September 12, 2012

Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington D.C., 20201

Dear Secretary Sebelius:

Thank you for your long-standing support for victims of domestic violence, dating violence, sexual assault, and stalking. On behalf of the Campaign for Funding to End Domestic and Sexual Violence, a coalition of over 20 national advocacy groups, we respectfully request that as you work to develop the FY 2014 Budget Proposal, you provide targeted investment in the Family Violence Prevention and Services Act (FVPSA) and other federal domestic and sexual violence prevention and intervention programs administered by U.S. Department of Health and Human Services. These programs support lifesaving services, prevention efforts that develop strategies to end violence before it begins, and initiatives to enhance the healthcare system’s response to domestic and sexual violence.

According to the Centers for Disease Control and Prevention’s (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) released in December 2011, one in five women have been raped in their lifetime and one in four women have been the victim of severe physical violence by a partner. The CDC study confirmed that the impacts on society are enormous. 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 (42%), and missed time at work or school (28%). Finally, the NISVS report shows that most rape and partner violence is experienced before the age of 24, highlighting the importance of preventing this violence before it occurs.

The extreme incidence and severity of this violence and abuse requires a comprehensive federal response of interventions and prevention activities, especially as declining state and private funding force many direct service providers to make severe budget cuts.

- According to a 2012 survey of rape crisis centers, 65% have a waiting list for counseling services, 40% have a waiting list for prevention programs, and 100 advocates were laid off in the last year.
- In FY ’10, domestic violence programs funded by FVPSA provided shelter and nonresidential services to over 1.3 million victims. However, due to lack of capacity, an additional 172,000 requests for shelter went unmet. The number of unmet requests for shelter has seen a steady increase since 2007 due to programs being at capacity.
- In 2010, domestic violence programs laid off or did not replace 2,000 staff positions including counselors, advocates and children’s advocates, and at least 16 shelters around the country closed in 2009.

We understand that federal agencies currently face the daunting task of finding savings to reduce spending and that all programs are under scrutiny but the federal investment in these programs is needed now, more than ever. In addition, the uncertainty of the impact of sequestration is a concerning backdrop to this discussion. Senator Harkin’s recent report, Under Threat – Sequestration’s Impact on
Nondefense Jobs and Services –found that sequestration could result in over 112,000 domestic violence victims not being served and a $9 million cut to the FVPSA program.

Administration for Children and Families

The Family Violence Prevention and Services Act (FVPSA) program supports lifesaving services including emergency shelters, crisis hotlines, counseling, and programs for underserved communities throughout the United States, American Indian and Alaska Native communities, and territories. FVPSA is the only federal funding source dedicated to domestic violence shelters and programs. A recently released multi-state 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 fact, in just one day, over 10,500 requests for services were unmet due to a lack of funding. Additionally, with the exciting implementation of the Affordable Care Act’s provision that insurers cover domestic violence screening, there will be a corresponding increase in referrals to domestic violence programs. We strongly urge you to recommend that FVPSA be allocated at least $140 million in the President’s FY 2014 budget, the same level as the President’s FY13 request.

The National Domestic Violence Hotline, administered by the Family Violence Prevention and Service office at ACF, is a critical component in the overall health and well-being of those vulnerable to abuse. Often the first resource victims turn to in crisis, the Hotline helps connect them to local resources. During the economic downturn, crisis calls to the Hotline have increased. The National Domestic Violence Hotline should be allocated at least $4.5 million in the FY 2014 budget, the same level as the President’s FY13 request.

Centers for Disease Control and Injury Prevention

The Rape Prevention and Education program (RPE) administered by the CDC’s Injury Center strengthens national, state, and local sexual violence prevention efforts and the operation of state and local rape crisis hotlines. RPE funding provides formula grants to states and territories to support rape prevention and education programs provided to communities, including to schools and to at-risk youth. RPE should be allocated at least $40 million in the FY 2014 budget.

The DELTA-Domestic Violence Prevention Enhancement and Leadership through Alliances (Community Initiatives to Prevent Abuse) program, also administered by the CDC’s Injury Center, is one of the only sources of funding for domestic violence prevention work. DELTA prevents domestic and dating violence through targeted, in-depth community projects. States also use DELTA funding to develop state-wide plans for prevention and to evaluate impact in cooperation with the CDC. Furthermore, states subcontract with and provide technical assistance to local coordinated community task forces/projects that implement effective strategies to prevent first-time perpetration of domestic or dating violence. In the first three years that DELTA funded these projects, the primary prevention activities in communities increased ten-fold. The CDC Foundation sought a partnership with the Robert Wood Johnson Foundation for a three-year project called DELTA PREP, which has provided 19 state domestic violence coalitions with intensive training and the opportunity to initiate or enhance prevention activities. Without additional funding for DELTA, these states may not be able to access CDC funding. DELTA should be allocated at least $6 million in the FY 2014 budget.
The Preventive Health and Health Services Block Grant (PHHSBG) program includes a statutorily defined set-aside of $7 million to support rape crisis centers and sexual assault prevention efforts in every state and territory. The Sex Offense Set-Aside of $7 million should continue.

Office of Women’s Health

The Violence Against Women Health Initiative, modeled after the health title in the VAWA Act of 2005 and administered through the Office of Women’s Health with support from the FVPSA office, promotes a comprehensive public health response to domestic and sexual violence that is improving health and safety outcomes for families. In its first three years, the program funded eight states through partnerships between health departments and domestic violence and sexual assault coalitions to integrate assessment and response to violence and abuse into family planning, adolescent health, and home visitation programs. Funding in FY14 will allow OWH to fund seven states and five tribal clinics and identify best practices, conduct general evaluation, and disseminate the results so that victims nationwide can benefit. The Initiative also funds training and education of health care providers. So far, the program has had a significant impact:

- 5,100 health providers were trained in domestic and sexual violence at over 125 clinical sites including hospitals and community clinics;
- Over 200,000 women were screened for abuse as part of routine care; and
- 65,000 safety cards were taken by patients that contained help and referral information.

With the recent implementation of the Federal rule that screening and counseling for intimate partner violence should be considered a basic women’s preventive health service, this training and support will enable providers to assess and respond to abuse, presenting an important opportunity to help victims and prevent more serious abuse. The VAWA Health Initiative should be allocated at least at level funding of $2.3 million in the FY 2014 budget as it has been previously.

Funding for FVPSA and these other DHHS programs provide critical investments in our communities that save lives, stabilize families, and prevent future health consequences. Thank you in advance for considering prioritizing funding in FY14 to help victims and their families receive the services and assistance they need to rebuild their lives. If you have any questions or wish to receive more background on the need in the field for this federal support, please do not hesitate to contact Sally Schaeffer, Futures Without Violence at sschaeffer@futureswithoutviolence.org, Monica McLaughlin, National Network to End Domestic Violence at mmclaughlin@nnedv.org, or Terri Poore, National Alliance to End Sexual Violence at tpoore@fcasv.org.

Sincerely,

s/Monica McLaughlin
National Network to End Domestic Violence
Co-Chair, Campaign for Funding to End Domestic and Sexual Violence

s/Terri Poore
National Alliance to End Sexual Violence
Co-Chair, Campaign for Funding to End Domestic and Sexual Violence

s/Sally Schaeffer
Futures Without Violence
Co-Chair, Campaign for Funding to End Domestic and Sexual Violence
Campaign for Funding to End Domestic and Sexual Violence

cc: Lynn Rosenthal, Advisor on Violence Against Women, White House

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