funds through grants for the *Demonstration of Enhanced Services to Children and Youth Who Have Been Exposed to Domestic Violence*.

From FY 2005 through FY 2007, FVPSA funded grantees from nine States and local communities to support efforts to identify, design, and test approaches for providing enhanced direct services for children whose parents were abused. These projects concluded in FY 2008. The FVPSA program is developing a collection of promising practices that emerged through the initiative. The grantees reported achieving their project goals in three areas:

- Expanding the capacity of domestic violence programs to address the needs of children and adolescents coming into emergency shelters;
- Expanding the capacity of domestic violence programs to address the needs of non-sheltered families and their children; and

- Developing and enhancing community-based interventions for children exposed to domestic violence whose parents have not sought services or support from a domestic violence program.

In the final year of grant funding, projects were required to assess the effectiveness of their efforts and to disseminate lessons learned, and model products and interventions for broader use in the domestic violence field and other community-based agencies. As a result of this grant funding:

- New interventions are being tested and promising practices can be shared.
- Increased resources made available much needed interventions for children in shelters and community settings that should mediate the impact of exposure to domestic violence and may prevent future domestic violence.
- New programs and services were created and are now reaching parents overwhelmed by legal, economic, and emotional crisis, as they struggle for stability and personal safety. With this support, they can better focus on their children's development, safety and healing, thereby strengthening the parent-child bond, which research has shown increases the resiliency of children exposed to violence.

The Virginia Sexual and Domestic Violence Action Alliance is an excellent example of the success of the project. As a result of the modest grant funding, Virginia domestic violence programs provided new and enhanced services to approximately 1141 individuals: 1012 children and 129 non-abusing parents, exceeding the project goals by more than 100%. In addition:

- *Approximately 300 public school personnel received comprehensive training on the impact of exposure to violence on children and youth and how to effectively respond to their individual circumstances.*
- *Members of the Latina women's group substantially increased their communication as parents with their children's schools.*
- *One hundred percent of middle school youth who participated in a support and education group demonstrated an increase in their personal perceptions of their strength to face challenges in life.*
- *Staff members of the Family Resource Center were able to work with children and youth to achieve a significant reduction in trauma-related symptoms and behaviors.*
- *More than 95% of participants in child and youth advocacy trainings increased their understanding of how to use basic information about child development to advocate for children and youth.*

B. Runaway and Homeless Youth

(Funded through discretionary grants, \$541,536 in FY 2007 and \$550,000 in FY 2008)

In partnership with the Runaway and Homeless Youth Program in the Family and Youth Services Bureau (FYSB), Administration on Children, Youth and Families, the FVPSA Program funded efforts in 17 States and local communities to develop collaborative services for runaway and homeless youth experiencing or at risk of experiencing dating violence. This collaboration reaches vulnerable youth at a critical time for prevention of both domestic violence and long-term homelessness.

These pilot projects are developing innovative new ways to reach vulnerable youth, including:

- Healthy relationship curricula and games for teens
- Project advisory boards involving a variety of public/private sector stakeholders
- Outreach to student (high school) journalists

- Partnerships with an array of youth-serving community programs
- “Zine Making” workshops (youth-oriented magazines written, illustrated and produced by program clients)
- Computer technology trainings
- Prevention curriculum for teen dating violence, sexual assault and harassment
- Policies for RHY Programs, including screening and intake forms
- Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ) outreach materials, including posters and brochures
- Wallet sized screening cards for professionals & youth
- Peer leader teen dating violence presentations



VIII. WORKING TO PREVENT VIOLENCE BEFORE IT OCCURS: THE DELTA PROGRAM

(Funded through a different appropriation and administered separately, \$5.1 M in FY 2007 and \$5.0 M in FY 2008)

The FVPSA statute authorizes Demonstration Grants for Community Initiatives, which are administered by the Centers for Disease Control, National Center for Injury Prevention and Control. The Grants are administered as the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program. Authorized for \$6 million annually, DELTA received appropriations of \$5.1 million in FY 2007 and \$5.0 million in FY 2008. The DELTA Program focuses on “primary prevention” – preventing violence before it ever 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 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 victim services, law enforcement, prosecution, public health, and faith-based initiatives. The DELTA Program funds 14 state-level domestic violence coalitions to provide prevention-focused training, technical assistance, and financial support to local coordinated community responses. Communities implement and evaluate strategies focused on preventing first-time perpetration and victimization. Grantees are located in Alaska, California, Delaware, Florida, Kansas, Michigan, Montana, North Carolina, North Dakota, New York, Ohio, Rhode Island, Virginia, and Wisconsin.

The DELTA-funded state-level domestic violence coalitions have established effective working relationships with key stakeholders and organizations in their state, resulting in programmatic and policy successes. For example:

- The Kansas Coalition Against Sexual and Domestic Violence has partnered with the Kansas Department of Health and the Environment (KDHE) to expand CDC’s Choose Respect

Campaign, which encourages healthy relationships for youth, within Kansas. The Kansas Coalition has forged strong relationships with KDHE experts in the areas of injury and violence, adolescent health, migrant health, and epidemiology.



- The North Carolina Coalition Against Domestic Violence is partnering with the North Carolina Department of Public Instruction to ensure that every school principal in the state receives information about intimate partner violence and the ways schools can partner with local communities and domestic violence programs on primary prevention activities.
- The Delaware Coalition Against Domestic Violence funds two coordinated community responses: the Domestic Violence Task Force and the Victims' Rights Task Force. These communities have formed a prevention subcommittee with a goal of safe and respectful relationships for all. To make this vision a reality, they have created a 12-session curriculum, *Developing Healthy Relationships*. The impact is being evaluated and the curriculum may be recommended by the Delaware Department of Education to Delaware health teachers for use in the classroom. Additionally, through the DELTA Program, teens have produced and disseminated healthy relationship public service announcements.



IX. COLLABORATION

A. Collaborative Projects **(funded through discretionary grants)**

Indian Health Service (IHS) Collaboration ***(\$200,00 in FY 2007 and FY 2008)***

The FVPSA Program partnered with the Indian Health Service and two FVPSA-funded domestic violence national resource centers to improve the health care offered through Tribal health clinics for those experiencing domestic violence. In 2008, the initiative expanded from 27 to 42 pilot sites developing culturally appropriate strategies to improve the health care response to domestic violence. The IHS is tracking increases in domestic violence screening by health care professionals and disseminating findings nationally. This project has made a tangible and dramatic difference in service provision for Native victims.

Before we started, we didn't have any idea how much domestic violence there was. Now we have services and are responding to domestic violence and seeing an increase in the number of patients screened. It is inspiring to me because not only are we screening but we are providing the services and the outreach to the community and to our staff as well.
– Donna Jensen, RN, Domestic Violence Program Director, Utah Navajo Health System

One of the more exciting things was seeing the staff get really excited and them having ideas and seeing things happen. The informal process of awareness and team building making coworkers more aware has resulted in the screening rates going from 3% to over 50%. – Carol Stephens, DSN, RN, Cherokee Indian Hospital

During the course of our health screening, one client that came through our substance abuse program was having issues with abuse at home and needed safety support. She was new to the area, and didn't know the resources available. Health staff were able to coordinate with the domestic violence and substance abuse programs to get her shelter and into a program for Native women and children dealing with substance abuse and domestic violence. – Rose Clark, Ph.D., Former Administrative Clinical Director, United American Indian Involvement, Inc.

B. Intra-agency and Interagency Efforts

Interagency and Intra-agency Collaborative Projects

Human Trafficking and Violence Against Women – The FVPSA Program identified the intersection of human trafficking and other forms of violence against women as a key area for coordination and growth, and is working closely with other offices such as the HHS Office of Refugee Resettlement and the DOJ Office for Victims of Crime. The FVPSA Program represented the Department of Health and Human Services at the International Consultation on Child Sexual Exploitation as well as at interagency conferences and taskforces.

FVPSA Program Convened Collaborative National Meetings

Addressing Misperceptions on the Prevalence of Intimate Partner Violence: Are We Measuring What Matters? – This meeting of domestic violence researchers, practitioners and federal sponsors of domestic violence programs and research focused on strategies to: promote the accurate use and interpretation of domestic violence research; develop a domestic violence research agenda; support research to address known gaps; and increase collaboration between domestic violence researchers and practitioners. Meeting follow-up steps include outreach to other federal agencies to support targeted domestic violence research.

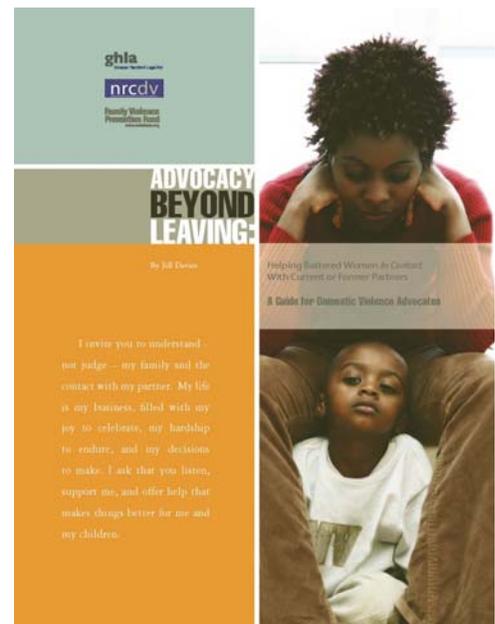
Building Leadership in the Domestic Violence Community: Demystifying Work with Fathers Who Batter –

This meeting of domestic violence advocates, technical assistance providers, Fatherhood Program experts and federal agencies laid the groundwork for identifying strong practice in working with men with a history of violence. The focus was on promoting change, supporting safe fathering, and building the capacity of domestic violence programs to collaborate with responsible fatherhood programs. In conjunction with this effort, the FVPSA Program supported the Family Violence Prevention Fund's development of a field guide for domestic violence advocates helping battered women who are in contact with partners who have been abusive.

Child and Family Service Review Strategy Development Meeting –

This meeting focused on developing effective strategies to address the co-occurrence of domestic violence and child maltreatment in the caseloads of child welfare agencies. Participants from the child welfare and domestic violence communities, national resource centers, the Children's Bureau and Family and Youth Services Bureau identified strategies for integrating domestic violence awareness and assessments into existing child and family services reviews conducted in every state child welfare system.

Intra-agency and Interagency Efforts to End Domestic Violence – The FVPSA Program has been an active member of, and leader within, five collaborative workgroups, ranging from an internal HHS network to an advisory council of expert informants from the field. These workgroups include:



- *The Interagency Federal Network Addressing Violence Against Women*, a network of federal agencies and offices meeting monthly to share information about ongoing program, policy and research initiatives;
- *The HHS Steering Committee on Violence Against Women*, a quarterly meeting of principles across the Department working on domestic and sexual violence programs and research;
- *The Interagency Work Group on Teen Dating Violence*, to coordinate cross-agency program and research efforts;
- *The Interagency Leadership Council on Violence Against Women*, coordinating policies affecting violence against women initiatives; and
- *The Presidential-appointed National Advisory Council on Violence Against Women*, made up of national experts from diverse fields, this group advises the Federal Government on strategies to address domestic and sexual violence.

In addition, in cooperation with the Department of State Office on International Women's Issues, the FVPSA Program provided training for international domestic violence programs via international Digital Video Conferences and hosted briefings for several delegations from around the world.



X. BUILDING ON SUCCESS: NEXT STEPS

The demand for domestic violence shelter and services remains high. In harsh economic times, both victims and perpetrators of domestic violence have fewer options and resources. Victims with fewer financial resources more often seek shelter because they have no other choices. Job loss, foreclosure and other stressors may lead to increased violence or trap a victim in a dangerous relationship:

- Couples who reported extensive financial strain had a rate of violence more than three times that of couples with low levels of financial strain.³⁵
- Women whose male partners experienced two or more periods of unemployment over a 5-year study were almost three times as likely to be victims of intimate violence as were women whose partners were in stable jobs.
- Women in disadvantaged neighborhoods were more likely to be victimized repeatedly or to be injured by their domestic partners than were women who lived in more advantaged neighborhoods.³⁶

Victims themselves frequently report economic needs: 93% of victims requested help with economic issues in *Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences*. Sixty-one percent needed three or more of the five kinds of economic help listed (a job or job training, affordable housing, education/school, transportation, and help with budgeting). However, this cluster of needs was the least likely to be fully met by domestic violence programs,³⁷ likely because the necessary community resources are strained.

Creating Change in All Our Communities

The Federal government is not powerless in this time of crisis: FVPSA-funded shelters can save a life in a crisis and have demonstrated efficacy to create individual change. FVPSA-funded programs are active

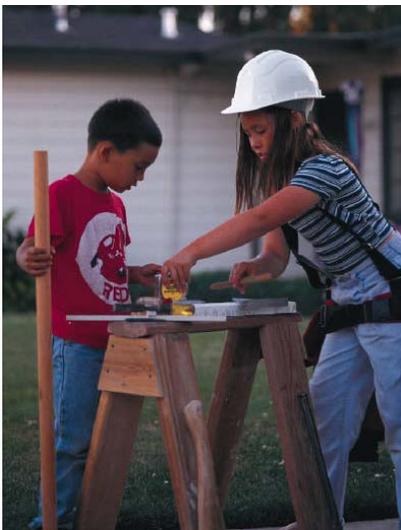
in their communities, helping to create a culture that will support victims and hold perpetrators accountable.

The FVPSA-funded network of national resource centers, culturally specific institutes, and state domestic violence coalitions is extending key services to underserved and historically marginalized populations, developing best practices, and providing technical assistance to ensure a consistent, quality response to victims nationwide. Extending FVPSA services to “hard to serve” victims such as those struggling with both substance abuse and mental illness and developing services that support victims within their communities – including religious, linguistic and ethnic minority communities – remain priorities for the FVPSA Program.

Children and youth must also be prioritized if we are to stop violence before it starts. Teen victims of dating violence and children who witness domestic violence are vulnerable yet full of potential; reaching these young people early can prevent a lifetime of abuse and break the cycle of violence.

FVPSA-funded services are just one part of a community’s network to address domestic violence, but they are often the hub. Local shelter programs and State Domestic Violence Coalitions collaborate with police, healthcare providers, housing authorities, businesses, churches, schools and more. So too at the Federal level, where the FVPSA Program works closely with other agencies and divisions such as the Family and Youth Services Bureau’s Runaway and Homeless Youth Program, the HHS Office on Women’s Health, and DOJ’s Office on Violence Against Women and National Institute of Justice. Leveraging resources and coordinating Federal activities is necessary to enable FVPSA grantees to do the same.

One Southeast Missouri program said: “Limited funding has forced us to learn to provide quality services in the most cost-effective ways but has also restricted us from expanding to more creative and empowering services for survivors of domestic and sexual violence. Each new service seems to come at a cost to those already in existence.”



Benefiting All Our Communities

Reducing domestic violence through FVPSA-funded programs could have a significant fiscal impact. Although the full cost of violence and abuse to the health care system has not been firmly established, based on prior studies, the Academy on Violence and Abuse has documented a reasonable approximation of those costs. Prior research has shown that victims of abuse access health care 2 to 2.5 times more frequently than those without that history.³⁸ Approximately 25% of women and 8% of men have experienced domestic violence during their lifetimes.³⁹ Using estimated 2008 health care costs of about \$2 trillion⁴⁰ and a U.S. population of 300 million,⁴¹ the predicted incremental cost to the health care system ranges between \$462 billion and \$620 billion annually, or 23% to 31% of the total health care dollar.⁴² These are health care costs alone – domestic violence is significantly more costly when the cost of police response, court fees, lost productivity, use of the child welfare system and other factors are considered.

In FYs 2007 and 2008, FVPSA provided a safe harbor for nearly 307,000 adult victims of domestic violence and 287,000 children and teens. However, over 247,000 victims and their children were turned away because shelters were full or programs lacked resources and on one day in September, 2008, 8,927 requests for services went unmet due to lack of resources.⁴³ FVPSA-funded services are effective for those who receive them, but cannot meet the overwhelming demand for shelter. The FVPSA Program will continue to build on demonstrated success, efficiently use resources and collaborate across divisions with the goal of serving more victims and saving more lives.

**APPENDIX A: STATE AND TERRITORY FUNDING
FY 2007 – 2008**

State/Territory	FY 2007	FY 2008	State/Territory	FY 2007	FY 2008
Alabama	\$1,443,200	\$1,420,205	Montana	\$773,192	\$768,469
Alaska	\$722,850	\$719,499	Northern Mariana Islands	\$124,731	\$122,552
American Samoa	\$124,731	\$122,552	Nebraska	\$924,211	\$915,370
Arizona	\$1,730,552	\$1,699,721	Nevada	\$1,057,538	\$1,045,060
Arkansas	\$1,115,354	\$1,101,300	New Hampshire	\$841,077	\$834,503
California	\$7,284,240	\$7,101,954	New Jersey	\$2,199,588	\$2,155,965
Colorado	\$1,471,499	\$1,447,732	New Mexico	\$958,362	\$948,589
Connecticut	\$1,242,583	\$1,225,059	New York	\$4,139,655	\$4,043,125
Delaware	\$756,479	\$752,212	North Carolina	\$2,223,779	\$2,179,497
District of Columbia	\$706,620	\$703,712	North Dakota	\$716,582	\$713,403
Florida	\$3,916,656	\$3,826,207	Ohio	\$2,704,413	\$2,647,024
Georgia	\$2,316,814	\$2,269,995	Oklahoma	\$1,256,224	\$1,238,328
Guam	\$124,731	\$122,552	Oregon	\$1,278,508	\$1,260,005
Hawaii	\$835,687	\$829,260	Pennsylvania	\$2,880,902	\$2,818,699
Idaho	\$868,866	\$861,534	Puerto Rico	\$1,320,131	\$1,300,492
Illinois	\$2,952,653	\$2,888,494	Rhode Island	\$795,739	\$790,401
Indiana	\$1,757,540	\$1,725,973	South Carolina	\$1,392,271	\$1,370,665
Iowa	\$1,146,745	\$1,131,834	South Dakota	\$743,359	\$739,450
Kansas	\$1,106,774	\$1,092,954	Tennessee	\$1,707,173	\$1,676,979
Kentucky	\$1,371,155	\$1,350,124	Texas	\$4,909,990	\$4,792,452
Louisiana	\$1,386,133	\$1,364,694	Utah	\$1,067,536	\$1,054,786
Maine	\$842,301	\$835,694	Vermont	\$714,389	\$711,270
Maryland	\$1,629,605	\$1,601,526	Virgin Islands	\$124,731	\$122,552
Massachusetts	\$1,780,215	\$1,748,029	Virginia	\$2,001,270	\$1,963,056
Michigan	\$2,450,966	\$2,400,489	Washington	\$1,772,625	\$1,740,647
Minnesota	\$1,547,352	\$1,521,517	West Virginia	\$933,404	\$924,312
Mississippi	\$1,133,627	\$1,119,075	Wisconsin	\$1,618,747	\$1,590,965
Missouri	\$1,671,221	\$1,642,008	Wyoming	\$694,424	\$691,844

TOTALS	<u>FY 2007:</u> \$87,311,700	<u>FY 2008:</u> \$85,786,365
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**APPENDIX B: INDIAN TRIBE AND ALASKA
NATIVE VILLAGE FUNDING FY 2007 – 2008**

Tribal Grantee	FY 2007	FY 2008
Alabama		
Poarch Band of Creek Indians	\$26,709	\$26,541
Alaska		
Alatna Tribal Council	\$26,709	\$26,541
Aleutian/Pribilof Island Assoc.	\$46,741	\$46,446
Allakaket Tribal Council	\$26,709	\$26,541
Anvik	\$0	\$26,541
Beaver Village Council	\$26,709	\$26,541
Birch Creek Tribal Council	\$26,709	\$0
Bristol Bay	\$86,804	\$82,456
Chalkyitsik Village Council	\$26,709	\$26,541
Chugachmiut	\$46,741	\$0
Circle	\$0	\$26,541
DOT Lake Tribal Council	\$26,709	\$26,541
Eastern Aleutian Tribes, Inc.	\$26,709	\$159,246
Evansville Tribal Council	\$26,709	\$26,541
Fairbanks Native Association	\$60,095	\$57,085
Gwichyaa Zhee Gwick'in	\$26,709	\$26,541
Holy Cross Village Council	\$26,709	\$26,541
Hughes Village Council	\$26,709	\$26,541
Kaltag Tribal Council	\$26,709	\$26,541
Kodiak Area Native Association	\$46,741	\$46,446
Koyukuk Tribal Council	\$26,709	\$26,541
Louden Tribal Council	\$26,709	\$0
McGrath Native Village Council	\$26,709	\$26,541
Mendas Cha-Ag Tribe	\$0	\$26,541
Minto Tribal Council	\$26,709	\$26,541
Native Village of Afognak	\$26,709	\$26,541
Native Village of Eagle	\$26,709	\$26,541
Native Village of Eyak	\$26,709	\$26,541
Nenana Native Council	\$26,709	\$26,541
Nikolai Edzeno Village Council	\$26,709	\$26,541
Northway Village Council	\$26,709	\$26,541
Nulato Tribal Council	\$26,709	\$26,541
Ruby Tribal Council	\$26,709	\$26,541
Shageluk Tribal Council	\$0	\$26,541
South Central Foundation	\$307,153	\$291,767
Sun'aq Tribe of Kodiak	\$0	\$46,447
Takotna Tribal Council	\$26,709	\$26,541

Tribal Grantee	FY 2007	FY 2008
Tanacross Village Council	\$26,709	\$26,541
Telida Village Council	\$26,709	\$26,541
Tetlin Tribal Council	\$26,709	\$26,541
Tlingit and Haida Indian Tribes	\$227,026	\$215,654
Tok Native Association	\$0	\$26,541
Arizona		
Hualapai Tribal Council	\$26,709	\$26,541
Navajo Nation	\$2,337,036	\$2,219,962
Pascua-Yaqui Tribe of AZ	\$60,095	\$0
Tohono O'odham Nation	\$140,222	\$133,198
Yavapai Prescott Indian Tribe	\$26,709	\$26,541
California		
Dry Creek Rancheria	\$0	\$26,541
Fort Mojave Indian Tribe	\$26,709	\$26,541
Inter-Tribal Council of CA	\$661,048	\$709,971
Smith River Rancheria	\$26,709	\$26,541
Southern Indian Health Council, Inc.	\$240,381	\$238,869
Yurok	\$26,709	\$26,541
Colorado		
Southern Ute Indian Tribal Council	\$26,709	\$26,541
Idaho		
Coeur D'Alene Tribe	\$26,709	\$26,541
Shoshone-Bannock Tribe	\$60,095	\$57,085
Kansas		
Kickapoo Tribe of Kansas	\$26,709	\$26,541
Native American Family Services	\$0	\$26,541
Maine		
Aroostook Band of Micmacs	\$26,709	\$0
Houlton Band of Maliseet Indians	\$26,709	\$26,541
Passamaquoddy Tribe at Pleasant Point	\$26,709	\$26,541
Massachusetts		
Wampanoag Tribe of Gay Head (Aquinnah)	\$26,709	\$26,541
Michigan		
Grand Traverse	\$26,709	\$26,541
Hannahville Indian Community	\$26,709	\$26,541
Lac Vieux Desert Band of Chippewa Indians	\$26,709	\$26,541
Little River Band of Ottawa Indians of Michigan	\$26,709	\$26,541
Saginaw Chippewa Tribe	\$46,741	\$46,446
Sault St. Marie Chippewa	\$26,709	\$26,541
Minnesota		
Bois Fort Reservation Tribal Council	\$26,709	\$26,541
Fond Du Lac Reservation Business Committee	\$26,709	\$0
Grand Portage Reservation	\$26,709	\$26,541
Leech Lake Reservation	\$73,450	\$69,770
Red Lake Band of Chippewa Indians	\$86,804	\$82,456

Tribal Grantee	FY 2007	FY 2008
White Earth Reservation	\$60,095	\$57,085
Mississippi		
Mississippi Band of Choctaw Indians	\$73,450	\$69,770
Montana		
Blackfeet Tribe	\$126,868	\$120,512
Confederated Salish and Kootenai	\$100,159	\$95,142
Fort Belknap Community Council	\$46,741	\$46,446
Fort Peck Tribes Assiniboine & Sioux	\$0	\$72,987
Northern Cheyenne Tribal Council	\$73,450	\$69,770
Santee Sioux Tribe	\$0	\$46,446
Nebraska		
Ponca Tribe of Nebraska	\$46,741	\$46,446
Winnebago Tribe of Nebraska	\$46,741	\$46,446
Nevada		
Elko Band Council	\$26,709	\$26,541
Inter-Tribal Council of Nevada, Inc.	\$213,672	\$265,410
New Mexico		
Eight Northern Indian Pueblos Council	\$213,672	\$212,328
Pueblo of Isleta	\$46,741	\$46,446
Pueblo of Laguna	\$60,095	\$57,085
Pueblo of Santo Domingo	\$60,095	\$57,085
Pueblo of Zuni	\$113,512	\$0
New York		
St. Regis Mohawk Community & Educ. Fund	\$0	\$46,446
North Carolina		
Eastern Band of Cherokee Indians	\$100,159	\$95,141
North Dakota		
Fort Berthold Reservation	\$60,095	\$57,085
Spirit Lake of Fort Totten	\$60,095	\$57,085
Turtle Mountain Band of Chippewa	\$126,868	\$120,512
Oklahoma		
Absentee Shawnee Tribe	\$100,159	\$95,142
Apache Tribe of Oklahoma	\$26,709	\$26,541
Cherokee Nation of Oklahoma	\$1,669,312	\$1,585,687
Chickasaw Nation	\$333,862	\$317,137
Choctaw Nation of Oklahoma	\$413,989	\$393,250
Citizen Band Potawatomi Nation	\$100,159	\$95,141
Comanche Indian Tribe	\$100,159	\$95,142
Fort Sill Apache Tribe	\$26,709	\$26,541
Iowa Tribe of Oklahoma	\$26,709	\$26,541
Muscogee Creek Nation	\$253,735	\$241,024
Osage Tribal Council	\$100,159	\$95,141
Otoe-Missouria Council	\$26,709	\$26,541
Quapaw Tribe of Oklahoma	\$26,709	\$26,541
Sac and Fox Nation	\$86,804	\$82,456

Tribal Grantee	FY 2007	FY 2008
Witchita and Affiliated Tribes	\$26,709	\$26,541
<i>Oregon</i>		
Confederated Tribes of Warm Springs	\$46,741	\$46,446
Confederated Tribes of Grand Rhonde	\$60,095	\$57,085
Klamath Tribe	\$46,741	\$46,446
<i>Rhode Island</i>		
Narrangansett Indian Tribe	\$26,709	\$26,541
<i>South Carolina</i>		
Catawba Indian Tribe	\$26,709	\$26,541
<i>South Dakota</i>		
Cheyenne River Sioux Tribe	\$100,159	\$95,142
Crow Creek Reservation	\$46,741	\$46,446
Lower Brule Sioux Tribe	\$26,709	\$26,541
Oglala Lakota Nation	\$200,317	\$190,282
Rosebud Sioux Tribe	\$140,222	\$133,197
Sisseton-Wahpeton Sioux Tribe	\$60,095	\$57,085
Standing Rock Sioux Tribe	\$60,095	\$57,085
<i>Utah</i>		
Paiute Indian Tribe of Utah	\$26,709	\$26,541
<i>Washington</i>		
Lummi Nation	\$46,741	\$46,446
Muckleshoot Tribe of Washington	\$26,709	\$0
Puyallup Tribe of Indians	\$26,709	\$26,541
Skokomish	\$0	\$26,541
South Puget Intertribal Planning Agency	\$133,545	\$132,705
Spokane Tribal Community	\$46,741	\$46,446
Swinomish Tribal Community	\$26,709	\$0
Tulalip Tribes	\$60,095	\$0
Yakama Indian Nation	\$113,513	\$107,827
<i>Wisconsin</i>		
Bad River Band of Lake Superior	\$26,709	\$26,541
Ho-Chunk Nation	\$26,709	\$26,541
Lac Du Flambeau Band of Lake Superior	\$46,741	\$46,446
Menominee Indian Tribe	\$60,095	\$57,085
Red Cliff Band of Lake Superior	\$26,709	\$26,541
Sokaogon Chippewa Community	\$26,709	\$26,541
<i>Wyoming</i>		
Northern Arapahoe Tribes	\$100,159	\$95,141
TOTAL	\$12,473,099	\$12,255,195

APPENDIX C: ENDNOTES

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