ENDING THE CYCLE: EXAMINING WAYS TO PREVENT DOMESTIC VIOLENCE AND PROMOTE HEALTHY COMMUNITIES

JOINT HEARING

BEFORE THE

SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES

OF THE

COMMITTEE ON EDUCATION AND LABOR U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTEENTH CONGRESS

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ENDING THE CYCLE: EXAMINING WAYS TO PREVENT DOMESTIC VIOLENCE AND PROMOTE HEALTHY COMMUNITIES

Monday, March 22, 2021

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The subcommittee met, pursuant to notice, at 12 p.m., via Zoom, Hon. Suzanne Bonamici (Chairwoman of the subcommittee) presiding.

Present: Representatives Bonamaci, Adams, Hayes, Leger Fernández, Mrvan, Bowman, Scott, Fulcher, Thompson, Spartz, Fitzgerald, and Foxx.

Staff present: Ilana Brunner, Ijeoma Egekeze, Alison Hard, Sheila Havenner, Eli Hovland, Carrie Hughes, Ariel Jona, Andre Lindsay, Max Moore, Mariah Mowbray, Kayla Pennebecker, Veronique Pluviose, Banyon Vassar, Cyrus Artz, Minority Staff Director; Courtney Butcher, Minority Director of Member Services and Coalitions; Amy Raaf Jones, Minority Director of Education and Human Resources Policy; Hannah Matesic, Minority Director of Operations; Jake Middlebrooks, Minority Staff Member; Carlton Norwood, Minority Press Secretary; and Mandy Schaumburg, Minority Chief Counsel and Deputy Director of Education Policy.

Chairwoman BONAMICI. The Subcommittee on Civil Rights and Human Services will come to order. Welcome everyone. I note that a quorum is present. The subcommittee is meeting today to hear testimony on "Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities."

I note for the subcommittee that full committee Member Representative McBath of Georgia is joining us and is permitted to participate in today's hearing with the understanding that her questions will come after all Members of the subcommittee on both sides of the aisle who are present have had an opportunity to question the witnesses.

This is an entirely remote hearing. All microphones will be kept muted as a general rule to avoid unnecessary background noise. Members and witnesses will be responsible for unmuting themselves when they are recognized to speak, or when they wish to seek recognition.

I also ask that Members please identify themselves before they speak. Members should keep their cameras on while in the proceeding. Members shall be considered present in the proceeding

when they are visible on camera, and they shall be considered not present when they are not visible on camera. The only exception to this is if they are experiencing technical difficulty, and inform committee staff of such difficulty.

If any Member experiences technical difficulties during the hearing you should stay connected on the platform, make sure you are muted, and use your phone to immediately call the committee's IT Director whose number was provided in advance. Should the Chair experience technical difficulty, or need to step away to vote on the floor, which won't happen today, Chairman Scott or another Majority Member of the subcommittees if he not available is hereby authorized to assume the gavel in the Chair's absence.

This is an entirely remote hearing and as such the committee's hearing room is officially closed. Members who choose to sit with their individual devices in the hearing room must wear headphones to avoid feedback, echoes and distortion resulting from more than one person on the software platform sitting in the same room.

Members are also expected to adhere to social distancing, and safe health guidelines including the use of masks, hand sanitizer and wiping down their areas, both before and after their presence in the hearing room. To make sure that the Committee's five-minute rule is adhered to, staff will be keeping track of time using the committee's field timer.

The field timer will appear in its own thumbnail picture and will be labeled 001__timer. There will not be a one minute remaining warning. The field timer will sound its audio alarm when the time is up. Members and witnesses are asked to wrap up promptly when their time has expired.

A roll call is not necessary to establish a quorum in official proceedings conducted remotely or with remote participation, but the committee has made it a practice whenever there is an official proceeding with remote participation for the Clerk to call the roll to help make clear who is present at the start of the proceeding.

Members should say their name before announcing they are present. This helps the Clerk, and also helps those watching the platform and the livestream who may experience a few seconds delay.

At this time I ask the clerk to call the roll.

The CLERK. Chairwoman Bonamici?

Chairwoman BONAMICI. Chair Bonamici is present.

Ms. ADAMS.

[No response]

The CLERK. Mrs. Hayes?

[No response]

The CLERK. Ms. Leger Fernández?

Ms. LEGER FERNÁNDEZ. Ms. Leger Fernández is present.

The CLERK. Mr. Mrvan?

Mr. MRVAN. Present. Frank Mrvan present.

The CLERK. Mr. Bowman?

Mr. BOWMAN. Jamaal Bowman present.

The CLERK. Mr. Mfume?

[No response]

The CLERK. Ranking Member Fulcher?

Mr. FULCHER. Fulcher is here.

The CLERK. Mr. Thompson.
[No response.]
The CLERK. Ms. McClain?
[No response.]
The CLERK. Ms. Spartz?
[No response]
The CLERK. Mr. Fitzgerald?
Mr. FITZGERALD. I am here, present.
The CLERK. Chairwoman Bonamici that concludes the roll call.
Ms. FOXX. Madam Chairwoman I am here too.
Ms. ADAMS. Alma Adams is present.
Chairwoman BONAMICI. Thank you. Pursuant to Committee Rule 8(c), opening statements are limited to the Chair and the Ranking Member. This allows us to hear from our witnesses sooner and provides all Members with adequate time to ask questions.

I recognize myself now for the purpose of making an opening Statement.

Today we are discussing the urgent need to update and strengthen Federal programs that help prevent intimate partner violence and provide services to survivors. Before I begin, I want to recognize that this discussion may be extremely difficult for some people who are watching.

I would ask all participants to be mindful of the sensitive nature of this conversation. I encourage anyone who needs support to visit *www.thehotline.org*. This is an important and timely conversation. The ongoing COVID–19 pandemic has increased the risk for intimate partner violence and disrupted services that offer protection and support to survivors. As a result, an already quiet crisis has become even harder to both track and address.

In Oregon leaders like Vanessa Timmons who the committee will hear from today are working tirelessly to reach survivors and provide them with resources and support. In the district I represent here in Northwest Oregon, providers like the Domestic Violence Resource Center and Greater Portland YWCA provide shelter, support, services for children, and counseling for survivors in crisis.

But we know they need more resources to meet the demand for assistance. The urgent need to address intimate partner violence could not be overstated. About 1 in 4 women, and nearly 1 in 10 men, have reported experiencing some form of intimate partner violence.

These incidences often cause physical injuries that portend to even greater risks. Some reports have shown that half of female homicide victims were killed by an intimate partner. For survivors of violence the emotional trauma can last long after the physical injuries have healed.

These experiences often first occur when survivors are younger than 25, triggering potentially life-long struggles with chronic disease and mental health conditions. Congress took a major step to address this issue in 1984 by authorizing the Family Violence Prevention and Services Act. Today this essential pillar in our fight against intimate partner violence is responsible for shelters, support services for survivors, and 24-hour domestic violence hotline.

With the passage of the Affordable Care Act in 2010, Congress also established the Pregnancy Assistance Fund which provide crit-

ical services to improve the health of women and children. Specifically, this program invested in expanding access to services for teen parents as well as pregnant people and new parents, who are survivors of domestic violence or sexual assault.

These foundational programs are proven to be effective in addressing intimate partner violence, but they are also severely underfunded, particularly in light of today's challenges. Just a few weeks ago in the American Rescue Act, excuse me in the American Rescue Plan, the committee secured 450 million dollars for programs to address intimate partner violence and sexual assault.

Importantly, this funding will help culturally specific organizations outreach to underserved communities of color which have been disproportionately affected by the pandemic. This historic investment in the American Rescue Plan will save lives, but we need long-term policies and investment.

Now Congress must look to next steps, such as updating the Family Violence Prevention and Services Act which we have not reauthorized since 2003, and the Pregnancy Assistance Fund which expired in 2019. Today we'll discuss steps to further strengthen our response to the domestic violence crisis, and importantly discuss ways that domestic violence and sexual violence can be prevented.

First, we must focus on equity. Domestic violence can affect people from any background or income, but we know that communities of color, LGBTQ individuals, and people with disabilities face disproportionate rates of intimate partner violence, and have limited access to services.

We must further expand programs that are specifically designed to reach and support these underserved communities. We must also specifically invest in meeting the needs of native survivors of domestic violence. We know tribal communities face unique barriers to navigating the healthcare and criminal justice systems, with only limited access to largely underfunded support services.

Finally, and importantly, we must focus on preventing intimate partner violence before it happens. Currently, the only prevention program in the Family Violence Prevention and Services Act is significantly underfunded. Reauthorizing this law would help protect our communities from the pain and cost, emotionally, physically and financially of domestic violence.

We can aggressively combat intimate partner violence and prevent it from happening in the first place. It's not only the smart thing to do as rates of violence increase, it's the right thing to do for the well-being of our families and communities. I thank my colleague, Representative Lucy McBath for her leadership and working to reauthorize the Family Violence Prevention Services Act, and I also want to thank her witnesses for being with us. And I now yield to Ranking Member Mr. Fulcher for your opening Statement.

[The statement of Chairwoman Bonamici follows:]

STATEMENT OF HON. SUZANNE BONAMICI, CHAIRWOMAN, SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES

Today, we are discussing the urgent need to update and strengthen Federal programs that help prevent intimate partner violence and provide services to survivors.

Before I begin, I want to recognize that this discussion may be extremely difficult for some people who are watching. I would ask all participants to be mindful of the

sensitive nature of this conversation, and I encourage anyone who needs support to visit *www.thehotline.org*.

This is an important and timely conversation. The ongoing COVID–19 pandemic has increased the risk for intimate partner violence and disrupted services that offer protection and support to survivors. As a result, an already quiet crisis has become even harder to both track and address.

In Oregon, leaders like Vanessa Timmons, who the committee will hear from today, are working tirelessly to reach survivors and provide them with resources and support. In the district I represent, providers like the Domestic Violence Resource Center and the Greater Portland YWCA provide shelter, support, services for children, and counseling for survivors in crisis. But we know they need more resources to meet the demand for assistance.

The urgent need to address intimate partner violence cannot be overstated. About one in four women and nearly one in ten men have reported experiencing some form of intimate partner violence. These incidents often cause physical injuries that portend even graver risks. Some reports have shown that more than half of female homicide victims were killed by an intimate partner.

For survivors of violence, the emotional trauma can last long after the physical injuries have healed. These experiences often first occur when survivors are younger than 25, triggering potentially lifelong struggles with chronic disease and mental health conditions.

Congress took a major step to address this issue in 1984 by authorizing the Family Violence Prevention and Services Act. Today, this central pillar in our fight against intimate partner violence is responsible for shelters, support services for survivors, and 24-hour domestic violence hotlines.

With the passage of the Affordable Care Act in 2010, Congress also established the Pregnancy Assistance Fund, which provided critical services to improve the health of women and children. Specifically, this program invested in expanding access to services for teen parents as well as pregnant people and new parents who are survivors of domestic violence or sexual assault.

These foundational programs are proven to be effective in addressing intimate partner violence. But they are also severely underfunded, particularly in light of today's challenges.

Just a few weeks ago in the American Rescue Plan Act. the Committee secured $450 million for programs to address intimate partner violence and sexual assault. Importantly, this funding will help culturally specific organizations outreach to underserved communities of color, which have been disproportionally affected by the pandemic.

The historic investments in the American Rescue Plan will save lives, but we need long-term policies and investment.

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Today, we will discuss steps to further strengthen our response to the domestic violence crisis and importantly, discuss ways that domestic violence and sexual violence can be prevented.

First, we must focus on equity. Domestic violence can affect people from any background or income, but we know that communities of color, LGBTQ individuals, and people with disabilities face disproportionate rates of intimate partner violence, yet have limited access to services. We must further expand programs that are specifically designed to reach and support these underserved communities.

We must also specifically invest in meeting the needs of Native survivors of domestic violence. We know tribal communities face unique barriers to navigating the health care and criminal justice systems with only limited access to largely underfunded support services.

Finally, and importantly, we must focus on preventing intimate partner violence before it happens. Currently, the only prevention program in the Family Violence Prevention and Services Act is significantly underfunded. Reauthorizing this law would help protect our communities from the pain and cost ? emotionally, physically, and financially—of domestic violence.

We can aggressively combat intimate partner violence and prevent it from happening in the first place. It is not only the smart thing to do as rates of violence increase, it's the right thing to do for the well-being of our families and communities.

I want to thank my colleague, Representative Lucy McBath, for her leadership in working to reauthorize the Family Violence Prevention and Services Act. I also want to thank our witnesses, again, for being with us, and now I yield to the Ranking Member, Mr. Fulcher.

Mr. FULCHER. Thank you, Madam Chair, for convening this hearing regarding domestic violence. A 2015 survey by the CDC estimated that one-third of all men and women are victims of domestic violence at some point in their life.

Data in 2019 from my home State of Idaho supports this survey whereby about 37 percent of assaults were domestic violence related. In 2020 it's worse. COVID–19 has dealt our Nation with government mandated restrictions and economic challenges. It appears those negative outcomes have snowballed to exacerbate an even worse fallout.

Evidence suggests that in this pandemic ridden environment stress, due to work, school, substance abuse and financial struggles have added to more violence in the home. Especially hard hit appear to be rural areas, where job opportunities can be hard to find.

Last year Idaho saw an 84 percent increase in domestic violence related calls along with more emergency intakes and overnight shelter requests. Domestic violence in any form is an evil that demands a strong response. This issue does not impact all people equally. While a notable share of men are victimized, domestic violence disproportionately impacts women.

And despite the cancel cultures desire to blur the lines between women and men, facts are facts. We need to protect everyone, but realize that our women are the most vulnerable. Congress has continued to allocate the funding to address this issue, most recently in the CARES Act, the Family Violence Prevention and Services Programs, which I and many of my colleagues supported.

Moving forward our efforts should include confronting the issue and supporting survivors with tools like domestic violence hotline, so victims can reach out and receive help. However, the solution is more complicated than simply increasing spending. More money alone will not solve domestic violence in our society.

We must understand that dealing with this issue is best done at the local level, and government can't always provide the answers. Local civic groups and faith-based providers are best positions to provide aid and deliver it effectively.

Committee Republicans recognize the importance of supporting survivors of domestic violence, but any reauthorization should focus primarily on local solutions and a coordinated community response, not just more Federal spending. The committee should work to support best practices and act knowing that as good as our intentions may be, we cannot pretend to be able to solve them all from Washington, DC.

I look forward to hearing from our witnesses, especially Ms. Ami Novoryta, I'll get that straight, who will discuss the important work of local organizations that faith-based providers are doing to serve those in need. Madam Chair thank you. I yield back.

[The statement of Ranking Member Fulcher follows:]

STATEMENT OF HON. RUSS FULCHER, RANKING MEMBER, SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES

A 2015 survey by the CDC estimated that one-third of all men and women are victims of domestic violence at some point in their life. Data in 2019 from my home State of Idaho supports this survey, whereby about 37 percent of assaults were domestic violence-related. In 2020, it's worse.

COVID–19 has dealt our Nation with government-mandated restrictions and economic challenges. It appears those negative outcomes have snowballed to exacerbate an even worse fallout. Evidence suggests that in this pandemic-ridden environment, stress, due to work, school, substance abuse, and financial struggles, have added to more violence in the home. Especially hard-hit appear to be rural areas where job opportunities can be hard to find. Last year, Idaho saw an 84 percent increase in domestic violence-related calls, along with more emergency intakes and overnight shelter requests.

Domestic violence in any form is an evil that demands a strong response. This issue does not impact all people equally. While a notable share of men are victimized, domestic violence disproportionately impacts women. And despite the cancel culture's desire to blur the lines between women and men, facts are facts. We need to protect everyone and realize that our women are the most vulnerable.

Congress has continued to allocate funding to address this issue, most recently in the CARES Act via Family Violence Prevention and Services (FVPSA) programs, which I and many of my colleagues supported. Moving forward, our efforts should include confronting the issue and supporting survivors, with tools like the domestic violence hotline so victims can reach out and receive help.

However, the solution is more complicated than simply increasing spending. More money alone will NOT solve domestic violence in our society. We must understand that dealing with this issue is best done at the local level, and government cannot always provide the answers. Local civic groups and faith-based providers are best positioned to provide aid and deliver it effectively.

Committee Republicans recognize the importance of supporting survivors of domestic violence. But any reauthorization should focus primarily on local solutions and a coordinated community response, not just more Federal spending. The Committee should work to support best practices and act, knowing that as good as our intentions may be, we cannot pretend to be able to solve them all from Washington, DC.

I look forward to hearing from our witnesses, especially Ms. Ami Novoryta, who will discuss the important work local organizations and faith-based providers are doing on the ground to serve those in need.

Chairwoman BONAMICI. Thank you, Ranking Member Fulcher. Without objection all other Members who wish to insert written statements into the record may do so by submitting them to the Committee Clerk electronically in Microsoft Word format by 5 p.m. on April 5, 2021.

I will now introduce the witnesses. Mrs. Vanessa Timmons is the Executive Director of the Oregon Coalition Against Domestic and Sexual Violence. Ms. Wendy Schlater is the Vice Chairwoman of the La Jolla Band of Luiseño Indians. She is Board Treasurer of the National Indigenous Women's Resource Center.

Ms. Ami Novoryta is the Chief Program Officer for Catholic Charities of the Archdiocese of Chicago, and Doctor Elizabeth Miller is a Pediatrician and Director of Adolescent and Young Adult Medicine at UPMC Children's Hospital of Pittsburgh. We appreciate the witnesses for participating today, and we look forward to your testimony.

Let me remind the witnesses that we have read your written Statements, and they will appear in full in the hearing record. Pursuant to Committee Rule 8(d) and committee practice, you are each asked to limit your oral presentation to a five-minute summary of your written Statement.

I also remind the witnesses that pursuant to 18 of the U.S. Code, Section 1001, it is illegal to knowingly and willfully falsify any Statement, representation, writing, document, or material fact presented to Congress or otherwise conceal or cover up a material fact.

And before you begin your testimony, please remember to unmute your microphone. During your testimony, staff will be

keeping track of the time and a timer will sound when your time is up. Please be attentive to the time and wrap up when your time is over and then remute your microphone.

If you experience any technical difficulties during your testimony or later in the hearing, please stay connected on the platform, make sure you are muted and use your phone to immediately call the committee's IT director, whose number was provided to you in advance.

We will let all the witnesses make their presentations before we move to Member questions. When answering a question, please remember to unmute your microphone. I will first recognize Mrs. Timmons. You are recognized for five minutes for your testimony.

STATEMENT OF VANESSA TIMMONS, EXECUTIVE DIRECTOR, OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE

Ms. TIMMONS. Thank you Chairwoman Bonamici, Ranking Member Fulcher and distinguished Members of the subcommittee. Thank you for the opportunity to testify today on ending the cycle, examining ways to prevent domestic violence and promote healthy communities.

My name is Vanessa Timmons. I'm the Executive Director of the Oregon Coalition Against Domestic and Sexual Violence. I've been in the field for more than 30 years, and I have been the OCADSV Executive Director for the past 8 years. I hope to speak on behalf of not only our 51 Member programs in Oregon, but also on behalf of survivors that we all serve.

Unfortunately, 1 in 4 women and 1 in 10 men are survivors of domestic violence. This means all of us know someone who has been impacted by intimate partner violence. No one in our country escapes the impact of this public health crisis. Intimate partner violence is a public health issue which requires all of us and a holistic public health response.

Over 1,600 domestic violence programs offer services such as emergency shelter, counseling, legal assistance, and preventive education to millions of adult and child victims every year. These programs rely on the consistent funding provided by the Family Violence Prevention and Services Act, also referred to as FVPSA.

FVPSA expired in 2015 and must be reauthorized with key enhancements in order to meet the intersecting crisis of this moment. Since its passage in 1984, FVPSA has remained the sole Federal funding source for domestic violence shelters and services. FVPSA is the life blood of domestic violence programs, providing stable modest funding.

FVPSA also provides dedicated funding to domestic violence coalitions in every State and U.S. territory. Coalitions provide support, technical assistance and training to our local programs, who support the survivors that we all care so deeply about. Coalitions are important because we bring that birds eye view to the field by programs and doing their day to day work.

We work closely with our State government agencies to ensure funding is getting to each and every community. Despite the progress brought by FVPSA, programs are underfunded, and we struggle to keep up with demand for services. According to the Na-

tional Network to End Domestic Violence's forthcoming Domestic Violence Counts Report, in 2020 domestic violence programs across the country served more than 76,000 victims just in 1 day.

But sadly in that same day, over 11,000 requests for services went unmet due to a lack of resources. Approximately 57 percent of these unmet requests were for housing and emergency shelter. For those individuals who were not able to find safety that day, the consequences could be dire.

The COVID–19 pandemic has disproportionately affected victims of domestic violence and exacerbated their urgent needs. Stay at home orders, quarantines, and a lack of privacy that is inherent in an abusive home has created additional barriers to safety, and access to services.

Black, indigenous and other survivors of color have always faced increased barriers to safety such as systemic racism and historical trauma. The pandemic has heightened the need for culturally specific organizations who are better equipped to address the complex challenges facing victims from racial and ethnic minority populations.

The reauthorization of FVPSA provides an important opportunity to continue the progress we have made toward meeting the needs of domestic violence victims and breaking that terrible cycle of abuse. Victims needs are great and there is much to do to end domestic violence in our country.

In order to move closer to this goal, I urge the committee to prioritize the swift, reauthorization of the Family Violence Prevention and Services Act. I thank you for your time, and I look forward to answering your questions.

[The prepared Statement of Ms. Timmons follows:]

PREPARED STATEMENT OF VANESSA TIMMONS

Oregon Coalition
Against Domestic & Sexual Violence

Testimony before the Subcommittee on Civil Rights and Human Services
Committee on Education and Labor
U.S. House of Representatives

March 22, 2021
Hearing on *"Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities"*

Chairwoman Bonamici, Ranking Member Fulcher and distinguished members of the Subcommittee, thank you for the opportunity to testify today on "Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities." I am honored to address the Subcommittee on behalf of domestic violence survivors.

My name is Vanessa Timmons, Executive Director of the Oregon Coalition Against Domestic and Sexual Violence (OCADSV). I have been working in the movement to end domestic and sexual violence for more than 30 years and have been the OCADSV Executive Director for the past 8 years. I am a current board member of the National Network to End Domestic violence, which represents the 56 state and U.S. territory domestic violence coalitions, including OCADSV, at the federal level. I hope to speak on behalf of not only our 51 member programs in Oregon, but also on behalf of my colleagues across the country and on behalf of the survivors that we serve.

Unfortunately, 1 in 4 women and 1 in 10 men are survivors of domestic violence.[1] This means all of us know someone who has been impacted by intimate partner violence. No one in our country escapes the impact of this public health crisis. Intimate partner violence is a public health issue, which requires a holistic public health response.

Over 1,600 community-based domestic violence programs offer services such as emergency shelter, counseling, legal assistance, and preventative education to millions of adult and child victims every year. These programs rely on the consistent funding provided by the Family Violence Prevention and Services Act, also referred to as FVPSA. FVPSA expired in 2015 and must be reauthorized with key enhancements to increase the funding authorization level, expand support for and access to culturally-specific programs, strengthen the capacity of Indian tribes, and meaningfully invest in prevention, in order to meet the intersecting crises of the moment.

Since its passage in 1984, FVPSA has remained the sole federal funding source for domestic violence shelters and local domestic violence programs. For over three decades FVPSA has been the lifeblood of domestic violence programs, providing a stable, modest funding source to ensure lights are on and doors remain open. In

Oregon, these funds maintain culturally specific services, services for survivors living on Tribal lands, and survivors living in rural, frontier and urban settings.

FVPSA also provides dedicated funding to domestic violence coalitions in every state and U.S. territory. Domestic violence coalitions provide support, technical assistance and training to local programs that support survivors. Coalitions are important because we bring the bird's-eye view of the field while the programs are in the day-to-day. Every coalition is slightly different; we all meet our programs where they are in the moment. In Oregon, we provide training for advocates who deliver direct services for survivors of domestic violence. We work closely with our state government agencies to ensure funding is getting into each community in Oregon in order to strengthen the safety net.

Despite the progress and success brought by FVPSA, programs are underfunded and struggle to keep up with the demand for services. According to the National Network to End Domestic Violence's forthcoming *15th Annual Domestic Violence Counts Report*, over 1,600 domestic violence programs across the country served 76,525 victims in just one day of 2020. Sadly, in that same day, over 11,000 requests for services went unmet due to a lack of resources. Approximately 57 percent of these unmet requests were for housing or emergency shelter.[2] For those individuals who were not able to find safety that day, the consequences can be dire including continued exposure to life-threatening violence or homelessness.

The single largest reason survivors stay in an abusive home is that they risk becoming houseless and turned away if a shelter is unable to meet their needs. Domestic violence is the number one cause of homelessness in women. Being unable to meet the needs of domestic violence victims leaves them little other choice but to stay or return to a dangerous location.

FVPSA reauthorization should not only reauthorize core domestic violence programs, but should also provide key enhancements to address the critical needs during this time. The historically bipartisan FVPSA reauthorization bill should increase authorization levels to address inadequate federal funding for direct services across the country in order to help providers maintain core staff and keep the doors open. It should strengthen the capacity of Indian tribes to exercise their sovereign authority to more fully respond to domestic violence in their communities and authorize funding for tribal coalitions. It should also address the unique needs of survivors in underserved and historically marginalized communities by expanding support for and access to culturally-specific programs.

The COVID-19 pandemic has disproportionately affected victims of domestic violence and exacerbated their urgent needs. Stay-at-home orders, quarantines, and the lack of privacy inherent in the home has created additional barriers to safety and access to services. Families are struggling or unable to meet basic needs, such as food and rent, which impacts the ability of survivors to engage in services. In rural, frontier and densely populated urban areas, lack of internet access and strained Wi-Fi connection due to multiple people online are also barriers to engagement.

Black, Indigenous, and other survivors of color have always faced increased barriers to safety, such as systemic racism and historical trauma. The pandemic has exacerbated

those barriers and highlighted the need for culturally-specific organizations who are better equipped to address the complex, multi-layered challenges facing victims from racial and ethnic minority populations as they seek services and protections from abuse.

The lack of resources and severity of violence is often heightened for survivors living at the margins, such as those living in rural communities, individuals with disabilities, older adults, and others. These underserved populations are often reluctant to seek assistance, and when they do, they frequently look for services and support in their immediate communities. In Oregon, OCADSV has worked with the disability response team as well as a statewide deaf and hard of hearing program. These underserved communities are impacted by violence at greater rates. FVPSA reauthorization bill should address the needs of these survivors.

The FVPSA reauthorization bill should also meaningfully invest in prevention by bringing evidence-informed, community-based prevention initiatives to more states and local communities across the country to address the underlying causes of domestic violence in order to stop abuse before it starts.

The reauthorization of FVPSA provides an important opportunity to continue the progress we have made toward meeting the needs of domestic violence victims and breaking the cycle of violence affecting our children, families and communities. Our nation depends on FVPSA-funded programs to meet the immediate, urgent and long-term needs of victims of domestic violence and their children.

Finally, I want to speak specifically to the need for the Pregnancy Assistance Fund (PAF). Adolescent mothers who experience physical abuse within three months after delivery are twice as likely to have a repeat pregnancy within 24 months. Twenty-two percent of adult female victims of rape, physical violence, and/or stalking by an intimate partner, first experience some form of partner violence between 11 and 17 years of age.

In 2013, Oregon was awarded a four-year Pregnancy Assistance Fund (PAF) grant to support expectant and parenting teens, women, fathers, and families. The Oregon Coalition collaborated with the Oregon Department of Justice on what we called the 'Safer Futures' project.[3] Safer Futures funded seven sites across Oregon. One site was Peace at Home,[4] in Roseburg, one of our rural communities. Peace at Home's focus was to serve women who accessed public health departments and local health care clinics. The domestic violence advocates provided referrals to community resources, safety planning, legal and court advocacy, assistance with housing and employment, transportation, and/or obtaining health insurance and care, and relationship safety assessment and education.

Victims' needs are great and there is much to do to end domestic violence in this country. In order to move closer to this goal, I urge the Committee to prioritize the swift reauthorization of The Family Violence Prevention and Services Act with key enhancements to increase the funding authorization level, expand support for and access to culturally-specific programs, strengthen the capacity of Indian tribes, address the needs of underserved communities, and meaningfully invest in prevention.
Thank you for your time.

[1] Center for Disease Control. *National Intimate Partner and Sexual Violence Survey Summary Report* (2015) available at https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf.
[2] The National Network to End Domestic Violence. *15th Annual Domestic Violence Counts Report*: A 24-hour census of domestic violence shelters and services across the United States. (Forthcoming). For prior reports along with state and U.S. territory summaries see https://nnedv.org/about-us/dv-counts-census/.
[3] U.S. Dept. of Health and Human Services. Supporting Survivors of Intimate Partner Violence grant programs available at https://opa.hhs.gov/grant-programs/pregnancy-assistance-fund-paf/paf-successful-strategies/supporting-survivors.
[4] Peace at Home https://peaceathome.com/services/.

Chairwoman BONAMICI. Thank you, Mrs. Timmons, for your testimony. And now I will recognize Ms. Schlater for five minutes for your testimony.

STATEMENT OF WENDY SCHLATER, VICE CHAIRWOMAN, LA JOLLA BAND OF LUISEÑO INDIANS

Ms. SCHLATER. Miiyuyam and Noşun Looviq, hello and thank you, Chairwoman Bonamici, Ranking Member Fulcher, and committee Members. My name is Wendy Schlater and I'm the Vice Chairwoman for the La Jolla Band of Luiseño Indians.

The Family Violence Prevention and Services Act, FVPSA, has made a difference in the lives of victims of domestic violence. FVPSA reauthorization with the enhancements will ensure the door to lifesaving services for all victims remains open. I urge this committee to support reauthorization with the proposed enhancements.

The 2018 Commission on Civil Rights Broken Promises Report found that the Federal Government's failure to fulfill its trust responsibility is at the root of inequities facing Native Americans in health, public safety, and housing.

I am also the Director of the Safety for Native Women's Program funded by FVPSA, responding to violence against women. We provide 24/7 crisis services, shelter, counseling and other assistance. Our FVPSA funding fills in the gaps that victims otherwise fall through.

One of those gaps is the justice system who often fails victims. For these victims, FVPSA's resources are all that's preventing them from going missing or being murdered. Your support for FVPSA enhancements is key to tackling these problems.

Only with FVPSA funding can we provide shelter through hotel rooms, safe homes, and shelters in the shelter that we opened which is often full. We also help children who are removed from their homes, placing them with other family. Without these resources our children are placed in a local children's center, which we avoid using because they have been further victimized in this center.

While FVPSA reauthorization expired in 2015, appropriators have set aside increased funds from 2017 to 2021 for an Alaska Na-

tive resource center to reduce tribal disparities through our national Indian domestic violence hotline, and tribal event programs.

The proposed reauthorization enhancements permanently authorize these changes made by appropriators. An authorization for an Alaska native resource center and Indian domestic violence hotline, increased overall authorizations, and adjustments to the formula increased what tribes received from 10 to 12.5 percent. I know first-hand how FVPSA has made a difference.

One morning when I arrived at my office a woman and her children were parked in the front of our office and had spent the night there. The woman had run away the night before with her children, one of whom was autistic and had Down syndrome. She left with nothing because her husband had been abusive and burned their clothes, including their son's orthotic brace, which he needed to walk.

Through FVPSA we replaced the son's orthotic brace, found her temporary shelter, and later a home of her own. The National Domestic Violence Hotline launched a National Indian Hotline, called StrongHearts. Native advocates helped navigate the barriers facing Native victims, despite the rates of violence against Native women.

Native services are thin. Where the national hotline has more than 4,000 resources in their data base, StrongHearts has fewer than 300 Native resources. There are more than 1,500 shelters nationwide compared to fewer than 60 Native shelters, hence the proposed authorization for a National Indian Hotline.

Tribal coalitions have been key to educating the policymakers. Examples of these resulting changes include the local shelter that we've opened, and the States that have established missing and murdered indigenous women's task forces. The technical assistance by coalitions has been at the heart of these changes.

Unfortunately, tribal coalitions are not authorized to receive FVPSA funding. This exclusion reflects a disparity faced by tribal coalitions and the tribes they serve. One of the proposed FVPSA enhancements is authorizing funding for tribal coalitions. In 2013 the National Indigenous Women's Resource Center developed the Alaska Native Women's Resource Center which helped to raise challenges facing Alaska Native victims as issues of national concern.

As a result, in 2017 Congress appropriated funds for the Alaska Native Resource Center, which has been an invaluable resource providing information to prevent domestic violence like never before. In addition, we have coordinated with the Native Hawaiians to address domestic violence, helping to create a grass roots organization with over 50 years of advocacy experience.

The 1993 Apology to Hawaiians recognized the economic and social changes over the centuries that have been devastating to the health and well-being of the Hawaiian people. Congress amended FVPSA in 2010 authorizing Native resource centers, including Native Hawaiian Center, which could help promote healthier communities.

In closing, the Federal Government must fulfill its trust responsibility to assist tribes and Native Hawaiians and safeguarding women. Failing to do so results in Native women experiencing disproportionate rates of violence. I urge the committee to reauthorize

FVPSA with the proposed enhancements. Nu$son Looviq, my heart is good. Thank you.

[The prepared Statement of Ms. Schlater follows:]

PREPARED STATEMENT OF WENDY SCHLATER

House Subcommittee on Civil Rights & Human Services Hearing

Ending the Cycle: Examining Ways to Prevent Domestic Violence

& Promote Healthy Communities

Wendy Schlater, Vice Chairwoman
La Jolla Band of Luiseno Indians
Testimony
March 22, 2021

Miiyuyam and Nuşun Looviq (Hello and my heart is good, thank you), Chairwoman Bonamici, Ranking Member Fulcher, and Committee members for this briefing on "Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities." My name is Wendy Schlater and the words I share with you today are not just my own. These are the words and stories from the victims and survivors I've worked with and serve as an elected tribal government leader, to the 574 Indian tribes and Native Hawaiians, to tribal coalitions and organizations providing technical assistance and our national hotlines. Domestic violence touches all of our lives.

The resources from the Family Violence Prevention and Services Act (FVPSA) have made such a difference in the lives of victims of domestic violence, and I will speak specifically to what I've seen and experienced in Native communities. FVPSA reauthorization with all of the enhancements will ensure the door to lifesaving shelter and supportive services for all victims of domestic violence remains open. I urge this Committee to support FVPSA reauthorization with all of the proposed enhancements and will address a few of them today.

A 2016 National Institute of Justice study[1] found that Native women experience rates of violence far exceeding rates in other populations, including:

- Over 55% have experienced physical violence; and
- Over 56% have experienced sexual violence.

The 2018 Commission on Civil Rights *Broken Promises Report* found that the federal government's failure to fulfill its trust obligations is at the root of significant inequities facing Native Americans in various areas, including health, public safety, and housing.[2]

FVPSA: Need to increase overall authorization and tribal set aside

I am Payomkawichum which means People of the West, and Vice Chairwoman for the sovereign tribal nation, the La Jolla Band of Luiseno Indians. We are in rural San Diego County, California, at the foothills of Palomar Mountain. Public transportation is not available to and from our community, so for a victim to flee from abuse, she must have her own car or someone she can call for help to get away. Since 2009, I have been Director for our Safety for Native Women Avellaka Program funded by FVPSA and two other federal

[1] André B. Rosay, "Violence Against American Indian and Alaska Native Women and Men," (2016), nij.ojp.gov: https://nij.ojp.gov/topics/articles/violence-against-american-indian-and-alaska-native-women-and-men

[2] US Civil Rights Commission, Broken Promises Report: Continuing Federal Funding Shortfall for Native Americans (2018)

grants. We started our Program to give victims the option to access 24/7 help from Native advocates locally on our Reservation. At that time, the only services were at the local Indian health clinic available only 8-4:30 Monday-Friday and non-Native services one hour away in town.

Our FVPSA funding fills in the gaps that victims would otherwise fall through. One of those gaps is the justice system, which often fails victims. For these victims all they have are FVPSA funded advocacy, shelter and supportive services. FVPSA funded resources may be all that's standing between a victim and going missing or being murdered. Given the crisis of missing and murdered Native women that Congress has recognized with the passage of Savanna's and the Not Invisible Acts, your support for overall increased authorizations and the enhancements for tribes and Native Hawaiians is key to tackling these problems.

Our Program responds to violence against Native women and children. We provide a wide range of help, including 24/7 crisis services, emergency shelter, food and clothing, safety planning, transportation, onsite professional counseling, off-site alcohol and substance use disorder rehabilitation, transitional housing, assistance with securing protection orders and working with Child Protective Services, culturally-specific community training, and youth outreach.

Only with our FVPSA funding are we able to provide emergency shelter placement for families through the use of hotel rooms or safe homes with family or friends. Our FVPSA funds also support a four-bedroom tribal shelter we opened over 4 years ago in partnership with our local tribal domestic violence coalition. However, more often than not, this shelter is full as it serves 26 tribes in Southern California counties (San Diego, Riverside, and San Bernadino). We stretch our FVPSA funding until the very last day of the year because otherwise, we would spend each award before the year is over.

We also provide essential resources for our children who are removed from homes because of domestic violence. These resources include emergency food, clothes, and beds, so that children may be placed with other family members. Without these available resources, our children are placed by Child Protective Services in a temporary shelter, The Polinsky Children's Center. This Center is over 50 miles away and we try to avoid using it because we have unfortunately had children only further victimized while they have been at this Center.

La Jolla's FVPSA funding has ranged annually from $26,000 to $55,000 for a two year period. The increase since FY 2017 is due to Congress' recognition of the need for increased tribal resources. Appropriators have set aside additional funds specifically benefitting Indian tribes and serving Native victims

- for an Alaska Native Tribal Resource Center on Domestic Violence to reduce disparities facing Alaska tribes;
- for a national Indian domestic violence hotline; and
- for tribal grants.

While FVPSA's authorization expired in 2015, we know Congress understands the importance of FVPSA given these increased appropriations from $151 million in 2017 to $182.5 million in 2021.

Four of the proposed reauthorization enhancements permanently authorize these changes appropriators have made:

- dedicated authorization for an Alaska Native Tribal Resource Center;
- dedicated authorization for a national Indian domestic violence hotline;
- increased overall authorizations; and
- adjustment of the funding distribution formula to increase the amount that tribes receive from 10% to 12.5%.

I know first-hand how FVPSA has made a difference in the lives of women in my community. I share these stories as day-to-day examples of why FVPSA is essential to Native women and Indian tribes. One morning when I arrived at my office, I noticed a strange car parked in front of our building. A mother and her children were in the car and looked like they had spent the night there. I invited them in for coffee and food. FVPSA allows us to have food on-site for victims. The woman explained that she had run away the night before with her kids, one of whom was autistic and had down syndrome. She left with nothing because her husband had been abusive and started burning their clothes, including their son's orthotic brace, which he needed to walk and participate in school. Through FVPSA, we found her temporary shelter and later a permanent home of her own. We also used FVPSA funds to replace his brace.

On another day, we had a call from a victim who was not from our Tribe, but whose sister was married to one of our tribal members. The woman had gotten kicked out of shelter because her abuser had stalked her with a tracking device in her car, which he used to track her to the shelter. He had threatened her and their children with a gun. She had no where to run to after being forced out of the shelter, except to her sister's home on our Reservation. We knew she would not be safe for long. We assisted with a restraining order, food, a safety plan, and most importantly a one-way airline ticket to family out of state. This woman now lives violence free and has gotten the healing help her and her children needed. This may have ended in homicide if we didn't have FVPSA funding to buy her one way ticket back home.

FVPSA: Need for authorization for the National Indian Hotline

I was also an Advisory Committee member for the National Domestic Violence Hotline, which partnered with the National Indigenous Women's Resource Center (NIWRC) to launch the national Indian hotline, StrongHearts Native Helpline. StrongHearts is a national domestic, dating, and sexual violence helpline, culturally specific for Native people. StrongHearts is vital to Native victim-survivors and Native communities, because StrongHearts advocates connect with contacts as a peer. We have seen this proven from our contacts: Only 13% of people contacting StrongHearts after business hours chose to transfer to the National Domestic Violence Hotline rather than wait until the next business day when they can connect to a Native advocate. StrongHearts advocates understand and help navigate

the deeply rooted and complex barriers that face Native victims. These barriers include geographic isolation, fear of being identified or retaliated against, lack of law enforcement, gaps in culturally-based supportive services, historical distrust of law enforcement, and legal and jurisdictional issues. Not only is StrongHearts Native Helpline the only national Helpline built by Natives for Natives, but StrongHearts is also the only such Helpline to create and maintain a comprehensive Native specific referral database. It took the Helpline a full year to develop this database with fewer than 300 service providers due to needing to develop a rapport and trust with each of the programs. Despite the disproportionate rates of domestic violence against Native women, services are very thin on the ground in Indian Country. Where the National Domestic Violence Hotline has more than 4,000 resources in their database, StrongHearts has fewer than 300 Native resources. There are more than 1,500 shelters across the country compared to fewer than 60 Native shelters.

Since StrongHearts Native Helpline opened in 2017, they have received more than 12,000 contacts and recently began answering calls and chats 24/7. Hence our proposed tribal reauthorization enhancement for a dedicated authorization for a national Indian domestic violence hotline to ensure that Native victims have a 24/7 helpline whether or not they have a local shelter or program.

FVPSA: Need for authorization for tribal coalitions

I am also a founding member of a tribal coalition, Strong Hearted Native Women's Coalition. We started our coalition in 2005 to support the development of tribal responses to violence against Native women. There are currently 19 tribal coalitions[3] across the nation who provide tribal expertise and culturally specific support for tribes, including at times direct services. Fewer than half of federally recognized Indian tribes receive FVPSA funds, so given the lack of tribal shelter and advocacy services, tribal coalitions help to fill some of these gaps.

Unfortunately, tribal coalitions are not currently authorized to receive funding under the FVPSA. This exclusion reflects a glaring systemic disparity and inequity faced by tribal coalitions and the Indian tribes they serve. Tribal coalitions faced this same systemic barrier under the Violence Against Women Act (VAWA), that Congress corrected under the reauthorization of VAWA in 2000.

Coalitions have also been key to educating tribal, state, and federal leadership about the issues and recommendations for changes at these various levels. Coalitions partnered with the National Congress of American Indians (NCAI) to form the NCAI Violence Against Women Task Force in 2003 and through this partnership have played a central role in the changes we've seen with laws, policies and allocation of resources at the tribal, state, and federal levels. One example of the resulting change is the local tribal shelter called Kiicha that we opened in 2014. Another example is the sweeping number of states that have been passing laws establishing Missing and Murdered Indigenous Women (MMIW) task forces, and yet a final example is the enhancements in each of the reauthorizations of the Violence Against Women Act. Consistent with all of these changes is the importance of partnerships

[3] Alliance of Tribal Coalitions, http://www.atcev.org/tribal-coalitions/

and coordination across jurisdictions, which tribal coalitions often help to accomplish. The technical assistance and training by the coalitions has been at the heart of these changes and one of the proposed FVPSA reauthorization enhancements is dedicated authorized funding for tribal coalitions.

FVPSA: Support for Alaska Natives and Native Hawaiians to address domestic violence

I also serve on the Board for the National Indigenous Women's Resource Center (NIWRC), funded under FVPSA as the National Indian Resource Center Addressing Domestic Violence providing technical assistance to tribes and Native Hawaiians. In 2013, because of the continuous calls by Alaska Indian tribes for technical assistance and training developed by and for Alaska Natives during annual VAWA mandated consultations, NIWRC worked with advocates to develop an Alaska Native curriculum. By developing a curriculum in partnership with Alaska tribes and advocates, we helped to raise challenges facing Alaska Native victims and tribes as issues of national concern. In 2017, Congress historically appropriated funds to support an Alaska Native Tribal Resource Center on Domestic Violence, which has served as a vehicle for helping 40% of our nation's federally recognized tribes develop village-specific responses to domestic and sexual violence. The Center has been an invaluable resource for Alaska tribes, even getting calls for help from tribes in the lower 48, and serving as a resource for the state and federal governments. The Alaska Center has been able to develop and provide information to improve how we examine ways to respond and prevent domestic violence like never before.

In addition, as statutorily required, we have coordinated with Native Hawaiians to address domestic violence, helping to create the Pouhana O Na Wahine (PONW), a grassroots organization of Native Hawaiian advocates from across Hawaii. Collectively, the advocates have over 50 years of experience in the advocacy and social service field and are all Kanaka Oiwi (Hawaiian Native) who have a passion for helping to heal generations past and present to ensure the healthiest future.

The 1993 Apology to Native Hawaiians[4] recognized:

> "..the long-range economic and social changes in Hawaii over the nineteenth and early twentieth centuries have been devastating to the population and to the health and well-being of the Hawaiian people."

In Senate discussions leading up to the passage of the 1993 Apology, the late Senator Inouye stated, "..we cannot change history. We are not here to change history. But we can acknowledge responsibility." The late Senator Akaka stated, "Long neglected by the United States, Native Hawaiians have literally fallen through the cracks when it comes to a comprehensive Federal policy toward Native Americans."

Congress amended FVPSA in 2010, authorizing support for Native resource centers in certain states to reduce tribal disparities, including a Native Hawaiian Resource Center on

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[4] Public Law 103-150, 103rd Congress Joint Resolution 19, Nov. 23, 1993

Domestic Violence. The Alaska Native Resource Center is currently the only such center. These centers to reduce tribal disparities uphold the federal trust responsibility to promote healthy Native communities.

A 2020 study from Arizona State University[5] found 64% of trafficking victims in Hawaii identified as being all or some Native Hawaiian. We've coordinated with the Pouhana to develop a common understanding and analysis of the origins of domestic violence and related disparities and the importance of community organizing to develop local responses to domestic violence. We understand that relying solely on current non-Native responses to domestic violence is a temporary solution which does not fully address the needs of Native Hawaiians. Funding for a dedicated Native Hawaiian Resource Center on Domestic Violence could help with the development of local, state, and national responses to domestic violence promoting healthier communities. While domestic violence programs function in Hawaii, none are led and managed by Native Hawaiians or rooted in developing Native Hawaiian solutions.

In closing, the federal government must fulfill its trust responsibility to assist tribes and Native Hawaiians in safeguarding the lives of women. Failing to do so results in Native women continuing to experience disproportionate rates of domestic violence and other related crimes. By working together as tribal, federal, and state governments and across all of our many interests and differences, we can prevent domestic violence and promote healthier communities in all corners of our nations.

I urge the House Committee on Education and Labor to reauthorize FVPSA with the following enhancements:

- Increase overall authorizations above $185 million to ensure greater access to shelter and supportive services;
- Adjustment of the funding distribution formula to increase the amount that tribes receive from 10% to 12.5%;
- Dedicated authorization for tribal coalitions to provide culturally appropriate technical assistance to tribes;
- Dedicated authorization for a national Indian domestic violence hotline; and
- Dedicated authorizations for an Alaska Tribal Resource Center and a Native Hawaiian Resource Center on Domestic Violence to reduce disparities facing Native victims.

I also thank the coalition of national organizations working tirelessly with House and Senate staff from the two Committees to promote healthier communities by strengthening FVPSA provisions. My most important role and why I do all that I do is my responsibility as a relative – a daughter, sister, cousin, mother, auntie, and Weh-potaaxaw (to walk in both feminine and masculine spirit). I ask each of you on this committee to fulfill your legal and moral trust responsibilities to American Indian, Alaska Native, and Native Hawaiian people.

Nuşun Looviq (My Heart is Good, Thank you).

[5] Dominique Roe-Sepowitz, Arizona State University and Khara Jabola-Carolus, Hawaii State Commission on the Status of Women, Sex Trafficking in Hawaii (2020).

Chairwoman BONAMICI. Thank you for your testimony. And I will now recognize Ms. Novoryta for five minutes for your testimony.

STATEMENT OF AMI NOVORYTA, CHIEF PROGRAM OFFICER, CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

Ms. NOVORYTA. Chair Bonamici, Ranking Member Fulcher, and Members of the subcommittee, thank you for giving me the opportunity to testify on how Catholic Charities of the Archdiocese of Chicago strives to prevent domestic violence and promote healthy communities.

Catholic Charities is one of the largest social service providers in the Midwest, and I am here today as Charities' Chief Program Offi-

cer. For 104 years, Catholic Charities has served and accompanied anyone in need in Greater Chicago. Every year, Charities' helps nearly 200 survivors of domestic violence, and those at high risk through emergency shelter, safety planning, counseling, legal services, and transitional housing.

Our wrap-around services and our partnerships help survivors and in many cases their children improve stability and restore security.

The survivors that we serve at Catholic Charities Chicago face staggering challenges. One hundred percent live below the Federal poverty line. They come to us as survivors of intergenerational trauma. They fear losing their children. They often have prolonged exposure to substance abuse and are experiencing homelessness or are unstably housed. Almost universally, they are in poor physical and emotional health.

Survivors are often isolated due to cultural factors, language barriers, and lack of awareness of their lawful protections. Moreover, they have inadequate support once they leave the abusive situation.

It is often the church, and Catholic Charities, to which survivors turn. The role of trusted, faith-based providers in this service arena is profound. We are finding that COVID only compounds the struggles faced by the survivors we serve. Since the pandemic began, the Illinois Domestic Violence Hotline reports a 15 percent increase in calls and a 2,000 percent increase in text messages requesting help.

Additional burdens include financial stress, unemployment, isolation, increased family conflict, and deepening mental health issues. For persons experiencing domestic abuse, lockdowns and other COVID restrictions have forced them to spend more time with their abuser, and less time with their support network, increasing survivors' difficulty trying to flee.

A grim reality is that flight from an abusive situation often leaves survivors without a place to call home. In response, Catholic Charities operates two transitional housing programs for domestic violence survivors. While families are in a safe environment, Charities supports them on their journey toward healing and recovery, with a long-term goal of securing permanent housing and stable employment. We offer free legal services, including facilitating orders of protection and court representation.

Although survivors may reside with us for up to 2 years, families typically transition after 12 to 14 months. Once a 1-year housing agreement is secured, Charities arrange for the family to move into its new home. With our support, survivors arrived with a truckload of furniture, household supplies and clothing, and often with savings of $2,000.00 to $3,000.00.

Most important is their increased self-sufficiency and their deep connection to a supportive, faith-based community. Our presence continues in many survivors' lives through after care programming, including support groups, and access to food, clothing, school supplies, and other necessities.

Even through COVID, 100 percent of the survivors that we have served remain in stable, permanent housing. Prior to COVID, 68 percent sustained full-time employment. Today employment is an ongoing struggle.

This winter we began offering new services for survivors of domestic violence on the west side of Chicago where African Americans and Latinx communities have been hardest hit by COVID. Our staff offer trauma-informed counseling and intensive case management. We are collaborating with churches, hospitals, and others to expand access to free, confidential services for survivors. Together we are helping people regain control of their lives and continue their healing process.

Our shelters and our healing recovery programs help survivors to rebuild their lives with hope and dignity. Thank you for this opportunity to lift up our work before you today.

[The prepared Statement of Ms. Novoryta follows:]

Prepared Statement of Ami Novoryta

TESTIMONY BEFORE THE HOUSE COMMITTEE ON EDUCATION AND LABOR
SUBCOMMITTEE ON CIVIL RIGHTS AND HUMAN SERVICES

March 22, 2021

Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities

Ami Novoryta
Chief Program Officer, Catholic Charities of the Archdiocese of Chicago

Chair Bonamici, Ranking Member Fulcher, and Members of the Subcommittee, thank you for giving me the opportunity to testify on how Catholic Charities of the Archdiocese of Chicago strives to prevent domestic violence and promote healthy communities.

Catholic Charities is one of the largest social services providers in the Midwest, and I am here today as Charities' Chief Program Officer. Over the last two decades, I have worked within community and faith-based institutions alongside public sector partners to support vulnerable populations.

For 104 years, Catholic Charities has served and accompanied anyone in need in Greater Chicago. Every year, Charities' helps nearly 200 survivors of domestic violence and those at high risk through emergency shelter, safety planning, counseling, legal services, and transitional housing. Our wrap-around services and partnerships help survivors and in many cases their children improve stability and restore security.

Pre-pandemic, we knew that people experiencing domestic violence in Illinois were 95% women, 55% Black, and 13% Latinx. Forty-three percent resided in Chicago and 40% were low-income.

The survivors we serve at Catholic Charities Chicago face staggering challenges. One hundred percent live below the federal poverty line. They come to us as survivors of intergenerational trauma. They fear losing their children. They often have prolonged exposure to substance use and are experiencing homelessness or housing instability. Almost universally, they are in poor physical and emotional health.

Survivors are often isolated due to cultural factors, language barriers, lack of familial support, and lack of awareness of their lawful protections. Moreover, they have inadequate support once they leave the abusive situation.

It is often the church, and Catholic Charities, to which survivors turn. The role of trusted, faith-based providers in this service arena is profound.

We are finding that COVID only compounds the struggles faced by survivors. Since the pandemic began, the Illinois Domestic Violence Hotline reports a 15% increase in calls and a 2,000% increase in text messages requesting help. Additional burdens include financial stress, unemployment, isolation, increased family conflict, and deepening mental health issues. For persons experiencing domestic abuse, lockdowns and other COVID restrictions have forced them to spend more time with their abuser and less time with their support networks, increasing survivors' difficulty trying to flee.

A grim reality is that flight from an abusive situation often leaves survivors without a place to call home. In response, Catholic Charities operates two transitional housing programs for domestic violence survivors. While families are in a safe environment, Charities supports them on their journey toward healing and recovery with a long-term goal of securing permanent housing and stable employment. We offer free legal services including facilitating orders of protection and court representation in matters of child support and custody.

Although survivors may reside with us for up to two years, families typically transition after 12 to 14 months. Once a one-year housing agreement is secured, Charities arranges for the family to move into its new home. With Charities support, survivors arrive with a truckload of furniture, household supplies and clothing, and often with savings between $2,000 and $3,000.

Most important is their increased self-sufficiency and their deep connection to a supportive, faith-based community. Our presence continues in many survivors' lives through after care programming. For instance, past residents attend support groups, in English and Spanish. Survivors continue coming to us for food, clothing, school supplies, and other necessities.

Even through COVID, 100% of the survivors we have served remained in stable permanent housing. Prior to COVID, 68% sustained full-time employment; today employment is an ongoing struggle. Moreover, since the pandemic, Charities has seen a 25% increase in survivors coming back to us for basic necessities. Some may not have worked with our team in years – but our doors remain open.

This winter, we began offering new services for survivors of domestic violence on the Westside of Chicago, where African American and Latinx communities have been hardest hit by COVID. Our staff offer trauma-informed counseling and intensive case management. We are collaborating with churches, hospitals, and others to expand access to free, confidential services for survivors. Together we are helping people regain control of their lives and begin their healing process.

Our shelters and healing recovery programs help survivors rebuild their lives with hope and dignity. Thank you for this opportunity to lift up our work before you today.

Chairwoman BONAMICI. Thank you for your testimony. And finally, we will hear from Dr. Miller. I recognize you for five minutes for your testimony.

STATEMENT OF ELIZABETH MILLER, MD, PH.D., DIRECTOR, ADOLESCENT AND YOUNG ADULT MEDICINE, UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

Dr. MILLER. Thank you, Chairwoman Bonamici, Ranking Member Fulcher, and Members of the committee. Thank you for the opportunity to speak with you today on the importance of preventing domestic violence and child abuse and reauthorizing the Family Violence Prevention and Services Act, FVPSA.

My name is Dr. Liz Miller. I'm a Professor of Pediatrics and Public Health at the University of Pittsburgh. I also direct Adolescent and Young Adult Health and Community Health at UPMC Children's Hospital.

I'm here today to share with you some of my personal reflections over the last 20 years working as a pediatrician and researcher. And I begin with a story from two decades ago while I was still a physician in training. I was volunteering one night a week in a clinic for young people who were unstably housed.

A 15-year-old came in for a pregnancy test. She did not want to be pregnant and was not using any contraception. Her pregnancy test was negative. I offered her education. Along the way I asked her the usual domestic violence screening question I've been taught to ask. Are you feeling safe in your relationship? To which she nodded a quick yes.

I finished with her exam, gave her some health information, and encouraged her to come back if she wanted help preventing pregnancy. Two weeks later she was in our emergency room with a severe head injury, having been pushed down the stairs by her boyfriend. That experience fundamentally shifted my career.

I dedicated myself to understanding more about the impact of violence on young people with opportunities created by FVPSA, I have been able to provide some of the evidence that we can indeed prevent violence. For this testimony I'm going to focus on two evidence-based programs.

One, in partnership with the National Health Resource Center on Domestic Violence run by Futures Without Violence, a FVPSA grantee. I co-created an intervention for healthcare settings that can reduce rates of violence. This approach, which we call CUES, C for confidentiality, U for universal education, E for empowerment and S for support, has been shown in several randomized trials to be effective.

A second program I'd like to lift up is called Coaching Boys Into Men. This violence prevention program inspires athletic coaches to teach their young athletes about healthy and respectful relationships. In randomized trials with both high school and middle school athletes, the program has found dramatic reductions in relationship abuse and sexual violence 1 year later.

In fact, our team recently published an estimate that for every 1,000 boys exposed to this program, 20 cases of sexual assault are prevented. Given that the Centers for Disease Control and Prevention, the CDC, estimates one sexual assault costs our society about $123,000.00.

The return on investment of a program like this is immense. I strongly recommend the reauthorization of FVPSA. While the FVPSA program is administered by Family and Youth Services Bureau within the larger Administration for Children and Families, it is the Delta Program administered by the CDC and authorized as part of FVPSA that focuses on prevention.

The Coaching Boys Into Men Program I mentioned, has been implemented across the county using Delta funding. And Delta extends only to about 10 States each year, so I recommend that we continue to fund Stated local partnerships, via the Delta program to test new and innovative ideas for prevention.

Second, to provide base-line funding so all of our States and territories may have designated funding for prevention, and finally to provide additional designated funding to the Family Violence Prevention and Services Program within Family and Youth Services Bureau so that our victims service agencies can also support prevention activities.

I also want to go back for a moment to the story I mentioned at the outset. Although my patient was not pregnant that day, she could have been among our young people who are pregnant and parenting. The Pregnancy Assistance Fund previously played a vital role in helping this most vulnerable group.

Young people who are pregnant and parenting need extra support to succeed—high quality childcare, education, housing, food security, transportation and certainly comprehensive healthcare. So, I will leave you with three thoughts.

Violence is preventable. Second, to prevent domestic violence and child abuse we must take a holistic approach. And finally, FVPSA is an excellent Federal program. We know it works. Rarely have so few dollars accomplished so much to help people.

And we can do more to support prevention. First, by expanding the Delta Program so funding can reach all States. And second, by authorizing additional prevention funding out of the Family Violence and Services Office. Thank you for the honor and privilege of sharing these thoughts with you today, and for your consideration. I'm now ready to take your questions as well.

[The prepared Statement of Dr. Miller follows:]

Prepared Statement of Dr. Elizabeth Miller

Testimony

of

Elizabeth Miller, M.D, PhD

Director, Adolescent and Young Adult Medicine

UPMC Children's Hospital of Pittsburgh

before the

Subcommittee on Civil Rights and Human Services

Committee on Education and Labor

U.S. House of Representatives

Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities

March 22, 2021

Chairwoman Bonamici, Ranking Member Fulcher, and Members of the Committee, thank you for the opportunity to speak with you today on the importance of preventing domestic violence and child abuse and reauthorizing the Family Violence Prevention and Services Act.

My name is Dr. Elizabeth Miller. I am a Professor of Pediatrics, Public Health, and Clinical and Translational Science at the University of Pittsburgh School of Medicine and Director of Adolescent and Young Adult Medicine and Medical Director of Community and Population Health at UPMC Children's Hospital of Pittsburgh.

I am here today to share my personal reflections from over two decades of work as a pediatrician, professor, and researcher. I have dedicated my career to improving the health of our most vulnerable, our young people in particular. I have seen the deep harm that violence can cause, and most importantly, I have learned that violence can be prevented.

I want to share a story from over 20 years ago now while I was still a physician-in-training. I was volunteering one night a week at a clinic for young people who were homeless or unstably housed. A 15-year-old came in for a pregnancy test. She did not want to be pregnant and was not using any contraception. Her pregnancy test was negative. I offered her education and asked her a few more questions to try and understand more of what was going on with her. Along the way, I asked her the usual domestic violence screening question I had been taught to ask, "Are you feeling safe in your relationship?" to which she nodded 'yes.' I then finished with her health exam, gave her some health information and encouraged her to come back if she wanted more help preventing an unwanted pregnancy.

Two weeks later she was in our emergency room with a severe head injury having been pushed down the stairs by her boyfriend. In that moment, I realized I had missed something. I also later learned about how complicated things were for this young person, including her mother's

reaction to the incident ("It's her fault because she wanted to be with him") and learning that her boyfriend was trying to get her pregnant when she didn't want to be.

That experience shifted my career as I dedicated myself to understanding more about adolescent relationships and the intersections of such violence with social challenges such as unstable housing, poverty, court and child welfare involvement, racism, and sexism. I also was deeply affected by the resiliency and strengths of this young person as she fought herself back from a traumatic brain injury, and I continue to try to lift up the strengths of young people and their families in my work.

Most importantly, this clinical encounter underscored for me that we must be doing more to prevent violence. With opportunities created by the Family Violence Prevention and Services Act (FVPSA), I have been able to provide the evidence that we CAN prevent violence.

For the purposes of this testimony, I focus on two evidence-based programs that were developed or are being implemented with FVPSA funding. These programs prevent and reduce abusive behaviors and promote healthy relationships among young people.

In partnership with the National Health Resource Center on Domestic Violence, run by Futures Without Violence, a FVPSA grantee, I co-created an intervention for health care settings that has now been shown to fundamentally reduce rates of violence.

In the beginning, we thought asking direct screening questions like "Are you being abused?" or "Are you in a relationship where you're afraid or feeling unsafe?" would help us identify those who were being abused and allow us to connect them to help. But several studies have shown that simply screening for domestic violence by itself does not actually improve quality of life or health outcomes for survivors.[1–4] So we looked to the science to help us understand what might work better.

When survivors of partner violence (including adolescents and young adults) are asked about what they want from health professionals, they identify four key characteristics: being open to listening, avoiding judgmental responses, offering support and information about existing resources (regardless of whether they disclose abuse), and not pushing for disclosure.[5,6] Based on this research, we created an intervention that offers information about various forms of interpersonal violence, such as intimate partner violence, child abuse, trafficking and sexual assault and how these traumatic experiences might impact a person's health. The information is provided on a palm-sized educational brochure that is discrete and offers resources on where to get help (for example, http://ipvhealth.org/wp-content/uploads/2017/11/General-English-Final-2017.pdf). A health professional provides this information in a private, confidential space during a clinical encounter, and encourages the patient to take this information along with them to share with friends and others, as long as they feel safe doing so. Should a patient share that they would like help, the health center is prepared to connect the patient to culturally responsive victim advocacy services and supports. This approach, which we call "CUES" for Confidentiality, Universal Education, Empowerment and Support (https://ipvhealth.org/wp-content/uploads/2021/01/CUES-graphic-1.12.21.pdf), has been shown in several randomized controlled trials that my team has conducted to be effective.[7–10] This includes implementing this intervention in women's health clinics, clinics for adolescents, and college campus health centers. Specifically, the CUES approach has been shown to increase recognition of what constitutes abusive behaviors, increased confidence to use safety strategies and resources, and among adolescents, to reduce violence.[10]

This evidence-based approach meets patients where they are and offers primary prevention for those who have not already experienced violence. It has taught us that the most effective strategies are those that are supportive, culturally relevant, and provide information without requiring that someone disclose abuse. The approach is being used in community health centers across the country (https://www.healthcenterinfo.org/our-partners/national-health-network-on-intimate-partner-violence-and-human-trafficking/), and has been integrated into clinical guidelines of national medical organizations.[11] Additionally, this approach has been integrated into strengths-based approaches in home visitation and perinatal programs to increase safety options and resiliency building for parents and to prevent child abuse (https://ipvhealth.org/resources/).

A second program I would like to share with you is "Coaching Boys into Men" (https://www.coachescorner.org/). This violence prevention curriculum and program inspires athletic coaches to teach their young athletes that violence never equals strength and that violence against women and girls is wrong. The program comes with strategies, scenarios, and resources needed to talk to boys, specifically, about healthy and respectful relationships, dating violence, sexual assault, and harassment. In randomized controlled trials with high school athletes and replicated with middle school athletes, the program has been shown to increase positive bystander behaviors (meaning that athletes interrupt their peers' disrespectful and harmful behaviors) which are key to creating a culture where respect, safety, and healthy relationships are the norm.[12] In addition, the research has found dramatic reductions in relationship abuse and sexual violence one year later.[13,14] In fact, our team recently published an estimate that for every 1000 boys exposed to this Coaching Boys into Men program, 20 cases of sexual assault are being prevented.[15] Given that the Centers for Disease Control and Prevention (CDC) estimates one sexual assault costs our society approximately $123,000,[16] the return on investment of a prevention program like this is immense.

While these are just two examples, there are numerous other examples of how prevention interventions can be integrated into clinical and community-based settings to make a difference in people's lives and to prevent violence. In particular, the CDC has emphasized the need to support cross-cutting programs that can simultaneously address and prevent intimate partner and sexual violence as well as child abuse.[17–20] Programs that focus on creating safe and supportive environments for families are vitally important to ensure that all children are thriving, healthy, and safe.[21–23]

Based on my experience and knowledge of its success, I strongly recommend you reauthorize the Family Violence Prevention and Services Act (FVPSA). FVPSA first passed more than 35 years ago. While the Violence Against Women Act is better known, FVPSA actually passed 10 years earlier and has been the day to day workhorse, providing funding to domestic violence shelters and services across states, territories, and Tribes, and also providing training and technical assistance to this network of more than 1500 local programs.

While the FVPSA program is administered by the Family and Youth Services Bureau within the larger Administration for Children and Families, it is the DELTA program, administered by the CDC and authorized as part of FVPSA, that focuses on prevention. The DELTA program has evolved over the years, moving from funding a few local programs to a more strategic approach that supports state coalitions in partnership with local programs. Importantly, it has also included a research and evaluation component so we can continue to learn what works.

The Coaching Boys into Men program I mentioned has been implemented across the country using DELTA funding. And this program together with many other vitally important strategies for preventing violence are summarized in the technical packages created by the CDC to focus on prevention of intimate partner and sexual violence.[22,23]

Unfortunately, only 10 states at a time are generally funded for a few years at a time due to limited resources. In addition, we are not taking full advantage of what we have learned because we are not providing funding to implement research-informed programs. Given this, I support the following recommendations:

1. Continue to fund state-local partnerships via the DELTA program that test new and innovative approaches and that include evaluation. Increased focus on health centers, schools, and early childhood partnerships as well as programs providing economic supports and related structural interventions will help end the cycle of violence and promote healthy communities.
2. Provide baseline funding so all states and territories may have designated funding for prevention activities using the best practices that have been and will continue to be developed. Prevention isn't a one-off. The commitment to prevention needs to be long-term, scaled up, and sustained.
3. Provide additional designated funding to the Family Violence Prevention and Services program at the Family and Youth Services Bureau specifically to support prevention, so that local domestic violence agencies may also do prevention work. No groups understand more clearly the need for prevention, yet many are barely able to meet the most basic emergency needs of those showing up at their doors in crisis. Prevention must not come at the expense of a shelter bed.

I also would like to take a moment to address very specifically the girl whose story I mentioned at the outset. Although she was not pregnant that day, she could have been among our young people who are pregnant and parenting. Far too often, they are doing so under the most challenging of circumstances, and often, in the context of exposure to interpersonal violence. The Pregnancy Assistance Fund previously played a vital role in helping this most vulnerable but inspiring group of young people. Parenting is always hard. Parenting when you come from an unstable or abusive home, or no home at all, can be overwhelming. When a young parent is also experiencing partner violence, the stakes are high for both their health and safety and the well-being of their child. And as complicated as their situation may be, I witness young people all the time doing incredible, amazing things. They love their children. They want to do right by their children, and our systems make it incredibly challenging for them. If you are to consider updating the Pregnancy Assistance Fund, I would strongly recommend:

1. Continue to buttress the social supports that young people who are pregnant and parenting need to succeed including: high quality child care, education, housing, food security, transportation, comprehensive health care including behavioral health, and mentorship.
2. Recognize the impact of intersectional traumas, systemic racism, and structural inequities (from histories of oppression to contemporary experiences of marginalization) through integration of structural interventions that are designed and led by youth.
3. Support culturally-responsive programs that promote positive youth development and positive parenting, emphasize thriving and flourishing as a key metric, encourage

resiliency skills building and recognize the strengths of young parents, families, and communities.

I realize this testimony includes a lot of information and research is not always easy to understand, so if I may leave you with three thoughts it is these:

1. **Violence is preventable** – we have programs and science that show this.
2. **To prevent domestic violence and child abuse, we must take a holistic response** that recognizes family and community strengths and encourages cross-sector collaborations: the health care system, programs that work with children and youth, programs that invite men to be part of the solution, and programs that address the most basic financial and concrete supports that families need, particularly with young families where there may be a history of violence.
3. **FVPSA is working**. FVPSA is an excellent federal program. Rarely have so few dollars accomplished so much to help people and been leveraged so effectively to make lasting change. But FVPSA can do more to support prevention: First, by expanding the DELTA program so funding can reach all states. Second, by authorizing additional prevention funding out of the Family Violence and Services Office. This way FVPSA grantees – currently focused on providing direct services to those who have already been abused --- can implement prevention activities as well.

Thank you for the honor and privilege of sharing these thoughts with you today and for your consideration of these recommendations.

Bibliography

1. Taft A, O'Doherty L, Hegarty K, Ramsay J, Davidson L, Feder G. Screening women for intimate partner violence in healthcare settings. *Cochrane Database Syst Rev*. 2013;(4):CD007007. doi:10.1002/14651858.CD007007.pub2
2. MacMillan HL, Wathen CN, Jamieson E, et al. Screening for intimate partner violence in health care settings: a randomized trial. *JAMA*. 2009;302(5):493-501. doi:10.1001/jama.2009.1089
3. Wathen CN, MacMillan HL. Health care's response to women exposed to partner violence: moving beyond universal screening. *JAMA*. 2012;308(7):712-713. doi:10.1001/jama.2012.9913
4. Klevens J, Kee R, Trick W, et al. Effect of screening for partner violence on women's quality of life: a randomized controlled trial. *JAMA*. 2012;308(7):681-689. doi:10.1001/jama.2012.6434
5. Chang JC, Cluss PA, Ranieri L, et al. Health care interventions for intimate partner violence: what women want. *Womens Health Issues*. 2005;15(1):21-30. doi:10.1016/j.whi.2004.08.007
6. Feder GS, Hutson M, Ramsay J, Taket AR. Women exposed to intimate partner violence: expectations and experiences when they encounter health care professionals: a meta-analysis of qualitative studies. *Arch Intern Med*. 2006;166(1):22-37. doi:10.1001/archinte.166.1.22
7. Miller E, Tancredi DJ, Decker MR, et al. A family planning clinic-based intervention to address reproductive coercion: a cluster randomized controlled trial. *Contraception*. 2016;94(1):58-67. doi:10.1016/j.contraception.2016.02.009
8. Miller E, Jones KA, McCauley HL, et al. Cluster randomized trial of a college health center sexual violence intervention. *Am J Prev Med*. 2020;59(1):98-108. doi:10.1016/j.amepre.2020.02.007
9. Miller E, Decker MR, McCauley HL, et al. A family planning clinic partner violence intervention to reduce risk associated with reproductive coercion. *Contraception*. 2011;83(3):274-280. doi:10.1016/j.contraception.2010.07.013
10. Miller E, Goldstein S, McCauley HL, et al. School Health Center Healthy Adolescent Relationships Program (SHARP): A Cluster Randomized Controlled Trial. 2014.
11. ACOG Committee opinion no. 554: reproductive and sexual coercion. *Obstet Gynecol*. 2013;121(2 Pt 1):411-415. doi:10.1097/01.AOG.0000426427.79586.3b
12. Miller E, Tancredi DJ, McCauley HL, et al. Coaching Boys into Men": A cluster-randomized controlled trial of a dating violence prevention program. *J Adolesc Health*. 2012;51(5):431-438. doi:10.1016/j.jadohealth.2012.01.018

13. Miller E, Tancredi DJ, McCauley HL, et al. One-year follow-up of a coach-delivered dating violence prevention program: A cluster randomized controlled trial. *Am J Prev Med*. 2013;45(1):108-112. doi:10.1016/j.amepre.2013.03.007

14. Miller E, Jones KA, Ripper L, Paglisotti T, Mulbah P, Abebe KZ. An Athletic Coach-Delivered Middle School Gender Violence Prevention Program: A Cluster Randomized Clinical Trial. *JAMA Pediatr*. 2020;174(3):241-249. doi:10.1001/jamapediatrics.2019.5217

15. Jones KA, Tancredi DJ, Abebe KZ, Paglisotti T, Miller E. Cases of Sexual Assault Prevented in an Athletic Coach-Delivered Gender Violence Prevention Program. *Prev Sci*. January 2021. doi:10.1007/s11121-021-01210-1

16. Peterson C, DeGue S, Florence C, Lokey CN. Lifetime economic burden of rape among U.S. adults. *Am J Prev Med*. 2017;52(6):691-701. doi:10.1016/j.amepre.2016.11.014

17. DeGue S, Holt MK, Massetti GM, Matjasko JL, Tharp AT, Valle LA. Looking ahead toward community-level strategies to prevent sexual violence. *J Womens Health (Larchmt)*. 2012;21(1):1-3. doi:10.1089/jwh.2011.3263

18. DeGue S, Massetti GM, Holt MK, et al. Identifying links between sexual violence and youth violence perpetration: New opportunities for sexual violence prevention. *Psychol Violence*. 2013;3(2):140-150. doi:10.1037/a0029084

19. DeGue S, Valle LA, Holt MK, Massetti GM, Matjasko JL, Tharp AT. A systematic review of primary prevention strategies for sexual violence perpetration. *Aggress Violent Behav*. 2014;19(4):346-362. doi:10.1016/j.avb.2014.05.004

20. Houry DE, Mercy JA. *Preventing multiple forms of violence: A strategic vision for connecting the dots*. Atlanta, GA: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2016.

21. David-Ferdon C, Vivolo-Kantor AM, Dahlberg LL. A comprehensive technical package for the prevention of youth violence and associated risk behaviors. 2016.

22. Basile KC, DeGue S, Jones K, et al. *STOP SV: A technical package to prevent sexual violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2016.

23. Niolon PH, Kearns M, Dills J, et al. *Preventing Intimate Partner Violence Across The Lifespan: A Technical Package Of Programs, Policies, And Practices*. Atlanta, GA: Centers For Disease Control And Prevention,; 2017:61.

Chairwoman BONAMICI. Thank you so much, each of you, for your excellent testimony.

Under Committee Rule 9(a), we will now question witnesses under the five-minute rule. After the chair and Ranking Member, I will be recognizing Members of both subcommittees in the order of their seniority on the full committee.

And again, to make sure that the Members' five-minute rule, staff will be keeping track of time and the timer will sound when your time is over. Please re-mute your microphone.

And as chair, I recognize myself for five minutes.

Mrs. Timmons, thank you so much for your work and commitment to helping survivors in Oregon. I'm impressed by everything

you've accomplished over the years. I learned a lot from our conversation last week. Recently, Congress provided 450 million dollars to support survivors of intimate partner violence and sexual assault during the COVID–19 pandemic.

So, I wanted to ask you could you please tell me more about the operational challenges that programs in Oregon have experienced during the pandemic, and during prior disasters that have made supplemental funds so critical?

Ms. TIMMONS. Thank you. Yes. Survivors in Oregon really struggled early on to get the proper PPE, or proper equipment to keep our shelters open and keep survivors safe while they were in shelter. We struggled significantly with getting masks, and cleaning supplies.

And shelters in our State are small. They're primarily homes that have been transformed into shelters. And so, this was a significant barrier to safety. We also had fires that raged through our community which caused some shelters to have to close and move survivors into hotels.

We were struggling with really basic needs at that point from food to water, to clothing and some of the really basic things that folks needed. One of the things that I also want to touch on in terms of COVID is that the disproportional impact that COVID has had on tribal and [inaudible] of black, indigenous and people of color communities that are in Oregon.

And I think that there has been a significant impact to advocates in those communities who are doing that work. We saw reductions in volunteers. We saw reductions in advocates being able to do the work that they need to do as they're taking care of their elders, taking care of their children, while also trying to keep survivors safe.

We also had to pull all of our sexual assault advocates that were doing accompaniment to hospitals, out of the hospitals, and find alternative methods to do sexual assault advocacy. So the COVID–19 impact has just been incredibly broad.

Chairwoman BONAMICI. I don't want to cut you off, but I want to get a couple more questions in.

Ms. TIMMONS. Please do.

Chairwoman BONAMICI. It's very, very helpful.

Ms. TIMMONS. Any time.

Chairwoman BONAMICI. I just wanted to recognize Ms. Novoryta. You've mentioned some of the same things in your testimony too about the challenges during COVID. I wanted to ask Vice Chairwoman Schlater, we know that the Family Violence Prevention and Services Act administered as we know by Department of Health and Human Services, approaches intimate partner violence from a public health perspective.

And why is the public health approach so important for Native survivors, and what are some of the barriers that Native survivors face in getting assistance from places, for example, the criminal justice system?

Ms. SCHLATER. Thank you Chairwoman Bonamici, I'll get back with you more in detail in writing on that question. But you know, the answer that comes to the top of my mind right now is jurisdic-

tional issues. And you know, who has jurisdiction over the incident, especially in a Public Law 280.C state like California.

Chairwoman BONAMICI. Right.

Ms. SCHLATER. And so, it's really hard sometimes to even get a response from the justice system.

Chairwoman BONAMICI. Thank you. Well, I look forward to finding out more about that. And Dr. Miller I'm concerned because during the pandemic, pregnant women of color, for example, have sometimes delayed or reduced prenatal care visits, and that has exacerbated complications.

We already have the complexities of the national maternal mortality crisis, so why is it so important, especially for survivors of color to continue to receive healthcare and social services that are provided by the Pregnancy Assistance Fund grants?

Dr. MILLER. Thank you, Chairwoman Bonamici, for that question. The maternal mortality is something that's deeply personal for me. Here in Pittsburgh we recently did a study where we rank the third percentile, so 97 percent of other comparable cities across the country look better than us on maternal mortality.

So, we have been deeply, deeply engaged in this issue. And it is certainly complex, but the solutions lie in having really consistent and trustworthy health and social services, and the Pregnancy Assistance Fund is absolutely vital to that in terms of providing the social services and supports that are needed, and getting to those who are experiencing the greatest fear in marginalization.

Chairwoman BONAMICI. Thank you very much. And I'm going to set a good example because the clock is now at zero. I'm going to yield back and recognize Ranking Member Fulcher for five minutes for your questions.

Mr. FULCHER. Thank you. Madam Chair, and you certainly do set a good example. I've got my stop clock going. This question is for Ms. Novoryta. I got your name correct I think this time, forgive me. But I appreciate that you shared the value of faith-based organizations in serving survivors in this issue. Any objective review of history reveals that faith was a critical part of our founders and fundamentally important part of life in America.

I know I've seen first-hand in my own life the importance of the church in helping to meet the needs of the local community. Can you share a little bit more about why it's important for the faith community to be involved with this issue?

Ms. NOVORYTA. Sure. Thank you, Representative Fulcher. Due to the trust factor, many people go to their minister, clergy, staff at stay safe providers, like Catholic charities and others when they need help, whether it be for domestic violence, other sources of distress.

Similarly, what we're finding is that providing services at, or in connection with a church, temple, parish, helps the survivor feel safe. As have been shared today, isolation and control are very common in domestic violence relationships, and often the church, or another faith-based institution is a place that an abuser will allow their partner to go alone.

I think it's important to say too that for many faiths, believers may feel that they cannot leave an abusive relationship because they have taken a religious vow or sacrament, and the sacred rit-

ual of marriage. It is empowering for them to hear from their minister, clergy, or a counselor connected to the faith, that they are not expected to stay and endure the abuse.

Mr. FULCHER. Thank you. And if I could just do a followup to that. I personally, I'm not Catholic, I'm evangelical Christian, so I don't necessarily understand the inner workings of Catholic charities. But what I do know is the positive impact that your efforts have had, and those appear to be undeniable.

So, this question is basically how do you do it in the sense of you must do some partnering in local communities. And how do you do it? How does it work?

Ms. NOVORYTA. So, survivors are often dependent on their abusers in multiple ways—financially, emotionally, socially. As Rachel Louise Snyder, she had in her 2019 book, No Visible Bruises, domestic violence is adjacent to so many other problems that we as a society grapple with—education, economics, mental and physical health, crime, gender, racial equality and more.

And so, what we know is that the protection and safety of survivors requires both policies and systems and partnerships that recognize that domestic violence is a public health crisis with enormous implications for public safety, homelessness, and economic insecurity.

So in our work with survivors, we know that an array of services, and a coordinated approach is necessary. We partner with other local trusted service providers, including local hospitals. The women's mental health program at Cook County Jail, the Network Advocating Against Domestic Violence, and others that offer job development, housing, and legal services.

What we do know is none of us can do this work alone, and so together we wrap services around the survivor, so that they can both become more self-sufficient, and also feel a part of a broader supportive network.

Mr. FULCHER. And thank you for that. And we've only got a little bit over a minute, so this will need to be a little bit quicker, but how are you funded? How do you keep the lights on, and the services going?

Ms. NOVORYTA. Yes. So, like everybody else has shared here, funding from the government for domestic violence services is limited, and so we combine both a combination of Federal and State funding as well as significant private donations from the local community.

Mr. FULCHER. Great. Thank you. Thank you, Ms. Novoryta, for what you do and your testimony, to the rest of our panel as well. Thank you so much. Madam Chair, I yield back.

Chairwoman BONAMICI. Thank you, Ranking Member Fulcher. I now recognize Representative Adams from North Carolina for five minutes for your questions.

Ms. ADAMS. Thank you, Madam Chair. I'm going to pull over and ask questions. Thank you to all of the witnesses for your testimony. African-American women experience intimate partner violence at a rate of about 35 percent higher than their white counterparts. However, they're less likely to use social services and seek out medical treatment for intimate partner violence.

Ms. Timmons, what are some of the unique and systemic barriers women in Black communities face in accessing support services?

Ms. TIMMONS. Thank you. African-American survivors definitely face significant barriers to accessing services. I think the most significant barrier that I have personally noticed when working with black women is the barrier around finding services that they can trust, and that they feel are responsive to the unique and culturally specific needs of their community, of their children, and of their families.

And so that's the biggest barrier, is looking for that culturally specific response that they feel they can really trust and get their unique needs met.

Ms. ADAMS. OK. What role does the National Center on Violence Against Women in the Black Community play in ensuring that victims in the community are connected with the appropriate resources?

Ms. TIMMONS. They play a significant role. The biggest role I think that they play for us in Oregon is making sure we have access to adequate information about the disparities in the black community, allowing us to understand where those gaps really are, and what are the best practices in responding to those gaps and those needs.

Ms. ADAMS. Thank you very much. So, we know that many people in our country do not feel comfortable calling the police when they need help. Vice Chairwoman Schlater and Ms. Timmons, can you talk more about what happens when victims don't feel safe calling the police, and what other resources can they turn to, and why these funding services are so important in these cases. That's for Vice Chairwoman Schlater and Ms. Timmons.

Ms. SCHLATER. OK. Thank you, Congresswoman Adams. So basically, without our program here, it was very—before these type of funds came into our community, it was very unsafe on our reservations because there was no accountability for offenders, and somewhat hopelessness.

And with tribal government's hands tied by jurisdiction issues, it was like if you called the sheriffs for a domestic violence call you'd get an 8-hour response, or no response at all. And that in turn led to more abuse for the victim who made the call for help, right?

And so, there have been incidents in our community where families have tried to intervene with you know, beating up the victim's perpetrator, but that hasn't resulted in anything healthy. That wasn't a good solution for that.

So with our program and our services, we've been able to build relationships with the local law enforcement, build our own tribal law enforcement program as well, and then really establish a lifesaving link between the victim when they pick up the call for help there. So, Ms. Timmons?

Ms. TIMMONS. Thank you. I think one of the things that we've absolutely learned about domestic violence is one size dos not fit all, right? We can build wonderful, vigorous, culturally responsive responses to the multiple complicated issue of domestic and sexual violence.

This is not something that has—that we can create simple answers to. And I think that when it comes to law enforcement, there

is absolutely a role that they play, an important role, in keeping us all safe from domestic and sexual violence, but it's everyone's issue.

And our whole community has to respond to it in vigorous and responsive ways from educating family Members on best practices and how to respond, to educating healthcare workers, to educating clergy, to educating our communities and neighbors, and so I think that when I think about you know, that law enforcement response, I think it's been a wonderful tool for many survivors, but when people are afraid to call law enforcement, they have to have just as strong, and just as wonderful a tool in their toolbox as well.

So, we have to move beyond one size fits all, and really respond to the needs that survivors are bringing us each and every day.

Ms. ADAMS. Great. Thank you both very much. Madam Chair, I'm going to yield back.

Chairwoman BONAMICI. Thank you, Representative. I now recognize Representative Fitzgerald from Wisconsin for five minutes for your questions.

Mr. FITZGERALD. Thank you, thank you. I just wanted to kind of go back to one of the things that Ranking Member Fulcher had mentioned, and it's I think because of my knowledge of what goes on in the Milwaukee Archdiocese.

And Catholic Charities, I know, I'm just wondering overall kind of the financial picture because I know that many individual parishes that work with some of the non-denominational outlets that many women can reach out to.

And the one that I'm very familiar with, it's in my congressional district, it's called PAVE, People Against a Violent Environment. And I know that there's issues, you know, kind of across the spectrum on funding as a result of some of the parishes struggling, who often times set aside dollars for many of the programs related to the archdiocese and to charities.

So, whether it's Milwaukee Archdiocese Charities, or Chicago Charities, I'm just wondering if you can kind of comment on that, Ms. Novoryta? I hope I said that right, sorry.

Ms. NOVORYTA. You're close. It's Novoryta, it's Novoryta.

Mr. FITZGERALD. OK.

Ms. NOVORYTA. Yes. I mean to build on kind of what I think has been shared pretty universally across the comments today, funding for survivors of domestic violence who are 95 percent of survivors in Illinois, are women, is insufficient. And that is true at Catholic Charities of Chicago as well, and I think that speaks to both the need for Federal dollars come into local jurisdictions more frequently, and at a more significant level.

We have, in Chicago, how we have been able to continue these programs is I think in two ways. First it's through leaning on folks within our community to support the work that we're doing financially.

And second, it's as I spoke to earlier, we have significant partnerships outside Catholic charities. I think the other thing that might be important to mention is that within Catholic Charities of Chicago, so as a large organization, we serve about 400,000 people every year across a variety of services, and particularly through Federal funding and other resources we have housing programs, in-

cluding transitional housing, permanent housing, other wrap around services as they relate to the counseling, trauma, informed therapy, excuse me, so on and so forth.

And so, we, our staff has become very solution oriented in kind of bringing the puzzle pieces they need together from different funding sources in different parts of the organization in order to provide services.

Mr. FITZGERALD. Yes, thank you very much. I know there's a series of challenges obviously, and I appreciate your testimony and you being here today. And I would yield back, Madam Chair.

Chairwoman BONAMICI. Thank you, Mr. Fitzgerald. I now recognize Representative Hayes from Connecticut for five minutes for your questions.

Ms. HAYES. Thank you, Madam Chair. And thank you to our witnesses for joining us on this important hearing. In my State of Connecticut, I've seen them struggle to combat the surge of domestic violence during this pandemic. We've seen at our domestic violence shelters, 150 percent increase in capacity, and calls for help have increased by 71 percent.

But even before we reached this point, I saw my students in the classroom who were suffering with the long-term ripple effects of family violence. In Congress I've advocated for the need for trauma informed care, for students to help address the growing mental health crisis that they face.

I actually have a bill, the Supporting Trauma Informed Educational Practices Act that I've been working to get support on, because I know how critically important it is. Family violence prevention and support funds would also be good, and support of the National Center on Domestic Violence at Trauma and Mental Health is important, especially now.

So, my question today is for Ms. Timmons. Could you please speak to the importance of incorporating trauma informed care into our response to victims of intimate partner violence?

Ms. TIMMONS. Thank you. Trauma informed care, and trauma informed responses are really how I believe, are really how we're going to see ourselves through the domestic violence crisis and to the other side. I feel as if without trauma informed responses, it's very difficult to break the cycle of violence.

Trauma affects us in our whole bodies. It affects how we parent. It affects how we navigate our own healing, how we see, how we're able to access our own resources. So I really do feel like trauma informed care is central to the work that we're doing.

Everything that we've learned about trauma and how to apply it to our healing, healing our families, our organizations and our communities has brought us closer and closer to really ending this terrible epidemic of violence that we've been faced with.

Ms. HAYES. Thank you. There's another component of that. Like I said I was a classroom teacher for many, many years, and I saw family violence up—well, the impact of family violence up close, but also dating violence.

Many young people get involved with dating violence very early on, and in turn they are adults with the highest rates of interpersonal violence. Can you speak to what schools can do to help re-

duce domestic and family violence and promote safe and healthy relationships?

Ms. TIMMONS. Yes. Education. Education, education, education. I think that prevention is key to breaking the cycle of violence. We have to be able to teach our young people what consent is, what violence is, and what healthy relationships are, so I think that's really, really important.

Ms. HAYES. Thank you. My last question, nearly 20 years ago Congress authorized special grants under the Family Violence Prevention and Support Act. Dr. Miller, can you speak to the importance of a multi-general approach, particularly as it relates to these types of relationships we've seen, as we've heard before where multi-generations deal with this type of violence? What can we do in Congress?

Dr. MILLER. Absolutely. Thank you. Thank you for bringing the focus back to prevention as well, because while FVPSA is about services and supporting our victim's service agencies to do the work of supporting our survivors with the trauma sensitive responses that Ms. Timmons was just speaking to, it is also absolutely critical that we invest in prevention.

And prevention includes recognizing that we need to support more adult allies and peers, right? So, to Ms. Timmons' point education, integrating dating violence prevention, but more broadly, trauma sensitive school practices as you're talking about, Congresswoman Hayes, into our K through 12 schools.

That also includes, however, from the zero to five, you know Kindergarten readiness that thinking about positive parenting strategies, creating this sort of audacious hope, right, that positive parenting is possible in that context of recognizing that healing and recovery is possible.

Our families are not broken. Our communities are not broken. We need to come together. As Representative Fulcher was saying, this is local. Because indeed it is a local response of creating a collective from our faith-based collaboratives, our schools, our community organizations and the vital importance of our victim's service advocates who create a community of care.

Ms. HAYES. Thank you so much. Madam Chair, I yield back.

Chairwoman BONAMICI. Thank you so much. We now have the Ranking Member of the Full Committee, Ranking Member Foxx, I recognize you for five minutes for your questions.

Ms. FOXX. Thank you very much, Madam Chairman. My question is for Ms. Novoryta. What has been the biggest impact of COVID on your programs that worked to address the problems of domestic violence? Have you seen any change in outreach through your peers, as society has started to open more recently?

Ms. NOVORYTA. Yes. We are finding that many victims of domestic violence are reaching out to Catholic Charities for other immediate needs because they lost their job, they might need financial assistance to stay in their homes. They need food. And when our staff are able to meet that need, and begin building a relationship with that individual, we begin to learn more about other struggles, including with domestic violence.

In many of the communities that we serve, stores are closed, houses of worship are not open. Schools, community centers are

closed, and we're finding that we need to really meet people where they are. And over the last year that has been at hospitals.

And so, similar to what Dr. Miller has been sharing, we've been working with local hospitals to train physicians, their social workers, their case managers, to screen patients for other social determinants of health, and also for domestic violence.

They then are referring their patients to Catholic Charities. We're also finding that we need to be more flexible, and I think this is one of those millions of trends that started during COVID and are going to continue.

Lack of privacy is a huge barrier to counseling. The 45-minute sessions that have been our standard of care is rare. Instead, our trauma informed counselors are connecting with survivors more frequently, often via text messages, and short phones calls. We are responding to spontaneous calls, and we're doing more regular safety checks.

It's more difficult for survivors to get time alone, and so we're coaching them on ways to do that. Sometimes that means locking yourself in the bathroom. That means going for a walk with your phone. That means sitting in your car.

I think another thing to note in this conversation is that the survivors that we work with who again, 100 percent are below the Federal poverty line, do not always have access to Zoom, which is bringing us here today. And this is particularly challenging because during COVID, survivors have been expected to participate in court via Zoom.

And so, we now have mobile telehelp cars at 10 of our sites across Greater Chicago, in part so survivors have a safe, private place to access and attend court on behalf of themselves and often their children as well.

Ms. FOXX. Well, thank you. That was just a pearly good answer. I had a followup, a bit of a followup to that, but you've done such a fantastic job of answering the question my followup is related to it. It was as you've described, how you're able to work with other groups through your provision services like food, childcare, legal services, in house, which has allowed you, as you've described, to be more effective in identifying the people who need services for domestic violence.

I think you've done a very, very good job of that. I want to thank you, and everyone involved with Catholic Charities for stepping up to do what you do. What you've done for generations of people, it's fantastic. Because I've had to split, I've gone from one hearing to another today, I don't know if there was any opportunity or if you were denied any opportunity to make comments on something someone else said or to finish up an answer.

Do you have—I think I have a little time left. Do you have anything else you want to add to the discussion?

Ms. NOVORYTA. I will add, I want to build on what Vanessa Timmons was sharing about the importance of trauma informed counseling. And briefly, last August we began working with a mother and her 5-year-old daughter, and our trauma informed therapist met with this child after she spent the morning clutching the hands of her mother as she lay recovering in critical care after her husband nearly beat her to death.

And that little girl spent the night crying, "Mommy, mommy, mommy." She told our therapist that she wanted her mom to hear her voice before God took her away from her. The survivors and the families that we serve, I'll be brief, have suffered and continue to suffer from trauma, and professional counselors with the credentials, trauma informed expertise and experience are just essential to our work, not only with adults, but the children.

Ms. FOXX. Thank you very much. I appreciate that. I yield back.

Chairwoman BONAMICI. Thank you, Ranking Member Foxx, and no worries about going over on that, I think that was a very compelling story that we all benefit from hearing, tragic as it may be. Next, I recognize Representative Leger Fernández for five minutes for your questions.

Ms. LEGER FERNÁNDEZ. Thank you, Chair Bonamici, and thank you to all our witnesses for joining us today and for evoking the response of a tear in the eye over these stories, right. But I think we need to make sure that we take these stories, heartbreaking as they are, and take them as our call to action. I will say I've worked with Catholic Charities over many decades and their excellent work with immigrants who've been welcomed and supported by Catholic Charities regardless of their status, and I've always appreciated that of them.

And Ms. Novoryta, thank you for detailing the work you've done with survivors and making it come home. Dr.xller, thank you for your audacious hope that it is possible to prevent violence and break the cycle.

I want to address my first question is to Vice Chairwoman Schlater. Your testimony did highlight that American Indian and Alaska Native women experience higher rates of violence than any other race or ethnicity, about close to 50 percent. And then there are the fact that there are fewer shelter programs that we need to support coalitions, especially given this jurisdictional issue.

I completely agree with you that we are failing in our trust obligations and must do more. So Ms. Vice Chairwoman, could you please share what you believe Congress should focus on to better protect Native women, both in the reauthorization of the Family Violence Protective Services Act, and if you believe we should do more in some other area as well for protecting our sisters.

Ms. SCHLATER. Thank you, Congresswoman Fernández. Yes, so you know the enhancements that we're proposing in this reauthorization of FVPSA are very critical for the tribal program increase, tribal grants increase from 10 to 12.5 percent, the dedicated funding for a national indigenous Indian domestic violence hotline.

The direct funding for the Alaska Native Resource Center, and last for our Hawaiian Native sisters as well. They've been, you know, neglected, you know, over the decades by the Federal Government as well. And so, for their resource center as well. You know on Congresswoman Hayes' comments on informed trauma care, we need more funding dedicated toward that as well.

Because we know that the solutions lie within the tribal teachings of our people and our language. And when we do cultural activities with our youth and then when we do peer counseling with the women and the men that we service, and we go back to our stories and our teachings, it gives great comfort.

And it also gives an example on how to be a good relative, right? And so, for like our young boys group that we work with, you talk about prevention. We teach our boys rattling, and so to hold a rattle is sacred for our songs.

And so, if you're holding a rattle that is sacred, then you don't hurt anybody with your hands. And if you're singing those songs, you don't hurt anybody with your words, right? And so and there's a whole teaching that goes into the rattle as well, and as it deals like with consent, and you know, asking for the rattle to be put together, and you know, representing the seeds inside the rattle, representing the family.

So those are beautiful teachings that we work with, with our youth. And for the young girls group we do singing, and dancing as well. As so we talk about the regalia that they wear. And that the honor that it is that some of the family Members make their pieces of regalia that they put on.

And so that they in return, you know, are to take care of themselves first, because they are sacred life givers. And then if women are given everything that they need to be taken care of, they in return will take care of the whole village. That includes the men and the elders, and everyone else, the children.

And so those are beautiful teachings, and that can come through with cultural specific trauma informed care. And so, I'll end there, but thank you.

Ms. LEGER FERNÁNDEZ. Thank you very much. And that highlights the need for flexibility. And I don't know if we have enough time, Ms. Timmons, but I wanted for you to address the issue of rural, addressing violence in rural areas. Much of my constituency are rural. Can you speak to that real quickly?

Ms. TIMMONS. Yes. The needs of rural survivors are quite unique and complicated, and I will try to get some information out to you. I think I ran out of time. Thank you so much.

Ms. LEGER FERNÁNDEZ. Thank you. Please do send that information. I apologize.

Chairwoman BONAMICI. Thank you. No, I know it's an important issue. We look forward to receiving that information. And next I recognize Representative Thompson from Pennsylvania for five minutes for your questions.

Mr. THOMPSON: Madam Chair, thank you so much. Thank you for this incredibly important hearing, and thank you to all the witnesses who have taken time out of their busy schedules, and the great work that you do each and every day serving and protecting a lot of individuals to be here.

Ms. Novoryta, thank you for being here today, and you know to discuss an issue that affects one-third of all men and women throughout their lives. Their domestic violence. Domestic violence has been casted into the background for most of our history, sadly keeping it a hidden problem.

Survivors of domestic violence have often tolerated physical, mental, emotional abuse and silence out of fear that their spouses or partners would retaliate. You know, former battered women, civics organizations and professionals began to open shelters in the 1970's to provide services to abused women and their children.

And after seeing the great results from these efforts, Congress led a series of hearings in the early 1980's to understand the scope of this violence and explore possible responses. Now this led Congress to pass legislation that touched on all facets of domestic abuse, and legislation we're all very familiar with, originally passed in 1984 the Family Violence Prevention and Services Act, or FVPSA, is the primary Federal funding source that support emergency shelter and related assistance for victims of domestic violence and their families.

And since then FVPSA has addressed domestic violence through community driven solutions. There are a network of programs and services dedicated responding to domestic violence across the United States, including our U.S. territories.

Further, FVPSA funds nearly 1,600 community-based programs, their State formally grants, including nearly 60 programs were located throughout the Commonwealth of Pennsylvania, my home State.

These programs provide necessary resources to local communities and help education individuals on health relationships, as well as offer legal assistance, crisis intervention and counseling. Now this critical legislation has been authorized seven times since its enactment, most recently in 2010 for 5 years for Fiscal Year 2015.

And I've always supported this program, including introducing legislation in previous years that would offer a clean reauthorization of FVPSA for 5 years. Additionally supported the CARES Act, which provide 45 million dollars in supplemental funding for FVPSA, formal grantees and 2 million dollars in supplemental funding for the National Domestic Violence Hotline.

The Congress should now focus on ways to support, continue to support pathways to strengthen families to prevent domestic violence and to continuing to support survivors despite the added challenges that COVID has posed.

Ms. Novoryta, you mentioned in your testimony that COVID–19 compounds the struggles faced by survivors of domestic violations, and the Illinois Domestic Violence Hotline reports a 15 percent increase in calls, a 2,000 percent increase in text messages requesting help.

Can you elaborate on how Catholic Charities aided survivors and those seeking help during the pandemic?

Ms. NOVORYTA. Absolutely, absolutely. So, most of our referrals come to us from parishes, local hospitals, and community partners, or from other programs and services within Catholic Charities. A client might come to us for rental assistance, and then when we respond to that need, a relationship begins to take root, trust builds, and then more serious issues, including often domestic violence come to light.

We also receive referrals through our Domestic Violence Help Line, and immediately work with the victims on the phone, or subsequently in text messages to identify their needs and their options, and work with them in the moment to create a safety plan with them.

The greatest emergency need that people who call our help line bring to us is for safe housing, away from their abusers. We first see if we can bring them safely into one of our two transitional

housing programs. We also are integrated into the Chicago and Greater Network of Service Providers, and we have agreements at our—they did not exist years ago, with ride share companies to transport survivors in crisis to safety 24/7 when they are ready to leave.

So those are some of the ways that survivors come to us, and our work is with them. It begins immediately on that first call.

Mr. THOMPSON. Well, let me just close with saying congratulations. I understand that were 100 percent of the survivor families served by Catholic Charities remain in stable, permanent housing, including during COVID. That is quite an accomplishment and thank you for all that. And thank you to all the witnesses for the work that you do serving, preventing—working to prevent domestic violence, and serving the survivors of it. And thank you, Madam Chair.

Chairwoman BONAMICI. Thank you, Representative. And I now recognize Representative Mrvan from Indiana for five minutes for your questions.

Mr. MRVAN. Thank you, Chairwoman. My question is for Ms. Novoryta. How are you? I'm from Gary, Indiana, so the Gary Diocese. So, when you speak to the Chicagoland greater area, you're speaking to me, because we fall into that category, and it's wonderful to have you here.

First, I want to mention to you that as a North Township trustee, I did Poor Relief assistance. I represented 180,000 people, and I worked very closely with Catholic Charities, specifically on immigration. Candy Torrez, who came over from Puerto Rico, I worked hand in hand with her. I know she's familiar with what you guys do, and we worked with domestic violence individuals.

And I personally have sent through Dr. Miller, we do intake for people who need assistance, and we use the A study, and we work with people. And every case is a snowflake, as you're talking about, right?

So my question to you directly, Ami, is can you give an example with a collective impact, so all of you witnesses know what I'm talking about, the collective impact of Federal and State government agencies working with you to better a survivor's chances of having a quality of life and better outcomes?

Just give me one example where Federal and State agencies came together and worked together in a collective impact to help a survivor.

Ms. NOVORYTA. Sure, I think that what I'd like to highlight as part of, in my response here, is the transitional housing program that Representative Thompson just mentioned. And housing is, I think, one of the most complex interventions to put into place, and to sustain over time. And it absolutely requires blending and rating public and private funding as well as a wide network of partnerships.

The success of this program that we found at Catholic Charities is three-fold. First, we provide transitional housing for up to 2 years. The healing does not happen overnight. And securing the skills, and then securing a job to have stable employment that takes time. And there are going to be challenges along the way.

Second, we know that housing alone is insufficient, and so in addition to the women who are in our transitional housing program, receive intensive case management services, access to benefits. This includes Snap, this includes WIC, this often includes Medicaid, and they commit to actively participating in a healing and recovery programming, including weekly classes, some of which are led by folks at Catholic Charities in Chicago, and some of which are from partner organizations.

These range from addictions and anger management, financial literacy, budgeting, mindfulness, journaling and reflection, that trauma informed counseling, English as a second language if needed, particularly with the immigrant community, and job readiness.

We also are able to provide onsite childcare if needed. And finally, as the last piece that cannot go unStated, is survivors actively participate in our aftercare program, that provides an ongoing support system. They know they can reach out if and when they are struggling, and they need extra support.

Our support doesn't have an end date. We continue to provide counseling, small group sessions, food pantry, clothing, to help our survivors over the long haul as they hit those bumps in the road.

Mr. MRVAN. And I just want to say the partnership that I had as an elected official in my agency to collaborate with those collective impact and those services such as Section 8 housing, and access to housing.

Ms. NOVORYTA. Yes.

Mr. MRVAN. Those are all things that we worked together to make sure people had access to Federal programs. I thank you very much. And in closing I have a question for Ms. Timmons. Very quickly, Ms. Timmons, on my part quickly, we have seen an increase in the rates of physical intimate partner violence and sexual assault in this COVID–19 and the pandemic.

What characteristics do you think the COVID–19 pandemic have lent other than isolation to this increase in violence among domestic partners?

Ms. TIMMONS. Well, I think isolation plays a key role. I think that just the inherent lack of privacy and lack of support that happens with this kind of isolation is a significant piece. Also, the stress. There's a concurring, we see concurring incidents where there's stress, addiction, alcohol substance abuse use, and those kinds of things definitely increase if there's domestic and sexual violence in the family. And I think that that has played a significant role.

Mr. MRVAN. Thank you to all the witnesses. I appreciate your answers and your time and what you do for victims and survivors.

Chairwoman BONAMICI. Thank you. And I now recognize Representative Bowman from New York for five minutes for your questions.

Mr. BOWMAN. Thank you, Madam Chair, and thank you to all the witnesses for being here. And thank you all for highlighting the need for trauma informed schools, and trauma informed education. A big shoutout to my colleagues for bringing up that particular issue.

You know my background is education. I worked 20 years in public schools as a teacher, counselor, and middle school principal, and

trauma informed approaches do work, having more counselors in our schools, having more music programs, having direct instruction in these areas really work very strongly, so thank you all for highlighting that.

Dr. Miller, I wanted to ask you. One of the main prevention strategies in the Delta Program is engaging influential adults and peers. In your testimony you referenced the Coaching Boys Into Men Program, and the success the program has had with increasing positive bystander behaviors among middle and high school athletes.

Can you please elaborate on the successes of the program, especially around creating a culture of respect, and reducing intimate partner violence and sexual assault?

Dr. MILLER. Absolutely. Thank you. Thank you so very much for asking about this program. And Coaching Boys Into Men is just one example of the kind of prevention programs that we can co-create with communities. And you know the history of this work was recognizing that we needed more adult allies involved in this work, while victims service advocates do phenomenal work in our communities, more people need to be spokespersons for prevention.

And wow, coaches are amazing, right? Because they are role models, they're mentors, you know, and in some instances really serve as an adult caregiver role for many of our young people, especially young people in minority communities as well.

And so what is amazing about the Coaching Boys Into Men Program is that we ask coaches to spend 10 to 1five minutes a week talking about respectful language, talking about leadership, talking about consent, right, very, very basic healthy relationship skills, and that that is part of being a leader in the school community and on the team.

And what is really quite wild is that as athletes hear and discuss amongst themselves, they develop a code word of like they see a peer engaging in disrespectful behavior, they go, whoa, Boys to Men right, and it interrupts that behavior.

And so what we have seen with both middle school and high school, again in very rigorous randomized trials, is that at the end of the sports season these athletes who get exposed to the program are much more likely to speak up and stand up when they see disrespectful behavior.

And in fact, one of our local school districts that has probably turned out more NFL players in the country, is you know they were early adopters of Coaching Boys Into Men, and this is like the one school district where they say the football players are the most respectful in the entire school community.

And so, it is a joyful program. It's one that very easily athletic coaches are able to adopt, and this is really you know, the difference between the cost of prevention, which is training victims' service advocates training coaches to do this program that is otherwise free, right?

And compared to the cost of one sexual assault, the CDC estimating $123,000.00 to U.S. society for one sexual assault. The cost for one instance of intimate partner violence about over $100,000.00 for women, about $23,000.00 for men is what the CDC estimates.

And so, you know, we can all do the math very quickly. Prevention is a great return on investment.

Mr. BOWMAN. Awesome. Thank you for that. Ms. Timmons, research shows that trauma is intergenerational, with mothers transmitting trauma to their children. Children also bear a significant burden in the house when there is intimate partner violence. They may suffer significant trauma in their own right.

If we do not break the cycle of violence and trauma, how much do children stand to lose from the proliferation of domestic violence?

Ms. TIMMONS. That's an awesome question. Thank you. I think that one of the most devastating impacts of a 30-year career in domestic violence is seeing the impact on kids, of this—of domestic and sexual violence. And children stand to lose a significant portion of their future when they're impacted by this.

Our whole selves as I've said earlier, is impacted. I can't overemphasize how holistic and inclusive and complicated that trauma impacts us as humans. And so, I just would say that children have a significant amount to lose if we don't intervene in the cycle of violence.

Mr. BOWMAN. So when we talk about a public health holistic approach, we're talking about education, K to 12 systems, we're talking about housing, we're talking about healthcare system, preventative measures in the community, and measures to support those who have been victims of emergency housing and other services. Thank you all for that. That was amazing thank you. I yield back my time.

Chairwoman BONAMICI. Thank you. And now I recognize the Chair of the Full Committee Representative Scott from Virginia for five minutes for your questions.

Ms. SCOTT. Thank you, Madam Chair. Ms. Novoryta, you mentioned positive parenting. Exactly what does that mean? And why is it important?

Ms. NOVORYTA. Thank you for your question. And my father is going to be grateful that the name Novoryta is getting so much play today. I think that positive parenting which is a really critical and important aspect of the work that we're discussing today, was brought up by Dr. Miller, and I actually would love to ask Dr. Miller to comment further on that.

Mr. SCOTT. OK.

Dr. MILLER. Thank you very much. So, the term positive parenting encompasses a number of different supports for parents. And I want to begin by, one, the first part is recognizing that for many parents, including adolescents who are pregnant and parenting, that they may not have always been exposed to healthy and respectful environments.

And in fact, we know for adolescents who are pregnant and parenting, that far too often it was also in the context of unhealthy environments. And so, exposure to violence is part of the story that we earlier heard about the ACE's study in adverse childhood experiences study as well.

So, we all recognize as Ms. Timmons was saying, that the intergenerational impact of exposure to violence, it can impact the way in which one parents. What is so vital however, is that how we ap-

proach and work with parents as a pediatrician, I both acknowledge that sometimes, No. 1, parenting is hard.

No. 2, parenting is extra hard for parents for whom they may have had prior exposure to violence, in that they may have been harmed as children. And the third is to say that they are not alone. The pediatrician's office, to be able to say there is no shame, no judgment here.

I'm offering information to all of the parents because I recognize that sometimes parenting is hard. And here are opportunities for parents? programs and support, yes.

Mr. SCOTT. Essentially positive parenting using positive reinforcement as a strategy to change behavior, rather than slapping the child?

Dr. MILLER. Absolutely. But also recognizing the parents do need support, and so they need to be given the supports around mindfulness and wellness and recognizing that parent mental health is vitally important to the health and wellness of their children as well.

So, it is absolutely around identifying strategies to support your child's developing behaviors that does not involve corporal punishment, while simultaneously recognizing that parents often need more support and services.

Mr. SCOTT. Thank you. Vice Chair Schlater, are there complications in the criminal justice system that make it difficult to hold Native Americans who are guilty of violence accountable in the criminal justice system?

Ms. SCHLATER. Yes. Currently there are many challenges Congressman Scott. You know, one of them is, you know, non-Native perpetrators on Indian land. And I'll send you something in writing. I'll answer that in writing, thank you.

Mr. SCOTT. OK. Does this bill do anything about it?

Ms. SCHLATER. What this bill will do if the proposed enhancements are granted, it will give survivors, victims, an access to heal, and get those resources. But in regard to holding perpetrators accountable on our land for their actions, that I think falls outside of FVPSA's funding.

But kind of goes into Department of Justice. But if there are some considerations and measures and additional funds, we would gladly take it.

Mr. SCHLATER. And it probably wouldn't be within our jurisdiction. It would probably be in the Judiciary Committee, but I know when I was on the Judiciary Committee, we had some problems. You mentioned hotlines. How effective are they?

Ms. SCHLATER. They are actually a lifeline. We've noticed an uptick in calls to the Native Hotline, so we've also noticed on the National Hotline, as they're parenting the StrongHearts Native Help Line currently, that a lot of Native callers will call in, but if they don't get connected to the Native Hotline, prior to them going 24/7, they would wait until they could talk to a Native advocate on the hotline.

And so, the Native Hotline is gathering a lot of tribal resources and data that are specific to the survivors that can get connected to their lifelines back in their tribal nations.

Mr. SCOTT. Thank you, Madam Chair. I yield back.

Chairwoman BONAMICI. Thank you, Chairman Scott. I now recognize Representative McBath from Georgia for five minutes for your questions.

Ms. MCBATH. Thank you so much, Madam Chair, and to all of the subcommittee Members. Thank you so much for having this important hearing today and allowing me to take part in it. And I want to thank all of our witnesses today for sharing their expertise and insight, and just thank you so much for all the preventive measures that you take to protect women and families.

Since it was first authorized in 1984, I'm so sorry, and I just lost my remarks for a second. Hold on. Oh goodness hold on. I knew that was going to happen. It's been happening all day. OK. Since it was first authorized in 1984, the Family Violence Prevention and Services Act has provided the resources and funding necessary for shelters and organizations to help survivors of domestic and dating violence.

And in that time however, we've learned, you know, there are far better methods for prevention and support. And that's why last Congress I introduced the Family Violence Prevention and Services Improvement Act, FVPSA, with Representatives Gwen Moore, Tom Cole and Katko, John Katko.

And I look forward to reintroducing this legislation again, thus we can provide more equitable resources and access to funding for all communities. Madam Chair, I think we've already done so, I'd like to enter into the record a letter of support we've already provided, that's been signed by 19 organizations stating their support for the FVPSA Improvement Act of 2019, and their desire for the passage of the comprehensive FVPSA legislation during this Congress.

Chairwoman BONAMICI. Without objection.

Ms. MCBATH. Thank you. As the new and improved methods of prevention have been discovered over the years, so too has the link between intimate partner violence and gun violence. According to the Educational Fund to Stop Gun Violence, about 4.5 million women in the United States have been threatened with a gun, and nearly 1 million women have been shot or shot at by an intimate partner.

Women are also five times more likely to be murdered when their abuser has access to firearms. And in my home State of Georgia, 73 percent of reported domestic violence related deaths were committed by firearms in 2019 alone.

Dr. Miller, my questions are for you. Could you please speak to how these efforts to reduce gun violence and murder are such an intrinsic part of a comprehensive plan to prevent intimate partner violence?

Dr. MILLER. Absolutely. And I want to begin first by saying, Representative McBath, thank you so much for your leadership on this issue, knowing that it is deeply personal for you. And I'm just incredibly grateful for your lifting up the intersections of different forms of violence.

So, we know, right, that intimate partner violence is inextricably linked with gun violence, and violent loss in our communities. And when I talk about violence prevention, we were talking about trau-

ma sensitive school practices, for example, or positive parenting strategies.

Ways to create safe and supportive environments. Those kinds of cross cutting violence prevention strategies where we bring in our faith-based organizations, our healthcare systems, our community organizations, those cross cutting preventions will also reduce gun violence and murder, and that is why the CDC has invested so much in prevention around influential adults and peers, safe and supportive environments as well as economic supports for our families, because we know that's what is needed to create safer communities.

But certainly, as a pediatrician, and somebody currently working in schools, I also want to lift up what Representative Bowman was identifying as a former middle school teacher. We currently are in the midst of this pandemic doing work virtually with young people who have been exposed to violence in our middle schools here in Pittsburgh.

Over 60 percent of the young people in our research study have experienced violent loss. That means losing a friend or loved one to murder. It is extraordinary exposure to violence that our young people are facing, and those of us who are on this call together have an obligation to work together to end gun violence, and intimate partner violence. So, I'm grateful to you for that question.

Ms. MCBATH. Well, absolutely. Thank you so much. And Dr. Miller, I know that you've also done some research on the impact of the COVID–19 pandemic on intimate partner violence. Can you share some of what you learned about how prepared service providers were for the pandemic, and what needs to be done moving forward to ensure that intimate partner violence providers are prepared for any future emergencies such as COVID–19?

Dr. MILLER. Absolutely. Thank you. So, I have had the immense privilege of working with the CDC and the American Academy of Pediatrics in Futures Without Violence, on a project interviewing intimate partner violence. victim service advocates, as well as child welfare workers, and administrators.

Domestic violence coalitions across the country, to understand how they have responded to this pandemic. And I have to say the victims service advocates were my heroes long before the pandemic, they certainly taught me everything I know about how manage and support survivors.

But they are like way up there in triple gold stars now, because what they have accomplished with almost nothing in terms of resources, has been extraordinary. Incredibly nimble ways of supporting survivors. Ms. Novoryta earlier was talking about the importance of privacy.

We had heard from advocates who had figures out all kinds of clever solutions for interacting with survivors in ways that support their privacy and safety. And what we are learning is that we were woefully unprepared for this, and we can do so much better.

Because it turns out that even in my city of Pittsburgh, intimate partner violence, child abuse, was not part of our emergency preparedness plan. That's changing, right? Because moving and coming out of this pandemic we recognize the victim services have to be much more robust. We have to be able to much more nimbly re-

spond, because suddenly you know, congregate living in shelter was not a safe option, so.

Ms. MCBATH. Thank you so much for your answers. I yield back.

Chairwoman BONAMICI. Thank you. We do have another Member joining us. Representative Spartz from Indiana, I recognize you for five minutes for your questions.

Ms. SPARTZ. Thank you very much. I appreciate it, it's important conversation. And I think it's you know, a pandemic puts a lot of different things you know to a different perspective, and really kind of brought to our attention.

What I want to ask, Ms. Novoryta, what do you believe how we can do a better job to individualize services to meet family needs and survivors where they are to make sure that we have more on the ground tailored services? If you have any ideas and could share with us.

Ms. NOVORYTA. Sure. Absolutely. So, this healing journey is a very long process with many ups and down. Every survivor's experience has been different. Everybody's journey is going to be different as well.

Many victims who come to us are not yet prepared to safely exit their situation. We do know that on average, the average survivor leaves their abuser seven times before they safely, fully leave. So, the work that we do at charities and so many of the other organizations that are being lifted up today help each person to create a plan to stay safe, understands their options and know that they are not alone.

It may take years, but we are right there with survivors, accompanying them in their journey. Meeting with the victims of domestic violence where they are, can mean meeting them in houses of worship. In preparation for today's discussion one of our counselors shared with me the experience of a woman who had been experiencing domestic violence for many years.

She and her 10-year-old son came to church regularly, and one Sunday in the homily a speaker who was there on behalf of Catholic Charities gave a sermon about domestic violence, saying that the church did not condone staying in a violent marriage, and shared where to seek help.

This woman reached out to Catholic Charities and she shared with her counselor, who I spoke with in preparation for today, that her 10-year-old soon sparked that outreach. He told his mom as they left service that day, hey, he was talking about you. He was talking about us.

We have so many different clients who come to us, and so many different situations, and at different points on their journey. We had one client recently who called because her physically abusive boyfriend is being released from jail.

She has no support. She is unemployed, and he is returning home. She's single, so her options currently for shelters are quite limited. We stayed on the phone with her and helped her create a safety plan in that moment and worked with her to secure transportation and placement at an emergency shelter the next day.

Another client called us recently for counseling. She has an order of protection and two children. She is employed, and wants to remain in her apartment, and we are providing counseling for her

and her children, and helping her go to the court to amend her order of protection, creating that safety plan, and providing her with the linkages that she needs for food, to legal services, to kind of the whole gamut.

So I think here to your question and kind of the need to tailor services, those are three specific examples of women who have come to us at different points in their journey, in very different life situations, and really the expertise of the folks on the ground that we get to lift up today is essential to provide that trauma informed and client centered support, you know, an accompaniment along the journey.

Mr. SPARTZ. Just quickly to followup. Can you share some best practices? It seems to me it would take collaboration of a lot of different groups and entities. And sometimes it's very fragmented different things and services. Could you share some best practices you've seen of great collaboration of different organizations on the ground?

Ms. NOVORYTA. Absolutely. You know, I think one of the things that's happening in Illinois right now, which is really exciting, is a new alliance again, actually in the midst of COVID. And it's called the Alliance for Shared Safety. And what the Alliance for Shared Safety is doing, is it's bringing together advocates and organizations in different spaces.

So, bringing together folks from gun violence spaces, from domestic violence, doing criminal justice system reform, and folks who are kind of experiencing community violence. I think one of the things that's really powerful with that collaboration is recognizing the intersectionality of the issues, and they were successful.

We were successful in Illinois earlier in 2020 in bringing Federal dollars and some CARES dollars in a more integrated fashion, directly to organizations serving victims of violence. I think that's a really exciting collaboration to keep an eye on.

Ms. SPARTZ. Well, thank you, Madam Chair. I yield back.

Chairwoman BONAMICI. Thank you very much. And that was a very meaningful testimony from all of our witnesses today. Now we're going to material submitted for the hearing record. I remind my colleagues that pursuant to committee practice, materials for submission to the hearing record must be submitted to the Committee Clerk within 14 days following the last day of the hearing, so by close of business on April 5 of 2021, preferably in Microsoft Word format.

Only a Member of the subcommittee, or an invited witness may submit materials for inclusion in the hearing record. Documents are limited to 50 pages each.

Documents longer than 50 pages will be incorporated into the record via an internet link that you must provide to the Committee Clerk within the required timeframe, but please recognize that in the future that link may not longer work.

And at this time, because Representative McBath is on the Full Committee, but not on the subcommittee, I offer for inclusion into the record the materials that Representative McBath offered in support of the policy we're discussing today and those will be admitted without objection.

Pursuant to House rules and regulations, items for the record should be submitted to the clerk electronically by e-mailing submissions to *edandlabor.hearings@mail.house.gov*. Member offices are encouraged to submit materials to the inbox before the hearing, or during the hearing at the time the Member makes the request.

Again, I want to thank each of our witnesses for their participation today. Members of the subcommittees may have some additional questions for you. We ask the witnesses to please respond to these questions in writing. The hearing record will be held open for 14 days in order to receive these responses, and I remind my colleagues that pursuant to committee practice, witness questions for the hearing must be submitted to the Majority Committee Staff or Committee Clerk within 7 days.

The questions submitted must address the subject matter of the hearing. And I now recognize the distinguished Ranking Member, Ranking Member Fulcher for a closing Statement.

Mr. FULCHER. Thank you, Madam Chair. To those who provided testimony today, this is one of those topics that is extremely necessary to have a conversation on, but I'll just tell you personally for me, it's one of the most difficult.

Put me down in front of a tax policy, infrastructure or foreign policy or resources, and I'm good to go. This one, it hits you where you live really quick. So, thank you for what you do. You've got a skill set and a knowledge base that I'm not as blessed with, but I know how important it is.

And Madam Chair, we probably agree on more of these things than we do on some of these other meetings today. But we know this is a problem. We know it's a significant problem. We know that women are extremely vulnerable with this. Multiple approaches are very necessary, and notably since 1984, the Family Violence Prevention Service Acts provided some vital support for survivors and families to State and local providers.

And most recently Congress has included additional support over the past year to respond to problems that have arisen due to the COVID. But just the high points that I wanted to reiterate was the local involvement is just so important. And I heard those who provided testimony affirmed that again, in areas that I don't have high expertise.

But I heavily suspect that there's a lot of things that are common denominators that have to be addressed that are very similar across the board. There are also things that are going to be different from place to place, and my hometown of Meridian and Boise is probably a little bit different from Chicago.

I mean, I can tell you it's a lot different than Chicago, but in terms of these issues there's probably some different approaches that are needed in the local, that personal touch, that you can do locally has got to be supported.

I am a huge fan of faith-based involvement with this issue, with civic groups it adds to that local side, and I think Ms. Novoryta, you articulated why that is very well-positioned to deal with these types of things. There's just some things that we can't do in government.

There are some things we can't do from Washington, DC, but Madam Chair that's my closing comment. To Ms. Novoryta, Dr.

Miller, Ms. Schlater and Ms. Timmons, thank you for who you are, what you do. You're appreciated. Madam Chair, I yield back.

Chairwoman BONAMICI. Thank you very much. And I now recognize myself for the purpose of making a closing Statement. I want to again thank our witnesses for guiding us through today's hearing. You each brought a particular expertise and answered our questions in a very meaningful way.

Intimate partner violence is a public health threat that we cannot ignore. I'm glad this has been a bipartisan conversation, and I look forward to working with my colleagues on both sides of the aisle to address this issue, and I especially of course we need the investment, and we also need to have that investment in prevention.

The increased rates of domestic violence during the pandemic have brought renewed attention to the urgent need to expand equitable strategies that prevent intimate partner violence and save lives. But let's be clear, this crisis is about much more than what's happened over just the past year, it's about the countless survivors across the country who for years have lived each day with the trauma of intimate partner violence.

For the health of our constituents and our communities, we must do everything we can to support survivors and eradicate intimate partner violence whenever and wherever it occurs. I am again, committed to working with my colleagues on both sides of the aisle to take meaningful evidence-based action to provide survivors with the support that they need, and to prevent intimate partner violence from happening in the first place.

I want to close by again encouraging anyone who needs support or help to visit *www.thehotline.org* or call 1–800–799–SAFE. If there is no further business without objection the subcommittee stands adjourned. Thank you again.

[Additional submission by Ms. McBath follow:]

November 22, 2019

Representative McBath
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative McBath:

The undersigned organizations thank you for your leadership in introducing the bipartisan Family Violence Prevention and Services Improvements Act (FVPSA) of 2019 to re-authorize core support and enhance comprehensive responses to domestic violence. FVPSA provides critical support for shelters, coalitions, training and technical assistance centers, children's services, emergency response hotlines, and prevention initiatives. This bill also expands grant programs and makes many needed improvements to ensure more survivors have access to support and safety.

FVPSA provides core funding to support more than 1,600 local, public, private, nonprofit and faith-based organizations and programs and over 200 tribes and tribal organizations in responding to the urgent needs of over 1.3 million domestic violence victims and their children.[i] As you know, there is still a great need to increase survivors' access to these vital programs as well as to address current unmet needs. Estimates show that due to a lack of capacity, nearly 200,000 requests for shelter can go unmet in a year.[ii] As demonstrated in the annual survey of the National

Network to End Domestic Violence, in just one day in 2019, programs across the country were unable to meet 11,336 requests from survivors (requests for emergency shelter, housing, transportation, childcare, counseling, legal representation, and other supportive services).[iii]

The important improvements in the FVPSA bill reflect the priorities of the domestic violence field and the diverse needs of survivors, including:

- Strengthening the capacity of Indian Tribes to exercise their sovereign authority to respond more fully to domestic violence in their communities, and authorizing funding for tribal coalitions and the currently funded Alaska Native Women's Resource Center.
- Bolster support for culturally-specific programs through a grant program that increases the capacity of community-based organizations to expand access to safety, as well as provisions that promote best practices.
- Providing a more robust investment in prevention by bringing evidence-informed, community-based prevention initiatives to more states and local communities across the country.
- Continuing and expanding support for national technical assistance (TA) centers and their work to develop effective policy, practice, research, and cross-system collaborations.
- Updating provisions and definitions to ensure access to services for all survivors, better align with related programs, and reflect evolving practices in order to provide uniform guidance to the DV field.
- Updating provisions for the National Domestic Violence Hotline and hotline services for underrepresented populations, including American Indians, Alaskan Natives and Deaf victims of domestic and dating violence.
- Creating an underserved grant program to increase access to safety for populations that face additional barriers, and
- Increasing the funding authorization level to address very low per-program funding levels and provide access to FVPSA funds for more programs not currently funded.

We must continue to ensure that when survivors take the courageous step to reach out for support, individuals, organizations and institutions are prepared to address the risks faced by survivors and their children, and improve efforts to create pathways to enhanced safety and well-being.

As you lead the efforts to pass the Family Violence Prevention and Services Improvements Act of 2019, we thank you again for your leadership on behalf of survivors, their families, and their communities around the country.

Sincerely,

Alaska Native Women's Resource Center (ANWRC)
Alliance of Tribal Coalition to End Violence
Asian Pacific Institute on Gender-Based Violence (API-GBV)
Battered Women's Justice Project (BWJP)
Casa de Esperanza: National Latin@ Network for Healthy Families and Communities
Futures Without Violence
National Center on Domestic Violence, Trauma & Mental Health (NCDVTMH)
National Clearinghouse for the Defense of Battered Women
National Coalition Against Domestic Violence (NCADV)
National Coalition of Anti-Violence Programs (NCAVP)
National Congress of American Indians (NCAI)

National Domestic Violence Hotline (NDVH)
National Indigenous Women's Resource Center
National LGBTQ Institute on IPV
National Network to End Domestic Violence (NNEDV)
StrongHearts Native Helpline
The National Resource Center on Domestic Violence (NRCDV)
Ujima: National Center on Violence Against Women in the Black Community
YWCA USA

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[i] https://www.acf.hhs.gov/sites/default/files/documents/fysb/state_tribal_fvpsa_data_20150515.pdf
[ii] https://www.acf.hhs.gov/fysb/fact-sheet/domestic-violence-and-homelessness-statistics-2016
[iii] https://nnedv.org/content/domestic-violence-counts-14th-annual-census-report/

[Whereupon, at 1:51 p.m., the subcommittee was adjourned.]