



Funding to End Domestic Violence: FY 23 Appropriations Requests

The National Network to End Domestic Violence (NNEDV) urges Congress to increase essential funding for domestic and sexual violence programs in Fiscal Year 2023 (FY 23). 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 23 to fill the gaps. Priority programs outlined directly below allocate resources to every state and territory and work together to ensure that local domestic violence and sexual assault programs have the resources to meet survivors' complex needs. Detailed descriptions of priority programs and complementary programs, including Appropriations bills and federal administering agencies, are provided in the following pages.

Overview of Priority Programs

Victims of Crime Act Fund (VOCA): \$2.65 Billion release

VOCA is made up of fines and penalties paid by federal criminals, not taxpayer dollars, and funds nearly 6,500 victim services organizations.

Family Violence Prevention and Services Act (FVPSA): \$500 Million

FVPSA funds emergency shelters, crisis lines, counseling, victim assistance, and other vital services for more than one million victims and their children each year. Newly proposed initiatives include direct cash assistance and a demonstration project at the intersection of domestic violence, substance-use coercion, housing instability, and child welfare involvement.

Supporting a Culturally Specific Public Health Approach for Survivors: \$35 Million

Survivors of color urgently need culturally relevant services that address domestic and sexual violence.

Violence Against Women Act (VAWA): \$1.13 Billion

Key VAWA programs ensure victims are safe and communities respond to survivors, including:

- ★ **Sexual Assault Services Program:** \$100M for rape crisis centers.
- ★ **Culturally Specific Program:** \$35M to provide services for survivors of color.
- ★ **Transitional Housing Program:** \$100M to house survivors and rebuild their lives.
- ★ **Legal Assistance for Victims:** \$100M for civil legal assistance for survivors.
- ★ **All VAWA DOJ programs:** \$795M for all VAWA programs

Domestic and Sexual Violence Funds for Homelessness Assistance: \$75 Million

An ongoing set-aside in the U.S. Department of Housing and Urban Development (HUD) Continuum of Care program allows communities to provide targeted housing and assistance for survivors facing homelessness.

Funding to Address Immigrant Survivors: \$15 Million

U visas and VAWA self-petitions are critical for victims to escape and overcome abuse. Congress must invest in resources to reduce a processing backlog that endangers survivors.

Priority Programs, Detailed Description

Detailed descriptions of priority programs, across multiple annual Appropriations bills and administered by multiple federal agencies, are outlined below.

Appropriations Bills

Commerce, Justice, Science Appropriations bill (CJS)
Labor Health and Human Services (LHHS)
Transportation Housing and Urban Development (HUD)
Department of Homeland Security (DHS)

Administering Agencies

U.S. Department of Justice (DOJ)
U.S. Department of Health and Human Services (HHS)
U.S. Department of Housing and Urban Development (HUD)
U.S. Department of Homeland Security (DHS)

Victims of Crime Act (VOCA) Funding - \$2.65 Billion (CJS/DOJ)

Congress must provide steady funding in FY 23 and work towards sustainability of the Crime Victims Fund.

The Victims of Crime Act (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 and penalties from federal prosecutions and non-prosecution and deferred prosecution agreements, support services to over six million victims of all types of crimes annually, through over 6,000 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 began shrinking considerably in the past few years. As a result, programs have begun experiencing massive cuts in victim services funding. Enacted last year, the VOCA Fix to Sustain the Crime Victims Fund Act of 2021 (VOCA Fix) is beginning to increase deposits to the fund, which will help restore funds to local programs and reduce gaps in survivor services.

We urge you to:

- ★ Release \$2.65 billion from the CVF in FY 23 to address the urgent needs of victims of crime.
- ★ 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.
- ★ Reject proposals that use the VOCA fund to pay for other Department of Justice (DOJ) programs since that reduces funding for direct victim services.

Family Violence Prevention and Services Act (FVPSA) - \$500 Million (LHHS/HHS)

We urge Congress to provide \$500 million for FVPSA and the newly proposed direct cash assistance program and Safe Recovery Together program.

The Family Violence Prevention and Services Act (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.¹ The latest available data revealed that FVPSA-funded programs provide shelter and nonresidential services to approximately 1.3 million survivors and their children annually. Over 93% of clients reported that they had improved knowledge of planning for their safety.²

Despite FVPSA's success, community-based domestic violence programs report that, at current funding levels, they cannot meet the overwhelming demand for services. In 2021, programs were not able to meet 181,364 requests for shelter due to a lack of capacity.³ NNEDV's 16th Annual Domestic Violence Counts Report found that during one day in 2021, 70,032 victims of domestic violence received services; however, on that same day, 9,444 requests for services went unmet due to a lack of funding. Of those unmet requests, 64% were for safe housing.⁴ COVID-19 has exacerbated this problem, with requests for domestic violence services increasing and expected to remain elevated for well over a year. Increased FVPSA funding will help close this unacceptable gap in services.

Safety for survivors also requires financial security. Being subjected to violence is financially devastating for survivors, and safety has real costs. Abusive partners create direct and indirect financial hardship, which restrict survivors' options for safety. A growing body of evidence shows that providing direct cash assistance to survivors is a low-barrier and immediate way to help survivors address financial needs that are barriers to safety. We support the President's FY 23 budget proposal for direct cash assistance in FVPSA.

The Safe Recovery Together demonstration project proposed by the President would support families affected by domestic violence at the intersection of substance-use coercion, housing instability, and child welfare involvement. This demonstration project will help alleviate the problem that pregnant and parenting domestic violence survivors can face, especially high barriers to accessing services to address substance-use coercion. We urge you to provide \$30 million for Safe Recovery Together grants.

Supporting a Culturally Specific Public Health Approach for Survivors - \$35 Million (LHHS/HHS)

Congress must allocate \$35 million for The Supporting a Culturally Specific Public Health Approach for Survivors program administered by the Family Violence Prevention and Services Office at HHS.

Communities of Color have been disproportionately impacted by the pandemic. Higher infection and mortality rates⁵ 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.⁶ 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 with limited English proficiency; provide food; and increase access to other lifesaving resources. Funding for culturally specific services for Communities of Color is nominal 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.

Survivors from Communities of Color urgently need culturally specific services that address the nexus of domestic violence and sexual assault with other health outcomes.

Violence Against Women Act (VAWA) - \$1.13 Billion (CJS/DOJ)

We urge Congress to provide \$1.13 billion for VAWA DOJ programs. Priority programs are outlined below.

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 during the reporting period.⁷ Across the country, SASP funds support the critical services that adult and child victims need most, including counseling, accompaniment through medical and legal processes, and support for underserved populations. Research shows that these services increase prosecution rates and help victims recover. However, the nation's 1,500 sexual assault programs often lack the resources to meet victims' most basic needs. According to a 2020 survey by the National Alliance to End Sexual Violence (NAESV), 45% of programs lack a therapist on staff, with survivors waiting up to six months for a counseling appointment.⁸ **We urge Congress to increase SASP funds, which will help fill in the gap to support local rape crisis centers.**

Culturally Specific Service Program – \$35 Million

This program, expanded in the VAWA reauthorization of 2022, provides funding to culturally specific organizations to reach survivors in Communities of Color who face barriers in accessing services.

Transitional Housing Program – \$100 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 lives. According to NNEDV, on just one day in 2021, 38,608 adults and children were housed in domestic violence housing and shelter programs. On the same day, however, 6,049 requests for emergency shelter, transitional or other housing were denied due to a lack of capacity.⁹ 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. 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. The VAWA transitional housing program provides survivors with 6-24 months of housing with supportive services and the majority of program participants report increased safety and housing stability upon exit.¹⁰ **We urge Congress to increase investment in the Transitional Housing program, which will allow more communities to house survivors and their children.**

Legal Assistance for Victims (LAV) Program – \$100 Million

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.¹¹ 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 face economic abuse and do not have the means to secure legal assistance in the aftermath of domestic abuse or sexual assault. From April 1, 2021 to March 31, 2022 the number of unique visitors to NNEDV's WomensLaw.org legal information website increased by 67% compared to the prior 12-month period. The increase from 3 million unique visitors to 5 million clearly shows the increased need for legal information related to domestic violence. The LAV program is the only federally funded program designed to meet the legal needs of victims. **We urge Congress to provide substantial increases to the LAV program as a sound investment in long-term solutions to violence.**

Domestic Violence and Sexual Assault Bonus Fund via HUD's Continuum of Care Homeless Program - \$75 Million (THUD/ HUD)

We urge Congress to allocate \$75 million for HUD's Continuum of Care Homeless Program to help survivors access safe, affordable housing and rebuild their lives.

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 FY18, the Transportation, Housing and Urban Development (THUD) Appropriations committee has included a \$50-\$52 million set-aside for housing for survivors of domestic violence and sexual assault in the HUD Continuum of Care (CoC) homelessness assistance program (also known as the DV/SA Bonus Funds). The funds support victim-specific housing and supportive service projects to assist survivors of domestic violence and sexual violence. In 2020, over 400 DV/SA projects proposed to serve 18,165 people at a given time in 7,433 units and, with DV/SA bonus funds and other CoC funds, local agencies planned to serve over 44,000 survivors.

Funding to Address Needs of Immigrant Victims - \$15 Million and Policy Recommendations (DHS/DHS)

We urge Congress to provide at least \$15 million, in addition to \$400 million to address U.S. Citizenship and Immigration Services (USCIS) backlogs to process victim-related applications within 90 days of receipt and ensure the timely access

to employment authorization for victims in the U-visa program, as well as in the T-visa and VAWA self-petition programs. Additionally, we urge Congress to enact the policy recommendations outlined below.

Many abusers use immigration status to control their victims. Fortunately, Congress has recognized these risks and created the U visa and VAWA self-petition remedies, which are critical for victims to be able to escape and overcome abuse. The U visa was established in 2000 for victims of certain designated crimes who suffered substantial physical or mental abuse, and are certified as helpful to law enforcement or government officials in the investigation or prosecution of criminal activity. However, extreme delays in processing trap victims in dangerous situations.

Additionally, due to the delay in the issuance of regulations until 2007, the 10,000 visas available annually were not allocated during FY 2001-FY 2007. We are requesting inclusion of legislative language and sufficient funding to: **1)** recapture the unallocated visas from the date of the enactment of the U-visa program until the present day—a minor technical change that would significantly alleviate the backlog of over 170,800 primary applicants awaiting U-visas; **2)** increase staffing of the Vermont Service Center Humanitarian Unit and the Nebraska Service Center U-Visa Unit by at least 100 additional agents; and **3)** provide adequate resources to hire and train adjudicators to process victims' applications within 90 days of receipt, and to issue employment authorization within 180 days. These resources are critical and can mean the difference between leaving and recovering from abuse, and returning to abusive and exploitative partners.

Additional DOJ/VAWA Programs (CJS)

The programs described below complement the priority programs outlined above to meet the multifaceted needs of survivors. We urge Congress to provide a total of \$1.13 billion for VAWA programs.

VAWA STOP Program – \$326 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.¹² In the STOP program, we call on Congress to prioritize newly allocated funding to invest in victim services, especially culturally specific programs. Additionally, we call on Congress to prioritize funding for tribes and state, territorial, and tribal coalitions.

Rural Grant Program – \$100 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 Request (See Chart)

All VAWA programs work together to provide a comprehensive response to victims of violence, including lifesaving services to victims with disabilities, elderly victims, LGBTQ+ and Deaf survivors; direct financial assistance as a low-barrier way to help survivors find stability after abuse; programs to prevent violence by working with children, youth, and college students (including increased investments in Historically Black Colleges and Universities, Hispanic-Serving Institutes, and Tribal Colleges); 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 restorative practices, 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)

The programs described below complement the priority programs outlined above to meet the multifaceted needs of survivors. We urge Congress to provide a total of \$778.75 million for HHS programs addressing domestic violence and sexual assault.

DELTA (CDC) – \$26 Million

The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program, administered by the Centers for Disease Control's (CDC) National Center for Injury Prevention and Control, 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 indicates that domestic violence and dating violence rates can be decreased over time with the implementation of DELTA programming.¹³ 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) – \$101.75 Million

Rape Prevention and Education (RPE) formula grants, administered by the CDC’s 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 individuals to get involved, prevent sexual violence and create safer communities. RPE is working. A five-year randomized trial funded by the CDC found that, in Kentucky high schools, there was a more than 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.¹⁴ However, a 2021 survey by NAESV revealed that 76% of programs saw an increased demand for services while 68% of programs had to reduce public awareness and prevention hours due to budget shortfalls.¹⁵

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 – \$27 Million

The National Domestic Violence Hotline (The Hotline) provides immediate assistance to survivors who reach out for support, resources, and safety planning. The Hotline provides services by phone, chat, and text, which has been particularly crucial while survivors were trapped in their homes during the COVID-19 health crisis and in the months that have followed. Call volume reached historic levels in February 2022, nearly doubling compared to 2021. The Hotline partners with, and supports, the StrongHearts Native Helpline and the Abused Deaf Women’s Advocacy Services.

Violence Against Women Health Program – \$20 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.

VAWA Preventative Health Programs – \$49 Million

VAWA 2022 established several complementary health programs at HHS to support access to health care and preventative health care for survivors.

About NNEDV

The National Network to End Domestic Violence (NNEDV) represents the 56 U.S. state and territorial coalitions against domestic violence. NNEDV is a social change organization with a mission to create a social, political, and economic environment in which domestic violence no longer exists. NNEDV works to make domestic violence a national priority, change the way society responds to domestic violence, and strengthen domestic violence advocacy at every level.

Please contact Monica McLaughlin, Director of Public Policy (MMcLaughlin@NNEDV.org) or Melina Milazzo, Senior Policy Counsel (MMilazzo@NNEDV.org).

¹ 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.

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. 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.

² U.S. Department of Health and Human Services, Administration for Children and Families. (2020). FY 2021 *Justification of Estimates for Appropriations Committees*. Retrieved from [Report ACF Master - 2023 CJ \(hhs.gov\)](https://www.hhs.gov/oea/2021-2022-justification-of-estimates-for-appropriations-committees)

³ U.S. Department of Health and Human Services, Administration for Children and Families. (2022). FY 2023 *Justification of Estimates for Appropriations Committees*. Retrieved from [Report ACF Master - 2023 CJ \(hhs.gov\)](https://www.hhs.gov/oea/2023-2024-justification-of-estimates-for-appropriations-committees)

⁴ National Network to End Domestic Violence. (2022). 16th Annual Domestic Violence Counts Report. Washington, DC. Retrieved from: www.NNEDV.org/DVCounts.

⁵ www.covidtracking.com/race.

⁶ Hlavinka, E. (May, 2020). "COVID-19 Killing African Americans at Shocking Rates." Retrieved from www.medpagetoday.com/infectiousdisease/covid19/86266, as cited in ujimacommunity.org/wp-content/uploads/2020/05/COC-DV-SA-COVID-Statement.pdf.

⁷ 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.

⁸ A 2021 National Alliance to End Sexual Violence online survey of rape crisis centers (2022). Retrieved from <https://endsexualviolence.org/wp-content/uploads/2022/02/NAESV-2022-Toolkit-Infographic.pdf>

⁹ National Network to End Domestic Violence. 2022. 16th Annual Domestic Violence Counts Report. Washington, DC. Retrieved from: www.NNEDV.org/DVCounts.

¹⁰ 2018 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/1292636/download>

¹¹ 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.

¹² 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 www.justice.gov/ovw/page/file/1086486/download.

¹³ 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*.

¹⁴ 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.

¹⁵ A 2021 National Alliance to End Sexual Violence online survey of rape crisis centers (2022). Retrieved from <https://endsexualviolence.org/wp-content/uploads/2022/02/NAESV-2022-Toolkit-Infographic.pdf>