

TRANSCRIPT

LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry into Homelessness in Victoria

Melbourne—Monday, 13 July 2020

(via videoconference)

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Mr Stuart Grimley

Mr David Limbrick

Mr Edward O'Donohue

Mr Tim Quilty

Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

WITNESSES

Ms Ruth Isbel, Executive Officer, Emma House Domestic Violence Services, and

Ms Mary Clapham, Manager, South Western Centre Against Sexual Assault.

The CHAIR: Welcome back. You are watching the Standing Committee on Legal and Social Issues public hearing into homelessness in Victoria. Thank you very much to Ruth Isbel from Emma House and Mary Clapham from the South Western Centre Against Sexual Assault for joining us. To both of you I need to let you know that all evidence taken at this hearing is protected by parliamentary privilege, and that is provided under our *Constitution Act* but also under the provisions of the Legislative Council standing orders. Therefore any information that you provide during the hearing is protected by law. However, any comment repeated outside may not be protected, and any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament. As you know, all of the evidence is being recorded and we are live broadcasting this. You will be provided with a proof version of the transcript following the hearing, and ultimately that transcript will form part of our report and will also go up onto our website. If you would like to make some opening comments, that would be very welcome, and then we will open it up to a more general committee discussion. Thank you both.

Ms ISBEL: Thank you, Fiona. I will start and then Mary will follow behind me. I would like to begin by thanking the inquiry for giving Emma House and South Western CASA the opportunity to present today. I would also like to acknowledge the traditional owners of the land on which we meet today and pay our respects to their elders past, present and emerging. Emma House and South Western CASA acknowledge and support the submissions and recommendations of Domestic Violence Victoria, CASA Forum and the Barwon South West Homelessness Network, all of which give a strong overview of the issues facing our sector and the region. We would particularly like to use the time we have allotted to provide the committee with a south-west perspective, from the local specialist family violence and sexual assault service. We understand and acknowledge that women and children are the predominant victim survivors of family violence and that women's housing needs and situations are shaped in a large part by economic inequality and family violence, including sexual coercion and sexual assault.

Emma House is a small rural standalone specialist family violence service with strong connections in the south-west community. The organisation has a budget of just under \$3 million and employs 22 staff, which cover 19 equivalent full-time positions. We provide a range of specialist family violence services including but not limited to crisis response, crisis and transitional accommodation, and counselling and support. We have a specialist children's program, a number of safe at home initiatives, family violence flexible support packages and a legal service. The south-west does not as yet have an Orange Door, and we are just beginning the process of redeveloping our refuge to a core and cluster model, which is very exciting.

Emma House acknowledges the significant investment the current Victorian government has made into housing and the safe at home initiatives. This has been a good start, but significantly more needs to be done to reduce the number of adult and child victim survivors who are rendered homeless or find themselves in unsafe and insecure accommodation due to family violence.

The following data highlights the magnitude of the issue for women and children particularly accessing our service. In the last financial year we received and managed 2534 referrals, a 26 per cent increase on the previous year. Significantly, we saw a 40 per cent increase in self-referrals. Approximately 80 per cent of the clients presenting to Emma House have some form of housing or accommodation issue. Many of these housing issues were unable to be addressed or responded to in a timely manner. Recently a staff member said to me, 'I'm starting to feel like a housing worker'.

COVID has particularly exacerbated the shortage of affordable housing options in a number of ways. Public housing transfers in our region are now at a standstill. Rural women are now reluctant to access Safe Steps, as they would be required to go to Melbourne. Vacancies in rental properties already in short supply pre-COVID have further reduced as movement has been restricted. Well over 90 per cent of victim survivors presenting to our service report the co-occurrence of family violence and sexual coercion and assault. This leaves many victims with long-term trauma and harm that can only begin to be addressed once their immediate need for safety and secure housing has been met. The Royal Commission into Family Violence recognised the link

between accessing long-term secure housing and victim survivors' capacity to heal and recover from the family violence.

Over the last financial year our refuge and transitional housing housed 21 victim survivors and their children. This number is well below our funded target of 80 due to the lack of long-term affordable housing exit options increasing the length of stay in our crisis accommodation. The average length of stay for our refuge is now between six and nine months and for our transitional properties up to two years. Refuges are funded based on a six-week stay.

In the financial year emergency accommodation was provided on 117 instances. Emergency accommodation usually takes the form of motel holiday accommodation and the length of stay is increasing to four to six weeks. Placing distressed, fearful and traumatised families into motels is far from ideal and even less appropriate for extended periods.

For the period July 2019 to March 2020, 67 per cent of the Wimmera South West family violence flexible support packages funds were spent on emergency accommodation, suitable and stable housing and rent, bond, mortgage costs. That leaves very little for targeting recovery and healing.

When discussing family violence it is always critical to keep the perpetrator in view. Significant resources, research and investment need to be harnessed to fund and find housing and treatment support options that stop people, mainly men, perpetrating violence, so that victim survivors do not have to leave their home or suffer the impact of that violence.

In closing, we at Emma House would like to see further development and investment in gender- and family violence-informed long-term housing options, supported by specialist family violence and sexual assault services to enable ongoing healing and recovery for victim survivors. This could include increasing transitional housing for specialist family violence services, increased core and cluster refuge beds and longer term low-rise supported secure accommodation specifically designed for women and children. The continuation of ongoing funding of the flexible support packages and safe at home initiatives at current levels is also essential to address housing and crisis response issues.

I would just like to thank you very much for listening to our short presentation.

The CHAIR: Thanks, Ruth. Mary, did you want to make some opening remarks?

Ms CLAPHAM: Yes, I will. Thank you, Chair. Initially I would also like to thank the inquiry for offering Emma House and South Western CASA the opportunity to present our rural specialist perspective on homelessness and the link with sexual assault and family violence. I would also like to acknowledge the traditional custodians of the land on which we meet today across Victoria and pay my respects to Aboriginal elders past, present and emerging.

As Ruth has formerly referred to, the link between homelessness, family violence and sexual assault is well established and comprehensively referenced in the submissions by the CASA and domestic violence peak bodies. Sexual assault occurs along a continuum of sexually abusive and violent behaviour. The continuum spans from uninvited sexual behaviour that makes the recipient feel uncomfortable, harassed or afraid, unwanted touching or remarks, sexual harassment, coercive sexual activity to rape with physical violence and threat to life. Sexual assaults are both a consequence and a reinforcer of the power disparity existing between men, women and children. It occurs within families and in multiple other settings and types of relationships.

To give you an overview of the services of South Western CASA, we provide sexual assault services, counselling, advocacy and support for women, men and children who have experienced sexual assault, and that includes support for non-offending family members. We also provide specialist assessments for children between the ages of four and 14 years of age who have behavioural indicators of sexual assault, who are in a current situation that is considered safe and have either made no disclosure of sexual assault or a partial disclosure or made and retracted a disclosure, which is not an uncommon pattern for children to start to tell but not be able to tell about sexual assault. Those referrals are limited to child protection and SOCIT, the sexual offences and child abuse investigation team of the police, and a forensic interview must have occurred prior to that without a full disclosure.

We also operate Restore, a redress program, which is to assist clients navigate the institutional abuse redress scheme and/or deliver the therapeutic service associated with that. That is part of a statewide partnership with CASAs across the state, of which there are 15, and some other partners there. We also operate an after-hours on call response so there is a response to recent sexual assault within 24 hours. We also provide a small, what I call, standalone family violence service. That is counselling and advocacy for adults and children who have had or are currently in a relationship characterised by family violence. CASA is the lead partner in a partnership with four other agencies, which does include Emma House, to deliver therapeutic healing and recovery-based services for client families impacted by family violence. I refer to that as family violence standalone because there is such a high concurrence of sexual assault within a family, but we also provide the service where sexual assault is not a feature of that.

We also provide programs for sexually harmful behaviours, which is the assessment and treatment for children and young people up to 17 years of age who are engaging in developmentally inappropriate sexual behaviours. Key referral elements generally identify the use of a power disparity and/or a level of coercion to enable the behaviours, and some of the behaviours of the older age group may be determined to be criminal. Court orders from the Children's Court are required at times to promote attendance and engagement in this program, and family and/or significant other support involvement is really critical for positive outcomes for that cohort.

Looking over the last financial year for services that CASA provided, we will look at the client profile. Around about 490 people received sexual assault counselling and support, including institutional abuse. About 40 children and young people received service for sexually harmful behaviours, and about 20 people received service for what are referred to as a standalone family violence impact. The therapeutic partnership program through liaison with the Department of Health and Human Services, those resources were diverted at the initial part of COVID through to the more acute end of service.

When we look at the age range of clients accessing CASA services, we have adults who form 60 per cent of that client cohort; adolescents, 20 per cent; and children, 20 per cent, and that is quite a consistent stat across the state with other CASAs. Eighty-nine per cent of all clients access the sexual assault counselling and support, so that is the biggest funded area that we have in our service. We had 80 crisis care responses, which includes business hours and after hours, so that is a crisis response to a sexual assault within two weeks. Four per cent of all clients receive a family violence standalone program and 7 per cent of all clients were in the sexually harmful behaviours program. While that sounds really quite small, it is actually four times the funded targets that we have for that program.

The top referrers, interestingly 33 per cent of our referrers are people themselves. That historically has always been a very high number. Police, around about 20 per cent; family and friends, around 20 per cent; and child protection, 12 per cent. Two-thirds of our clients are female and one-third male. Interestingly, the adolescent children has the lowest level of gender disparity, so it is pretty much 50-50 in the children group.

Looking at the funding and staff that we have for the program, CASA has funding for about 11 EFT. Nine EFT of that is permanent funding and two EFT is time-limited funding.

The CHAIR: Our time is quite limited, Mary. If you could maybe just give us a couple more minutes.

Ms CLAPHAM: No problem, no problem. In terms of the sexual assault and homelessness, one of the things with data, while it certainly can be dry, it is easy for the data and people to become separated, and the trauma impacts of sexual assault and family violence have been well described in other submissions. I would like to simply state that the impacts of sexual assault can completely shatter people's lives, the lives of those around them and their hopes for the future that they had planned.

It is not insurmountable for people to recover and heal from the impacts of sexual assault, but homelessness and its usual downward trajectory adds to this already enormous burden. The CASA Forum submission, which I will not go over, talks about the particular research areas where sexual assault is a driver of homelessness. It increases the risk of sexual victimisation and it increases the risk for further perpetration of sexual assault and really becomes a circular or wicked problem.

Again the CASA Forum recommendations I will not go over, but I wanted to add to recommendation 3 in their submission, which is about building stronger links between specialist assault services and other services. The family violence royal commission made recommendations 31 and 32 about specialist family violence services

and sexual assault services actually exploring the intersection and looking to find ways where there are opportunities to work together, and I would strongly recommend that that is something that occurs as well. Thank you.

The CHAIR: Thank you, Mary. Thank you, Ruth. We have got just under half an hour for questions and discussion. I will kick that off. It was really interesting, I think, when I was listening to both of you but certainly Ruth to hear about this notion of specific or specialised gender-focused housing. We heard from Rebecca from the homelessness network that TILT Renewables had allocated I think half a million dollars to build 10 houses that were specifically towards family violence. I wonder if you could tell me a little bit more about that project and whether that is something that we could really look at recommending expanding upon?

Ms ISBEL: Thank you, Chair. Yes, that is a partnership between TILT Renewables, Women's Housing Limited from Melbourne and Emma House. It was not necessarily 10 houses that they build, but they donated \$500 000 to Women's Housing for one of their housing projects in Melbourne if they allocated 10—it is not necessarily properties, but if there were vacancies, 10 of our service users could have access over the year. Look, the Women's Housing model of housing I think is something that should be really expanded. It is the low-rise number of units or properties together with a variety of tenancy types, so they have bedsit; they have properties for small families, for medium families, probably not for very large families, which we often see—numbers with many children. But they are contained and supported by Women's Housing and they acknowledge the specialist safety needs and support that women and children fleeing family violence actually need to assist in recovery and to maintain long-term tenancies.

The CHAIR: Have you benefited from that yet, Ruth?

Ms ISBEL: The difficulty has been Melbourne is as bad or worse than us in terms of affordable housing. We certainly have; we have had a very successful story with one woman. Just recently, I do not think we had any women that could take up the tenancy, but there were two bedsits offered to us as well. So we have a priority when a vacancy comes up. It is just a matter of whether we have someone who wants to go back to Melbourne or return to Melbourne. I would love to see, and certainly I have had conversations with Women's Housing, that private-public partnership come to rural and regional areas as well. It is very difficult, as you can imagine, with a small standalone organisation. We often do not have the resources to put the effort into pursuing these partnerships, given they do need a lot of work and specialist knowledge to actually develop. But it is certainly something that Women's Housing and Emma House have talked about further. I think it just has so much merit.

The CHAIR: Thank you, Ruth. Certainly it is probably a little bit disappointing to hear that most of the tenancies are still in metropolitan Melbourne when really we should be hoping to keep people in place and where their supports are.

Ms ISBEL: That is right.

Dr KIEU: Thank you, Ruth and Mary, for your presentation. We have heard the submission for linkage between specialist services, particularly the service provision between different agencies. Sometimes they are complementary, sometimes they are overlapping and sometimes there is a gap, so that is something very worthwhile to look at. I just want to ask a quick question about the returning rates. Some people have left their family or their accommodation because of sexual violence and family domestic violence and now with temporary housing it may not be suitable for themselves or maybe for their children and/or due to the lack of support in terms of financial support or whatever the reason. What are the rates of returning for those people coming back to the situation that they had to flee before and continuing to be subject to the violence or the assaults that they had experienced prior? Either of you can give me the answer.

Ms ISBEL: Look, I do not have the exact figures, and it can be complicated as to reasons. It is hard sometimes to understand the exact reasons that people—particularly women and children—return. I am happy to do some more research in our data and send that information to you, but I certainly hear on a regular basis my staff talking to me about women that are saying, 'If my situation around housing doesn't improve, I'm thinking of going back to the perpetrator, because at least I have a house and I have some income', particularly women who may be couch surfing or may be living with their children in a car. If we cannot find something in a timely fashion and respond to their needs very quickly, as you can imagine, it would be extremely frustrating,

but I am happy to look through our data. It is quite difficult to get that data directly out of what we do keep, but I will certainly have a look and take that on notice.

Dr KIEU: Thank you.

Ms CLAPHAM: I would just add I absolutely agree with what Ruth is talking about. Another component is about the opportunity that sometimes the unstable housing situation is used by perpetrators as well. I will not go into the cycle of violence of behaviours, but it is clearly something that is an opportunity for it to be maximised. I do not have any clear statistics but again happy to look into that, but it is a very common conversation that clients are having with the counselling staff about what their options are and that the perpetrator seems to have changed their ways, so going back would seem to be a safer option for them, but generally the story will progress that unfortunately it is not safer in the long run.

Mr BARTON: Thank you, ladies. I wonder if you could help. We have heard previously about attempts to have mum and the kids stay in the house and deal with the perpetrator, and I am just wondering if you have got any information about how successful or not successful that has been, because it does not concern me—it scares me if they are not protected there. Have you got any information about that?

Ms ISBEL: Look, certainly the safe at home initiatives are not for everybody. Clearly there are a number of reasons for that, that actually staying at that house is not safe for the victim survivors because the perpetrator often has access to that. It is often not an option because women and children or victims survivors do not want to go back to the house because of the trauma associated with being in that property. Again, as Mary said, perpetrators can also use that as a tactic of coercive control in that they will present themselves as homeless and ‘You need to take me back’, and certainly a lot of victims survivors feel the guilt and do take perpetrators back around that.

I think again it is complicated. For some women that is a really positive outcome and it really works well for them, and for other women, because of the high risk—it is certainly not suitable for high risk victim survivors. It is putting the onus on the victim survivor again to make the property safe to keep the perpetrator away, so there is real work we need to do around the perpetrator and their behaviours as well. So again women go back, but then there is a whole lot of effort put into security systems, into devices that can increase their security. Intervention orders are only successful after the event often, if a perpetrator does not have respect for the law, and again it is the onus on the woman for making that stay at home safe. So while it absolutely makes sense for women and children not to be disrupted and not to be placed in a situation of homelessness and insecure housing, it is at times just not a viable option.

Mr BARTON: Just two quick yes or noes, Chair. Would that represent about 5 per cent or 10 per cent or 20 per cent, just a guesstimate, where they could stay?

Ms ISBEL: Look, I think it is probably women who want to and women that can. It is probably around 30 per cent maybe, that would be a very rough guess. I am also happy to take that on notice and do some more exploring around that as well.

Mr BARTON: Are we doing enough with the blokes? No.

Ms ISBEL: Clearly not. Look, it is complicated. It is not an easy space, but it is something that we absolutely need to do more with and about. Certainly the work since the royal commission is heading in the right direction. I think we just need to keep doing more and more in that space.

Mr BARTON: Thank you. Sorry, Chair.

The CHAIR: Thank you, Ruth, for giving yourself some homework here today. Thank you, Mary.

Mr GRIMLEY: Thank you, Ruth and Mary, for your submissions. Just going on I suppose what we were just talking about in relation to early intervention. We seem to be focusing a lot on dealing with things that are already happening. I suppose I will open up to either one of you: in the space of early intervention, I would be interested to hear what you believe would be some appropriate strategies or processes that we could put in place or suggest that would prevent people becoming vulnerable to homelessness in the first place. In particular you mentioned it in relation to the male perpetrators, so in that regard perhaps.

Ms CLAPHAM: Stuart, I think about early intervention in a couple of ways. What comes front of mind is working with young people, particularly around areas of understanding what consent is. That is always quite amazing when you go into schools about what the current understanding is, but pleasing how much more informed you generally leave a student group after having had a conversation with them about consent. I think that is an area where a lot of work can be done, and consent being one of the underpinnings of healthy relationships and challenging that well-embedded privilege and gender stereotype which is one of the key drivers of violence against women, which is a key driver of homelessness.

There is also a large group of again predominantly women who have experienced family violence or sexual assault, and I am talking about that as an experience which increases the propensity for homelessness or unstable housing. One of the therapeutic programs that Emma House is one of the partners in with CASA actually looks at the therapeutic recovery and healing, and a key part of that is actually going back and actually re-establishing the parameters and understanding of healthy relationships, because that has been derailed through a number of events over a person's lifetime usually. Without revisiting that and re-aligning that, it sort of picks up on the developmental tasks that they have missed out on because of the trauma of what they have experienced. It is more likely that they will go on to be selected by perpetrators for other intimate partner relationships, therefore more violence, therefore more homelessness potentially. That is some of the work which Family Safe Victoria have been very supportive of. We ran a demonstration project for two years and now have entered into recurrent funding to deliver that service, so more of that work would be really helpful as well.

Ms ISBEL: Just adding to Mary's comments is really putting more money around children's programs. It is a huge gap in our service and we would love to be running a private clinic that works with children. Where we really need to be putting our energies is developing programs that work with children so that, as Mary said, they will grow up and not be preyed on by perpetrators or become perpetrators as well so they have a really clear understanding. We would absolutely recommend a much greater investment in working with children and children's programs.

Mr GRIMLEY: Just a comment on that one as well. My wife is a teacher out at Corio at Northern Bay College with grades 5 and 6, and we have a discussion about this. I have asked her in relation to these programs, and there is just nothing at all. Particularly with a low socio-economic area such as Corio, as you will know, nothing goes on in that space, and to me that is where we should be concentrating a lot of our resources—at the students, at the children, and teaching them in that space. My question was going to be—and you have sort of just answered it then, Ruth—do you think more needs to be done in the educational setting as an early intervention strategy to prevent future issues around family violence and homelessness?

Ms ISBEL: Absolutely. The Respectful Relationships program has been, from my understanding, extremely successful, and recently we have noticed an increase in young women—so women under the age of 25—accessing our services with young perpetrators. I have no causal link, but I think this may be an outcome of some of those projects. I think if children are exposed to family violence then our best early intervention is to get in there as fast as we can and work in evidence-informed ways that actually attempt to reduce the impact of the family violence, because we know it will impact them for the rest of their lives.

The CHAIR: Hopefully we will start seeing a reduction in the people coming to you as a result of this work, but it is good to see that greater reporting might also be one of the outcomes.

Ms LOVELL: You spoke about the gap in children's services, so I am just wondering how long it is since there has actually been mapping done of the services in your region to identify where all the gaps are in services for women escaping domestic violence.

Ms CLAPHAM: Wendy, I think it might have been 18 months or two years since the Wimmera South West area undertook a major mapping exercise through the integrated family violence partnership. That is a partnership, I think, that has been really very fruitful in terms of bringing agencies directly connected to family violence and less directly connected—but they see family violence as their business—together and working together. We have very active working parties as well, one in the Wimmera and one in the south-west, so we collectively did a mapping exercise and brought in some external consultants to do that. The partnership after that underwent strategic planning, and so we are just operationalising that now as well.

Ms LOVELL: So did that mapping exercise identify the children's services and make recommendations for increasing children's services, and what other services did it recommend being increased?

Ms CLAPHAM: Wendy, I do not have it with me, and I would probably be filling in the gaps a little bit too liberally if I were to speak to it. Again I am happy to go back into that and have a look. One of the aims of the family violence integrated service is to look at how we can get more outcome with what we have, and so the recommendations are not inclined to be 'We need more of this' because that being our only option and being reliant on more funding might not come to fruition. So it does take the perspective of how can we better work this. So if I think about it from a CASA perspective, we need to look at how we prioritise children in amongst the other really high demand service, and it is something that we need to do better. I think most CASA services would say that. We need to be able to respond to children really quickly, and you need to have capacity to get in there very quickly.

Ms LOVELL: It is important to prioritise the children too so that we stop that cycle of violence happening again in the next generation. So it is very important work.

Ms CLAPHAM: Yes, absolutely.

The CHAIR: Yes, and as we know, being homeless as a child greatly increases their chances of being homeless as an adult.

Ms LOVELL: Yes.

Ms VAGHELA: Thanks, Ruth and Mary, for your time today. We received a submission from the CASA Forum, which identifies three recommendations. My question to Ruth and then to Mary is: Ruth, what should be the government's three strategic priorities to address the issue of homelessness and housing issues? And the question to Mary is: there are the recommendations that you have and then we have just spoken about the gap in terms of the services for children, so what would be your recommendation in terms of filling that gap specifically for children? We have heard from many organisations and basically what happens is there is a homelessness issue and we are looking for X number of houses. If we were able to build those houses, they would not be having this inquiry today. But in terms of right now, what should we be doing, whether it is short term or long term, to solve the problem? I am very interested in the one that you spoke about, the gap in children's services.

Ms ISBEL: Okay. I will start and then, Mary, do you want to follow up with the children? The three priorities, that is a big question. The three priorities around homelessness specifically for victim survivors fleeing family violence, that would be we need to make available more emergency housing or crisis housing that is appropriate, whether that be more transitional properties, more as I said refuge beds in the new core and cluster model so that we can respond immediately to people who need to flee or are finding themselves homeless because of family violence. The second thing would be building on the stay-at-home initiatives that are coming to make sure that we can keep women and children in their community and in their environment, and certainly, thirdly would be around addressing perpetrators and their issues, and I am not sure in great detail how that would look but I think it is something that we need to address.

Ms CLAPHAM: Great question. Thank you. I am thinking about some of the things that have been done in other areas, and I think one of the key things is a comprehensive response for a first disclosure by a child of sexual assault or whatever context. That may include significant parental education about what a disclosure might look like, because often children will start testing about how it might be received so they start off with small things, so having some parental or carer information about how to foster an environment where disclosures might occur would be one of the ways and then about appropriate responding and then linking in with a service that actually has quite a capacity to respond very quickly as well.

Part of the difficulty we sometimes experience in working with child protection is that sometimes the risk of further sexual assault for children might be understood differently by different services, and perhaps expert CASA practitioners co-located with child protection could also be a very, very helpful thing, I would suspect. They are certainly doing that with family violence specialist practitioners with child protection, and I think that would be another area where there could be real strength in developing that expertise there. Again, the sooner that things are seen for what they are, then you are going to get a better response and better outcomes and quicker safety, and life trajectories kept on track as much as possible.

The other thing, which is less hopeful in lots of ways, is that I suspect the numbers will keep increasing for quite some time, and that comes back to capacity to be able to respond, which equals dollars. That is often a simple thing for services to put out but often very hard to deliver on for government, but it is the reality as well. But I think there are other things that we can do with the funding currently.

The CHAIR: Thank you. That was almost a positive note that you just ended on. Well done. Thank you both very much, not only for appearing here today but for the great work that you are obviously doing in your region. As I mentioned before, you will receive a transcript of today's session. I encourage you to have a look at it because ultimately it will find its way to the committee's website. Again thank you so much for your contributions today. Thank you everyone.

Witnesses withdrew.