

The Intersection of Intimate Partner Violence, HIV, and Affordable Housing Options
in Durham, North Carolina

Amelia Steinbach
January 2019
WomenNC CSW Scholarship Program

Abstract

Background: This research project focused on issues affecting certain women in Durham, North Carolina – specifically intimate partner violence (IPV), prevalence of HIV, and lack of access to affordable housing options. Any policy recommendations to alleviate the burden of the issues addressed are limited due to North Carolina’s adherence to Dillon’s Rule. This regulation prohibits local governments from enacting legislative change, as the state legislature has the authority to reject any policies implemented on a local level.

Methods: To conceptualize policy recommendations for this project, a literature review regarding the three primary issues of focus was conducted. Additionally, nine in-depth interviews were completed with high-level local government officials, as well as social workers, physicians, clinical research coordinators, and the Durham Mayor’s Council for Women.

Intimate Partner Violence (IPV): IPV is any form of violence – physical or otherwise – that is perpetrated by a current or former partner or spouse and may occur in heterosexual or same-sex relationships. While men also experience IPV, the majority of individuals affected are women. In their lifetime, 25% of women and 11% of men experience IPV. Over 100,000 residents of North Carolina are affected by IPV each year and the state spends over \$300 million annually on costs associated with IPV (i.e. physical and mental healthcare, incarceration, court, law enforcement, etc.). The Durham Crisis Response Center is the only organization in the Durham area with the primary goal of alleviating IPV.

HIV: HIV is closely associated with IPV as abusive partners are less likely to use condoms to prevent transmission and many women who are HIV positive fear dangerous retaliation if their status is disclosed to an abusive partner. Of North Carolina’s 100 counties, Durham ranks 6th in newly diagnosed HIV rates. Despite medical advances and societal awareness, there remains a great deal of societal shame associated with an HIV-positive status.

Affordable Housing: There is a severe affordable housing crisis in Durham as a result of rapid economic growth and gentrification. Durham City Council and County Commissioners have made the issue a top priority and are currently collaborating with local groups, including the Durham Housing Authority, to advance current projects. Access to affordable housing is closely connected to IPV, as the primary reason that women remain in abusive relationships and environments is a lack of financial stability.

Recommendations: Due to Dillon’s Rule regulations, the three major policy recommendations are for the state legislature, with only one for Durham specifically. Based on research findings, recommendations include

1. There should be an exception in the law that requires disclosure of a newborn’s HIV-positive status to its father, in the case of a threat of resulting IPV.
2. the state legislature should allocate funds from Ryan White to produce a partnership with Uber/Lyft to increase access to medical appointments.
3. Durham County should request the establishment of a protected status, from the state legislature, of survivors of IPV to allocate affordable housing units specific to those individuals.
4. The Durham Crisis Response Center should implement programs specifically for HIV-positive women in order to create a safe space where they feel comfortable – both in seeking refuge from an abusive situation and in discussing their status with women undergoing similar experiences.

Limitations: The principal limitations of this research project include: the focus on female-identifying individuals, despite the fact that men can also experience IPV; the assumption in the first recommendation of a heterosexual relationship; the caveat that people may not seek care in the city where they live, mitigating the effects of certain recommendations; the fact that all medical providers interviewed for this project work at one hospital; and the lack of interviews with women affected by the intersection of the three issues.

Conclusion: It is critical that policy advocates and legislators develop a deeper understanding of the intersection of issues, as well as how the effects of various issues are altered when experienced simultaneously. Additionally, it is important to acknowledge that real policy change requires the

cooperation of the North Carolina General Assembly, due to restrictions put in place by Dillon's Rule regulations.

Introduction

Certain women in Durham, North Carolina experience a unique intersection of intimate partner violence (IPV), prevalence of HIV, and lack of access to affordable housing options due to state and local policies regarding these issues. The overlap of these three issues exacerbates the hardships each individual issue creates for the women affected. It is critical that legislation exists that not only addresses each of the issues and alleviates their burdens, but also acknowledges the ways in which the issues and their consequences are connected and changes the overall effects of these problems in women's everyday lives. The revision of certain state and local policies regarding social services and healthcare would reduce the physical and emotional harm produced by the intersection of IPV, HIV, and a lack of access to affordable housing options. In this paper, I will discuss the relevant context for Durham, North Carolina, specific details regarding IPV, HIV, and affordable housing in the geographic area, and the policy recommendations that have been developed as a result of this research project.

Methods

In my efforts to identify specific policies that would address the effects of the intersection of IPV, HIV, and limited affordable housing options, I conducted a thorough literature review of the three issues and the ways in which they overlap. Additionally, I conducted nine in-depth interviews with high-level government officials from Durham City and Durham County, as well as with physicians, research coordinators, and social workers whose careers frequently require them to address the intersection of the aforementioned issues and meet with the individuals – particularly women – who are personally affected by that intersection. In the interviews, I asked the interviewees questions about the trends they observed, the major problems that existed within

the institutions that interact with these women, and the potential legislative changes that could be enacted to address the problems.

State and Local Context

Policy regulation of the aforementioned issues in North Carolina is complicated by the fact that the state operates under “Dillon’s Rule.” This regulation concentrates all of the legislative power in the hands of the General Assembly. This policy is named after John Dillon, an Iowa Supreme Court Justice from the 19th century, for his ruling in an 1868 decision that prevented municipalities from exercising any powers that were not specifically granted to them by the state legislature. Several decades later, the United States Supreme Court released a decision that upheld Dillon’s Rule, and the policy now applies to several states – North Carolina included.ⁱ States that adhere to Dillon’s Rule “only allow local authority over specifically granted powers. If the state legislature has been silent, the local governments have no authority to act.” This is in stark contrast to Home Rule states, which provide local governments at the city and county level with “wide discretion” in legislative actions.ⁱⁱ Historically, adherence to Dillon’s Rule in North Carolina was practical, as the state was primarily composed of small, rural towns. However, several cities in North Carolina – primarily Durham, Raleigh, Charlotte, and Winston-Salem – have experienced exponential economic growth in recent years, and this policy is no longer conducive to accounting for the unique needs of each community.ⁱⁱ Additionally, the disconnect over the desire on behalf of those largely progressive cities is almost exclusively political; the General Assembly is heavily Republican, while the local leadership in the aforementioned cities is predominantly Democratic.ⁱⁱⁱ In fact, one current high-level government official in Durham notes that the policy prevents more progressive local

governments from enacting correspondingly progressive statutes that would, for example, increase gun control, establish a local minimum wage, or mandate affordable housing units.^{iv}

Prior to the 2018 midterm elections, Republicans held a super-majority in the North Carolina House of Representatives, which allowed those lawmakers to override North Carolina Governor Roy Cooper's vetoes. Currently, newly-elected Democratic representatives have ended this super-majority. While far from abundant, North Carolina Democrats now wield new power in the General Assembly that has the potential to mitigate the effects of Dillon's Rule restrictions in the future, given that an increasingly Democratic legislative body is expected to be more responsive to the requests of the larger and more progressive cities in the state.^v It is important to keep this restriction in mind while evaluating how Durham city and county governments can most effectively legislative change regarding affordable housing options for women affected by IPV and HIV.

Intimate Partner Violence

Nearly one third of women in the United States experience IPV.^{vi} IPV is perpetrated by a current or former partner or spouse, and can take the form of physical violence, sexual violence, the threat of physical or sexual violence, psychological or emotional violence, or stalking.^{vii viii} This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. While IPV does not exclusively affect women, the vast majority of individuals experiencing IPV are female-identifying, with an estimated 25% of women and 11% of men experiencing IPV in their lifetime.^{ix} This gender disparity is particularly apparent in physical abuse.^{vi} A myriad of factors contributes to both the circumstances that place women in positions where IPV is more likely to occur, as well as those that prevent women in these situations from escaping or leaving that environment. The Centers for Disease Control and Prevention (CDC)

defines a public health problem as those which threaten the health and wellbeing of entire populations, and classifies intimate partner violence as a preventable public health crisis.^{vi x} Unfortunately, public health crises such as IPV disproportionately affect historically marginalized groups, such as women and people of color, and typically receive far less legislative attention and protection than those crises affecting groups which have not, historically, experienced marginalization.^{xi xii} In the case of IPV, several policy issues overlap to make an already difficult issue far more complex; women who experience IPV are disproportionately likely to be HIV-positive and have a lack of financial autonomy that would allow them to find safe housing alternatives.^{xiii xiv}

In North Carolina specifically, over 150,000 state residents experience IPV each year, and approximately 25% of all violent homicides in the state are the result of IPV. Due to the striking prevalence of domestic violence, the state spends a substantial amount of money on reactive measures, such as “physical healthcare costs, mental health care costs, loss of life, court costs, incarceration costs, lost productivity, lost property value and police costs.”^{xv} The total price of these combined services is over \$300 million per year, for North Carolina alone.^{xv xvi}

HIV

HIV status adds an additional layer of complexity to issues of IPV and affordable housing. Of the one hundred counties in North Carolina, Durham ranks 6th in newly diagnosed HIV ranks.^{xvii} IPV and HIV often interact in a cyclical manner; women who are in abusive sexual relationships are more likely to become HIV positive, and women who are HIV positive and disclose their status to their sexual partner are more likely to experience IPV as a result.^{xviii} Abusive partners may be less likely to use a condom and more likely to have more than one sexual partner, while failing to disclose with each partner about the others. Additionally, abusive

partners are known to become more violent should a partner disclose their HIV-positive status, which often influences a person's decision to withhold the information. Women who are HIV positive are placed in an impossible position where they must decide whether to disclose their status and risk violence or hide their status and face severe legal repercussions, as most state laws, including those in North Carolina, require notification of an HIV-positive status to all current and past sexual partners.^{xviii} The legal consequences of concealing a positive status do not affect all HIV-positive individuals equally, as “arrests and convictions related to HIV fall most heavily on the communities that already face disproportionate levels of policing and incarceration.” These communities – generally poor communities of color – are also where women are already at an increased risk of becoming HIV positive and experiencing IPV.^{xix} Additionally, women who are HIV positive may be uncomfortable with seeking refuge in a shelter for domestic violence survivors because of the stigma and shame that surrounds HIV.

Affordable Housing

The lack of affordable housing options in Durham is considered one of the biggest problems facing a city that is experiencing rapid economic growth and severe gentrification, as many longtime residents can no longer afford the increasing price of living.^{xx xxii} At least twenty new people move to Durham every single day. The Durham City Council and County Commissioners have expanded their partnerships with the Durham Housing Authority, an organization in Durham that seeks to include community members in its efforts to provide more affordable housing units, but it can still be difficult to identify optimal and available locations and funding.^{xxiii} Currently, the 2 Cent Housing Initiative helps to raise money for building affordable housing units by increasing the property tax rate for Durham residents by 1.79 cents. Consequently, the average homeowner in Durham now pays approximately \$32 more annually to

fund the project.^{xxiii} Additionally, elected officials from the city and county government have recently focused on providing this affordable housing close to the imminent light-rail project, to increase convenience and transportation opportunities for those who will be living in the unit.^{xxiv}

Affordable housing is intricately connected to IPV because many women in abusive relationships remain in those situations because they lack the financial ability and resources to leave. Oftentimes, an abusive partner may restrict access to money, the woman may not be feasibly able to hold a steady job and income, she may not have access to her income, or she may be unaware of options in the community for women in similar situations.^{xxv} Additionally, if the woman has children who are also living in the abusive situation, she may face more barriers in leaving. Although the woman could theoretically seek refuge in a shelter, she may often choose to stay in the abusive environment rather than either leave her children or take them into such an unstable living situation.^{xxvi} A woman would be especially likely to stay with her children if she was the only one directly affected by the violence.

The Durham Crisis Response Center is the only organization in Durham that currently exists to focus on alleviating issues related to IPV; it provides shelter and support services, through counseling, legal advocacy, support groups, and shelter.^{xxvii} While the organization does incredibly important work, it is not a long-term solution for women, and the utilization of resources related to IPV may carry with it stigma and shame. Though several affordable housing initiatives exist or are currently underway in Durham, none of the units are specifically reserved for women in abusive living environments who are seeking to escape the situation. According to one high-level Durham county official, an initiative of this type has been proposed before.^{iv} However, lawyers for the county government have expressed concern that such an initiative would violate federal discrimination laws.

During a conversation with a Durham County attorney, he explained the reservations of the county attorneys regarding the allocation of specific affordable housing units for survivors of IPV. The attorney noted that, if Durham county lawyers were to approve this measure, they would be identifying a protected group. According to this government official, no local governments in the United States have the authority to establish a protected group without the approval of either their respective state legislature or the United States Congress.^{iv} The attorney cited a similar affordable housing example, where the Durham County Board of Education wished to allocate certain affordable housing units to public school teachers to increase teacher retention rates, as other North Carolina counties had implemented in the past, with the approval of the General Assembly. Despite previously approving similar measures, the state legislature rejected Durham County's Board of Education request to grant public school teachers this protected group status in Durham, which consequently dismisses any measures that would provide them with special treatment. Federal discrimination laws state that providing a specific group of people with a particular service or priority status, when they are not formally considered a protected group by their state or federal government, results in the discrimination of other individuals or groups who may also wish to utilize those services or priority status.^{iv}

Local and State Policy Recommendations

My research and conversations with experts have resulted in several policy proposals. These policy recommendations are primarily for the state level, as North Carolina's Dillon's Rule regulations prevent local government officials from intervening in these issues without the approval of the North Carolina General Assembly.

State Policy Recommendations

1. North Carolina currently requires that, upon childbirth, the HIV-positive status of a child be disclosed to the father if he will be spending any time with the infant. Because of mother-to-child transmission, in situations where the father does not know that the child is HIV positive, he also would not know that the mother is HIV positive. These women have purposely chosen to keep that piece of information private. I propose that exceptions be included in this law for cases of IPV. If the woman has reasons to believe that disclosing the child's HIV-positive status, and therefore her own, would result in intimate partner violence – whether physical or otherwise – she need not disclose the information. The caveat to this exception would be that the mother would be required to sign documents establishing her responsibility to ensure that the child would still receive the necessary treatment to ensure the child's ability to lead a healthy life.¹
2. Establish a partnership between Ryan White Grant Funding² and Uber and/or Lyft.³ The Ryan White HIV/AIDS Program is a federal program included in the budget passed by the United States Congress every year and it is administered by the United States Department for Health and Human Services. The program aims to provide primary care and support services for individuals who are HIV positive and either do not have health insurance or are considered underinsured.^{xxviii} Ryan White funding is distributed at

¹ The initial thought process behind this idea is accredited to one of the social workers interviewed for this project.

² The Ryan White HIV/AIDS Program is divided into five different parts. Part A funds medical and support services in Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs); this funding is critical because these places are more affected by the HIV epidemic than any other geographic location. Part B funds states and United States territories to better the accessibility and quality of HIV healthcare and support services. This part of the program also provides funding for the AIDS Drug Assistance Program (ADAP). Part C finances the community-based organizations that apply for grants; these organizations provide outpatient HIV intervention services and planning grants, which seek to improve organization of the healthcare services. Part D is responsible for funding healthcare for women, infants, children, and youth living with HIV. The last part, Part F, provides financial support for research, technical assistance, and access-to-care programs. All of the funding allocated from the Ryan White program is provided in the form of grants, rather than loans.

³ The initial thought process behind this idea is accredited to one of the social workers interviewed for this project.

several levels, as the program works with states, cities, and community organizations, such as hospitals. This partnership would likely improve women's medical appointment attendance, as they would no longer be required to use the Medicaid van, which often leaves early in the morning and arrives back to their home later in the afternoon. This day-long trip may force women to miss work, find alternative care for their children, and prompt unwelcome questions about their whereabouts that day from people, particularly an abusive partner, who are unaware of their HIV-positive status due to fear of a violent response. Similar barriers would exist with public transportation. For these reasons, allocating a portion of funding from the Ryan White Grant that North Carolina receives each year to ensure that individuals who are HIV positive, particularly those who are already in a more dangerous situation because of an abusive partner, can maintain access to their healthcare appointments.

3. Durham County should formulate a request to the state legislature to establish a protected status for individuals who have experienced IPV. Only through this lobbying and advocacy work can local government officials hope to, in the future, be able to allocate affordable housing units to survivors of IPV. As has been discussed, this access to affordable housing is critical; women who know that they will have somewhere safe and affordable for themselves, and potentially their children, to stay once they leave their current abusive living situation are far more likely to take those steps. This establishment of a protected status, as well as the eventual allocation of affordable housing that would follow, would prove that not only do state and local government entities acknowledge the alarming prevalence of IPV in North Carolina, but that they are moving forward to find realistic and effective methods to address the problem and protect those affected.

Durham City and County Policy Recommendations

1. Implement discrete programs within the Durham Crisis Response Center (DCRC) for HIV-positive women.⁴ Information about these programs would be available to everyone who seeks resources from the DCRC, but lists of their participants would be kept confidential. In doing this, women who are HIV positive and seeking refuge from IPV will feel as though the DCRC is a safe space for them – and potentially their children, as well. Without the guaranteed confidentiality, the feeling of shame that many associate with an HIV-positive status may inhibit them from seeking help from a domestic violence shelter. This program could be as simple as private weekly meetings among the HIV-positive women within the DCRC to promote a sense of comradery and community. Additionally, the DCRC could bring in medical professionals to discuss living with HIV and ensure that women, and their children, are receiving the necessary treatment.

Limitations

Below are the limitations of this research project and its findings:

1. Because of the sponsorship and purpose of this project, the research and recommendations are focused on female-identifying individuals. However, men are also affected by all of these issues and male-identifying survivors of IPV would also be included in the protected status proposed in the third recommendation.

⁴ The largest problem identified by many of the health providers that I spoke with was access to a safe space to receive treatment and care. Of all of the providers that I spoke with, one of the social workers interacts most closely with the intersection of HIV and IPV, as her patient-base is HIV-positive patients who are almost exclusively female-identifying. She estimated that 90% of the HIV-positive women she sees have experienced some form of domestic abuse in their lives, including childhood trauma, which leads to a repetition of the cycle in their adult lives. She also noted that the shame surrounding HIV prevented many women from going to domestic violence shelters. Furthermore, the social worker said, most women feel as though the abuse is their fault and that if their HIV-positive status is exposed, people will perceive them as “being promiscuous.”^{iv}

2. The second recommendation assumes a heterosexual relationship between a man and woman. This is due to the fact that it includes childbirth and the notification of the biological father. However, it is not meant to negate the fact that same-sex couples are also affected by these issues and the challenges that they pose.
3. People may not seek healthcare in the city where they live. This presents challenges with several of the recommendations as those seeking healthcare in Durham may not be able to also seek affordable housing units or shelter in Durham. However, recommendations such as the partnership with Uber/Lyft would benefit everyone in the state, not just those individuals in particular cities.
4. All of the medical providers and social workers interviewed for this project work at one institution – Duke University Hospital – and, therefore, may represent a more limited perspective on the issues of focus. However, this is a massive healthcare institution in the area, with many different clinics and centers across the regional area, that consequently has access to a large pool of patients.
5. This research project did not include interviews with women directly experiencing the intersection of IPV, prevalence of HIV, and lack of access to affordable housing, due to a lack of access to that population because of efforts to preserve confidentiality. However, the interviews that were conducted include several professionals who work closely with those women on a regular basis.

Conclusion & Future Directions

The effects of the intersection of IPV, HIV, and access to affordable housing present complex and dire problems for the women who are affected by these issues in Durham, North Carolina. In order to effectively legislate change, policy advocates and legislators must

understand these three topics as a synthesized force, with exacerbated effects. Additionally, it must be acknowledged that change in Durham, North Carolina requires the cooperation of the General Assembly. For these reasons, the future directions of this project include coordination with NC state legislators in order to achieve a protected status for survivors of domestic violence in the state, as well as collaboration with the Durham Crisis Response Center to implement programs specific to HIV-positive women. Through cooperation between state and local governments, as well as implementation of the aforementioned policy recommendations, the city, county, and state can express their commitment to addressing these issues and the barriers they pose for women.

Bibliography

ⁱ Williams, Ed. *How State Legislators Got Power over Cities* | *Charlotte Observer*. <https://www.charlotteobserver.com/opinion/op-ed/article72117667.html>. Accessed 14 Dec. 2018.

ⁱⁱ Ager, John. *The Dillon Rule: Does Raleigh Know Best?* | *Fairview Town Crier*. <http://fairviewtowncrier.com/2017/12/the-dillon-rule-does-raleigh-know-best/>. Accessed 14 Dec. 2018.

ⁱⁱⁱ The Editorial Board. "The Republicans' Urban Dilemma." *News & Observer*, 15 Nov. 2017, <https://www.newsobserver.com/opinion/editorials/article186355288.html>.

^{iv} Personal Interviews. Sept. 2018 – Jan. 2019.

^v ABC. *Election Results 2018: In Victory for Gov. Cooper, Republicans Lose Veto-Proof Majority in NC House* | *Abc11.Com*. <https://abc11.com/politics/republicans-lose-veto-proof-majority-in-nc-house/4635825/>. Accessed 16 Jan. 2019.

^{vi} NCADV | *National Coalition Against Domestic Violence*. <https://ncadv.org/statistics>. Accessed 16 Jan. 2019.

vii CDC, “Intersection of Intimate Partner Violence and HIV in Women,” February 2014. Accessed 15 Jan. 2019.

viii “Intimate Partner Violence.” *National Institute of Justice*, <https://www.nij.gov:443/topics/crime/intimate-partner-violence/Pages/welcome.aspx>. Accessed 14 Dec. 2018.

ix “Statistics.” *The National Domestic Violence Hotline*, <https://www.thehotline.org/resources/statistics/>. Accessed 14 Dec. 2018.

x *What Is Public Health? | CDC Foundation*. <https://www.cdcfoundation.org/what-public-health>. Accessed 16 Jan. 2019.

xi O’Bannon, Amari. *We Can No Longer Be Silent: How Intimate Partner Violence Affects Women of Color | National Organization for Women*. <https://now.org/blog/we-can-no-longer-be-silent-how-intimate-partner-violence-affects-women-of-color/>. Accessed 15 Dec. 2018.

xii Braveman, Paula A et al. “Health disparities and health equity: the issue is justice” *American journal of public health* vol. 101 Suppl 1, Suppl 1 (2011): S149-55.

xiii Conner, Dana Harrington, *Financial Freedom: Women, Money, and Domestic Abuse*, 20 Wm. & Mary J. Women & L. 339 (2014), <https://scholarship.law.wm.edu/wmjowl/vol20/iss2/4>

xiv *Intimate Partner Violence/Violence Prevention/Injury Center/CDC*. 24 Oct. 2018, <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>.

xv eNoughNC. “25% of Violent Deaths in NC a Result of Intimate Partner Violence :” *WRAL.Com*, 3 Nov. 2017, <https://www.wral.com/25-of-violent-deaths-in-nc-a-result-of-intimate-partner-violence/17086662/>.

xvi eNoughNC. “Nearly 2% of NC Population Victims of Domestic Violence :” *WRAL.Com*, 3 Nov. 2017, <https://www.wral.com/nearly-2-of-nc-population-victims-of-domestic-violence/17088388/>.

xvii *NC DPH: HIV/STD Facts & Figures*. <https://epi.publichealth.nc.gov/cd/stds/annualrpts.html>. Accessed 18 Jan. 2019.

xviii *North Carolina | The Center for HIV Law and Policy*. <https://www.hivlawandpolicy.org/states/north-carolina>. Accessed 14 Dec. 2018.

xix Pellowski, Jennifer A et al. “A pandemic of the poor: social disadvantage and the U.S. HIV epidemic” *American psychologist* vol. 68,4 (2013): 197-209.

xx Cunningham, Kasey. “‘Somewhere Better to Live:’ Residents Upset over Gentrification of Durham Neighborhood :” *WRAL.Com*, 16 July 2018, <https://www.wral.com/-somewhere-better-to-live-residents-upset-over-gentrification-of-durham-neighborhood-/17702433/>.

^{xxi} Vaughan, Dawn. “Durham in an ‘affordable Housing Crisis,’ Council Members Say.” *Heraldsun*, <https://www.heraldsun.com/news/local/counties/durham-county/article206261469.html>. Accessed 14 Dec. 2018.

^{xxii} “About DHA.” *Durham Housing Authority*, <http://www.durhamhousingauthority.org/about-dha/>. Accessed 15 Dec. 2018.

^{xxiii} Willets, Sarah. “Durham’s \$429 Million Budget Raises Taxes to Fund Affordable Housing, Additional Firefighters.” *INDY Week*, 20 June 2017, <https://indyweek.com/api/content/a57f8cc9-fa0a-5600-9cc7-5dbe81f560f6/>.

^{xxiv} Scott, Anthony, and Tallmadge, John. *Light Rail Integral to Durham’s Affordable-Housing Plans / The Herald Sun*. <https://www.heraldsun.com/opinion/article222363235.html>. Accessed 14 Dec. 2018.

^{xxv} Sokoloff, Natalie J., and Ida Dupont. “Domestic Violence at the Intersections of Race, Class, and Gender: Challenges and Contributions to Understanding Violence Against Marginalized Women in Diverse Communities.” *Violence Against Women*, vol. 11, no. 1, Jan. 2005, pp. 38–64, doi:10.1177/1077801204271476.

^{xxvi} “Eight Reasons Women Stay in Abusive Relationships.” *Institute for Family Studies*, <https://ifstudies.org/blog/eight-reasons-women-stay-in-abusive-relationships>. Accessed 19 Jan. 2019.

^{xxvii} “About Durham Crisis Response Center | Durham, NC.” *Durham Crisis Response Center | Victim Services / United States*, <http://www.durhamcrisisresponse.org/about-us>. Accessed 15 Dec. 2018.

^{xxviii} *About the Ryan White HIV/AIDS Program | HIV/AIDS Bureau*. <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>. Accessed 14 Dec. 2018.