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TEXAS COUNCIL ON FAMILY VIOLENCE

ADVOCACY *in* ACTION:

Physical, Behavioral, and Mental Health Advocacy

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With the passage of SB 1841 (88R), family violence centers are now required to provide specific advocacy services including those focused on physical, behavioral, and mental health. As a family violence advocate, your work in this area can be vital, offering survivors tools and resources to support their efforts to access the care and support they need to improve their physical and mental well-being. This tip sheet offers key information and practical resources to help you take a holistic approach to survivor health, with a focus on building your toolkit which can be tailored to the unique needs of each individual survivor.

How Can Health Be Impacted By Family Violence?

In the context of family violence, survivors' health needs (and their ability to access care) can be affected in many ways. This new required advocacy type is meant to cover support for both physical healthcare needs as well as mental health and behavioral health - a broader term meant to encompass mental health and substance use. These needs vary widely based on each survivor's individual circumstances and experiences. Because of this, advocates should be familiar with a broad range of supports to survivors available in their community.

Health	Mental Health/ Behavioral
Emergency Care	Counseling
Preventative services	Substance use treatment
Reproductive health	Psychiatric support
Treatment for chronic conditions or long-term health care needs resulting from injuries	Support groups

How Family Violence Programs Support Survivor Health Through the Texas Administrative Code (TAC)

Because addressing the mental, physical, and overall well-being of survivors of violence is so important, Texas programs that receive funding through the Health and Human Services Commission (HHSC) are required to meet certain minimum standards to support these critical needs. These standards represent a baseline, and advocates are encouraged to build upon them by expanding and strengthening practices that holistically support survivors in their communities.



Title	Rule	Description of Requirement
Preparing, Providing, and Serving Food to Residents	§356.502	Requires programs to have policies and procedures around providing well balanced food options and making reasonable dietary ADA accommodations for residents who require special medical diets, including those with food allergies.
Providing Hygiene Items to Residents	§356.506	A center must provide all residents with direct access to personal hygiene items without having to request the items from staff. When providing personal hygiene items, a center must consider the diverse needs of the population of the shelter service area.
☐ Eligibility ☐ Federal and State Laws Regarding Eligibility ☐ Eligibility Criteria ☐ Denial of Services ☐ Eligibility of Previously Terminated Residents or Nonresidents (Program Participants)	☐ §356.603 | §356.1303 | §356.2003 ☐ §356.604 | §356.1304 | §356.2004 ☐ §356.605 | §356.1305 | §356.2005 ☐ §356.606 | §356.1306 | §356.2006 ☐ §356.607 | §356.2007	Each of these rules addresses survivor eligibility for residential, SNRP, and non-residential programs. Programs may not deny services to survivors based on substance use, mental health conditions, physical health conditions, and/or disabilities. Programs may also not deny solely for prior terminations.
Termination of Services	§356.612 | §356.1309 | §356.2010	These rules address terminating survivors from services. Involuntary termination must only "outline behaviors that threaten the safety and security of shelter staff and residents." Programs cannot terminate survivors from services based solely on substance use, mental health conditions, physical health conditions, and/or disabilities. Programs must also make efforts to assist survivors to obtain alternative resources before termination.

Title	Rule	Description of Requirement
Medical Care	§356.706 | §356.2105	Programs are not required to pay for emergency medical care, but must: ☐ Maintain a current list of medical care resources that meet the diverse needs of survivors, including preventative care, and that can provide medical services for victims of family violence and their dependents, including, when available: ■ local affordable options; and ■ local physical, behavioral, and mental health resources; ☐ develop, maintain, and comply with written policies and procedures about providing or arranging for emergency transportation to and from emergency medical facilities for shelter residents or victims of family violence and their dependents being considered for acceptance as residents; and ☐ maintain and provide standard first aid medical supplies that are accessible to residents 24-hours-a-day.
Residents' Medications	§356.707	A center must develop, maintain, and comply with written policies and procedures regarding all prescribed and non-prescribed medications used by residents, including: ☐ self-administration of drugs and medications; ☐ methods for safekeeping of drugs and medications; ☐ staff's role relating to safekeeping of drugs and medications; and ☐ a system that ensures adult residents have direct and immediate access to their own and their children's medication.
☐ Resident's Orientation ☐ Nonresident's Orientation (Program Participant's Orientation)	☐ §356.708 ☐ §356.709 | §356.1405 | §356.2106	During a resident/ non-resident/program participant's orientation programs need to include "a wellness check for all family members that addresses each person's immediate needs.

Title	Rule	Description of Requirement
Counseling Services	§356.720 | §356.2115	A center must ensure counseling services are available to residents and nonresidents either by: - employees, contract staff, interns, or volunteers of the center; or - counseling services providers contracted by the family violence center. - If a center is unable to provide counseling services in accordance with subsection (a) of this section, the center may offer a referral to a counseling service that is no cost to the resident or nonresident. - Counseling services may include both traditional and non-traditional modalities of counseling and support to meet the mental health and wellness needs of residents and nonresidents.

How Can Advocates Support Survivors' Healthcare Needs?

The trauma and physical abuse associated with family violence can lead to significant negative health outcomes, as well as coping behaviors that affect both survivors and their children.

At the same time, survivors may face additional challenges, such as prior negative experiences with healthcare providers, confusion about relevant laws and protections, and stigma related to seeking care.

Practical barriers further limit access. Lack of childcare, unreliable transportation, and limited or nonexistent paid time off can all make it difficult to attend appointments. Together, these factors often contribute to hesitation or inability to engage with healthcare systems. Access to affordable, high-quality healthcare services and coverage is therefore critical to both the health and financial stability of survivors.



It is essential for advocates to recognize the impact of abuse on survivors' health and to acknowledge the systemic barriers and historical mistrust of institutions that may further delay or prevent survivors from accessing healthcare for themselves or their children.



Engaging survivors in a nonjudgmental, trauma-informed manner is critical to building a relationship grounded in trust and credibility.

Survivors may hesitate to disclose healthcare needs to an advocate for many reasons, including fear, shame, past negative experiences with healthcare systems, concerns about confidentiality, or uncertainty about available resources. To address this hesitation, advocates can provide universal education about the potential healthcare needs and impacts commonly experienced by survivors. Informing survivors that advocates can connect them with local healthcare resources—or help them identify and access services that meet their need—can help reduce barriers and increase awareness of available support.

What About Support for Behavioral Health Needs?



Behavioral health encompasses the factors that influence a person's overall well-being, including mental health, emotional and social wellness, substance use, and experiences with suicidal thoughts or attempts.

For advocates working with survivors, it is essential to recognize and address these interconnected needs through a trauma-informed, survivor-centered approach. Survivors who experience behavioral health challenges—such as depression, anxiety, suicidal ideation, or substance use—are often stigmatized, misunderstood, or excluded from services because of these experiences. These barriers can make it more difficult for survivors to access the support they need.

As discussed previously, building trust and creating nonjudgmental, supportive environments are critical components of effective advocacy. Many survivors have faced rejection, blame, or shame from abusive partners, family members, or service systems because of their behavioral health concerns. Advocates can play a vital role in countering these experiences by validating survivors' needs and connecting them with appropriate resources.

When developing an advocacy resource toolkit, it is important to identify and maintain referrals to behavioral health services, including trauma-informed counseling, crisis intervention programs, and peer-led support groups designed for survivors of domestic violence. These resources can help survivors access comprehensive support that promotes safety, healing, and long-term well-being.



Getting Started on Referrals

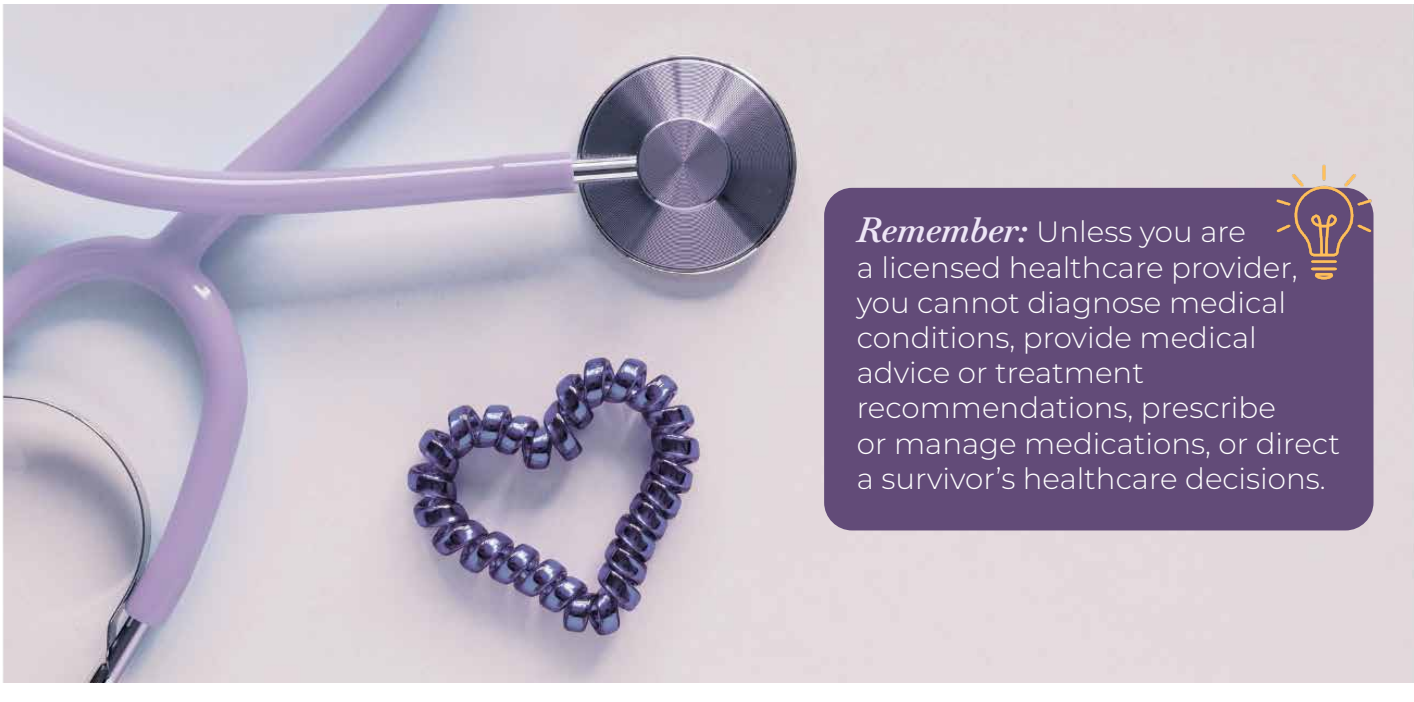
Here is an example of a list of potential healthcare referral or advocacy areas that could be shared with survivors once adapted to provide your local resources. When developing or customizing a referral list for your agency, it is helpful to have a basic understanding of each resource option. Advocates do not need to be experts in healthcare services, but they should have general knowledge of how and where to connect survivors with appropriate providers and support services.

The following are in no specific order of importance nor is an exhaustive list.

Type of Health Need	What This Referral or Advocacy May Address
Emergency Care	Immediate medical attention for survivors or children experiencing urgent health concerns or injuries. Survivors should notify agency staff right away if emergency medical care is needed.
Preventive Services	☐ Health screenings (blood pressure, cholesterol, diabetes, cancer, etc.) ☐ Vaccines and immunizations
Children's Health	☐ Well-child checkups ☐ Immunizations and vaccine records for school or sports ☐ Developmental milestone monitoring and evaluations ☐ Support with healthy daily habits and routines
Dental	☐ Preventive care (cleanings, x-rays, fluoride treatments, etc.) ☐ Restorative services (fillings, crowns, implants, etc.) ☐ Cosmetic dental services

Type of Health Need	What This Referral or Advocacy May Address
Vision	☐ Routine eye exams ☐ Glasses or contact lenses ☐ Medical eye care ☐ Disease management (glaucoma, cataracts, etc.)
Hearing	☐ Hearing evaluations and diagnostic testing ☐ Treatment and support services, including hearing aids
Prescription Assistance	☐ Referrals to local prescription assistance programs ☐ Support comparing prescription costs and identifying affordable medication options
Reproductive Health	☐ Sexually transmitted infection (STI) testing and treatment ☐ Routine exams /Contraceptive care ☐ Mammograms ☐ Prenatal care
Forensic Exams	☐ Sexual Assault Nurse Examiner (SANE) Exam ☐ Strangulation Exams (not available everywhere or covered)
Chronic Health Conditions	☐ Pain management ☐ Cardiovascular (heart) disease ☐ Respiratory conditions ☐ Arthritis ☐ Gastrointestinal and digestive health concerns
Mental Health	☐ Counseling and mental health support services ☐ Trauma informed modalities may include Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Processing Therapy (CPT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Type of Health Need	What This Referral or Advocacy May Address
Occupational Therapy	☐ Pediatric services to support children with disabilities or developmental delays in improving motor, sensory, and social skills ☐ Geriatric services, including fall prevention, adaptive equipment training, and home safety assessments ☐ Physical rehabilitation following injury, surgery, stroke, or traumatic brain injury ☐ Mental health support focused on coping skills and daily routines
Psychiatric Support	☐ Medication management ☐ Inpatient or outpatient psychiatric care
Insurance	☐ Information about how health insurance works ☐ Assistance identifying available state and federal healthcare coverage options
Behavioral Healthcare	☐ Local substance use counseling centers, including inpatient and outpatient centers ☐ Support/Peer led groups ☐ Medication Management ☐ Naloxone access



Remember: Unless you are a licensed healthcare provider, you cannot diagnose medical conditions, provide medical advice or treatment recommendations, prescribe or manage medications, or direct a survivor's healthcare decisions.

How Programs Can Create Partnerships with Local Healthcare Providers



Building relationships and partnerships with local providers can help reduce barriers to care for survivors who may be unable to access healthcare systems through more traditional pathways. Collaborative partnerships can improve access to timely, trauma-informed, and survivor-centered services. Below are examples of ways programs can work with local healthcare resources to support survivors either onsite or within the local community. *For additional tips on how to educate healthcare professionals on domestic violence, please see TCFV's "Educating Medical Professionals on Responding to Domestic Violence Tipsheet."*

Type of Partnership	Considerations for Partnership
Coordinate Preventative Care	☐ Coordinate with local primary care physicians, dentists, etc. to provide free services for program participants to access preventative care. ☐ Discuss with healthcare staff if client presents with additional needs, if they might be able to support/refer. ☐ If offsite, look into how agency staff can assist with childcare and transportation. ☐ Be sure to discuss any interpretation or other accessibility needs.
Immunization Drives	☐ Similar to preventative care drives, programs can coordinate with local pharmacies (Walgreens, CVS, grocery store pharmacies, or other clinics) to provide immunizations like the flu shot or COVID-19 on site. ☐ Discuss if staff can receive these as well.
On site Medical Services	☐ Some agencies have designated on site space or clinics that provide services for survivors. ☐ Utilize volunteers who can provide services. ☐ Look into funding opportunities to hire healthcare staff.
Mobile Health Clinics	☐ Partner with local clinics that offer mobile health services. ☐ Schedule regular time for mobile services to be on site at the shelter or at another accessible location for survivors to receive services. ☐ Be sure to share information with new clients and post information about how to access this service.
Individual Relationships with Local Resources	☐ Build individual relationships with local resources that programs can refer to as the need arises. ☐ This list could include free or low-cost clinics, clinics that do not require insurance, or private offices that could offer free services.

Federal and State Healthcare Legislation

It is important for advocates and programs to stay informed about federal and state policies that may affect survivors' ability to access healthcare services. Because laws, regulations, and policies frequently change, programs should seek the most current information when providing advocacy and referrals. For the most up-to-date policy guidance and information, please contact the TCFV Policy Team at **policy@tcfv.org**.



Additional Resources for Advocates:

Futures Without Violence — information and resources for advocates around the intersection of healthcare and domestic violence including instructional videos, brochures, technical assistance and more.	https://futureswithoutviolence.org/priority/healthcare/
Sample MOU for Family Violence Programs + Commnity Health Centers created by Futures Without Violence.	https://ipvhealth.org/wp-content/uploads/2021/07/MOU-Template-Final-2021.pdf
National Center on Domestic Violence, Trauma, & Mental Health — resources for advocates when providing trauma-informed advocacy to survivors experiencing mental health issues.	https://ncdvtmh.org
Supporting Survivor Health + Wellbeing: Strategies for Advocates — provides advocates with additional resources to support survivor health within programs, by connecting with local healthcare professionals and policy advocacy.	https://ncdvtmh.org/wp-content/uploads/2024/08/FWV-Advocate-Toolkit-7.24.pdf
Healthy Texas Women — offers women's health and family planning services at no cost to eligible women in Texas.	https://www.healthytexaswomen.org
Your Texas Benefits — Medicaid and the Children's Health Insurance Program (CHIP) provide health coverage for low-income children, families, seniors and people with disabilities.	https://yourtexasbenefits.com/Learn/Home
Affordable Care Act (ACA) — Advocates can explain how health insurance works and the available options under the Affordable Care Act (ACA) through the healthcare exchange.	https://www.healthcare.gov/ Find someone in your community who can help people apply at: www. localhelp.healthcare.gov/#

Additional Resources for Advocates:

Crime Victims Compensation — survivors who received crime-related medical care might be able to receive reimbursement for treatment.	https://www.texasattorneygeneral.gov/crime-victims/compensation-program-overview/cvc-covered-costs/medical-care-expenses
Advocacy Tools to Respond to Mental Health and Substance Use Coercion — trainings and materials for advocates to support survivors who use substances.	https://ncdvtmh.org/training/mental-health-and-substance-use-coercion-in-domestic-violence-services/
Substance Abuse Treatment Facilitator Locator — search this directory for private and public substance abuse treatment facilities by type and location.	https://findtreatment.gov
Traumatic Brain Injury & Strangulation — provides information, materials, training opportunities, and survivor resources about brain injury and strangulation.	https://www.odvn.org/brain-injury/
Behavioral Health Services Providers and Programs — provides definitions and referrals for various providers in Texas.	https://www.hhs.texas.gov/providers/behavioral-health-services-providers-programs
National Suicide Prevention Lifeline — central suicide prevention crisis number connects the caller with a counselor to discuss safety and provide resources, via chat or Call/text: 988.	https://988lifeline.org

Contact: For any inquiries on this tip sheet, reach out to: **policy@tcfv.org**

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ADVOCACY *in* ACTION SUPPLEMENTAL:

Educating Medical Professionals on Responding to Domestic Violence

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Educating Medical Professionals on Responding to Domestic Violence

An important way to strengthen relationships with local healthcare providers is by offering education and support on the intersection of domestic violence and healthcare. Training healthcare professionals can increase their understanding of the impacts of abuse, improve survivor-centered responses, and strengthen referral pathways between healthcare systems and advocacy programs.

Further emphasizing the importance of educating medical professionals was the passage of SB 1325 (88R), also known as the Natalia Cox Act. The law requires the development and distribution of an updated written notice to victims of family violence, stalking, harassment, or terroristic threats which outlines their legal rights. This notice must be provided by medical professionals, among others. The passage of this legislation also creates an important opportunity for advocates to educate medical professionals in their communities about the dynamics of domestic violence and how to respond to disclosures.

Below are examples of training modules that programs can use when working with local healthcare professionals. One example is **CUES**, an evidence-based intervention developed by *Futures Without Violence*.

CUES stands for

- **C**onfidentiality
- **U**niversal **E**ducation
- **S**upport

Futures without Violence CUES Intervention Training — evidenced based training to offer to medical professionals.

- https://ipvhealth.org/advocates/providers-training/
- https://www.youtube.com/watch?v=8crSI9M63Ns
- https://store.futureswithoutviolence.org/product-category/hard-copy-products/

Another option is the **PEARR Tool** which was developed by the *HEAL Trafficking and Pacific Survivor Center*, and *CommonSpirit Health*.

PEARR stands for

- **P**rovide Privacy
- **E**ducate
- **A**sk
- **R**espect & **R**espond

PEARR Tool — Trauma Informed Approach to Victims Assistance in Health Care Settings.

- https://www.healtrafficking.org/resources/pearr-tool
- https://www.dignityhealth.org/content/dam/dignity-health/pdfs/pearrtoolm15nofield2019.pdf