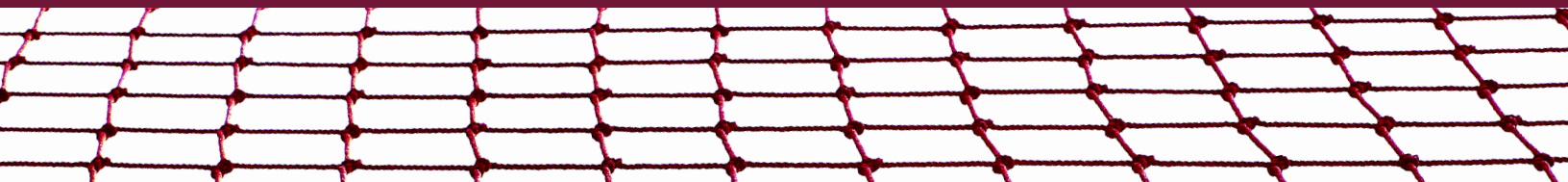


# Domestic Violence

*Issue Brief No. 2*



## Overview of the Domestic Violence Safety Net

More than one in five women (and more than 7% of men) report having been physically assaulted by a spouse or intimate partner at some point in their lifetimes. Over the course of a year, more than 2 million people in the United States—85% of them women—experience physical or sexual violence by a spouse, boyfriend, or girlfriend, and more than 15 million children are exposed to violence in the home. Physical violence is the most widely recognized form of domestic violence (DV), but DV also includes other patterns of coercive, controlling behavior over an intimate partner, including emotional or psychological abuse, rape or sexual abuse, and financial or legal abuse. Though DV is an ongoing societal problem, it becomes a more serious problem during an economic downturn, because economic stress can exacerbate the factors that contribute to domestic violence, while also reducing DV survivors' ability to escape.

**Domestic violence is a complex issue that seriously impacts both individuals and communities.** Survivors of DV face major barriers, both psychological and practical, to leaving their abusers. Many DV survivors are dependent on their abusers for financial and social support, and many fear (often realistically) that attempting to leave will result in violence to themselves or their children. Moreover, because of the psychological dynamics of controlling, abusive relationships, many DV survivors are emotionally dependent on their abusers and believe their promises to reform. As a result, returning to the batterer is a typical component of the cycle of domestic violence, with some survivors leaving and returning many times before permanently escaping.

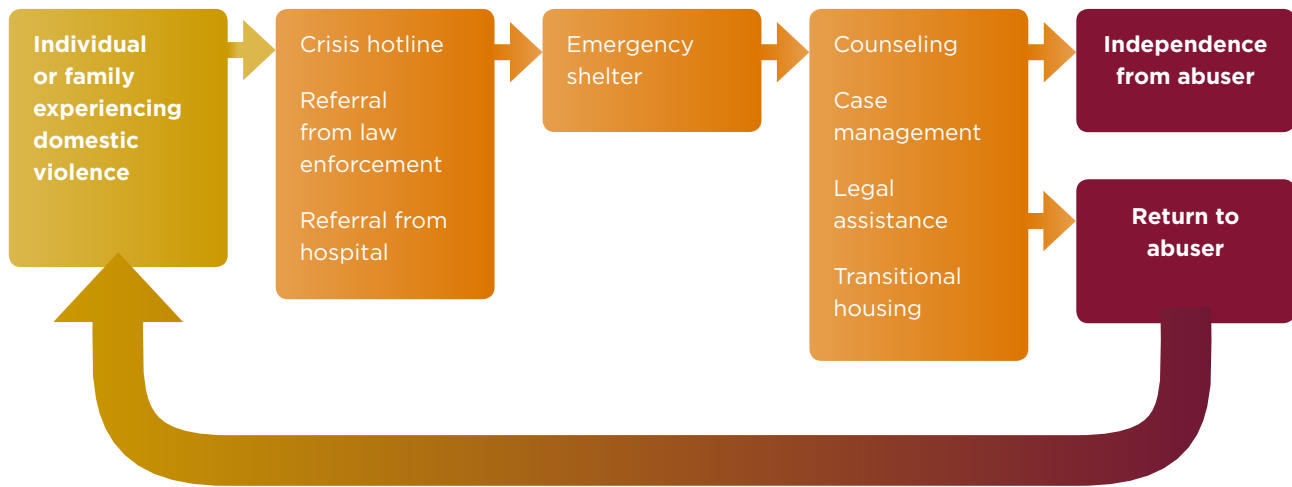
**On an individual level, domestic violence impacts survivors' personal safety and emotional well-being.** Witnessing or experiencing domestic violence can also have longer-term, more indirect impacts on individuals by affecting how individuals learn to deal with conflict. DV survivors often face multiple life challenges that are directly or indirectly related to their DV experience, such as substance addiction, homelessness, mental health problems, lack of job skills or employment history, and low incomes. On a societal level, domestic violence results in substantial public health and safety costs and contributes to diverse social problems ranging from crime to substance abuse to lost economic productivity.

**The formal domestic violence safety net largely emerged in the 1970s with the rise of the feminist movement.** Many of the first DV programs were small, grassroots, women-run organizations; many of which still operate with a similar structure and sometimes even the same leaders. Federal recognition of domestic violence as an important issue first came in 1984 with the enactment of the Family Violence Prevention and Services Act (FVPSA), which provided the first federal funding for DV programs. Then in 1994, the Violence Against Women Act (VAWA) was passed, the first legislation to establish domestic violence and sexual assault as federal crimes and to dedicate federal resources to coordinate community responses to intimate violence.

**Nationally, there are now approximately 2,000 domestic violence programs, serving more than 65,000 survivors and their families each year.** Nearly three-quarters of these organizations have fewer than 20 paid staff members, and more than one quarter have fewer than 10 paid staff. In California, there are more than 120 DV agencies, with an average annual budget of about \$1.4 million. Many of these organizations operate with minimal administrative staff; only half of California DV agencies have dedicated fund development staff, and surveyed agencies state that they need capacity building related to fundraising, leadership, evaluation, and information management. In California, many DV programs offer services in multiple languages, and some agencies focus on services for a specific ethnic or cultural groups.

Access to the domestic violence safety net is typically initiated through a call to a hotline operated by a DV agency, or through a referral from law enforcement or medical staff. In addition to a hotline, most domestic violence organizations provide emergency shelter, in a confidential location, as their core program. Most DV agencies also provide or connect survivors to a wide range of additional services, including legal assistance; outreach and education activities focused on domestic violence prevention; treatment of batterers; and services designed to address the mental health, employment, housing, and other needs of DV survivors and their children.

## The Domestic Violence Safety Net



Major funding sources for domestic violence organizations include federal grant programs authorized through VAWA and subsequent legislation. During the recent recession, funds for DV agencies were also provided through federal economic stimulus spending via the American Recovery and Reinvestment Act (ARRA). Within California, state grants through the Department of Public Health and Office of Emergency Management have historically been major revenue sources for domestic violence programs, typically comprising 30% to 60% of agency revenues, though in recent years this funding source has been seriously threatened by the state budget crisis. Among California DV organizations, government funding typically comprises about 70% of revenues, and private funding from foundations, corporations, and individuals comprises the remaining 30%.

Domestic violence as a field is chronically under-resourced, with demand for services consistently exceeding service capacity, particularly during times of economic downturn. In 2009, domestic violence agencies nationally documented over 9,000 needs for services, which they were unable to meet, and 12% of the calls to the National Domestic Violence Hotline went unanswered due to lack of resources.

## Direct Services: Emerging Needs & Promising Practices

**Lack of information about best practices:** Limited research has been conducted to identify evidence-based best practices in domestic violence treatment or prevention, and there are limited avenues for disseminating information and training on best practices to service providers. Information about effective treatment for batterers is particularly lacking.

**Co-locating services:** A federal funding initiative established Family Justice Centers in select locations throughout the United States to co-locate offices for all of a county's domestic violence service providers at a single centralized site. Strengths of the co-location model include streamlined client access to multiple services, whether related to legal, shelter, rape, or other needs; improved coordination with police and district attorneys; and capacity to provide specialized shared on-site services, such as a children's zone with a licensed therapist. Challenges of the model include the non-confidential location, which can make it possible for batterers to find survivors, and the complexity of managing inter-agency relationships and sharing information while respecting different legal confidentiality requirements (attorney-client privilege, HIPAA, police regulations, etc.).

**Supporting financial independence of survivors:** One of the main roadblocks women face when leaving a violent relationship is establishing financial independence, often as a single mother. Survivors often lack employment skills or experience. Many survivors have jobs, but are at risk of losing them due to stalking and other behaviors of batterers who come to the survivors' workplaces. Thus, employers need training on how to recognize and respond to the often subtle signs of domestic violence among their employees. Programs to connect survivors with credit, IDAs or savings programs, and public benefits such as TANF are also important.

**Special populations—immigrants, military families, and youth:** *Immigrant survivors* of domestic violence—whether in the U.S. legally or illegally—often face linguistic and cultural barriers when seeking help and are less likely to seek police assistance because they fear being reported to immigration authorities. And they may be less likely to go to a shelter for help. Language and cultural capacity are critical to providing effective DV services. *Military Families* face a host of challenges associated with post deployment re-integration, including family violence prevention. Many service members have served multiple tours of duty in Iraq and/or Afghanistan, and a large number of these soldiers experience significant mental health issues that are highly correlated with domestic violence. Youth have received increasing attention as both witnesses and victims of domestic violence. Alarming, one in three adolescent girls is a victim of dating abuse, a figure far exceeding almost any other population. Numerous national campaigns, including Start Strong, That's Not Cool, and Boss of Me have emerged in response.

**Developing success metrics:** Measuring the success or effectiveness of domestic violence programs is challenging. Many agencies provide a variety of services—from which they measure outputs such as nights of shelter or hours of counseling provided—but documentation of program outcomes is typically much more limited, often due to lack of administrative capacity and funding for program evaluation activities. Thus, most agencies only track the two outcomes required by state grants: 1) whether program participants have learned how to make a safety plan, and 2) whether program participants have increased their knowledge of community resources to help them stay safe and meet their support needs. Another challenge is that returning to the batterer is a typical component of the domestic violence cycle, so outcomes beyond safety planning are not always realistic.

**Supporting and retaining staff:** Lack of capacity to meet the need for services creates intense pressure on staff of DV agencies. There is a serious psychological impact when staff must triage responses to women who are in severe crisis. Due to high stress, low pay, and limited career ladders, staff turnover is a common problem.

**Severely under-resourced agencies:** Domestic violence agencies are chronically under-resourced, operating with multiple staff positions unfilled due to lack of funding and scrambling to manage day-to-day operations. As a result, agencies are often unable to dedicate attention to organizational activities like administrative capacity building, interagency collaboration, strategic planning, and fund development. Programs also often operate over capacity, rather than turning away women at great risk of physical harm.

**Importance of core operating support:** Unrestricted support for basic operations of domestic violence service providers is vital to ensuring the stability of emergency and safety net services.

## Policy and Systems Change: Issues and Opportunities

**Improving local inter-agency coordination:** A variety of public and private agencies, ranging from police to hospital staff to shelter providers to courts, have roles in responding to domestic violence at the local level. However, their efforts are often poorly coordinated. For example, a family court may issue a visitation order while a civil court issues a restraining order for the same individual; child welfare officials may come to a domestic violence shelter to remove a child, with the stated reason being the mother's failure to protect the child from the batterer; or DV shelter staff may help a survivor obtain a restraining order, which the police then fail to enforce. All counties in California are required to have an inter-agency task force focused on coordinating responses to domestic violence, but not all counties actually have them or have provided funding for their activities.

**Addressing the impact of the California state budget crisis:** State funding is a major source of revenue for most California DV agencies. For 15 years, most DV shelters in the state received annual \$200K grants, which typically represented about 30% (but up to 60% or more) of their total agency budgets. Rural programs are particularly dependent on state and other public funding. As California has faced state budget deficits in recent years, these funds have been significantly reduced and repeatedly threatened with elimination. Loss of state funding has multiplicative impacts because many agencies use these grants to leverage federal funds. Thus there is a need for effective advocacy to minimize state funding cuts and identify a secure ongoing state revenue source for DV funding.

**Raising the profile of domestic violence as an issue:** Although domestic violence prevention and treatment programs typically receive bipartisan political support, domestic violence as an issue is often marginalized as a “women’s problem,” rather than being viewed as a general public health and/or safety problem. Funding for the DV field is also limited; very few foundations explicitly focus on domestic violence, though some include DV survivors within broader definitions of disadvantaged populations.

**Building local capacity to participate in systems change efforts:** One barrier to systems change is the basic lack of resources at domestic violence agencies. Due to insufficient staffing for day-to-day program operations, senior staff frequently do not have the time or capacity to initiate and participate in systems change efforts. Large-scale coalition-building and capacity-development efforts have also been limited. Blue Shield of California Foundation currently has a four-year initiative focused on building the capacity of the domestic violence movement in California by developing existing leaders and bringing organizations together to develop a coordinated voice.

## Information Resources

**National Network to End Domestic Violence (NNEDV):** National membership organization for state-level associations of domestic violence service providers. Website includes national policy priorities, prevention and treatment best practices and the National Census of Domestic Violence Services. <http://www.nnedv.org>

**Family Violence Prevention Fund:** National domestic violence advocacy organization that publishes informational resources, provides training, and conducts policy advocacy related to domestic violence. Website includes policy and public education priorities. <http://endabuse.org>

**California Partnership to End Domestic Violence (CPEDV):** State membership organization comprised of domestic violence agencies throughout California, with a primary focus on legislative advocacy particularly related to funding. Website includes state and national facts about DV, and listing of DV programs by county. <http://www.cpedv.org>

**Blue Shield Against Violence:** Major grantmaking program for Blue Shield of California Foundation, focused on strengthening domestic violence services throughout California. Specific focus areas include building a stronger DV field, spurring innovation, and advancing the policy dialogue. Website includes links to research supported by the Foundation as well as a searchable database of more than 120 grantees throughout California. <http://www.blueshieldcafoundation.org/programs/program-area/blue-shield-against-violence>

---

**The Safety Net Funders Network was launched in September 2009** in response to the “Great Recession” and its impact on the San Francisco Bay Area’s social safety net. The Network aims to inform current safety net grantmaking priorities, identify longer-term systems change goals, and share knowledge gained about needs and emerging best practices in safety net grantmaking. This series of issue briefs describes specific opportunities and strategies for philanthropic investment in targeted safety net areas, and follows a report on the scope of safety net grantmaking in the Bay Area. <http://www.sff.org/about/whats-new/report-reveals-bay-area-funders-response-in-economic-downturn/>

This issue brief and all Network activities are made possible through the generous financial support of The San Francisco Foundation, Walter & Elise Haas Fund, Y&H Soda Foundation, and United Way of the Bay Area. **For more information about the Network, please contact Safety Net Funders Network Coordinator Cassandra Benjamin at [cassandra@csbconsulting.org](mailto:cassandra@csbconsulting.org) or (510) 893-4656.**