

A Road Map for Ending Domestic Violence in California:

A Life Course Approach to Prevention

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Futures Without Violence (FUTURES) is a health and social justice nonprofit that advances policies, programs, and groundbreaking public education campaigns created to end violence against women and children around the world. Providing leadership from offices in San Francisco, Washington, DC, and Boston, FUTURES has trained thousands of professionals, advocates, and community influencers on improving responses to violence and abuse. The organization created the first public education campaign about domestic violence called “There’s No Excuse,” and was a driving force behind the passage of the Violence Against Women Act in 1994, a comprehensive federal response to the violence that affects families and communities.

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A Road Map for Ending Domestic Violence: A Life Course Approach to Prevention

INTRODUCTION

About 1 in 4 women and nearly 1 in 10 men have experienced sexual violence, physical violence, and/or stalking with impacts¹ by an intimate partner during their lifetime.² Members of the LGBTQ communities experience domestic and sexual violence at rates that are equal to or higher than non-LGBTQ people.³ Forty-six million children in the United States will be exposed to violence, crime, abuse, or psychological trauma in a given year: 2 out of 3 children in this country.⁴

This trauma affects adults and children across the nation and in California in countless ways every day. Adverse childhood experiences (ACEs), such as experiencing or witnessing violence or abuse, are linked to chronic health problems, mental illness, and substance misuse in adulthood.⁵ Sixty-one percent (61%) of adults in California have experienced ACEs.⁶ The health-related costs of exposure to ACEs for California equals \$10.5 billion annually, with more than \$102 billion in costs associated with premature death and healthy life years lost.⁷

The COVID-19 pandemic has made preventing and addressing domestic violence more challenging and more urgent. Sheltering in place at home may increase risk for survivors of domestic violence. Indeed, throughout the state, there are adult and child survivors of violence at home with the person hurting them and with fewer options to seek help. In addition, many survivors of violence will face severe economic hardships from loss of jobs and health care which will likely increase the stress level at home. These realities may exacerbate an already volatile situation while also limiting a survivor's options for seeking help or leaving a dangerous situation.



The COVID-19 pandemic also has clearly shown us that structural racism undergirds our systems and our institutions contributing to violence, including domestic violence, and widespread inequities. We have seen how Black and Latino people are getting sick and dying of COVID-19 at higher rates than whites.⁸ Embedded racism and societal barriers in health care, child welfare, housing, education, criminal justice and our finance systems, as well as discrimination within workplaces, have placed them at a greater risk of harm.⁹

In California and across the nation, we must not let COVID-19 stop our progress in reducing domestic violence and eliminating structural racism. Rather we must redouble our efforts and invest in prevention and healing and work to eliminate inequities and disparities to ensure that families and children recover from trauma caused by violence and pervasive bias.

Futures Without Violence (FUTURES) knows from decades of study and research what works to prevent domestic violence and has developed this Road Map for California policy makers, state agencies, philanthropic organizations, community-based organizations, and advocates on how best to prevent and end domestic violence in the state. By focusing on existing programs, redirecting funds to promote public health and prevention, and leveraging federal resources, California can continue to lead the nation in preventing and ending family violence.

The Road Map has two sections. Section I describes four evidence-based prevention and intervention strategies for California to follow. These are: (1) support new and young families;¹⁰ (2) ensure schools are welcoming to all students, trauma-informed, and help children and youth build resiliency and develop healthy and safe relationships; (3) provide trauma-informed services and healing to children and families exposed to violence to lessen harms and prevent future

violence; and, (4) build community wealth and strengthen social conditions to help stabilize and empower families. Section II sets forth the federal resources that California can leverage to support the state's work to prevent and end domestic violence.

Throughout this Road Map, FUTURES seeks to center the experience of those who have been marginalized by proposing strategies that address systemic and social inequities that contribute to unequal health outcomes – such as racism, homophobia and transphobia, poverty, immigration status, and sexism.



SECTION 1: *Four Evidence-Based Prevention and Intervention Strategies to Prevent and End Domestic Violence in California*

1. Support New and Young Families.

Domestic violence adversely impacts children. Children exposed to violence and trauma can experience serious physical and mental health issues, delays in social and emotional development, and a heightened risk that they will engage in violence themselves.¹¹ The landmark Adverse Childhood Experiences (ACEs) study launched in 1995 found a significant relationship between childhood experiences of abuse and violence and myriad negative adult physical and mental health outcomes, including heart disease, stroke, depression, suicide attempts, sexually transmitted diseases, and substance abuse.¹² Additionally, children and youth exposed to violence and other adversities are more likely to drop out of school, have difficulty finding and maintaining a job, are less likely to attend college, and are at a heightened risk for later victimization and/or perpetration of violence.¹³

Fortunately, the birth of a new child can be a time of enormous growth, and new parents are often eager to learn strategies to help their children get the best chance at life. For parents who themselves have histories of violence, it can be a particularly key time for connecting them to help to address their own trauma and learn skills for being non-violent parents and partners. Evidence-based interventions that support new and young families have a multiplier effect, helping both parents and children simultaneously and in ways that benefit other family members or additional children in an ongoing way. These proven interventions include assessments and universal education about domestic violence in healthcare settings, home visiting programs, child care settings, and early education programs. It also includes ensuring that health care providers, childcare providers, and teachers help connect families exposed to violence with services and



supports so that they can heal. These multi-generational prevention interventions respond to the needs of both parents and children by strengthening positive caretaking, enhancing family cohesion, nurturing the development of strong families, educating young children, and interrupting the cycle of intergenerational trauma.

- **Ensure that all pregnant people experiencing domestic violence receive domestic violence advocacy, health care, mental health, and behavioral health services.** For pregnant people who disclose domestic abuse during prenatal visits, health care providers can give necessary medical treatment, develop a care plan less vulnerable to partner interference, offer information and peer support, and give referrals to mental health and behavioral health care professionals. They also can discuss other services and supports, including domestic violence advocacy, legal services, and public benefit programs.



- **Integrate education, assessment, and support into the Black Infant Health Program (BIHP).**

This program works to improve Black infant and maternal health through empowerment-focused group support and case management services. It provides another important avenue to educate and access for domestic violence in the prenatal and postpartum period. It also connects families to help and peer support.

- **Make home visiting services available to all pregnant people and new parents who may be at risk for Adverse Childhood Experiences (ACEs).** During home visits, health care providers or other trained professionals provide social, health, and/or educational services to caregivers and their children in regular,

Education and assessments during prenatal visits with their health care provider helps to prevent, identify, and ensure that pregnant people receive any and all needed assistance to address domestic violence.



planned visits. Working one-on-one with a home visiting professional, families gain parenting skills, referrals to address substance abuse, and education on family violence and developmental delays in children. Research has shown that evidenced-based home visiting programs are cost-effective investments that can provide essential support and help parents nurture their children's learning and well-being.¹⁴ They also help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. The numerous benefits of the home visiting program decrease for families who have experienced relatively high levels of domestic violence.¹⁵ Thus, education and assessments for family violence as well as connections to services and supports so families can heal are key to ensuring that families obtain the full benefits of the home visiting program.

- **Support innovative health funding strategies to ensure pediatricians and other health providers can assess for domestic violence and other ACEs and provide needed supports.**

In 2019, the California Department of Health Care Services (DHCS) and the Office of the California Surgeon General launched ACEs Aware – a first-in-the-nation, statewide effort to screen for Adverse Childhood Experiences (ACEs) and treat the impact of toxic stress. DHCS began paying Medi-Cal providers for conducting ACEs screenings for children and adults up to age 65 with full-scope Medi-Cal on January 1, 2020. The Office of the California Surgeon General and DHCS are partnering with organizations across the health care system and California's communities to ensure that health care providers have the training, tools, and resources they need to effectively incorporate ACEs screenings into patient care. FUTURES supports ACEs Aware and recommends that all health care providers apply principles of trauma-informed care and universal education as they identify, treat, and refer domestic violence survivors to services and resources in their communities.



- **Fully fund child care and Early Head Start and Head Start programs and provide trauma-informed training to caregivers and teachers so that they can recognize and respond to domestic violence and child trauma.**

For children exposed to violence and other risk factors and for adults in low-paying jobs, affordable and/or free 24-hour child care as well as early childhood education programs, like Early Head Start and Head Start, are critical. They provide children access to high-quality early care, nurturing and stimulating environments, and education programs that are focused on school readiness, social skills and emotional well-being, language and literacy, and health. Parent engagement is a key component of Head Start services, including strengthening family well-being, increasing the capacity of parents to act as advocates and leaders, introducing fathers to specialized fatherhood programs, and connecting families to medical, dental, and mental health services. Not only do these programs need to be fully funded, available, and affordable and/or free, but they need trauma-informed care givers, administrators, and teachers who can integrate universal strategies to help prevent family violence and respond to the needs of families who been exposed to violence through partnerships with local agencies that provide services for both survivors and people that harm their partners.

- **Fully fund and support the Individuals with Disabilities Act (IDEA) and provide trauma-informed training so that providers can recognize and respond to domestic violence and child trauma.** The Individuals with Disabilities Act (IDEA) is a law that provides eligible children with disabilities a free, appropriate public education and ensures special education and related services to those children.¹⁶ This law governs how states and public agencies extend early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities.¹⁷ Under Part C of the IDEA, states are awarded federal formula block grant funds to make early intervention services available to infants and toddlers with special needs under age three years and to their families.¹⁸ Early interventions are designed to identify and meet a child's development in five areas: physical, cognitive, communication, social and emotional, and adaptive. Services to a child and a family may include: health services, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, audio services, speech-language pathology services, etc. Many children who qualify for early intervention services also are eligible to receive special education from their local schools when they turn three. Not only do these programs need to reach all eligible children and families, but they need to be fully funded. Moreover, states must help to strengthen connections between early intervention programs and other early childhood and family support programs. Further, providers within the early intervention programs need to be trained in trauma-informed care and be able to recognize domestic violence so that they can respond to the needs of children who have or are experiencing trauma and violence in their lives.



2. Ensure Schools are Welcoming to All Students, Trauma-informed, and Help Children and Youth Build Resiliency and Develop Healthy and Safe Relationships.

Every student, from preschool to high school, should have access to a high-quality, trauma-informed, safe and supportive school environment. This is especially critical for children and young people who may have experienced trauma and opportunity gaps because of exposure to violence, poverty, racism, and gender discrimination. With a trauma-informed education workforce, teachers can identify students who have experienced racism, bullying, homophobia, and trauma and violence and provide them with assistance to address the harm that they have suffered. Trauma-informed schools and educators can help all students succeed by providing needed supports, teaching life skills and enhancing resiliency, offering healthy relationship education, and ensuring that school environments are safe and free of discrimination.

- **Support Social Emotional Learning (SEL) and provide Positive Behavioral Interventions and Supports (PBIS) to help children and youth build life skills and resiliency.** Social emotional learning benefits children and young people by helping them develop key life skills — self-awareness, self-management, social awareness, relationship skills, and responsible decision

making. Schools serve as the primary place where students can learn and practice these life skills. While teachers play an important role in teaching and modeling these skills, so too do schools.

Safe and supportive school environments positively impact academic, behavioral and mental health outcomes for students. Administrators, teachers, and staff need anti-bias training and school boards and school administrators must rethink their discipline policies.¹⁹ Harsh policies that overuse suspension and expulsion, disproportionately harm students of color, and perpetuate the school to prison pipeline and increased police presence in schools. Importantly, administrators and educators need to understand and address the trauma of historical injustice and ensure equity across race and gender to alleviate rather than compound children's trauma.²⁰ Positive Behavioral Interventions and Supports (PBIS)²¹ de-emphasize punishment and emphasize the adoption of school-wide systems that define, teach, and support positive student behaviors to create positive school environments. PBIS helps build a positive, healthy school climate and culture where all students feel safe and supported so that they can learn and sustain meaningful relationships with their peers and teachers.



■ **Invest in middle and high school as key developmental times and support programs that address gender norms and healthy relationships.** Middle school matters — it's a time of tremendous development and transition for young people. Middle schoolers are not only experiencing physical changes associated with puberty, but they also are experiencing social and emotional challenges tied to adolescent brain development.²² Advances in science show that the brain is changing and building millions of new connections that allow it to become faster, sharper, and smarter during these years.²³ Also tweens and teens are transitioning from childhood to adulthood. While middle schoolers are still connected to adults, new peer and social influences come into play, and jealousy, anger, and pressure to conform are felt in more powerful and personal ways.²⁴

Helping young people learn about and/or experience healthy relationships during this formative period can prevent intimate partner violence throughout their lives. Creating safe spaces for LGBTQ youth is also important. Many adolescents explore romantic relationships for the first time between the ages of 11 and 14, but healthy relationship conversations and education often do not begin until much later, if at all. Acting early to educate young people and engage them in conversations about healthy relationships, rather than react to unhealthy ones later on, can stop intimate partner violence before it starts. Additionally, requiring all students in middle and high school to receive sexual health education that is medically accurate, unbiased, inclusive of LGBTQ people, and appropriate for students of all races and genders is another important tool that helps young people develop positive and safe relationships.²⁵ Further, supporting and promoting national and local programs that work to prevent and stop teen dating violence are essential in helping young people develop and sustain



Acting early to educate young people and engage them in conversations about healthy relationships, rather than react to unhealthy ones later on, can stop intimate partner violence before it starts.

healthy relationships. These programs include hotlines directed at teens such as Love is Respect, which provides 24-hour national web-based and telephone resources to assist teens, and the CDC's Dating Matters, which prevents teen dating violence.²⁶

■ **Engage men and boys as allies.** Engaging young men and boys as allies in the work of combating domestic violence is another critical prevention strategy for young people. Programs like Coaching Boys Into Men, the only CDC-approved program for addressing violence and healthy relationships with boys and men, leverages the power of coaches on sports teams to create lasting change in attitudes and behaviors among male athletes in middle school, high school, and college.²⁷ Supporting community-based interventions that work with men and boys outside the school setting also helps to prevent domestic violence.



- **Prevent sexual violence and harassment in K-12.** Title IX is the federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. The U.S. Department of Education released final regulations governing sexual assault under Title IX in May of 2020. Among other things, the regulations make clear that stalking, domestic violence, and dating violence are considered examples of sexual harassment under Title IX and, as such, schools have a proactive responsibility to prevent and address them. K-12 schools as well as colleges and universities that receive federal funds, must take sexual and domestic violence seriously, respond promptly and effectively to all forms of sexual and domestic violence, and prevent gender-based violence.

3. Provide Trauma-informed Services and Healing to Children and Families Exposed to Violence to Lessen Harms and Prevent Future Violence.

Children and families who have or are experiencing violence and trauma need to feel safe and secure and have access to services and supports to help them heal. Health care providers, schools, rape crisis centers, culturally specific community organizations, and local domestic violence programs can provide these important services and supports, including mental health and behavioral health services, to mitigate harm and help children and families recover. Additionally, families that have experienced high rates of domestic violence and are involved with the child welfare system require survivor-centered approaches and intensive family services so that they can heal and thrive together. Importantly, the role of the child welfare system must transform from a punitive system that perpetuates structural racism to one that intervenes to support and heal all family members.

Everyone needs access to high-quality, comprehensive health care that supports their well-being. This is especially important for survivors of domestic violence and their children who not only need these services but they need them delivered in a way that strengthens their ability to heal together.

- **Ensure that all survivors of domestic violence and their children have access to health care that utilizes a two-generation approach that allows them to heal together.** Everyone needs access to high-quality, comprehensive health care that supports their well-being. This is especially important for survivors of domestic violence and their children who not only need these services but they need them delivered in a way that simultaneously supports them and strengthens their ability to heal together. Importantly, health care providers can help address domestic violence by incorporating education and assessment on intimate partner violence and other health issues such as maternal depression in their work with patients. Confidentiality Universal Education and Empowerment Support (CUES) is an evidence-based intervention in which providers discuss with all patients the elements of healthy and unhealthy relationships, the health effects of violence, health promotion strategies, and resources and supports.²⁸ Additionally, health plans must support two-generation solutions such as the evidenced-based child-parent psychotherapy.

■ **Ensure that children and youth have access to mental and behavioral health services in their schools.**

Strong evidence shows the value of therapeutic interventions to address the short and long-term impacts of children’s and youth’s exposure to violence.²⁹ Ensuring that all children and young people can access physical, mental, and behavioral health services at school in trauma-informed school health centers will help them heal and thrive. For adolescents, evidence-based intimate partner violence prevention and response programs in school health centers can decrease cyber abuse and reproductive coercion. School districts have an important role to play, as schools remain the primary place where children and youth receive mental health services, though there remain significant unmet needs.

■ **Robustly fund treatment and services for adults who have experienced violence.**

Local domestic violence programs ensure that survivors have access to essential services. These services include emergency

shelter and housing, safety planning and crisis intervention support, health assessment and medical care, mental health and substance abuse treatment, individual counseling and support groups, legal advocacy for court matters, and career and educational support. Local domestic violence programs also help to stabilize families by connecting them to social support systems such as Medi-Cal, child care subsidies, CalFresh, CalWORKS, and other benefits. Moreover, they offer programs for children that promote their physical, emotional, social, and academic welfare, thereby helping them to heal.

■ **Reimagine programs that work with abusive partners.**

Programs for abusive partners are designed to help individuals learn nonviolent skills through a combination of educational lessons and a therapeutic process. These small group programs, often referred to as “Batterer Intervention Programs,” have been in existence since the 1970s. FUTURES has observed systems-based programs that are mandated by the courts, police and child welfare agencies

as well as programs that are relational, trauma-informed and culturally relevant that rely on the power of human connections.³⁰ FUTURES “deep experience shows that both approaches — systemic and relational — have to be balanced, in order for abusive partners to effectively change their behavior.”³¹ Indeed, personal accountability and personal decision are critical as are consequences for continuing abusive behavior.³² With an emphasis on prevention and healing, FUTURES supports (1) engaging abusive partners outside the criminal justice system and looking at approaches developed by communities of color,



including community accountability and restorative justice; (2) adopting a trauma-informed, culturally relevant framework that includes both a systems and a relational response that helps abusive partners stop their violent behaviors and also supports them to change and heal; (3) establishing and funding a national helpline for abusive partners, staffed by paid professionals with expertise working with people that use violence; (4) creating federal and state funding streams to adequately support these programs without competing with funds for survivor services; and, (5) engaging fathers to allow them to examine their own experiences of violence as children and to develop empathy for their children as a way to change their behavior.³³ By fully funding and reimagining programs for abusive partners, we can help change behavior, prevent and reduce violence, address trauma by a person that abuses, and repair some of the harm they caused.

- **Reinvent the child welfare system and improve the capacity of this system to address domestic violence and child maltreatment.** FUTURES believes that we need a child and family well-being system not a child welfare system. We also need to embrace a race equity and inclusive model that fully supports children and their families and one that removes children from their homes for their safety not because their parents are poor and struggling to make ends meet. It must be a system that “strives to keep families together in their communities with the resources and supports...so that children are not removed from homes where they are otherwise safe.”³⁴ Too many child protection resources are being spent on low-risk cases when those resources are needed for more high-risk situations.³⁵ Child welfare leaders and staff need to proactively reach out to and routinely engage with other systems to leverage community-based interventions that can support families,³⁶

FUTURES believes that we need a child and family well-being system not a child welfare system.

such as the medical, mental and behavioral health care systems, child care and education systems, workforce development and job training systems, and housing and social services systems. In the event that a child must be separated from her family for safety reasons, care must be taken to address her trauma, reduce stigma, support healing, and build resiliency.³⁷

In addition, because domestic violence is a significant problem for 30 to 40 percent of families in the child welfare system,³⁸ and can be a significant driver of child fatalities, a new approach and innovative interventions are needed to improve how child welfare agencies and their community partners work with families experiencing domestic violence. Since 2017, the Quality Improvement Center on Domestic Violence in Child Welfare (QIC-DVCW)³⁹ has focused on these needs. The QIC-DVCW has developed the “Adult & Child Survivor-Centered Approach” (the Approach), that aligns policies, practices and programming across sectors to be responsive to the interconnected experiences of child and adult survivors of domestic violence. The Approach also aligns collaborative efforts to promote healthy accountability and to create meaningful pathways to change for the person who has caused harm. Moreover, the Approach works to sustain and strengthen the safety of survivors, the well-being of all family members, and permanency for children, while not drawing families unnecessarily into the system.⁴⁰

4. Build Community Wealth and Strengthen Social Conditions to Help Stabilize and Empower Families.⁴¹

Poverty, lack of stable housing, food insecurity, absence of health care, and unsafe living conditions contribute to children's trauma and their family's instability. Addressing economic insecurity can help reduce trauma and domestic violence. Importantly, building community wealth and strengthening social conditions for individuals and families allows them to obtain a stable foundation to live and work. This need is greater than ever in the wake of the COVID-19 pandemic, especially for communities of color and undocumented immigrants who have been disproportionately impacted.

■ **Build community wealth to increase economic and job opportunities.**

Community wealth building is a commitment to conduct business in a way that benefits the surrounding community and region by hiring, purchasing, and investing locally. This commitment generates local wealth, economic opportunity, jobs, and hope for the future. Non-profit organizations, the public sector, and private institutions need to target hiring, purchasing, and investing in their local community, including prioritizing Black-, Brown-, and women-owned businesses, so that they can build broad prosperity throughout their local community and help stabilize individuals, families, especially during this period of health and economic distress.⁴²

■ **Promote the Federal Earned Income Tax Credit (EITC) and expand the California Earned Income Tax Credit (CalEITC).**

The Federal EITC and the CalEITC are tax credits for working people with low to moderate incomes. Both tax credits reduce the amount of taxes working people owe and may give them tax refunds. To fight poverty and increase income equality throughout the state, California should continue to strongly promote the Federal EITC and expand CalEITC to allow anyone who files and pays taxes in California to file for the CalEITC.



Victory! The California 2021 budget includes CalEITC for families who have children under age 6 and pay taxes with an Individual Tax Identification Number.

- **Invest in workforce development.** Job training programs for adults, dislocated workers, and youth as well as programs in adult education and literacy and job rehabilitation are crucial investments that the state must make as it begins its economic recovery from the COVID-19 pandemic. Reducing barriers and unnecessary bureaucratic obstacles so that formerly incarcerated people can access these job programs to gain employment is also essential. These programs can help survivors of domestic violence by employing faculty, trainers, and staff who are trauma-informed and free of gender biases; ensuring that their policies and practices provide access and opportunities for individuals with complex barriers (including violence and trauma); investing in wrap-around support services to help mitigate obstacles to participation and success; providing financial resources, including scholarships, for learners/job seekers; and, supporting entrepreneurship as part of workforce development.



■ **Ensure livable wages for workers.**

Lower- and middle-income families have a difficult time paying for housing, health care, food, child care, and transportation because of the high cost of living in California. Survivors of violence and their families need employment with livable wages and employment benefits such as health care, cost-of-living raises, paid annual and medical leave, retirement programs, access to collective bargaining, safe working conditions, and safe workplaces free of gender-based discrimination and harassment.

■ **Ensure safe, stable and affordable housing.** The cost of housing and the lack of affordable housing in California makes it exceedingly difficult for survivors of violence to leave their abusers. Importantly, all survivors need access to stable and affordable housing so they can seek safety and not risk homelessness for themselves and their children.

■ **Provide comprehensive, coordinated, affordable and culturally relevant health care to all residents and expand Medi-Cal coverage to undocumented adults who have low incomes.** California has been a national leader in expanding health coverage. However, more progress is needed to ensure that all Californians can obtain physical, mental, and behavioral health services that are comprehensive, coordinated, affordable and culturally relevant. This continuum of

health care services is particularly crucial for survivors and their families so that they can heal from violence, build resiliency, and thrive.

■ **Help families meet their basic needs.** Many Californians live at or below the poverty line, and they disproportionately are children and people of color. These vulnerable children and families, including survivors of violence and immigrants who lack legal status, need increased housing assistance, 24-hour child care support at home and in the community, CalFresh benefits, and cash assistance to help meet their basic needs.

■ **Support opportunities for all families in California to flourish.** Building healthy and safe communities requires work at the state and local level to address the structural inequities that exist such as income inequality, health care and geographic disparities, and race and gender discrimination. Additionally, immigration enforcement actions and anti-immigrant policies have instilled fear and discouraged immigrant children and families from accessing health care coverage, food assistance, and other benefits that they are entitled to receive. These actions and policies pose a risk to the health and well-being of immigrant children and families, as well as to the public health.⁴³ Unjust structural racial barriers and anti-immigrant actions and policies increase suffering and compound the effects of trauma and must be eliminated.



SECTION 2: Federal Funds California Can Leverage to Prevent and End Domestic Violence

This section sets forth the 30 federal funding streams that California can leverage to prevent and end domestic violence. In general, these funding opportunities are managed by different federal program offices and address different needs of individuals and families. However, taken together, they can work to prevent domestic violence, reduce trauma, and provide services to strengthen and heal individuals and families.

The 30 federal funding opportunities are listed below under subject headings that represent a particular focus or target area of the funds. Importantly, after describing each federal funding opportunity, FUTURES has set forth recommendations on how best to prioritize the funds to prevent and end domestic violence in California. Leveraging these funds is more

important than ever, especially in light of the significant physical, emotional, and economic harm COVID-19 has caused throughout California and the nation, and expected state budget shortfalls.

Education and Assessments in Health Care Settings

FUTURES strongly recommends adult patients in maternal and child health settings be provided universal education on domestic violence and the potential impacts of violence on health as well as information about services and supports that can address domestic and other interpersonal violence. In addition, we recommend screenings when indicated and when it can be done in a safe, confidential, and trauma-informed manner.

Title V Maternal and Child Health (MCH)

This federal block grant enables each state to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families. California had \$4 billion in FY 2018 expenditures.

Six Key Federal Funding Streams that California Can Leverage to Prevent Domestic Violence and Help Families Heal:

- **Maternal and Child Health (MCH)**
- **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)**
- **Medicaid (Medi-Cal)**
- **Every Student Succeeds Act (ESSA)**
- **Violence Against Women Act (VAWA)**
- **Family Violence Prevention and Services Act (FVPSA)**

- California uses its Title V MCH block grant to support its Black Infant Health (BIH) Program to improve Black infant and maternal health and decrease Black white health disparities and social inequities for women and infants.
- California also uses its Title V MCH block grant to support its Comprehensive Perinatal Services (CPSP) Program to provide a range of culturally competent services to Medi-Cal pregnant people, from conception through 60 days postpartum.
- California Perinatal Equity Initiative (PEI), a law passed in 2018, addresses the causes of persistent inequality and identifies best practices to deal with disparities in the infant mortality rate of Black infants. Administered by the Department of Health, PEI seeks to promote the use of specific interventions designed to fill gaps in the BIH group model.



RECOMMENDATION:

California should continue to maximize federal and state funding to support these programs, integrate education and assessments for domestic violence into them, and introduce evidence-based domestic violence prevention programming before, during, and after conception care as well as in its fatherhood programs.



Title X Family Planning Program

This program is the nation's only dedicated source of federal funding for family planning. Administered by the U.S. Department of Health and Human Services (HHS) Office of Population Affairs (OPA), the Title X program supports high-quality, culturally sensitive family planning services and preventive health services, including breast and cervical cancer detection, screening and treatment for sexually transmitted diseases, HIV testing, counseling and referral services. Recent changes to the law required more attention to relationship violence by providers.

RECOMMENDATION:

Title X grantees should collaborate with local domestic violence and sexual assault programs throughout California to educate women and men about intimate partner violence, support interventions that prevent dating violence and assist survivors, and implement evidence-based interventions like the CUES model to reduce violence and improve reproductive health outcomes.⁴⁴

Medicaid

Family planning services are free of cost-sharing for individuals enrolled in Medicaid of childbearing age. States have discretion to determine the specific family planning services covered and can establish different coverage for different eligibility categories. Services can include education and assessment for intimate partner violence, physical exams, contraceptives and contraceptive counseling, sterilization and fertility services, sexually transmitted infection testing and treatment, preconception counseling and management, and healthy relationship counseling and education.

RECOMMENDATION:

California should utilize its power as a healthcare payer to negotiate improved coverage of Maternal Depression screenings, integrate intimate partner violence education into these screenings (CUES),⁴⁵ and connect mothers and children to all needed medical, mental health, and behavioral health services and advocacy.



visiting services. While California permits financing for home visiting services at the local level, there is an opportunity for California to develop a state-lead Medicaid policy design for home visiting services.

CalWORKs Home Visiting Program (HVP)

This state funded program pairs new parents with a nurse or trained professional who makes regular visits to the participants home to provide guidance, coaching, and access to health and social services. HPV supports and resources include: prenatal, infant and toddler care; infant and child nutrition; child developmental screenings and assessments; parenting education; job readiness and barrier removal; and, domestic violence and sexual assault, mental health, and substance abuse treatment.

RECOMMENDATION:

California should continue to maximize state and federal funding to expand voluntary evidence-based home visiting programs statewide to every low-income family who would like these services.⁴⁶ At this time, California serves a small fraction of the families who might benefit from home visiting.⁴⁷ Also, California should strengthen its prevention work by dedicating resources to implement and evaluate federal learning collaborative approaches that include talking with families about healthy relationships, offering adult and child-centered strategies to promote resiliency, and developing close linkages to community-based programs for ongoing supports.

Home Visiting Programs

Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)

The Health Resources and Services Administration (HRSA) at HHS provides funding in formula and competitive grants to states, territories, and tribes to implement one or more home visiting models. California Home Visiting Program (CHVP), which is supported by HRSA, oversees implementation of 15 Nurse-Family Partnerships and 8 Healthy Families America sites throughout California. In the federal fiscal year 2017-2018, CHVP served 2,977 women, 2,370 children, and completed 30,823 home visits. During these visits, 82% of mothers were screened for depression and 78% of mothers were screened for intimate partner violence. In 2019, California received \$20,813,184 in federal funds.

Medicaid

Current law permits states to use Medicaid funding to pay for the core components of home visiting services when furnished to Medicaid beneficiaries. Twenty states, including California, currently use Medicaid to help fund home



Child Care and Early Childhood Education

The Child Care and Development Fund (CCDF)

The Office of Child Care (OCC) at HHS supports low-income working families by improving access to affordable, high-quality early care and after school programs. OCC administers the CCDF, a block grant to states, territories, and tribes that helps families pay for child care. In 2019, California received \$793,508,396 in federal CCDF funds. Unfortunately, neither these federal funds nor California state funds adequately address the vast need for subsidized child care.⁴⁸



RECOMMENDATION:

California should leverage recent increases in federal child care and early education funding and state public investment in subsidized child care to ensure that all families with infants and toddlers have the ability to access child care in a variety of settings that are high-quality, stable, affordable, and available during non-traditional times such as evenings and weekends.⁴⁹ Additionally, California should ensure that all child care providers and teachers have trauma-informed training to recognize and respond to family violence and help connect families to services so that they can heal.

Head Start and Early Head Start

The Administration for Children and Families (ACF) at HHS funds Head Start programs to support the growth and development of children ages birth to five from low-income families. Head Start programs foster children's readiness for school, social skills and emotional well-being, language and literacy, and health through preschool/early childhood education, developmental screenings, and nutritious meals. Parent engagement is a key

component of Head Start services, including strengthening family well-being, increasing the capacity of parents to act as advocates and leaders, and connecting families to medical, dental, and mental health services. Head Start programs serve children and their caregivers in centers, family homes, and in family child care homes in urban, suburban, and rural communities throughout California and the nation. In 2018, California received \$1,173,973,635 in federal Head Start funds and served 91,231 children and their families.

RECOMMENDATION:

California should work to ensure that all administrators, teachers, and staff in Head Start and Early Head Start programs have specific training on domestic violence, its impacts on children and families, and interventions that work. Additionally, California should ensure that these programs integrate universal strategies to help prevent family violence and respond to the needs of families exposed to violence by partnering with local agencies that provide services for both survivors and people that harm their partners.



Strengthening Families/ Parenting Support

Child Abuse Prevention and Treatment Act (CAPTA)

This federal law provides grants to states to support the prevention, assessment, investigation, prosecution, and treatment of child abuse and neglect. CAPTA provides formula grants to states as well as Community-Based Child Abuse Prevention Grants (CBCAP). CBCAP supports community-based efforts to prevent child abuse and neglect as well as the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect. In 2019, California received a state grant for \$9,554,617 and a CBCAP grant for \$3,216,203.

RECOMMENDATION:

California should continue to seek federal funds and expand state funding to support CBCAP community-based programs and help them to collaborate and partner with domestic violence programs to serve children and families impacted by violence and trauma.

Responsible Fatherhood

ACF at HHS provides grants that strengthen positive father-child engagement, improve employment and economic mobility opportunities, foster responsible parenting, and build healthy relationships and marriage. Responsible Fatherhood grantees in California include: Life Coaching and Fundamentals of Fatherhood Project at the City of Long Beach, California West Coast Dads and Kids Initiative at Healthy Relationships, Dads Back! Academy at Friends Outside in Los Angeles County, Fathers Advancing Community Together at Rubicon Programs, and Dad's Club at Vista Community Clinic.

RECOMMENDATION:

Domestic violence prevention programming should be part of every Fatherhood program. These programs have a unique opportunity to provide education and services to prevent and address domestic violence because, among other things, they have the ability to establish trusting relationships with fathers over time.⁵⁰ Not only can Responsible Fatherhood programs educate fathers about domestic violence but they can connect them to resources for fathers who may be survivors and fathers who use violence in their intimate relationships. Further, opportunities exist to strengthen collaboration and mutual respect between Responsible Fatherhood programs, domestic violence programs, and abusive partner programs, to allow for more shared training, referrals, and support around cases of intimate partner violence.⁵¹



Mental and Behavioral Health Services

Medicaid Coverage for Children Under 21 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Children and adolescents under age 21 are entitled to periodic screenings – which can cover trauma and exposure to violence – and all medically necessary treatment to maintain or restore their optimal physical or mental health. The EPSDT means that children are entitled to services to maintain or improve their health, not just to correct a problem. Of the 5.4 million children enrolled in Medi-Cal, 90% are covered through managed care plans and a 2019 audit shows that California is not providing sufficient oversight over the managed care plans to ensure that children are receiving preventative care visits.⁵²

RECOMMENDATION:

California should increase its preventive care utilization rate by strengthening awareness and access to preventive care and requiring health plans to do a better job of collecting and using data to improve utilization of EPSDT and delivering quality care. Additionally, California should fully implement the new trauma screening benefit in Medi-Cal with trained pediatric providers in trauma-informed pediatric settings, ensure universal resilience education, and provide thorough and thoughtful screenings and responses along with warm handoffs to needed services.⁵³



Medicaid Case Management

Case management services help to link families with needed health and development services. Medicaid-enrolled families, who may experience a fragmented health care delivery system and gaps among programs to promote child development, can greatly benefit from case management services to ensure that they are connected to medical, social, educational, and other necessary services.

RECOMMENDATION:

California is waiting on the Centers for Medicare and Medicaid Services (CMS) for approval of a State Plan Amendment (SPA 16-001) which would expand targeted case management services provided in schools to all Medicaid-enrolled students. California state agencies should be working with Local Education Agencies (LEAs) and other partners to prepare for implementation of this SPA so that Medicaid-enrolled students can receive needed medical services and connections to other important services to improve their health outcomes and the state can draw this additional, sustainable federal funding for LEAs.



RECOMMENDATION:

California state agencies should work closely with LEAs and other partners across the state to fully implement the Medicaid SPA as school-based health services can facilitate better long-term outcomes for both children and society. Additionally, as California expands school-based Medicaid, it should do so by incorporating a trauma-informed framework that ensures providers can deliver trauma-informed services in schools. This is particularly important as the COVID-19 pandemic has likely resulted in increased rates of violence, trauma and loss in the U.S., highlighting the importance of access to trauma-informed care. Further, California LEAs should reinvest their Medicaid reimbursement into a range of mental and behavioral health services including primary prevention, crisis intervention, training for teachers, counseling, including family counseling, and services for children who experience violence in their communities.⁵⁵ Moreover, reinvestment funds should be used to provide trauma-informed training for health services staff and teachers to build safe and supportive school environments for all students, including those experiencing domestic violence.

State Plan Amendment for School-Based Health Services

In April 2020, CMS approved California's Medicaid State Plan Amendment (Medicaid SPA) that will allow LEAs to access more federal funding for school-based health services. These additional federal funds will help the state and LEAs maintain and expand their school-based health care programs. This is particularly important as the state and LEAs grapple with budget challenges from COVID-19 pandemic. The Medicaid SPA expands federal Medicaid reimbursement to California's LEAs in three important ways: all Medicaid-eligible children are now covered, as are more types of services and more types of qualified providers.⁵⁴ Federal Medicaid dollars can now reimburse school districts for additional services and providers who can treat trauma and address other health needs. Additional services may include: individual and group counseling, nursing services, physical and occupational therapy, health and nutrition services, medical transportation, marriage and family therapy, and social work.

Title IV-A of Every Student Succeeds Act (ESSA)

This is a flexible federal block grant from the U.S. Department of Education that authorizes activities in three broad areas: providing students with a well-rounded education; supporting safe and healthy students; and, supporting the effective use of technology. California received \$143.4 million in FY2019. Both the "well rounded" and "safe and healthy" portions of the funds can support numerous programs to reduce violence, build resilience, and promote healing.



RECOMMENDATION:

California school districts should use a portion of these block grants to address behavioral issues by funding school mental and behavioral health services delivery systems, trauma-informed policies and practices, social-emotional learning, and violence prevention programming. Additionally, California school districts should work to create safe and supportive school environments with inclusive school policies that positively impact academic, behavioral, and mental health outcomes for all students.

RECOMMENDATION:

California School districts should fund professional development for school staff and teachers on trauma-informed care and how to assist students and families experiencing violence and/or trauma. Also, school districts should strengthen training to school staff and teachers on best practices in supporting and reaching students, especially vulnerable students, in an on-line environment, in the event that schools are unable to open or need to close to address natural disasters or public health emergencies.



Project AWARE (Advancing Wellness and Resiliency in Education)

The Substance Abuse and Mental Health Services Administration (SAMHSA) distributes these state education agency grants to seventeen state or tribal education agencies to increase awareness of mental health issues among school-aged youth, provide training for school personnel to detect and respond to mental health issues, and connect school-aged youth and their families to needed services.

Title II, Part A of Every Student Succeeds Act (ESSA)

ESSA Title II, Part A provides formula funding to states for the purpose of preparing, training, recruiting, and retaining high-quality teachers, principals, assistant principals, and other school leaders. Additionally, these funds can be used for reforming school leader preparation programs; modifying evaluation systems; and developing school leader residency, induction, and mentoring programs. These funds also can help educators work with students affected by trauma and/or at risk of mental illness. Title II, Part A allocation to local education agencies throughout California for fiscal year 2020 totaled almost \$211.5 million.

RECOMMENDATION:

California is not a current grantee of Project AWARE but the California Department of Education should consider applying for it in the future as it provides \$1.8 million per year for over five years and greatly benefits children, families, and schools.

Education and assessments for family violence, as well as connection to support and services are key so families can heal and ensure they obtain the full program benefits they need.



SUPPORT Act Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act provides grants, contracts, and cooperative agreements with state educational agencies, local educational agencies, tribes, or tribal educational agencies to develop innovative initiatives, activities, or programs to link local school systems with local trauma-informed support and mental health systems. Congress authorized \$50,000,000 for fiscal years 2019- 2023.

RECOMMENDATION:

Given the enormous economic and health impact of the COVID-19 as well as the effects of distance learning, children and young people will require access to trauma-informed support services and mental health services in their schools. In order to address these vital needs, California should urge Congress to appropriate more federal dollars to address the increased needs of children, youth, and school systems.

Gender Norms and Healthy Relationship Skills

Centers for Disease Control and Prevention (CDC) Rape Prevention and Education (RPE) Program

This program works to prevent sexual violence by providing funding to state health departments to implement primary prevention strategies. The California Department of Public Health provides training, education, and social marketing to address sexual violence and works to build the capacity of California's rape crisis centers. The California Coalition Against Sexual Assault (CALCASA) serves as a national leader and a technical assistance provider for this program.

RECOMMENDATION:

California should work with sexual assault prevention organizations and rape crisis centers to prioritize funding to programs that are evidence-based, address gender norms and bystander interventions, and focus on developing healthy relationships such as Coaching Boys into Men and and Green Dot.



Consolidated Grant Program to Address Children and Youth Experiencing Domestic and Sexual Assault and Engage Men and Boys as Allies

The Office of Violence Against Women (OVW) at the US Department of Justice provides grant awards to nonprofits, nongovernmental entities, tribes, tribal nonprofit organizations, and local government entities to support projects that focus on comprehensive child- and youth-centered violence prevention strategies. These grants can be used to promote adolescent and teen healthy relationships.

RECOMMENDATION:

In 2019, two California programs – Korean American Family Services and Volunteers of America Los Angeles – received \$350,000 in grant funds. California local governments, tribes, and community-based organizations should continue to seek these federal grants as they augment state violence prevention strategies and programs.

Prevention Portion of STOP Violence Against Women Formula Grant

This is a formula grant administered by OVW. California applies for and is awarded STOP federal funds each year. Under this formula grant, California must allocate 25% to law enforcement, 25% for prosecutors, 30% for survivor services, 5% for state and local courts, and 15% is for discretionary distribution. Up to 5% of the discretionary funds can be used for prevention programs.

RECOMMENDATION:

California should use a portion of its discretionary funds to support and promote healthy relationships education among teenagers, inclusive of LGBTQ youth, to prevent teen dating violence in middle and high school.

Personal Responsibility Education Program (PREP)

The Family and Youth Services Bureau (FYSB) at HHS awards grants to state agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections. The California Department of Health administers California's PREP program. It serves preteens and teenagers 10 to 19, and pregnant and parenting youth up to age 21. The program implements evidence-based curricula in areas of high need throughout the state, incorporating adulthood preparation subjects like adolescent development, healthy life skills, and healthy relationships. California Department of Public Health received \$6,294,850 in 2019 and \$4,894,313 in 2020.

RECOMMENDATION:

California should ensure that vulnerable preteens, teens, and pregnant or parenting youth, including LGBTQ youth, across the state learn about sexual and reproductive health and build the skills necessary for healthy relationships.



Services to Survivors of Domestic Violence

Family Violence Prevention and Services Act (FVPSA)

This is the only federal law that exclusively provides services to survivors of domestic violence. California should continue to draw down these important federal funds, expand the kinds of organizations that are eligible to receive grants to include more culturally specific organizations, and ensure that all survivors have access to needed services.

- FVPSA supports direct services for domestic violence survivors and their families through state formula, tribal formula, and competitive discretionary grant programs. In 2019, California received \$9,585,570 in FVPSA funds to provide shelter and supportive services (counseling, referrals, development of safety plans, advocacy, legal advocacy) for individuals and families experiencing domestic violence.
- FVPSA authorizes the Secretary of HHS to award cooperative agreements to state domestic violence coalitions to coordinate prevention activities at the local level. The DELTA program as it is known, (Domestic Violence Prevention Enhancement and Leadership Through Allies), has undergone four iterations and supports local efforts in selected communities to prevent domestic violence before it occurs. The current program, known as DELTA Impact, provides CDC funding to 10 state coalitions. The California Partnership to End Domestic Violence is one of the coalitions being funded to implement and evaluate policy efforts under three broad strategies to address domestic violence prevention: (1) engaging influential adults and peers, including engaging men and boys as allies in prevention; (2) creating protective environments, such as improving school climates and safety; and (3) strengthening economic supports for families. It's critical



the DELTA Impact work meets the needs of all domestic violence survivors in California.

- FVPSA also includes a program to improve the capacity of domestic violence programs to meet the needs of children exposed to domestic violence and help coordinate community supports for parents and children. Through the Promising Futures Resource Center domestic violence agencies throughout the state can benefit from the knowledge learned about best practices for helping mothers and children heal and connect following violence.

RECOMMENDATION:

California should continue to urge Congress to appropriate more funds to FVPSA to support services for survivors of domestic violence and prevention activities, especially in the aftermath of the COVID-19 pandemic. Additionally, funds are needed to help domestic violence programs innovate and transition some services to virtual settings and to develop culturally specific services and support for women and youth of color who are survivors of domestic violence and disproportionately impacted by COVID-19. Lessons learned from the DELTA Impact should be woven into next year's budget and the federal funds should be leveraged with additional state funds to create a larger and more sustainable prevention program.



OVW Discretionary Grant Programs

OVW administers 15 discretionary grant programs that are designed to increase the nation's capacity to reduce domestic violence, dating violence, sexual assault, and stalking by strengthening services to survivors. In 2019, California non-profit organizations, local government entities, tribes, and/or tribal non-profit organizations received over \$15 million in OVW grants in 13 of the 15 discretionary grant programs. Grants are available to serve survivors of domestic violence in rural areas, survivors with disabilities, survivors that need transitional housing assistance, as well as adult and children survivors from underserved populations.

RECOMMENDATION:

California local governments, tribes and tribal non-profit organizations, and community-based organizations should continue to seek these federal grants as they supplement other state and federal supported violence prevention strategies and programs.

Victims of Crime Act (VOCA) Formula Grants

The Office of Victims of Crime (OVC) at the U.S. Department of Justice administers the Crime Victims Fund which supports two formula grant programs that provide crime victim assistance and compensation. Federal efforts are on ongoing to increase resources in the Crime Victims Funds to adjust for recent reductions.

- The VOCA Assistance Formula Grant Program awards grants to states and territories to provide critical support services to victims of crimes, prioritizing survivors of domestic violence, sexual assault, and child abuse. Supportive service can include, crisis intervention,

counseling, transportation, emergency shelter, and transitional housing programs. In 2019, OVC awarded California Governor's Office of Emergency Services \$266,680,824 in VOCA assistance funds.

- The VOCA Compensation Formula Grant Program provides funding to supplement state compensation programs that provide financial assistance and reimbursement to individuals for crime-related out-of-pocket expenses, including medical and dental care, counseling, funeral and burial expenses, and lost wages and income. In 2019, OVC awarded the California Victim Compensation and Government Claims Board \$15,750,000 in VOCA compensation funds.

RECOMMENDATION:

California should continue to use and expand the use of VOCA funds to provide mental health services to children exposed to crimes and to pay for domestic violence advocates in healthcare settings and child welfare agencies. In addition, California should work with the OVC so that survivors are not required to collaborate with law enforcement agencies in order to receive these services.



Continuum of Care Program's Domestic Violence Specific Housing Program Set Aside

The Department of Housing and Urban Development's Office of Special Needs Assistance Programs (SNAPS) has \$50 million in FY20 for grants for rapid re-housing projects, supportive service projects providing coordinated entry, and other eligible activities for survivors of domestic violence, dating violence, sexual assault, or stalking.

RECOMMENDATION:

Domestic violence remains a leading cause of homelessness for survivors and their children. California should continue to urge Congress to increase federal housing funds for sexual assault and domestic violence survivors and their children so that they have access to safe and affordable housing. Additionally, California should raise awareness about the availability of these housing funds.

Domestic Violence Housing First Model (DVHF)

On any given night, ten percent of people experiencing homelessness have reported that they were survivors of domestic violence. Survivors and their children not only need emergency shelter and transitional housing, but they also desperately need stable, secure housing. DVHF is a housing model, piloted by California domestic violence organizations since 2016, with proven lasting, positive effects for survivors and their families. DVHF focuses on helping survivors get into safe and stable housing as quickly as possible, and on providing services to help them move forward with their lives. Three pillars of the DVHF model are: survivor-driven, trauma-informed mobile advocacy; flexible funding assistance; and, community engagement.

RECOMMENDATION:

California should continue to implement and expand the DVHF model throughout the state and explore ways to provide flexible funding assistance to address emergent financial needs of survivors so that they can gain economic security and rebuild their lives. In addition, because the bulk of California's homelessness funding is distributed to the Continuums of Care Program, it is critical that California ensure that a portion of that funding address the needs of domestic violence survivors who are experiencing homelessness or at risk of homelessness.





Families Engaged in the Child Welfare System

Family First Prevention Services Act

This Act, signed into law on February 9, 2018, changes the way states can spend Title IV-E funds. These funds traditionally supported the foster care system and services after a child has been removed from their home and Title IV-E represents the largest child welfare funding stream. States, territories, and tribes with an approved Title IV-E plan now have the option to use these funds for prevention services that allow “candidates for foster care” to stay with their parents or relatives. States will be reimbursed for trauma-informed and evidence-based prevention services for up to 12 months. Prevention services may include in-home parent skill-based programs as well as mental health services and substance abuse prevention and treatment services for parents and children. The law also seeks to curtail the use of congregate or group care for children and promotes the placement of children in family foster care. Additionally, the law promotes access to high-quality residential treatment programs that are short-term, meet minimal standards for quality care, involve families in treatment plans, and work towards helping children return to family-based settings. With the passage of The Family First

Transition Act in December of 2019, California will receive almost \$53 million in federal funds to help build an array of evidence-based prevention services to implement the law and keep families together.

RECOMMENDATION:

California should fully support and embrace the implementation of the Family First Prevention Services Act and have race equity at the front and center of its plan. It should include promoting protective factors for domestic violence and child abuse,⁵⁶ domestic violence prevention education and assessments, as well as services and supports for families who have been exposed to violence and trauma. California’s plan also should include programs that focus on men and fathers to build parenting skills, support family cohesion, and prevent and address violence. Additionally, all of the programs within the plan should be trauma-informed so that they can respond to the full needs of all family members.

Title IV-B of the Social Security Act

Title IV-B can be used for a variety of services for children, including the prevention of maltreatment, family preservation, family reunification, services for foster and adopted children, and training for child welfare professionals. In 2016, California reported \$62,385,879 in expenditures.

RECOMMENDATION:

California should continue to use these federal funds to expand programs and provide enhanced services to strengthen families, promote family and child well-being, and enable children to remain safely at home. Additionally, California should support collaboration among multiple stakeholders (child welfare agencies, domestic violence programs for survivors and offenders, early childhood programs, mental health agencies) to effectively serve families who are experiencing violence and are in the child welfare system.

Social Services Block Grant (SSBG)

This is a flexible funding source that allows states to tailor social service programming to meet the needs of their residents. For FY 2020, California's SSBG allocation was over \$192 million. California's top expenditures of SSBG funds support day care for children, special services for individuals with disabilities, and youth in the child welfare system.

RECOMMENDATION:

SSBG funds play a critical role in augmenting other, more restrictive child welfare funding. Thus, California should focus a portion of its SSBG funds on supporting domestic violence services and providing in-home services to families so that out-of-home placements can be prevented. Critical in-home services include providing support for families during busy times of the day, such as mornings, after-school, and evenings when families are juggling multiple needs and tasks.

Programs Assisting Individuals and Families

The federal government provides federal money to states to run and support programs that assist low-income individuals and families. These programs, which are administered by the state and are supplemented with state funds, help ensure that low-income Californians have access to basic necessities as well as job training and education.

Temporary Assistance for Needy Families (TANF)

TANF is a block grant which provides cash assistance to families with children experiencing poverty. Cal-Works is California's name for TANF.⁵⁷ In 2018, the latest published data, California was awarded \$3.6 billion in federal funds and it obligated \$2.9 billion in state funds for TANF. California spent 35 percent of these funds on basic assistance, generally as cash assistance to TANF families. TANF funds also supported child care activities as well as work, education and training activities.

Supplemental Nutrition Assistance Program (SNAP)

States can ensure that families who have experienced violence and are food insecure have access to SNAP benefits so they can purchase healthy and nutritious food for themselves and their families. CalFresh administers the program for California. It issues monthly electronic benefits that can be used to purchase food at many markets and food stores. By helping families buy food, SNAP helps reduce food insecurity and frees up resources for families to pay bills and rent. It's importance is evidenced by the numbers of individuals and families that receive the benefit. Data shows that 4,042,532 individuals and 2,148,971 households received SNAP benefits in November of 2019. The average CalFresh household receives over \$300 per month.





The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Food and Nutrition Services (FNS) at the US Department of Agriculture administers the WIC program. FNS provides federal grants to states so that WIC programs can provide supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. For fiscal year 2020, California received almost \$909.5 million in federal grant dollars for its WIC programs.

Federal and California Earned Income Tax Credit (EITC)

The Federal EITC and California (CalEITC) are special tax breaks for working people with low to moderate incomes. Both tax credits reduce

the amount of taxes working people owe and may give them tax refunds. These programs provide cash back to people who are working but still living in poverty. CalEITC, modeled after the Federal program, has expanded it to allow Californians aged 18 and older without dependents to receive the state credit as well as self-employed workers. In 2019, more than 2 million people claimed the CalEITC totaling close to \$395 million.

RECOMMENDATION:

The COVID-19 pandemic has dramatically impacted individuals and families health and economic well-being. All across the state, Californians are experiencing job loss and lack of healthcare and are having difficulty paying rent and feeding themselves and their families. These economic and health burdens associated with COVID-19 have disproportionately fallen on women, people of color, and families with low-incomes, including undocumented immigrants.⁵⁸ A boost in federal and state dollars is needed to ensure that the basic needs of all Californians are met by increasing cash, food and nutrition, child care, and housing assistance, as well as workforce development funding so that individuals and families, regardless of immigration status, have a place to live and food to eat. In addition, to fight poverty and increase income equality throughout the state, California should continue to strongly promote the Federal EITC and the CalEITC and expand CalEITC to allow anyone who files and pays taxes in California to file for CalEITC. Also, because many of these programs are administered by community-based organizations throughout California, the staff should be trained to recognize family violence and help connect families to services and supports so that they can heal.

Workforce Development

States can invest in workforce development by seeking funds under the Workforce Innovation and Opportunity Act (WIOA) of 2014 to support core job training programs for adults, dislocated workers, and youth as well as programs in adult education and literacy and job rehabilitation. In Program Year 2019, California received over \$457 million for youth activities, adult activities, dislocated workers, and job search assistance. Survivors of violence as well as formerly incarcerated people, often do not see the full benefits of workforce development programs as many such programs do not address domestic violence or know how to help a participant who may be a survivor in need of supportive services.

RECOMMENDATION:

Research and training conducted by FUTURES identified the need to integrate trauma-informed, gender-specific responses into workforce development training. California's workforce development trainings should be taught by trainers who are trauma-informed and free of gender biases and understand the unique safety challenges faced by survivors of domestic violence. Additionally, training programs should review their policies and practices to identify actions to improve access and opportunities for individuals with complex barriers, including violence and trauma. Further, training programs should invest in wrap-around support services to help mitigate obstacles to participation and success.

Conclusion

Futures Without Violence offers this *Road Map* to guide policymakers as well as state agencies, philanthropic organizations, community-based organizations, and advocates on how best to prevent and end domestic violence in California. The four prevention and intervention strategies can be supported by federal, state, and private dollars to strengthen families, build resilient youth and healthy school communities, support and heal families, and create economic opportunities to help stabilize families. These strategies also address systemic and social inequities that contribute to unequal health outcomes – such as poverty, racism, sexism, homophobia, transphobia, and immigration status. We look forward to working with you to create a state where everyone is safe and everyone can flourish.



ENDNOTES

- 1 Violence with impacts may include injury, fearfulness, post-traumatic stress disorder, use of survivor services.
- 2 National Center for Injury Prevention and Control, Division of Violence Prevention at the Centers for Disease Control (CDC). (2019). *Preventing Intimate Partner Violence Factsheet*. Retrieved from: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>
- 3 Walters, M.L., Chen J., and Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf; see also, VAWnet. (June 01, 2019). *Preventing and Responding to Domestic Violence in Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ) Communities*. Retrieved from: <https://vawnet.org/sc/preventing-and-responding-domestic-violence-lesbian-gay-bisexual-transgender-or-queer-lgbtq>
- 4 Attorney General's National Task Force on Children Exposed to Violence. (2012). *Report of the Attorney General's National Task Force on Children's Exposure to Violence*, at 3. Washington, DC: U.S. Government Printing Office. Retrieved from: <https://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>
- 5 National Center for Injury Prevention and Control, Division of Violence Prevention at the Centers for Disease Control (CDC). (2020). *Preventing Adverse Childhood Experiences*. Retrieved from: <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
- 6 Miller T.R, Waehrer G.M., Oh D.L., Purewal Boparai S., Ohlsson Walker S., Silverio Marques S., et al. (2020). *Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences*. PLoS ONE 15(1):e0228019. Retrieved from: <http://doi.org/10.1371/journal.pone.0228019>
- 7 Ibid at page 6.
- 8 The Centers for Disease Control and Prevention (CDC). (July 24, 2020). *Coronavirus Disease 2019 (COVID-19), Health Equity Considerations and Racial and Ethnic Minority Groups*. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>; see also, The Centers for Disease Control and Prevention (CDC). COVID Data Tracker. Retrieved on July 29, 2020 at: <https://www.cdc.gov/covid-data-tracker/index.html#demographics>
- 9 Ibid.
- 10 National Center for Injury Prevention and Control, Division of Violence Prevention at the Centers for Disease Control (CDC). (2020). *Preventing Youth Violence Factsheet*. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/yv/YV-factsheet_2020.pdf
- 11 National Institute of Justice. (September 21, 2016). *Children Exposed to Violence*. Retrieved from: <https://nij.ojp.gov/topics/articles/children-exposed-violence>
- 12 Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Childhood Experiences (ACE) Study*. American Journal of Preventive Medicine, 14(4), 245-248. Retrieved from: [https://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](https://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)
- 13 World Health Organization. (June 8, 2020). *Violence against children*. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-children>
- 14 Children Now. (2020). *California Children's Report Card 2020*, at 50. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>
- 15 Eckenrode, J., Ganzel, B., Henderson, C.R. Jr., Smith, E., Olds, D., Powers, J., Cole, R., Kitzman, H., Sidora, K., *Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation: They Limiting Effects of Domestic Violence*, JAMA, 31August 2000, 284(11): 1385-1392. Retrieved from: <https://jamanetwork.com/journals/jama/fullarticle/193089>
- 16 Information about the IDEA can be found at: <https://sites.ed.gov/idea/about-idea>
- 17 Ibid.
- 18 The IDEA gives states the discretion to extend eligibility for Part C services to children with disabilities who are eligible for services under section 619 (Preschool Grants) and previously received services under Part C, until the children enter or are eligible under state law to enter kindergarten or elementary school.
- 19 Futures Without Violence. (n.d.). *Rethinking Discipline*. Retrieved from: <https://www.futureswithoutviolence.org/rethinking-discipline/>
- 20 Ross, R.K. and Soler, E. (April 2, 2018). *New Research Offers Hope for Children We've Written Off for Too Long*. FUTURES BLOG. Retrieved from: <https://www.futureswithoutviolence.org/new-research-offers-hope-children-weve-written-off-long/>
- 21 Information about PBIS can be found at: <https://www.pbis.org>.
- 22 Futures Without Violence. (n.d.). *The Developing Brain*. Retrieved from: <https://www.futureswithoutviolence.org/the-developing-brain/>
- 23 Futures Without Violence. (n.d.). *Middle School Matters*. Retrieved from: <https://www.futureswithoutviolence.org/children-youth-teens/middle-school-matters/>
- 24 Futures Without Violence. (n.d.). *The Developing Brain*. Retrieved from: <https://www.futureswithoutviolence.org/the-developing-brain/>
- 25 California requires comprehensive sexual education through the California Healthy Youth Act. CA Education Code Sections 51930-51939. Children Now. (2020). *California Children's Report Card 2020*, at 66. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>
- 26 A list of organizations that provide direct services to young people experiencing dating violence can be found at VAWnet. <https://vawnet.org/sc/list-organizations>. More information on Dating Matters can be found at: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/datingmatters/index.html>
- 27 Futures Without Violence. (n.d.). *Coaching Boys Into Men*. Retrieved from: <https://www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men/>
- 28 More information about the evidence-based and trauma-informed intervention, CUES, can be found at: <http://ipvhealth.org/health-professionals/educate-providers/>; <https://www.futureswithoutviolence.org/wp-content/uploads/CUES.pdf>

- 29 For more information: <http://promising.futureswithoutviolence.org>
- 30 Areán, J.C. and Strodthoff, T. (May 2020). *The Other Side of Domestic Violence: Helping Survivors by Working with Their Abusive Partners*, Medium. Retrieved from: <https://medium.com/@FuturesWithoutViolence/the-other-side-of-domestic-violence-helping-survivors-by-working-with-their-abusive-partners-8916c9ac72cb>
- 31 Ibid.
- 32 Ibid.
- 33 Ibid; see also Decker, M.R., Holiday, C.N., Hameeduddin, Z., Shah, R., Miller, J., Dantzer, J., Goodmark, L. (2020). *Defining Justice: Restorative and Retributive Goals Among Intimate Partner Violence Survivors*. *Journal of Interpersonal Violence*, 1-24. Retrieved from: <https://doi.org/10.1177%2F0886260520943728>; Hauser, Rebecca Thomforde. (2017). *What Courts Should Know: Trends in Intervention Programming for Abusive Partners*. Center for Court Innovation. Retrieved from: <https://www.courtinnovation.org/publications/what-courts-should-know-trends-intervention-programming-abusive-partners>.
- 34 Sandra Gasca-Gonzalez. (May 2020). *Let's Boldly Reimagine Child Welfare System to Strengthen Families in Post-COVID-19 World*, Youth Today. Retrieved from <https://youthtoday.org/2020/05/lets-boldly-reimagine-child-welfare-system-to-strengthen-families-in-post-covid-19-world/>
- 35 Ibid.
- 36 Ibid.
- 37 Ibid.
- 38 Kelleher, K., Gardner, W., Coben, J., Barth, R., Edleson, J., and Hazen, A. (2006). *Co-occurring intimate partner violence and child maltreatment: Local policies/practices and relationships to child placement, family services, and residence*. Washington, D.C. National Institute of Justice. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/213503.pdf>
- 39 Established in 2017, the QIC-DVCW is a 5-year cooperative agreement between the Children's Bureau and six partner organizations: Futures Without Violence (lead agency), Center for the Study of Social Policy, National Council on Juvenile and Family Court Judges, the University of Kansas School of Social Welfare, the Center for Health & Safety Culture at Montana State University and Carinar Latino.
- 40 Quality Improvement Center on Domestic Violence in Child Welfare. (March 2019). *Adult & Child Survivor-Centered Approach for Addressing Domestic Violence*. Retrieved from: <https://dvchildwelfare.org/wp-content/uploads/2019/03/FWV-QIC-ACSCA-Overview-05-Final-Online.pdf>
- 41 Information and analysis by the California Budget & Policy Center was instrumental in developing this section of the Road Map. California Budget & Policy Center. (March 2020). *Pathways to Shared Prosperity – An Economic Policy Agenda For All Californians*. Retrieved from: <https://calbudgetcenter.org/wp-content/uploads/2020/02/CBP-Pathways-to-Shared-Prosperity.pdf>
- 42 Howard, T., Kelly, M., Galvin, R., Guinan, J. (June 10, 2020). *Owning Our Future After COVID-19, Democracy Collaborative and The Next System Project*. Retrieved from: <https://democracycollaborative.org/sites/default/files/2020-06/Owning%20Our%20Future-v2.pdf>
- 43 Children Now. (2020). *California Children's Report Card 2020*, at 2. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>
- 44 Chamberlain, L., and Levenson, R. (2013). *Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: A Guide for Obstetric, Gynecologic and Reproductive Health Care Settings, Third Edition*. San Francisco, CA: Futures Without Violence. Retrieved from: <http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf>
- 45 Information about CUES can be found at: <http://ipvhealth.org/health-professionals/educate-providers/>; <https://www.futureswithoutviolence.org/wp-content/uploads/CUES.pdf>
- 46 Children Now. (2020). *California Children's Report Card 2020*, at 50. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>
- 47 Ibid at 51.
- 48 Schumacher, K. (January 2019). *Millions of Children are Eligible for Subsidized Child Care but Only a Fraction Received it in 2017*. California Budget & Policy Center. Retrieved from: https://calbudgetcenter.org/wp-content/uploads/2019/01/Fact-Sheet_Millions-of-Children-Are-Eligible-for-Subsidized-Child-Care-but-Only-a-Fraction-Received-Services-in-2017_01.28.2019.pdf
- 49 Children Now. (2020). *California Children's Report Card 2020*, at 24. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>
- 50 Karberg, E., Parekh, J., Scott, M.E., Areán, J.C., Kim, L., Laurore, J., Hanft, S., Huz, I., Wasik, H., Davis, L., Solomon, B., Whitfield, B., and Bair-Merritt, M. (2020). *Preventing and Addressing Intimate Violence when Engaging Dads (PAIVED): Challenges, Successes, and Promising Practices from Responsible Fatherhood Programs*, OPRE Report # 2020-22, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from: https://www.acf.hhs.gov/sites/default/files/opre/paived_challenges_successes_promising_practices_mar_2020.pdf
- 51 Ibid at v.
- 52 Children Now. (2020). *California Children's Report Card 2020*, at 8 and 9. Retrieved from: <https://www.childrennow.org/portfolio-posts/20-report-card/>
- 53 Ibid at 16.
- 54 Futures Without Violence and Healthy Schools Campaign. (September 2020). *Expansion of School-Based Health Services in California: An Opportunity for More Trauma-Informed Care for Children*. Retrieved from: https://www.futureswithoutviolence.org/wp-content/uploads/Healthy-School-12page_Final_web2-2-1.pdf; see also, Jones, E. and Schwartz, T. (January 2016). *Policy Considerations for California Following the 2014 Reversal of the Medicaid "Free Care Rule"*. Retrieved from: <https://www.schoolhealthcenters.org/wp-content/uploads/2016/01/Policy-Considerations-for-CA-Following-2014-Reversal-of-the-Medicaid-Free-Care-Rule.pdf>
- 55 Harbage Consulting and California School-Based Health Alliance. (May 2017). *Enhancing Services for Students: California Local Education Agency Medi-Cal Reinvestments*. Retrieved from: <https://cshca-wpengine.netdna-ssl.com/wp-content/uploads/2017/06/2017-Enhancing-Services-for-Students-California-LEAs.pdf>
- 56 For more information on the domestic violence protective factors framework, see, Quality Improvement Center on Domestic Violence in Child Welfare. (February 2019). *Protective Factors for Survivors of Domestic Violence*. Retrieved from: <https://dvchildwelfare.org/wp-content/uploads/2019/03/FWV-QIC-Protective-Factors-Brief-Final-09-1.pdf>
- 57 The TANF block grant is essentially the same each year. Thus, California TANF block grant for 2020 is likely \$3.6 billion.
- 58 Pavetti, L., and Bailey, P. (April 29, 2020). *Boost the Safety Net to Help People With Fewest Resources Pay for Basics During the Crisis*. Center for Budget and Policy Priorities. Retrieved from: <https://www.cbpp.org/research/poverty-and-inequality/boost-the-safety-net-to-help-people-with-fewest-resources-pay-for>





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