

## **Funding to End Domestic Violence: FY 22 Federal Appropriations Requests**

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The National Network to End Domestic Violence urges Congress to increase essential funding for domestic and sexual violence programs in Fiscal Year 2022 (FY 22). Despite progress in reducing domestic violence over the last 30 years, many victims are still trapped in life-threatening situations. Domestic violence affects millions of victims each year, and has increased in the wake of the COVID-19 pandemic. Additional resources are needed in FY 22 to fill in the gaps. The priority programs outlined below allocate resources to every state and territory.

### **Victims of Crime Act Fund (VOCA): \$2.65B and policy changes**

VOCA is made up of fines and penalties paid by federal criminals, not taxpayer dollars, and funds nearly 6,500 victim services organizations. Congress must also pass a statutory fix to increase deposits into the fund.

### **Family Violence Prevention and Services Act (FVPSA): \$225M**

FVPSA funds emergency shelters, crisis lines, counseling, victim assistance, and other vital services for over one million domestic violence victims and their children each year.

### **Culturally Specific Services Program (New HHS Program): \$35M**

Survivors who identify as people of color urgently need culturally-relevant services that address the nexus of domestic and sexual violence and the COVID-19 pandemic.

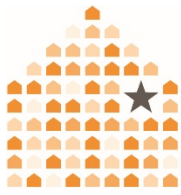
### **Violence Against Women Act (VAWA): Funding for key programs**

VAWA programs ensure that victims are safe and offenders are held accountable.

- ★ **Sexual Assault Services Program**: \$100M for rape crisis centers; and
- ★ **Transitional Housing Program**: \$50M to house survivors and rebuild their lives.
- ★ **Culturally specific program**: \$40M to provide services for survivors of color.

### **Domestic and Sexual Violence Funds for Homeless Assistance: \$75M**

An ongoing set-aside in the HUD Continuum of Care program allows communities to provide targeted housing and assistance for survivors facing homelessness.



## **PRIORITY FY 22 FUNDING REQUESTS**

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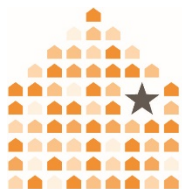
These funding streams work together to ensure that local domestic violence and sexual assault programs have the resources to meet survivors' many complex needs – for services, shelter, housing, counseling, advocacy and more – in every state and territory.

### **VICTIMS OF CRIME ACT (VOCA) FUNDING – \$2.65 billion and policy changes (CJS/DOJ)**

VOCA uses non-taxpayer money from the Crime Victims Fund (CVF) for programs that serve victims of crime, including state-formula victim assistance grants. These funds, which are generated by fines paid by federal criminals, support services to over 6 million victims of all types of crimes annually, through 6,462 direct service organizations such as domestic violence shelters, rape crisis centers, and child abuse treatment programs. Sustained VOCA funds are needed to respond to the dangerous lack of available services for victims.

Deposits to the CVF fund began shrinking considerably in the past few years and, as a result, programs have begun experiencing massive cuts in victim services funding. Congress must update statutory language to increase deposits to the fund to avoid continued cuts to local programs and worsened gaps in survivor services. Unless revenues into the CVF are supplemented by other types of criminal fines, the entire CVF balance could be depleted within five years. **Congress must provide steady funding in FY 22 and work towards sustainability of the CVF. We urge you to:**

- ★ Request strong and steady funding to be released from the VOCA fund each year and ask for \$2.65 billion specifically in FY 22 to address the urgent needs of victims of crime;
- ★ Pass S. 611, the VOCA Fix, to increase deposits to the CVF. Fund deposits should be supplemented with payments made pursuant to federal deferred and non-prosecution agreements. The companion House bill, HR. 1652, passed with strong bipartisan support;
- ★ Support a continued federal funding stream from VOCA for tribes. Individuals on tribal lands experience disproportionately high rates of domestic and sexual violence and need funding for victim services; and
- ★ Reject proposals that use the VOCA fund to pay for other Department of Justice programs since that reduces funding for direct victim services.



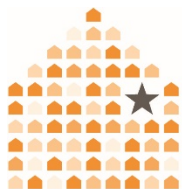
## **FAMILY VIOLENCE PREVENTION AND SERVICES ACT (FVPSA) – \$225 million (LHHS/HHS)**

FVPSA supports lifesaving services, including emergency shelters, crisis hotlines, counseling, and programs for underserved communities throughout the United States. Administered by the Department of Health and Human Services (HHS), FVPSA is the only federal funding source dedicated to domestic violence shelters and programs. A multi-state study funded by the National Institute of Justice shows that the nation's domestic violence shelters are addressing both the immediate safety and long-term needs of victims, including economic stability.<sup>i</sup> The latest available data revealed that FVPSA-funded programs provided shelter and nonresidential services to approximately 1.2 million survivors and their children. Nearly 93% of clients reported they had improved knowledge of planning for their safety.<sup>ii</sup>

Despite FVPSA's success, community-based domestic violence programs report that at current funding levels, they cannot meet the overwhelming demand for services. Also in FY 17, programs were not able to meet 226,000 requests for shelter due to a lack of capacity.<sup>iii</sup> The 14<sup>th</sup> Annual Domestic Violence Counts Report found that during one day in 2019, 77,226 victims of domestic violence received services; however, on that same day, 11,336 requests for services went unmet due to a lack of funding. Of those unmet requests, 68% were for safe housing.<sup>iv</sup> COVID-19 has exacerbated this problem, with requests for domestic violence services already increasing and expected to remain elevated for well over a year. Increased FVPSA funding will help close this unacceptable gap in services.

## **CULTURALLY SPECIFIC SERVICES PROGRAM – \$35 million (LHHS/HHS)**

As the nation races to address the current and future costs of the COVID-19 pandemic, data shows that Communities of Color have been disparately impacted. Higher infection and mortality rates<sup>v</sup> in Communities of Color are indicative of long-term systemic inequities, including access to healthcare, wealth and wage gaps, the digital divide, lack of language access, housing disparities, and food deserts, among other issues.<sup>vi</sup> There is a dearth of funding for under-resourced culturally specific programs, which are a lifeline for survivors in their communities. These organizations provide holistic services; offer language access for survivors who are limited English proficient; assist survivors who are at higher risk of contracting COVID as essential workers and simultaneously at higher risk of unemployment; provide food; and increase access to other lifesaving resources. Funding for culturally specific services for Communities of Color was nominal before COVID-19, and is truly insufficient to meet the needs of domestic violence and sexual assault survivors at the nexus of a public health and financial crisis. In order to



assist ALL domestic violence and sexual assault survivors, Congress must allocate \$35 million for a new Culturally Specific Services Program to be administered by the Family Violence Prevention and Services Office at HHS.

## **VIOLENCE AGAINST WOMEN ACT (VAWA) (CJS/DOJ)**

### **Sexual Assault Services Program – \$100 million**

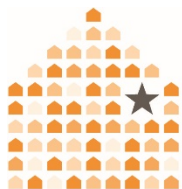
The Sexual Assault Services Program (SASP) is the only federal funding stream dedicated to the provision of direct services to victims of sexual violence. A recent report to Congress revealed 55,000 survivors of sexual assault had been served and 300 advocate positions were supported by SASP.<sup>vii</sup> Across the country, SASP funds support the critical services adult and child victims need most, including counseling, accompaniment through medical and legal processes, and support for underserved populations. Research shows these services increase prosecution and help victims recover. The nation's 1,500 sexual assault programs often lack the resources to meet victims' most basic needs. According to a 2020 survey by NAESV, 35% lack a therapist on staff, with survivors waiting up to 6 months for a counseling appointment.<sup>viii</sup> Increased SASP funds will help fill in the gap to support local rape crisis centers.

### **Transitional Housing Program – \$50 million**

This vital VAWA program helps communities in every state give victims of domestic violence, sexual assault, dating violence, and stalking a safe place to begin to rebuild their shattered lives. On just one day in 2019, 17,005 adults and children were housed in domestic violence transitional housing programs. On the same day, however, 7,732 requests for emergency shelter or transitional housing were denied due to a lack of capacity.<sup>ix</sup> The extreme dearth of affordable housing nationwide produces a situation where many victims of domestic violence must return to their abusers because they cannot find stable housing, while others are forced into homelessness. This is particularly challenging as stay-at-home orders are lifted and survivors seek safe housing. Because many individuals have lost income and must now rebuild their lives separate from an abusive former partner, the need for housing assistance will remain elevated until the economy rebounds. Increased investment in the Transitional Housing program will allow more communities to house survivors and their children.

### **Culturally Specific Service Program – \$40 million**

This program, expanded in the House passed VAWA reauthorization bill, H.R. 1620, provides funding to culturally specific organizations to reach survivors in communities of color who face barriers in accessing services.



## **DOMESTIC VIOLENCE AND SEXUAL ASSAULT BONUS FUNDS VIA HUD'S CONTINUUM OF CARE HOMELESSNESS PROGRAM – \$75 million (THUD Budget, Administered by HUD)**

Survivors of domestic violence and sexual assault often flee unsafe circumstances and seek refuge through emergency shelter, transitional housing, and rapid-rehousing programs in order to avoid homelessness. Dedicated funds for survivor-specific housing resources, including rapid-rehousing, offer a stable funding source for victim service providers to address the unique safety needs of survivors.

Since FY 18, THUD appropriations has included significant investments that preserve and increase housing assistance for the most vulnerable families, including a \$50-\$52 million set-aside for housing for survivors of domestic violence and sexual assault in the HUD Continuum of Care homelessness assistance program (also known as the DV Bonus Funds). The funds support victim-specific housing and supportive service projects to assist survivors of domestic violence and sexual violence. Between FY 17 and FY 18, the DV Bonus Funds supported an increase of 6,600 beds and over 2,800 more units dedicated to survivors of domestic violence.<sup>x</sup>

## **Additional DOJ/VAWA Programs (CJS)**

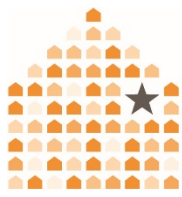
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The priority programs described in the preceding pages are not the only important sources of support for survivors of domestic violence, sexual assault, and stalking. Other VAWA programs are essential to meet the multifaceted needs of survivors.

### **Legal Assistance for Victims (LAV) Program – \$59 million**

Research indicates that the practical nature of legal services gives survivors long-term alternatives to their abusive relationships. Legal services are also vital to support survivors of sexual assault in civil matters.<sup>xi</sup> However, the retainers or hourly fees for private legal representation are beyond the means of most victims of domestic violence, dating violence, sexual assault, and stalking. Legal services are second only to medical services as the most-requested need of victims. Sadly, many survivors do not have the means to secure legal assistance in the aftermath of domestic abuse or sexual assault. The number of unique visitors to NNEDV's [WomensLaw.org](https://www.womenslaw.org) legal information website more than doubled from 2019 to 2020, in part due to demand for legal assistance during the COVID-19 pandemic. The LAV program is the only federally-funded program designed to meet the legal needs of victims. Targeted increases to the LAV program are a sound investment in long-term solutions to violence.





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### **VAWA STOP Program – \$223 million**

VAWA's Services, Training, Officers, and Prosecutors (STOP) Grant Program supports coordinated community responses to domestic violence, dating violence, sexual assault, and stalking, helping hundreds of thousands of victims find safety and receive services, while holding perpetrators accountable for their actions. STOP funds are awarded to every state and territory through a formula-based system, and the funds also support tribes, state, territorial, and tribal coalitions, and culturally specific programs.

Communities use STOP funds to ensure the system-wide response to survivors is tailored and well-equipped to meet survivors' needs. Victims benefit from services, including advocacy, crisis intervention, local hotline call advocacy, counseling and support, and victim/witness notification. In 2016, STOP grant-funded programs helped 362,172 victims and trained 252,795 professionals.<sup>xii</sup> Increased investment in STOP will allow communities to expand homicide reduction efforts, continue to improve law enforcement and prosecution responses, and serve additional victims.

### **Rural Grant Program – \$50 million**

Survivors in rural areas face unique barriers, including a lack of access to childcare, legal services, and public transportation; under-resourced law enforcement; and fewer domestic violence programs. Funding for the Rural Grant Program, which supports services for victims of domestic violence and sexual assault living in rural and isolated areas, has remained stagnant for the last several years despite the enormous need.

### **Remaining VAWA Programs – full funding as authorized (see chart)**

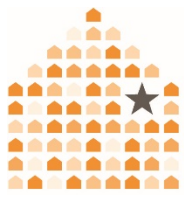
All VAWA programs work together to provide a comprehensive response to victims of violence, including lifesaving services to victims with disabilities and elderly victims; programs to prevent violence by working with children, youth, and college students; projects addressing courts and visitation; a response to the epidemic of sexual assault and domestic violence on tribal lands; projects addressing violence in the workplace; and prevention programs and public health responses to violence and abuse. These programs must receive sustained and increased funding to ensure that our communities can build on our years of progress and meet the needs of all victims.

## **Additional HHS Programs (LHHS)**

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### **DELTA (CDC) – \$26 million**

The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program, administered by the CDC Injury Center, is the only dedicated federal funding source for the primary prevention of domestic violence. In approximately 45 communities across the nation, the DELTA program identifies effective strategies to prevent first-time perpetration and first-time victimization of domestic violence. DELTA



states have piloted and evaluated a range of programs designed to promote safety and respect across communities. A growing body of evidence that supports this work, indicating that domestic violence and dating violence rates can be decreased over time with the implementation of DELTA programming.<sup>xiii</sup> The work being done with multi-level strategies (individual, relationship, community, and societal strategies) focuses on changing social norms and promoting behaviors that support healthy relationships. A substantial increase in funding will enable the DELTA program to expand to additional states and communities, and will also provide opportunities for communities to leverage additional funding.

### **Rape Prevention and Education (CDC) – \$75 million**

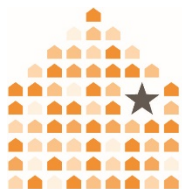
Rape Prevention and Education (RPE) formula grants, administered by the Centers for Disease Control's (CDC) National Center for Injury Prevention and Control, provide essential funding to states and territories to support prevention programs conducted by rape crisis centers, state sexual assault coalitions, and other public agencies and private nonprofit entities. The RPE program prepares everyday people to become heroes, getting involved in the fight against sexual violence and creating safer communities. RPE is working. A five-year randomized trial funded by the CDC found in Kentucky high schools, there was more than a 50% reduction in the self-reported frequency of sexual violence perpetration by students at schools that received the RPE-funded Green Dot bystander intervention training.<sup>xiv</sup> However, a 2019 survey by NAESV revealed that 84% of rape crisis centers saw an increase in demand while almost half had to reduce public awareness and prevention hours due to budget shortfalls.<sup>xv</sup>

### **Preventive Health and Health Services Block Grant – \$7 million for sexual assault prevention and services**

The Public Health Service Act of 2010 included a guaranteed \$7 million minimum set-aside in the Preventive Health and Health Services Block Grant, administered by the CDC to support direct services to victims of sexual assault and to prevent rape. States and communities rely on the set-aside to fund critical sexual assault services and prevention work.

### **National Domestic Violence Hotline – \$15 million**

The National Domestic Violence Hotline (Hotline) (ACF) provides immediate assistance to survivors that reach out for support, resources, and safety planning. The Hotline provides services by phone, chat, and text, which has been particularly crucial while survivors are trapped in their homes during the COVID-19 health crisis. From March 16 to May 16, 2020 the Hotline began collecting data to track how COVID-19 impacts survivors and saw a 9% increase in total contacts received.<sup>xvi</sup> The Hotline partners with, and supports, the Stronghearts Native Helpline and the Abused Deaf Women's Advocacy Services.



## Violence Against Women Health Program – \$10 million

The Violence Against Women Health Program at the Office on Women’s Health trains medical professionals on identifying and supporting survivors of violence. It increases partnerships between health providers and victim service providers.

## Endnotes

- <sup>i</sup> Lyon, E., Bradshaw, J. and Menard, A. (2012). Meeting Survivors’ Needs Through Non-Residential Domestic Violence Services & Supports: Results of a Multi-State Study, *University of Connecticut, School of Social Work and National Resource Center on Domestic Violence, prepared for DOJ, OJP, NIJ*. Retrieved from [vawnet.org/material/meeting-survivors-needs-through-non-residential-domestic-violence-services-supports](http://vawnet.org/material/meeting-survivors-needs-through-non-residential-domestic-violence-services-supports). See also Lyon, E., Menard, A. (2008). *Meeting Survivors’ Needs: A Multi-State Study of Domestic Violence Shelter Experiences*. University of Connecticut’s Institute for Violence Prevention and Reduction at the School of Social Work and the National Resource Center on Domestic Violence. Retrieved from [vawnet.org/material/meeting-survivors-needs-multi-state-study-domestic-violence-shelter-experiences](http://vawnet.org/material/meeting-survivors-needs-multi-state-study-domestic-violence-shelter-experiences) and see Sullivan, C.M. (2012). Domestic Violence Shelter Services: A Review of Empirical Evidence. *National Resource Center on Domestic Violence*. Retrieved from [www.dvevidenceproject.org](http://www.dvevidenceproject.org).
- <sup>ii</sup> U.S. Department of Health and Human Services, Administration for Children and Families. (2019). FY 2020 *Justification of Estimates for Appropriations Committees*, p. 197, as cited in the Family Violence Prevention and Services Act (FVPSA): Background and Funding (2019). *Congressional Research Service*. Retrieved from [fas.org/sqp/crs/misc/R42838.pdf](http://fas.org/sqp/crs/misc/R42838.pdf).
- <sup>iii</sup> Ibid.
- <sup>iv</sup> National Network to End Domestic Violence. (2020). 14th Annual Domestic Violence Counts Report. Washington, DC. Retrieved from: [www.NNEDV.org/DVCounts](http://www.NNEDV.org/DVCounts).
- <sup>v</sup> [www.covidtracking.com/race](http://www.covidtracking.com/race).
- <sup>vi</sup> Hlavinka, E. (May, 2020). “COVID-19 Killing African Americans at Shocking Rates.” [www.medpagetoday.com/infectiousdisease/covid19/86266](http://www.medpagetoday.com/infectiousdisease/covid19/86266), as cited in [ujimacommunity.org/wp-content/uploads/2020/05/COC-DV-SA-COVID-Statement.pdf](http://ujimacommunity.org/wp-content/uploads/2020/05/COC-DV-SA-COVID-Statement.pdf).
- <sup>vii</sup> U.S. Department of Justice, Office on Violence Against Women. (2016). Sexual Assault Services Formula Grant Program, Biennial Report to Congress. Retrieved from [www.justice.gov/ovw/page/file/1086476/download](http://www.justice.gov/ovw/page/file/1086476/download).
- <sup>viii</sup> A 2020 National Alliance to End Sexual Violence survey of rape crisis centers (2021). Retrieved from <https://www.raliance.org/wp-content/uploads/2020/02/2020-Funding-Infographic.pdf>
- <sup>ix</sup> See supra note 4.
- <sup>x</sup> [files.hudexchange.info/resources/documents/2017-AHAR-Part-2.pdf](http://files.hudexchange.info/resources/documents/2017-AHAR-Part-2.pdf).
- <sup>xi</sup> Reckdenwald, A. & Parker, K.F. (2010). Understanding gender-specific intimate partner homicide: A theoretical and domestic service-oriented approach. *Journal of Criminal Justice*, 38, no. 5 (2010): 951-958.
- <sup>xii</sup> U.S Department of Justice, Office on Violence Against Women. (2016). The 2016 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act. Retrieved from <https://www.justice.gov/ovw/page/file/1086486/download>.
- <sup>xiii</sup> Armstead, T.L., Rambo, K., Kearns, M., Jones, K.M., Dills, J., & Brown, P. (2017). CDC’s DELTA FOCUS Program: Identifying Promising Primary Prevention Strategies for Intimate Partner Violence. *Journal of Women’s Health*, 26(1), 9-12; and Armstead, T.L., Kearns, M., Rambo, K., Estefan, L., Dills, J., Rivera, M., & El-Beshti, R. (in press). The Use of the Data-to-Action Framework in the Evaluation of CDC’s DELTA FOCUS Program. *Journal of Public Health Management and Practice*.
- <sup>xiv</sup> Cook-Craig, P.G., Millspaugh, P.H., Recktenwald, E.A., Kelly, N.C., Hegge, L.M., Coker, A.L., & Pletcher, T.S. (2014). From Empower to Green Dot. *Violence Against Women*, 20 (10), 1162–1178.
- <sup>xv</sup> See supra note 10.
- <sup>xvi</sup> <https://www.thehotline.org/wp-content/uploads/media/2020/09/The-Hotline-COVID-19-60-Day-Report.pdf>