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Jenifer N. Hartley  
*College of William and Mary*

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Operating under Insecurity:  
The Public and Private Funding of Domestic Violence Service Providers in Virginia

A thesis submitted in partial fulfillment of the requirement  
for the degree of Bachelor of Arts in Public Policy from  
The College of William & Mary

By

Jenifer Nicole Hartley

Accepted for \_\_\_\_\_

\_\_\_\_\_  
Claire McKinney, Chair

\_\_\_\_\_  
Chris Howard

\_\_\_\_\_  
Suzanne Raitt

Williamsburg, VA  
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## **Introduction**

Services in America are provided by three sectors: government, non-profit, and for-profit. Government services, including law enforcement, fire and rescue departments, and social programs like public school systems, are funded by money acquired from taxes or borrowed from some other entity and then allocated by elected or appointed officials to these various programs. For-profit services, from private health insurance to banking, are paid for by the funds of the people accessing them, and are additionally influenced by the interests of owners or shareholders. The non-profit industry is situated in between these other two categories of service provision in terms of funding source and funding motivation. While non-profit administrators are not constrained in their decision making by the desire to win reelection, as government officials are, or the need to be profitable, as private corporations are, they are compelled by their need to solicit both public and private sources of funding. Non-profit organizations are all supported to some degree by government, as they enjoy tax-exempt status. They also are all reliant to some degree on the funds of private sources, as full funding from the government without contract or grant application would require that they be considered government services. While non-profits provide a wide range of services and perform a variety of functions, they largely fill the gap between the services the government deems necessary to administer and the luxury of the services that the for-profit industry offers for a price.

The services the non-profit sector is responsible for may not be deemed as essential as the very basic needs the government is willing to directly provide for, but it is clear that our society would suffer without these services. The most important among these include higher education, human services, and health promotion. As of 2015, Americans contributed \$373.25 billion to the non-profit sector, with the highest percentage of their charitable giving, at 32%, going to

religious organizations (National Philanthropic Trust n.d.). While the faith-based services of religious organizations are not typically supplemented by government funding, the services of educational, human services, and health organizations are. These three categories received 15%, 12% and 8% of charitable giving, respectively (National Philanthropic Trust n.d.). The most recent datum, from 2012, indicate that the non-profit sector is supported 73% by program service revenues, including government contracts and fees, 21% by contributions, gifts, and government grants, and 6% by dues, sales of goods, special event and rental income (National Philanthropic Trust n.d.). These figures help to explain how these socially desirable services are provided for across the spectrum of the non-profit sector, and offer opportunities for further investigation into how organizations balance the interests of these types of funding sources to provide services.

Non-profits' relationships with their funding structures have evolved over time. Between 1982 and 2002, IRS Form 990 datum shows that the non-profit sector's revenue from private contributions and government grants increased, but not to the extent that commercial revenue from program service fees, event fees, and sales did (Kerlin and Pollak 2011, 692). In this period, the human services sub-sector was the only one specifically examined where government grants grew faster in dollars than private contributions or commercial revenue (Kerlin and Pollak 2011, 698). This distinction suggests that non-profit providers of human services have an unusually close relationship with government funding, while other sectors have been able to increase their revenue to a greater extent through sales and service fees. As government grants and contracts have become available to support more of the human services that non-profits provide, these organizations have had to "compete with other agencies for scarce resources, and bend their priorities to meet the new demands of their government counterparts" (Smith and Lipsky 1993, vii). As a part of the human services sector, non-profit domestic violence service

providers constitute an especially important case study in considering how non-profit organizations fund their services.

Ahead of further examining this case, it is essential to understand what domestic violence survivor support services are and why they are important. For most organizations, services can be separated into three categories: helpline, outreach, and residential. Helpline services are distinct in that anyone can access them at any time. These services are the least scarce that domestic violence service providers offer, as helplines are staffed 24 hours a day, seven days a week and their phone numbers are prominently displayed on providers' websites. While outreach and residential services almost always serve only survivors and their children, abusers, concerned friends and family, and other community members also contact organizations' helplines. The helpline acts as a mechanism through which service provider staff offer crisis interventions, safety planning, counseling and support, information and referrals, and connections to other services within the organization<sup>1</sup>. Callers in need of crisis intervention include people who are in imminent danger or experiencing extreme emotional distress. With these calls, service provider staff members work to deescalate the situation and reduce the risk of harm. In these situations, the helpline serves as the front-line of emergency service provision for domestic violence survivors who cannot or do not want to contact the police. Crisis intervention calls and calls from survivors in ongoing domestic violence situations include the service of safety planning. Safety planning is a process during which the staff member assists the caller in thinking through options for preserving their physical and emotional well-being. These plans are

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<sup>1</sup> These helpline services are some of the most common recorded as part of the statewide data collection system's Hotline form. Other possible services include accommodation services, emergency transportation, housing, or financial support, assistance seeking family planning or victim's compensation, immigration assistance, and information about victim's rights. The online form for collecting services provided on each call can found here: [http://vadata.org/hotline\\_viewable.html](http://vadata.org/hotline_viewable.html).

collaborations between staff and service-seekers that are created specifically for each caller's circumstances. Counseling and support is a component of almost every call, as it includes empathetically listening to and affirming the survivor. Similar to safety planning, the kind of information and any referrals provided also vary in response to the helpline caller's needs. Organizations that are commonly referred to include homelessness services, mental health services, Social Services, and different domestic violence service providers if the caller is outside of the service area of the provider they have reached<sup>2</sup>. Depending on the range of programs that the organization offers, staff members may also refer callers to their outreach or residential services.

Outreach services typically include counseling and legal advocacy. The helpline can facilitate the arrangement of appointments for survivors to access these services. Service providers' outreach offices tend to be located at separate sites from their confidential shelter locations for safety purposes, and they may have dedicated outreach staff members if resources allow. Outreach services are an option for survivors in various situations, from those who remain in an abusive relationship to those whose abuse ended several years ago. There is no sort of set criteria, legal or otherwise, that survivors must meet to be considered eligible for these kinds of support services. Overall, outreach services are more difficult to access than those provided on helpline calls, as they are not available around the clock, but easier to access than residential services, which require a stricter screening process.

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<sup>2</sup> The full list of referrals the hotline data collection form allows staff to indicate are: another sexual and/or domestic violence agency, college/university services, disability service, employment services, faith community services, health care services, homelessness services, legal services, mental health services, military services, other community services, other services within the program, and Social Services.

Clients of residential services have access to outreach services with the additional provision of safe shelter. Survivors of domestic violence seek out these residential services as a last resort when they need to escape their abuse but do not have the funds or support system to be able to pay for other accommodations or move in with a family member or friend. To be considered for shelter, survivors have to go through screening processes that are unique to individual service providers. While the survivor's domestic violence experience again does not have to meet any specific criteria, these screenings ensure that those accepted into shelter do not pose any safety concerns. For example, a survivor that presents past convictions for violent crimes may be difficult or impossible for a shelter to accommodate while preserving the welfare of other residents. If accepted into a shelter, the kinds of services that survivors would receive vary fairly significantly by provider. Some shelters and transitional housing programs are located on single campuses, while others could be spread out throughout a service area. The first of these types of set ups is used more frequently in suburban or rural areas where it is possible to have a confidential campus without seeming out of place and attracting attention. The second makes more sense for places like Richmond, as it gives providers the option to blend in by operating a series of smaller shelters in apartment buildings throughout the city. Within the shelters themselves, some providers offer private suites for families while others operate under communal living conditions where survivors share bedrooms, bathrooms, kitchens, and living areas. No matter which set up a shelter uses, residential services are clearly constrained by bed space limitations. For this reason, these types of services are the most restrictive in their access.

Given the nature of their helpline, outreach, and residential services, there are a couple of ways in which domestic violence service providers operate under a different set of circumstances than non-profit organizations that address other issue areas. First, domestic violence service

providers are not able to raise commercial revenue<sup>3</sup> through membership or program fees in the way that other types of organizations are. While non-profit healthcare clinics, for example, may charge for services on an income-based sliding scale and receive reimbursements from Medicaid, domestic violence service providers in Virginia do not collect fees from survivors who participate in the majority of their services, including emergency shelter and one-on-one counseling. Additionally, domestic violence service providers do not require any sort of membership status to access their programs. This practice arises from the fact that domestic violence services are not something that someone would plan to use weekly, monthly, or even on an annual basis. No one wants to be in a situation where they need to access these services, and so survivors seek them out in response to largely unpredictable incidents of violence and abuse. Since domestic violence service providers do not require funds from the people accessing their services, they are more heavily dependent on both government grants and private community support. In this way, these types of service providers operate under additional constraints that make their decisions to seek out both public and private funding more critical to their ability to operate.

Second, domestic violence service providers offer non-duplicative services. While there may be multiples of organizations like healthcare clinics or recreational sports clubs in a community, there is almost always only one<sup>4</sup> domestic violence service provider that was formed in response to community concerns about abuse. This presents a challenge for both the service

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<sup>3</sup> As defined as program service revenue, dues and assessments, income from special events, and profit from sales of inventory in Kerlin and Pollak (2011, 690).

<sup>4</sup> There are three areas in Virginia that are served by two domestic violence service providers. These are York County and Poquoson, which are both served by Avalon Center and Transitions Family Violence, and Chesterfield County, which is split between James House and YWCA of Richmond.



provider and survivors seeking services. Providers are obligated<sup>5</sup> to serve survivors in their area, and survivors are not supposed to circumvent their local provider to search for services that may offer more options or better accommodations. Although the shelter in a neighboring county may be better funded and include additional advocacy services, it is unlikely that this service provider would accept a client from outside of their area unless that person's local provider was utterly unable to assist them. The unduplicated nature of these services in their specific areas creates a conundrum in allocating government grant funds, as withholding funds from a service provider that does not meet its program objectives would have a more negative effect on people living in that provider's area than on the organization itself. While high performing programs may be able to make the most compelling grant applications, less successful service providers still have an obligation to offer services to survivors in their area, and these services require funds. With this in mind, this research seeks to describe the ways that domestic violence service providers in Virginia and the entire services system are striking a balance between public and private funding in order to make recommendations as to how the funding structure could be altered to increase the amount available and reduce the strain on service providers.

### **Project Overview**

This study intends to provide a comprehensive overview of the current funding structures in place for domestic violence service providers throughout the state of Virginia. These service

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<sup>5</sup> Domestic violence service providers are expected by their peer organizations and by some sources of government grant funding to assist survivors in their service area. If a survivor calls the Helpline of an organization that does not serve their area, they will be referred to their local provider. When a local service provider cannot offer shelter services to a survivor from their area due to lack of space or safety considerations, they are expected to advocate on the survivor's behalf at a nearby shelter and typically would provide transportation to that site.

providers are non-profit organizations, and because they do not charge for the vast majority<sup>6</sup> of their services, they are dependent on both government grants and private contributions to pay for operational costs of their programming. In the 2015 report on this issue area, Virginia Attorney General, Mark Herring, acknowledges:

Funding from both federal and state sources often lacks continuity and consistency due to changing economic conditions and priorities. As a result, state and local agencies that rely upon those funding sources must seek alternate funding sources to stabilize their funding or make difficult decisions regarding the services that can be provided to victims of sexual and domestic violence. (Herring 2015, 18).

As of the 2014-2015 tax year, the system of domestic violence service providers in Virginia was funded at approximately 60% by government grants and 40% by private donations<sup>7</sup>. These funding proportions indicate that the system is dependent on both of these types of funding. If one were to be cut without a corresponding increase in the other, as Attorney General Herring recognized, the system would fail to be able to continue to provide services to domestic violence survivors at its current capacity. Additionally, the system's current capacity is insufficient to meet the needs of all of Virginia's domestic violence survivors. The statewide data collection system VAdata reveals that in 2015, a request for shelter made by an individual or family was denied due to lack of space more frequently than every three hours ("Domestic Violence Services in Virginia- VAdata Report" 2016, 2). As these domestic violence shelter services are unduplicated, survivors that are denied bed space frequently face a forced choice between remaining with their abuser and homelessness. Survivors who were able to obtain shelter offer

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<sup>6</sup> There are some organizations with transitional housing programs that charge a small monthly rent to clients in order to partially offset the costs of these programs and to help program participants become accustomed to setting aside part of their income for housing expenses. The organizations examined in this paper do not charge for hotline, emergency shelter, individual counseling, or legal advocacy services.

<sup>7</sup> The amount of private and public funding that each domestic violence service provider received in the 2014-2015 tax year is listed in Table 2 of the Appendix.

some of the best insights into the gravity of this choice. When asked what they would have done if shelter did not exist, examples of answers from survivors in Virginia are “stay with the abuser,” “be killed or still in my situation,” “been on streets; unsafe,” and “I don’t know I think I [would have taken] my life” (“Documenting Our Work n.d.). Despite the serious consequences associated with the lack of services, existing literature on the non-profit sector largely ignores the issue of how these unduplicated services are provided for, and thus fails to recognize the extent to which this system is underfunded, and the dilemma that organizations face in having to decide from which sources they will seek funding.

While the system of domestic violence service providers in Virginia is dependent on both public and private funding, these two distinct sources tend to award funding based on different criteria. When the goals of service provision are determined by the “structure of opportunities available to an organization as it seeks to maintain itself,” providers run the risk of displacing their own priorities in favor of what will be appealing to funding sources (Smith and Lipinsky 1993, 163-164). The most successful appeals seem to vary based on the funding source; the program statistics required by government grants may be rather irrelevant to a private donor deciding which charity to support. Likewise, the story of an individual client who was able to escape abuse and regain control of their life will likely be impactful for a community member, but singularly insignificant to a government grant awarding office. In response to these different criteria, organizations are forced to strike a balance between producing the quantitative data requested by government agencies through quarterly reports and providing the individualized emotive narratives that are more successful than statistics for soliciting private fundraising (Ein-Gar and Levontin 2013). Each domestic violence service provider in Virginia is soliciting both public and private funding, but the extent to which they obtain one or the other varies. These

decisions about how to attempt to procure funding for service provision require the devotion of staff member time and energy that detracts from the resources that staff can use to support clients. As grant applications are competitive and incoming donation amounts are fluctuating, domestic violence service providers are ultimately forced to take a gamble on the best strategy for securing funding for their unduplicated functions.

It is necessary to understand how these services are currently being paid for in order to make relevant recommendations about how to increase funding and remedy some of the current constraints on service providers. In consideration of factors that separate domestic violence service providers from other non-profit organizations, any of the policy recommendations that follow would likely not be generalizable to all types of non-profit services, but may be useful in thinking about the funding dilemmas of other providers who offer non-duplicative services free of charge. Homeless shelters are one such type of service provider. Overall, this study intends to propose alterations to the current funding system of domestic violence service providers in Virginia in order to allow non-profits to focus less on finances and more on offering services to people in need.

To understand the current funding structure for domestic violence service providers, this piece first looks at the history of domestic violence service provision and how it has been paid for in the U.S. and specifically in Virginia. Following the historical overview, the next section focuses on the issue of domestic violence and its prevalence. From there, the operational definitions of the terms domestic violence service provider, public funding, and private funding are explained as used in this study. With an understanding of these terms in place, the next section discusses the current funding levels of the domestic violence service provider system in Virginia, as reported on the 2014-2015 tax forms submitted by the organizations. More

specifically, the next two sections cover the public and private funding sources that are available to domestic violence service providers. Subsequently, this piece addresses problems with the ways these services are being provided for. Finally, it makes recommendations as to how the current funding system of domestic violence service providers in Virginia could be altered to reduce the pressure on providers and allow for increased quantity and quality of services to survivors through system-wide and service provider level reforms.

## **History of Domestic Violence Service Provision**

### *National History*

On both the national and state levels, domestic violence service providers emerged before government had systems in place to fund them. Founded by activists and privately funded, the first domestic violence shelter in America opened in St. Paul, Minnesota in 1973 (“History of the Domestic and Sexual Violence Movement” 2011, 1). By 1979, the system of domestic violence shelters across the nation had grown dramatically, and approximately 250 shelters were in operation (“History of the Domestic and Sexual Violence Movement” 2011, 2). Congress first began allocating funds for these services that year, with the Domestic Violence Prevention and Services Act (“History of the Domestic and Sexual Violence Movement” 2011, 2). However, even though forms of this Act passed in both the House and Senate, the two legislative bodies failed to reconcile the differences in the versions they had each approved, and so the bill did not become law (“H.R. 2977” 1979). Throughout the late 1970s and early 1980s, the domestic violence shelter system continues to expand, reaching almost 500 shelters in 1981, and surpassing 700 shelters by 1983 (“History of the Domestic and Sexual Violence Movement” 2011, 2-3). In this period, domestic violence service providers may have received some grants as attached to other bills, but there was no dedicated national legislation to fund these services.

The first major law to provide funding to domestic violence services was the Family Violence Prevention Services Act of 1984. This legislation authorized the Department of Health and Human Services to appropriate \$11,000,000 for fiscal year 1985, and then \$26,000,000 each for fiscal years 1986 and 1987, but hardly any of this money ever reached existing domestic violence service providers (Public Law 98-457 1984, 1762). Under this Act, family violence was defined as “any act or threatened act of violence, including any forceful detention of an individual, which—(A) results or threatens to result in physical injury; and (B) is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such person is or was lawfully residing” (Public Law 98-457 1984, 1762). It is important to note that this definition takes a very narrow view of what constitutes domestic violence, and is exclusively concerned with physical abuse. In order to address this family violence, the Department of Health and Human Services was to:

(1) coordinate all programs within the Department of Health and Human Services, and seek to coordinate all other Federal programs, which involve the prevention of incidents of family violence and the provision of assistance for victims and potential victims of family violence and their dependents [...]

(2)(A) provide for research into the causes of family violence, and into the prevention, identification, and treatment thereof (such as research into (i) the effectiveness of reducing repeated incidents of family violence through a variety of sentencing alternatives, such as incarceration, fines, and counseling programs, individually or in combination, and through the use of civil protection orders removing the abuser from the family household, and (ii) the necessity and impact of a mandatory reporting requirement relating to incidents of family violence, particularly abuse of elderly persons), and (B) make a complete study and investigation (in consultation with the National Institute on Aging) of the national incidence of abuse, neglect, and exploitation of elderly persons, including a determination of the extent to which incidents of such abuse, neglect, and exploitation are increasing in number or severity; and

(3) provide for the training of personnel and provide technical assistance in the conduct of programs for the prevention and treatment of family violence. (Public Law 98-457 1984, 1760).

This explanation of the Department of Health and Human Services' duties in accordance with this Act makes it clear that family violence was conceived of more as a public health issue more than a criminal problem. Family violence was not thought of as the gendered phenomenon that domestic violence would be in the Violence Against Women Act and its subsequent reauthorizations. Alternatively, this bill seems to be primarily focused on family violence as elder abuse. While the Family Violence Prevention Services Act of 1984 was the first dedicated piece of legislation for Federal funding of domestic violence services, it was not originally conceptualized to devote funding to addressing the issue through survivor support in the way that many of the existing service providers already were.

Ten years following the Family Violence Prevention Services Act, the Violence Against Women Act (VAWA) was passed for the first time in 1994 as part of a broader bill regarding violent crime control. Interestingly, the subtitle for the original Act refers to the legislation as the "Safe Streets for Women Act of 1994," which implies that Congress understood domestic and sexual violence as more of a public phenomenon than as private occurrences of violence inside of homes (H.R. 3355 1994, 108). In the 1994 VAWA:

The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other adult person against a victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction receiving grant monies. (H.R. 3355 1994, 118).

This definition differs from the one used in the Family Violence Prevention Services Act of 1984 in that it uses the specific phrasing of domestic violence, and in the way that it creates a meaning based on criminal codes rather than vague conceptualizations of violence. The Violence Against Women Act as a whole "(1) enhanced investigations and prosecutions of sex offenses and (2)

provided for a number of grant programs to address the issue of violence against women from a variety of angles, including law enforcement, public and private entities and service providers, and victims of crime” (Sacco 2015, 2). Most relevant to existing domestic violence service providers, VAWA committed grant funding to:

Developing, enlarging, or strengthening victim services programs, including sexual assault and domestic violence programs, developing or improving delivery of victim services to racial, cultural, ethnic, and language minorities, providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted, and increasing reporting and reducing attrition rates for cases involving violent crimes against women, including crimes of sexual assault and domestic violence. (H.R. 3355 1994, 116).

This funding for service providers arises from an amendment VAWA makes to the Family Violence Prevention Services Act to dedicate \$50 million for fiscal year 1996, \$60 million for 1997, \$70 million for 1998, and \$72.5 million for 1999 and 2000 specifically to “Battered Women’s Shelters” (H.R. 3355 1994, 139). Original VAWA legislation also outlines who can receive VAWA grant funding: “The Attorney General may make grants to states, for use by states, units of local government, nonprofit nongovernmental victim services programs, and Indian tribal governments” (H.R. 3355 1994, 116). The Violence Against Women Act of 1994 and its subsequent reauthorizations have provided Federal funding for the purposes of both supporting existing organizations and expanding on service provision.

Since its original passage, the Violence Against Women Act has been reauthorized in 2000, 2005, and 2013. In the first six years before the 2000 reauthorization, it was estimated that the legislation saved almost \$15 billion in net averted social costs arising from domestic and sexual violence (National Network to End Domestic Violence n.d. b, 1). In 2000, the VAWA reauthorization was incorporated into the Victims of Trafficking and Violence Protection Act and updated to include provisions such as a new transitional housing program for survivors, and



a requirement for funding recipients to submit reports on the effectiveness of their programs (Sacco 2015, 9-10). For the 2005 reauthorization, the Violence Against Women and Department of Justice Reauthorization Act added protections for abused or trafficked undocumented immigrants, and programs intended to improve the public health response to domestic violence (Sacco 2015, 10). It also increased the legislation's focus on assisting youth who are exposed to or experience domestic violence in order to decrease the likelihood of these children continuing the cycle of abuse in their own adult relationships (National Network to End Domestic Violence n.d. b, 2). The 2013 reauthorization of VAWA made additional improvements to the Act, including the amendment of the definition of domestic violence to cover relationships between intimate partners and not just former or current spouses (Sacco 2015, 12). Importantly for service providers, it also "imposed new accountability provisions including an audit requirement and mandatory exclusion if a grantee is found to have an unresolved audit finding" (Sacco 2015, 13). These provisions remain in place, as this reauthorization governs the current Federal funding of domestic violence services. Despite the delay in between the creation of service providers and the recognition of these providers with Federal funding, through the Family Violence Prevention Services and Violence Against Women Acts, the U.S. government has come to provide substantial support for domestic violence services.

### *State History*

The development of domestic violence services programs in Virginia aligns closely with the national trajectory. The first domestic violence shelter in Virginia, the continuously operating Women's Resource Center of the New River Valley, opened in Radford in 1977 ("History of the Domestic and Sexual Violence Movement" 2011, 2). By the end of 1980, there were 12 organizations providing services to local survivors of domestic violence, although some of these

organizations operated only helplines and not also shelters<sup>8</sup>. In 1981, Virginians Against Domestic Violence, which would become part of the Virginia Sexual and Domestic Violence Action Alliance, is founded (“History of the Domestic and Sexual Violence Movement” 2011, 3). In 1982, the state legislature began exploring options to support these services, and Democratic Senator Rick Boucher introduced a successful piece of legislation to increase the marriage license fee from \$3 to \$13 (“History of the Domestic and Sexual Violence Movement” 2011, 3). This fee increase allowed the state legislature to allocate a total of \$400,000 to support domestic violence and child abuse prevention programming, and some of the proceeds are provided to Virginians Against Domestic Violence to hire their first paid staff member (“History of the Domestic and Sexual Violence Movement” 2011, 3). State funding for domestic violence services increased again in 1985, when Governor Chuck Robb appropriated an additional \$400,000 for statewide initiatives and direct service programs (“History of the Domestic and Sexual Violence Movement” 2011, 4). In 1993, the state legislature decided to further increase the marriage license fee from \$10 to \$20 to provide additional funding for shelters and to establish a 24-hour hotline for the state (“History of the Domestic and Sexual Violence Movement” 2011, 5). By this point, there were 26 domestic violence service providers in operation across the state. In addition to these state-specific efforts to raise funds for domestic violence service provision, Virginia received Federal funding to allocate to support these services with the passage of the Family Violence Prevention Services Act of 1984 and the Violence Against Women Act in each of its iterations.

It would be difficult to overestimate how critical these funds were to the development of domestic violence service providers in Virginia. Emerging from the concerns of feminist

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<sup>8</sup> The founding years of the 31 domestic violence service providers discussed in this piece are included in List 1 of the Appendix.

activists, many of these organizations originally operated out of homes or churches and were unable to accommodate many of the survivors in their communities. These providers can be thought of as community organizations in the way that they emerged “prior to government provision of service, [now coexist] with public service provision, and [play] a social role that cannot fully be taken over by government” (Smith and Lipsky 1993, 26). The founding stories of several of these providers are illustrative of the impact of public funding on their ability to support survivors. As one example:

The Eastern Shore Coalition Against Domestic Violence became a 501(c)(3) nonprofit organization in May 1983. Its beginnings were grassroots in nature and the result of local residents' concerns about domestic violence on the Eastern Shore. Initially, the organization's Board of Directors took turns hosting meetings in their homes. They raised funds from special events like bake sales, garage sales, and silent auctions. [...] The all-volunteer Board of Directors began a hotline that ran 24-hours [...] They each took turns sitting in this rental waiting for the phone to ring, and writing grants to help the cause to which they were dedicated. When funds were available, the Owl Motel was utilized to shelter survivors and their children. If funds were not available, survivors and their children were sheltered in various churches. [...] When the Violence Against Women Act was passed in congress, state funding became available. The Board received a grant and The Eastern Shore Coalition Against Domestic Violence finally had an office and employees. (“Who We Are” n.d.)

More than ten years passed between when The Eastern Shore Coalition Against Domestic Violence was founded and when it received government grants to support its work. One of the seven founding sisters of Help and Emergency Response, Inc. (H.E.R.), which serves the cities of Chesapeake and Portsmouth, shares a similar story:

The seeds [of the shelter] were sown as early as 1976 when Child and Family Service initiated efforts to assist abused women. This action was taken after forty cases of abuse came to their attention in a six-month period. Some emergency shelter was arranged in area motels. The Portsmouth Kiwanis Club paid the room charges. However, public awareness of the problem was so limited that all efforts to procure grants failed. In 1983, the Auxiliary to the Portsmouth Academy of Medicine became alarmed at the number of REPORTED cases of spouse abuse. At that time, most cases were not reported. They were considered "domestic spats". The H.E.R. organization became official in the fall of 1983 at the home of Elaine Weitzman. Within a few months, and with the leadership of Rachel Benzie, a house was procured. Portsmouth Redevelopment and Housing

Authority provided an abandoned duplex. H.E.R. agreed to rehab the structure, to bring it up to City Code requirements. [...] Gifts were solicited from every resource known to Board members. [...] The Beazley Foundation [a non-governmental organization] provided the first grant money. Now the Board was able to proceed with confidence to plan for the shelter and some supportive programs. The Board began soliciting grants and corporate contributions. A proposal to the United Way was successful after two years of negotiations. (Rivin 2017, capitalization hers).

Although private funding was able to successfully support H.E.R.'s efforts to convert the city's abandoned house into a first shelter, Rivin goes on to describe how the organization opened and was forced to close a transitional housing program in the span of a year due to lack of funds (Rivin 2017). H.E.R. was finally able to build a new shelter in 1994 with financial support from the Virginia Department of Housing and Community Development (Rivin 2017). For The Eastern Shore Coalition Against Domestic Violence, H.E.R., and Virginia's 24 other domestic violence service providers in operation before VAWA passed in 1994, public funding was scarce and sorely needed.

## **The Issue of Domestic Violence**

### *National Prevalence*

In order to understand the necessity of funding services for survivors of domestic violence, it is important to recognize the extent of the issue. Throughout America, domestic violence presents as a pervasive phenomenon. In the first and currently only study of its kind, the Centers for Disease Control and Prevention estimated the national prevalence rates for intimate partner violence. This category of violence, which encompasses domestic violence, sexual violence, and stalking, was estimated to affect approximately one out of every three women<sup>9</sup> and one out of every four men at some point in their lives (Black et al. 2011a, 2). Looking at more

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<sup>9</sup> The gender categories of 'women' and 'men' in this section are used in order to be consistent with the phrasing used by the Centers for Disease Control and Prevention in their results. This author recognizes that genderqueer and agender people experience domestic violence, despite their non-inclusion in the CDC's study.

specific instances of domestic violence, about 24% of women and 14% of men have experienced severe physical abuse, including being hit, beaten, or slammed against something, by an intimate partner in their lifetime (Black et al. 2011a, 2). When the experiences of being slapped, pushed, or shoved are added in, these numbers rise to approximately 30% of women and 26% of men (Black et al. 2011b, 43-45). Across America, nearly half of men and women experience some form of psychological aggression by an intimate partner in their lifetime (Black et al. 2011a, 2). This category of domestic violence, as conceptualized by the CDC, includes expressive aggression, more commonly thought of as verbal abuse, and coercive control (Black et al. 2011b, 46). As estimated in these CDC reports, domestic violence in some form affects almost half of all Americans at some point in their lifetimes.

#### *State Prevalence*

The prevalence of intimate partner violence in the state of Virginia is slightly below the national average. Male Virginians are less likely to experience sexual violence, domestic violence, or stalking across the course of their lifetime, with the Virginia prevalence rate at 22.1% being six percentage points less than the national rate (“Table 7.5” 2010). Women in Virginia are similarly less likely to experience some form of intimate partner violence, as the Virginia prevalence rate at 31.3% is four percentage points lower than the nationwide rate (“Table 7.4” 2010). These numbers are difficult to compare with the numbers of people accessing domestic violence services in Virginia as the CDC data does not include yearly prevalence estimates for individual states, and service providers only count the number of people who seek assistance each year. While it is clear that 22.1% of Virginia’s men and 31.3% of women are not experiencing some form of intimate partner violence each year of their lives, it is

impossible to determine how many Virginians could be victims of domestic violence, sexual violence, or stalking in any given year and choose not to seek out any services.<sup>10</sup>

Although not everyone who experiences domestic violence will pursue services, an examination of the number of people who do aids in understanding the scope of the system of service providers in Virginia. In 2015, service providers across the state fielded 42,996 hotline calls concerning domestic violence (“Domestic Violence Services in Virginia- VAdata Report” 2016, 1). They provided advocacy services to 17,285 adults and 4,349 children (“Domestic Violence Services in Virginia- VAdata Report” 2016, 1.) Of the adults served, 91% were female<sup>11</sup> and 9% were male (“Domestic Violence Services in Virginia- VAdata Report” 2016, 3). The statewide lifetime prevalence rates suggest that men and women experience domestic violence at more similar rates than this service seeking population shows. Approximately 9,500 of the adults served indicated that they were white, 5,000 Black or African American, 1,750 Hispanic or Latino, 400 Asian, 100 Native American or Native Alaskan, and 600 other or unknown (“Domestic Violence Services in Virginia- VAdata Report” 2016, 3). As for the gender distribution of abusers, 88% of survivors who sought domestic violence services in Virginia in 2015 reported that the perpetrator of their violence was a male, and 12% reported that the perpetrator was a female (“Domestic Violence Services in Virginia- VAdata Report” 2016, 6). These figures, amassed annually through the statewide Action Alliance’s VAdata program, provide a picture of who is seeking out domestic violence service providers across Virginia.

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<sup>10</sup> While the number of survivors reaching out to domestic violence services has increased since the passage of VAWA in 1994, there likely remain a significant number who seek support solely from friends or family, or not at all (National Network to End Domestic Violence n.d. b).

<sup>11</sup> The terms ‘female’ and ‘male’ are used in this section as they are in the VAdata reports. While VAdata forms do include the option to indicate that a person seeking services is transgender, there may not have been enough of these experiences to facilitate being able to describe them in the statewide report while maintaining the confidentiality of those survivors.

## Operational Definitions

Before examining the funding of domestic violence service providers in Virginia, we should understand the kinds of individual organizations that make up this system. For the purposes of this research, a domestic violence service provider is defined as a *non-profit organization that primarily focuses on providing direct services* to survivors of domestic violence. This definition is consistent with the use of the term ‘victim services’ in the Violence Against Women Act of 1994. In that Act:

The term ‘victim services’ means a nonprofit, non- governmental organization that assists domestic violence or sexual assault victims, including rape crisis centers, battered women’s shelters, and other sexual assault or domestic violence programs, including nonprofit, nongovernmental organizations assisting domestic violence or sexual assault victims through the legal process. (H.R. 3355 1994, 119).

While some local governments run resource centers for survivors of domestic violence, these ‘victim services’ are overwhelmingly provided by charitable 501(c)(3) organizations in Virginia. There is only one shelter operated by a local government agency: the Franklin County Family Resource Center. State and local law enforcement agencies could be considered domestic violence service providers to the extent that they are eligible to apply for some of the same grants as non-profit agencies, but they do not primarily focus on this issue or respond exclusively to calls concerning it. In fact, law enforcement officers responding to calls that present a high risk of lethality for the victim defer to domestic violence service providers, and are instructed to contact their local hotline and allow the advocate answering the phone to speak with the survivor. Additionally, it would be improper to compare government agencies that receive all of their funding from public sources to non-profit organizations that are forced to seek out both public and private sources of funding.

In order to be considered *primarily focused* on this issue, an organization could have no more than two other distinct areas of advocacy that were unrelated to domestic violence. The aspect of primary focus is important to this definition because the range of issues that an organization addresses affects what proportion of its funding is dedicated to domestic violence services. It would be misleading to compare the budgets and funding structures of organizations focused on this issue with those who also tackle issues like education, immigration, and racial inequality, as the latter likely have access to a greater number of grant programs that are designed to dedicate funds to issues other than domestic violence. *Direct services* are conceptualized as any advocacy during which a survivor is working with the agency without any intermediary. Direct services are typically administered during face-to-face interactions or over the phone. Commonly provided direct services include helpline operation, legal advocacy, emergency shelter, and counseling. Indirect services, such as community education presentations, may be included in the organization's range of services, but they may not be the sole purpose of the organization to be considered under this definition.

There are 63 organizations on the 2016 Virginia Sexual & Domestic Violence Action Alliance list of community resources, from which 31 domestic violence service providers emerge. This list is the most comprehensive directory for this issue area in the state, as the Action Alliance compiles it as a resource to assist people in finding services in their locality. There are 32 agencies that were included on the Action Alliance's list that do not meet the previously stated definition of a domestic violence service provider for a variety of reasons. Nine of these organizations provided services to address three or more unrelated issue areas, and so were not primarily focused on domestic violence. An additional ten did not have an adequate amount of information available to include in the financial analysis. Six were rape crisis centers



that provide services solely to sexual assault survivors and not also to people who have experienced domestic violence. Another six were government resource centers and not non-profit service providers. Finally, one did not provide direct services to survivors. After these exclusions, there are 31 remaining non-profit direct service providers in the state of Virginia. Each of these exclusively serves Virginia residents, except for Abuse Alternatives in the southwest corner of the state, whose service area includes Bristol, Tennessee.

Many of these 31 domestic violence service providers that are discussed in this thesis also work with survivors of sexual violence. Non-profit organizations that serve people who have experienced domestic violence or both sexual and domestic violence are considered under the above definition of a service provider, while rape crisis centers are excluded. Service providers that choose to work with survivors of both of these types of violence likely do so because of the potential for these issues to overlap. Sexual assault or rape can function as one type of abuse in the context of a domestic violence situation that may also include financial, emotional, or physical abuse (Office of the Attorney General 2017). Additionally, because women are more likely to experience both domestic and sexual violence, these issues are often grouped together in the public discourse under the category of violence against women. This type of grouping is evident in the title of the Federal Violence Against Women Act (VAWA) and the naming of the Office on Violence Against Women, which administers grants under the Department of Justice. Although the issues of sexual and domestic violence are sometimes considered together, there are some fundamental differences that warrant separating them in this thesis. Whereas sexual violence can consist of a single incident of assault or rape, domestic violence is more frequently an escalating pattern of behavior, and often a cyclical one (Office of the Attorney General 2017). While both types of sexual and domestic violence require trauma-informed services, the cyclical

nature of domestic violence presents additional challenges in aiding survivors to regain control of their own lives.

Offender rehabilitation services are also excluded from this definition of domestic violence service providers and from the Action Alliance's directory. Also known as batterer intervention programs, these services attempt to prevent future instances of domestic violence by working with its perpetrators, usually through a series of anger management or group counseling sessions. These services are excluded because they do not provide direct services to survivors. While particular programs may be effective in reducing the repetition of domestic violence incidents, the potential for future prevention does not help to address the needs of survivors who have already experienced this type of violence. As an additional consideration, it would be methodologically difficult to compare the funding structures for offender rehabilitation programs with domestic violence service providers, as the former service category is not eligible for many of the government grants that the latter relies on.

### *Public Funding*

The term "public funding" is used to refer to any source of financial support that is afforded to a domestic violence service provider by a local, state, or national government agency. Public funds may be awarded to organizations by the Federal government directly, through an agency like the Department of Justice's Office on Violence Against Women. They may also be provided on the state level, either out of a Federal allocation of funds to specifically address this issue or from funds raised from state taxes or other fees. Infrequently, a county or city may additionally provide some funding for a non-profit domestic violence service provider, although local funds are more regularly directed towards law enforcement or government resource center

efforts because these are the types of programs for which local governments are eligible to apply for funding from the Office on Violence Against Women.

Regardless of the level from which it originates, any support provided by a government entity is considered to be public funding. Federal, state, and local funds are grouped together under this category because they are largely interdependent in the context of this issue area. The availability of funds on the state level will vary based on how much money the state of Virginia receives from the Federal government, and the same relationship exists between the local and state levels. Additionally, service providers have the opportunity to apply directly for both Federal and state grants that frequently share funding priorities and a focus on quantitative data as the measure of program success. For these reasons, all levels of government funding are considered as public funding situated separately from private funding.

#### *Private Funding*

“Private funding” is any source of financial or material support that is given to any organization by an individual, organization, corporation, or non-governmental grant-giving group. Individuals may contribute to domestic violence service providers by making a cash donation, attending a fundraiser, donating clothing or food items, or volunteering their time and services to the organization. Non-cash contributions such as material or time donations are supposed to be valued by the organization at their market rate. While there is no specific requirement for service providers to report the value of their volunteers, the most recent estimate of the asset of volunteer time in the United States places it at a monetary worth of \$23.56 per hour (Corporation for National & Community Service n.d.). Organizations participate in private giving in many of the same ways as individuals, with the added potential of arranging their own fundraiser to benefit the provider. Corporations also may organize fundraising efforts, and

frequently can provide their goods to service providers for free or a reduced cost, like a grocery store donating unsold food items. Non-governmental grant giving groups, such as the United Way, have the opportunity to provide financial support for services that may not be specifically supported by government grants. Gifts made on the individual, organizational, corporation, or community level from non-governmental sources are all considered as private funding.

### **Current Funding of the Domestic Violence Service Provider System in Virginia**

As discussed above, 31 non-profit organizations that primarily focus on domestic violence compose the system of service providers in Virginia. These service providers each submit a Form 990<sup>12</sup>, a reporting form for non-profit organizations, to the Internal Revenue Service annually, and their submissions are publicly accessible. Using the data included on these Form 990s from the most recent year available, tax year 2014-2015, it is possible to ascertain how these service providers are funded. The amount of government grants, or public funding, each organization receives is clearly reported on line 1e on page 9 of the 2014 Form 990. The amount of private funding each organization obtains can be calculated by adding line 1a Federated campaigns, 1c Fundraising events, and 1f All other contributions, gifts, grants, and similar amounts not included above with Net Income from Fundraising Events, all from page 9 of the Form 990. No domestic violence service provider in Virginia reported revenue from line 1b Membership dues, as these organizations do not charge for or maintain memberships. Line 1d, which would be used to record revenue from related organizations, is also largely irrelevant to domestic violence service providers in Virginia, as only two organizations<sup>13</sup> reported funding from this source. As it was unclear where the funding these related organizations passed along to

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<sup>12</sup> A blank copy of the Form 990 is available for review on the Internal Revenue Service website here: <https://www.irs.gov/pub/irs-pdf/f990.pdf>.

<sup>13</sup> Help and Emergency Response, Inc. and the Women's Resource Center of the New River Valley were the only organizations to indicate funding support from related organizations.

the service providers originated, these two figures could not be counted under public funding or private funding.

The Form 990 also includes a section for non-profit organizations to report program service revenue. Out of the thirty-one domestic violence service providers, nineteen reported no revenue from program service fees. It is unsurprising that the majority of these organizations do not report any revenue from program service fees, as they provide emergency housing, individual counseling, and legal advocacy services free of charge. Of the twelve<sup>14</sup> that reported some revenue from this source, five noted that this income arose from transitional housing programs, one from a thrift store, one from a childcare program, two from batterer intervention services, and three from unknown sources. The organizations that are raising revenue from program service fees do so by offering additional, optional services to their clients and community members, and although these services raise revenue, they may not be beneficial to the organization's overall operating budget. For example, while the transitional housing programs may contribute revenue in the form of rent payments, the costs of maintaining the properties that the organizations offer for rent are not clearly enumerated on the Form 990. It is therefore difficult to determine if these housing programs are actually operating at a loss and may be supported by either public or private funding. While all of the organizations included under the definition of domestic violence service providers are primarily focused on serving survivors of this type of violence, the two non-profits that generate the largest sums from

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<sup>14</sup> Avalon Center, Safe Harbor, Samaritan House, Shelter for Help in Emergency, and Transitions Family Violence Services reported revenue from transitional housing programs. New Directions Center, Inc. reported revenue from the operation of a thrift store. YWCA of Richmond reported revenue from childcare services. Abuse Alternatives and Empowerhouse reported revenue from batterer intervention programs they operate in addition to their survivor support services. The Genieve Shelter, Women's Resource Center of the New River Valley, and YWCA of South Hampton Roads reported revenue from an unknown source of program service fees.

program fees aside from transitional housing are the YWCAs of South Hampton Roads and Richmond, which both offer other services unrelated to their domestic violence programs. Given that more than half of the service providers considered in this study do not raise any revenue from program service fees, these fees are not counted under public or private funding. Rather, they are considered a separate category of funding that is unavailable to providers who do not have the capacity to increase the range of services they offer.

Investment income is considered similarly in the context of the domestic violence service provider system in Virginia. Five<sup>15</sup> of the 31 organizations examined reported no investment income for the 2014-2015 tax year. Nine<sup>16</sup> of the 26 organizations that reported income from investments during that year reported less than \$100, likely the small amount of interest earned on an organization's account. Another seven<sup>17</sup> reported less than \$1,000. Ten<sup>18</sup> organizations reported more than \$1,000 in investment income, with the highest figure being \$26,003 reported by the YWCA of Richmond. Like service program fees, investment income is not counted as either public or private funding. These funds are generated somewhat unpredictably by the market, and not by any conscious decision on the part of a public or private funder to support domestic violence services. Additionally, organizations must be able to invest money to make

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<sup>15</sup> Avalon Center, Family Crisis Support Services, Family Resource Center, Inc., Safe Home Systems, Inc., and Services to Abused Families, Inc. reported no investment income.

<sup>16</sup> Eastern Shore Coalition Against Domestic Violence, Empowerhouse, First Step, The Genieve Shelter, Hanover Safe Place, Help and Emergency Response, Inc., Laurel Shelter, New Directions Center, Inc., and Transitions Family Violence Services reported less than \$100 in investment income.

<sup>17</sup> Choices of Page County, The Haven Shelter, James House, Loudon Abused Women's Shelter, Southside Survivor Response Center, Women's Resource Center of the New River Valley, and YWCA of South Hampton Roads reported less than \$1,000 in investment income.

<sup>18</sup> Abuse Alternatives, Doorways for Women and Families, Laurel Center Intervention for Domestic & Sexual Violence, Response, Inc., Safe Harbor, Samaritan House, Shelter House, Inc., Shelter for Help in Emergency, Madeline's House, and YWCA of Richmond reported more than \$1,000 in investment income.

money on their investments, and so investment income is not a feasible source of funding for some of these organizations. Finally, investment income makes up no more than 1% of any organization's revenue, and is thus not a significant source of funding for any of these service providers.

In addition to funding figures, Form 990 requires service providers to report the number of staff that they employ. This figure includes both part and full time staff members across all of the organization's programs. The number of staff that each provider employs offers insight into their service capacity, as organizations are limited in how many clients they can accommodate by the availability of their counselors, legal advocates, case managers, and shelter advocates. Eleven<sup>19</sup> of the 31 domestic violence service providers in Virginia employ fewer than 15 people, with several indicating that they have only eight staff members. Five service providers have between 15 and 20 employees, and an additional eight have between 20 and 40. Of the remaining seven service providers, five report between 46 and 61 employees and just two have more than 100 staff members. Considering that these organizations are in operation 24 hours a day, seven days a week, small numbers of employees suggest that staff may be serving in multiple roles. As an example, an organization with eight employees would need each of its staff members to work more than 40 hours a week in order to be able to have two staff on shift all of the time. It is unlikely that a shelter would choose to have all of its employees work more than full time, because constant overtime costs would be financially draining. As a result, shelters with few employees likely have stretches of time where there is only one staff member on campus to respond to helpline calls and provide services to clients on site. When this is the case, staff members' attention is divided between two functions, which may affect their ability to perform

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<sup>19</sup> The number of staff members that each service provider employs is included in Table 1 of the Appendix.

one or both of them well. In this way, the numbers of employees reported on some of the Form 990s suggest a direct mechanism through which limited funding resources for supporting salaries can affect service provision.

In its entirety, Form 990 data offer an understanding of how the domestic violence service provision system is being supported. The most recent VAdata report reveals that the system as a whole is underfunded, as a request for shelter was denied due to lack of bed space more frequently than every three hours in 2015, and funding levels of individual service providers vary dramatically (“Domestic Violence Services in Virginia- VAdata Report” 2016, 2). As of the 2014-2015 tax year, the least well-funded service provider, Laurel Shelter, had a total revenue of only \$302,201, while the most highly funded organization, Shelter House, Inc., brought in \$4,626,178 in that same period. Although Shelter House, Inc. has the largest number of people in its service area<sup>20</sup> and may therefore have the greatest need for funding, there are five organizations with less populated service areas that brought in more total revenue than Laurel Shelter. Across the system as a whole<sup>21</sup>, the average total revenue amount was \$1,133,498<sup>22</sup> in the 2014-2015 tax year. As for public funding, Madeline’s House received only \$77,997 from government grants, while Shelter House, Inc. received \$3,888,823. The average amount of public funding that domestic violence service providers received in the 2014-2015 tax year was \$601,738, which means that \$18,653,878 in government funding was allocated to this system as a whole. In the realm of private funding, the New Directions Center, Inc. accumulated only

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<sup>20</sup> The population of each service provider’s service area as of the 2010 Census is included in List 1.

<sup>21</sup> Table 2 includes the total revenue, public funding, and private funding figures for each of Virginia’s 31 domestic violence service providers as of the 2014-2015 tax year.

<sup>22</sup> While average figures are helpful in assisting understanding of how this system is being funded, it is important to note that there is no service provider that closely matches the average across total revenue, public funding, and private funding.



\$46,485 from donations, federated campaigns, and fundraisers, while Doorways for Women and Families solicited \$2,215,770 from these sources. The average amount of private funding a domestic violence service provider received in the 2014-2015 tax year was \$431,521, totaling \$13,377,151 of private support for the entire system. It is worth noting that there are two different service providers who received the highest amounts and two other organizations that received the lowest amounts of private and public funding. While the amounts of public and private funding that an organization receives are positively correlated, as graphed in Figure 1 of the Appendix, this correlation is moderate and there is no organization that has been exceptionally successful or unsuccessful in obtaining both private and public funds for their services. This finding suggests that organizations adopt varying strategies to solicit funding, and that successful strategies for obtaining public funding may not transfer to private funding and vice versa.

### **Public Funding Provision**

Altogether, Virginia's 31 domestic violence service providers received \$18,653,878 in government grants from the Federal, state, and local levels in the 2014-2015 tax year. Within the levels of government, different offices dispense this funding. Federal legislation invests the power over many of the grant allocations to the Attorney General, and so following the passage of VAWA in 1994, the Office on Violence Against Women (OVW) was founded under the Department of Justice to administer these grant programs. The OVW continues to serve the purpose of administering VAWA's grant programs through its reauthorizations, and "since its creation through [Fiscal Year] 2014, the OVW has awarded more than \$6 billion in grants and cooperative agreements to state, tribal, and local governments, nonprofit organizations, and universities" (Sacco 2015, 4). In the year that these Form 990s report funding from, entities

within Virginia received 14 grants totaling \$8,951,506 in funding (“FY 2014 OVW Grant Awards by State” n.d.). Many of these awards<sup>23</sup> went to colleges, courts, and other institutions that are not considered under the scope of this study. However, one of Virginia’s domestic violence service providers, Samaritan House, Inc., received a grant from OVW in the amount of \$352,416 to provide housing programs for domestic violence survivors (“FY 2014 OVW Grant Awards by State” n.d.). Additionally, one local government, Fairfax County, was awarded \$450,000 from OVW to provide services to help families navigate the criminal justice system, and \$900,000 to encourage arrest of perpetrators of domestic violence and the enforcement of protective orders (“FY 2014 OVW Grant Awards by State” n.d.). Since both of these grants focus on services provided by law enforcement and the criminal justice system, it is unlikely that much of this money was re-awarded to their local domestic violence service providers. Finally, the Virginia Department of Criminal Justice Services (DCJS) received \$3,396,147 under the STOP grant program, which provides funds for both law enforcement and victim services (“FY 2014 OVW Grant Awards by State” n.d.). The STOP<sup>24</sup> grant, administered in Virginia by the Department of Criminal Justice Services as VSTOP, is the most likely of the grants that the state of Virginia received to be reallocated to fund support services for domestic violence survivors. Aside from the OVW, Virginia DCJS additionally receives funds from the Justice Department’s Office for Victims of Crime, which supports survivor services through the Victims of Crime Act (VOCA) grant programs, and Virginia DSS receives funds through the Family Violence Prevention Services Act (FVPSA), which included about \$2 million in FY 2014 (Herring 2015, 18-20). Of the \$18,653,878 in government grants that Virginia’s domestic violence service

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<sup>23</sup> The full list of all OVW grant recipients for 2014 can be found here: <https://www.justice.gov/ovw/awards/fy-2014-ovw-grant-awards-by-state>.

<sup>24</sup> S.T.O.P. is an acronym for services, training, officers, and prosecution, which are the four areas funded under this grant program.

providers received in the 2014-2015 tax year, the OVW accounted for awards of \$352,416 to Samaritan House, Inc., and \$3,396,147 to the Virginia DCJS which, along with approximately \$10 million in VOCA funds and \$2 million in FVPSA funds, may have been passed along to service providers.

This means that several million dollars of the government funding that service providers received likely came from money generated by the state government. The mechanisms by which state funds reach domestic violence service providers are complicated, as Virginia Attorney General Mark Herring recognizes:

With the number and variability of sources of funding, the landscape of domestic and sexual violence funding in Virginia can be rather complex. Funding for local and state efforts in these areas is administered by four primary agencies: the Virginia Department of Criminal Justice Services (DCJS), the Virginia Department of Social Services (DSS), the Virginia Department of Health (VDH), and the Virginia Department of Housing and Community Development (DHCD). (Herring 2015, 18).

In addition to administering Federal funds, Virginia's departments raise money for and distribute their own grants. One of these grant programs is the Virginia Sexual and Domestic Violence Victim Fund, which collects \$2 from misdemeanor court convictions to provide more than \$1 million for victims' services annually (Herring 2015, 20-21). Another is the Domestic Violence Prevention and Services Program, which provides funding through VOCA, FVPSA, and state allocations for public and private non-profit organizations that provide direct crisis services to survivors of domestic violence (Herring 2015, 23). The State of Virginia also offers a Mid-Year Domestic Violence Services Grant, which is specifically designed to support new or not currently funded domestic violence service providers, enhance services for existing providers, and cover one-time expansion expenses to increase the capacity of existing providers (Herring 2015, 21). In addition to grant programs specifically oriented towards supporting domestic violence service providers, organizations can choose to apply for grants geared towards homeless

shelters. In 2014, 28 domestic violence shelters received funding through the Homeless Solutions Program, administered through the Virginia DHCD (Herring 2015, 22). Although these funds are not designated for domestic violence shelters, providers are eligible applicants because survivors who have to leave their homes due to violence are considered to be homeless. As 30 of the 31 domestic violence service providers in Virginia did not receive funds directly from the OVW in the 2014-2015 tax year, providers are dependent on the grants that the state government administers from a combination of their own funds and those awarded to them by the Federal government. In this way, state agencies are put in the position to act as intermediaries between the majority of Federal funding and domestic violence service providers. This structure makes sense considering that state governments will be more familiar with their own domestic violence service provision systems than Federal offices could possibly ever be with all 50 of them.

The publicly accessible Form 990 data does not disclose which domestic violence service providers receive which types of government grants and for what amounts. However, the reporting requirements for these various grant programs, as imposed by the 2013 reauthorization of VAWA, are fairly similar, and involve generating service statistics from VAdata, the statewide data collection system for service providers. VAdata is an initiative coordinated by the Virginia Sexual and Domestic Violence Action Alliance, and it enables organizations to document how many people they are serving through their helplines, advocacy, and community engagement. VAdata offers service providers specific templates for reports they need to generate quarterly to meet the requirements of VDSS, DCJS, VSTOP and Housing Stabilization grants, and while the specific pieces of data in these reports vary, they all focus on numerical figures that are supposed to capture how many victims have been served and to what extent (“Overview of VAdata” n.d.). One of these reports, tailored for the VSTOP program, requires the service

provider to indicate how many victims were served, how many were partially served, and how many were not served (“VSTOP Victim Services Report” n.d.). It additionally mandates that the service provider indicate the reasons why any victims were not fully served, which could range from lack of space in a shelter to a conflict of interest (“VSTOP Victim Services Report” n.d.). These types of reports are generated for each government grant, and the statistics on them vary depending on which services are funded by which grant programs. For example, if a staff member whose salary is funded by VOCA answers a helpline call that caller will not count as having been served on the VSTOP report, because VSTOP funds did not facilitate that service contact. To keep service statistics straight, domestic violence service provider staff members enter VAdata information for each helpline call they receive or service they provide to a shelter resident or outreach office client. These service statistics are crucial for maintaining grant funding, as the government agencies administering the funds want evidence of how they are being used. With the exception of a few more qualitative questions that ask, e.g., things like whether or not clients have learned how to better plan for their safety while working with their service provider, these service statistics are largely quantitative. Public funding progress reports are concerned primarily with how many services are being provided, and not so much with how well they are being provided. As a consequence of this, in applying for and maintaining government grant funding, domestic violence service providers are incentivized to focus on serving a significant number of clients.

### **Private Funding Provision**

As reported on Form 990 as of the 2014-2015 tax year, Virginia’s thirty-one non-profit domestic violence service providers received \$13,377,151 in private funding. This amount includes non-government grants from organizations like the United Way, fundraising revenue,

and cash and non-cash donations from individuals and groups. Like with public funding, the amount of private funding that each service provider receives varies greatly, ranging from less than \$50,000 to more than \$2 million. Unlike government grants, these service providers do not have each have an equal opportunity to apply for or solicit funding from private sources. There is no sort of website that advertises an application for opportunities to receive funding from individuals or private corporations in a given service area. While some service providers may have access to a handful of wealthy donors who constitute most of their private support, others receive private funding from smaller gifts that come from many community members, or in-kind donations from local businesses. Although each domestic violence service provider operates in a distinct community, there are a couple of additional factors that are useful for understanding some of the variation in funding levels and the strategies that domestic violence service providers are using to solicit private funds: employment of a development coordinator and amount of non-cash contributions.

The first of these factors involves the employment of a dedicated staff member whose job is to focus on development. The hiring of this kind of staff member requires a financial investment on the part of the service provider, and necessitates a dedication of resources to a purpose other than service provision for survivors of domestic violence, which may be especially difficult for organizations with a small number of staff. However, these development coordinators may be integral to service providers' ability to receive significant amounts of private support. From staff information available on their websites or organization newsletters, it could be determined that each of the ten service providers<sup>25</sup> that received \$500,000 or more in

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<sup>25</sup> The top ten recipients of private funds in the 2014-2015 tax year were Doorways for Women and Families, YWCA of Richmond, Avalon Center, Laurel Center Intervention for Domestic & Sexual Violence, Empowerhouse, Shelter House, Inc., Women's Resource Center of the New

private funding as reported on their 2014-2015 Form 990 employs a development coordinator. As for the twenty-one service providers<sup>26</sup> that received less than \$500,000 in private funding, six have some sort of development coordinator, and fifteen appear not to. Within those fifteen providers, seven publish staff lists that explicitly exclude an employee in this position. The other eight do not make it clear if they have such a staff member or provide specific staff contact information for potential donors. While having a development coordinator is not a guarantee of large sums of donations, it represents a commitment to seeking private funds that can pay off.

The second factor considers the amount of non-cash contributions that service providers are receiving. These contributions typically consist of clothing, food, or household item donations, or service donations to perform tasks like painting, landscaping, or cleaning for shelter campuses. Although Form 990 does not specifically designate that all non-cash contributions come from non-governmental sources, because government grants to domestic violence service providers in Virginia are made in the form of monetary payments, it is reasonable to believe that this is the case. As with total levels of private contributions, the amount of non-cash contributions reported on the 2014-2015 Form 990 varied significantly, ranging from multiple organizations<sup>27</sup> with none to Avalon Center with \$717,177 worth. These non-cash contributions comprise a special category of private giving, as they provide benefit to the organization for an oftentimes-lower cost to the donor than the cash equivalent. For example, a grocery store that donates food which remains unsold by its sell-by date does not incur any greater cost by providing this food to a shelter than they would have by throwing it away, but the

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River Valley, Samaritan House, YWCA of South Hampton Roads, and Loudon Abused Women's Shelter.

<sup>26</sup> Table 3 contains the full list of which organizations have and do not have development coordinators.

<sup>27</sup> Table 4 includes the amount of non-cash contributions each service provider reported on their Form 990.

shelter retains the benefits of the donation. The same could be said of the donation of gently used clothes that the original owner is looking to clean out of their closet. These types of donations may be more feasible to make for community members that do not have much disposable income to donate in cash. However, accepting these kinds of donations necessitates that the service provider have a place to store items until they can be distributed to clients. For this reason, storage space limitations may restrict the amount of non-cash contributions that a service provider is willing to solicit and accept.

In contrast to the quarterly grant funding reports required as a part of receiving public funding, private funds include fewer official mechanisms for ensuring that service providers are putting their resources to good use. While non-government grant giving organizations like the United Way and major donors may request some kind of follow up report from the service provider to determine how their money has been used, in many cases of private funding, the work on the part of the non-profit organization comes not from showing service statistics after receiving funds, but in convincing donors that they are worthy of the funds in the first place. As an example, a community member who donates clothing for job interviews will most likely never know how that clothing is used, but will be able to weigh the options of donating the clothes elsewhere before deciding on the domestic violence service provider. In convincing community members to dedicate private funding to your cause, success stories that allow for an identifiable victim may be more influential than service statistics.

### **Problems of Service Provision**

The most critical issue concerning the funding of domestic violence service providers in Virginia is that current amounts are insufficient to meet the needs of the state's survivors. At a fundamental level, it is unacceptable that service providers have to turn people away due to lack of space. This is not a state-specific occurrence, as the National Network to End Domestic



Violence found that on just one day in 2013, 9,641 requests for survivor support services went unfulfilled because of lack of resources (National Network to End Domestic Violence n.d. a). Before being able to worry about service quality, the domestic violence service provider system in Virginia needs the funding to increase its capacity through expansion of existing organizations and the creation of new ones. This will require the devotion of Federal, state, and private funds.

Moving beyond simple service provision, with government grants requiring quantitative service statistic reports and private donors seeking anecdotal evidence of service success, there is no funding source that is specifically concerned with the quality of services. The state currently reduces much of the work of domestic violence service providers to what “may be assessed simply by recording production of service units” (Smith and Lipsky 1993, 199). These quantitative measures place strain on service providers as they share persistent worries of the non-profit sector that “they will be held to performance standards without being given the resources to achieve their quotas [and that] performance standards will require them to accept clients who are inappropriate for their agency” (Smith and Lipsky 1993, 200). Many shelters in Virginia seem to have succumbed to this second worry, as 28 of them accepted strictly homeless clients throughout 2014 in order to qualify for that grant funding (Herring 2015, 22). While homeless clients contribute to an organization’s service statistics, they subtract bed space and staff resources from the domestic violence survivors the service provider was created to help.

From the private funding side, domestic violence service providers suffer from a sort of disadvantage in producing fundraising narratives, as confidentiality concerns for survivors prevent the creation of so-called poster children for this issue. This is a barrier to soliciting private funding, considering that “past research has shown repeatedly that people prefer donating to a single identified human victim rather than to unidentified or abstract donation targets” (Ein-

Gar and Levontin 2013, 197). Studies of donor decision-making have revealed, “when an identifiable victim is made into a cause, people appear to be compassionate and generous. However, at other times, people appear rather self-interested and callous—giving nothing despite the enormity of need” (Small, Loewenstein, and Slovic 2007, 144). Domestic violence service providers too frequently find themselves in situations similar to the second one described; the issue of domestic violence is so prevalent that people can distance themselves from helping. These organizations are thus stuck in between trying to produce the quantitative statistics for government grants and the qualitative narratives that allow private funders to identify with the cause.

## **Recommendations**

The following recommendations are written with the intention of increasing the system-wide level of funding for domestic violence service providers in Virginia and reducing the strain that service providers face when being forced to operate in an insecure funding environment. Ultimately, if service providers receive more funding and have to dedicate fewer resources to navigating how to pay for their services and staff, both the quantity and quality of the services that they are able to provide to survivors of domestic violence should increase. These recommendations are divided into two categories: those that propose system-wide changes and those that suggest courses of action for individual service providers.

### *For the System*

As discussed as an accountability measure for recipients of government grants, VAdata reports are crucial to a domestic violence service provider’s ability to secure and maintain public funding. While there are certainly positive elements to the current statewide data collection system administered by the Action Alliance, VAdata should be updated to more accurately

reflect the information it is supposed to report. First off, domestic violence service providers across the state should adopt a standardized manner of assigning VAdata participant codes. These alphanumeric codes, currently assigned at the discretion of each individual service provider, allow survivor's service statistics and records to be kept confidentially as the code "allows [the service provider] to track the number of people [they] serve, without using personally identifying information (name, social security number, etc.)" ("Advocacy Data Collection Form" n.d.). One service provider may choose to formulate a VAdata participant code based on the birth month, initials, and birth year of the survivor (for example, 04JNH95), while another may decide to use the year that the survivor became a client, their first initial, and the beginning of their last name, followed by the month that they started receiving services (such as 17JHAR04). While the current decentralized system of assigning VAdata participant codes excels at maintaining survivors' complete confidentiality, it does not allow organizations to track the services that survivors may have received from various organizations over the span of several years. For example, if a survivor was a client of the YWCA of Richmond in January of one year, and then decided to relocate and seek shelter at the YWCA of South Hampton Roads in March of that same year, the second organization would not know what kind of resources the survivor received at the first. This presents an important problem from a funding standpoint because it makes it difficult to ascertain how many unduplicated survivors the domestic violence service provision system is assisting in any given year or over the course of several years. From the point of view of the service providers, the inability to track survivors as they move throughout the system diminishes the potential for providing continuous services. For these reasons, it would benefit clients, individual service providers, and the system as a whole to adopt a unified method for assigning VAdata participant codes. This unified system could hypothetically be comprised

similarly to the examples above, with the addition of a letter or number that indicates which service provider the survivor originally worked with.

Second, the administrators of the VAdata program at the Action Alliance should work with government grant-giving agencies to reduce the pressure on service providers to reach certain quantitative marks quarterly. While the need for accountability measures is understandable, attaching funding to quantitative service statistics creates several problems. First, quantitative data cannot accurately capture all of the work that domestic violence service providers are doing. The measure of number of people served, or even the number of hours of service provided, does not offer anyway to take into account the impact that services have on individuals' lives. VAdata's Documenting Our Work (DOW) survey, as part of a national initiative, has the potential to at least partially remedy this overreliance on quantitative data. This survey is supposed to be given to both outreach and residential program participants at least once over the course of their relationship with the service provider, and it is designed to ascertain the effect that services have on survivors' lives. A few examples of the yes or no outcome-oriented questions on this survey are: "Because of the services I have received from this program, I know more ways to plan for my safety," "I know more about sexual and/or domestic violence and its impact," and "I feel more hopeful about my life" ("Documenting Our Work" n.d.). Despite being initiated nationally by staff at the U.S. Department of Health and Human Services, these DOW surveys are typically completed for the internal use of the organization rather than for reports to funding sources. Currently, these surveys track only two outcomes relevant exclusively to FVPSA government funding, which are whether or not 75% of survivors receiving services have strategies for enhancing their safety and knowledge of community resources ("Documenting Our Work" n.d.). The Documenting Our Work surveys offer valuable qualitative supplements to

strictly quantitative service statistics, and they should become considered as part of government grants' evaluations of service providers.

Of additional concern with the emphasis on service statistics is the reality that an organization's ability to serve a survivor is dependent upon that survivor seeking services. As domestic violence service providers do not and could not go out and recruit participants for their programs, even if these participants may benefit from them, they are limited in who they can serve by who reaches out to their resources. The numbers of people reaching out to resources are additionally subject to unsustainable spikes, as cultural events like O.J. Simpson's 1995 arrest corresponded with a near doubling of calls to Virginia domestic violence hotlines ("History of the Domestic and Sexual Violence Movement" 2011, 6). Additionally, the reliance on quantitative statistics to maintain government funding creates an incentive for service providers to fabricate data. While this research has seen no evidence that this is occurring, under the current VAdata system, it would be feasible for an organization to create a participant code and enter services for a survivor who does not actually exist, with little chance of being discovered. Constructing fake service participants in this way would produce higher service statistics and enable providers more easily retain their grant funding. To eliminate this incentive and allow for measures of services that better reflect the work that domestic violence service providers do, the administrators of the VAdata program should collaborate with public funding providers to implement more qualitative accountability measures like those captured in the current Documenting Our Work surveys.

In addition to making these changes to the VAdata system, the domestic violence service provision system should standardize service areas to ensure that each city and county in Virginia has a local provider and reduce the discrepancies in serviceable population size. This could be

coordinated by the Virginia Action Alliance, a state government agency, or an independent group, and would likely involve the creation of new service providers as well as the redistricting of the old. There are currently a significant number of Virginians who are not served by one of the 31 domestic violence service providers in the state. The service area populations of these providers<sup>28</sup>, as of the 2010 Census, include a total of 7,069,435 Virginians, whereas the statewide population estimate from the same year placed Virginia's population at slightly higher than eight million. This means that there are as many as nearly a million residents of Virginia who do not live in the service area of a non-profit dedicated to domestic violence services. While these people have access to the statewide hotline and may potentially receive services from other agencies, they lack a comprehensive service provider that could offer them shelter, counseling, legal advocacy, and the like. These gaps in service provision are a result of domestic violence service providers' emergence through an ad hoc process. As the history of this issue demonstrates, these organizations were founded by local activists in response to community need, and not by any centralized agency intent on ensuring services for all localities. These gaps in service provision have persisted over the past few decades, as the scarcity of funding resources makes it difficult to expand the current system. To resolve this, these places should be added to the service areas of existing organizations, or the government should further incentivize the opening of new service providers in these areas.

As an additional consequence of the ad hoc formation of the domestic violence service provision system in Virginia, the populations of the service areas of existing organizations vary dramatically. While some providers are responsible for serving survivors from only one small

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<sup>28</sup> The population of the service area that each provider is responsible for assisting survivors from is included in List 1.

county or town with less than 25,000 people<sup>29</sup>, others are responsible for more metropolitan areas with than one million people. Although there may not be a direct relationship between size of service area and number of survivors seeking services, it is very likely that the organizations with the largest populations receive more requests for services than those with smaller ones do. However, larger service area populations do not correspond with a proportional increase in funding for many service providers. The provider with the largest service area, Shelter House, Inc., also had the highest amount of total revenue as reported on the 2014-2015 Form 990. But, the YWCA of Richmond, which serves the second largest population, brought in less in total revenue than several providers who are responsible for fewer people<sup>30</sup>. Because service area population and total revenue are not linearly related, there is the risk of service providers that cover more populated areas not receiving adequate funding to fully accommodate survivors in their zone. To put it simply, there is the threat that inequality in service area size results in inequality in services provided to survivors in different areas. To avoid this, government grant-awarding organizations should take service area population into account when making funding decisions, or service areas should be shuffled to distribute Virginia's population more evenly across these domestic violence service providers while retaining access for those in rural areas.

#### *For the Service Providers*

Domestic violence service providers can increase their revenue from private funds by participating in the federated campaigns that facilitate donations from Federal employees'

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<sup>29</sup> List 1 contains the service areas and populations (as of the 2010 Census) for each domestic violence service provider.

<sup>30</sup> Figure 2 depicts total revenue as a function of population of service area for each service provider.

paychecks to non-profit organizations. As of the 2014-2015 tax year, only 19<sup>31</sup> of these 31 organizations reported receiving funds from this source, garnering between \$1,690 and \$304,266 in contributions. Considering that federated campaign “charities are organizations with status as tax-exempt charities... that provide health and human services,” all 31 domestic violence service providers should be eligible to participate (“Information for Charities: Qualifications & Materials” n.d.). While there are small application and listing fees associated with participating in the Combined Federal Campaign (CFC), each domestic violence service provider who was a part of the campaign in the 2014-2015 tax year received contributions in excess of their costs. Although federated campaigns include only government employees, they offer providers the potential to decrease barriers to donating by setting up automatic contributions. The organizations that are not already part of the CFC should make an application to join in order to increase the amount of cash contributions they are receiving from private donors.

The last of these recommendations is to increase utilization of volunteers, which currently varies significantly between domestic violence service providers. Shelter House, Inc. reported to have worked with 2,000 volunteers during the 2014-2015 tax year, while eight organizations<sup>32</sup> did not report any. Similarly to the hiring of a development coordinator, starting a volunteer program requires a commitment on the side of the organization that has the potential to pay off in future funding. Before volunteers can contribute to the organization, they must be trained and staff must be available to supervise them. As confidentiality of clients, staff, and location is a crucial part of domestic violence service provision, volunteers must be carefully considered, and in some cases, have background checks completed ahead of being able to work

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<sup>31</sup> Table 5 includes which domestic violence service providers received funds from Federated Campaign contributions and how much they received.

<sup>32</sup> Table 6 contains the number of volunteers each service provider reported on their Form 990.



with the organization. This screening and training process requires an investment by the organization that may not seem to pay off if a volunteer only ever spends a few hours helping out on site. However, while the monetary estimate of volunteer labor is not explicitly included on Form 990, volunteers have the potential to add value to domestic violence service providers by taking tasks off of the workload of staff and serving as ambassadors between the organization and community. While it is difficult to estimate the impact that volunteers may have in an ambassadorial capacity, they can serve as channels through which news of the organization's needs is able to travel into the community. Like non-cash contributions, volunteer opportunities additionally offer community members with limited disposable income the chance to contribute to causes that are important to them. In order to maximize these benefits of volunteer utilization, domestic violence service providers should focus on training and employing a consistent coalition of community volunteers.

### **Generalizability and Limitations**

As discussed in the introduction to this piece, domestic violence service providers face funding constraints that other non-profits do not, primarily because of their limited ability to generate funding from program service fees. This constraint applies to rape crisis services and homelessness services as well, and so the provider-focused recommendations made above may be applicable to these types of non-profit organizations and their systems of funding provision. However, these recommendations may not be relevant to domestic violence or other service providers outside of Virginia. Virginia domestic violence service providers are not distinct in their restrictions on charging program service fees or in the fact that they provide unduplicated services. But, in other states, local government agencies provide these services to a greater extent than non-profit service providers do. This completely changes the funding environment in which

domestic violence survivor services are provided for, as it largely eliminates the need to solicit private funding. For example, in Maryland, there is most frequently one domestic violence service provider per county (Maryland Network Against Domestic Violence n.d.). Unlike in Virginia, each county in Maryland is in the service area of at least one local service provider, and county governments operate many of these programs for their residents (Maryland Network Against Domestic Violence n.d.). The differences in the systems of service provision between Virginia and Maryland would likely make the recommendations suggested for the Virginia system inappropriate for the Maryland one. Given the characteristics of the service provision structure that this piece focuses on the funding of, the recommendations explained in the previous section would be most generalizable to other systems which emerged through an ad hoc process, rely heavily on non-profits, and are largely unable to generate program service fee revenue.

In addition to considerations of generalizability, it is important to note the limitations of this study. First off, all of the data collected on the IRS Form 990 is self-reported. There is no indication that domestic violence service providers are systematically skewing the amounts that they report on these forms and there would be little incentive to do so since they are tax-exempt organizations. However, there is the possibility that these forms are being prepared differently, which would diminish the validity of comparing them to one another. The amount of non-cash contributions seems likely to be one piece of data that these organizations are reporting dissimilarly. It seems suspicious that so many organizations would report no non-cash contributions when their websites solicit donations of household items and the like. It is conceivable that they are not receiving donations of these items, but perhaps more likely that these items are either not being properly valued upon receipt or not being specifically

documented as non-cash contributions. This type of potential inconsistency in Form 990 reports does not negate the potential for using this data to examine the current funding provision of domestic violence services in Virginia, but may affect the applicability of some of the recommendations made to service providers.

Furthermore, the funding available to domestic violence service providers in Virginia is subject to change fairly frequently. The data discussed from the Form 990 filings provides an understanding of the way that services were funded in the 2014-2015 tax year, the most recent year for which all filings were available, but proportion of services that are publicly and privately funded may have changed since then. This does not really alter any of the recommendations, as they are written with the purpose of increasing the overall level of funding and reducing the strain of the unpredictability of funding on service providers, and not in response to any specific funding situation. Regardless of the impact on the recommendations, it is important to keep in mind that the data described here represents a particular period of domestic violence service provider funding in Virginia.

### **Possibilities for Future Research**

There are several potential avenues for expanding on this study's examination of the funding structure for domestic violence survivor support services in Virginia. First, research comparing the total revenue, public funding, and private funding figures for each service provider as reported on the Form 990 over the course of several years would be able to estimate the extent to which providers face funding insecurity. This kind of comparison would be especially illuminative if paired with a series of interviews in which the executive directors of organizations that experienced cuts in funding described how they had to alter services. Second, a study of the specific strategies that the non-profits with the highest revenues employ could

reveal successful approaches in soliciting funding. For example, conversations with development coordinators could find that those with the highest levels of private funding organize one major fundraiser per year, as opposed to numerous smaller events. Third, moving beyond Virginia, a comparison of the proportions of private and public service provision in states across the country would provide a more comprehensive overview of how domestic violence services are funded nationwide. This study would additionally be able to examine any possible correlation between state funding structure and success in receiving grants from OVW and other Federal sources. Considering that domestic violence service provision has been under researched, there is much potential for future work to contribute findings that would facilitate a more stable funding environment.

## **Conclusion**

This thesis intends to provide an overview of the current funding structures in place for domestic violence service providers throughout the state of Virginia in order to illuminate the problems with this system and suggest improvements. However, in examining financial figures, it is vital to not lose sight of the importance of these unduplicated services. Ultimately, the uncertainty and underfunding of domestic violence services provider systems pose a serious threat to public health in America. As recently as 2012, nearly 80% of states reported reductions in funding and almost 90% of states indicated that they were experiencing a decline in private donations as well (National Network to End Domestic Violence n.d. a). In 2013, service providers across the country reported lay offs of almost 1,700 staff members, the majority of which had worked directly with survivors (National Network to End Domestic Violence n.d. a). Just this year, in Illinois, domestic violence service providers were informed that nearly \$9 million of their funding had been excluded from the state's six-month budget (O'Connor 2017).

These examples illustrate that funding for these services is by no means guaranteed from public or private sources. While domestic violence service providers now have access to more public and private funding than they did at their founding, these organizations and their supporters cannot become complacent with the current level of funding.

## Appendix

*List I: Non-Profit Domestic Violence Service Providers and their Service Areas*

<b>Service Provider</b>	<b>Founding Year<sup>^</sup></b>	<b>Service Area</b>	<b>Population*</b>
<b>Abuse Alternatives</b>	1980	Bristol, Washington County	71,732
<b>Avalon Center</b>	1980	James City County, Williamsburg, York County <sup>+</sup> , Poquoson <sup>+</sup>	168,095
<b>Choices of Page County</b>	1986	Page County	23,726
<b>Doorways for Women and Families</b>	1978	Arlington County	229,000
<b>Eastern Shore Coalition Against Domestic Violence</b>	1983	Accomack County, Northampton County	45,128
<b>Empowerhouse</b>	1978	Caroline County, Fredericksburg, King George County, Spotsylvania County, Stafford County	356,095
<b>Family Crisis Support Services</b>	1982	Buchanan County, City of Norton, Dickenson County, Lee County, Russell County, Scott County, Wise County	156,307
<b>Family Resource Center, Inc.</b>	1983	Bland County, Carroll County, City of Galax, Grayson County, Smyth County, Wythe County	119,800
<b>First Step</b>	1980	Harrisonburg, Rockingham County	131,131
<b>The Genieve Shelter</b>	1988	Isle of Wight County, City of Smithfield, Southampton County, City of Suffolk, Surry County	157,657
<b>Hanover Safe Place</b>	1994	Ashland, Hanover County	110,730
<b>The Haven Shelter</b>	1986	Essex County, Lancaster County, Northumberland County, Richmond County, Westmoreland County	104,276
<b>Help and Emergency Response, Inc.</b>	1983	City of Chesapeake, City of Portsmouth	331,630
<b>James House</b>	1989	Colonial Heights, Hopewell, Petersburg, Dinwiddie County, Prince George County, Southern Chesterfield County <sup>+</sup>	474,076
<b>Laurel Center Intervention for Domestic &amp; Sexual Violence</b>	1983	Winchester, Clarke County, Frederick County	124,846
<b>Laurel Shelter</b>	1997	Gloucester County, King and Queen County, King William County, Mathews County, Middlesex County	80,038
<b>Loudon Abused</b>	1984	Loudoun County, Leesburg	426,838

<b>Women's Shelter</b>			
<b>New Directions Center, Inc.</b>	1996	Staunton, Waynesboro, Augusta County, Highland County	122,435
<b>Response Inc.</b>	1980	Shenandoah County, Strasburg, Edinburg, Mt. Jackson, New Market, Woodstock	60,205
<b>Safe Harbor</b>	2000	Henrico County	325,155
<b>Safe Home Systems, Inc.</b>	1992	Allegheny County, Bath County, Covington, Highland County	28,019
<b>Samaritan House</b>	1984	Virginia Beach	452,745
<b>Services to Abused Families, Inc.</b>	1980	Culpeper County, Fauquier County, Madison County, Orange County, Rappahannock County	174,101
<b>Shelter House, Inc.</b>	1981	Fairfax County	1,142,234
<b>Shelter for Help in Emergency</b>	1979	Albemarle County, Charlottesville, Fluvanna County, Greene County, Louisa County, Nelson County	247,084
<b>Madeline's House (Southside Center for Violence Prevention)</b>	1999	Lunenburg County, Mecklenburg County, Nottoway County, Prince Edward County	82,005
<b>Southside Survivor Response Center</b>	1981	Martinsville, Henry County, Patrick County	65,526
<b>Transitions Family Violence Services</b>	1977	Hampton, Newport News, Poquoson <sup>+</sup> , York County <sup>+</sup>	398,735
<b>Women's Resource Center of the New River Valley</b>	1977	Radford, Floyd County, Giles County, Montgomery County, Pulaski County	181,747
<b>YWCA of South Hampton Roads</b>	1979	Norfolk	246,393
<b>YWCA of Richmond</b>	1979	Richmond, Chesterfield County <sup>+</sup>	555,976

<sup>^</sup> The founding years listed here indicate when these organizations first began to provide some sort of service to survivors of domestic violence.

<sup>\*</sup> All service area populations were calculated by summing the 2010 Census figures for each city or county.

<sup>+</sup> The counties and cities that are listed in the service areas of two service providers are included in the service area totals for both providers, as either organization could potentially serve any of that jurisdiction's residents.

*List 2: Excluded Agencies and Reasoning*

<b>Agency</b>	<b>Reason for Exclusion</b>
<b>Action in Community Through Service (ACTS)</b>	Does not focus primarily on domestic violence
<b>Alexandria Sexual and Domestic Violence Advocacy Program</b>	Government agency
<b>Arlington County Violence Intervention Program</b>	Government agency
<b>Bedford County Domestic Violence Services</b>	Government agency
<b>Center for Earth Based Healing</b>	Inadequate information
<b>Center for Sexual Assault Survivors</b>	Serves only sexual violence survivors
<b>Chesterfield County Domestic/Sexual Violence Resource Center</b>	Government agency/No direct services to survivors
<b>Clinch Valley Community Action</b>	Does not focus primarily on domestic violence
<b>Collins Center</b>	Serves only sexual violence survivors
<b>Crisis Center</b>	Serves only sexual violence survivors
<b>Family Violence and Sexual Assault Unit</b>	Inadequate information
<b>Fauquier Department of Social Services Domestic Violence Services</b>	Inadequate information
<b>Franklin County Family Resource Center</b>	Government agency
<b>Goochland County Free Clinic and Family Services</b>	Inadequate information
<b>Haven of the Danriver Region</b>	Inadequate information
<b>Hope House of Scott County</b>	Inadequate information
<b>Korean Community Services Center of Greater Washington</b>	Does not focus primarily on domestic violence
<b>Office for Women &amp; Domestic and Sexual Violence Services</b>	Government agency
<b>Pearl's Center for Hope</b>	Inadequate information
<b>People Inc.</b>	Does not focus primarily on domestic violence
<b>Phoenix Project</b>	Inadequate information
<b>Powhatan County Department of Social Services Domestic Violence Program</b>	Government agency
<b>Project Hope at Quin Rivers</b>	Does not focus primarily on domestic violence
<b>Project Horizon</b>	Inadequate information
<b>Rappahannock Council Against Sexual Assault</b>	Serves only sexual violence survivors
<b>Salvation Army of Roanoke</b>	Does not focus primarily on domestic violence
<b>Sexual Assault Resource Agency</b>	Serves only sexual violence survivors



<b>Sexual Assault Response and Awareness</b>	Serves only sexual violence survivors
<b>Total Action for Progress</b>	Does not focus primarily on domestic violence
<b>Tri County Community Action Agency</b>	Does not focus primarily on domestic violence
<b>UVA Gender Violence and Social Change Program</b>	Inadequate information
<b>YWCA of Central Virginia</b>	Does not focus primarily on domestic violence

*Table 1: Number of Employees of Domestic Violence Service Providers in Virginia  
(As Reported on the 2014-2015 IRS Form 990)*

<b>Service Provider</b>	<b>Number of Part and Full Time Employees</b>
<b>Abuse Alternatives</b>	33
<b>Avalon Center</b>	36
<b>Choices of Page County</b>	9
<b>Doorways for Women and Families</b>	61
<b>Eastern Shore Coalition Against Domestic Violence</b>	8
<b>Empowerhouse</b>	46
<b>Family Crisis Support Services</b>	21
<b>Family Resource Center, Inc.</b>	18
<b>First Step</b>	11
<b>The Genieve Shelter</b>	12
<b>Hanover Safe Place</b>	9
<b>The Haven Shelter</b>	24
<b>Help and Emergency Response, Inc.</b>	31
<b>James House</b>	12
<b>Laurel Center Intervention for Domestic &amp; Sexual Violence</b>	26
<b>Laurel Shelter</b>	10
<b>Loudon Abused Women's Shelter</b>	39
<b>New Directions Center, Inc.</b>	8
<b>Response Inc.</b>	11
<b>Safe Harbor</b>	17
<b>Safe Home Systems, Inc.</b>	8
<b>Samaritan House</b>	61
<b>Services to Abused Families, Inc.</b>	19
<b>Shelter House, Inc.</b>	135
<b>Shelter for Help in Emergency</b>	18
<b>Madeline's House (Southside Center for Violence Prevention)</b>	8
<b>Southside Survivor Response Center</b>	19
<b>Transitions Family Violence Services</b>	30
<b>Women's Resource Center of the New River Valley</b>	48
<b>YWCA of South Hampton Roads</b>	123
<b>YWCA of Richmond</b>	66

*Table 2: Funding of Domestic Violence Service Providers in Virginia  
(As Reported on the 2014-2015 IRS Form 990)*

Note: For the majority of domestic violence service providers, there is little to no difference between the sum of public and private funding and total revenue. Small differences arise primarily from investment income or program service fees. Unless indicated with an asterisk, public and private funding sources comprise more than 95% of an organization's total revenue.

<b>Service Provider</b>	<b>Total Revenue</b>	<b>Public Funding</b>	<b>Private Funding</b>
<b>Abuse Alternatives</b>	\$508,310	\$352,019	\$126,543
<b>Avalon Center</b>	\$1,678,088	\$538,732	\$1,132,859
<b>Choices of Page County</b>	\$433,082	\$327,925	\$101,937
<b>Doorways for Women and Families</b>	\$3,582,831	\$1,367,811	\$2,215,770
<b>Eastern Shore Coalition Against Domestic Violence</b>	\$446,691	\$325,222	\$113,330
<b>Empowerhouse*</b>	\$1,502,719	\$665,941	\$667,716
<b>Family Crisis Support Services*</b>	\$833,779	\$459,412	\$98,459
<b>Family Resource Center, Inc.</b>	\$748,221	\$568,297	\$156,045
<b>First Step</b>	\$372,483	\$264,254	\$108,228
<b>The Genieve Shelter</b>	\$477,501	\$230,336	\$232,982
<b>Hanover Safe Place</b>	\$562,534	\$402,338	\$113,700
<b>The Haven Shelter*</b>	\$696,809	\$358,779	\$274,446
<b>Help and Emergency Response, Inc.*</b>	\$942,105	\$441,542	\$448,414
<b>James House</b>	\$587,248	\$316,553	\$270,695
<b>Laurel Center Intervention for Domestic &amp; Sexual Violence</b>	\$1,273,861	\$536,564	\$728,121
<b>Laurel Shelter</b>	\$302,201	\$193,994	\$102,707
<b>Loudon Abused Women's Shelter</b>	\$1,244,487	\$615,975	\$581,498
<b>New Directions Center, Inc.</b>	\$310,824	\$255,029	\$46,485
<b>Response, Inc.</b>	\$389,828	\$286,029	\$102,770
<b>Safe Harbor*</b>	\$766,626	\$296,882	\$420,214
<b>Safe Home Systems, Inc.</b>	\$316,805	\$239,564	\$76,796
<b>Samaritan House*</b>	\$2,885,684	\$1,402,624	\$624,770
<b>Services to Abused Families, Inc.</b>	\$387,868	\$332,239	\$55,629
<b>Shelter House, Inc.</b>	\$4,626,178	\$3,888,823	\$686,695
<b>Shelter for Help in Emergency</b>	\$824,038	\$434,501	\$365,414
<b>Madeline's House (Southside Center for Violence Prevention)</b>	\$375,837	\$77,997	\$277,053
<b>Southside Survivor Response Center</b>	\$541,089	\$380,690	\$151,029
<b>Transitions Family Violence Services</b>	\$989,701	\$682,818	\$295,824
<b>Women's Resource Center of the New River Valley</b>	\$1,753,060	\$1,010,429	\$677,653
<b>YWCA of South Hampton Roads*</b>	\$2,433,426	\$876,187	\$716,529
<b>YWCA of Richmond*</b>	\$2,344,511	\$524,368	\$1,424,835

\*The indicated service providers receive more than 5% of their total revenue from sources other than public and private funding. These discrepancies arise from the following sources:

- *Empowerhouse*: program service fees for intervention group sessions for abusers

- *Family Crisis Support Services*: revenue excluded from tax under IRS sections 512-514, source of revenue unknown
- *The Haven Shelter*: revenue from sales of assets other than inventory, assets unknown
- *Help and Emergency Response, Inc.*: revenue from related organization, organization unknown
- *Safe Harbor*: significant investment income and program service fees from transitional housing
- *Samaritan House*: significant program fees for transitional and low-income housing
- *YWCA of South Hampton Roads*: significant program fees for services unrelated to domestic violence, such as childcare
- *YWCA of Richmond*: significant program fees for services unrelated to domestic violence, such as childcare

*Table 3: Development Coordinator Status of Domestic Violence Service Providers*

<b>Employ Development Coordinators</b>	<b>Unknown*</b>	<b>Do Not Employ Development Coordinators</b>
Avalon Center	Abuse Alternatives	Choices of Page County
Doorways for Women and Families	Family Crisis Support Services	Eastern Shore Coalition Against Domestic Violence
Empowerhouse	Family Resource Center, Inc.	First Step
The Haven Shelter	Hanover Safe Place	The Genieve Shelter
Help and Emergency Response, Inc.	Response, Inc.	Laurel Shelter
James House	Services to Abused Families, Inc.	Safe Home Systems, Inc.
Laurel Center Intervention for Domestic & Sexual Violence	Shelter for Help in Emergency	Transitions Family Violence Services
Loudon Abused Women’s Shelter	Southside Survivor Response Center	
New Directions Center, Inc.		
Safe Harbor		
Samaritan House		
Shelter House, Inc.		
Madeline’s House (Southside Center for Violence Prevention)		
Women’s Resource Center of the New River Valley		
YWCA of South Hampton Roads		
YWCA of Richmond		

\*Organizations that are listed as unknown cannot be confirmed as not having a development coordinator because they do not list all staff on their website, but it is likely that they do not employ one since they do not provide contact information for any specific staff member for potential donors to reach out to.

*Table 4: Amount of Non-Cash Contributions Each Service Provider Received  
(As Reported on the 2014-2015 IRS Form 990)*

<b>Service Provider</b>	<b>Amount of Non-Cash Contributions</b>
<b>Abuse Alternatives</b>	\$0
<b>Avalon Center</b>	\$717,177
<b>Choices of Page County</b>	\$0
<b>Doorways for Women and Families</b>	\$259,154
<b>Eastern Shore Coalition Against Domestic Violence</b>	\$24,307
<b>Empowerhouse</b>	\$0
<b>Family Crisis Support Services</b>	\$0
<b>Family Resource Center, Inc.</b>	\$45,295
<b>First Step</b>	\$8,323
<b>The Genieve Shelter</b>	\$0
<b>Hanover Safe Place</b>	\$0
<b>The Haven Shelter</b>	\$0
<b>Help and Emergency Response, Inc.</b>	\$146,802
<b>James House</b>	\$58,959
<b>Laurel Center Intervention for Domestic &amp; Sexual Violence</b>	\$0
<b>Laurel Shelter</b>	\$37,191
<b>Loudon Abused Women's Shelter</b>	\$14,193
<b>New Directions Center, Inc.</b>	\$0
<b>Response Inc.</b>	\$0
<b>Safe Harbor</b>	\$0
<b>Safe Home Systems, Inc.</b>	\$0
<b>Samaritan House</b>	\$0
<b>Services to Abused Families, Inc.</b>	\$0
<b>Shelter House, Inc.</b>	\$0
<b>Shelter for Help in Emergency</b>	\$0
<b>Madeline's House (Southside Center for Violence Prevention)</b>	\$83,107
<b>Southside Survivor Response Center</b>	\$3,150
<b>Transitions Family Violence Services</b>	\$0
<b>Women's Resource Center of the New River Valley</b>	\$236,068
<b>YWCA of South Hampton Roads</b>	\$0
<b>YWCA of Richmond</b>	\$62,536

*Table 5: Domestic Violence Service Providers that Received Federated Campaign Contributions and their Amounts*  
(As reported on the 2014-2015 IRS Form 990)

<b>Service Provider*</b>	<b>Amount of Federated Campaign Contributions</b>
<b>Avalon Center</b>	\$60,127
<b>Choices of Page County</b>	\$12,000
<b>Doorways for Women and Families</b>	\$42,172
<b>Family Resource Center, Inc.</b>	\$21,570
<b>First Step</b>	\$38,320
<b>Hanover Safe Place</b>	\$1,690
<b>Help and Emergency Response, Inc.</b>	\$120,979
<b>Laurel Shelter</b>	\$2,542
<b>Loudon Abused Women's Shelter</b>	\$51,890
<b>Safe Harbor</b>	\$11,125
<b>Safe Home Systems, Inc.</b>	\$3,500
<b>Samaritan House</b>	\$125,874
<b>Services to Abused Families, Inc.</b>	\$12,937
<b>Shelter House, Inc.</b>	\$25,034
<b>Shelter for Help in Emergency</b>	\$14,753
<b>Southside Survivor Response Center</b>	\$28,761
<b>Transitions Family Violence Services</b>	\$165,869
<b>YWCA of South Hampton Roads</b>	\$303,159
<b>YWCA of Richmond</b>	\$304,266

\*Service providers not included in this table did not report receiving any federated campaign contributions in the 2014-2015 tax year. These twelve excluded organizations are the most likely to benefit from the recommendation to make use of this fundraising system.

*Table 6: Number of Volunteers Used by Domestic Violence Service Providers  
(As reported on the 2014-2015 IRS Form 990)*

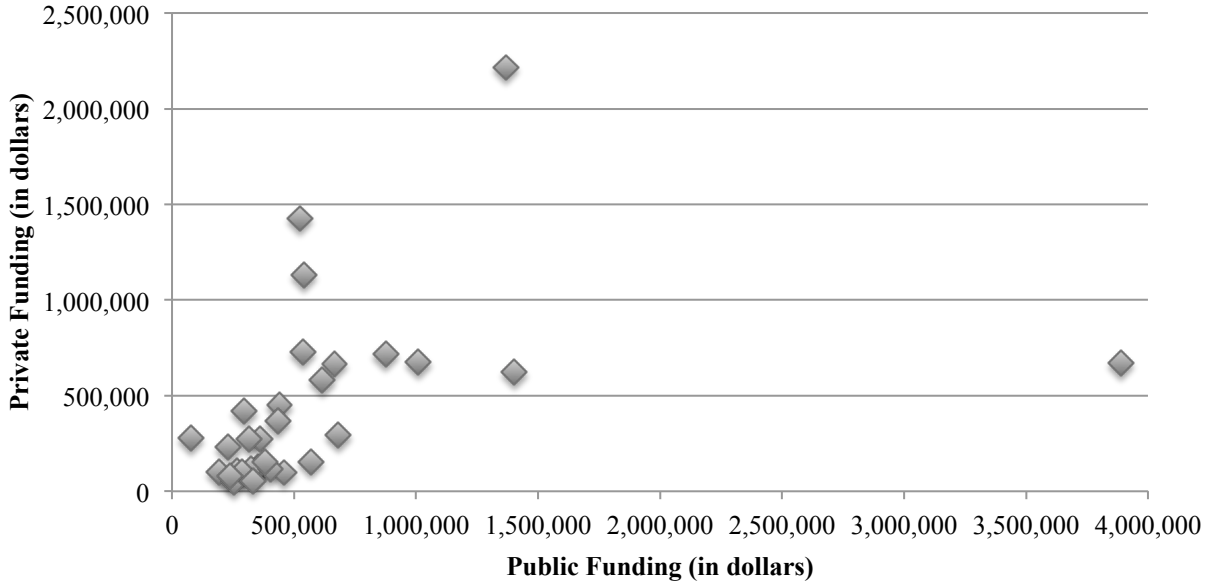
<b>Service Provider</b>	<b>Number of Volunteers</b>
<b>Abuse Alternatives</b>	48
<b>Avalon Center</b>	300
<b>Choices of Page County</b>	36
<b>Doorways for Women and Families</b>	164
<b>Eastern Shore Coalition Against Domestic Violence</b>	0
<b>Empowerhouse</b>	55
<b>Family Crisis Support Services</b>	5
<b>Family Resource Center, Inc.</b>	67
<b>First Step</b>	67
<b>The Genieve Shelter</b>	60
<b>Hanover Safe Place</b>	0
<b>The Haven Shelter</b>	0
<b>Help and Emergency Response, Inc.</b>	0
<b>James House</b>	40
<b>Laurel Center Intervention for Domestic &amp; Sexual Violence</b>	0
<b>Laurel Shelter</b>	45
<b>Loudon Abused Women's Shelter</b>	75
<b>New Directions Center, Inc.</b>	0
<b>Response Inc.</b>	0
<b>Safe Harbor</b>	125
<b>Safe Home Systems, Inc.</b>	10
<b>Samaritan House</b>	192
<b>Services to Abused Families, Inc.</b>	39
<b>Shelter House, Inc.</b>	2,000
<b>Shelter for Help in Emergency</b>	379
<b>Madeline's House (Southside Center for Violence Prevention)</b>	0
<b>Southside Survivor Response Center</b>	20
<b>Transitions Family Violence Services</b>	42
<b>Women's Resource Center of the New River Valley</b>	556
<b>YWCA of South Hampton Roads</b>	Left blank on Form 990
<b>YWCA of Richmond</b>	453



*Figure 1: Private Funding as a function of Public Funding (in dollars)  
 (As reported on the 2014-2015 IRS Form 990)*

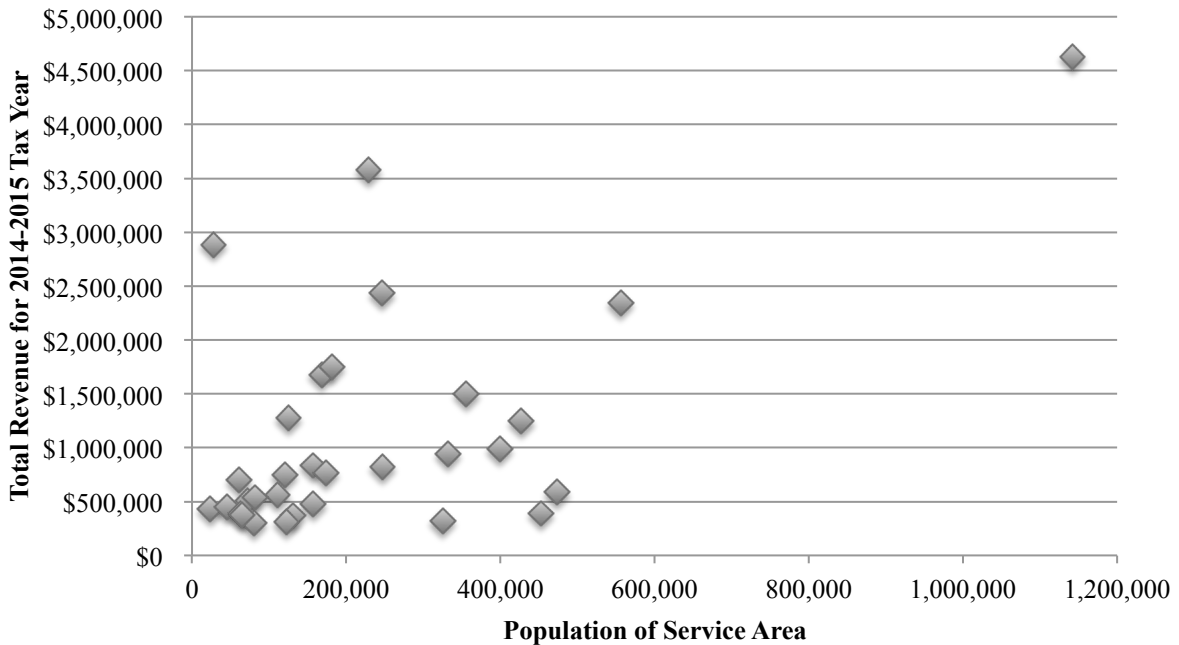
Note: This figure is not intended to suggest that one of these sources of funding is the independent variable and that the other is the dependent variable, but to examine the relationship between them.

Correlation Coefficient: .39



*Figure 2: Total Revenue as a function of Service Area Population  
 (Revenue as reported on the 2014-2015 IRS Form 990)*

Correlation Coefficient: .58



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