

January 31, 2022

Texas Health and Human Services Commission
John H. Winters Building, Public Hearing Room 125, First Floor
701 West 51st Street, Austin, Texas 78751

strategicplancomments@hhs.texas.gov

Submitting Organization Name: Texas Council on Family Violence

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RE: Comments on HHSC Strategic Plan 2023-2027

On behalf of the Texas Council on Family Violence (TCFV), we respectfully submit these comments in response to the Texas Health and Human Services (HHSC) Strategic Plan for 2023-2027. TCFV thanks HHSC for the opportunity to submit public comment, and for their commitment to improving the health, safety, and well-being of Texans. We appreciate our longstanding collaborative relationship with the HHSC Family Violence Program and believe that to accomplish our shared vision we must continue to partner together. TCFV is the Texas statewide coalition of family violence (FV) 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 FV. TCFV is a membership organization with over 1,000 members comprised of FV programs, survivors of FV, businesses and professionals, and other concerned citizens. While promoting safe and healthy relationships, TCFV advocates for the well-being and security of all Texans, including those from historically marginalized populations or who face additional barriers to safety.

TCFV requests that family violence, its impacts on health and well-being, and the FV services that support survivors be explicitly included in the HHSC 2023-27 Strategic Plan. In Texas, the rate of FV is staggeringly high: 1 in 3 people will experience FV in their lifetimes.ⁱ This is compounded by the knowledge that the violence ends tragically for hundreds of Texans who are murdered each year by their intimate partners. In 2020, there were 228 intimate partner violence homicides, the highest number recorded since TCFV began reporting intimate partner homicides.ⁱⁱ Given the high prevalence rates, and potentially fatal outcomes of FV, FV centers need the State's support to provide critical services to survivors. This dedicated funding saves thousands of lives each year. In 2020, FV centers provided 1.5 million services to survivors in need and continue to provide lifesaving services during an ongoing pandemic.

The COVID-19 pandemic led to increased prevalence and severity of FV, exacerbating the already significant need for vital FV services such as emergency shelter, stable housing, economic and material resources, mental health counseling, hotline services and safety planning. Compared to the year before the pandemic, there has been an 11% increase in law enforcement calls and a 61% increase in firearms present at those calls, a known lethality marker for FV victims.ⁱⁱⁱ In a study of 350 domestic violence and sexual assault service agency staff, over 70% reported that survivor safety had decreased since the pandemic began.^{iv}

Alongside rising rates of FV, the mental health needs of Texas survivors have also risen dramatically during the pandemic. One Texas-based study found that nearly 73% of survivors experienced increased mental health symptoms with 41% experiencing increased difficulty in accessing mental health treatment. In a state where, prior to the pandemic, a majority (69%) of Texas survivors meet the criteria for post-traumatic stress disorder - a rate that exceeds the national average of 51% - this is cause for great concern.^v Survivors also experience significantly higher rates of depression, postpartum depression, anxiety, and traumatic brain injuries than those who do not experience FV.^{vi vii} TCFV recommends that within Goals 1 and 2, survivors and their children be included as a population with a critical need for mental health services and urges HHSC to expand survivors' access to, and eligibility for, mental and behavioral health treatment and supports.

Also interwoven with safety for survivors and their families is economic stability. Texas survivors, at rates higher than survivors across the country, faced increased money and resource challenges during the pandemic. In fact, housing is the number one unmet need among survivors in Texas with 39% of survivors being denied shelter solely due to lack of space. Since the onset of the pandemic, 56% of survivors experienced homelessness. The pandemic has also disproportionately impacted survivors from communities of color. This economic impact overlaid with growing evidence that women of color experience higher rates and more severe forms of FV, with African American women being more likely to be killed by their current or former partner, exacerbates the known disparate impact on health outcomes for communities of color.^{viii}

HHSC administers mental and behavioral health services, as well as basic needs assistance programs that are vital for survivors and it is critical that survivors have safe access to this assistance, as these supports are so often used as a bridge to help survivors re-build their lives. Equally important are the services offered at FV centers. Given the increasing safety, health, economic, housing, and wellness challenges facing the estimated 5 million survivors in the state,^{ix} TCFV suggests that within Goal 1 of the 2023-27 HHSC strategic plan, the services provided by FV centers including emergency shelter, housing supports, economic and material resources, mental health counseling, hotline services, and advocacy services be emphasized as key components in creating safety, independence, and well-being among survivors.

The most recent Texas State Plan found that 75% of survivors reported a decrease in violence after engaging with a Texas FV program.^x One Texas study found that when survivors reached out to FV programs, the majority reported that the FV center services met their needs (88.9%), they felt connected to staff at the FV center (88.2%), and that there were decreases in violence/harm since using FV services (71%).^{xi} As a result TCFV suggests that under Goal 2, the need for collaboration and cross-training between HHSC programs and FV centers be included, in order to help ensure survivors receive, as stated in the Goal 2 objectives, "...seamless access to services..." "...in the most appropriate, least restrictive settings based on individual needs." TCFV also suggests inclusion of language promoting reducing barriers to certification and re-certification requirements for programs that support survivors, such as SNAP, under the purview of HHSC.

TCFV looks forward to partnering with DSHS to directly support Goal 3, Objective 3.2, through a grant which will allow for the identification and tracking of maternal deaths due to violence, and efforts to reduce these preventable deaths, as homicide is one of the leading causes of death for pregnant and postpartum women, accounting for 31% of maternal injury deaths.^{xii} TCFV also recognizes the importance of integrating FV awareness and prevention and intervention efforts within HHSC's women's health programs, as there are many intersections between maternal and reproductive health, family planning and intimate partner violence. One study found that more than half (53%) of women who visited family planning clinics reported experiences of domestic and sexual violence.^{xiii} For pregnant survivors experiencing FV, they are facing higher risks for postpartum depression, preterm birth, low birth weight, substance use, and other pregnancy-related complications.^{xiv} Within Goals 1 and 2, TCFV recommends inclusion of survivors as a population that needs expanded access to quality, affordable reproductive healthcare and family planning services, and to highlight the importance of collaboration between FV centers and HHSC services, in order to reduce negative health outcomes for this group of Texans.

In summary, TCFV recommends that FV and the services provided by FV centers be included holistically in the 2023-27 HHSC Strategic Plan. Intentionally including FV in the Texas HHSC 2023-27 Strategic Plan will also acknowledge the collaborative work HHSC and FV centers are already doing to support survivors and emphasize the need for continued funding and services, as well as ongoing collaborative efforts. TCFV sincerely thanks HHSC for the time and care evident in the 2023-27 Strategic Plan and looks forward to their consideration of these comments.

For questions, please contact Molly Voyles, Interim Public Policy Director at mvoyles@tcfv.org

ⁱ Busch-Armendariz, N., Cook Heffron, L., Bohman, T. (2011). Institute on Domestic Violence and Sexual Assault University of Texas at Austin. Statewide Prevalence of Intimate Partner Violence in Texas. Available at: <https://utexas.app.box.com/v/dv-prevalence>

ⁱⁱ Texas Council on Family Violence. (2020). *Honoring Texas Victims*. Available at https://2mg7g749lu2112sis323nkkn-wpengine.netdna-ssl.com/wp-content/uploads/tcfv_hvt_rprt_2020.pdf

ⁱⁱⁱ Texas Department of Public Safety, Crime in Texas Online, Family Violence Summary Reports. Available at: <https://txucr.nibrs.com/Report/FamilyViolence>

^{iv} Wood, L., Temple J. (2020). COVID-19 and Family Violence: What's New in Texas-Based Research. The University of Texas Medical Branch at Galveston.

^v 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.

^{vi} National Center on Domestic Violence, Trauma & Mental Health. (2014). *Research Update: Three New Articles on the Relationship Between IPV and Mental Health*. Available at: <http://www.nationalcenterdvttraumamh.org/wp-content/uploads/2014/09/3-new-articles-IPV-MH.pdf>

^{vii} Banks, M. E. (2007). Overlooked but critical: Traumatic brain injury as a consequence of interpersonal violence. *Trauma, Violence, & Abuse*, 8(3), 290-298.

^{viii} Catalano, S., Smith, E., Snyder, H., and Rand, M. (2009). Female Victims of Violence. Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/fvv.pdf>

^{ix} Breiding, M. J. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization—National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report. Surveillance Summaries* (Washington, DC: 2002), 63(8), 1.

^x 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.

^{xi} Center for Violence Prevention, University of Texas Medical Branch. (2020). The Harris County Health and Relationship Study. Available at: https://www.hcdvcc.org/wp-content/uploads/2021/04/HCHR-Study-Brief-Report_March-21-1.pdf

^{xii} 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.

^{xiii} Miller, E., Decker, M. R., McCauley, H. L., Tancredi, D. J., Levenson, R. R., Waldman, J., ... & Silverman, J. G. (2010). Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception*, 81(4), 316-322.

^{xiv} Parker, B. et al. (2000). Physical and emotional abuse in pregnancy: A comparison of adult and teenage women. *Nursing Research*, 4(2), 80.