

**Testimony for the Labor, Health and Human Services, Education and Related Agencies
United States House of Representatives
Debbie Dingell, Representative of Michigan's 12th District
Regarding the Family Violence Prevention and Services Act (FVPSA) and related programs
(HHS/ACF/CDC)
April 17, 2018**

Labor, Health and Human Services Appropriations Subcommittee Chairman Cole, Ranking Member DeLauro and distinguished members of the Appropriations Committee, thank you for this opportunity to provide testimony on the importance of investing in the Family Violence Prevention and Services Act (FVPSA) and Violence Against Women Act (VAWA) programs. I sincerely thank the Committee for its ongoing support of these lifesaving programs. I am the Representative for Michigan's 12th congressional district. I am pleased to have the opportunity to testify before you to urge your continued support for federal investment in FVPSA (\$175 million), Rape Prevention and Education (RPE) (Centers for Disease Control and Injury Prevention) (\$50 million), National Domestic Violence Hotline (Administration for Children and Families) (\$9.25 million), Preventative Health and Health Services Block Grant, Rape Set-Aside (\$7 million), and the Violence against Women Health Initiative, (Office On Women's Health) (\$10 million) by appropriating the full authorized amounts for these vital programs.

The crimes of domestic and sexual violence are pervasive, insidious and life-threatening. In 2011, the Centers for Disease Control and Prevention (CDC) released the first-ever National Intimate Partner and Sexual Violence Survey (NISVIS), which found that domestic violence, sexual violence, and stalking are widespread. Domestic violence affects more than 12 million people each year and more than one in three women and one in four men have experienced rape, physical, violence, or stalking by an intimate partner in his or her lifetimeⁱ. The cycle of intergenerational violence is perpetuated as children are exposed to violence. Approximately 15.5 million children are exposed to domestic violence every year.ⁱⁱ The terrifying conclusion of domestic violence is often murder, and every day in the U.S. an average of 3 women are killed by a current or former intimate partner.ⁱⁱⁱ

In 2013, 73 Michigan women were victims of homicide, most of them killed by a spouse, ex-spouse, boyfriend, common law spouse, or someone they lived with. Roughly 100,000 incidents of domestic violence are reported to Michigan police every year, about 16,000 of which are against children. Imagine if these statistics included all instances of domestic violence that go unreported? Meanwhile, in a single day, Michigan domestic violence programs provide services to 2,500 victims/survivors. How many more survivors are not receiving the services they desperately need? It is clear that FVPSA services are critical to women and families in Michigan and around the country. To address unmet needs and build upon its successes, FVPSA and VAWA programs should receive increased investment in the FY 19 Labor, Health and Human Services Appropriations bill.

In addition to the terrible cost domestic and sexual violence has on the lives of individual victims and their families, these crimes also cost taxpayers and communities. The cost of intimate partner violence exceeds \$5.8 billion each year, \$4.1 billion of which is for direct health care services.^{iv} Translating this into 2018 dollars, based on the Bureau of Labor Statistics Consumer Price Index, the annual cost to the nation is over \$9 billion per year. Domestic violence costs U.S. employers an estimated \$3 to \$13 billion annually.^v Despite this grim reality, we know that when a coordinated response is developed and immediate, and essential services are available, victims can escape from life-threatening violence and begin to rebuild their lives.

FVPSA is the cornerstone of our nation's efforts to address domestic violence. Since its passage in 1984 as the first national legislation to address domestic violence, The Family Violence Prevention and Services Act (FVPSA) has remained the only federal funding directly for shelter programs. Now in its 34th year, FVPSA has made substantial progress toward ending domestic violence. Despite the progress and success brought by FVPSA, an unconscionable need remains for FVPSA-funded victim services. There are more than 2,000 community-based domestic violence programs for victims and their children (approximately 1,500 of which are FVPSA-funded through state formula grants). These programs offer services such as emergency shelter, counseling, legal assistance, and preventative education to millions of adults and children annually and are at the heart of our nation's response to domestic violence.

A multi-state study, funded by the National Institute of Justice, shows conclusively that the nation's domestic violence shelters address both the urgent safety needs and long-term security needs of victims and are helping victims protect themselves and their children. This same study found that without shelters, the consequences for victims would be dire, including "homelessness, serious losses including [loss of] children [or] continued abuse or death."^{vi} Additionally, non-residential domestic violence services are essential to addressing victims' needs. Such programs provide a wide variety of services to victims including counseling, child care, financial support, and safety planning. Without the counseling services she received from her local domestic violence program, one victim said, "I would not be alive, I'm 100 percent certain about that."^{vii}

Many programs across the country use their FVPSA funding to keep the lights on and their doors open to serve over 1.3 million victims a year. I cannot overstate how important this funding is: victims must have a place to flee to when they are escaping life-threatening violence. As increased training for law enforcement, prosecutors and court officials has greatly improved the criminal justice system's response to victims of domestic violence, there is a corresponding increase in demand for emergency shelter, hotlines and supportive services. Additionally, several high-profile cases, national focus on domestic and sexual violence, and the #MeToo movement have given survivors the courage to come forward and hold their abusers accountable. As a result, shelters overwhelmingly report that they cannot fulfill the growing need for these critical services. Unfortunately, FVPSA funding has remained relatively stagnant (with increases in the most recent omnibus), resulting in too few services available for victims in need.

Each year the National Network to End Domestic Violence releases a report entitled *Domestic Violence Counts: A 24-hr National Census of Domestic Violence Services (Census)*. The report revealed that in just one day in 2017, while more than 72,245 victims of domestic violence received services, and 11,441 requests for services went unmet, due to lack of funding and resources. Of those unmet requests, 65% were for safe housing. In 2017, domestic violence programs reported that they had laid off 1,077 staff positions in addition to reducing or eliminating services in the past year, including prevention services, therapy, and child welfare advocacy. I strongly encourage you to read NNEDV's DV Counts Census (www.nnedv.org/census) to learn more about the desperate needs state-by-state and nationally. For those individuals who are not able to find safety, the consequences can be extremely dire, including continued exposure to life-threatening violence or homelessness. It is unconscionable that victims cannot find safety for themselves and their children due to a lack of adequate investment in these services. I strongly encourage you to fully fund FVPSA at \$175 million to address the gap in services.

The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) program at the Centers for Disease Control (CDC) is the only dedicated federal funding source for the primary prevention of domestic violence. In approximately 50 communities across the nation, the DELTA

program works to identify effective strategies for preventing first-time perpetration and first-time victimization of domestic violence. Using evidence-supported initiatives, including social change and public health strategies, DELTA states have piloted and evaluated a range of programs, designed to promote safety and respect across communities. Over the history of the program, only 16 states have been able to participate as DELTA projects. Preliminary evaluation results show a growing body of evidence shows success in reductions of domestic violence and dating violence rates. An increase in funding will enable the DELTA program to expand to additional states and communities, and will also provide the opportunities for communities to leverage additional funding.

In addition to direct services, the LHHS bill also funds critical prevention efforts. Rape Prevention & Education (RPE) formula grants, administered by the CDC Injury Center, provide essential funding to states and territories to support rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other entities. In the past few years, demand for programs funded by RPE have skyrocketed, the evidence base has progressed significantly, and further investment in the program is needed. A 2017 survey by the National Alliance to End Sexual Violence revealed that almost 40% of programs had a waiting list of a month or more for prevention programming. According to a 2018 survey by the National Sexual Violence Resource Center, nearly half of states responding reported RPE funding coverage in their state at 20% or less with rural areas especially lacking in access to prevention. We know RPE is working. A 2016 study conducted in 26 Kentucky high schools over 5 years and published in *American Journal of Preventive Medicine* found that an RPE-funded bystander intervention program decreased not only sexual violence perpetration but also other forms of interpersonal violence and victimization.^{viii}

FVPSA authorizes the National Domestic Violence Hotline which is a nationwide service that provides 24-hour, toll-free and confidential services – crisis support and referrals to local service providers for victims of domestic violence, survivors, family members and friends, and even abusers. The Hotline, through calls, texts and chats, as well as via loveisrespect.org its youth oriented helpline, received 421,515 contacts and the highly-trained advocate team answered 323,356 requests for help. Regrettably, over 98,159 chats and texts were not answered due to a lack of resources in this same period. The Hotline helps diverse populations access services by staffing bilingual advocates and translation services, as well as accessible services for the hearing disabled. In addition, the Hotline partnered with the National Indigenous Women's Resource Center (NIWRC) to develop and launch the Strong Hearts Native Helpline in March 2017 to assist Native people affected by relationship violence, who experience domestic violence at far greater rates than other populations in the United States.

The Preventative Health and Health Services Block Grant (PHHSBG) administered by the CDC allows states, territories and tribes to address their own unique public health challenges with innovative and community-driven methods. Lastly, the Violence against Women Health Initiative, administered by the Office On Women's Health promotes vital initiatives to engage health professionals in understanding domestic violence and referring survivors to get help.

We recognize that you face significant budget constraints, but we urge you to fully support these vital life-saving programs. Thank you again for your continued support for victims of domestic and sexual violence. We urge the Subcommittee to support the highest possible funding levels for these life-saving programs administered by the Department of Health and Human Services.

ⁱ National Center for Injury Prevention and Control, Nation Intimate Partner and Sexual Violence survey, available at https://www.cdc.gov/violenceprevention/pdf/NISVS_Report2010-a.pdf

ⁱⁱ McDonald, R., et al. (2006). "Estimating the Number of American Children Living in Partner-Violence Families." *Journal of Family Psychology*, 30(1), 137-142.

ⁱⁱⁱ Bureau of Justice Statistics (2013). Intimate Partner Violence: Attributes of Victimization, 1993-2011 (Special Report NCJ243300)

^{iv} National Center for Injury Prevention and Control. *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta (GA): Centers for Disease Control and Prevention: 2003.

^v Bureau of National Affairs Special Rep. No. 32, Violence and Stress: The Work/Family Connection 2 (1990); Joan Zorza, *Women Battering: High Costs and the State of the Law*, Clearinghouse Rev., Vol. 28, No. 4, 383, 385.

^{vi} Lyon, E. & Lane, S. (2009). Meeting survivors' needs: A multi-state study of domestic violence shelter experiences. Harrisburg, PA: National Resources Center on Domestic Violence.

^{vii} Lyon, Eleanor, Bradshaw, Jill, Menard, Anne. *Meeting Survivors' Needs through Non-Residential Services & Supports: Results of a Multi-State Study*. Harrisburg, PA: National Resource Center on Domestic Violence. November, 2011.

^{viii} Coker, A, et. Al (2017). RCT Testing Bystander Effectiveness to Reduce violence, available at [http://www.ajpmonline.org/article/S0749-3797\(17\)30027-2/abstract](http://www.ajpmonline.org/article/S0749-3797(17)30027-2/abstract)