TEXAS COUNCIL ON FAMILY VIOLENCE

INDIVIDUALLY WE POWER CHANGE.
TOGETHER WE POWER A MOVEMENT.

October 16, 2020

Rep. Senfronia Thompson, Chair
House Public Health Committee

RE: Response to Interim Charge 1

Chair Thompson and Esteemed Members of the Texas House Public Health Committee:

On behalf of the Texas Council on Family Violence (TCFV), we respectfully submit this response to the Committee's Request for Information on Interim Charge 1. TCFV would like to thank the Committee for their vital role in monitoring relevant agencies and programs and providing oversight to ensure the implementation of the legislation passed by the 86th Legislature. We appreciate the opportunity to offer our response to the Committee for consideration.

The Texas Council on Family Violence is the statewide coalition of family violence service providers and allied programs working to promote safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from family violence. TCFV is a membership organization with over 1300 members comprised of family violence programs, supportive organizations, survivors of family violence, businesses and professionals, communities of faith, and other concerned citizens. TCFV supports 88 family violence program members. Collectively, family violence programs across Texas provided services to 71,618 survivors and their children in 2019.[1] While promoting safe and healthy relationships, TCFV advocates for the well-being of all Texans and recognizes the numerous systematic oppressions further marginalizing many survivors and their communities resulting in health disparities and additional barriers to safety such as poverty, homelessness and housing instability.

TCFV applauds the 86th Texas Legislature for its support of survivors of family violence through level funding of family violence services and important Exceptional Item Funding. While the term "family violence" does not appear in any of the bills that fall under Interim Charge 1, survivors and their children are certainly part of the population that need access to health programs and services. This is evidenced in a recent finding that only 57% of Texas survivors

[1] Texas Health and Human Services Commission Family Violence Program. Family Violence Program Statistics. Available upon request.

have access to healthcare.[2] The Centers for Disease Control (CDC) defines intimate partner violence (IPV) as *a serious, preventable public health problem that affects millions of Americans* and further describes IPV as *physical violence, sexual violence, stalking, or psychological harm by a current or former partner or spouse*.[3] Further, the CDC states that the percentage of women who considered their physical or mental health to be poor was almost three times higher among women with a history of violence compared to women who have not experienced these forms of violence.[4] Thus, the distinct safety needs and health intersections associated with family violence victimization must be front of mind in this Committee's considerations.

The Texas House Public Health Committee has considered and voted out two bills specific to the intersections of survivors of family violence and health over the past decade which became laws. House Bill 2620, 83rd (R) Legislature, 2013 created a task force to examine the health care system response to pregnant and postpartum survivors of IPV. The task force fulfilled numerous charges including publishing a report through the Health and Human Services Commission in September of 2015 which included a research review and recommendations for effective screening in health care settings. Pursuant to Senate Bill 17, 85th Legislature, First Special Session, 2017, HHSC included information for providers on Prenatal Screening for Domestic Violence and Substance Abuse on its website.

It is critical that we continue to integrate survivor considerations in state health programs. This can be achieved simply through intentional and consistent collaboration between the Legislature, state agencies administering health programs, namely HHSC and DSHS, and expert advocates for family violence survivors in Texas.

Below are broad considerations we offer to each of the fields included in Interim Charge 1 in service of this goal.

Related to Women/Maternal/Infant Health

Mothers experiencing abuse are at significantly higher odds of experiencing postpartum depression, yet the Draft HB 253 Post-Partum Depression Strategic Plan did not reference family violence at all.[5] We ask the Committee and HHSC to review TCFV's Comments on Health and Human Services Commission Draft House Bill 253 Postpartum Depression Strategic Plan submitted July 24th, 2020.[6]

During the COVID-19 pandemic, the ability to offer services virtually has become a vital

[2] Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J. & Wasim, A. (2019). Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence

[3] Intimate Partner Violence |Violence Prevention |Injury Center |CDC [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2018. Available from: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html

[4] Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[5] Beydoun HA, Al-Sahab B, Beydoun MA, Tamim H. Intimate partner violence as a risk factor for postpartum depression among Canadian women in the Maternity Experience Survey. *Ann Epidemiol*. 2010;20(8):575-583. doi:10.1016/j.annepidem.2010.05.011

[6] Comments available upon request to TCFV at policy@tcfv.org.

resource and lifeline for many survivors. However, providers utilizing telehealth should know the potential risks associated with patients being their homes during visits with their abusive partners. Due to this enhanced risk, providers must take precautions when delivering virtual services. We encourage telehealth providers to employ a universal education approach, rather than screening, to offer all patients information and resources on family violence. This will increase safety and mitigate risk if the abusive partner is present or in earshot of the virtual visit or has access to the device.

Family violence services and experts should most certainly be included in the high-risk maternal care coordination services and pregnancy medical home pilot programs, as homicide is one of the leading causes of death for pregnant and postpartum women with 31% of maternal injury deaths,[7] 77% of whom are murdered in their first trimester.[8] Pregnant women who are experiencing abuse are more likely to delay prenatal care.[9] They are also are higher risk of substance abuse, postpartum depression, preterm birth, low gestational weight, low birth weight, and other pregnancy-related complications.[10]

Due to the additional risk factors listed above experienced by pregnant victims of intimate partner violence, information on family violence should be explicitly included in the information provided to new Healthy Texas Women enrollees. Healthy Texas Women has long offered the critical option for survivors on their abusive partner's health plans to access HTW services while maintaining confidentiality, however, awareness of this option and how to navigate the HTW program continues to be severely lacking.

Related to Controlled Substances/Opioids

Family violence victims are all too often coerced into using drugs and alcohol as a means of control from the abusive partner.[11] They are also more likely to use illegal substances when pregnant.[12] Any statewide initiative to improve maternal and newborn health for women with opioid use disorder developed should encompass the unique safety and recovery needs family violence survivors and their children may have and offer resources.

The dynamics of family violence should be included in continuing education for prescribers and should be a central tenet of programs and initiatives aimed at preventing opioid addiction, misuse, abuse, and overdose. Specifically, the intersection of family violence and drug and

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[7] Chang, Jeani; Cynthia Berg; Linda Saltzman; and Joy Herndon. 2005. Homicide: A Leading Cause of Injury Deaths Among Pregnant and Postpartum Women in the United States, 1991-1999. American Journal of Public Health. 95(3): 471-477.
[8] Krulewitch, Cara J.; Pierre-Louis, Marie Lydie; de Leon-Gomez, Regina; Guy, Richard; Green, Richard (2001). "Hidden from view: violent deaths among pregnant women in the District of Columbia, 1988-1996". Journal of Midwifery & Women's Health. 46: 4–10. doi:10.1016/s1526-9523(00)00096-9
[9] Parker, B. et al. "Physical and Emotional Abuse in Pregnancy: A Comparison of Adult and Teenage Women". Nursing Research, Vol 4, No. 2, pg. 80. 2000.
[10] Parker, B. et al. "Physical and Emotional Abuse in Pregnancy: A Comparison of Adult and Teenage Women". Nursing Research, Vol 4, No. 2, pg. 80. 2000.
[11] Rivera, E. A., Phillips, H., Warshaw, C., Lyon, E., Bland, P. J., Kaewken, O. (2015). An applied research paper on the relationship between intimate partner violence and substance use. Chicago, IL: National Center on Domestic Violence, Trauma & Mental Health.
[12] Chambliss LR. Intimate partner violence and its implication for pregnancy. Clin Obstet Gynecol. 2008 Jun;51(2):385–97.

alcohol use should be included in trainings and supportive services for providers and law enforcement. In the committee's examination of the opioid crisis's impact on Texas' seniors, elder abuse should be at the forefront of considerations. Tens of thousands of Texans over the age of 65 receive services due to physical, emotional, sexual, and/or medical abuse or neglect every year, often perpetrated by a family member.[13] These survivors are vulnerable because of the social isolation and increased medical needs experienced by older adults.[14]

Related to Rural Health

The establishment of health care collaboratives and local mental health authorities is welcome addition to the options for mental health support and so needed. These collaboratives and LMHA's should include local family violence programs. The Texas State Plan offered insight into survivors who did not seek traditional family violence services and rather sought help through their healthcare providers.[15] Partnerships between rural hospitals, LMHA's, and family violence programs could help save lives; connecting hospitals and LMHA's to family violence resources and local family violence programs to the network of health care providers in their communities.

Related to Behavioral Health

The 86th Legislature did an laudable job addressing school safety and mental health services for students and school personnel through HB 18, HB 19, HB 906, and SB 11. Dating violence is a real threat to young Texans. Texas is consistently the second highest state in contact volume for the National Dating Abuse Helpline—Love is Respect.[16] To further increase school safety, schools should comply with legal mandates around teen dating violence education, resources, and support in their mental health responses for students as required under Texas Law, Section 37.0831 of the Education Code.

Non-physician mental health professionals should also be equipped to ask healing-centered questions and make appropriate referrals for any instance of teen dating violence they may encounter. Local family violence programs should be engaged on the Collaborative Task Force on Public School Mental Health Services as experts on the impacts of teen dating violence.

As advocates for survivors and primary prevention of family violence, we strive to uplift and support health care providers in the incredible opportunity that exists for them to play a powerful role in promoting safety and awareness of the connections between IPV and health. The Texas Council on Family Violence strongly encourages this Committee to recall and build upon the connections between health and IPV and the progress that have been made in Texas.

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[13] Texas Department of Family and Protective Services. Data Book: Adult Protective Services. (2019). https://www.dfps.state.tx.us/About_DFPS/Data_Book/Adult_Protective_Services/default.asp
[14] National Council on Aging. Elder Abuse Facts. (2019). https://www.ncoa.org/public-policy-action/elder-justice/elder-abuse-facts/
[15] Voth Schrag, R., Ravi, K., & Robinson, S., (2019). Understanding the Needs of Non-service seeking survivors: A Final Report for the Texas Council on Family Violence. Austin, TX: Texas Council on Family Violence.
[16] Love is Respect Texas State Report; 2019; https://www.thehotline.org/stakeholders/impact-and-state-reports/

We thank the Committee for consideration of these comments and look forward to continuing our partnership with legislators, state agencies and providers to create a healthier, safer Texas.

Sincerely,

Gloria Aguilera Terry
CEO, TCFV