



# CREATING A SAFER TEXAS

Access to Safety,  
Justice, &  
Opportunity





# 2019 TEXAS STATE PLAN EXECUTIVE SUMMARY

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Throughout this report, the term “*survivor*” is used to describe a person who has experienced family or dating violence. We recognize that some individuals and systems typically use “*victim*,” but we choose to use the term “*survivor*” to honor the bravery and determination of individuals who have experienced violence and navigate safety every day. This report also uses gender-neutral pronouns to reflect the diverse nature of abuse. TCFV also acknowledges that domestic violence is historically a societal tool to oppress women and that violence rates are disproportionate against women in both severity and prevalence.

Researchers, advocates, and the general public use the terms “*family violence*,” “*domestic violence*,” and “*intimate partner violence*” somewhat interchangeably. This report focuses on using “*domestic violence*” and “*family violence*,” as the scope of our study centers on those iterations of intimate partner violence. The State of Texas uses the term “*family violence*” in criminal justice settings as well as in other statutory frameworks, which is why this report often uses that term to describe the violence that occurs not only between dating or intimate partners but also members of the same household.

## INTRODUCTION

Texas is home to an estimated 5,000,000 family violence survivors.<sup>1</sup> Family violence is a long-standing epidemic that affects individuals, families, and communities. As one of the fastest-growing states in the nation, Texas covers an enormous amount of space and encompasses an unparalleled variety of cultures and geographic regions. Survivors come in all languages, colors, gender identities, cultures, sexual orientations, abilities, economic brackets, and ages. These survivors display strength and bravery every day by reaching out to find safer options for themselves and their families. Our communities and helping systems should honor that strength by meeting their needs and critically examining unique responses to meet the needs of each survivor. To achieve this goal, the 2019 Texas State Plan comprehensively examines the services available in the state as well as the needs of family violence survivors to create a funding blueprint for responsible investment in Texas and for supporting its most vital resource — its people.

## STATE PLAN OVERVIEW

Each state receiving funds from the Family Violence Prevention and Services Act (FVPSA), a dedicated federal funding stream for family violence services, must develop a State Plan detailing the needs of survivors and currently available services, with an emphasis on underserved areas and populations.<sup>2</sup> In 2001, the Texas Legislature codified this requirement into state law directing the Health and Human Services Commission (HHSC) Family Violence Program to *“maintain a plan for delivering family violence services in this state.”* Additionally, Texas law requires that HHSC must *“consider the geographic distribution of services and the need for services, including the need for increasing services for underserved populations.”*<sup>3</sup> HHSC historically confers this duty to the Texas Council on Family Violence (TCFV), the state domestic violence coalition, which coincides with the Coalition’s requirement to complete a needs assessment for family violence survivors in the state. The goal of the State Plan is to inform governmental funders and entities, social service organizations, and Texas communities of the needs of family violence survivors to aid in future planning for future funding opportunities and growth of services available across the state.

Several iterations of the Texas State Plan have paved the way for the 2019 Texas State Plan, with the most recent update being in 2013. TCFV approached The University of Texas at Austin’s Steve Hicks School of Social Work (UT Austin) in 2016 to collaboratively design an update to the Texas State Plan. This State Plan’s research goals, tools, and approach were developed collaboratively between UT Austin staff and the TCFV policy team, with input from family violence service providers. The collaborative and iterative process highlights the importance of research-practitioner partnerships in producing inclusive and survivor-centered research.

## RESEARCH QUESTIONS

- 1 **What services are available and accessible to survivors of family violence in each of Texas’ 254 counties?**
- 2 **Where are there gaps in services, supports, and availability of resources to survivors of family violence in Texas counties?**
- 3 **How do demographics, community factors, and system interventions influence response to family violence?**

## DATA COMPONENTS

The 2019 Texas State Plan research team used multiple points of data collection and information gathering to create a large-scale, comprehensive picture of survivors in Texas. The Availability Survey asked what services family violence providers are currently offering and how survivors utilize them. The research team then conducted a hotline survey to understand how survivors access the stated available services in reality. A service is only truly available if the service is accessible at the time a survivor needs it and is equitably offered regardless of a survivor's identity. Data came from the six areas described below.



**Availability Survey:** 92 executive or program directors of family violence agencies completed a 132-question online survey regarding the range of programs and services available at their agencies and their perception of survivors' unmet needs.



**Hotline Survey:** 85 regional family violence hotlines were called at different times of the day by the State Plan team to assess service availability for specific underserved populations and information typically provided to survivors at the time of a hotline call.



**Survivor Interviews and Staff Focus Groups:** The research team held hour-long interviews with 150 survivors in seven different regions of the state who were currently receiving services at family violence nonresidential and shelter centers. Over 100 staff members participated in small focus groups throughout the various regions.



**Data Analysis:** Quantitative data from many statewide and national sources were gathered to measure system interventions, demographics, census information, and victimization data. See [Quantitative Model Data Legend](#) for the full list of data sources.



**External Research with Survivors Who Never Accessed Services:** Three additional researchers sought information from survivors who had never accessed traditional family violence services. They focused on collecting data from youth, immigrant survivors, and individuals accessing health services. Read full reports on the [Tell Me More section of the State Plan website](#).



**Underserved Community Stakeholder Groups:** The research team facilitated four in-person meetings and four spotlight calls to intentionally hear from underserved communities, as identified in the 2013 Texas State Plan. These communities included African-American survivors, Latinx survivors, survivors with mental health issues, LGBTQ/T-identified survivors, Asian and Pacific Islander survivors, survivors in rural areas, and survivors with human trafficking victimizations. Read the full report on the [Tell Me More section of the State Plan website](#).

## AVAILABILITY OF FAMILY VIOLENCE SERVICES

The Texas 2019 State Plan represents the most comprehensive look at the availability and needs of Texas family violence survivors to date. In 2018, Texas' 79 HHSC-funded programs served 71,500 survivors. The majority of Texas' 254 counties (247) are covered by these domestic violence service providers, leaving only seven counties not covered.

To better understand the unique components that lead to each community's response to family violence, the State Plan researchers developed a quantitative model to assess each county's need and availability. The model consists of indicators guided by previous iterations of the State Plan and academic literature (see the [Quantitative Model Data Legend](#) for a full list of components and their sources). Most Texas counties have an Availability Score between 1 and 5, out of a possible 8, meaning that availability and access to family violence service providers are restricted in most counties by several factors.

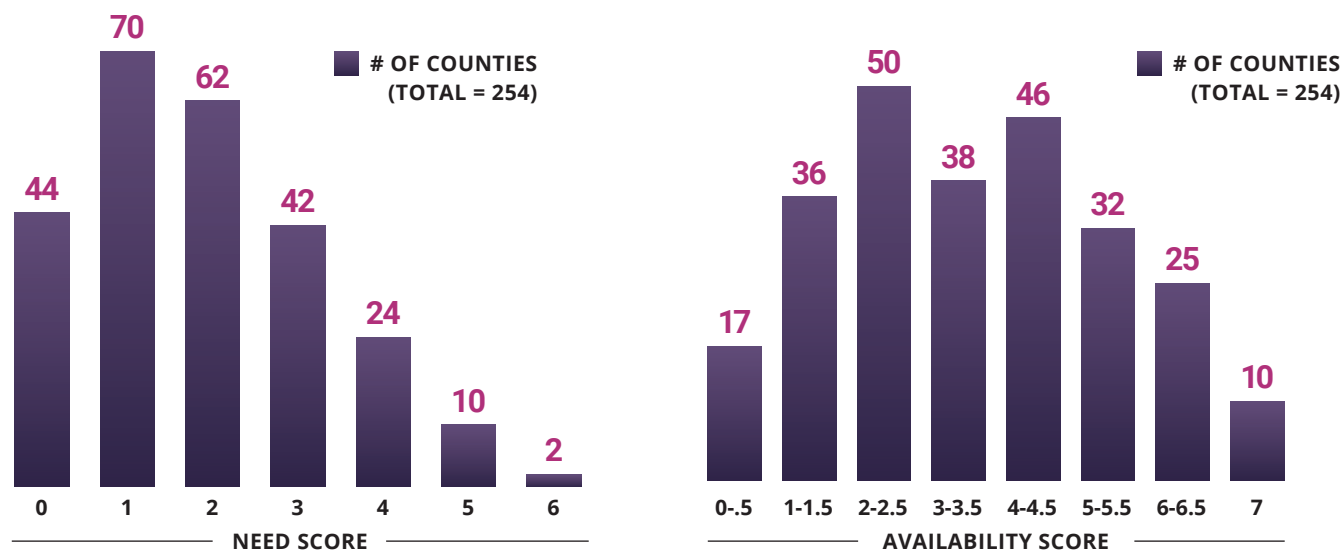
The Need Scores throughout the state fall between 1 and 3, out of a possible 7. Low Need Scores indicate that a county does not meet many research- and practice-indicated factors that would cause higher-than-average need in a community. If a county has a low Need Score and high Availability Score, this can indicate a community has taken steps to increase access to services and build protective factors in their population. If a county has a high Need Score and low Availability Score that would suggest a need for support for services in that area.

As a note, low Need Scores do not always necessarily mean that there is a lesser need for services or resources in that area. For example, the Need Score for Collin County is on the lower end of the spectrum at 2, but that does not outwardly show the 69.28% of survivors who were denied shelter solely due to lack of space, which is much higher than the state average. The Need and Availability Scores form a tool to provide a more comprehensive picture of each county.

See your county's Need and Availability Scores and other data on our [Mapping Need & Availability State Plan](#) interactive map.

Check out charts outlining each county's Physical Presence of Services, Chapter 51 Services, Additional Supportive Services, and Housing Beyond Shelter.

### DISTRIBUTION OF COUNTY NEED & AVAILABILITY SCORES



## HIGHLIGHTS FROM THE AVAILABILITY SURVEY AND HOTLINE SURVEY:

- ▶ **63%** of counties have “comprehensive” nonresidential family violence services physically provided within the county.<sup>4</sup>
- ▶ **29.5%** of counties have a shelter physically present.
- ▶ **3,527** family violence shelter beds exist in the state, inclusive of cribs, cots, and air mattresses.
- ▶ **21%** of programs allow some pets on site at their shelter, and **20%** offer foster care for pets.
- ▶ **6%** of family violence agencies use online chat; **8%** use Skype; **37%** use text; and **38%** use social media for alternative communication with survivors.
- ▶ More than **50%** of Texas counties (125) have a Batterers Intervention and Prevention Program (BIPP).
- ▶ Almost **1/3** of Texas counties have femicide rates at or above the state per capita femicide rate.
- ▶ Most programs have **at least one**, many several, Spanish speakers available for survivors with limited English proficiency.
- ▶ **All hotlines** of family violence agencies reported that they serve victims of human trafficking in some form.
- ▶ **82%** of agencies’ hotline staff reported that they serve transgender survivors the same way they serve other survivors. However, hotline workers at 15 agencies reported confusion on how transgender survivors accessed services, especially shelter services.

County Designation	FY 2017-2018 Clients Served (mean per county)	Estimated Female Past-Year Victimization (mean)
Urban (n=82)	113,286 (m=1,382)	2,602,530 (m=31,738)
Rural (n=172)	24,490 (m=172)	343,738 (m=1,999)
<b>TOTAL</b>	<b>137,776</b>	<b>2,946,268</b>
Border (n=32)	17,540 (m=548)	300,922 (m=9,404)
Non-Border (n=222)	120,236 (m=542)	2,645,346 (m=11,916)
<b>TOTAL</b>	<b>137,776</b>	<b>2,946,268</b>

<sup>4</sup> Comprehensive services encompass HHSC-required services by contracted programs under Chapter 51 of the Texas Human Resources Code. These are considered “core services” meeting the basic needs of survivors, such as crisis intervention, legal advocacy, and 24-hour hotline access. To reduce redundancy, items typically included in the “core service” list that were otherwise scored, were removed from this measure.

## OVERARCHING STRENGTHS

The 2019 Texas State Plan consistently found areas of hope and resilience among the stories of need. Overall, there are significant points of access for survivors to receive services across the State of Texas. *Survivors accessing services at family violence agencies reported high levels of satisfaction with the services they received, and 74.6% of survivors reported a decrease in violence after receiving services.* In general, survivors felt safe and supported by the systems designed for that purpose.

The Texas domestic violence workforce is incredibly dedicated, resourceful, and committed to survivors. Survivors met with their advocates an average of two times a week, talked to them on the phone at least once a week, and overwhelmingly felt satisfied with the time and effort their advocates spent with them.

- ▶ **76.6%** of survivors felt very satisfied with the amount of time their advocates spent with them.
- ▶ **75.5%** of survivors felt very satisfied with the amount of effort their advocates made.
- ▶ **61%** reported a good or strong connection between themselves and their advocates.
- ▶ More met needs and increased satisfaction with an advocate statistically correlated with **longer** service durations.

The State Plan research team asked survivors about their future goals. Survivors inspiringly spoke about both small and large goals that previously felt impossible. One woman stated her goal: *“To discover a new world. You can keep trying, trying, trying for life. Life is beautiful. So, these [family violence] agencies help a lot of women or people to discover; you don’t have to be in tears all the time.”* Many survivors expressed hope for safe homes for their children and planned to help others in similar situations.

## OVERARCHING NEEDS

Family violence survivors embody vast amounts of strength and resourcefulness as they try to navigate systems that are often complex and confusing. The 2019 Texas State Plan strived to understand what overarching family violence needs had been both met and unmet.

All the following domains of need are intrinsically connected, which demonstrates the importance of holistic, wraparound services for the long-term sustainability of survivors. These comprehensive services are also needed, as survivors live at the intersections, as do all Texans. One survivor may experience systemic bias as a result of racism or ableism, while another survivor may seek to overcome the conditions of poverty. See the [“Picture of Texas” section of the Texas State Plan website](#) for more information about pockets of needs for Texas survivors, including legal, housing, and social supports, among others.

“*[I want to] Show my kids something that I didn’t get shown...They might not see it right then and there, but they know I’m gonna figure it out. Want them to be go-getters. I want them to get out there and don’t stop until you figure out what you want in life. I don’t have big goals, but I want my kids to be okay.*”

— Survivor

## HOUSING

The lack of housing options and the long-term effects of not having safe or reliable housing was the most pervasive and overarching need of the Texas State Plan. Each data component of the State Plan told a different part of this persistent problem.



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## SURVIVOR INTERVIEWS

- ▶ **71.4%** of survivors interviewed needed help looking for housing.
- ▶ **32.7%** of survivors interviewed needed help keeping their current housing.

*"I need housing. That's what my needs are. I need to get a safe place I can call a safe haven that I can get – where I can go in and basically be myself, be safe."*

– Survivor

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## STATEWIDE DATA

- ▶ **69%** of agencies said getting into permanent housing is a big problem for survivors.
- ▶ **47%** of eligible people calling for family violence shelter will hear that they cannot receive help because there is no space.<sup>5</sup> Those are almost the same odds as flipping a coin.

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## STAFF INTERVIEWS

- ▶ Across all staff focus groups, the number one gap impacting service experience and survivor health and safety was the **lack of affordable and safe housing.**

*"There's price-gouging horrifically. There's no price caps on anything. Nothing is rent-controlled at all. So, the second the influx of people come in, the prices go up. They were already high to begin with."*

– Advocate in oil-boom region

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The Texas county average for population growth from 2015 to 2017 was over 1.02%.<sup>6</sup> This intense, sustained growth in such a short time has created a decrease in housing options, especially affordable housing options within metro cities, suburban areas, and regions affected by the oil industry. High demand for housing results in increased rent amounts, which decreases economic options for survivors weighing decisions to leave their relationships and find alternative options. Survivors who have had previous criminal charges, evictions due to partner's past debts, or undocumented status have even fewer options. These issues work with tangible barriers, such as lack of transportation and child care, to create a web of intersecting factors that disproportionately put survivors at the crux of the housing crisis.

With fewer housing and economic alternatives, returning to an abusive partner or homelessness can become the only options. The 2019 Texas State Plan showed that a staggering 90.1% of survivors experienced homelessness due to fleeing family violence at least once in their life, and over 45% of survivors interviewed had been homeless twice or more due to family violence. An additional 34% of survivors had been homeless either once or twice, not due to family violence. These data points show that homelessness can be both a preceding factor and an aftereffect of domestic violence. Survivors explained in their interviews that, even if the initial abuse occurred years ago, the emotional, financial, and psychological consequences have created situations where they cannot meet their basic needs for years to come.

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**The most unmet service need for survivors was more help looking for housing.**

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5 Based on the "Denied due to lack of space" statistic captured by Health and Human Services Commission from their funded programs. Stat is from 2018 data.

6 County-level population growth from 2015 to 2017 compared to the total state population growth, US Census Data.

*“Yo no podía ir a algún refugio porque yo no tenía quién me llevara ahí. No podía salir por eso. Sabía de los refugios, pero no tenía la manera de llegar a ellos porque no tenía a alguien que me llevara. Donde yo vivía son como 45 millas, más o menos. Y yo no tenía quien me llevara.”*

*(I could not go to a shelter because I did not have anyone to take me there. I could not leave because of that. I knew about the shelters, but I did not have a way to get to them because I did not have someone to take me. Where I lived is about 45 miles, more or less. And I had no one to take me.)*

— Survivor

One survivor explained, *“We could accomplish our goals if they helped us to find a house in which to live, and if they helped us to pay for rent for some time until we work and have money to sustain the rent.”*

The current housing crisis can lead more survivors to seek housing assistance and other supportive services from family violence programs. The rate at which victims of family violence are denied shelter solely due to lack of space has risen from 21% in 2011 to 47% in 2018. The agencies with the highest rates for denials due to lack of space are concentrated in metro areas. However, the overflow from the city centers spreads to affect suburban and rural areas, creating situations where survivors must choose displacement from their community to get emergency shelter. Family violence programs are attempting to serve more clients than ever before with the same amount of resources. While emergency shelter can be a life-saving intervention, it is short-term by design. Texas emergency family violence shelters have a self-reported average length of stay of 39 days. Without increases of comprehensive housing resources beyond emergency shelters, such as housing vouchers, transitional housing, and rental assistance, the denials due to lack of space will continue to rise at a perilous rate.

## LEGAL

Many safety options for survivors are only available through either the criminal justice or court systems. These include protective orders, divorce filings, child custody agreements, immigration remedies, etc. Without advocacy to navigate these complex systems, available legal rights and options can become unattainable. Legal representation by a family violence center is only available in 14 of the 254 Texas counties (5.5%) and is not available at all in border counties. Nearly every agency voiced the need for more attorneys and legal advocates to meet client needs, particularly for complicated legal issues. Legal assistance and support, typically through legal advocates, is provided in 180, or 70.8%, of Texas counties. Many family violence agencies will provide referrals to community partner agencies for legal assistance or representation. Survivors, however, shared that these requirements to receive that limited assistance can seem subjective. One survivor mentioned, *“I was turned down by legal aid here due to our situation being too complicated,”* showing the additional difficulty for seemingly multifaceted cases. Legal assistance ranks high among family violence agencies, and survivors identified unmet need due to the impact it can have on their lives, livelihood, family, and safety.

Immigrant survivors, in particular those without status or with mixed-status families, may have many complex civil needs that directly impact safety and the ability to access vital resources. Many interviewees and focus group participants spoke about abusers threatening and controlling their partners' immigration status. With recent political changes to immigration policies and remedies, survivors and service providers are unsure about the long-term effects of accessing legal remedies or benefits. Immigrant survivors might not know about available ways to

## TOP AREAS OF CIVIL LEGAL ASSISTANCE BY FAMILY VIOLENCE AGENCIES

- 1 Protective Order Assistance
- 2 Legal Rights & Options
- 3 Court Accompaniment

obtain legal presence connected to their abuse experiences, such as Violence Against Women Act (VAWA) self-petition, U & T Visas (specifically for crime and trafficking victims), and seeking asylum. One Stakeholder Group attendee stated, *“I can’t tell my client, ‘I can help you apply for a new visa, but if you don’t get it, you’ll get to stay here.’ That used to be the case; then, policies changed. And now I have to say, ‘You might be put in removal proceedings if you don’t win this, and I can’t tell you’re going to win because everything right now is uncertain.’”*

## CHILD CARE AND TARGETED SERVICES FOR CHILDREN AND FAMILIES

Economic stability for many survivors who are parenting young children hinges largely on access to quality, reliable child care. Child care is only available on site at 24% of Texas family violence agencies, but it is a persistent need for survivors. Specifically, there is a need for affordable or free child care that is available beyond traditional hours and with staff who have significant understanding of the childhood and family impacts of family violence. Child care is a necessary component of a survivor’s ability to attain and maintain employment to ensure that they have secure housing and transportation. Without a safe place for children to go, a parent is forced to choose between staying with their children or accessing needed services for themselves, such as mental health services, substance abuse services, legal services, etc. No parent should be forced to choose between being a parent and their own wellness and progress.

Services specifically targeted for children at family violence agencies were sporadic. While 90% of agencies provide some child advocacy, only 77% offer onsite children’s counseling. Many survivors expressed wanting activities where they could engage with their children while at family violence shelters. Just a little over half (52%) of programs offered these parent-child social activities. One staff member stressed the importance of children’s services: *“There are so many children that get affected, and being able to get that [children’s services] — growing is always a great thing. Because it’s just imperative for children to continue getting really good, thorough services when they’ve experienced abuse — I mean, all kids deserve that.”*

## MENTAL HEALTH

A large majority (69%) of Texas survivors interviewed met the criteria for diagnosable post-traumatic stress disorder (PTSD). This rate is greater than the national average of 51%.<sup>7</sup> Even when a supportive system recognizes that a survivor needs mental health or psychiatric services, there are very limited places for them to receive those services. While 80% of surveyed domestic violence agencies have onsite counseling where their staff can help survivors process their trauma and life experiences, 57% of those say they could use 50-100% more counseling staff to meet the service demands. Staff and survivors explained experiences of long wait times, eligibility requirements for certain diagnoses, and having to be in a state of psychological crisis before receiving services from local mental health agencies. That reality creates a system that can only be accessed when someone’s mental health has declined to the point of needing hospitalization or criminal justice intervention. These interventions can have lifelong economic consequences, including high medical bills and criminal records.

### TOP MENTAL HEALTH NEEDS IDENTIFIED BY FAMILY VIOLENCE PROGRAMS

Access to:

- 1 Medication and Psychiatrists
- 2 Counseling
- 3 Peer Support

7 The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

*[Survivors] don't know what PTSD is; they don't know what depression is. They're having all these symptoms, and they don't know how to identify them...and it's empowering for them because then they can go to their doctor and say, 'I really think I have this or I'm suffering from this,' or 'I'm not crazy. I have PTSD because I was a victim of violence.'*

— Latinx Stakeholder Group Participant

During State Plan interviews, survivors recounted many ways that abusers targeted their mental health to maintain power and control. It is important to note that survivors' abuse-related mental health needs are intertwined with their needs related to other experiences, stresses, historical life trauma, and minority population status.

**Having trauma symptoms was significantly correlated with decreased social support, more lifetime experiences of homelessness, higher economic abuse, higher rates of disabilities, and reproductive coercion.**

## UNIQUE ABUSE EXPERIENCES

Extensive research has been conducted on the tactics abusive partners use, including emotional, physical, and psychological abuse. Economic abuse and reproductive coercion are two specific types of abuse where gaps exist in our understanding of their effects on survivor well-being. The State Plan research team specifically asked survivors about these types of violence for a deeper understanding of their experiences in these areas. Texas survivors reported high levels of both economic and reproductive abuse.

A vast majority of survivors (93%) reported experiencing at least one type of economic abuse. Meaning, if a survivor can find a job that pays a wage high enough to support themselves or their family, the majority of the time the abuser will take all or part of that money from their control. Additionally, instead of their partners keeping them from working, some survivors reported that their abusive partners did not work but expected them to work, then took their earnings or incurred debt in their names. The effects of economic abuse create barriers for survivors if they decide to leave an abusive relationship, and this can become a strong motivation for staying in the relationship.

**42% of Texas survivors experienced at least one type of reproductive coercion—three times the national average.**

Abusive partners use reproductive coercion to control a partner's reproductive health or decision-making. Reproductive coercion is exhibited in many ways, with the most common being a partner's refusal to wear condoms, thereby putting the survivor's reproductive health in jeopardy. One survivor explained, *"He would always just rough handle me with sex and stuff like that and wouldn't use condoms. And if I went to the doctor to try to get some birth control, it was always he wanna go with me and stuff like that."* Other types of reproductive coercion include abusers trying to control a partner by forcing them to either get pregnant or forcing them to take birth control or terminate a pregnancy. One survivor described her partner using this tactic: *"He ruined things for me. He did things so that I would not go [to school] or not achieve it, and I think that one of those things was getting me pregnant all that time."* Some survivors might not have explained these dynamics of their relationship if they had not specifically been asked, meaning that family violence agencies and health care institutions should highlight these particular concerns to clients.

*I worked, but as soon as I got the money, I had to report it to him. Everything. He told me, if I wanted to have a house.*

— Survivor

## SURVIVOR EXPERIENCES WITH SYSTEM PARTNERS

Family violence is a far-reaching societal problem that should be combatted through collaborations with multiple systems throughout all life stages. Universal awareness of the dynamics of family violence and knowledge of available services among public and nonprofit entities is critical for recognition and appropriate referral for survivors. Family violence service providers overwhelmingly indicated that formal systems, such as law enforcement, child protective services (CPS), and health care settings, are the major sources of referrals to their agency. For more information about how different systems affect survivors' experiences, see the [Survivor Experience page of the State Plan website](#).

Survivors described the impact that system partners, specifically law enforcement and CPS, could have either in being their champion, listening to their experience with empathy, and advocating for them to receive services or in being an additional barrier to reaching out for help. One survivor explained a negative interaction with law enforcement: *"...the police officer was treating it like it was non-emergency. And I'm like, if you leave me out here with him, he's going to kill me."* Another survivor described a vastly different experience: *"The only person I had told was the officer who was called down, who actually referred me to the agency on that day that I had mentioned. And that was the first time that I had actually spoken about any of it."* Law enforcement officers were

often the first people, after their family or friends, to which survivors disclosed the abuse. Being believed by law enforcement meant that survivors had immediate physical protection against their abusers, access to emergency protective orders, a paper record of the abuse through the police report, and sometimes access to a helping professional through a victim services coordinator. Significantly, women of color reported greater hesitation in contacting law enforcement and more negative interactions if they responded.

Coordinated community response teams are an interagency effort to create more effective interventions for enhancing safety for victims, accountability for offenders, and community awareness of violence. Greater use of community coordination translates to stronger responses and greater safety nets for survivors. It is particularly important for family violence programs to collaborate and coordinate with other agencies and governmental offices.

- ▶ **47%** of family violence agencies surveyed are part of a coordinated community response team.
- ▶ **37%** are part of a domestic violence task force.
- ▶ **22%** are part of a fatality review.
- ▶ **17%** participate in a domestic violence high-risk team.
- ▶ **6%** are in a firearms surrender programs.

Data from the Department of Family and Protective Services (DFPS) indicates that 29.1% of CPS cases statewide have a family violence indication, meaning that domestic violence has been present or disclosed. State Plan research further showed that more than 10% of all survivors in the study needed help with a CPS case but did not receive any. Survivors expressed feelings that CPS investigators did not take their reports of the offender's abusive behavior seriously or, in some instances, that CPS was being used as a tool by the abusive partner. Other survivors spoke about how a CPS casework was integral in connecting them to greater services, and

*"With the police, they need to do more sensitivity training towards domestic violence cases...Because I was met with a lot of skepticism. You know, like I'm just playing the victim, or something like that. Because as a minority in America, like, I'm not calling the police unless that's my last recourse. Like, you know, I'm just not. So, for you to come and pretend what I'm telling you is a lie, or I'm wasting your time and I'm already on edge — not cool."*

— Survivor

some expressed gratitude after CPS investigated their abusive partner as the perpetrator. This shows the improvement and utilization of collaborative efforts between domestic violence agencies and CPS in Texas.

## SURVIVORS WHO NEVER ACCESSED SERVICES

The 2019 Texas State Plan sought to deepen the holistic understanding of survivors in the state by engaging three researchers focused on interviewing survivors who had not sought out traditional family violence services. Each of the researchers focused on different populations: immigrant survivors, youth and young adult survivors, and survivors accessing health care. Read each of the individual reports under the [Tell Me More section of the State Plan website](#).

Research shows that only between **10-25% of victims** seek any type of victim services.

(Langton & Truman, 2014)

Report	Number of Participants
SURVIVORS ACCESSING HEALTHCARE	<ul style="list-style-type: none"><li>▶ 36 interviews</li></ul>
IMMIGRANT SURVIVORS	<ul style="list-style-type: none"><li>▶ 40 interviews with Latinx immigrant survivors (primary – specific to this study &amp; secondary data)</li><li>▶ 76 interviews with immigrant service providers</li></ul>
YOUTH SURVIVORS	<ul style="list-style-type: none"><li>▶ 19 interviews with young adults 23-24 years old</li><li>▶ Secondary analysis of longitudinal data set of 1,052 youths</li></ul>

One main goal of these studies was to understand which barriers these particular survivors faced in obtaining traditional family violence services, if they desired to do so. Across all populations, survivors conveyed that negative first interactions with supposed support systems (e.g., hotline call, law enforcement, CPS caseworker, teacher, etc.) created a long-lasting aversion to reaching out for help in the future. These negative experiences ranged from minimization of their experience to an act of violence committed against a survivor by a “helping professional.” The interactions led to further stigma and shame for the survivor and discouraged future efforts of seeking support. Other barriers included tangible items, such as lack of child care or transportation, and a fear that the cost of services would be too high. Many survivors reported that they were unaware that family violence services were available at all or were unsure of how to receive such services.

When asked what services they would want, survivors across these reports spoke of greater levels of community awareness regarding the dynamics of family and dating violence, including systems partners, such as immigrant service providers and law enforcement, indicating a need for future investment in prevention efforts. Survivors shared wishes for the sorts of basic supports and logical help navigating systems and resources that make dealing with many life challenges more manageable. Survivors spoke about not knowing how to explain or talk about their situations with helping professionals, who in turn did not ask for more information: *“Sometimes with me, I would reach out for support, but I would get scared or nervous and shut down, and I would be*



*like 'never mind,' and then, that was it. They would leave it alone. No one would try to get me to open up to get more help."* One interviewee summed up a universal expectation of these survivors by imploring helping professionals (victim assistance coordinators, CPS, teachers, etc.) to *"just follow up compassionately."*

Both the young adult and immigrant survivor reports had findings specific to those populations. The young adults interviewed had unique experiences based on their relationships with technology and culture. As a whole, they had fewer concrete barriers than the other two populations and placed greater emphasis on the stigma of being in abusive relationships, accompanied by feelings of shame and fear of not finding another partner. This mirrors their most reported need, more nonjudgmental emotional support. One survivor stated, *"I wish I could've had someone to talk to...that didn't tell me to leave him. That wouldn't care if I stayed with him or I left him but would listen to what I had going on and help me walk through what could, you know, help me work on the situation. 'Cause like I said, I didn't wanna leave at all for a long time."* Most respondents did not have children and were in the early stages of their careers, which allowed more flexible options but also created unique situations, such as protecting an abusive partner to shield their career reputation.

The interviewed young adults discussed the effects of intergenerational trauma in two distinct ways. A survivor discussed how her parents' divorce negatively affected her life and that she was determined to stay in an abusive relationship for that reason. Another survivor explained that, if her parents had made it through abusive circumstances to provide a two-parent home, she wanted to give that same benefit to her daughter. While the interviewed youth did not know much about services, they felt confident that they could find what they needed through technology — *"just google it."*

## TOP FIVE MOST ENDORSED STATEMENTS FROM SURVIVORS NOT ACCESSING SERVICES

- 1 I feel confident in the decisions I make to keep safe.
- 2 I know what my next steps are on a path to keeping safe.
- 3 When something doesn't work to keep me safe, I can try something else.
- 4 I can cope with whatever challenges come to me as I work to keep safe.
- 5 I know what to do in response to threats to my safety.

*"The immigration process is so expensive. To have to go through that and then figure out that you might have wasted a lot of money trying to do something that didn't work out is a little disconcerting...there is just not a lot of options for people like me out there. That's a scary thing. That sums up why I didn't decide to leave [abusive relationship] so soon. It was because I didn't think that I had any other option."*

— immigrant survivor

The barriers faced by immigrant survivors were monumental, with several dynamics converging to create a unique and arduous experience in Texas. Immigrant survivors reported significant concrete barriers, typically related to limitations based on documentation status and lack of knowledge regarding available family violence services. If they were able to find services, language access was a common additional barrier. Immigrant survivors explained layers of complex trauma, typically starting with experiences of violence in their countries of origin, which have sporadic legal protections against family violence, and continuing once they reached the US through additional abusive or exploitative relationships. Many explained situations where their labor was being exploited with no recourse because they were frightened that bringing attention to the issue would threaten their status.

Survivors were scared of accessing any social services, including family violence agencies, because of a perceived connection to immigration law enforcement. The increasingly commonplace use of detention and family separation spread this fear and hesitation to contact law enforcement or report their abuse in any way. Additionally, survivors within immigration detention centers severely lacked access to basic rights information and could be in debt for thousands of dollars upon release, creating conditions ripe for recruitment into human trafficking.

Survivors who are not accessing traditional family violence services are finding help through likely and unlikely ways. A couple of interviewees explained that they heard about available social supports through ads on the radio. Another described a college class where a professor put general information about domestic violence in the class syllabi along with a referral number. These survivors are also receiving services through community partners, such as mental health and substance use agencies, faith communities, and CPS. By coordinating information through community collaboration, organizations can strengthen referral systems and provide greater wraparound services.

	UT Report Findings	Health Report Findings
PTSD	69%	25%
homeless at least once due to IPV	90%	25%
homeless at least once not due to IPV	48%	20%
partner kept you from having money of your own	78%	44%
% of abusers with a DV felony charge	38%	31%

Based on the findings of the UT Austin report in conjunction with the report of survivors who never accessed services from health care settings, survivors who lacked housing and safety options, had less social support, and had higher rates of trauma found their way to domestic violence programs. Survivors who felt confident in finding safety options and resources generally were able to do so themselves or with the help of their social support system. Tellingly, participants indicated that they were confident in knowing multiple ways to keep themselves safe and ways to cope while implementing those safety measures.

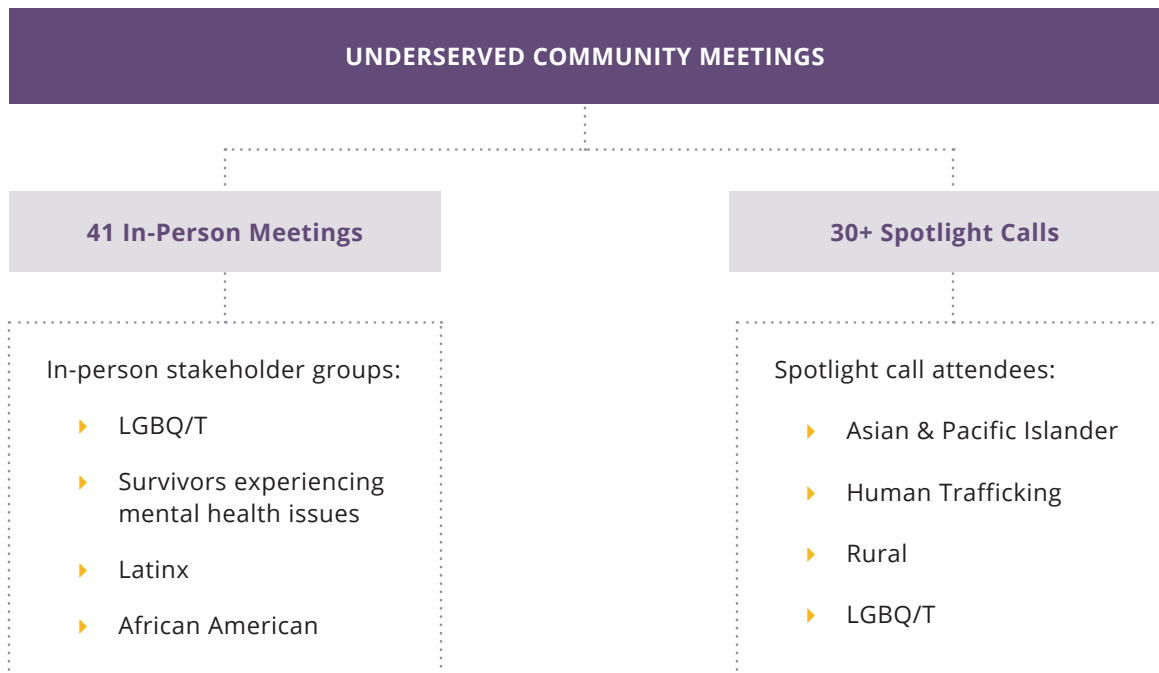
## HISTORICALLY UNDERSERVED & MARGINALIZED COMMUNITIES

Clear evidence from research and interviews with staff and survivors showed that not all survivors in Texas can access services in the same ways. Many identity-specific factors, including race, ethnicity, primary language, sexual orientation, and gender identity, can negatively affect a survivor’s access to helping systems. This lack of access, compounded with societal oppression and higher rates of violence in communities of color and the LGBTQ/T community, create compoundable barriers for minority survivors. See the full report from underserved stakeholder groups at the [Tell Me More State Plan website](#).

The intersection of different oppressive systems creates serious issues for survivors with overlapping identities that are dependent on immutable, personal characteristics. For example, if someone identifies as Asian and



bisexual, the intersection of those two identities has different outcomes when engaging with systems than if that person held just one of those identities. Family violence agencies cannot be expected to be experts on each minority community, but they should have survivor-specific interventions informed by different communities. Greater collaboration with grassroots organizations working within minority communities can provide bridges for survivors within those communities.



## HIGHLIGHTS FROM UNDERSERVED STAKEHOLDER GROUPS:

- ▶ Work with underserved communities should include their input in the planning, implementation, and evaluation of the program's success.
- ▶ Risk assessments should include culturally specific information, such as higher lethality for trans survivors and greater barriers for immigrant survivors from Latinx and Asian communities.
- ▶ All of the stakeholder groups emphasized engaging communities in intimate partner violence outreach and prevention work through participation in community events.
- ▶ All of the identity-specific groups expressed dismay at the ways in which within-group diversity (e.g., black immigrants vs. black Americans, Central American vs. Mexican Latinx, and Chinese vs. South Asian) are neglected, even though organizations claim to be serving underrepresented groups.
- ▶ The Human Trafficking Group reflected on how this form of victimization is particularly unique and that educational opportunities should focus on understanding those characteristics that make it unique from domestic and sexual violence.
- ▶ The LGBTQ/T, Latinx, Rural, and Mental Health groups all talked about mobile advocacy (i.e., offering services outside of the shelter or office building) as an important aspect of community connections.
- ▶ Community-based organizations that are not necessarily intimate partner violence organizations may be the most positioned to provide support and services to survivors from underserved groups.
- ▶ Advocacy efforts should include work with the family and not just the individual.

All stakeholder groups agreed that a single “cultural competence” training cannot realize the amount of change needed to create equitable services in underserved groups. Real, lasting change takes multiple layers of training, organizational assessment, and buy-in for long-term investment in minority populations. Categorically claiming that all survivors are treated the same at agencies does not translate into advocates being able to meet individual and specific needs. The research identified other underserved populations that should be considered in future State Plan efforts: elderly individuals, teens and young adults, people experiencing poverty, and indigenous populations.

## RECOMMENDATIONS

The 2019 Texas State Plan centered on the voices of survivors and advocates and resulted in a wealth of information not previously available. The research team asked survivors in all different regions of the state and of all different identities and cultures what they wanted to see. The collected top recommendations for Texas communities and governmental funders are outlined below. For full and expansive recommendations, see each report in the [Tell Me More section of the State Plan website](#).

► **Increase diverse housing options for survivors**

— Housing became a headline story for the 2019 Texas State Plan. This overwhelming need appeared in almost every encounter with survivors or staff. Texas needs a continuum of options that reach beyond emergency shelter to prepare survivors for successful long-term outcomes. Assessment tools for housing interventions must be informed by survivors from a variety of identities and cultural backgrounds or Texas will risk putting those survivors at the margins.

*“Not everyone needs to come into a shelter. Sometimes they are just needing to sustain what they already have, so flex funding would allow for that instead of being so restrictive.”*

— African-American  
Stakeholder Group  
Participant

- **Invest in innovative service models** — Family violence agencies should engage with creative, survivor-specific interventions that adapt to different regions and needs. These include providing mobile advocacy, engaging technology to provide services and community resources, offering supportive services for the whole family, providing services within immigration detention, and increasing survivor-led peer support networks.
- **Develop child and family services** — Many survivors said that their decision-making focuses on what their children need and want, yet there is a lack of programming to support children and family bonding. Texas communities need to support holistic family services as well as child development activities.
- **Expand language services and access** — All survivors should be able to receive services in their native language. Priority should be on continuing to expand multilingual services through diverse staff hiring and technology. Organizations should consider ways to build sustainable bicultural and bilingual staffing so that the burden is not on one or two staff members to serve all non-native English speakers.
- **Create legal support options to meet survivors needs** — Fleeing violence is all too often accompanied by complex legal needs. This can range from needing support to safely leave the relationship and access protective orders, seek a divorce, and create a custody order, to availing themselves of immigration remedies. Survivors may also need support to create a pathway to economic independence via consumer credit rebuilding and eviction response.

- ▶ **Participate in strong community involvement** — A surprising number of survivors in all categories expressed not knowing about family violence services. Building authentic partnerships with local services and organizations serves a dual purpose: creating greater awareness of available services and enlarging family violence agencies' service referral networks. For instance, a traditional family violence agency can build an equal partnership with a grassroots African-American community organization that allows them to provide referrals for African-American clients who want culture-specific services as well as helps people interacting with the community organization learn about and receive family violence services.

- ▶ **Strengthen partner responses** —

Survivors interact within each governmental and social service system in the state. To respond effectively, each of these systems, primarily law enforcement, criminal justice, public benefits, CPS, health care, and schools, should be trained in the trauma-informed dynamics of domestic and dating violence so they can respond effectively and compassionately if someone discloses abuse.

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*“Law enforcement are not advocates, and advocates are not law enforcement...How do we work together and have that symbiotic relationship so that we can effectively have that partnership?”*

— Rural Spotlight Call Participant

- ▶ **Increase prevention efforts with youth and adults** — Along with housing, legal services, and child care, survivors routinely told us they wished they had known what love should look like growing up. If we are to use the 2019 Texas State Plan as a survivor-centered effort, we must heed these voices and further our investment into enhanced prevention efforts. This can include secondary and tertiary efforts with vulnerable Texans as well as primary prevention. Primary prevention efforts target these norms and beliefs that perpetuate dating and family violence, such as toxic masculinity, understandings of healthy relationships, and the concept of consent. In order to reduce the stigma associated with being a survivor of family violence and create a Texas where everyone is aware of what a healthy relationship looks like, supporting prevention efforts will be critical.
- ▶ **Dismantle “isms” within our society and social support systems** — Dismantling racism, sexism, ableism, and homophobia must be at the center of the anti-violence movement, as these oppressions feed intimate partner violence. The dismantlement should include attention to overt and covert oppression and discrimination among domestic violence program, criminal and civil justice, and community stakeholder staff as well as a commitment to representational inclusion of diverse staff and leaders. It also must have a commitment to building equity and having honest conversations as family violence agencies about the environments created to support survivors and staff.
- ▶ **Flexible funding** — Putting restrictions on how family violence agencies use funds to support survivor goals limits advocacy responses to preconceived notions of what a survivor needs. A relatively small amount of money to repair a car, pay a medical bill, or another of the many needs a survivor may have, can mean the difference between financial health or ruin for a survivor. One family violence staff member summarized the need by saying, *“Our counseling is amazing. Our advocacy is amazing. But sometimes the clients need stuff. They need things. They need money. Counseling and advocacy only can get them so far.”*

- ▶ **Targeted outreach to underserved communities** — Survivors from some marginalized communities have learned through personal or vicarious experiences that family violence agencies are not safe places to ask for help. To remedy this, family violence agencies need to engage in specific and authentic outreach efforts. This includes immigrant communities that fear governmental involvement.
- ▶ **Representational leadership within family violence agencies and promotion of racial equity** — Hiring and promoting a diverse staff creates greater perspective at different levels of the organization and allows survivors to feel represented. One LGBTQ/T Stakeholder Group participant relayed, *“I think the biggest impact we can have is putting people who hold multiple marginalized identities in positions of leadership and power.”*
- ▶ **Increase internal supports for family violence agency staff** — The movement to end family violence is powered by people, and although family violence service providers’ needs were not one of the main goals of the State Plan, it became clear that positive staff experiences lead to positive survivor outcomes. Agencies should increase internal support through employee assistance programs, paid time off, training throughout employment, access to personal or group mental health resources, and higher salaries.

The data and participant responses outline the needs of the 2019 Texas State Plan. While the State Plan offers clear paths for deepening family violence service provider responses as well as community involvement, it is important also to recognize that the majority of these programs are working at full capacity with limited resources. To sustainably meet the aspirations of the 2019 Texas State Plan, significant increases in funding, collaboration, and creative responses are critical. Greater amounts of outreach and collaboration will only be successful if there are equitably accessible services available when survivors make the brave decision to reach out. Communities cannot expect programs to take on additional efforts and initiatives without further allocated resources.

## CONCLUSION

The Texas Council on Family Violence stands united with survivors and family violence agencies throughout the state — from El Paso to Beaumont, Texarkana to McAllen, and everywhere in between. *Each year, HHSC-funded programs are only able to serve around 2% of all estimated family violence victims in the state.*<sup>8</sup> To continue and expand these life-saving services, Texas needs to invest in its people — the dedicated systems of first responders, social workers, policy makers, survivor leaders, lawyers, and extensive networks that work every day to create a safer Texas for family violence survivors.

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<sup>8</sup> Based on NISVS state data of estimated victimization and HHSC service data for 2017 and 2018.

# THANKS

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## **The Texas Council on Family Violence first honors the more than 200 survivors who shared their time, expertise, and compassion with us.**

Every day of this project, their stories and strength stayed with us, and will, as we seek to make a better, more accessible Texas built on their voices. We also thank the corps of brilliant advocates and program leaders who shared their knowledge with us and who lead with their hearts every day.

We thank the team of researchers who came to the table week after week thinking about how to craft research recommendations that lifted these voices up and held true to the identified needs. Led by Dr. Leila Wood, Dr. Bethany Backes, Maggy McGiffert, Dr. Laurie Cook Heffron, Dr. Rachel Voth Schrag, Dr. Josie Serrata, and Dr. Jeffrey Temple, we could not have asked for a more dedicated, survivor-centered research team. Further thanks to Dr. Alesha Brereton, Alex Wang, Dr. Diana Padilla-Medina, Dr. Gabriela Hurtado, and Dr. Yu Lu, who lent their considerable talents to the project as well.

TCFV also thanks our funders, the Criminal Justice Division at the Office of the Governor and the Health and Human Services Commission Family Violence Program, for being willing to dedicate funds to critical research on gaps in the safety net for survivors of family violence.

Lastly, a note of gratitude to the TCFV team, who spent the better part of two years working on this project and striving to honor the information shared by survivors and advocates. We are grateful for the leadership of Gloria Terry and Linda Phan for their support of the overall vision of the project, and the expertise shared by Breall Baccus, Andria Brannon, Krista Del Gallo, Rita Flores, Devi Jadeja, Kate Kerns, Shannon Murdoch, Mona Muro, Victoria Reaves, Roy Rios, Anna Rodriguez, and William West, as well as the entire staff of TCFV.

We offer a particular note in honor of the lead TCFV staff on the project: Alexandra Cantrell, Elyssa Schroeder, and Molly Voyles, who took the charge of using the 2019 State Plan to enhance service use and access for survivors in support of the thousands of survivors across Texas and, in particular, those they had the honor to meet on this journey. They spent countless hours thinking about the best way to raise the survivors' voices, knowing that these recommendations could pave the way to *Creating a Safer Texas*.





TEXAS COUNCIL ON FAMILY VIOLENCE PROMOTES SAFE AND  
HEALTHY RELATIONSHIPS BY SUPPORTING SERVICE PROVIDERS,  
FACILITATING STRATEGIC PREVENTION EFFORTS, AND CREATING  
OPPORTUNITIES FOR FREEDOM FROM DOMESTIC VIOLENCE.

