

TESTIMONY OF STEPHANE P. VANDERMEULEN, MSPAC, PA- C
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SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES COMMITTEE ON
APPROPRIATIONS U.S. HOUSE OF REPRESENTATIVES

APRIL 29, 2015

Chairman Cole, Ranking Member DeLauro, and members of the subcommittee, thank you for the opportunity to speak to you today. I am here to ask for your continued support of Title VII programs, and in particular the Primary Care Training and Enhancement grant program, which provides funding for physician assistant curricular innovations, faculty development, increased access to care for underserved areas, and increased PA workforce diversity.

My name is Stephane VanderMeulen, and I am President of the Physician Assistant Education Association (PAEA), a practicing PA, and an educator from the University of Nebraska PA program. It is my pleasure to testify today on behalf of the 196 accredited PA programs in the United States to underscore both the importance of PA education and how PAs work to enhance interprofessional teams in our evolving health care system. We recommend \$12 million in funding to support PA education in FY2016 to bolster innovation and the recruitment, training, and development of both students and faculty at PA programs nationwide.

PAs are educated to practice medicine as generalists. This allows us the flexibility to fill in the gaps of access to primary care as well as to specialize based on local and regional needs. PAs possess the knowledge, demeanor, and skills that allow them to adapt and meet patient care needs. After obtaining a bachelor's degree, a PA completes their graduate education in about 26 months, lessening the financial impact of student debt. PAs are

licensed in every state and the District of Columbia and practice medicine that includes performing physical examinations, ordering tests, and prescribing medications.

The current demand for PAs by hospitals, clinics, physician practices, and others exceeds our capacity for educating and graduating new PAs. Fortunately, colleges and universities across the country are responding to the demand and establishing new PA programs. According to the Accreditation Review Commission on Education for the Physician Assistant, Inc. --the accrediting agency that defines the standards for and evaluates PA educational programs in the US--, there are currently 77 PA programs at various stages of development. The growth rate in the applicant pool is even more pronounced. In the 2014–2015 application cycle, there were almost 23,000 applicants to PA education programs, representing a 35 percent increase over the past five years. At the same time, the current rate of graduate PAs entering the workforce is growing an estimated 5 percent per year. A recent study by the Association of American Medical Colleges found that, even with the increase in PAs, there will still be a significant primary care provider shortage by 2025. Despite the continued demand for a robust PA workforce, federal funding has not kept pace with program growth and needs. In FY2010, there were 142 PA programs, and PAs received just over \$3 million in Title VII funding. Today, there are 196 PA programs, yet the most recent Primary Care Training and Enhancement competition designates only \$1 million in funding for PA education. With an estimated 77 programs in development, we will have approximately 270 programs by 2020. This is a critical time for our profession and for the patients we serve. While the increasing number of PA programs will help alleviate the provider shortage, PA education still requires assistance in critical areas, such as: encouraging students to specialize in primary care and work in underserved

communities; addressing the critical shortage of clinical training sites; increasing diversity among providers; and addressing faculty shortages.

PAEA believes that PAs are well-suited to help our nation's health care system meet the triple aim of: improving the experience of care, improving the health of the population, and reducing per capita costs of health care.

Since its inception in the 1960s, PA education has been based on the concept of an integrated, interprofessional, team-based approach to patient-centered care. This approach is uniquely suited to the outcome-based care models that are transforming the U.S. health care system. While the PA profession is well-established, it is nimble enough to embrace new models of care, adopt innovative approaches to training and education, and adapt to health system challenges. For example, when restrictions were placed on physician residency hours in the 1990s, the PA profession responded to the increased need for more in-patient providers.

Primary care has been clearly identified as the critical entry point into our health care system. Today, PAs are educationally prepared to address the challenges our nation faces in primary care, with more PAs choosing to enter primary care than any other specialty. Although the PA profession is relatively young, the effectiveness of PAs is well-documented. Multiple studies of PAs in medical practice show: improved patient access, especially for Medicaid patients; high patient satisfaction; more frequent patient education; and health care outcomes comparable to physician care. According to a Harris Poll conducted by the American Academy of Physician Assistants, 93 percent of patients who have interacted with a PA agree that PAs add value to health care teams.

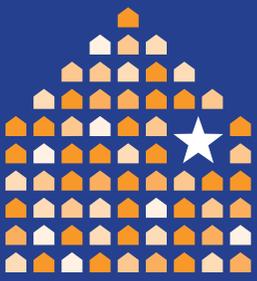
Title VII is the only designated federal funding source that directly supports PA programs, and it plays a crucial role in supporting our education system's ability to produce the next generation of health care providers. Title VII funding fills a critical need in curriculum development, recruitment, faculty development, clinical site expansion, and diversification of the primary care workforce — areas that, if appropriately supported, can help ensure the PA profession realizes its full potential to meet the nation's health care needs.

My PA program at the University of Nebraska benefits from a PA training grant that seeks to address the rural health needs of our state. 80 of the 93 counties in Nebraska are designated as all or partially Medically Underserved Areas. A portion of our training grant dollars went toward convening a conference focused on best practices in the areas of recruitment, education, and delivery models that promote PA graduates to assume careers in primary care for rural populations, including those underserved. Another PA program used its grant funding to support remote travel expenses for 267 students, who trained at rural primary care clinical sites and in medically underserved communities. Another program used its funding to purchase equipment to train its students to effectively use telemedicine technology. Several other programs used funding to increase access to PA education for veterans.

Funding, however, is only one part of the solution. Ensuring the necessary clinical training is crucial to health professions education. Last year, PAEA partnered with the Association of American Medical Colleges, the Association of Colleges of Nursing, and the American Association of Colleges of Osteopathic Medicine to launch a clerkship survey. This survey found that 80 percent of respondents from across the four health professions

are concerned about the number of clinical training sites — and reported the greatest difficulty in securing clinical opportunities for their students at primary care sites. With a growing patient population and expanded access to health care, it is essential that our students are given clinical education opportunities that prepare them to practice in areas of need. Federal support can help enhance students' experiences in primary care settings, particularly those in rural and inner city settings, increasing the likelihood that they will practice in medically underserved communities.

In closing, federal support is vital to the continued success of the PA profession. Investments in PA education not only strengthen the PA community, but also allow PA programs to increase the number of opportunities for students to work in team-based primary care settings, helping them prepare for clinical settings and meet the needs of our nation. Investment in this kind of team-based education will ensure that the next generations of providers are equipped to work together to provide the highest quality care. PAEA recommends \$12 million to maintain and expand the capacity of PA education in the United States. I know that this funding will go a long way toward enhancing our programs' effectiveness. We also unite with the health professions community to express our concern for the eroding level of funding for Labor HHS programs, and advocate increased funding for public health, research, education, and the workforce. We recognize the need to lower the federal debt while addressing the many priorities of our nation but strongly believe that the relatively minor investment in PA education will reap major benefits of lower cost, quality care for our nation. We are grateful to the subcommittee for your commitment to strengthening health professions education, and for your longstanding support of primary care medicine. Thank you.



NNEDV

Domestic Violence Counts 2013

A 24-Hour Census of Domestic Violence Shelters and Services



NATIONAL NETWORK TO END DOMESTIC VIOLENCE



To the staff at the 1,649 local domestic violence programs that participated in the 2013 National Census of Domestic Violence Services, thank you for taking time out of your busy schedules to provide us with a glimpse of the incredible, life-saving work you do every day.



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'13 Domestic Violence Counts National Summary

On September 17, 2013, 1,649 out of 1,905 (87%) identified domestic violence programs in the United States participated in the 2013 National Census of Domestic Violence Services. The following figures represent the information provided by these 1,649 participating programs about services provided during the 24-hour survey period.

66,581 Victims Served in One Day

36,348 domestic violence victims found refuge in emergency shelters or transitional housing provided by local domestic violence programs.

30,233 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups.

This chart shows the percentage of programs that provided the following services on the Census Day.

Services Provided by Local Programs:	Sept. 17
Individual Support or Advocacy	98%
Children's Support or Advocacy	84%
Emergency Shelter	77%
Court Advocacy/Legal Accompaniment	58%
Transportation	58%
Group Support or Advocacy	53%

20,267 Hotline Calls Answered

Domestic violence hotlines are a lifeline for victims in danger, providing support, information, safety planning, and resources. In the 24-hour survey period, local and state hotlines answered 20,267 calls and the National Domestic Violence Hotline answered 550 calls, averaging more than 14 hotline calls every minute.

23,389 Educated in Prevention and Education Trainings

On the survey day, 23,389 individuals in communities across the United States and territories attended 1,413 training sessions provided by local domestic violence programs, gaining much-needed information on domestic violence prevention and early intervention.

9,641 Unmet Requests for Services in One Day, of which 60% (5,778) were for Housing

Victims made more than 9,000 requests for services, including emergency shelter, housing, transportation, childcare, legal representation, and more, that could not be provided because programs did not have the resources to provide these services. The most frequently requested non-residential services that could not be provided were housing advocacy, legal representation, and financial assistance.

Domestic violence programs do not always know what happens when a survivor courageously calls a stranger to ask for a bed or other help and the services aren't available; however, 60% of programs report that victims return to the abuser, 27% report that victims become homeless, and 11% report that victims end up living in their cars.

Cause of Unmet Requests for Help

- 🏠 27% reported reduced government funding.
- 🏠 20% reported not enough staff.
- 🏠 12% reported cuts from private funding sources.
- 🏠 10% reported reduced individual donations.

Across the United States, 1,696 staff positions were eliminated in the past year. Most of these positions were direct service providers, such as shelter staff or legal advocates. This means that there were fewer advocates to answer calls for help or provide needed services.

"On the Census Day, one of our residents left the program. She had entered the program with a great deal of anxiety and self-doubt after leaving her abusive husband of 30 years. While she was moving her belongings out of the shelter, she expressed hope for her future. She said, 'I came here with nothing and you gave me everything.'"

—New Jersey Advocate





On September 17, 2013...

In Massachusetts...

A woman escaped after her husband severely assaulted her and threatened her with a knife.

In Illinois...

A little boy jumped in front of his mother to protect her from her abusive husband.

In Arizona...

A woman was stabbed and raped by her abusive partner in front of his friends.

In Pennsylvania...

A woman called for help after her boyfriend pulled a gun on her.

In Michigan...

A woman and her children faced eviction after her abusive partner evaded the police and emptied their bank account.

In the United States...

Two women were killed by their abusive partners.

This information was reported by domestic violence programs in the 2013 Domestic Violence Counts. With 87 percent participation, more women and men may have been injured or killed as a result of domestic violence on September 17, 2013, than reported here.

...In Just One Day



On September 17, 2013, across the United States and U.S. Territories, **66,581 adults and children received services from domestic violence programs**. Unfortunately, 9,641 requests for services went unmet due to lack of resources. For the eighth consecutive year, the National Network to End Domestic Violence (NNEDV) conducted its annual National Census of Domestic Violence Services (Census), a one-day, unduplicated snapshot of the number of individuals who accessed domestic violence services, the types of services they requested, and the stories and experiences of survivors and advocates. Out of 1,905 domestic violence programs and shelters identified nationwide, **1,649 programs (87%) participated in the 2013 Census**.

During that 24-hour period, 19,431 children and 16,917 adults found safety in emergency shelters and transitional housing, while 5,873 children and 24,360 adults received advocacy and support through nonresidential services. In addition to providing face-to-face services with victims and their children, **local domestic violence advocates answered 20,267* hotline calls on that day**, and provided 1,413 trainings on domestic violence to more than 23,000 people.

For the past eight years, the Census has illuminated the daily successes and struggles that programs face while assisting victims who come to their doors seeking refuge and safety. In those eight years, the country has experienced significant economic upheaval resulting in substantial funding cuts at the federal, state, and local levels. Those cuts have forced many programs to reduce services and some programs to permanently close their doors. Yet, at the same time, programs across the country are experiencing an increase in demand for services.

While programs continue to do their best to meet survivors' needs, and often go to incredible lengths to provide services, programs' resources are stretched thin. For victims, domestic violence programs are the light at the end of a long, dark tunnel. Advocates and programs must have greater resources so that they can continue to ensure that when victims reach out for help, they are met with a sympathetic ear, a helpful hand, and a safe place to go.

* The National Domestic Violence Hotline answered an additional 550 calls on the survey day.

Victims Served

“We know from speaking to survivors how important safe and appropriate housing options are, but there are too few options and too many barriers to access.”

—Ohio Advocate

“A woman in our shelter was looking for permanent housing, but the only neighborhood in which she was able to find affordable housing was the neighborhood where she had lived with the abuser. It would not be safe for her and her children to return there. The entire situation is very frustrating for her and, at times, she has considered returning to the abuser. The wait for transitional housing is also long, making the housing situation very difficult.”

—New York Advocate

Bravely Reaching Out

In just one day, 66,581 adults and children found safety and help at 1,649 domestic violence programs across the United States. Victims often reach out for assistance after a particularly violent or threatening act of abuse or when the daily violence has escalated to a point at which they fear for their lives or their children’s lives. When victims seek help, it is a critical time, and it is vitally important that domestic violence service providers be there to provide help and safety. An advocate from California shared, “A victim entered our shelter with eyes that were black and blue and swollen shut from injuries caused by her partner. She also had a bad fracture that required surgery. When she came into the shelter she was extremely frightened, but was visibly relieved at our reassurance that she was now in a safe place.”

On September 17

Local and state hotlines answered 20,267 hotline calls and the National Domestic Violence Hotline answered an additional 550 calls. On this one day, hotlines answered an average of 867 calls per hour or 14 calls per minute.

Seeking Safety and Refuge

Survivors who are trying to escape from abuse and begin new lives have many basic needs: shelter, food, money, transportation, childcare, legal assistance, and more. One of the most immediate needs is a safe place to stay. When victims make the decision to leave, they should not have to worry about where they and their children will sleep at night. As a Wisconsin advocate pleaded, “Women escaping domestic violence need the security only safe shelter can provide.”

Lifesaving Emergency Shelters

On September 17, 2013, more than 23,000 adults and children—or 35 percent of the total

victims served on the Census Day—found refuge in an emergency shelter. Shelters provide critical safety and comfort, as captured by an advocate from Ohio who shared that her program “was able to help a young mother and her 1-year-old daughter escape from a violent partner. She had no family or friends to turn to. Had it not been for the shelter, she and her daughter would be living on the street.”

	Emergency Shelter	Transitional Housing	Non-Residential Services	Total
Children	11,870	7,561	5,873	25,304
Adults	11,647	5,270	24,360	41,277
Total	23,517	12,831	30,233	66,581

Limited, Yet Critical, Transitional Housing

Following emergency shelter, many survivors need help in the transition to permanent housing. Some domestic violence programs are able to provide transitional housing—temporary accommodation designed as a stepping stone between crisis and long-term safety and self-sufficiency. On the survey day, 12,831 victims and their children were living in transitional housing.

Although the common length of stay in an emergency shelter is 30 to 60 days, it can take 6 to 10 months or more for a family to secure stable, permanent housing due to a lack of affordable housing options. Without transitional housing options, many victims face the untenable choice between homelessness and returning to further violence. As one advocate in Washington, DC said, “Survivors’ lives are put at risk every day due to lack of funding and access to safe, affordable housing.”

On September 17

77% of programs provided emergency shelter for survivors and their children.

37% of programs provided transitional housing for survivors and their children.

Comprehensive Advocacy and Support

In the aftermath of abuse, survivors benefit from compassion and support as they heal and rebuild their lives. During this time, domestic violence advocates provide vital support and services to address a variety of issues, including legal concerns, counseling, employment, transportation, and childcare.

For example, a Florida advocate worked with a survivor to build her resume and learn interview techniques before an upcoming job interview. The advocate was also able to provide the survivor with a suit to wear and a bus pass to get to the interview. The survivor was offered the position and shared that “because of the support she received from the program, she felt confident enough to secure the job.”

On the Census Day, 30,233 individuals received non-residential services, which included support, advocacy, and counseling. The chart below shows the percentage of programs that provided the following requested services on the survey day.

On September 17	
Individual Support/Advocacy	98%
Children’s Support/Advocacy	84%
Court Accompaniment/Advocacy	58%
Transportation	58%
Group Support/Advocacy	53%
Social Service System Advocacy	49%

For a complete list of services programs provided on the Census Day and throughout the year, see page 11.

Whether they are providing safety planning, connecting survivors with resources, or advocating on survivors’ behalf, advocates strive to empower survivors and strengthen their voices. Advocates often go above and beyond, dedicating as much as they can to support

survivors. As one program staff member from Kansas shares, “It never ceases to amaze me how creative advocates and survivors can be, doing so much with so little.”

Prevention and Education: A Path to Ending Domestic Violence

Community-wide education and prevention initiatives are crucial to ending domestic violence. Educating children and young adults on healthy relationships and the signs of dangerous and controlling behavior is a vital step toward preventing abuse. On the survey day, local programs provided education on understanding and identifying dating violence, bullying, sexual harassment, and domestic violence to students from grade school through college, as well as to educators and parents.

On September 17

Advocates provided 1,413 trainings to 23,389 students, parents, teachers, law enforcement officers, mental health professionals, attorneys, child protective services employees, and other professionals.

“Today, we were able to educate high school students on domestic violence,” reported an Ohio advocate, “This will help empower them to speak for the right to live free from violence.” These trainings are more than educational; they let young victims know that they aren’t alone and can get resources and support. In Indiana, after attending a training conducted by a program, a teenager called asking for help.

A Virginia advocate noted that these trainings “have historically been difficult to organize, implement, and build upon, but engaging these professionals is critical in raising awareness about how to respond to domestic violence and the services available for victims.”

“We helped a survivor secure childcare for her 2-year-old child. Since her only option for childcare was to leave her child with the abuser’s parents, she was considering quitting her job to keep her child safe. The survivor was so excited that she could keep her job and not jeopardize her safety or the safety of her child.”

—Alabama Advocate

“A woman entered our shelter after she fled her abusive husband. She had been living in her car for a week before coming to us. Since she’s been in shelter, she has been able to increase her safety, continue to care for her teenage children, obtain a job, and is now planning to move into her own home.”

—Delaware Advocate

Devastating Unmet Needs

“Survivors face many challenges: lack of affordable housing, poor credit (which is often ruined by their abuser), lack of childcare, and more. We are currently working with a survivor who is doing everything she can, but she can’t find affordable and safe housing, and that is a significant barrier to gaining independence for herself and her children.”

—New Hampshire Advocate

Although more than 66,500 adults and children found refuge and support on the survey day, an additional 9,641 requests for services were unmet due to a lack of resources. This means that over 9,000 times an advocate was forced to tell a courageous caller or person at the door that, unfortunately, there was no bed, counselor, or attorney available to help.

On September 17

9,641 requests for services were unmet because of limited resources.

- ▶ 42% of unmet requests were for emergency shelter.
- ▶ 18% of unmet requests were for transitional housing.
- ▶ 40% of unmet requests were for non-residential services.

Now more than ever, domestic violence programs and shelters across the country are operating with less funding, fewer resources, and fewer staff. The economic environment of the last few years has resulted in a combination of fewer grants, fewer donations from the community, and reduced government funds at every level. This shortage of resources within domestic violence programs has been compounded by a reduction in funding for other social services upon which victims often rely, such as low-income housing, mental health services, and more.

The chart below shows the number of unmet requests, broken down by requests from adults and children and by types of services.

	Emergency Shelter	Transitional Housing	Non-Residential Services	Total
Adults	2,388	871	2,930	6,189
Children	1,643	876	933	3,452
Total	4,031	1,747	3,863	9,641

Lack of Housing

The largest unmet need was for shelter. One of the first steps for survivors escaping violence is finding a safe place to go, and domestic violence shelters offer safe spaces for victims to figure out their next steps. Emergency shelter, transitional housing, and affordable housing are critical in helping survivors permanently escape violence.

However, in most places, the demand for emergency shelter is outpacing the availability. Despite serving more than 23,000 people in emergency shelter on the Census Day, 4,031 requests for emergency shelter went unmet.

Safe shelter is crucial for survivors when they are escaping a deadly threat. In Colorado, an advocate reported, “We have a woman living in our shelter. Her husband tried to shoot her, and the only reason she got away was because the gun jammed. She begged us to let her stay in the shelter, saying that she and her kids are beginning to feel safe for the first time in their lives. Of course, we extended their stay.”

In some places, the location of domestic violence shelters is confidential, which is a necessity for survivors whose abusive partners are incredibly dangerous and are stalking them. In Rhode Island, an advocate reported, “We got a call from a homeless shelter asking for shelter for a woman who had been severely beaten by her husband. He is very dangerous and she needed a confidential shelter to go to so he couldn’t find her. We were full and the only shelter with space available was a few states away. Unfortunately, we didn’t have any transportation funds to get her to that shelter.”

When shelters are at capacity, or when additional security is needed, many programs look to alternative safe locations to house a survivor, such as hotels or motels in the community. In the past year, though, 149

programs had to eliminate these services due to funding cuts. Programs often rely on individual donations to pay for rooms, and hotel or motel stays are expensive. When these programs are not available, many victims and their children are left without a safe place to sleep at night and may face the untenable choice between homelessness or further violence.

Transitional housing is another option for survivors and is particularly critical for victims' safety and self-sufficiency after they leave emergency shelter and work towards finding permanent housing. An advocate in New Mexico shared how significant it was for a survivor to learn that she had been placed in a transitional housing program, "The survivor opened the letter with her children standing nearby. As she read the letter, she began jumping in excitement, and her children joined in the celebration!"

Currently, only 42% of programs provide transitional housing as part of their services throughout the year, and because of funding cuts, 71 programs reduced or eliminated their transitional housing services in the past year. Despite the success of transitional housing programs in helping survivors find stability for themselves and their children, the shortage of these services means that far too many victims leave shelter with nowhere to go or lack adequate housing options in their communities.

Fewer Staff to Assist Survivors

Demand for services has increased, yet there are fewer staff to answer the phone, provide comprehensive services, or even document the unmet needs and unmet requests for help. Most programs operate with few staff to begin with, so when employees are laid off it not only means that people in the community are without jobs, it also means that fewer people are available to provide the critical services victims need. A Kansas advocate reported, "Without staff, there

is no one to answer the phones, advocate on behalf of the survivor, or provide them with support. We can't create new or enhanced programming. Our advocates are faced with horrific stories of violence and abuse and we're asked to do more with less every day."

Prior to the economic downturn, local programs were already underfunded and understaffed. In 2009, NNEDV collected the number of layoffs and found that almost 2,000 positions had been eliminated in the previous 12 months. In addition to downsizing in the intervening years, in 2013, 1,696 staff were laid off due to funding reductions, an average of more than 1 person per program. This is significant since half of local domestic violence programs have fewer than 20 employees.

Of the staff that were laid off in 2013, 70% were direct service positions, such as case managers, advocates, shelter staff, and child advocates. As an Illinois advocate reported, "We cut our walk-in counseling support staff several years ago because of funding cuts, and we have never been able to rebound from this. We aren't able to meet the increasing demand for help." Many advocates report not even being able to know how many victims reach out to request services every day, because so few staff are there to answer calls or keep the program doors open.

Positions that have been laid off in the past year:

- Case Manager/Advocate — 16%
- Shelter Staff — 16%
- Hotline & Other Advocates — 12%
- Legal Advocate/Attorney — 10%
- Community Outreach — 9%
- Child Advocate — 8%
- Prevention Staff — 5%

"Today a survivor called our 24-hour crisis line asking for emergency shelter. She was fleeing from her abuser, who had found her at her sister's house and assaulted her so badly she ended up in the hospital. Unfortunately, we have no shelter space available, and she has nowhere to go."

—Oregon Advocate

"Despite extreme stalking and a high threat of danger, a survivor was denied community legal services because there was no physical abuse. The survivor makes minimum wage and is unable to afford a divorce attorney."

—Alabama Advocate



“Through cooperation with local police, we helped a woman leave her abusive husband and enter emergency shelter. Previously, whenever she tried to leave, he threatened to take the baby, physically abused her, and threatened to kill her mother.”

—Texas Advocate

Significant Cuts to Services

With fewer staff and resources, comprehensive and critical services have to be eliminated. Significant services that programs had to cut or reduce in the past year included transportation, legal representation, bilingual advocacy, and therapy or counseling for both adults and children.

Programs Reduced or Eliminated the Following Services in 2013	
187	Emergency Shelter (including hotel/motel stays and safe houses)
94	Transportation
81	Group Support/Advocacy
71	Transitional Housing
69	Legal Representation by an Attorney
64	Childcare
64	Therapy/Counseling for Children
55	Bilingual Advocacy
54	Therapy/Counseling for Adults

Lack of Transportation Impacts Safety

The ability to provide transportation for survivors can make a significant impact on their safety. Unfortunately, many victims who want to leave an abuser do not have the transportation needed to get to shelter and thus are left stranded in an unsafe place. For survivors living in rural areas, isolated and geographically scattered communities and a lack of public transportation can make it difficult to reach a crisis center, which could be more than 100 miles away. Even for victims in urban areas, the lack of transportation can make it difficult to leave a violent partner or get to counseling services, court dates, job interviews, or work. “Very few survivors that we work with have cars, and if they do, they generally don’t have money for gas,” reported a Kansas advocate. “The city has reduced or cut bus routes, and we have victims who can’t get to the courthouse to file for a protection order.”

Some domestic violence programs are able to offer transportation services to survivors (such as bus vouchers, gas money, or transport in a program vehicle); however, many are not. This past year, 94 programs across the country reduced or eliminated their transportation-related services because of budget cuts, leaving many victims without the means to access safety and self-sufficiency. With enough funding, transportation can be a lifeline for survivors in need.

Advocate in the Midwest

“Although we were full, we took in a woman from another state because her life was in danger. Through coordination with law enforcement, our lethality assessment program, and our 24-hour hotline staff, we were able to get her on a plane to make it here, to safety.”

Legal Services are Desperately Needed

Access to legal services can significantly increase a survivor’s safety and long-term stability. Yet survivors often need help navigating the court system to access protection and hold abusers accountable. Sometimes, they must face the abuser in court to obtain a protection order, gain child support, or testify in criminal proceedings. For many survivors, this can be financially and emotionally difficult, and it can be helpful to have an advocate with them who is supportive and knowledgeable about the court system.

Legal cases involving domestic violence are often complex, and without proper legal representation, survivors are frequently further victimized by unfavorable outcomes.

Some domestic violence programs are able to address this critical need by providing either legal advocacy or representation by a lawyer. On the survey day, 58% of programs were able to have an advocate accompany a victim to court, but only 12% of programs were able

“With the support of our court advocate, a survivor testified at the jury trial against her abuser. She was scared but in the end felt empowered. Having someone encourage and support her was very valuable; and testifying was an important step in her healing.”

—Massachusetts Advocate

to assist victims with legal representation. Funding cuts have forced some programs to cut these important services. In the past year, 50 programs reduced or eliminated their legal advocacy programs and 69 programs reduced or eliminated their legal representation services. Of the unmet requests, legal representation through an attorney was the second most sought-after service.

South Dakota Advocate

“A woman was denied custody and her children were given to an incredibly violent ex-husband. She has a chronic illness and cannot work; but she must pay child support and is financially destitute. She is living with relatives and far from her children. I think of her and her vulnerable children every single minute of every day—hoping she will be able to survive another day.”

Underserved Victims

With resources and services already strained, victims from isolated or marginalized communities have an even harder time seeking help and finding pathways out of abuse.

Immigrant survivors often face isolation, fear, restrictive immigration laws, and language barriers, which may prevent them from reaching out for help. Furthermore, abusers of immigrant victims often control their victims by deliberately misrepresenting the law, confiscating immigration documents, and threatening deportation or taking away their children if they report violence. A California advocate shared, “We worked with a woman who was stabbed by her husband. She was 4 ½ months pregnant and her 10-year-old child saw the violence. He was sentenced to prison for attempted murder and felony domestic violence. She told me that she was always afraid of going to the police to report the violence

because she had entered the country illegally when she was 10 years old.”

Survivors who are elderly, disabled, or dependent on a caregiver may face additional barriers. An advocate on the West Coast shared, “We got a call from a 70-year old woman who had been with her abusive husband for more than 30 years. In those years, he was controlling, emotionally and financially abusive, and convinced her she was crazy. She cried for most of the phone call, but said she wanted a divorce and to move away, but without access to her money, she felt helpless, hopeless, and confused. We walked through several options and I referred her to our legal department. After the call, she was more confident and hopeful.”

Victims who identify as members of the LGBTQ community also face unique barriers in accessing safety and justice. Criminal justice and law enforcement systems and personnel frequently struggle to understand the dynamics of domestic violence in the LGBTQ community. Despite laws that prohibit discrimination, LGBTQ survivors sometimes have a difficult time accessing help and protection.

Programs Provide the Following Services:

Advocacy Related to Immigration:

- 24% on the Census Day
- 83% throughout the year
- 35 programs reduced or eliminated this service in the past year

Bilingual Advocacy:

- 37% on the Census Day
- 72% throughout the year
- 55 programs reduced or eliminated this service in the past year

Advocacy Related to Disability Issues:

- 22% on the Census Day
- 84% throughout the year
- 20 programs reduced or eliminated this service in the past year

“We took a call from a survivor whose husband beat her after years of verbal and emotional abuse. He coerced their older sons to join him in beating their mother. With the help of the language line, we talked to her about going to the hospital to get her injuries looked at and we’re arranging a Spanish-speaking counselor to speak with her.”

—Virginia Advocate

“Many survivors who need mental health services fall between the cracks. They are often not eligible for free services but can’t afford to pay either. We need more resources.”

—Washington Advocate

Unconscionable Consequences

“We keep doing more, even though we have less. We rarely turn anyone away, but only because our staff are so dedicated and because we know victims depend on us being there.”

—Illinois Advocate

“On our waiting list is a mother with 2 small children. She was physically, emotionally, and sexually abused by her ex, who is now stalking and threatening her. Currently, she is living with a friend, but it’s not a permanent solution because her friend might lose the apartment if the landlord finds that there are too many people living there.”

—Wisconsin Advocate

While domestic violence programs must face the untenable reality of being unable to help everyone who comes to their door, survivors face the ultimate consequences: no alternatives to violence or options for safety.

When asked what most often happens to survivors when programs are not able to meet their requests for services, 60% of local programs report that victims return to the abuser, and 27% said that they become homeless. Other potential consequences include ending up financially ruined and/or facing bankruptcy; moving to a location that requires leaving jobs, family, or other support systems; or living in a series of short-term locations, such as with family members or in a car.

The abuse that many survivors suffer is multi-faceted and can include emotional, physical, sexual, financial, and mental abuse. Despite their efforts to leave the violence, the barriers they face often seem insurmountable.

Funding and Laws are Vital

When victims reach out for help, they must be able to find safety and support. Given the dangerous and potentially lethal nature of domestic violence, we cannot afford to ignore victims’ needs.

Funding is crucial to the work that domestic violence programs do day in and day out. Studies have shown that domestic violence shelters are essential for addressing and ending domestic violence, as is the work that programs do to address victims’ urgent and long-term needs and help them protect themselves and their children.¹

At the federal level, the Family Violence Prevention and Services Act (FVPSA), which was passed by Congress thirty years ago, is the only federal funding source dedicated directly

to domestic violence shelters and programs. FVPSA-funded programs are the foundation of our nation’s response to adult and child victims of domestic violence. FVPSA funds essential services that are at the core of addressing domestic violence: emergency shelters, hotlines, counseling and advocacy, and primary and secondary prevention. Unfortunately, the FVPSA program is severely underfunded, and its funding in 2013 was lower in actual dollars than it was in 2001.

The Violence Against Women Act (VAWA), reauthorized in 2013 and marking its 20th anniversary in 2014, also provides specialized funding for domestic violence programs and other social service agencies that work with survivors. While VAWA’s focus is on criminal justice system responses, it is also integral to our nation’s response to violence.

Addressing domestic violence requires everyone—funders, policy makers, victim advocates, social service providers, law enforcement, courts, and communities—to work together to respond to and prevent further violence.

Delaware Advocate

“Domestic violence can be eradicated if we are willing to work together with the goal of supporting those affected by domestic violence.”

¹Lyon, E. & Lane, S. (2009). “Meeting survivors’ needs: A multi-state study of domestic violence shelter experiences.” Harrisburg, PA: National Resource Center on Domestic Violence. <http://www.vawnet.org>. For additional information on effectiveness of domestic violence programs, see also: Constantino, R., Kim, Y., & Crane, P.A. (2005). “Effects of a social support intervention on health outcomes in residents of a domestic violence shelter: A pilot study.” *Issues in Mental Health Nursing*, 26, 575-590; Bybee, D.I. & Sullivan, C.M. (2002). “The process through which a strengths-based intervention resulted in positive change for battered women over time.” *American Journal of Community Psychology*, 30(1), 103-132.

Services Provided on the Census Day

Services Provided	On Sept. 17, 2013	Throughout the Year
Individual Support or Advocacy	98%	100%
Children's Support or Advocacy	84%	94%
Emergency Shelter	77%	85%
Court Advocacy/Legal Accompaniment	58%	95%
Transportation	58%	91%
Group Support or Advocacy	53%	91%
Advocacy Related to Public Benefits/TANF/Welfare	49%	91%
Advocacy Related to Housing Office/Landlord	41%	90%
Advocacy Related to Mental Health	41%	91%
Transitional Housing	37%	42%
Bilingual Advocacy (services provided by someone who is bilingual)	37%	72%
Advocacy Related to Child Welfare/Protective Services	33%	92%
Advocacy Related to Substance Abuse	29%	85%
Financial Skills/Budgeting	29%	83%
Therapy/Counseling for Adults (by a licensed practitioner)	28%	52%
Childcare/Daycare	27%	54%
Rural Outreach	27%	71%
Advocacy Related to Immigration	24%	83%
Advocacy Related to Health Care or Healthcare Systems	24%	83%
Advocacy Related to Disability Issues	22%	84%
Job Training/Employment Assistance	22%	69%
Support/Advocacy to Teen Victims of Dating Violence	19%	86%
Support/Advocacy to Elder Victims of Abuse	19%	88%
Safe Houses	18%	28%
Therapy/Counseling for Children (by a licensed practitioner)	18%	44%
Translation/Interpretation Services (provided through a 3rd party)	16%	78%
Medical Services/Accompaniment	16%	79%
Advocacy Related to Technology Use (Cyberstalking, etc.)	13%	79%
Legal Representation by an Attorney	12%	31%
Hotel/Motel Stay	10%	63%
Support/Advocacy to Victims of Trafficking	10%	71%
Media/Press Response or Outreach	10%	82%
Policy Advocacy	8%	66%
Advocacy with the Military	5%	49%
HIV/AIDS Counseling and/or Support	4%	31%

Summary Data

State or Territory	Response Rate	Adults Served	Children Served	Total People Served	Unmet Requests for Services	Hotline Calls Answered	Total People Trained	Served in Shelter	Served in Transitional Housing	Non-Residential Served
AK	95%	337	281	618	51	97	221	268	68	282
AL	83%	357	208	565	26	155	658	249	105	211
AR	79%	216	298	514	29	150	318	245	88	181
AS	100%	6	3	9	1	0	18	0	0	9
AZ	81%	1,098	698	1,796	187	269	294	806	375	615
CA	100%	2,996	2,267	5,263	872	1,703	1,232	1,690	1,455	2,118
CO	80%	610	368	978	205	361	625	374	143	461
CT	93%	734	121	855	103	183	209	245	58	552
DC	100%	351	202	553	52	48	142	71	247	235
DE	100%	127	87	214	10	19	4	52	54	108
FL	100%	2,122	1,149	3,271	154	739	615	1,613	410	1,248
GA	70%	1,142	833	1,975	284	465	368	588	423	964
GU	100%	15	11	26	2	13	1	3	14	9
HI	70%	376	199	575	45	113	116	104	113	358
IA	92%	437	257	694	87	228	150	300	171	223
ID	100%	329	190	519	124	286	462	138	59	322
IL	100%	1,668	706	2,374	408	828	1,134	635	365	1,374
IN	100%	972	736	1,708	128	581	1,817	759	348	601
KS	100%	460	267	727	296	333	384	241	125	361
KY	100%	753	344	1,097	90	252	499	371	223	503
LA	100%	365	356	721	167	334	149	322	103	296
MA	98%	1,539	695	2,234	343	560	527	380	522	1,332
MD	87%	812	251	1,063	215	392	176	251	125	687
ME	100%	332	167	499	23	122	393	86	140	273
MI	65%	1,267	1,026	2,293	200	409	773	801	713	779
MN	60%	699	597	1,296	276	372	398	488	129	679
MO	94%	1,348	815	2,163	344	385	368	1,125	267	771
MP	50%	21	23	44	13	4	0	9	30	5

State or Territory	Response Rate	Adults Served	Children Served	Total People Served	Unmet Requests for Services	Hotline Calls Answered	Total People Trained	Served in Shelter	Served in Transitional Housing	Non-Residential Served
MS	100%	224	217	441	20	134	384	178	94	169
MT	71%	182	101	283	15	144	99	104	37	142
NC	58%	750	396	1,146	101	592	757	573	22	551
ND	95%	139	126	265	28	90	39	104	69	92
NE	100%	307	225	532	257	299	268	169	66	297
NH	100%	220	79	299	52	189	68	65	65	169
NJ	100%	911	420	1,331	112	545	603	314	158	859
NM	85%	480	471	951	162	110	404	411	258	282
NV	80%	244	115	359	20	86	66	150	19	190
NY	80%	2,907	1,682	4,589	572	1,158	918	1,772	715	2,102
OH	100%	1,265	752	2,017	180	786	876	693	347	977
OK	76%	615	264	879	45	193	137	445	71	363
OR	71%	801	386	1,187	312	442	490	229	309	649
PA	100%	1,749	675	2,424	364	787	1,224	740	428	1,256
PR	100%	175	129	304	107	78	33	106	95	103
RI	100%	219	65	284	223	108	40	64	53	167
SC	92%	249	226	475	16	135	131	220	75	180
SD	45%	168	137	305	14	78	61	173	8	124
TN	100%	517	319	836	73	313	350	264	141	431
TX	88%	3,244	2,679	5,923	1,311	1,907	2,285	2,279	1,548	2,096
UT	100%	362	486	848	130	190	86	339	275	234
VA	88%	708	450	1,158	114	443	738	458	180	520
VI	100%	38	31	69	7	20	22	21	15	33
VT	100%	128	55	183	21	89	47	42	45	96
WA	79%	1,343	739	2,082	382	837	391	560	491	1,031
WI	97%	1,327	745	2,072	247	858	763	629	295	1,148
WV	100%	343	88	431	10	160	8	113	42	276
WY	96%	173	91	264	11	95	50	88	37	139
Total	87%	41,277	25,304	66,581	9,641	20,267	23,389	23,517	12,831	30,233

Every day, advocates work to empower victims, help them figure out the next steps in their lives, and assist them in navigating complex and intimidating systems so they can obtain safety and justice. In Georgia, a survivor shared that after some time in a shelter she feels like she finally “has the tools she needs to start her life over.” In Utah, a survivor said that “she was having a peaceful day—the first she has had in many years—as a result of the services provided.” A survivor in Indiana expressed gratitude to the advocates who supported him in getting a protection order against his abusive ex-partner, saying, “Thank you for believing in me and being willing to go the extra mile for the people you help. This is the worst thing I’ve ever had to deal with. Your help and time means the world.” And in Virginia, a woman with a lifelong history of sexual abuse and domestic violence said that coming into a program “was like possibly coming out of a bad dream.”



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