



Family Violence Prevention and Services Act (FVPSA)

History of FVPSA

Throughout much of the 20th century, domestic violence remained a hidden problem. Survivors (or victims) were hesitant to seek help, primarily because of fear of retaliation by their partners and concerns about leaving their communities. In the 1960s and 1970s, shelters and services for survivors became more widely available. In 1984, the Department of Justice (DOJ) issued a report that examined the scope and impact of domestic violence in the United States, and recommended improvements in law enforcement and community responses to offenses that were previously considered “family matters.” As a result of efforts by advocates and DOJ, Congress held a series of hearings on domestic violence. In response, the Family Violence Prevention and Services Act was enacted as part of 1984 amendments to the Child Abuse Prevention and Treatment Act (CAPTA; P.L. 98-457).

While typically reauthorized with CAPTA, FVPSA has twice been amended alongside the Violence Against Women Act (VAWA), first enacted in 1994. FVPSA and VAWA are the primary vehicles for federal support to prevent and respond to domestic violence. FVPSA is focused on prevention and services for survivors, while VAWA’s focus is on both services for victims and the criminal justice response to domestic violence, sexual assault, stalking, and dating violence.

Scope of the Issue

FVPSA primarily addresses *domestic violence* and *dating violence*. Both can include acts of physical, psychological, and sexual violence, as well as stalking. Domestic violence, sometimes referred to as *family violence*, can involve current or former spouses, individuals who share children in common, cohabiting partners, or other intimate partners. Dating violence can occur between individuals who have a romantic relationship, including teenagers. Studies do not indicate a primary reason why domestic and dating violence are perpetrated, in part because of the difficulty measuring social conditions that can influence such violence. They do, however, identify two underlying factors: the unequal position of women and the normalization of violence, both in society and in some relationships.

Estimating the number of individuals involved in intimate partner violence is complicated by varying definitions of the term and differing methodologies for collecting data. A study by the Centers for Disease Control and Prevention (CDC) examined the prevalence of intimate partner violence in 2015. Over one-third of women and men in America reported that they had experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime. However, women were more likely to have experienced related impacts, such as having injuries and a need for victim services.

Overview of FVPSA

FVPSA supports temporary shelter and services for survivors, as well as children exposed to domestic and teen dating violence. The law currently authorizes three major activities: domestic violence shelters, victim services, and program support; the National Domestic Violence Hotline; and the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program. The U.S. Department of Health and Human Services’ (HHS’) Family and Youth Services Bureau (FYSB) administers funding for the hotline and domestic violence shelters and services. The CDC, also within HHS, administers DELTA. The statute authorized funding for these activities through FY2015; however, subsequent appropriations acts have continued to provide funding. **Table 1** shows recent FVPSA funding.

Table 1. FVPSA Funding, FY2018-FY2022 (dollars in millions)

	FY18	FY19	FY20 ^a	FY21 ^b	FY22
Shelter & Services	\$158.4	\$163.9	\$220.0	\$380.5	\$198.0
Hotline	\$9.3	\$10.3	\$14.0	\$15.0	\$15.5
DELTA	\$5.5	\$5.5	\$7.1	\$5.5	\$5.5
<i>Total</i>	<i>\$173.2</i>	<i>\$179.7</i>	<i>\$241.1</i>	<i>\$401.0</i>	<i>\$219.0</i>

Source: CRS, based on correspondence with HHS and review of enacted laws. For more information, see CRS Report R42838, *Family Violence Prevention and Services Act (FVPSA): Background and Funding*.

Note: Budget authority after transfers.

- FY2020 includes additional funding for shelter, services, and support and the hotline from the CARES Act (P.L. 116-136) and additional funding for DELTA from P.L. 116-123.
- FY2021 includes additional funding for shelter, services, and support and the hotline from the American Rescue Plan Act (ARPA; P.L. 117-2). It does not include ARPA funding for two temporary FVPSA grant programs to support culturally specific populations and survivors of sexual assault.

National Domestic Violence Hotline

Since 1996, HHS has competitively awarded a cooperative agreement to one organization to operate the National Domestic Violence Hotline. The hotline provides information and assistance to adult and youth victims of domestic violence, family and household members of victims, and others affected by victimization. This includes support concerning domestic violence, dating violence, children exposed to domestic violence, intervention programs for abusive partners, and related topics. As required under FVPSA, the national hotline carries out multiple activities. It employs, trains, and supervises personnel to answer incoming calls; provides counseling and referral services to victims and others; and directly connects callers to service providers in local communities.

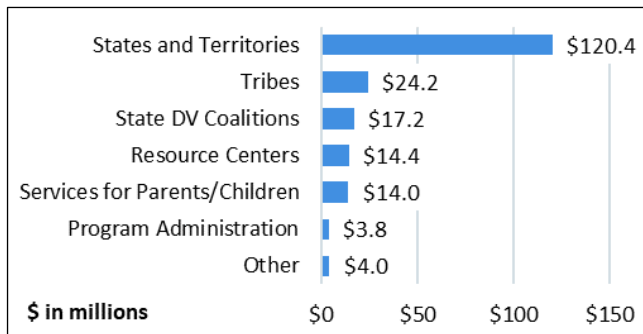
In FY2021, the hotline received approximately 25,000 monthly calls (with a response rate of 62%) and 18,000 monthly online chats (with a response rate of 71%).

The hotline maintains a database of domestic violence service providers throughout the United States, including information on the availability of shelter and services. Further, it provides assistance to meet the needs of certain populations, including individuals with disabilities and underserved groups. Since 2007, the hotline has operated *loveisrespect*, the National Dating Abuse Hotline for youth victims of dating violence. The National Hotline has also collaborated with the National Indigenous Women's Resource Center, a nonprofit organization, to develop and operate the StrongHearts Native Helpline for Native American survivors of domestic abuse.

Shelters, Services, and Program Support

Appropriations for shelters, victim services, and program support provide funding for multiple activities: grants for states and territories, grants to Indian tribes, state domestic violence coalitions (SDVCs), training and technical assistance centers, specialized services for abused parents and their children, and administrative support provided by HHS. **Figure 1** shows allocations for FY2022.

Figure 1. FY2022 Allocations for Shelter, Services, and Support



Source: CRS, based on correspondence with HHS in July 2022.

Grants to States, Territories, and Tribes

Of the appropriations for shelter and services, no less than 70% must be awarded to states and territories and no less than 10% must be awarded to Indian tribes. These funds are to be used to establish, maintain, and expand programs to prevent and respond to domestic violence. Of the funding for states and territories, each territory (GU, AS, USVI, CNMI) receives no less than one-eighth of 1% of the appropriation, or, in combination, about one-half of 1% of the total amount appropriated. Of the remaining funds, states (including DC and PR) receive an allotment of \$600,000 and additional funding based on their relative shares of the U.S. population.

States and territories (hereinafter, “states”) may use up to 5% of funding for administrative costs. Remaining funds are dedicated to subgrants to eligible entities—local public agencies or nonprofit private organizations—for community-based programs that meet the goals of the grant. No less than 70% of subgrant funding is to be used to provide shelter and related expenses, including the physical space in which survivors reside and the expenses of running shelter facilities. No less than 25% of subgrant funding is to be used for supportive services and prevention services

(e.g., assisting in the development of safety plans, providing counseling and support groups, and services for children). Subgrantees that receive funding must provide a nonfederal match—of not less than \$1 for every \$5 of federal funding—directly from the state or through donations from public or private entities. States have two years to spend funds. States and subgrantees may not deny individuals from participating in FVPSA-funded services on the basis of disability, sex, race, color, national origin, or religion (this applies generally to FVPSA). States and subgrantees may not impose income eligibility requirements on individuals participating in these programs. Generally, the requirements that apply to states also apply to tribes.

State Domestic Violence Coalitions (SDVCs)

SDVCs are statewide nongovernmental, nonprofit domestic violence organizations whose memberships are made up of domestic violence service providers in the state. Each state has one SDVC, which is designated by HHS. Funding is divided evenly between the 56 of them. SDVCs must use FVPSA funding for specific activities, such as working with local programs to respond to domestic violence, providing training and technical assistance, and planning and monitoring the distribution of subgrants within states.

Resource Centers

HHS administers grants for 15 resource centers. The purpose of these centers is to provide information, research, training, and technical assistance on domestic violence topics. This support is provided by nonprofit organizations and other entities to survivors and other stakeholders. The National Resource Center on Domestic Violence and the National Indigenous Women's Resource Center are designated as national resource centers, meaning they have a broader scope and more funding. Other centers focus on selected populations (e.g., Latino communities, Alaska Native communities), specialized issues (e.g., mental health and trauma), and other topics.

Specialized Services for Parents and Children

If annual appropriations for shelter and services exceed \$130 million, HHS must reserve a quarter of the funds that exceed this amount for services to children exposed to domestic violence and their nonabusing parents. This requirement was triggered in FY2010 and each of FY2014-FY2022. In recent years, HHS has directed the reserved funds to SDVCs and other entities to address trauma experienced by children exposed to domestic violence, support relationships among children and their parents, and improve community responses to affected families.

Domestic Violence Prevention (DELTA)

Since 1996, CDC has awarded DELTA funding to SDVCs to coordinate local community projects to prevent domestic violence. In total, 33 states and DC have received funding under various iterations of the program. Currently, nine SDVCs receive DELTA funds, and are implementing and evaluating programs or policy efforts under three strategies to address domestic violence prevention: (1) engaging influential adults and peers, including men and boys, as allies in prevention; (2) creating protective environments, including in schools and workplaces; and (3) strengthening economic supports for families.

Kara Clifford Billings, Analyst in Social Policy

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