Testimony

of

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Ending the Cycle: Examining Ways to Prevent Domestic Violence and Promote Healthy Communities

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Chairwoman Bonamici, Ranking Member Fulcher, and Members of the Committee, thank you for the opportunity to speak with you today on the importance of preventing domestic violence and child abuse and reauthorizing the Family Violence Prevention and Services Act.

My name is Dr. Elizabeth Miller. I am a Professor of Pediatrics, Public Health, and Clinical and Translational Science at the University of Pittsburgh School of Medicine and Director of Adolescent and Young Adult Medicine and Medical Director of Community and Population Health at UPMC Children's Hospital of Pittsburgh.

I am here today to share my personal reflections from over two decades of work as a pediatrician, professor, and researcher. I have dedicated my career to improving the health of our most vulnerable, our young people in particular. I have seen the deep harm that violence can cause, and most importantly, I have learned that violence can be prevented.

I want to share a story from over 20 years ago now while I was still a physician-in-training. I was volunteering one night a week at a clinic for young people who were homeless or unstably housed. A 15-year-old came in for a pregnancy test. She did not want to be pregnant and was not using any contraception. Her pregnancy test was negative. I offered her education and asked her a few more questions to try and understand more of what was going on with her. Along the way, I asked her the usual domestic violence screening question I had been taught to ask, "Are you feeling safe in your relationship?" to which she nodded 'yes.' I then finished with her health exam, gave her some health information and encouraged her to come back if she wanted more help preventing an unwanted pregnancy.

Two weeks later she was in our emergency room with a severe head injury having been pushed down the stairs by her boyfriend. In that moment, I realized I had missed something. I also later learned about how complicated things were for this young person, including her mother's

reaction to the incident ("It's her fault because she wanted to be with him") and learning that her boyfriend was trying to get her pregnant when she didn't want to be.

That experience shifted my career as I dedicated myself to understanding more about adolescent relationships and the intersections of such violence with social challenges such as unstable housing, poverty, court and child welfare involvement, racism, and sexism. I also was deeply affected by the resiliency and strengths of this young person as she fought herself back from a traumatic brain injury, and I continue to try to lift up the strengths of young people and their families in my work.

Most importantly, this clinical encounter underscored for me that we must be doing more to prevent violence. With opportunities created by the Family Violence Prevention and Services Act (FVPSA), I have been able to provide the evidence that we CAN prevent violence.

For the purposes of this testimony, I focus on two evidence-based programs that were developed or are being implemented with FVPSA funding. These programs prevent and reduce abusive behaviors and promote healthy relationships among young people.

In partnership with the National Health Resource Center on Domestic Violence, run by Futures Without Violence, a FVPSA grantee, I co-created an intervention for health care settings that has now been shown to fundamentally reduce rates of violence.

In the beginning, we thought asking direct screening questions like "Are you being abused?" or "Are you in a relationship where you're afraid or feeling unsafe?" would help us identify those who were being abused and allow us to connect them to help. But several studies have shown that simply screening for domestic violence by itself does not actually improve quality of life or health outcomes for survivors.[1–4] So we looked to the science to help us understand what might work better.

When survivors of partner violence (including adolescents and young adults) are asked about what they want from health professionals, they identify four key characteristics: being open to listening, avoiding judgmental responses, offering support and information about existing resources (regardless of whether they disclose abuse), and not pushing for disclosure.[5,6] Based on this research, we created an intervention that offers information about various forms of interpersonal violence, such as intimate partner violence, child abuse, trafficking and sexual assault and how these traumatic experiences might impact a person's health. The information is provided on a palm-sized educational brochure that is discrete and offers resources on where to get help (for example, http://ipvhealth.org/wp-content/uploads/2017/11/General-English-Final-2017.pdf). A health professional provides this information in a private, confidential space during a clinical encounter, and encourages the patient to take this information along with them to share with friends and others, as long as they feel safe doing so. Should a patient share that they would like help, the health center is prepared to connect the patient to culturally responsive victim advocacy services and supports. This approach, which we call "CUES" for Confidentiality, Universal Education, Empowerment and Support (https://ipvhealth.org/wp-content/uploads/2021/01/CUES-graphic-1.12.21.pdf), has been shown in several randomized controlled trials that my team has conducted to be effective.[7–10] This includes implementing this intervention in women's health clinics, clinics for adolescents, and college campus health centers. Specifically, the CUES approach has been shown to increase recognition of what constitutes abusive behaviors, increased confidence to use safety strategies and resources, and among adolescents, to reduce violence.[10]

This evidence-based approach meets patients where they are and offers primary prevention for those who have not already experienced violence. It has taught us that the most effective strategies are those that are supportive, culturally relevant, and provide information without requiring that someone disclose abuse. The approach is being used in community health centers across the country (https://www.healthcenterinfo.org/our-partners/national-health-network-on-intimate-partner-violence-and-human-trafficking/), and has been integrated into clinical guidelines of national medical organizations.[11] Additionally, this approach has been integrated into strengths-based approaches in home visitation and perinatal programs to increase safety options and resiliency building for parents and to prevent child abuse (https://ipvhealth.org/resources/).

A second program I would like to share with you is "Coaching Boys into Men" (https://www.coachescorner.org/). This violence prevention curriculum and program inspires athletic coaches to teach their young athletes that violence never equals strength and that violence against women and girls is wrong. The program comes with strategies, scenarios, and resources needed to talk to boys, specifically, about healthy and respectful relationships, dating violence, sexual assault, and harassment. In randomized controlled trials with high school athletes and replicated with middle school athletes, the program has been shown to increase positive bystander behaviors (meaning that athletes interrupt their peers' disrespectful and harmful behaviors) which are key to creating a culture where respect, safety, and healthy relationships are the norm.[12] In addition, the research has found dramatic reductions in relationship abuse and sexual violence one year later.[13,14] In fact, our team recently published an estimate that for every 1000 boys exposed to this Coaching Boys into Men program, 20 cases of sexual assault are being prevented.[15] Given that the Centers for Disease Control and Prevention (CDC) estimates one sexual assault costs our society approximately $123,000,[16] the return on investment of a prevention program like this is immense.

While these are just two examples, there are numerous other examples of how prevention interventions can be integrated into clinical and community-based settings to make a difference in people's lives and to prevent violence. In particular, the CDC has emphasized the need to support cross-cutting programs that can simultaneously address and prevent intimate partner and sexual violence as well as child abuse.[17–20] Programs that focus on creating safe and supportive environments for families are vitally important to ensure that all children are thriving, healthy, and safe.[21–23]

Based on my experience and knowledge of its success, I strongly recommend you reauthorize the Family Violence Prevention and Services Act (FVPSA). FVPSA first passed more than 35 years ago. While the Violence Against Women Act is better known, FVPSA actually passed 10 years earlier and has been the day to day workhorse, providing funding to domestic violence shelters and services across states, territories, and Tribes, and also providing training and technical assistance to this network of more than 1500 local programs.

While the FVPSA program is administered by the Family and Youth Services Bureau within the larger Administration for Children and Families, it is the DELTA program, administered by the CDC and authorized as part of FVPSA, that focuses on prevention. The DELTA program has evolved over the years, moving from funding a few local programs to a more strategic approach that supports state coalitions in partnership with local programs. Importantly, it has also included a research and evaluation component so we can continue to learn what works.

The Coaching Boys into Men program I mentioned has been implemented across the country using DELTA funding. And this program together with many other vitally important strategies for preventing violence are summarized in the technical packages created by the CDC to focus on prevention of intimate partner and sexual violence.[22,23]

Unfortunately, only 10 states at a time are generally funded for a few years at a time due to limited resources. In addition, we are not taking full advantage of what we have learned because we are not providing funding to implement research-informed programs. Given this, I support the following recommendations:

1. Continue to fund state-local partnerships via the DELTA program that test new and innovative approaches and that include evaluation. Increased focus on health centers, schools, and early childhood partnerships as well as programs providing economic supports and related structural interventions will help end the cycle of violence and promote healthy communities.
2. Provide baseline funding so all states and territories may have designated funding for prevention activities using the best practices that have been and will continue to be developed. Prevention isn't a one-off. The commitment to prevention needs to be long-term, scaled up, and sustained.
3. Provide additional designated funding to the Family Violence Prevention and Services program at the Family and Youth Services Bureau specifically to support prevention, so that local domestic violence agencies may also do prevention work. No groups understand more clearly the need for prevention, yet many are barely able to meet the most basic emergency needs of those showing up at their doors in crisis. Prevention must not come at the expense of a shelter bed.

I also would like to take a moment to address very specifically the girl whose story I mentioned at the outset. Although she was not pregnant that day, she could have been among our young people who are pregnant and parenting. Far too often, they are doing so under the most challenging of circumstances, and often, in the context of exposure to interpersonal violence. The Pregnancy Assistance Fund previously played a vital role in helping this most vulnerable but inspiring group of young people. Parenting is always hard. Parenting when you come from an unstable or abusive home, or no home at all, can be overwhelming. When a young parent is also experiencing partner violence, the stakes are high for both their health and safety and the well-being of their child. And as complicated as their situation may be, I witness young people all the time doing incredible, amazing things. They love their children. They want to do right by their children, and our systems make it incredibly challenging for them. If you are to consider updating the Pregnancy Assistance Fund, I would strongly recommend:

1. Continue to buttress the social supports that young people who are pregnant and parenting need to succeed including: high quality child care, education, housing, food security, transportation, comprehensive health care including behavioral health, and mentorship.
2. Recognize the impact of intersectional traumas, systemic racism, and structural inequities (from histories of oppression to contemporary experiences of marginalization) through integration of structural interventions that are designed and led by youth.
3. Support culturally-responsive programs that promote positive youth development and positive parenting, emphasize thriving and flourishing as a key metric, encourage

resiliency skills building and recognize the strengths of young parents, families, and communities.

I realize this testimony includes a lot of information and research is not always easy to understand, so if I may leave you with three thoughts it is these:

1. **Violence is preventable** – we have programs and science that show this.
2. **To prevent domestic violence and child abuse, we must take a holistic response** that recognizes family and community strengths and encourages cross-sector collaborations: the health care system, programs that work with children and youth, programs that invite men to be part of the solution, and programs that address the most basic financial and concrete supports that families need, particularly with young families where there may be a history of violence.
3. **FVPSA is working**. FVPSA is an excellent federal program. Rarely have so few dollars accomplished so much to help people and been leveraged so effectively to make lasting change. But FVPSA can do more to support prevention: First, by expanding the DELTA program so funding can reach all states. Second, by authorizing additional prevention funding out of the Family Violence and Services Office. This way FVPSA grantees – currently focused on providing direct services to those who have already been abused --- can implement prevention activities as well.

Thank you for the honor and privilege of sharing these thoughts with you today and for your consideration of these recommendations.

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