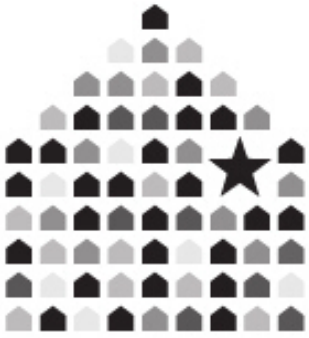
ACADV



NNEDV

The Testimony of

Ms. Carol Gundlach

Executive Director of
The Alabama Coalition Against Domestic Violence

Member of the Board of Directors of
The National Network to End Domestic Violence

Before the Committee on
Banking, Housing and Urban Affairs

United States Senate

Working Towards Ending Homelessness:
Reauthorization of the McKinney-Vento Homeless Assistance Act

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Introduction

Chairman Dodd, Senator Reed, Ranking Member Shelby, Housing Subcommittee Chairman Schumer, Housing Subcommittee Ranking Member Crapo, and distinguished members of the Committee, my name is Carol Gundlach and I thank you for the opportunity to appear before the Committee to address the Committee's concerns about homelessness in this country and the reauthorization of the McKinney-Vento Homeless Assistance Act. As an advocate for victims of domestic violence, I am honored to address Senators with such an outstanding record of work on behalf of victims and their families. Chairman Dodd has long been a leader on domestic violence, championing the Family Violence Prevention and Services Act and the Child Abuse Prevention and Treatment Act. Senator Reed addressed the housing needs of victims of domestic violence in the Violence Against Women Act (VAWA), and has long been an advocate to keep guns out of the hands of batterers. Ranking Member Shelby has been a great friend to survivors of domestic violence in Alabama, and in his role on the Appropriations Committee has fought for the needs of the most vulnerable, particularly children. Chairman Schumer has been a long-standing ally of victims of domestic and sexual violence and Ranking Member Crapo has championed the issue of dating violence and led efforts to increase VAWA funding. The Committee is taking remarkable leadership by seriously considering the complex issues that cause homelessness and the best strategies for ending it. It means so much to victims of domestic violence and sexual assault that you are carefully considering all aspects of homelessness in the reauthorization of the McKinney-Vento Homeless Assistance Act.

I speak this morning on behalf of two organizations, both the Alabama Coalition Against Domestic Violence and the National Network to End Domestic Violence. The Alabama Coalition Against Domestic Violence (ACADV) is a nonprofit organization dedicated to working toward a peaceful society where domestic violence no longer exists. The Coalition was organized in 1978 as a network of shelters for battered women and their children, and organizations and individuals concerned about the issue of

domestic violence. The ACADV serves domestic violence victims throughout the state through its 19-member shelter programs and 24-hour crisis line for domestic violence. The National Network to End Domestic Violence (NNEDV) is a social change organization representing the 53 state domestic violence coalitions, including ACADV. Founded in 1995, NNEDV is dedicated to creating a social, political, and economic environment in which violence against women no longer exists. NNEDV's membership of domestic violence coalitions represents over 3,000 domestic violence service providers across the country, as well as the 1.5 million women who are victims of domestic violence every year.[1]

Domestic Violence is a Primary Cause of Homelessness

The interrelated nature of domestic violence and homelessness is undeniable: 92% of homeless women have experienced severe physical or sexual abuse at some point in their lives, and 63% have been victims of intimate partner violence as adults.[2] This is not because homeless women are more likely to be victims of domestic violence, but rather because experiencing domestic violence or sexual assault often forces women and children into homelessness. One study found that 38% of all victims of domestic violence become homeless at some point in their lives,[3] while another found that 50% of all homeless women and children are so because of domestic violence.[4]

Victims of domestic violence struggle to find permanent housing after fleeing abusive relationships. Many have left in the middle of the night with nothing but the clothes on their backs, and now must entirely rebuild their lives. As long-term housing options become scarcer, battered women are staying longer in emergency domestic violence shelters. As a result, shelters are frequently full and must turn families away. This can cause disastrous and deadly consequences: in 2005, 29% of the requests for shelter by homeless families went unmet due to the lack of emergency shelter beds available.[5] The National Census of Domestic Violence Services found that in one 24-hour period 1,740 requests for emergency shelter and 1,422 requests for transitional housing went unmet due to lack of resources.[6]

Nationwide, the number of families in need of housing is greater than ever: requests for emergency shelter by homeless families with children increased in 56% of U.S. cities surveyed in 2005, with 87% of cities reporting an increase in the number of children in emergency shelter.[7] Because of this lack of resources and increase in needs, victims of domestic violence often must return to their abusers or be forced into homelessness.[8]

Children and youth who flee violent homes with their abused parent, and become homeless as a result, face many barriers. In addition, many young people become homeless to escape abuse in the home, particularly sexual abuse, and find few resources once they have left. These children and young people who flee violent homes are at heightened risk for emotional and behavioral problems.[9] They are more likely than their peers to experience or to participate in emotional or physical abuse themselves.[10] These effects can have a pronounced impact on children's performance in school, including their ability to learn and their concentration levels.[11]

Because so many women and children become homeless as a result of domestic violence, it is impossible to separate the two issues into distinct categories. To advocate for victims of domestic violence, we must advocate for all homeless individuals and families. If we do not address domestic violence, children will continue to grow up in fear and poverty, likely to repeat the cycles of homelessness.

A recent tragic story illustrates this point. In Boston, Massachusetts this winter, a woman fled from her abuser. The domestic violence shelters were full. We do not know if local homeless shelters were full or if the woman didn't consider them a viable option. Regardless, she apparently had no where else to go, and she was living on the street. Two weeks after she had left her abuser, she was found frozen to death. It had been the coldest night of the year. In conducting the state's domestic violence fatality review, a local police officer recounted the story. Should he count her death as due to domestic violence or homelessness, he wondered? But we know such questions are irrelevant – as long as domestic violence

exists, women and children will be forced to flee their unsafe homes and will desperately need shelter, housing and services. All homeless people are equally deserving of resources to prevent them from dying in the streets.

McKinney-Vento Funding for Domestic Violence Programs in Recent Years

The McKinney-Vento Homeless Assistance Act has provided significant funding for domestic violence shelters, transitional housing programs, and services. According to US Department of Housing and Urban Development (HUD) Secretary Alphonso Jackson, in the 2005 Continuum of Care Homeless Assistance Program competition, 663 projects that identified domestic violence victims as the primary target population to be served were awarded nearly $118 million to provide housing and services for this vulnerable group. An additional 2,934 projects anticipated providing housing and services to victims of domestic violence, even though this group was not the primary target population for the projects. Indeed, domestic violence service providers rely on McKinney-Vento funds to provide transitional housing and emergency shelter to victims of domestic violence. McKinney-Vento is often the primary source of funding for transitional housing, which is a particularly critical service for victims of domestic violence who need assistance rebuilding their lives and securing permanent housing.

Impact of Current HUD Practices

Unfortunately, HUD's practice in recent years has caused a range of problems for victims of domestic violence and their children. Due to HUD's chronic homeless initiative and prioritization of permanent supportive housing for single individuals with disabilities, local domestic violence programs in at least 23 states have lost funding or are being told they will lose funding in the future. Additional programs have lost funding as a result of confusion about implementation of the Homeless Management and Information System (HMIS).

Specific issues noted by state domestic violence coalitions and local service providers include HUD shifting dollars from services to capital costs, priority within the Continuum of Care being giving to programs serving primarily (or exclusively) chronically homeless individuals, the Continuum of Care losing overall funding because it had not sufficiently prioritized chronic homelessness, and pressure to convert domestic violence programs into programs for chronically homeless individuals. This year, NNEDV saw a dramatic increase in calls for assistance on this issue, and expects the situation to worsen significantly next year as 10 Year Plans to End Chronic Homelessness are implemented across the country. As Turning Lives Around in Hazelton, New Jersey reported, "We have been told that chronic homelessness or permanent housing are HUD's priority and as a result are very concerned that we may lose funding in the near future."

Additional programs reported being threatened with losing funds if they did not provide identifying details to HMIS – despite statutory language prohibiting DV programs from providing such details. For instance, The Self-Help Center in Wyoming was told they would not get funding unless they participated in HMIS, which in their Continuum of Care includes submitting social security numbers for all individuals receiving services. This practice exposes domestic violence victims who seek services through HUD-funded shelters to incredible danger when they are most in need of safety.

It should also be noted that NNEDV has surveyed only domestic violence programs on this issue. We know, however, that victims often rely on homeless and transitional services from broader programs serving all homeless women and families. It is our understanding that in general, those programs have fared worse. Domestic violence programs often have more financial support from the community than homeless shelters. As a result those emergency and transitional services that helped families, but not exclusively victims of domestic violence, have experienced more severe cuts over the last few years.

States reporting funding problems include Alabama, California, Connecticut, Florida, Idaho, Illinois, Maryland, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New York, North Carolina,

Ohio, Pennsylvania, Rhode Island, South Dakota, Texas, Vermont, Washington, Wisconsin, and Wyoming. Below are quotes from a few local programs:

Alabama:

> *"The domestic violence program in Montgomery, Alabama, does receive Emergency Shelter Grants (ESG) and Supportive Housing Program (SHP) funds. With so much money being diverted to chronically homeless we are getting squeezed to the bottom of the priority list because we provide transitional housing and our domestic violence population does not meet the definition for chronically homeless. It has not been a problem yet because the SHP guidelines have contained a "Hold Harmless" clause. Should this change and communities truly be held to pro rata share we will probably lose our funding, which is about $350,000 per year for SHP. Bottom line, we are very popular in our local continuum, but when the applications get to Washington, how our locals prioritize us can mean the difference in whether any projects in our community get funding." (Family Sunshine Center)*

Missouri:

> *"Lafayette House in Joplin, Missouri, has seen HUD make a radical shift away from funding shelters for victims of domestic violence. Our shelter has been receiving HUD funding for over 20 years...over the past five or six years the funds available have been decreasing. In fact in 2005 (calendar year, 2004 funding year), our HUD Continuum of Care dollars were cut in half."*

New Jersey:

> *"We [have been] a recipient of HUD funding (approximately $196,000 per year) to support our Transitional Living Program for the past 4-5 years….This year and last year, our*

program has dropped in priority within the Continuum of Care – part of the justification for the drop has been that the group has heard that the County is in jeopardy of losing HUD funding for domestic violence and/or Transitional Programs in the future. Several reasons for that have been used over time. They include items like: HUD's full focus is shifting only to the chronic homeless, which does not typically apply to domestic violence victims; and HUD's priority is new housing and permanent supportive housing ... and not Transitional Housing." (Jersey Battered Women's Service)

New York:

"Our agency has lost funding from two different sources that served domestic violence victims. We lost McKinney-Vento funding in 2003 and ESG funding from the New York State Office of Temporary and Disability Assistance for this upcoming year. So we have lost around $135,000 in grant funds…. Indeed all technical assistance personnel through either state housing coalitions or HUD clearly state that to strengthen our Continuum of Care the focus needs to be on the chronically homeless population. It is blatantly true – we are afraid of losing funds if we do not prioritize chronic homelessness and permanent housing for individuals with disabilities. So, we have felt the impact and closed our transitional housing program for victims in 2003 and this year lost our ESG funding as well…. Allegany County is rural with limited substandard housing and our loss of funding has impacted victims significantly." (ACCORD Corporation)

Ohio:

"The focus in Toledo is on Permanent Supportive Housing. Safety issues for victims of domestic violence are not being considered. [Victims of domestic violence are at greatest risk from harm when leaving an abusive relationship, so if they have nowhere safe to go,

they are in grave danger.] Of the 15 women murdered in domestic violence incidents from 2006 to now, 13 women were killed as they attempted to end the abusive relationship." (Bethany House)

Rhode Island:

All 6 of Rhode Island's local domestic violence programs have lost some funding from the small emergency Shelter Grants that they had received in the past. One transitional housing program lost funding.

Pennsylvania:

"Domestic Violence Service Center [in Wilkes-Barre] is a link in the community's Continuum of Care and the Bridge Housing Program (transitional housing) is part of the county's Homeless Assistance Programs. Our county's Continuum of Care is supportive of our [See Yourself Succeed Project], but it was only resubmitted for a one year renewal. We were told that it probably will not be renewed again because HUD has shifted from supportive services to permanent housing."

Next Steps: Recommendations for the Community Partnership to End Homelessness Act

As the Senate moves forward in reauthorizing the McKinney-Vento Homeless Assistance Act, domestic violence service providers would support a bill that returns control to local communities and works for homeless families. Such a bill would expand the definition of homelessness, reduce bonus points and set-asides, have a more balanced way of distributing funds to rural areas, be more flexible in allowable activities, include broader participation in Continuums of Care, and protect the privacy of victims of domestic violence and other homeless individuals.

The Community Partnership to End Homelessness Act (CPEHA), S. 1518, takes great strides beyond current HUD practice to resolve these issues. We thank Senator Reed and Senator Allard for their

work on this legislation. NNEDV and ACADV greatly appreciate the receptiveness of Committee staff to meeting the needs of victims of domestic violence, and look forward to working with the Banking Committee to address the following concerns.

Cookie-Cutter Approaches Don't Work for Communities

HUD's policies imply a "one size fits all" solution to homelessness with little space for Continuums of Care to assess local needs or choose responses that maximize the resources of their communities. However, communities across the United States are diverse beyond simply urban, rural and suburban. Rural Wyoming and rural Alabama differ greatly, for instance, just as New York City faces different realities than Miami. Climate, culture, local infrastructure, state and city government, transportation systems, unemployment rates, immigration, and many other factors affect how people become and remain homeless. The responses to ending homelessness in those communities must be just as diverse. In some areas, a strong interfaith network may provide emergency shelter to youth, while in other communities, the only option for homeless teens is "couch surfing" from place to place or living on the street. Those two communities might prioritize their HUD funding differently, with the latter opting to help break the cycle of homelessness by providing services and housing to homeless youth.

Control Should be Returned to Local Communities

Local service providers who are on the ground, in communities, are best equipped to analyze the needs of homeless individuals and develop effective responses. Currently, HUD sets aside at least 30% of funds for permanent housing for single adults with disabilities, and awards points to Continuum of Care applications based on HUD priorities such as serving chronically homeless individuals. When Continuums of Care pick other priorities, they frequently lose some or all of their funding. Decisions made from "inside the beltway" in Washington, DC are rarely as informed as those made by on-the-ground practitioners who are experts in the dynamics of local homelessness. Reauthorization of McKinney-Vento must return the

decision-making power to local communities who know which populations are most in need and know which interventions are most effective for their communities.

Challenges in Alabama

The difficulty in addressing homelessness within Alabama provides a window into the complexities faced by local jurisdictions. In Alabama, we face "invisible homelessness." Though families and individuals in Alabama may be less present on the streets or in front of local businesses, their needs are just as real.

We see little, if any, chronic homelessness in rural or even small towns in Alabama. This is not to say that there are not people who are at risk of chronic homelessness but that, because people with disabling conditions are usually from the local community, they are often doubled up with friends or family or sleeping from house to house. This causes another significant set of issues, jeopardizing the health and safety of the disabled individual, and placing the families who house them at risk for eviction and homelessness themselves. This doubling up particularly endangers youth who may stay with a sexual predator or abusive adult rather than live on the street. With only one street-level youth shelter in the entire state, they have few other choices.

We also see a lot of families who are doubled up in very marginal housing conditions. Manufactured housing is a major source of housing for the poor and, without any zoning or housing codes, it's common to see two or even three nuclear families sharing an old and dilapidated mobile home. Living conditions in these mobile homes are often dangerous and deplorable. Alabama needs permanent and transitional housing for those who may not be "homeless" by HUD definition, but who are inadequately and marginally housed, and may need mental health, domestic violence, substance abuse and other services.

In rural areas, even people who don't have homes often have automobiles. Many families live in their cars and are more transient than your traditional "street homeless." They are more difficult to count or serve, since they may cross county lines as they move around. Conversely, the lack of public

transportation is a huge problem in rural counties. Alabamans are nearly totally dependent on personal cars, and those without cars are either unable to access services or dependent on family or friends who normally charge much more than a public system would for transportation. A victim of domestic violence who has just fled her abuser and does not have access to a car may be trapped – unable to take children to school, to get to work, or to go to court and find other needed assistance.

There is very little new permanent housing in most of rural Alabama, especially affordable new housing. Our shelters in rural counties struggle to find housing for women who are ready to leave shelter. The reality is that even though ACADV has funds to help victims pay their deposits, there is too little housing stock available to accommodate these women exiting shelter. Funds to develop affordable housing, with or without supportive care, are desperately needed; yet it is difficult to demonstrate the need since most of our "rural" homeless are technically housed with relatives or friends.

It has also been a real challenge to conduct a point-in-time count in rural counties across the state. The emphasis on a street count doesn't make a lot of sense in rural communities where there aren't many streets. Instead, there are long stretches of land across hundreds of miles where our volunteers run the risk of being shot if they wander through people's fields looking for homeless individuals sleeping in barns and sheds. Despite this risk, ACADV does send volunteers to look for visibly homeless individuals, but we also know that this is not an effective means of documenting homelessness in rural America.

Until about four years ago, we only had Continuums of Care in our larger cities -- Huntsville, Florence, Birmingham, Montgomery, Mobile, and Tuscaloosa. There had been several attempts to develop Continuums in some of our smaller cities -- Anniston, Dothan, Opelika -- but a lack of resources kept those from getting off the ground. It can be extremely difficult for rural areas to compete for funding when they are starting from a place with so many fewer resources than urban areas. Even individuals with basic grant-writing skills may be absent. To address this, ACADV took the lead in organizing a Balance of State

Continuum (called ARCH) that incorporated most of the rural areas and small towns. In order to do this, we developed local homeless task forces that sent representatives to ARCH. ARCH has submitted four applications to HUD, none of which have been funded, except a $128,000 grant to develop an HMIS. So we're in the peculiar position of developing a HMIS system for a geographic region with no Homeless Assistance grantees. It is surprising that HUD would choose to fund a tracking system rather than meet the immediate needs of homeless individuals for shelter and services.

There are several reasons ARCH has not received funding from HUD. First, the distribution formula favors Community Development Block Grant entitlement areas, few of which are represented in ARCH. Second, there are very few local agencies with the capacity to develop shelters, let alone permanent housing, in the rural communities and small cities involved in ARCH. Services available for homeless individuals in most of Alabama are primarily mental health and domestic violence, and the only shelter services are domestic violence shelters. This is common in rural areas across the country.

Alabama, along with many other rural states, receives less funding per capita than do states with more urban areas. The pro-rata share is determined by formula – the same formula used to determine Community Development Block Grants – that heavily favors urban states and is not based on the need for homeless shelter and services. For example, in FY 2004, Alabama received $2.66 per person in McKinney-Vento funding. Wyoming received $.79 per person while Massachusetts received $9.09. When the FY 2004 funding awards are compared to other possible measures of need, such as the number of persons living in poverty or the number of families facing severe housing cost burdens, the distribution to states remains just as unbalanced. CPEHA amends McKinney-Vento's unfunded rural grant program to ease the application process and expand the use of funds, but the funds available are only what is left over within this pro-rata share that already makes little funding available to rural states.

The feedback from Alabama domestic violence programs that do get HUD money (Montgomery, Huntsville, Florence) is that they are seeing their grants reduced and are very concerned that their existing transitional housing programs will be de-funded because they don't primarily serve the chronically homeless.

Alabama needs homeless shelters, particularly for families, in our medium-sized cities – areas that could provide local support for a shelter and that do have the capacity to develop them. The reduction of the match for acquisition/construction could make a big difference here -- the 100% required match has been a real barrier. While some capacity issues remain, with only a little technical assistance and support for local agencies, homeless services could be created in Tuscaloosa, Opelika, Dothan and a number of other cities that currently lack any homeless shelters. CPEHA lowers the match requirement to 25% and allows in-kind contributions to count toward match. This would be a tremendous improvement over current HUD practice.

We need additional domestic violence shelters in the southwest, east central (along the Georgia line), and "Wiregrass" (Southeast) areas of the state. These areas lack homeless services and shelters. Local capacity and resources to develop programs are very limited for the same reasons that homelessness exists in these areas: poverty and isolation. Chronic homelessness isn't the problem in these areas; instead, it is the invisible homeless population as described above.

Supportive services are also needed in Alabama. Most of our Mental Health agencies are very stretched in rural areas; our HIV/AIDS programs and domestic violence shelters each serve as many as 12 counties, food banks and Community Action Agencies must also serve multiple counties, and soup kitchens are unheard of in rural counties. Shelter Plus Care and Permanent Supportive Housing aren't possible when the care providers are at capacity and when shelter requires both large sums of local money and strong organizational capacity to build and manage a residential facility. CPEHA proposes removing from

ESG the cap on prevention services and staffing. This would be extremely helpful in ensuring that homeless individuals get the resources they need.

Alabama needs prevention funding, so that we can quickly find housing for people, and prevent evictions and other housing loss. CPEHA makes an excellent first step in creating a homelessness prevention program. However, the criteria for this program are extremely restrictive. To qualify, individuals must be 20% below the area median income, be in a dire housing situation that should more realistically be considered homeless than unstably housed, and lack the resources to attain housing stability. This would likely exclude many victims of domestic violence who are trapped between an abusive home and the street, as well as other groups who are likely to become homeless such as children aging out of the foster care system and prisoners reentering their communities.

And mostly, we need local flexibility to identify local needs and priorities, and to seek funds to address those needs. Obviously the needs and goals have to be justified, but we could do that if we weren't locked into a definition of "homeless" that doesn't reflect rural or small community culture and reality.

From ACADV's experience on the ground in Alabama and the input NNEDV has received from state domestic violence coalitions across the country, we know there are three aspects of current HUD practice that must be changed to address domestic violence and reduce homelessness for all people: the definition of homelessness should be expanded; set-asides and bonus points should be reduced; and the confidentiality and privacy of victims of domestic violence and other homeless individuals should be protected.

The Definition of Homelessness Should be Expanded

HUD employs a more narrow definition of homelessness than do the Department of Justice (DOJ), the Department of Health and Human Services (HHS) and the Department of Education (ED). CPEHA

does not expand this definition. Groups such as the National AIDS Housing Coalition have proposed compromise language for an expanded definition that deserves serious consideration. A broader definition such as one used by DOJ, HHS or ED more accurately reflects homelessness in Alabama and is more inclusive of victims of domestic violence and of rural areas across the country. The definition of homelessness used by HUD is limited to people living on the streets or in shelters; it excludes people living in doubled-up situations and those in motels. The definitions of homelessness used by DOJ, HHS and ED are broader, and specifically include individuals or children and youth who are "sharing the housing of others *due to loss of housing, economic hardship, or a similar reason.*" In addition, individuals or children and youth who "are living in motels, hotels, trailer parks, or camping grounds *due to the lack of alternative adequate accommodations*" are specifically included, along with other temporary living situations (emphasis added). In reauthorizing the Violence Against Women Act of 2005, Congress specifically utilized the broader definition for the array of programs – including housing programs – in DOJ and HHS.

We believe that the HUD McKinney-Vento definition of homelessness should be amended to explicitly include two of the homeless situations referenced above (living doubled-up and in hotels or motels) that are included in the DOJ, HHS and ED definition of homelessness. There are many pressing reasons to expand this definition.

Ignoring the real need for housing and homeless assistance by using a limited definition of homelessness does nothing to assist policymakers, service providers, and others in making informed decisions about who is impacted by the affordable housing crisis in our communities and how to meet their needs. Only by acknowledging the full extent of homelessness, and by giving communities the flexibility to respond to it, can we begin to address the causes of and solutions to homelessness.

Homeless families and youth often have no choice but to live doubled-up or in motels. The street is not an option for families with children, given the risks to children and potential child welfare involvement.

Across the country, housing is unaffordable, and in many communities emergency shelters are full or non-existent.

Families and youth in doubled-up and motel situations are among the most vulnerable segments of the homeless population. Homelessness directly contributes to physical, mental and emotional harm to children and youth. In addition, there is evidence that experiencing homelessness as a child is associated with experiencing deep poverty and homelessness as an adult. Doubled-up and motel living situations can be less safe and less stable than shelters, involving more uncertainty, frequent moves and disruptions known to be harmful to child development. Yet despite their desperate need for HUD-funded housing and supportive services, these families and youth cannot access that assistance because HUD does not consider them to be homeless.

Making HUD's definition of homelessness more like the one used by DOJ, HHS or ED will result in better coordination between programs and services funded by the multiple agencies. This can be expected to result in improved services for homeless children, youth, and families. It will also facilitate data collection and data sharing.

Housing and homeless assistance are not entitlements; therefore expansion in eligibility for HUD homeless assistance programs will not lead to automatic increases in federal costs or a strain on local resources. Faced with limited resources to serve an increased number of victims seeking help, domestic violence shelters make priority decisions based on the availability of shelter beds and the lethality of a victim's situation. A homeless service provider should be able to make a similar choice. A homeless man who is residing in a shelter may be in less need of long-term housing than a family that has been moving from couch to couch. Local homeless shelters are the experts – they can triage situations to ensure that the neediest in their community receive priority access to resources. Broadening the HUD definition of

homelessness will simply give communities the flexibility to serve families and youth who are extremely vulnerable and who they are currently unable to serve.

Set-asides and Bonus Points Should be Reduced

Many communities have found investing in permanent supportive housing for chronically homeless individuals to be an effective use of resources. Unfortunately, the "chronic homelessness" initiative, though well-intentioned, is placing victims of domestic violence in danger. Victims of domestic violence across the country are losing access to resources for homeless persons due to funding priorities and set asides that exclude the majority of the homeless population, including families. For example, only 10% of homeless individuals are "chronically homeless" while 63% of homeless women are victims of domestic violence

If we don't assist victims of domestic violence, they will be trapped between life with their abusers and life on the streets. Rather than preventing homelessness, victims may be driven into "chronic" homelessness, and their children may repeat the cycle of violence and homelessness. The same is true of many other populations who will eventually become chronically homeless if there are no interventions to assist them, particularly homeless children and youth.

CPEHA takes several important steps toward balance by expanding the 30% set-aside for permanent housing and the definition of "chronically homeless" to include families headed by adults with disabilities. Expanding these categories to include families with children who are disabled would make these funds more useful, and if combined with an expanded definition of homelessness would make these programs more responsive to the needs of communities. CPEHA also recognizes that permanent housing is necessary for all groups by adding a 10% set-aside for homeless families with children. NNEDV believes that removing set-asides and allowing communities the flexibility they need to address homelessness in their locations is the most effective solution. Removing the "hard target" numbers of 30% and 10% would encourage the development of permanent housing without forcing communities to prioritize permanent

housing if that is not their most important need or their most effective solutions. CPEHA does not codify HUD's "Samaritan Initiative" which as highly prioritized addressing chronic homelessness. This is a significant improvement over current practice. However, removing directives to HUD about specific bonus points – giving control to local experts rather than HUD – would be another excellent improvement.

The current combination of the chronic homelessness initiative and the 30% set-aside has led to the funding cuts for domestic violence programs and homeless services previously discussed. But worse, they fail to accomplish their stated aim of reducing chronic homelessness and are likely to actually increase homelessness, particularly for other vulnerable groups. As the studies cited above document, family homelessness has not declined, but rather has been growing since implementation of these initiatives. For example, two years after beginning a plan to end chronic homelessness, New York City reported the highest number of homeless families recorded in the city's history.[12] There are five key areas of concern when evaluating the chronic homeless initiatives, including the 30% set-aside.

1) Targeting resources toward permanent supportive housing for the "chronically homeless" is unlikely to "free up" emergency resources for families or other populations.

This argument assumes that there is a fixed, unchanging population of people who are "chronically homeless," and that "freed up" shelter beds will go to serve other populations. Neither assumption is true. Without addressing the causes of homelessness, new people will continue to join the ranks of the "chronically homeless" and be in need of emergency shelter beds. Furthermore, no plan, discussion, or proposed restructuring of homeless assistance grants has been offered to specify precisely *how* "freed up" emergency shelter resources will be redirected toward "non-chronic" populations. In the absence of such a plan, or a significant influx of new resources for *all* populations, the targeting of resources toward permanent supportive housing for the "chronically homeless" merely re-shuffles the deck, resulting in *fewer*, not more, services for families and other populations.

2) The "chronic homelessness initiative," as currently conducted by HUD, is incapable of "ending homelessness" for people with disabilities.

While permanent supportive housing targeted to people who are *currently homeless* is an essential service in resolving the homelessness of many people with disabilities, it cannot prevent *currently housed* people with disabilities from losing their housing. Even if enough funding were allocated for permanent supportive housing for every person who is currently "chronically homeless," new individuals with disabilities would continue to become homeless because the underlying causes of their homelessness are not addressed by the initiative. Similarly, while "discharge planning" has been part of the "chronic homelessness" discussion around prevention, it becomes merely an ad hoc exercise in problem management when no affordable housing exists to which people can be discharged. Only a sustained effort to address the long-term causes of homelessness, including lack of adequate health care, affordable housing, and livable incomes, will prevent and end homelessness for people with – and without – disabilities.

3) The argument that "chronically homeless" people are "the most vulnerable" among people experiencing homelessness, and therefore deserving of greater attention and resources, is flawed.

Proponents of the chronic homelessness initiative have sought to garner support for it by asserting that "chronically homeless" people are "the most vulnerable" among people experiencing homelessness, and therefore deserve a greater portion of federal resources.[13] Such assertions unethically pit needy populations against each other for service dollars. Moreover, the accuracy of the assertion is undermined when research on children is considered – research that is strikingly absent from discussion at the federal policy level. Rarely mentioned, for example, is the finding that young children were most at risk of staying in public shelter in New York and Philadelphia, and the younger the child, the greater the risk; indeed, infants under the age of one had the highest rates of shelter use.[14] To assume that these children are less

vulnerable to the ill effects of homelessness because they move through the public shelter system more quickly is wrong. Many of the horrific conditions of homelessness directly contribute to physical, mental and emotional harm. For example, infants and toddlers who are homeless are at extreme risk of developmental delays and health complications.[15] Children experiencing homelessness are diagnosed with learning disabilities at much higher rates than other children.[16] In addition, there is evidence that experiencing homelessness as a child is associated with experiencing deep poverty and homelessness as an adult.[17] Ignoring the plight of this equally vulnerable population, under the questionable assumption that it is "less vulnerable" than single adults with disabilities, all but guarantees the perpetuation of "chronic" homelessness into the foreseeable future. Proponents of the chronic homeless initiative have also called "chronically" homeless individuals the "hardest to serve" and stated that without Federal priorities, local communities would not serve them. In truth, there are many "hard to serve" communities, including homeless immigrants, prisoners reentering the community, and teens who have turned to drugs and violence to survive. Every community has different groups who are very difficult to serve, and prioritizing one over the other at the federal level does nothing to help each state address its unique homeless population.

4) Profound cost-efficacy arguments can be made for addressing homelessness for many groups, not just for chronically homeless individuals.

One argument often put forth to justify the emphasis on chronic homelessness is one of cost efficacy. It is often stated that chronically homeless individuals cost society significant sums of money in emergency health care, jail and law enforcement costs, and temporary shelter. However, the same arguments can be made for other homeless populations, particularly victims of domestic violence and their children. When adequate shelter and housing are not available to victims, they frequently remain in abusive relationships – exacerbating these costs and exposing themselves and their children to danger.

The cost of intimate partner violence exceeds $5.8 billion each year, $4.1 billion of which is for direct medical and mental health care services.[18] When property loss, lost productivity, and pain and suffering are included, the total annual victim cost of domestic violence grows to $67 billion dollars.[19] These calculations do not include the enormous costs to the criminal justice system, including police response and prosecution, which would drastically increase the totals. Domestic violence also costs U.S. employers an estimated $3 to $13 billion annually,[20] and 25% to 50% of domestic violence victims report that they had lost a job due, at least in part, to domestic violence.[21]

Domestic violence contributes to a number of chronic health problems including depression, alcohol and substance abuse, and sexually transmitted diseases such as HIV/AIDS, and limits victims' ability to manage other chronic illnesses such as diabetes and hypertension.[22] New research also shows that intimate partner violence costs a health plan $19.3 million each year for every 100,000 women between 18 and 64 enrolled.[23] Even five years after abuse has ended, health care costs for women with a history of intimate partner violence remain 20% higher than those for women with no history of violence.[24]

The costs to society of a child growing up in a home with domestic violence are also shocking. A staggering number of children, between 3.3 and 10 million, experience or witness violence every year.[25] Slightly more than half of female victims of intimate partner violence live in households with children under age 12.[26] Furthermore, it is estimated that 50% of men who frequently abused their wives also abused their children.[27] Unfortunately, children who experience violence in the home are far more likely to not only engage in violence during their youth but also repeat abusive patterns in their future relationships. Children who witness spousal assault and who have also been the victims of parental assault are six times more likely to assault other children outside their family.[28] Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.[29] A high percentage of the nearly half a million 14-to-24-year-olds who leave the juvenile justice system, federal or state prisons or local jails

annually have experienced or witnessed violence at home.[30] Children who are exposed to domestic violence are also more likely to exhibit behavioral and physical health problems including depression and anxiety[31] as well as being more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.[32]

5) Communities are being forced to overlook the results of their own needs assessments in order to meet federal mandates to serve "chronically homeless" people. As a result, federal funding is not addressing the service gaps determined by communities.

In distributing homeless assistance grants, HUD asks communities to rank local needs and prioritize the gaps in the resources available to meet those needs. It then awards grants based on that process, called the "Continuum of Care." Over the past few years, as a result of the "chronic homelessness" initiative, HUD has given preference to communities that use funds for permanent housing to "end homelessness for chronically homeless people."[33] This preference disregards local needs, realities, and emerging trends, and is therefore in direct conflict with the stated goal of the Continuum of Care process: rather than enabling local communities to determine their own priorities based on local need, HUD has determined their priorities for them. Many communities have witnessed significant growth in the scale and severity of homelessness among families with children, unaccompanied youth, and disabled and non-disabled populations that do not fit neatly into the "chronic homeless" paradigm. Yet these communities are being forced to overlook emerging needs in favor of a narrowly constructed national priority. As a result, equally vulnerable populations face service gaps that, if left unaddressed, have the potential to cause irreparable harm and even lead to "chronic homelessness."

Confidentiality and Privacy for Victims and all Homeless People Should be Maintained

In 2001, the Veterans' Affairs, Housing and Urban Development Appropriations Conference Committee directed the Department of Housing and Urban Development (HUD) to collect data on the

extent of homelessness at a local level.[34] Although there were and are a variety of ways to meet this directive, HUD required McKinney-Vento funded entities to implement local Homeless Management Information Systems (HMIS). HMIS are complex databases that collect, track, and share comprehensive personally identifiable data about individuals who use services for the homeless, including victims of domestic violence.[35] It is dangerously easy to identify a victim by compiling and sharing victim's non-aggregate demographic information. For example, "87% of the population in the United States had reported characteristics that likely made them unique based only on *5-digit ZIP*, *gender*, *and date of birth*. About half of the U.S. population (132 million of 248 million or 53%) are likely to be uniquely identified by only *place*, *gender*, *date of birth*."[36]

Providing the location and sensitive information about a victim fleeing for her life to any third party or central database exacerbates the enhanced risk victims face when trying to escape an abusive partner.[37] Confidentiality has been essential to domestic violence shelters for 30 years because perpetrators will go to incredible lengths to find and harm their victims. Abusers who work for or know someone who works in the state system will be able to track their victims. According to the U.S. Secret Service and CERT Insider Threat Study, 83% of data security breaches took place from within the organization.[38] Abusers will also be able to hack into HMIS databases, as non-profit technology systems are significantly more vulnerable than the private industry systems that are breached every week. Given that over 155 million data records of U.S. residents have been exposed due to security breaches since January 2005, compiling and sharing personally identifying information about victims fleeing for their lives, and any homeless person, exposes the most vulnerable people to further harm.[39]

Though most employees of homeless shelters, Continuums of Care, and HUD are well-intentioned, even they are not immune from data breaches:

- In July 2006, personal information including the names and Social Security numbers of 8,400 homeless New York City parents was leaked in an email sent by an employee of the Department of Homeless Services.[40]
- During the same month, 757 current and former HUD employees were told that a backup disk containing their personal information had been lost. The missing disk contained information including names, social security numbers, and summary human resources and personnel data.[41]
- In December 2006, city officials in Columbia, South Carolina were barred from using the HMIS database because they had allowed the city police to pull names and social security numbers from it to run background checks and make arrests. It is a violation of federal law to share the information in this database in such a manner.[42]

Recognizing the dangers to victims in HUD's Homeless Management Information Systems, Congress, led by Senator Reed and Congresswoman Moore, clarified and reaffirmed the importance of victim confidentiality in the Violence Against Women Act of 2005 by amending the McKinney-Vento Homeless Assistance Act to protect personally identifying information of victims in HMIS. While this important federal legal change went into effect in January 2006, HUD has yet to implement the critical protections in VAWA for the shelters across the country and in Alabama.

HUD has provided no guidance to ensure that local domestic violence programs are not coerced into providing identifying information about victims. Many Continuums of Care are anxious to maintain funding and insist that victim service providers disclose information despite the statutory prohibition on such sharing. Most recently, shelters in South Dakota and Minnesota have come under intense pressure to disclose personally identifying information. Additionally, HUD provides conflicting information about HMIS in their NOFA. Domestic violence shelters are not considered as participating in HMIS, even when these agencies do participate by sharing aggregate non-identifying information. This is problematic for

communities where a domestic violence shelter is the only homeless shelter; the community appears to have 0% participation in HMIS and loses points on their application.

In addition, HMIS is required but inadequately funded, further reducing a program's ability to provide direct services. For instance, the domestic violence shelter in Huntsville manages the HMIS system for the northern half of the state but has recently cut neighboring continuums out of HMIS because the funds for HMIS have been reduced so significantly. They had been forced to subsidize the HMIS with funds needed to provide direct services and shelter beds.

One domestic violence program in Montgomery, which operates a model transitional housing program, has been under tremendous pressure to give personally identifying information about victims to the HMIS system. The pressure has not come directly from HUD, but from the local agency which has the HMIS grant and which has been having problems meeting their deliverables. This agency is caught in a terrible bind since ACADV, VAWA, and other state and federal funders prohibit the delivery of personally identifying information and, if they do deliver the information, their ACADV funds and VAWA formula grants are at risk.

As currently written, CPEHA eliminates the Reed provision to protect victims of domestic violence. However, Banking Committee staff have assured NNEDV that this was not an intentional exclusion and that the provision will be returned to the legislation in a manager's amendment. ACADV and NNEDV understand the complexities of amending a lengthy piece of legislation and greatly appreciate the work of Senator Reed's staff to resolve the issue.

In addition to the vitally important Reed provision, the proposed CPEHA bill can enhance the safety of victims using other community services and homeless shelters. As we have described above, domestic violence shelters are full far too often, and victims turn to HUD-funded agencies. These homeless service providers are sharing vast amounts of personally identifying information about all people who are

homeless, including victims of domestic violence. Additional provisions could enhance the safety and privacy of all people by treating data about homeless people with the same protections that exist in other data privacy and security statutes. These provisions include: mandating audit trails of access and use of personal data (easily done with a software program); prohibiting data sharing to decrease security risk and increase personal privacy; providing long-recognized rights to consent, correct, or remove personal data; and providing sanctions for unlawful disclosure of this most personal data.

Conclusion

In one day alone, 62% of the domestic violence programs in this country directly served nearly 50,000 women, men and children.[43] Over the course of a year, these programs serve at least 300,000 individuals. [44] Demand for our services rises continually – calls to the National Domestic Violence Hotline increased 15% last year, as it has nearly every year since its inception.[45] We know the Senate Committee on Banking, Housing and Urban Affairs, along with the rest of Congress, is committed to meeting the needs of these victims of domestic violence – and of the many more who are only now gaining the courage to come forward and ask for help.

On behalf of victims of domestic violence in Alabama and around the country, we thank the Committee for this opportunity to testify. We are in strong support of reauthorizing the McKinney-Vento Homeless Assistance Act and believe that by working together a bill can be passed that meets the needs of diverse communities. We look forward to working with the Banking Committee to achieve legislation that returns control to local communities and works for homeless families, including victims of domestic violence. Thank you again for your leadership to end both domestic violence and homelessness.

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