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April 3, 2017

Dear Chairman Culberson, Chairman Cole, Ranking Member Serrano, and Ranking Member DeLauro:

As the Commerce, Justice, Science and the Labor, Health and Human Services Subcommittees consider their FY18 priorities, we want to thank you for your leadership in funding programs in the last fiscal year that serve victims of domestic violence, dating violence, sexual assault, and stalking. As you continue to face funding challenges, **we respectfully urge you to maintain and increase support for the Violence Against Women Act (VAWA), the Family Violence Prevention and Services Act (FVPSA) and related programs.**

Data from the Centers for Disease Control and Prevention's (CDC) *National Intimate Partner and Sexual Violence Survey (NISVS)* reveal that domestic violence, sexual violence, and stalking are widespread. In fact, domestic violence alone affects more than 12 million people each year. The terrifying conclusion of domestic violence is often murder, and every day in the U.S. an average of 3 women are killed by a current or former intimate partner. Nearly one in five women have been raped in their lifetime; nearly one in two women have experienced some form of sexual violence. Over 80% of women who were victimized experienced significant short and long-term impacts related to the violence such as Post-Traumatic Stress Disorder (PTSD), injury, and missed time at work or school. Finally, NISVS shows that most rape and partner violence is experienced before the age of 24, highlighting the importance of preventing this violence before it occurs.

Our nation has made such phenomenal progress in understanding and addressing violence against women, because we have made a **national, ongoing, annual investment**. Before the passage of VAWA, law enforcement rarely ever arrested perpetrators, prosecutors rarely prosecuted, and courts simply did not know what to do. Domestic violence was a "family matter," and sexual assault was in the shadows. With the passage of VAWA, the infusion of federal funds fostered unprecedented coordination between frontliners responding to domestic violence and sexual assault crises – police officers, victim service providers, prosecutors, judges, and the criminal and civil justice systems. In communities, VAWA-driven coordination urged professionals out of their siloes to a common table, centering the shared goal of protecting survivors and reducing perpetration, to give them the tools to transform their responses. **VAWA's national scope** ensures that successes in individual communities continue to be **replicated across the country**. VAWA has elevated a national learning community, fostering innovation and promoting best practices. Additionally, federal VAWA funds encourage States to leverage local and state funds in these efforts.

VAWA's work is complemented by FVSPA which is our nation's only dedicated funding source for domestic violence programs and other related programs. Together, VAWA and FVSPA have fueled our undeniable national progress. VAWA saved an estimated \$12.6 billion in net-averted costs in its first 6 years alone. Reporting of domestic violence has increased as much as 51%, and the rate of non-fatal intimate partner violence against women has decreased by 63%. A study found that VAWA funds were associated with a reduction in rape and aggravated assault.

Any cuts to VAWA or FVPSA would **erode** our nation's progress on this critical issue and **would jeopardize lives**. Without funding, law enforcement officers, prosecutors, and judges would not have the training and tools they need to ensure victim safety and to hold perpetrators accountable. The overwhelming need for services would be compounded. NNEDV's Domestic Violence Counts survey found that in just one day over 11,000 requests for services went unmet due to lack of funding and resources. According to a survey by the National Alliance to End Sexual Violence, more than half (53%) of the nation's rape crisis centers have a waiting list for counseling services while over 100 advocate positions were lost due to funding shortfalls. For those individuals who are not able to find safety, the consequences can be dire, including homelessness, continued exposure to life-threatening violence, or even death. In addition to the terrible cost to individual victims and families, these crimes cost taxpayers and communities over 9 billion dollars a year.

We urge the Subcommittees to commit adequate resources toward these effective, life-saving programs, and provide full funding of \$589.50 for VAWA programs administered by the Office on Violence Against Women/Department of Justice; and \$260 million for violence against women programs administered by the Department of Health and Human Services.

Commerce, Justice, Science (CJS) Programs

The Violence Against Women Act (VAWA) – \$589.50 million

The Violence Against Women Act (VAWA) is a cornerstone of our nation's response to domestic violence, sexual assault, dating violence, and stalking. Its effective coordinated community response model helps hundreds of thousands of victims find safety and receive services while holding thousands of perpetrators accountable for their actions.

VAWA programs support advocacy and accompaniment through medical and legal systems, hotlines, crisis intervention, and prevention. VAWA is anchored by its two state formula programs: The Sexual Assault Services Program (SASP) and the STOP Formula Grant Program. SASP (\$40 million) is the only federal funding source exclusively funding direct services for survivors of sexual assault. Grant funds can be used for crisis intervention, counseling, support for underserved populations, and especially accompaniment through the medical and criminal justice systems and supported services for 40,000 survivors in 2014. The VAWA STOP Formula

Grant Program (\$222 million) is critical to the coordinated criminal justice response to addressing domestic violence and sexual assault.

The Grants to Encourage Arrest (\$73 million) program brings community stakeholders together to improve the criminal justice response to these crimes and includes a homicide reduction program. Specifically designed programs that meet the specialized needs of victims, including the Legal Assistance to Victims (\$57 million), the Rural Grant (\$50 million), Transitional Housing program (\$35 million), Elder Abuse Grant program (\$9 million), Protections and Services for Disabled Victims (\$9 million), and Outreach to Underserved Victims (\$2 million), all work together to provide the full range of services victim's needs. VAWA also includes programs designed to prevent domestic violence, sexual assault, dating violence, and stalking and address these crimes experienced by children and youth – including the Violence on College Campuses Grants (\$26 million), the SMART and CHOOSE Youth (\$15 million) programs, the Grants to Support Families in the Justice System (\$22 million). Programs that address the needs of Native American victims include Research on Violence Against Indian Women (\$1 million), the VAWA Tribal Jurisdiction (\$5 million) and the National Clearinghouse on Sexual Assault of American

Indian and Alaska Native Women (\$0.5 million). The Resource Center on Workplaces Responses (\$1 million) helps companies address domestic violence and sexual assault in the workplace.

Despite the effectiveness of VAWA's programs, funding has remained relatively level for years at the same time that the need for services, training, and responses has increased. The individual programs cannot meet the increasing demand for services without additional resources. Therefore, we strongly urge you to fund each VAWA program at its authorized level for FY18. Specific programs funding history can be found in the attached chart.

Labor Health and Human (LHHS) Programs

Administration for Children and Families – \$260 million request

Family Violence Prevention and Services Act (FVPSA) – \$175 million

The Family Violence Prevention and Services Act (FVPSA) program is the only federal funding source dedicated to domestic violence shelters and programs, and it supports lifesaving services including emergency shelters, crisis hotlines, counseling, and programs for underserved communities throughout the United States and territories. A 2008 multistate study, funded by the National Institute of Justice, shows conclusively that the nation's domestic violence shelters are addressing both the urgent safety needs and long-term needs of victims, including economic stability. Despite FVPSA's great promise, community based domestic violence programs report that they cannot meet the overwhelming demand for services. In 2014, domestic violence programs funded by the Family Violence Prevention & Services Act (FVPSA) provided shelter and nonresidential services to approximately 1.3 million victims. However, due to lack of capacity, an additional 196,467 requests for shelter went unmet. The National Network to End Domestic Violence (NNEDV) DV Counts Census found that in just one day during 2016, while more than 72,959 victims of domestic violence received services, 11,991 requests for services went unmet, largely due to lack of funding. Of those unmet requests, 66% were for safe housing. We urge you to request \$175 million for FVPSA to address this dangerous gap in services.

The National Domestic Violence Hotline – \$12 million funding request

For nearly 20 years the Hotline has provided 24-hour, toll-free and confidential services – crisis support and referrals to local service providers for more than 3.8 million people. In 2015 contact volume increased 15%, with the hotline receiving 436,239 total calls, chats, and texts. The hotline is pleased to have answered 40% more contacts in 2015 than it did in 2014. Yet there is still more work to do as 109,817 calls, chats, and texts went unanswered. The Hotline also experienced a 24% increase in web-traffic across thehotline.org and its youth-centered site, loveisrespect.org. The Hotline provides translation services in more than 200+ languages and accessible services for the hearing disabled. In 2015, advocates provided 167,054 referrals to domestic violence service providers and 80,974 referrals to additional resources across the nation. The referrals to the field and the hotline's calls, chats, and texts represent the continuing needs survivors have for local and state level services.

Centers for Disease Control and Injury Prevention

Rape Prevention and Education (RPE) – \$50 million request with at least \$5.6 million increase in program funds

The Rape Prevention and Education (RPE) formula grants, administered by the CDC Injury Center, provide essential funding to states and territories to support rape prevention and education programs

conducted by rape crisis centers, state sexual assault coalitions, and other public agencies, and private nonprofit entities. CDC data of RPE- funded programs shows that in 2013, some 160,000 professionals were trained in sexual violence issues and more than 2 million young people participated in rape prevention programs. The RPE program prepares everyday people to become heroes, getting involved in the fight against sexual violence and creating safer communities by engaging boys and men as partners; supporting multidisciplinary research collaborations; fostering cross-cultural approaches to prevention; and promoting healthy, non-violent social norms, attitudes, beliefs, policies, and practices. We know that RPE is working. Building on the success of the innovative Green Dot bystander intervention campaign on campuses, Kentucky RPE programs expanded into high schools. A 5-year randomized intervention trial funded by the CDC found a more than 50% reduction in the self-reported frequency of sexual violence perpetration by students at schools that received the Green Dot training. However, a 2016 survey by the National Alliance to End Sexual Violence (NAESV) revealed that 38% of rape crisis centers had a waiting list for prevention programs. Programs cannot meet the increased demand, especially from campuses. If our children are to face a future free from sexual violence, RPE must be fully funded at \$50 million with at least \$5.6 million in additional program funds to meet the need and implement evidence-based strategies.

DELTA Prevention Program – \$6 million funding request

The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program at CDC is the only dedicated federal funding source for the primary prevention of domestic violence. In approximately 50 communities across the nation, the DELTA program works to identify effective strategies for preventing first-time perpetration and first-time victimization of domestic violence. The growing evidence base indicates that domestic violence and dating violence rates can be decreased over time with the implementation of DELTA programming. An increase in funding will enable the DELTA program to expand to additional states and communities and will also provide the opportunities for communities to leverage additional funding. DELTA should minimally be funded at its \$6 million authorization level.

PHHSBG – Preserve Block Grant at \$160 million with \$7 million rape set-aside request

The Preventive Health and Health Services Block Grant (PHHSBG) administered by the CDC, allows states, territories and tribes to address their own unique public health needs and challenges with innovative and community driven methods. The Public Health Service Act of 2010 included a guaranteed \$7 million minimum set-aside to support direct services to victims of sexual assault and to prevent rape. Rape crisis centers depend on this flexible source of funding to provide direct services, operate hotlines, and offer prevention programs. PHHSBG should be funded at \$160 million with the \$7 million rape set-aside protected.

Office on Women's Health

Violence Against Women Health Initiative (Project Connect) – \$10 million funding request

This program provides funding to states to develop a public health response to abuse by strengthening the health care system's identification, assessment, and response to victims and by educating health care providers. According to the CDC's NISVS survey, 42% of women who were victims reported an injury and 22% needed medical care. Victims were also more likely to experience PTSD and long-term chronic diseases such as asthma and diabetes. Increased funding in FY18 would enable new states to be funded as grantees.

These programs are crucial investments in our society that save lives, rebuild families, protect children and teens, conserve taxpayer resource, and prevent future crimes. Again, we are grateful for your support in the past, and urge you to protect and support VAWA, FVPSA, and related programs.

Sincerely,

Gwen Moore

John Conyers, Jr.

Jan Schakowsky

Judy Chu

Member of Congress

Member of Congress

Member of Congress

Member of Congress