

Congress of the United States
Washington, DC 20515

April 29, 2024

The Honorable Robert Aderholt
Chair
Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
U.S. House of Representatives
Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro:

As the Labor, Health and Human Services, Education and Related Agencies Subcommittee (“LHHS”) considers its FY25 priorities, we want to thank you for your leadership in funding programs in the last fiscal year that serve victims of domestic violence and sexual assault. We respectfully urge you to continue to support robust investments for the Family Violence Prevention and Services Act (FVPSA) and related LHHS funded programs.

Data from the Centers for Disease Control and Prevention’s (CDC) National Intimate Partner and Sexual Violence Survey (NISVS) reveals that domestic violence, sexual assault, and stalking are widespread. In fact, domestic violence alone affects millions of people each year. About 47% of women and 40% of men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an intimate partner violence-related impact during their lifetime. The same report found 26.8% of women and 3% of men have experienced a completed or attempted rape in their lifetime. Almost half of women and almost a quarter of men have experienced other forms of unwanted sexual contact. Data from U.S. crime reports suggest that about 1 in 5 homicide victims are killed by an intimate partner. Over 80% of women who were victimized experienced significant short and long-term impacts related to violence such as Post-Traumatic Stress Disorder, injury, and missed time at work or school. According to a recent analysis, the estimated lifetime cost of rape was \$122,461 per victim, or a population economic burden of nearly \$3.1 trillion (2014 U.S. dollars) over victims' lifetimes. victim, or a population economic burden of nearly \$3.1 trillion (2014 U.S. dollars) over victims' lifetimes.

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It is now time, more than ever, to secure funding for protecting these survivors and their children and preventing future violence. Domestic violence providers, rape crisis centers, and culturally specific programs are struggling to keep up with the needs of these families, just as many survivors struggle with severe trauma from the increased stress of the pandemic. These providers have innovative solutions, but they must have the funding to grow their programs. Our message to survivors must be clear: when you come forward for help and support, it will be available.

We urge the Subcommittee to commit adequate resources toward these effective, life-saving programs, and provide full funding of \$783.75 million for violence against women programs administered by the Department of Health and Human Services, the CDC, and the Office on Women's Health.

Labor, Health and Human (LHHS) Programs

Administration for Children and Families

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Family Violence Prevention and Services Act (FVPSA) – \$500 million funding request

The Family Violence Prevention and Services Act (FVPSA) program is the only federal funding source dedicated to domestic violence shelters and programs and is the cornerstone of our nation's efforts to address domestic violence. It supports lifesaving services including emergency shelters, crisis hotlines, counseling, and programs for underserved communities throughout the United States and territories. There are approximately 1,500 FVSPA-funded community-based domestic violence programs and over 240 tribes and tribal organizations for victims and their children. For example, the program supports 32 YWCAs in 16 states serving more than 500,000 women, girls, and families each year. A 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. FVPSA also supports a children's services program that allows communities to receive targeted training and funding to meet the specific and unique needs of children coping with the impacts of domestic violence.

Despite FVPSA's great promise, community based domestic violence programs report that they cannot meet the overwhelming demand for services. The Administration for Children & Families estimates that domestic violence programs funded by FVPSA provided shelter and nonresidential services to more than 1.3 million victims. However, 181,364 requests for shelter around the country went unmet. The National Network to End Domestic Violence (NNEDV) 2023 Domestic Violence Counts survey found that in just one day 76,975 victims of domestic violence received services, however, over 13,000 requests for services went unmet due to lack of funding. Of those unmet requests, 54% were for safe housing and emergency shelter.

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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 restricts survivors' options for safety. Nearly nine in ten survivors reported that their abusive partners interfered with their ability to work; with up to 60 percent of survivors reporting that they lost a job due to abuse. Nearly three in four survivors of domestic violence (74 percent) remain in abusive relationships due to financial insecurity. A study of survivors of domestic violence found that nearly half (45.9 percent) returned to their abusive partner within a year of leaving because they lacked the money to support themselves and their children. A growing body of evidence shows that providing direct cash assistance to survivors is a low-barrier and immediate way to help survivors address a financial need that is a barrier to safety. We urge you to provide \$250 million for direct cash assistance.

The Safe Recovery Together Act (H.R. 6097) authorizes demonstration grants to 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.

We urge you to provide \$500 million for FVPSA, including \$250 million for cash assistance to survivors, and \$30 million for the Safe Recovery Together demonstration grants to ensure survivors have access to the services they desperately need.

The National Domestic Violence Hotline – \$30 million funding request

For over 27 years the National Domestic Violence Hotline (The Hotline) has provided vital services for victims and survivors of domestic violence and dating abuse, and their families, by answering the call to support and shift power back to those affected by relationship abuse 24 hours a day, 365 days a year. On March 13, 2024, The Hotline reached an unfortunate milestone and answered its 7 millionth call.

The Hotline and Love is respect, its youth-oriented helpline that strives to be a safe, inclusive space for young people to access information about healthy relationships and dating abuse prevention, have answered 7 million calls, chats and texts from people seeking support and safety since 1996. The Hotline's call volume has continuously increased, with close to 20% more contacts received in 2023 than the prior year. The Hotline expects that these large increases in contact volume will continue. In 2023, Hotline staff answered 461,278 contacts, more than any

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year before, and provided over 300,000 referrals to shelter and domestic violence service providers. Currently, contact volume averages 2,500 contacts per day whereas prior to the COVID-19 pandemic average contact volume was 800-1,200 contacts per day. The Hotline helps diverse populations with services provided by bilingual advocates who assist Spanish speaking contacts and provide additional translation services in more than 200 languages via a Language Line as well as accessible services for the hearing disabled through our work with Abused Deaf Women's Advocacy Services (ADWAS).

In addition, The Hotline partnered with the National Indigenous Women's Resource Center (NIWRC) to develop and launch the StrongHearts Native Helpline in March 2017 to assist Native people affected by relationship violence, who experience domestic violence at far greater rates than other populations in the United States. Gaps in Native-centered supportive services create unique barriers for Native victims seeking help. In FY 2022 StrongHearts received over 16,000 contacts and continues to experience an increase in contact volume. The Hotline continues to support StrongHearts as a subrecipient since their inception.

Supporting a Culturally Specific Public Health Approach for Survivors Program - \$35 million funding request

Survivors from Communities of Color urgently need culturally specific services that address the nexus of domestic violence and sexual assault with other health outcomes. According to the Bureaus of Justice Statistics, African American women experience intimate partner violence at a rate 35% higher than that of white females, and about 2.5 times the rate of women of other races. The National Violence Against Women Survey (NVAWS) found that 23.4% Hispanic/Latino females are victimized by intimate partner violence (IPV) in a lifetime, defined by rape, physical assault, or stalking. According to NISVS, of API women, 23% experienced some form of contact sexual violence, 10% experienced completed or attempted rape, and 21% had non-contact unwanted sexual experiences during their lifetime.

Additionally, the recent pandemic has disproportionately impacted Communities of Color, leaving Women and Girls of Color even more vulnerable to incidents of domestic violence and sexual assault. Yet, survivors of color have limited access to services that incorporate culturally specific healing modalities, by providers who reflect their cultural community and in their language. The needs of Women of Color also intersect with broader public health and social issues including disparate access to health care, transportation, housing, economic equity, and increased infant and maternal mortality rates. Given the increased vulnerability for Women and Girls of Color, there must be specific opportunities and support for the leadership of Communities of Color

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advocates and organizations to assume responsibility for developing or enhancing appropriate services that are specific to their need and their community and this program should be funded at \$35 million.

Sexual Assault Capacity Building Centers — \$5 million

As HHS has begun funding rape crisis centers and sexual assault programs to provide sexual assault services, increasing sexual assault expertise has become even more imperative. In response to this need, in FY 2023, Congress appropriated \$5 million to provide grants for technical assistance providers with extensive knowledge of and demonstrated expertise in sexual assault and experience in the anti-sexual assault field. Through this funding, new capacity building centers have been funded to provide training and technical assistance to enhance services for sexual assault survivors for states, territories, tribes, and culturally specific organizations. This program should be funded at \$5 million.

Sexual Assault Partnership Demonstration Initiative — \$30 million

According to 2015 data from the National Intimate Partner and Sexual Violence Survey, 1 in 5 women have been the victim of rape or attempted rape, and 43.6% of women have experienced some type of contact sexual violence. While significant investments have been made to improve the criminal justice response to survivors, similar efforts are needed to build partnerships between sexual assault programs and health and wellness systems at the local, state, and national levels. Survivors accessing community health, mental health, and substance use treatment programs, need connections to healing services and providers need training in responding to those survivors. Funding is needed for a new demonstration initiative to provide discretionary grants to a geographically diverse group of community-based sexual assault programs, including culturally specific and tribal organizations, to enhance partnerships and healthcare systems advocacy to support non-intimate partner survivors of sexual assault, including adult survivors of sexual abuse, and increasing program capacity at HHS along with robust technical assistance support. This new initiative should be funded at \$30 million.

Centers for Disease Control and Injury Prevention

Rape Prevention and Education (RPE) – \$100 million

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. The RPE program prepares everyday people to

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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, nonviolent 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, according to a recent survey by NAESV, 33% of program respondents report a waiting list for services; 48% of programs lack a therapist on staff, and 57% have experienced a reduction in staffing. 70% of programs report an increased demand for services this past year. 40% of rape crisis centers experienced and overall decrease in funding and when rape crisis centers are underfunded, they are unable to meet the needs of sexual assault survivors and prevention programs are sidelined. Demand for prevention has skyrocketed, campuses have increased need, yet programs cannot meet the increased demand. If our children are to face a future free from sexual violence, RPE must be funded at \$100 million.

DELTA Prevention Program – \$26 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 using the strategies implemented by DELTA, domestic violence and dating violence rates can be decreased over time and improve protective factors. Lessons learned from DELTA allow communities around the country to build upon successful evidence-based practices and align their approaches with the best available evidence to reduce domestic violence. An 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. DELTA should be funded at a level of at least \$26 million.

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

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

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challenges with innovative and community-driven methods. In 2010 it 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 – \$20 million funding request

This program reduces the harmful health consequences of violence and helps connect survivors of domestic and sexual violence to supportive services by funding partnerships between domestic and sexual violence agencies and coalitions and health care providers and systems. According to the CDC's NISVS survey, 42 percent of women who were victims of intimate partner violence reported an injury and 22 percent needed medical care associated with the violence. This is in addition to the mental and behavioral health consequences of violence and abuse. Survivors are more likely to experience PTSD and long-term chronic diseases such as asthma and diabetes, as well. Increased funding in FY24 would enable new states to be funded as grantees and meet the requirements of the new VAWA, which includes expanded partnerships to address substance abuse.

Health Resources and Services Administration - \$2 million

In 2023 the Health Resources and Services Administration (HRSA) released their second Strategy to Prevent Intimate Partner Violence. This updated 2023-2025 Strategy builds upon prior successes and provides actionable activities to realize three aims. Its development centered on the needs and priorities of people and communities who have experienced or are at risk of experiencing intimate partner violence. The three aims are to: (1) Enhance coordination between and among HRSA projects to better focus intimate partner violence efforts; (2) Strengthen infrastructure and workforce capacity to support intimate partner violence prevention and response services; and (3) Promote prevention of intimate partner violence through evidence-based programs. This Strategy incorporates lessons learned from the successful Project Catalyst, a state level partnership project that improved the capacity of community health centers to recognize and respond to survivors of domestic violence and human trafficking. Funds would be directed toward implementing the Strategy and training community health workers and staff at health centers to improve health outcomes for survivors.

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All of these above programs are crucial investments in our society that save lives, rebuild families, protect children and teens, conserve taxpayer resources, and prevent future crimes. Survivors are counting on us to maintain investments in healing and life-saving services. Again, we are grateful for your support in the past, and urge you to protect and support FVPSA and related programs.

Sincerely,



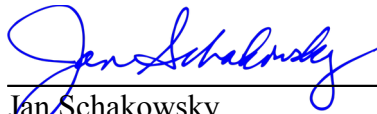
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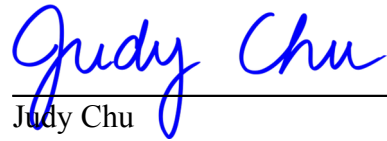
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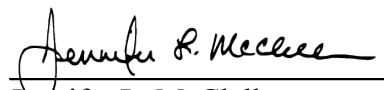
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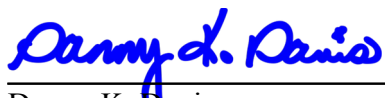
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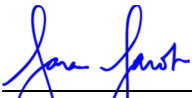


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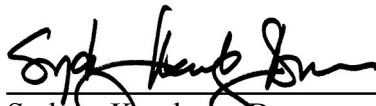
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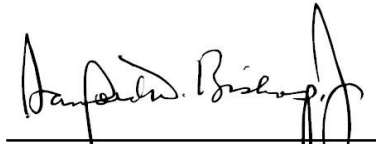
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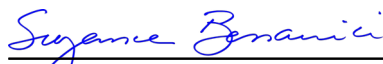
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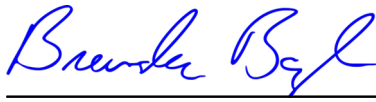
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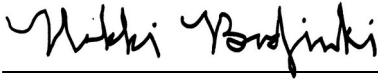


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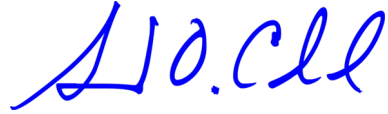
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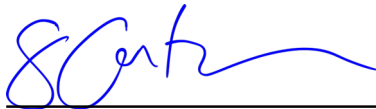
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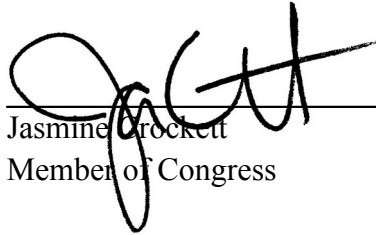
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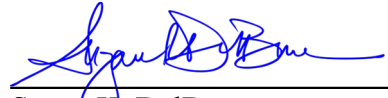
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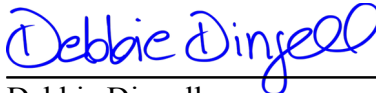
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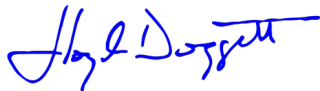
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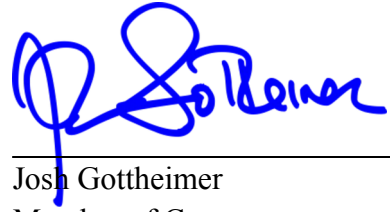
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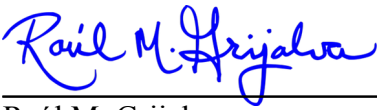
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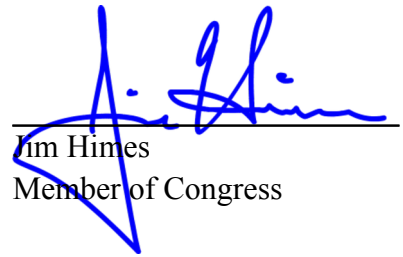
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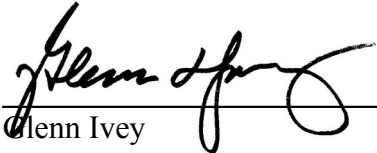
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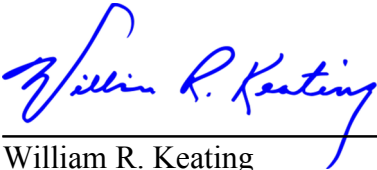
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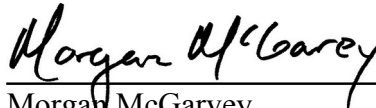
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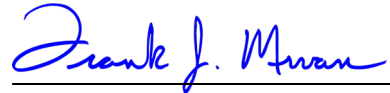
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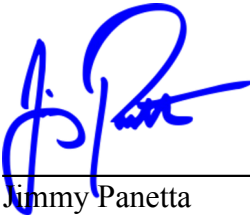
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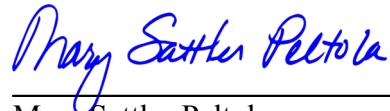
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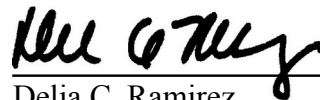
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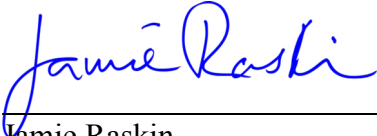


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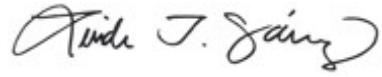
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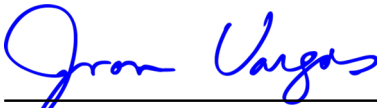
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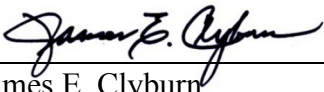


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