

Creating Access to Safety, Justice, and Opportunity:

THE 2025 NEEDS ASSESSMENT



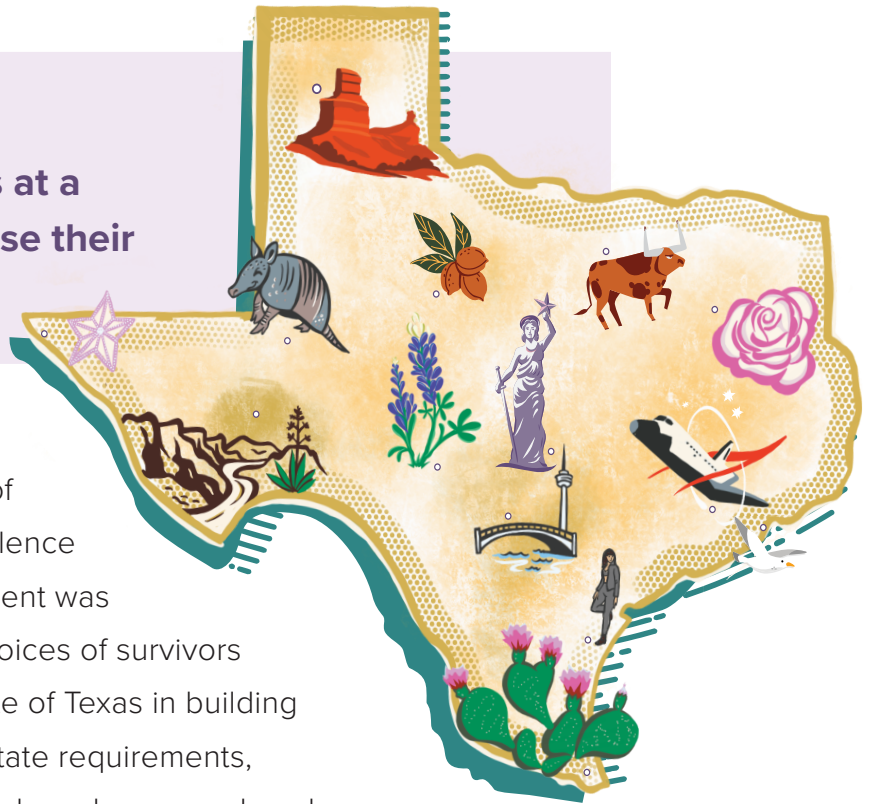
Executive Summary

Each year in our state, over 65,000 Texans seek services at a family violence center because their home is no longer safe.¹

While this is already a staggering number, it is estimated that one out of every two Texans will experience violence in their lifetime.² This needs assessment was designed to honor and elevate the voices of survivors and advocates, and to guide the State of Texas in building a state plan that meets federal and state requirements, directs resources to the greatest needs and gaps, and works to ensure every survivor can access support when they need it most.

The ongoing crisis of family violence is not only felt among individuals and families behind closed doors, but it also ripples outward, impacting entire communities across our state. As one of the nation's fastest growing and most geographically expansive states, Texas is home to a wide range of regions, cultures, and lived experiences. In a state as vast and diverse as ours, survivors come from every background and walk of life, yet they share a common act of bravery: taking steps toward safety and stability for themselves and their loved ones. Because survivors' needs are as varied as the communities they come from, meeting those needs requires thoughtful, tailored approaches grounded in community knowledge and survivor-centered values.

The 2025 Texas Needs Assessment offers a detailed review of the state's family violence service landscape. It identifies both existing resources and critical gaps, laying the groundwork for strategic investment in the safety and well-being of Texans—our state's greatest asset.



History

State administrators and domestic violence coalitions receiving funds under the Family Violence Prevention and Services Act (FVPSA), the primary federal funding stream dedicated to family violence services, are required to prepare a needs assessment and state plan that identifies gaps in services for survivors of family violence and highlights the needs of populations who have been historically underserved. Texas formalized this requirement in 2001 via Chapter 51 of the Human Resources Code, directing the Health and Human Services Commission (HHSC) Family Violence Program to *“develop and maintain a plan for delivering family violence services across the state.”*³ State law further requires that HHSC *“consider the geographic distribution of services and the need for services, including the need to increase services for underserved populations.”*⁴

HHSC is responsible for producing the state plan, while the Texas Council on Family Violence (TCFV) conducts the needs assessment that informs and supports the plan. As the state-wide coalition, TCFV plays a pivotal role by engaging researchers who partner across the state with survivors, family violence programs, and stakeholders to ensure the plan reflects on-the-ground realities. Because survivors who are most marginalized are often those most in need of family violence services, the significance of this work cannot be overstated. Addressing the needs of Texas’ most vulnerable survivors requires a needs assessment and state plan grounded in a comprehensive gap analysis—one that incorporates survivor perspectives and advocate-reported service capacity to identify unmet needs and guide resource allocation statewide.

TCFV conducts the Needs Assessment that informs the State Plan.



The 2025 Needs Assessment builds on that foundation through an expanded partnership between TCFV and researchers, reflecting our continued shift toward data-driven, survivor-informed planning. Its goals are to:

1

understand the experiences of survivors to better understand how to create and sustain programs and services rooted in their input;

2

assess the experiences of underserved communities and lift up best practices for services; and

3

understand the services that are available currently and what gaps remain.

We do this to translate findings into actionable policy and funding recommendations that advance safety, justice, and opportunity across Texas.

Survivor Input

The first study, led by Dr. Leila Wood and the team at the Texas Violence and Injury Prevention Research Center (VIPR) at UTHealth Houston, examined the experiences of 241 survivors living in, or recently exiting, family violence shelters across Texas. The survey sought to understand survivor experiences and the corresponding physical, psychological, and economic impacts.

Ninety-seven percent of participants had experienced at least one form of abuse prior to shelter, with 90% reporting it included physical violence.

Over half were assessed at high risk for homicide under the Danger Assessment-5.⁵ Of survivors denied shelter due to lack of space, nearly 60% reported either returning to the abusive partner (35.6%) or being forced into unstable and unsafe living situations such as cars or outdoor spaces (23.7%).⁶

Financial abuse emerged as showing strong associations with poor health and economic outcomes across analyses. Most survivors faced housing instability, food insecurity, and limited income. Nearly three-quarters were unemployed, and 67% had monthly incomes under \$500.⁷ While entry into shelter significantly improved survivors' feelings of safety, the study found that existing resources are insufficient to

Survivors in Texas family violence shelters:

- have experienced abuse, including physical violence
- are at high risk for homicide
- return to abusive partners or unsafe living conditions when denied shelter
- are often unemployed with monthly income under \$500
- need trauma-responsive, integrated care

meet the depth of need. Survivors averaged 14 services per stay; most often accessing crisis intervention, case management, and safety planning. Those with depression or chronic illness rated services as less helpful—underscoring gaps in trauma-responsive, integrated care.⁸ Longer shelter stays mitigated some material hardship, suggesting that stability and continuity of support improve recovery outcomes. Overall, TCFV sees that the research portrays survivors as resilient yet constrained by structural inequities, and it calls for sustained investments in housing, mental health, and economic advocacy as central components of long-term safety.

Availability of Services

The statewide availability survey, also led by Dr. Wood and the team at VIPR, gathered data from 84 programs covering 234 counties. Its goal was to evaluate service presence with a focus on newly clarified requirements in Chapter 51 of the Human Resource Code following the passage of Senate Bill 1841 (88R). The survey confirmed that advocacy and legal services are widely available, and every responding program provides community education. Prevention programs, however, vary significantly in scope and approach, ranging from school-based curricula to digital

youth campaigns, reflecting differences in how “prevention” is defined statewide.

Mental health and counseling remain essential but strained: 85% of programs provide counseling, yet average waitlists exceed 15 people per month, and many limit survivors to roughly 10 sessions.⁹ *Shelter capacity is persistently insufficient; in 2024, 50% of survivors were denied shelter solely due to lack of space.*¹⁰ Lack of affordable safer housing is a critical driving factor in this capacity crisis. Housing initiatives such as rapid rehousing and permanent supportive housing exist but reach less than half of programs. Qualitative survey responses underscored this and identified affordable housing, workforce burnout, and inconsistent funding as the most urgent systemic barriers. Program leaders described innovations such as centralized intake, trauma-informed care, and community partnerships, but emphasized that chronic underfunding undermines staff wellbeing and continuity. The findings underscore a dual reality: a resilient, creative service network operating within structural limits that threaten sustainability.

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Underserved Communities Survey

The third component, led by Dr. Quenette Walton, who was accompanied by Dr. Alexandra N. Hood and Dr. Olubunmi B. Oyewuwo, explored the experiences of survivors from underserved communities and the advocates who stand with them. Drawing on 39 focus groups and 35 interviews with 74 participants, the study used an intersectional, strengths-based, and racial equity framework to examine systemic inequities in access to safety and care. Participants represented diverse identities reflecting FVPSA’s priority populations.

Across interviews, four categories of barriers emerged: logistical (housing, childcare, transportation), communication (language and outreach gaps), legal (immigration, custody, etc.), and health-related (mental and physical care access).¹¹

Barriers for survivors in underserved communities:

- logistical
- communication
- legal
- health-related

Survivors and providers described these barriers as “multiplying” creating cascading inequities.¹² The study highlights promising practices that build trust and improve outcomes: language access, community-based hiring, flexible programming, and the intentional representation of survivors’ identities among staff. Ultimately, the report calls for systemic transformation to incorporate these practices.

Funding Recommendations

TCFV took on assessing all of the research findings and creating streamlined funding recommendations rooted in their work. These are as follows:

1 Fund the Core of the Movement: Advocacy.

The heart of services provided to survivors is in the advocates who stand with them as first responders during moments of crisis. These positions, however, are consistently underpaid despite the secondary trauma they experience. Funding is needed to support competitive wages and staff wellness initiatives so programs can retain skilled advocates and maintain high-quality support for survivors.

2 Address the Capacity Crisis: Support Safe Exits and Long-Term Stability.

A lack of accessible housing prevents survivors from leaving shelter contributing to denied due to lack of space rates. Funding investments in housing, with a focus on trauma-informed housing operated by family violence centers, would improve shelter flow and allow survivors to transition safely into stable housing, creating futures free from future violence.

3 Expand Prevention and Consider it the First Intervention.

Prevention is one of the single most survivor-centered initiatives our state can focus on as it creates generations of Texans who will live their lives free from family violence. Investing in prevention initiatives that are community-wide can create safer, healthier Texans. Additionally, trauma-informed counseling for children, and youth-focused services within family violence programs, can interrupt cycles of violence and support long-term family stability.

4 Identify and Prioritize Underserved Community Efforts.

Survivors from underserved communities (including immigrant survivors, survivors with a disability, and survivors of color) often face compounded barriers to accessing services. Programs should utilize the FVPSA underserved communities framework to identify service gaps, document barriers, and support culturally specific organizations with sustained and flexible funding.

5 Address Economic Disparities.

a. Targeted Response to Financial Abuse. Financial abuse is a common tactic of control that limits survivors' ability to achieve independence. Investments in financial advocacy, workforce development, debt relief, and partnerships with employers and financial institutions can help survivors rebuild economic stability and reduce the risk of re-victimization.

b. Flexible Funding. Flexible funding provides funds directly to survivors to address urgent and individualized needs. This can include housing deposits, transportation such as vehicle repairs, and basic household items. Developing funding for this would allow survivors to stabilize more quickly, often preventing the need for shelter or shortening shelter stays.

6

Invest in Service Continuity and Innovation.

a. Intake and Mobile Services.

Survivors in rural, frontier, and tribal communities often face significant barriers to reaching services due to transportation limitations and geographic isolation. Establishing mobile family violence advocacy units would allow programs to deliver safety planning, crisis intervention, and connection to services directly to survivors where they are. Additionally, it would support underserved community access.

b. Build Health and Counseling Infrastructure for Survivors and Families.

Survivors experience high rates of trauma-related health conditions, including post-traumatic stress disorder, depression, and traumatic brain injury; yet many programs lack adequate counseling and clinical resources. Expanding access to trauma-informed counseling for adults and children, increasing the availability of licensed clinicians, and strengthening integration with health services would support survivor healing and long-term stability.

c. Aftercare and Warm Hand-Offs.

Survivors leaving shelter can face renewed vulnerabilities related to housing, employment, and mental health. Supporting warm hand-offs, intentional aftercare, and coordinated referrals to housing, counseling, and medical services can improve long-term safety and stability and promote connection.

d. Crisis Access Points: Strengthen and Sustain Family Violence Hotlines.

Hotlines are the first point of contact for survivors and provide immediate safety planning, emotional support, and referrals during moments of crisis. Increased investment in hotline staffing, language access, and technology infrastructure for chat and text would improve response times and expand access to confidential support across the state.

e. Telehealth and Virtual Service Delivery to Improve Access and Continuity of Care.

Telehealth allows survivors to access counseling, advocacy, and legal information without barriers related to transportation, childcare, or geographic isolation. Investing in secure telehealth infrastructure and staff training would expand equitable access to services and improve continuity of care across the state.

7

Strengthen Legal System Supports.

Survivors often face complex legal challenges related to protective orders, custody, housing, and immigration relief. Expanding survivor-centered law enforcement training, legal advocacy, pro bono legal services, and civil legal support would help ensure survivors can access the legal protections available to them.

8

Secure Sustainable, Non-Discretionary Funding.

Short-term and discretionary funding cycles create instability for programs and contribute to workforce turnover. Establishing predictable and sustained funding streams would allow programs to maintain staff capacity, strengthen services, and plan for long-term system improvements.

Taken together, the 2025 Needs Assessment demonstrates that Texas' family violence response system is sustained by a *deeply committed workforce operating under significant strain.*

Targeted investment as outlined in this report offers the greatest opportunity for systemwide impact. With sustained and strategic action, Texas can strengthen survivor safety, improve long-term outcomes for families, and build a more resilient and equitable response to family violence statewide.

- 1 Texas Health & Human Services. (2024, November). *Texas family violence program statewide report*. <https://www.hhs.texas.gov/sites/default/files/documents/tx-family-violence-program-statewide-2024.pdf>
- 2 National Center for Injury Prevention and Control Center for Disease Control and Prevention. (2023, December). *The national intimate partner and sexual violence survey: 2016/2017 state report* (S. G. Smith, S. Khatiwada, L. Richardson, K. C. Basile, N. W. Friar, J. Chen, & R. W. Leemis, Authors). <https://www.cdc.gov/nisvs/documentation/NISVS-2016-2017-State-Report-508.pdf>
- 3 Tex. Hum. Res. Code Ann. § Title 2, Subtitle E, Chapter 51, Section 51.0021 (Sept. 1, 2024).
- 4 *Ibid.*
- 5 Wood, L. Baumler, E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (Revised and Resubmitted). Intimate partner violence experiences and risks for homicide among shelter residents. Submitted to *Violence & Victims*.
- 6 Wood, L. McGiffert, M., Texas Violence and Injury Prevention Research Center. (2025). Staff at Texas Council on Family Violence. Survey of Availability of Texas Family Violence Programs. UT Health Houston.
- 7 Wood, L., Cusano, J., Voth Schrag, R., McGiffert, M., Temple, J.R., & Baumler, E. (Submitted). Health conditions and service use among intimate partner violence shelter residents. Submitted to *Journal of Interpersonal Violence*.
- 8 Wood, L. McGiffert, M., Texas Violence and Injury Prevention Research Center. (2025). Staff at Texas Council on Family Violence. Survey of Availability of Texas Family Violence Programs. UT Health Houston.
- 9 *Ibid.*
- 10 *Ibid.*
- 11 Walton, Q. L., Hood, A. N., & Oyewuwo, O. B. (2025). *Efforts to Enhance Support for Underserved Communities in Texas: Voices of Community Stakeholders and Individual Survivors*. Austin, TX: Texas Council on Family Violence.
- 12 *Ibid.*

To read more, and to access the full breadth of research that underpins this summary, please see the technical report for the 2025 Needs Assessment at [TCFV.ORG](https://www.tcfv.org).