

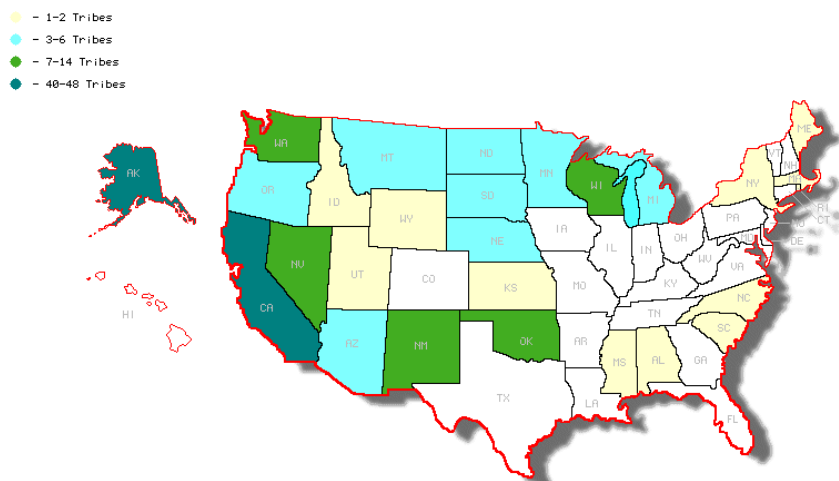
# Tribal Domestic Violence Services

Family Violence Prevention and Services Act Grantees, Federal Fiscal Year 2010

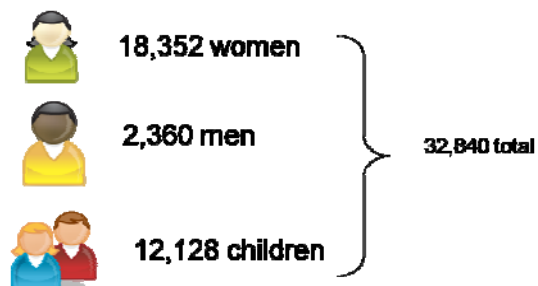
Oct 2011

The Family Violence Prevention and Services Act (FVPSA) is the primary federal funding source dedicated to providing immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence and their dependents. Of the \$130,032,000 allocated to FVPSA in 2010, \$12,952,016 in FVPSA formula grants were distributed based on population to 198 Tribes in 27 states (Figure 1). Eighty percent of the 137 Tribal Grantees contributed to this report. The FVPSA Tribal Grants funded approximately 68 domestic violence shelters and 160 non-residential service sites. Local tribal domestic violence programs served 32,840 victims of domestic violence and their children in 2010. Eighty-seven percent (87%) of the adults served were female and thirteen percent (13%) were male (Figure 2). Over one hundred thousand crisis calls were made to local tribal domestic violence programs (Figure 3). These calls could include victims calling for crisis counseling, shelter services or other services.

**Fig 1: Number of Tribes Funded in States, 2010**



**Fig 2: Total Victims Served by Tribal Grantees, 2010**

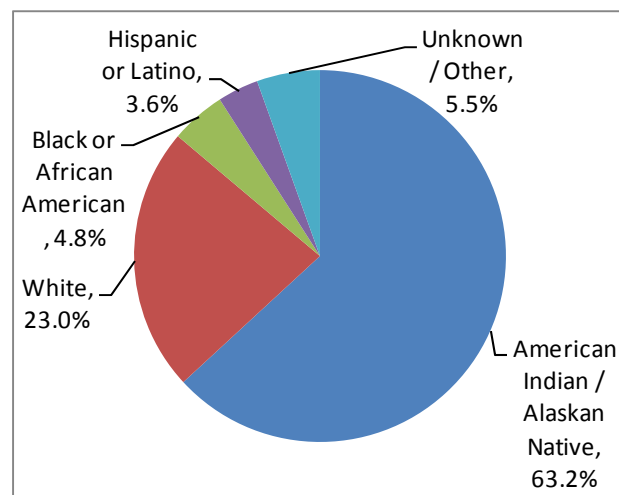


Tribal domestic violence programs serve victims and their families of all races and ethnicity. Figure 4 represents the race and ethnicity of the clients served in 2010. Victims could identify in more than one category.

**Fig 3: Total Calls to Tribal DV Programs, 2010**



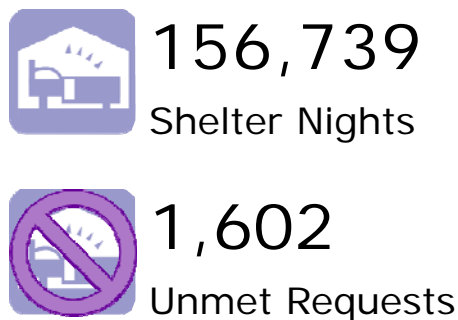
**Fig 4: Race/Ethnicity of Clients Served by Tribal Grantees, 2010**



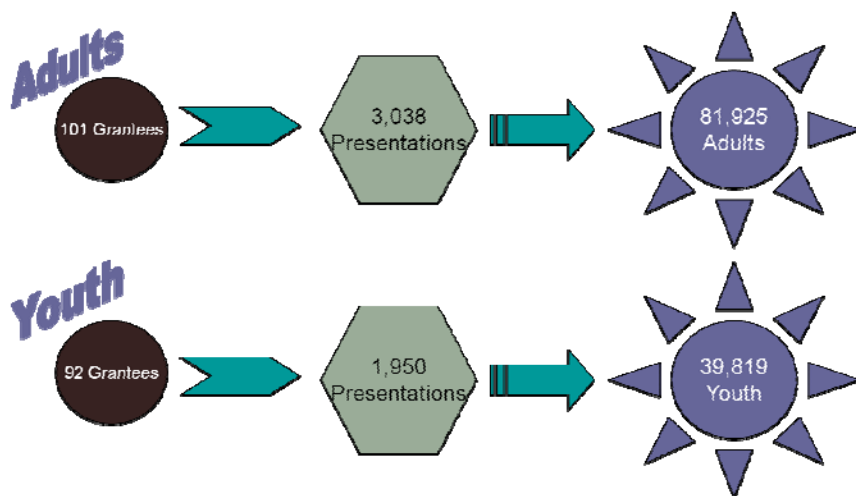
# Services in Tribal Domestic Violence Programs

Local domestic violence programs provide immediate shelter to victims of domestic violence and their dependents. A program may operate its own shelter facility, use contracts with hotels or have access to volunteer safe homes to meet the needs of victims. Shelter nights is a count of the number of people who arrive at the shelter and are provided a bed multiplied by the number of nights (Figure 5). This number includes on-site shelter, a safe home or a hotel room. The number of unmet requests for shelter is a count of the number of unmet requests for shelter due to programs being at capacity (Figure 5). Almost 82,000 adults and 40,000 youth received education and prevention presentations provided by Tribal domestic violence programs (Figure 6).

**Fig 5: Shelter Provided by Tribal Grantees, 2010**



**Fig 6: Community Outreach, Education and Prevention Provided by Tribal Grantees, 2010**



# The Work of Tribal Domestic Violence Advocates

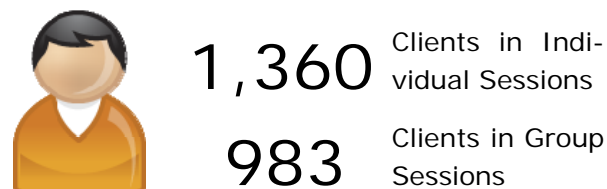
Paid staff and almost 3,000 volunteers in local domestic violence programs also provide supportive services for individuals and in groups. Supportive services are services such as crisis intervention, safety planning, individual counseling, educational services, legal advocacy, personal advocacy, housing advocacy, medical advocacy, information/referral, transportation and home visits. A count of these services is reported in service contacts, which are the number of times an advocate provides services to a victim (Figure 7). On average, Tribal domestic violence programs served each adult victim in individual sessions 5.5 times.

Batterer Intervention Services are designed to address accountability for abusive behaviors for those who abuse their intimate partners. In 2010, 51 Tribal Grantees provided individual counseling and education services to 1,360 clients. In addition, 45 grantees provided group therapy and education to 983 clients (Figure 8).

**Fig 7: Service Contacts Provided by Tribal Grantees, 2010**

	Individual Contacts	Group Sessions
<b>Adults</b>	114,246	23,867
<b>Children</b>	23,867	10,784

**Fig 8: Clients Served with Batterer Intervention Services, 2010**



For more information, please contact Shena Williams, Program Specialist, Family Violence Prevention and Services Program at 202-205-5932 or [Shena.Williams@acf.hhs.gov](mailto:Shena.Williams@acf.hhs.gov).