Creating Access to Safety, Justice, and Opportunity:

THE 2025 NEEDS ASSESSMENT

Technical Report

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TEXAS COUNCIL ON FAMILY VIOLENCE

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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 1 out of every 2 Texans will experience violence in their lifetime,[2] and statistics show around a quarter of a million survivors call law enforcement every year for immediate support in a family violence incident.[3] Not every survivor will need, or want, to seek support from a family violence center, but it is critical to understand both the barriers to help-seeking and the services survivors themselves say they need. 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 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. That courage deserves to be met with more than just acknowledgment; it calls for action. It is our collective responsibility to recognize survivors' bravery by ensuring supportive systems are available to respond

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 Texas Department of Public Safety. (2025). *2024 crime in Texas*. https://www.dps.texas.gov/sites/default/files/documents/crimereports/24/2024cit.pdf

to their needs with care. ***Because survivors' needs are as varied as the communities they come from, meeting them 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.

A Note on Terminology

In this report, we use the term ***"survivor"*** to refer to individuals who have experienced family violence. While some individuals and institutions may use the term ***"victim,"*** we intentionally use ***"survivor"*** to honor the resilience and courage of those who live with and navigate the impacts of violence every day.

Terms such as ***"family violence," "domestic violence,"*** and ***"intimate partner violence"*** are often used interchangeably by researchers, advocates, and the public. In this report we primarily use ***"domestic violence"*** and ***"family violence,"*** reflecting the focus of our study, and it is meant to be inclusive of dating violence. Because the State of Texas uses the term ***"family violence"*** in both criminal justice contexts and various legal frameworks, this report uses that term frequently.

Chapter 51 of the Human Resources Code utilizes the term ***"Family Violence Center"*** to describe both shelter and nonresidential programs. We will utilize that term as well as ***"family violence program," "provider,"*** and ***"family violence shelter."***

Introduction

State administrators and domestic violence coalitions receiving funds under the Family Violence Prevention and Services Act (FVPSA), which is the primary federal funding stream dedicated to family violence services, are required by the federal government 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. The state of 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."***[4] 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."***[5] FVPSA utilizes the definition of underserved populations from the Violence Against Women Act (VAWA) which recognizes those who face barriers in accessing and using victim services, including individuals underserved because of geographic location, religion, sexual orientation, gender identity, racial and ethnic identity, language barriers, disabilities, immigration status, and age.[6] FVPSA also includes individuals with criminal histories due to victimization, as well as those with substance use and mental health issues.[7]

The Texas Health and Human Services Commission (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 statewide coalition, TCFV plays a pivotal role by engaging researchers who partner with survivors, family violence programs across Texas, and stakeholders to ensure the plan reflects on-the-ground realities.

TCFV conducts the Needs Assessment that informs and supports the State Plan.

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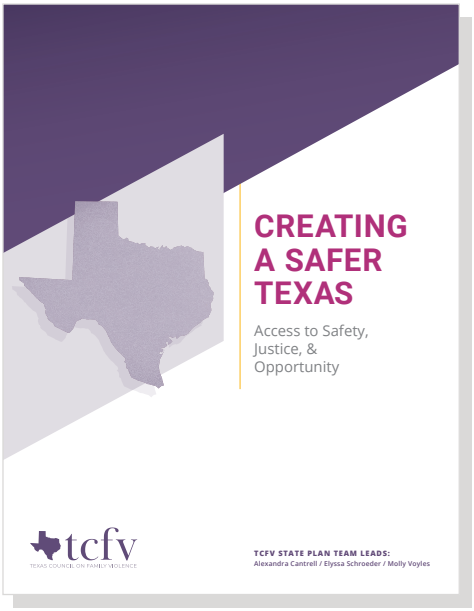
4 Tex. Hum. Res. Code Ann. § Title 2, Subtitle E, Chapter 51, Section 51.0021 (Sept. 1, 2024).
5 *Ibid.*
6 Family Violence Prevention and Services Programs, 45 C.F.R. § Part 1370 (2025).
7 *Ibid.*

Because survivors who are most marginalized are often those most in need of family violence services, the significance of this plan 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.

The Texas Needs Assessment and State Plan serve as essential tools for government agencies, funders, service organizations, and communities, providing insight into survivors' realities and helping inform strategies to improve and expand services across Texas. Previous editions of the State Plan have laid the groundwork for progress, with the last updates issued in 2019 and 2013. Most recently, in fiscal year 2019, TCFV, in collaboration with the Office of the Governor and HHSC, released *Creating a Safer Texas: Access to Safety, Justice, and Opportunity*—the 2019 Texas State Plan on Family Violence. This comprehensive plan offered a statewide overview of existing family violence services, highlighted service gaps, and explored emerging challenges, all grounded in the self-identified needs of survivors.



The 2019 State Plan[8]

The road to the 2019 State Plan started in 2016 when TCFV engaged researchers at the Steve Hicks School of Social Work at The University of Texas at Austin, who moved to the University of Texas Medical Branch during the project, to co-lead the development of the current Plan. They were joined by researchers from other universities and entities, and together with policy experts, state agencies, and service providers worked closely to define priorities, design data collection tools, and ensure that the process remained survivor centered. This collaborative approach highlights the value of bridging research and practice to create meaningful change.

At that time, housing emerged as a central theme throughout the Plan. Survivors and advocates emphasized the need for a broader range of housing support, beyond emergency shelter, such as transitional housing, rapid rehousing, and flexible financial assistance. In this regard, Texas reflects a grave trend that holds true throughout the nation: housing and shelter remain the most urgently needed, but frequently unmet, support for survivors of family violence.[9]

Housing and shelter remain the most urgently needed, but frequently unmet, support for survivors of family violence.

The 2019 Texas State Plan underscored a key pillar of survivor-centered planning and advocacy: ***survivors are experts in their own lives and must be at the center of shaping their paths to safety.*** Survivors across the state voiced a clear need for flexible, regionally responsive services that reflect the realities of their communities. One-size-fits-all models often fail to meet survivors where they are both literally and figuratively. Whether it's mobile advocacy in rural areas, survivor peer-led support networks, or legal assistance in the civil setting, services must be adaptable and grounded in the lived experiences of

8 Unless otherwise indicated, the information in this section reflects the work done in:
Texas Council on Family Violence (2019). Creating a safer Texas: Access to safety, justice, & opportunity. Texas Council on Family Violence.
https://tcfv.org/wp-content/uploads/2021/08/tcfv_tx_state_plan_exec_smry_2019.pdf

9 19th annual domestic violence counts report. (2025). National Network to End Domestic Violence.
https://nnedv.org/content/domestic-violence-counts-19th-annual-report/

those they aim to support. Survivors emphasized that rigid service categories do not always reflect their actual needs. A modest amount of flexible funding, for things like rent, car repairs, or utility bills, can provide the stability that allows survivors to remain safe and self-sufficient. As one survivor respondent noted during the research phase of the 2019 State Plan, *"Not everyone needs to come into a shelter. Sometimes they just need help maintaining what they already have so flex funding would allow for that instead of being so restrictive."*

The 2019 State Plan also found that while many of the survivor respondents who participated in the research reported that decisions about seeking help were driven by concern for their children, services for children and family healing remain limited. More programming was needed to support child development, family bonding, and holistic wellness for families affected by violence.[10] Respondents in 2019 told researchers that survivors should receive services in the language they are most comfortable using.[11] Agencies must invest in multilingual and bicultural staffing models that are sustainable and equitable, rather than relying on a small number of staff to serve all non-English speakers.

Although decisions about seeking help are driven by survivors' concern for their children, services for children and family healing remain limited.

Despite this impressive body of research in our state, there was still much that was not understood about how time spent living in shelter shapes survivors' experiences; particularly the specific forms of violence they endure, such as physical, sexual, economic, psychological abuse, stalking, and coercive control.[12] Recent research has largely overlooked what survivors face while living in shelter, even though those who seek shelter are often among the most at risk.[13] This knowledge gap is especially pressing now, in the wake of the COVID-19 pandemic and lockdown, and as the U.S. faces worsening housing instability, both being circumstances

10 Wood, L., Backes, B.L., McGiffert, M., Wang, A., Thompson, J. & Wasim, A. (2019). Texas state plan 2018: Availability of services at Texas family violence programs and assessment of unmet needs of survivors of family violence. Austin, Texas: The University of Texas at Austin Steve Hicks School of Social Work and Texas Council on Family Violence.

11 *Ibid.*

12 Wood, L., Voth Schrag, R., McGiffert, M., Rios, R., & Baumler, E. (2025). The Texas Community Support Study- Shelter Brief. The University of Texas Health Science Center at Houston, Texas Violence and Injury Prevention Research Center.

13 *Ibid.*

that point toward a possible rise in family violence.[14] Additionally, many survivors choose nonresidential services resulting in a need to understand that service experience as well. Given the overwhelming unmet need for housing reported by survivor respondents, this year's report places a specific focus on housing as a critical issue affecting survivors across Texas. To date, little research has explored how the severity of family violence and the risk of homicide among shelter residents may differ based on key sociodemographic factors, including age, race, ethnicity, and disability status.[15]

Following the release of the plan, TCFV remained engaged with UT Health Houston Center for Violence Prevention in targeted research initiatives to further explore the experiences of specific survivor populations highlighted in the report. Non-residential family violence services in Texas provide survivors and their families with community-based support focused on safety, stability, and healing. ***Even though more survivors use non-residential than shelter-based services, available research has concentrated on shelter programs, leaving significant gaps in understanding non-residential services' goals, activities, and outcomes.*** To address this, an 18-month statewide mixed-methods project was conducted in 2023 by the University of Texas at Arlington and the University of Texas Medical Branch, in partnership with TCFV, survivors, advocates, and culturally specific experts. Guided by community-based participatory research, the project explored survivor needs, service access, staff practices, and program impact, with particular attention to racial, ethnic, and geographic disparities.

The study also reviewed the statutory framework governing family violence services in Texas, primarily Chapter 51 of the Human Resources Code, Chapter 379 of the Administrative Code (currently Chapter 356), and Chapter 93 of the Family Code. These codes establish funding rules, confidentiality protections, and a voluntary, survivor-centered service model. This framework required that agencies provide 12 categories of required services (such as crisis hotlines, safety planning, legal assistance, transportation, and community education).

Findings showed that while agencies comply with Chapter 51 requirements, staff often interpret service categories—especially "intervention services"—broadly, using them as

14 Wood, L., Voth Schrag, R., McGiffert, M., Rios, R., & Baumler, E. (2025). The Texas Community Support Study- Shelter Brief. The University of Texas Health Science Center at Houston, Texas Violence and Injury Prevention Research Center.

15 *Ibid.*

catch-alls for advocacy, case management, referrals, and resource assistance.[16] Many staff expressed that the statutory service categories can feel more like a checklist to satisfy contracts than a framework responsive to survivor needs, and cautioned against additional documentation requirements that would overburden already stretched staff.[17]

Family violence agency staff expressed that statutory service categories feel more like a checklist than a framework responsive to survivor needs.

Overall, the project highlighted the breadth of non-residential services provided, the limitations of current reporting categories, and the need for frameworks rooted in survivor and advocate experiences to strengthen evaluation, policy, and service delivery. Specifically, it called for new services such as counseling to be added, and a family violence advocacy service model was codified. Ultimately, these findings also resulted in a major overhaul for statutory and regulatory provisions that were enacted in 2024, paving the way for the 2025 Needs Assessment.

16 Voth Schrag, R., McGiffert, M., & Wood, L. (2022). *Creating A Safer Texas: Understanding Family Violence Non-Residential Service Use and Impact: Final Report.* The University of Texas Medical Branch/The University of Texas-Arlington.

17 *Ibid.*

The 2025 Needs Assessment

The 2025 Needs Assessment research is organized around three core areas: survivors' self-identified needs, reported service availability (as reported by programs' executive directors), and the unique experiences and perspectives of underserved communities, including culturally specific service provider expertise. To better understand these areas, TCFV worked with two research teams. Researchers from the University of Texas Health Science Center at Houston (UT Health Houston), led by Dr. Leila Wood, conducted a study examining the nature of family violence survivors' experiences—both before and during their time in shelter—with particular attention to how these experiences vary across different demographic groups. UTHealth Houston also led the statewide availability of services survey of Texas family violence programs. In parallel, a second research team, led by Dr. Quenette Walton, conducted a qualitative study focused on the needs of underserved communities pursuant to FVPSA. This study centered on documenting promising practices, identifying barriers to access, and elevating the perspectives of survivors and culturally specific service providers to inform future service planning.

KEY FINDINGS: SURVIVOR FEEDBACK

The following reflects TCFV's synthesis and interpretation of findings from the Texas Community Support Study conducted in partnership with the Texas Violence and Injury Prevention Research Center at UTHealth Houston.[18] The literature summarized here draws on both newly reviewed sources and research previously examined in the researcher's comprehensive literature review on family violence prevention and service delivery. Interpretive language reflects TCFV's analysis of the findings and does not necessarily represent conclusions of the original researchers.

18 Unless otherwise specified, research in the survivor feedback portion of the assessment can be attributed to 1) Wood, L., Baumler. E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (2023). Intimate partner violence experiences and risks for homicide among shelter residents. *Violence & Victims.* 2) Wood, L., Cusano, J., Voth Schrag, R., McGiffert, M., Temple, J.R., & Baumler, E. (2026). Health conditions and service use among intimate partner violence shelter residents. *Journal of Interpersonal Violence.* 3) Wood, L., Voth Schrag, R., McGiffert, M., Rios, R., & Baumler, E. (2025). The Texas Community Support Study – Shelter Brief. The University of Texas Health Science Center at Houston, Texas Violence and Injury Prevention Research Center. 4) Wood, L. & McGiffert M. (2025) The Texas Community Support Survey- Shelter Edition. Presentation to the Texas Council on Family Violence, October, 2025.

In partnership with TCFV, the research team at UT Health Houston was able to collaborate with 19 family violence shelters across both rural and urban parts of the state to gather survivor voices about experiences in shelter. The UT Health team's study questions examined service efficacy from the survivors' perspectives and sought to understand what happened when survivors were denied shelter due to capacity, investigate the level of homicide risk faced by residents, and explore socioeconomic conditions that shaped risk. The study also considered how survivors' feelings of empowerment around safety connect with their assessed risk of homicide and their perceptions of personal safety, offering a deeper understanding of the role shelters can offer. To gather this data, the research team engaged 241 individuals currently living in, or recently (within the past 30 days) exited from, family violence shelters in Texas.

Key facts:

Average length of stay

39.3 days

Survivors in shelter with a Protective Order

26%

Participant snapshot:

Most were women between ages 26–45 with at least one child who had experienced at least one form of intimate partner violence

The study combined descriptive statistics with regression analyses to understand how survivors' demographic characteristics, service use, and histories of abuse shape outcomes such as post-traumatic stress disorder (PTSD) and food insecurity. Most participants were women (96.3 percent) and reflected the state's racial and ethnic diversity: 37.8 percent identified as Black, 34.4 percent were Hispanic, and 25.3 percent were White. The majority were between ages 26–45, with over 40 percent reporting a disability and most (70 percent) having at least one child. Nearly all participants, 97 percent, had experienced at least one form of intimate partner violence before entering shelter, with many reporting multiple types, including financial, physical, psychological, sexual, and stalking-related abuse.[19] As a result TCFV concludes that financial abuse emerged as showing strong associations with poor health and economic outcomes across analyses.

19 Wood, L., Baumler. E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (2023). Intimate partner violence experiences and risks for homicide among shelter residents. *Violence & Victims.*

About 87 percent were in shelter-based housing, while 13 percent were in hotel stays arranged by family violence programs. For most, this was their first time in shelter, though over a quarter had stayed in shelter before. Of survivors denied shelter due to lack of space, nearly 60 percent reported either returning to the abusive partner (35.6 percent), or being forced into unstable and unsafe living situations such as cars or outdoor spaces (23.7 percent). Temporary stays with friends or family accounted for 12.7 percent.

Of survivors denied shelter due to lack of space:

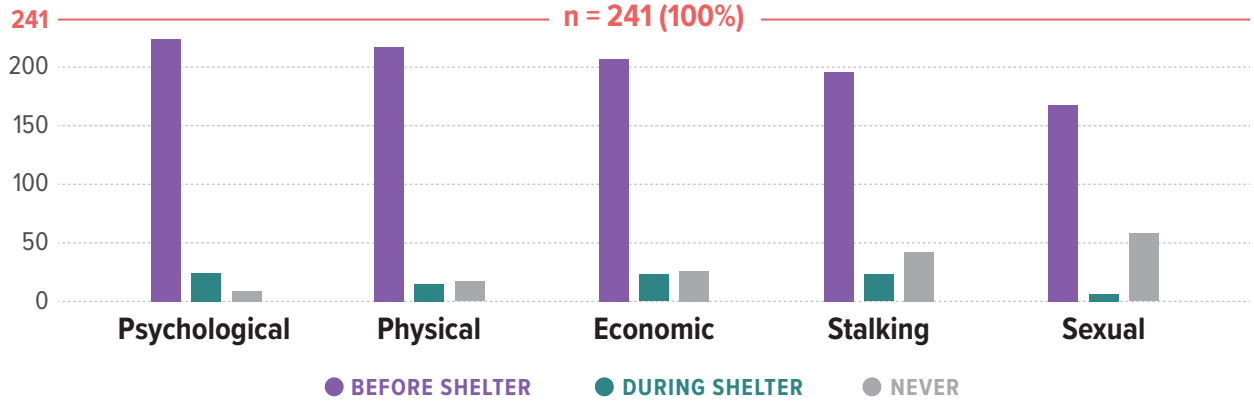
35.6%
returned to abusive partner

23.7%
were forced into unstable or unsafe living conditions such as cars or outdoor spaces

In this statewide study, participants reported experiencing a wide range of family violence tactics before entering shelter. Nearly all had experienced at least one form, with psychological (92.9 percent), physical (90 percent), economic (85.9 percent), stalking (81.3 percent), and sexual (69.7 percent) commonly reported. While in shelter, rates of these abuses dropped sharply, though some (about 2.5–10 percent) still reported experiencing violence. Older participants reported higher rates of past physical family violence, and Hispanic participants reported lower rates of prior stalking compared to other groups.[20] The vast majority of participants (93 percent) experienced two or more types of IPV prior to coming to shelter.

Rates of IPV abuse dropped sharply while in shelter compared to before shelter, though some still reported experiencing violence.

Note that categories are not mutually exclusive. Some participants endorsed both before shelter and during shelter.

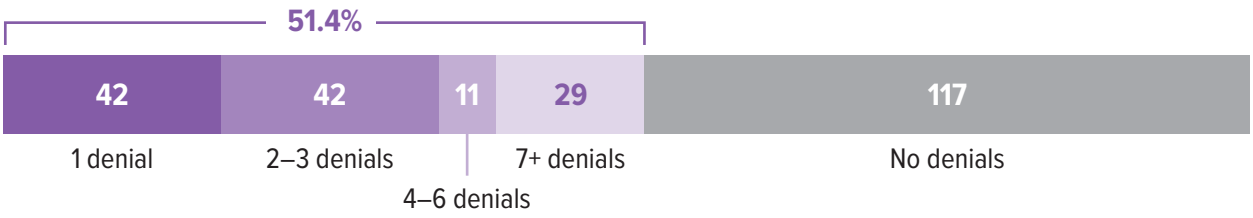


20 Wood, L., Baumler. E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (2023). Intimate partner violence experiences and risks for homicide among shelter residents. *Violence & Victims.*

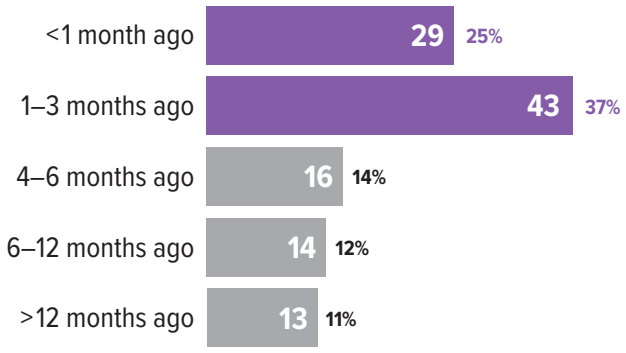
When assessing homicide risk using the Danger Assessment-5, more than half of survey participants (57%) were classified as high risk.

When assessed using the Danger Assessment-5, alarmingly, more than half (57 percent) were classified as high risk for family violence-related homicide.[21] Those with a history of shelter stays or denials were at even greater risk,[22] suggesting that the most at-risk survivors often seek repeated access to these services. Survivors with disabilities were also more likely to face elevated homicide risk, reflecting patterns found in past research.[23] Based on TCFV's interpretation of these findings, expanding access to safe housing options, particularly for survivors facing the highest barriers, is critical to reducing severe family violence and preventing homicide.

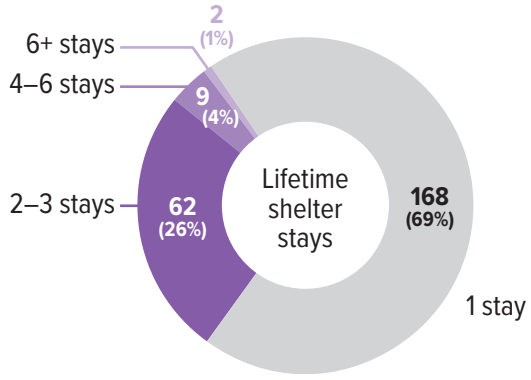
Of 241 participants, over 50% had experienced at least one shelter denial.



Of those denied, most (62%) occurred within the prior 3 months.



Over 30% of participants had a prior history of shelter stays.

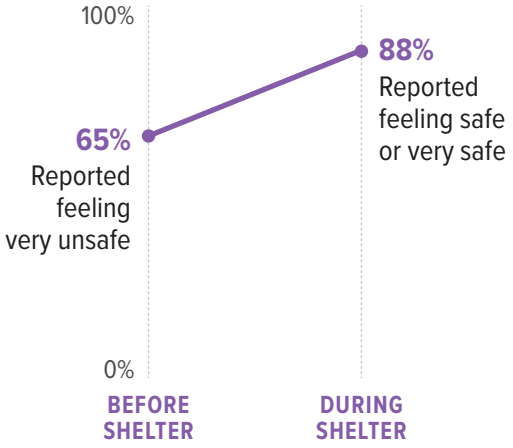


21 Wood, L., Baumler. E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (2023). Intimate partner violence experiences and risks for homicide among shelter residents. *Violence & Victims.*

22 *Ibid.*

23 García-Cuéllar, . M., Pastor-Moreno, G., Ruiz-Pérez, I., & Henares-Montiel, J. (2023). The prevalence of intimate partner violence against women with disabilities: A systematic review of the literature. *Disability and Rehabilitation,* 45(1), 1-8. https://doi.org/10.1080/09638288.2022.2025927

Feelings of safety improved significantly after entering shelter.



Importantly, the UTHealth team found survivors' feelings of safety improved significantly after entering shelter. While 65 percent reported feeling very unsafe before shelter, 88 percent reported feeling safe or very safe during their stay. However, the study found that homicide risk was not associated with survivors' self-reported safety tools or perceived availability of community safety resources, suggesting that while shelter increases immediate safety and stability, lethality risk is shaped more strongly by structural factors such as prior shelter denial, housing instability, and cumulative exposure to severe violence than by survivors' current perceptions of safety or empowerment.[24]

In related research by Wood and colleagues examining health supports and outcomes among survivors, several validated measures of health and wellbeing were used. Mental health outcomes were captured using the PTSD Checklist for DSM-5 (PCL-5), the PHQ-8 for depression, and the PHQ-15 for somatization. Food insecurity was assessed through the USDA six-item scale, and overall physical health was measured through self-report. TCFV's interpretation of the findings from this health-focused analysis reveal an alarming concentration of need: 63.6 percent of participants met criteria for probable PTSD, 43.9 percent for depression, and 40.2 percent for severe somatic symptoms.[25] More than half, 59.1 percent, reported very low food security, and 35.1 percent described their physical health as poor or fair.[26] These health burdens coincided with extreme economic precarity; 67 percent of survivors reported monthly incomes under $500, nearly 73 percent were unemployed, and over 29 percent lacked reliable transportation.[27]

Patterns in the data show that survivors with PTSD were significantly more likely to have experienced financial, psychological, physical, or sexual abuse prior to shelter

24 Wood, L., Baumler. E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (2023). Intimate partner violence experiences and risks for homicide among shelter residents. *Violence & Victims.*

25 Wood, L., Cusano, J., Voth Schrag, R., McGiffert, M., Temple, J.R., & Baumler, E. (2026). Health conditions and service use among intimate partner violence shelter residents. *Journal of Interpersonal Violence.*

26 *Ibid.*

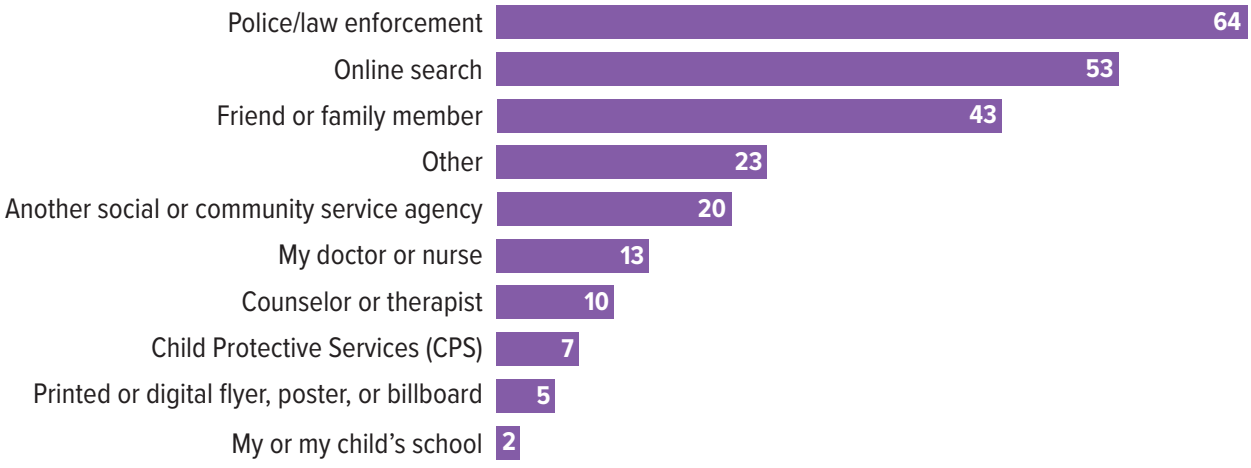
27 *Ibid.*

entry.[28] Findings also displayed additional needs around economic supports. Economic precarity was both widespread and persistent: over 87 percent of participants had experienced homelessness or housing displacement as a result of domestic violence or poverty.[29]

Participants used an average of 14 services during their stay.

TCFV's interpretation of the service utilization data demonstrates that participants engaged deeply with the support systems available to them, using an average of 14 services during their shelter stay. The most accessed supports included emergency shelter, case management, and safety planning, all of which were also rated among the most helpful. Yet even as survivors relied heavily on shelter-based services, their perceptions of helpfulness varied according to health status. Survivors with depression, poor physical health, or somatic symptoms consistently rated services as less helpful, suggesting that traditional models of service delivery may not be fully responsive to the needs of those with chronic or co-occurring conditions. Interestingly, participants with PTSD used more services overall, a pattern that may reflect both higher need and more intensive engagement with available supports.

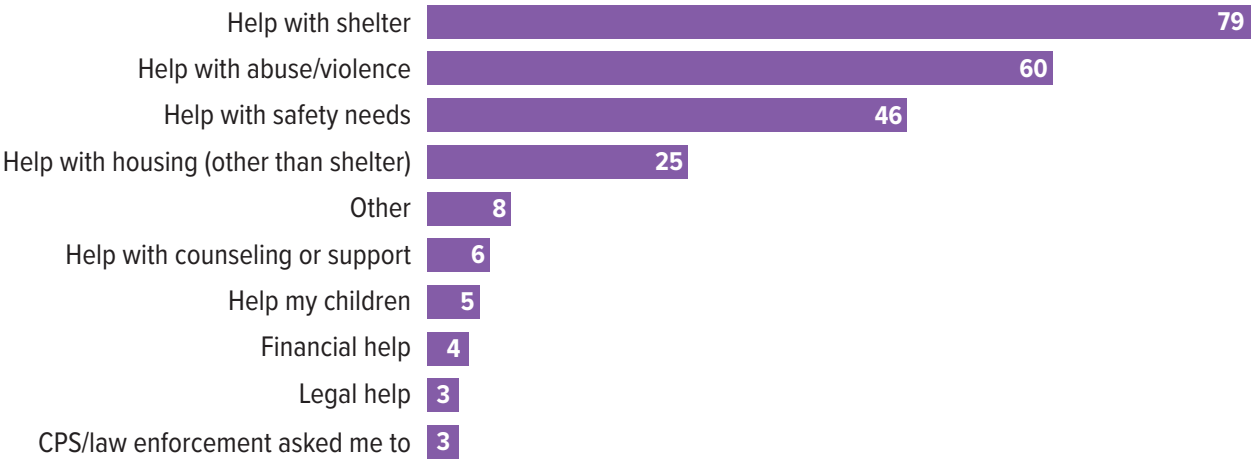
Most participants heard about the shelter agency through law enforcement, online search, or from a friend/family member.



28 Wood, L., Cusano, J., Voth Schrag, R., McGiffert, M., Temple, J.R., & Baumler, E. (2026). Health conditions and service use among intimate partner violence shelter residents. *Journal of Interpersonal Violence*.

29 *Ibid.*

When asked their main goal, most sought help with shelter, safety from abuse/violence, and housing.



> *"I love and appreciate this place it provided me with security the feeling of safety thank you."*
>
> **— TX SURVIVOR**

Survivors were also asked about the most helpful services. Shelter (25 percent), Safety (18 percent) and Advocacy/Support (11 percent) were cited the most with Post Shelter Housing (10 percent) and Counseling (9 percent) close behind. When survivors were asked about recommendations they had for the agency or services, an interesting paradox was offered with 20 percent suggesting improving staff skills and approaches, 18 percent saying none, 13 percent offering positive comments about services, and 13 percent stating services needed improvement or programming added. Improving communal living (8 percent) and more housing services (7 percent) also ranked highly.

TCFV believes this pattern points to the need for more integrated service approaches. Survivors leaving residential programs often face renewed vulnerabilities related to housing, employment, and mental health. Warm hand-offs, intentional aftercare planning, and connecting survivors directly to ongoing counseling, medical, and housing supports can help sustain engagement and address the complex needs that persist after shelter exit. Intentional coordination between shelter staff and community partners through personalized referrals, follow-up, and case management continuity can mitigate these risks and strengthen long-term outcomes. Such approaches extend the benefits of crisis intervention into healing, reinforcing safety and stability over time.

The regression analyses conducted by the research team provide further insight into these relationships.[30] ***In the model predicting PTSD, a history of financial abuse emerged as one of the strongest predictors, increasing the odds of meeting PTSD criteria nearly fourfold.***[31] By looking at many factors at the same time, regression helps explain which ones matter most and how they increase or reduce risk. Survivors who had used a large number of services (fifteen or more) were also more likely to exhibit PTSD symptoms, perhaps indicating that some survivors with the most severe trauma seek and require more extensive assistance.[32] In the model predicting food insecurity, financial abuse again appeared as a significant risk factor, alongside age; survivors in the middle-age range were more likely to experience very low food security than their younger or older counterparts.[33] Notably, longer stays in shelters, lasting four months or more, were associated with reduced risk of food insecurity, which TCFV believes suggests that stability over time can help mitigate some of the material hardships survivors face.[34]

The strong associations between financial abuse, trauma, and food insecurity point to the need for systems-level investment in health and economic support.[35] Together, these results highlight to TCFV that safety and healing are closely tied to economic security. TCFV interprets these findings to mean access to long-term, affordable housing and targeted financial supports can interrupt the cycles of poverty and dependence that often accompany abuse. Sustained investments in housing and economic advocacy, such as flexible funding for rent, credit repair, and employment navigation, are crucial to reducing survivors' vulnerability to both re-traumatization and material deprivation. ***Economic empowerment and housing access function not only as stabilizing factors but also as protective interventions that support long-term recovery and violence prevention; integrating these approaches into coordinated community responses is critical to achieving lasting safety and independence.***

30 Regression analysis is a tool researchers use to figure out which experiences are most strongly connected to certain outcomes. In this case, it helps show which factors, like financial abuse, age, or shelter length, are linked to higher or lower chances of PTSD or food insecurity.

31 Wood, L., Baumler. E., Voth Schrag, R., McGiffert, M., Temple, J. & Voyles, M. (2023). Intimate partner violence experiences and risks for homicide among shelter residents. *Violence & Victims.*

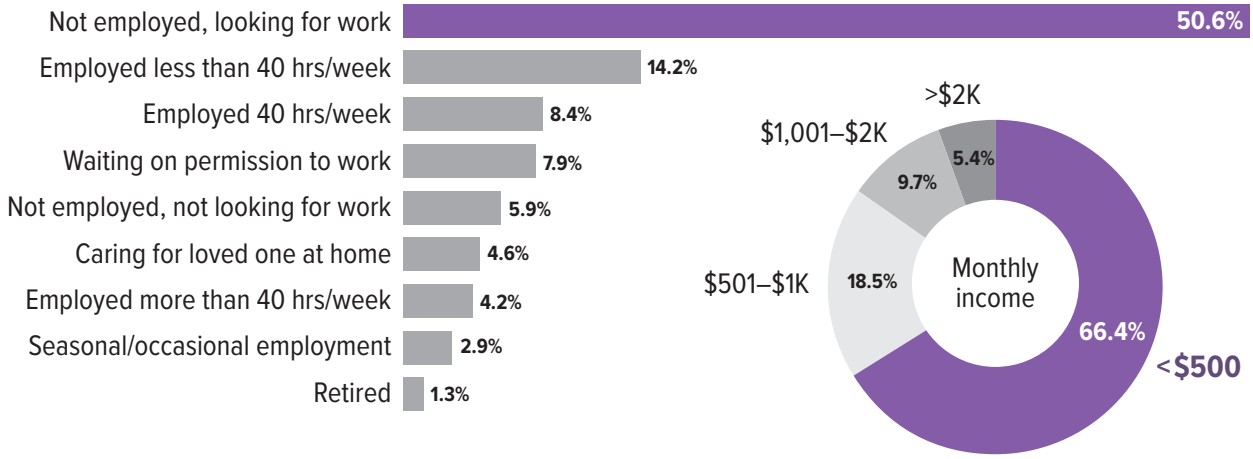
32 *Ibid*.

33 *Ibid.*

34 *Ibid.*

35 Wood, L., Cusano, J., Voth Schrag, R., McGiffert, M., Temple, J.R., & Baumler, E. (2026). Health conditions and service use among intimate partner violence shelter residents. *Journal of Interpersonal Violence.*

When asked about employment, over 50% were looking for work, while nearly 67% reported monthly income under $500.



Almost 30% rarely or never had reliable transportation.

Taken together, TCFV believes the findings portray a population navigating layered and intersecting forms of trauma, poverty, and health burden. Survivors entering Texas shelters are contending not only with the effects of abuse but also with profound economic vulnerability and chronic health conditions. PTSD and food insecurity are pervasive, and both are closely tied to experiences of financial control and deprivation within abusive relationships. Survivors with multiple overlapping challenges (such as poor physical health, depression, or somatic distress) are less likely to perceive services as effective, a finding that points to the limitations of current systems in addressing the needs of survivors with complex trauma histories.

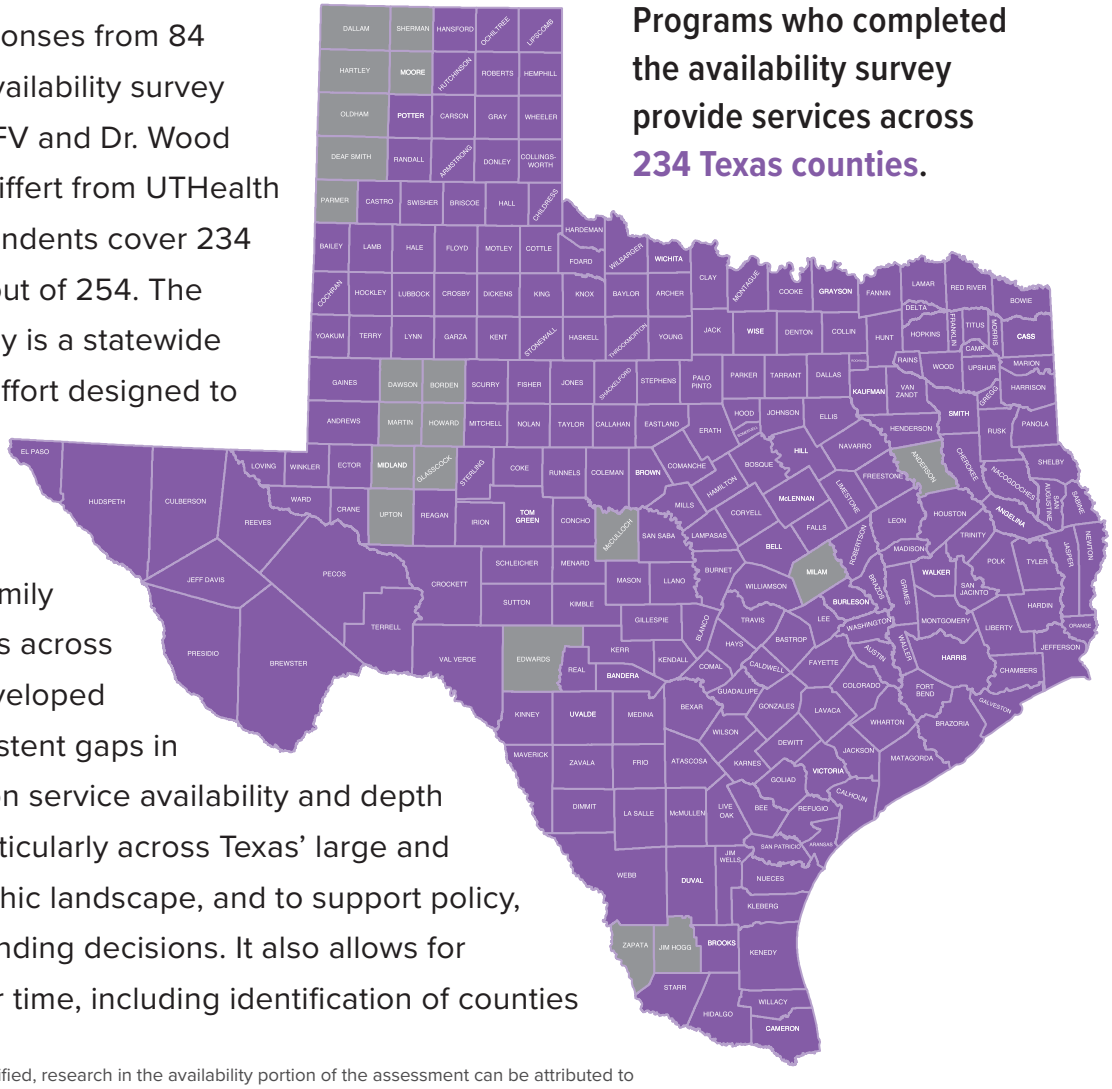
The study concludes that while Texas shelters are delivering a wide range of health, housing, and advocacy services, the scale and structure of existing supports are not sufficient to meet the depth of survivors' needs. The data underscores the importance of sustained funding for trauma-informed programming, expanded housing and mental health resources, and integrated approaches that address both immediate safety and long-term stability. *The study captures a portrait of resilience under severe constraint: survivors who are engaging deeply with available supports, staff striving to meet vast needs with limited resources, and a service system that, though holistic in scope, remains constrained by the same structural inequities it seeks to help survivors overcome.*

KEY FINDINGS: AVAILABILITY SURVEY

The following reflects the Texas Council on Family Violence's (TCFV) synthesis and interpretation of findings from the Survey of Availability of Texas Family Violence Programs (Wood & McGiffert, 2025),[36] conducted in partnership with the Texas Violence and Injury Prevention Research Center at UTHealth Houston. The literature summarized here draws on both newly reviewed sources and research previously examined in the researcher's comprehensive literature review on family violence prevention and service delivery. Interpretive language reflects TCFV's analysis of the findings and does not necessarily represent conclusions of the original researchers. TCFV has led this availability survey with various research teams for well over 20 years, allowing the state to distribute funds based on current data about existing services and persistent gaps in availability.

Drawing on responses from 84 programs, the availability survey designed by TCFV and Dr. Wood and Maggy McGiffert from UTHealth found that respondents cover 234 Texas counties out of 254. The availability survey is a statewide data collection effort designed to document the scope, capacity, and geographic distribution of family violence services across Texas. It was developed to address persistent gaps in statewide data on service availability and depth of presence, particularly across Texas' large and diverse geographic landscape, and to support policy, planning, and funding decisions. It also allows for comparison over time, including identification of counties

Programs who completed the availability survey provide services across 234 Texas counties.



36 Unless otherwise specified, research in the availability portion of the assessment can be attributed to 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 and presentation. UT Health Houston.

that were previously served but are no longer represented in current data. The survey was sent to program and executive directors at 93 Texas family violence agencies. Agencies were eligible to complete if they provided family violence-related services in Texas, including residential or non-residential survivor services, hotline operations, prevention or education programming, or related advocacy and support services. The survey collected and examined detailed program-level information across a wide range of domains, including hotline operations, shelter and housing assistance, legal and advocacy services, healthcare access, prevention and education efforts, and barriers to safety. The data offers an important picture of service strengths as well as systemic barriers to meeting survivors' needs. The survey was conducted online, and took an average of 60 minutes to complete.

In 2025, twenty counties did not have documented service availability, either because there were no services present or because the programs covering these counties did not complete the survey. Most, however, reflect active service areas where the designated program did not submit data, leaving very few, if any, counties uncovered.

Of the 20 counties without documented service availability, most were due to nonresponse, leaving very few counties uncovered.

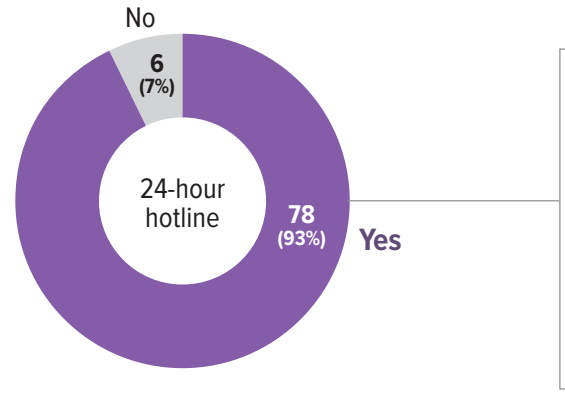
The previous State Plan (completed in 2019) identified seven counties that were completely unserved; however, all but three of those seven are now being served by a family violence program. The communities that remain uncovered are Jim Hogg, Zapata, and Milam County. While statewide coverage has improved since the last reporting cycle, continued nonresponse and localized service gaps limit the completeness of statewide availability data and hinder assessment of equitable access.

The survey examined service presence at the county and agency level across different types of physical locations. Many programs operate residential shelters; some maintain additional shelter sites, and others provide non-residential centers for advocacy and support. Outreach offices and partner agency sites further extend service reach, with many programs offering in-person services via one of these modalities. These strategies reflect the mission of family violence programs to increase accessibility in regions where establishing a full physical program may not be feasible.

Hotline Operations

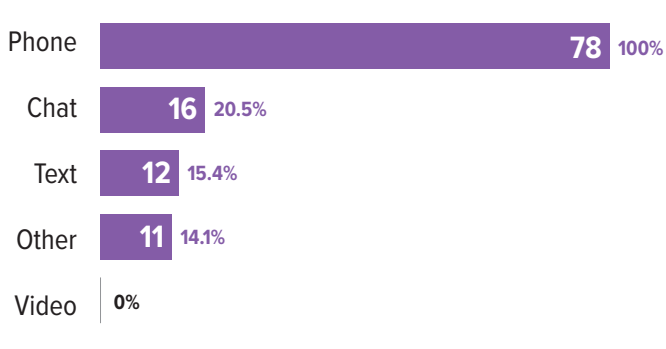
Hotline services are a critical point of entry for survivors. Of the 78 programs operating hotlines, most provide 24-hour coverage and those that do not are typically nonresidential centers not required to do so under Chapter 51[37] of the Human Resources Code. Programs use a variety of methods including phone, chat, text, and video and many offer interpretation services for non-English speakers.

The vast majority of programs (93%) operate a 24-hour hotline.

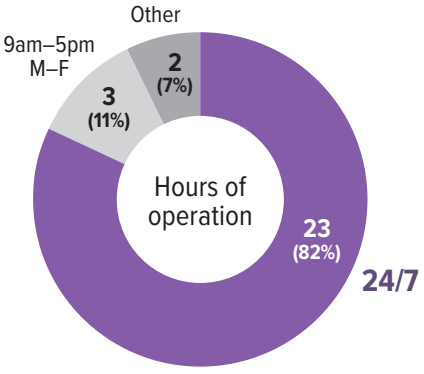


Of the 78 programs operating hotlines, modalities other than phone remain limited.

Note that programs could select more than one option.

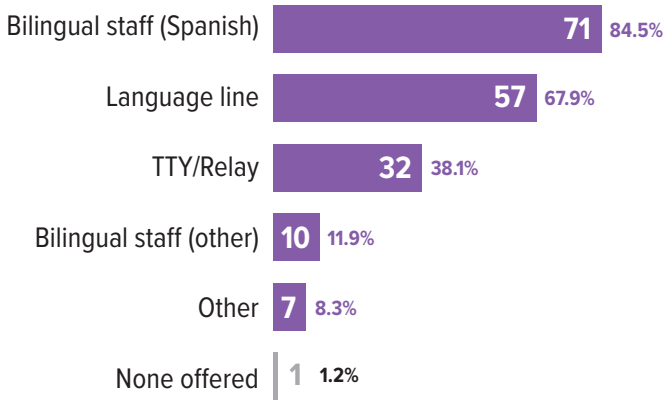


Among programs who reported offering chat, text, video, or other modalities, most (82%) provide 24-hour coverage.



Interpretation services for non-English speakers among programs are common.

Note that programs could select more than one option.



37 Tex. Hum. Res. Code Ann. § Title 2, Subtitle E, Chapter 51, Section 51.0021 (Sept. 1, 2024).

In addition to the most commonly offered languages, programs reported a range of other languages met via interpretation services. Those reported by multiple programs included Arabic, French, Mandarin/Chinese, Urdu, Russian, Spanish, Hindi, and Sign Language. Additional languages offered by at least one program included Arabic dialects (e.g., Pashto, Pashtu, Kurdish), South Asian languages (e.g., Bengali, Gujarati, Nepali, Punjabi, Marathi, Telugu), East and Southeast Asian languages (e.g., Japanese, Korean, Thai, Vietnamese, Bahasa-Indonesian, Taiwanese, Singhalese, Singaporian), as well as Dutch, Persian, Malay, Swahili, and Fulan.

Shelter and Housing Assistance

Shelter capacity varies greatly across programs:

5
lowest individual capacity

218
highest individual capacity

46.2
average shelter capacity across all programs

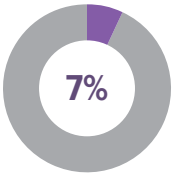
Shelter services reveal a diverse range of capacities and approaches. The average shelter capacity across programs is 46.2 individuals, with individual program capacities ranging from 5 to 218. When shelters are full, many programs rely on hotel rooms to house survivors, using an average of 23.6 rooms per year. Over a quarter of the shelters that responded allow pets onsite (27.1 percent) or in foster care (8.6 percent) and offer flexibility in the length of stay, reflecting survivor-centered adaptations in service design.

Nearly half (46 percent) of shelter programs use formal risk assessments, such as the Danger Assessment, to prioritize shelter stays. These tools, often not vetted for use in these settings, are indicators of programs' responses to a growing scarcity of available beds against the need for services. According to data collected by the Health and Human Services Commission, ***in FY 2025, 51 percent of all survivors were denied shelter solely because the program was at capacity.***[38] To attempt to meet these demands, some shelters use alternate spaces in their programs, while 63.1 percent offer hotel stays in some capacity.

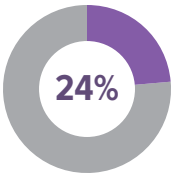
38 Family Violence Program. (9/1/2024-8/31/25). *Denied shelter due to lack of space* [Unpublished raw data]. Health & Human Services Commission. Available upon request.

Of all 84 programs, few receive funding for non-shelter housing.

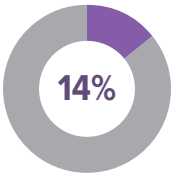
Note that programs could select multiple funding sources.



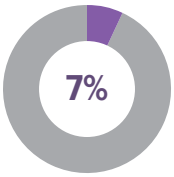
Office of Violence Against Women (OVW)



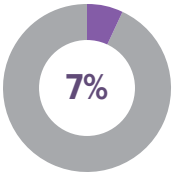
Continuum Of Care (COC) / Housing and Urban Development (HUD)



Emergency Shelter Grants (ESG) / Housing and Urban Development (HUD)



Victims Of Crimes Act (VOCA) / Office of the Governor Criminal Justice Division (OOG CJD)



Other

Fourty-four percent of programs offer housing options to survivors beyond shelter. Housing assistance services are offered in several forms, including scattered-site and project-based transitional housing, rapid re-housing, and permanent supportive housing. Thirty-two percent offer transitional housing via a scattered site or project-based model and approximately the same amount, 31 percent, offer rapid re-housing. Only 8.4 percent of programs offer permanent supportive housing. Programs offering rapid re-housing report an average of 31.8 units or vouchers, while those providing permanent supportive housing average 27.5 units.

Just under forty seven (46.8) percent of programs report that Public Housing Authorities offer prioritization for survivors. This prioritization is critical as it means there is expedited public housing available in those communities for survivors, creating options for permanent housing placements. Programs use multiple funding sources to support these efforts. The range of housing programs shows the diversity of strategies and constraints on capacity in meeting survivors' housing needs.

Chapter 51 Updates

Following the enactment of Senate Bill 1841 during the 88th (R) Legislative Session, significant updates were made to Chapter 51 to strengthen and clarify required service provisions for family violence programs. The availability survey was designed to provide an initial snapshot of how programs are implementing these new service definitions and to identify areas where additional support or guidance may be needed across the state.

Overall, advocacy and legal services remain widely available. Programs continue to provide crisis intervention, safety planning, and advocacy centered on survivors' economic and housing stability, as well as support for their physical, behavioral, and mental health. Survivor peer-led support services are also present in some programs; however, as an emerging service type, this is reported less commonly. Civil and criminal legal advocacy are common offerings, and several programs participate in coordinated community response teams that engage multiple sectors to address family violence.

Mental health and counseling services are essential but constrained within family violence programs. More than one-third of programs (37.5 percent) report counseling waitlists, averaging 15.9 individuals per month, and programs that limit counseling services cap access at an average of 10.9 sessions. At the same time, very few programs offer psychiatric care or substance use treatment beyond referral, leaving survivors with complex behavioral health needs dependent on external systems that are often difficult to access.

Mental health and counseling services are constrained:

37.5%
of programs report counseling waitlists

waitlists average
15.9
individuals per month

programs limit individuals to
10.9
sessions on average

On the following page is a table outlining the prevalence of Chapter 51 service availability as reported by the executive leader or staff member completing the survey. It is important to note that the following table provides a broad, preliminary look at how programs are interpreting and implementing Chapter 51 services newly required under the passage of SB 1841 (88R). Given the wide variation in how programs define and deliver these services, the data should be read as descriptive rather than statistically representative. Several categories (such as prevention or advocacy) encompass multiple, overlapping sub-services, and the distinctions between them are not always uniform across programs. As such, the table should be viewed as an initial landscape of implementation rather than a definitive or comparative analysis.

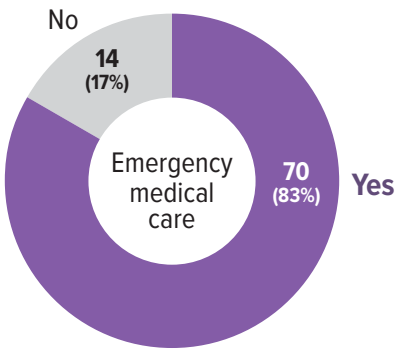
Prevalence of Chapter 51 Service Availability

Chapter 51 Required Service	% Reporting it is Available	Additional Relevant Data Points or Context
Counseling	**85.7%** of responding programs offer counseling services	At 37% of the reporting programs, 15.9 individuals wait on average for this service every month.
Emergency Medical Care	**83.3%** of responding programs offer emergency medical care	34.6% of the responding programs stated that survivors requested emergency health care after a family violence incident or sexual assault, making it the top health need among survivors at responding programs.
Ongoing Safety Planning	**98.8%** report meeting this new enhanced measure relating to safety planning.	Previously combined with others, this is now a stand-alone service, emphasized due to its critical importance to survivors.
Crisis & Intervention Services	**100%** of responding programs offer crisis intervention & services	Multiple services are reported here contributing to the high rate.
Emergency Transportation	**77.4%** of responding programs offer emergency transportation	Over half of the responding programs stated that the transportation they offer includes bus, taxi, or ride share vouchers as well as rides from staff.
Nuanced Advocacy as Required by Chapter 51	Responses to new advocacy types varied with most reported at **over 90%** meeting these types, ranging from legal advocacy to economics and housing.	Children's Advocacy - **92.9%** Legal Advocacy - **95.2%** Economic and Housing Advocacy - **98.8%** Health and Mental Health Advocacy - **91.7%**
Community Education & Prevention	All responding programs **(100%)** reported providing community education. However, prevention services differed significantly across programs, reflecting variations in how prevention is defined, prioritized, and delivered.	While 34% of programs reported a decrease in school-based prevention, likely due to shifts in the law, it is still among the highest reported interactions.
Peer Support Services	**76.2%** of responding programs stated they offer services led by survivors of family violence	A new service to Chapter 51 of the Human Resources Code as of 9/1/2024

Healthcare Access

Programs also play a vital role in facilitating access to healthcare. Many offer pathways to emergency medical care and other health related services, and they have identified key survivor health needs across the state. See the tables below for an overview of what is provided. The most common offering for each service category has been highligted.

Most programs (83%) offer access to emergency medical care.



Availability of health-related services	Medical services	Immunizations	Mobile health services	Children's health services
Offered by agency staff	5 (6%)	1 (1%)	0 (0%)	1 (1%)
Offered by contract provider	9 (11%)	11 (13%)	13 (16%)	11 (13%)
Provide funds for outside services	15 (18%)	12 (14%)	4 (5%)	15 (18%)
Offered virtually	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Do not provide but refer	49 (58%)	50 (60%)	41 (49%)	47 (56%)
Do not provide or refer	9 (11%)	10 (12%)	23 (27%)	10 (12%)

	Prescription assistance	Food assistance	Hospital accompaniment (after a family violence incident)	Assessment for traumatic brain injury (TBI)
Offered by agency staff	25 (30%)	51 (61%)	68 (81%)	6 (7%)
Offered by contract provider	6 (7%)	18 (21%)	0 (0%)	5 (6%)
Provide funds for outside services	27 (32%)	14 (17%)	0 (0%)	5 (6%)
Offered virtually	0 (0%)	2 (2%)	1 (1%)	0 (0%)
Do not provide but refer	22 (26%)	12 (14%)	3 (4%)	46 (55%)
Do not provide or refer	8 (10%)	3 (4%)	13 (16%)	23 (27%)

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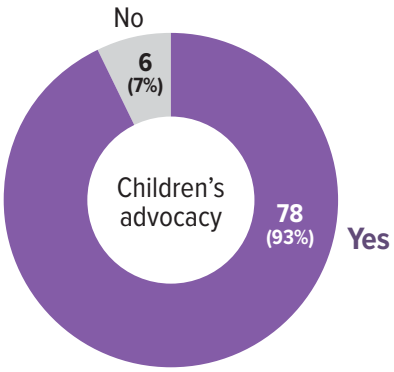
Availability of health-related services	Treatment of TBI	Dental services	Vision health services
Offered by agency staff	3 (4%)	2 (2%)	2 (2%)
Offered by contract provider	4 (5%)	12 (14%)	10 (12%)
Provide funds for outside services	6 (7%)	12 (14%)	12 (14%)
Offered virtually	0 (0%)	1 (1%)	1 (1%)
Do not provide but refer	48 (57%)	48 (57%)	50 (60%)
Do not provide or refer	25 (30%)	10 (12%)	11 (13%)

The numbers and percentages shown in the tables above reflect the number of programs that endorsed each response option. Percentages are calculated based on a total of 84 family violence programs surveyed statewide.

Children's Services

Childcare, both for work and appointments, as well as respite care (defined as short term relief for a parent/caregiver to rest/attend to a personal matter without another pressing childcare need) and children's services emerge as both critical and unevenly available. Some programs offer childcare, though waitlists are common, and many provide advocacy focused on children's needs, including trauma-informed care, counseling, and educational support.

Most programs (93%) offer advocacy focused on the needs of children.



Of programs that provide childcare for clients who are working:

59.1%
reported that this service is available to both residential and non-residential clients

Of programs that offer respite care:

89.5%
provide this service only to residential clients

10.5%
make it available to both residential and non-residential clients

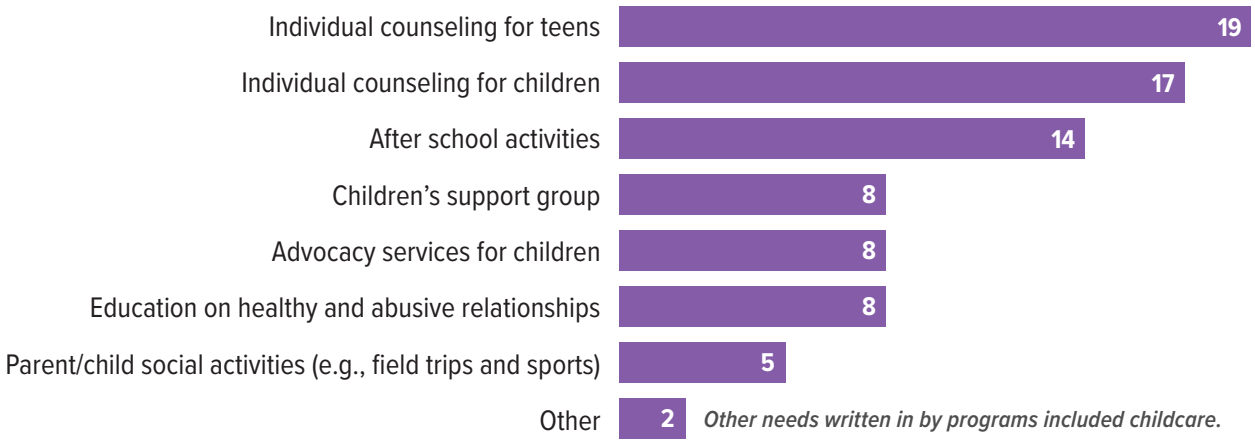
Agencies frequently collaborate with the Department of Family and Protective Services, Child Protective Services to address the needs of survivors and their children, identifying top areas where additional resources are needed. Financial assistance plays a central role in supporting survivors' stability. Nearly 83 percent offer financial assistance, with the most common requests involving housing costs, transportation, and other basic needs.

Services provided directly to children	Individual counseling for teens (13-18)	Individual counseling for children (0-12)	Children's support group
Offered by agency staff	52 (62%)	46 (55%)	60 (71%)
Offered by contract provider	17 (20%)	17 (20%)	1 (1%)
Provide funds for outside services	5 (6%)	5 (6%)	0 (0%)
Do not provide but refer	9 (11%)	14 (17%)	9 (11%)
Do not provide or refer	7 (8%)	7 (8%)	13 (16%)

	After school activities	Parent/child social activities (e.g., field trips and sports)	Education on healthy & abusive relationships (prevention education)
Offered by agency staff	49 (58%)	46 (55%)	79 (94%)
Offered by contract provider	0 (0%)	0 (0%)	0 (0%)
Provide funds for outside services	1 (1%)	1 (1%)	0 (0%)
Do not provide but refer	22 (26%)	17 (20%)	2 (2%)
Do not provide or refer	11 (13%)	18 (21%)	5 (6%)

The numbers and percentages shown in the tables above reflect the number of programs that endorsed each response option. Percentages are calculated based on a total of 84 family violence programs surveyed statewide.

Individual counseling for teens and for children were most commonly ranked as the #1 need for minor survivors and children of survivors.



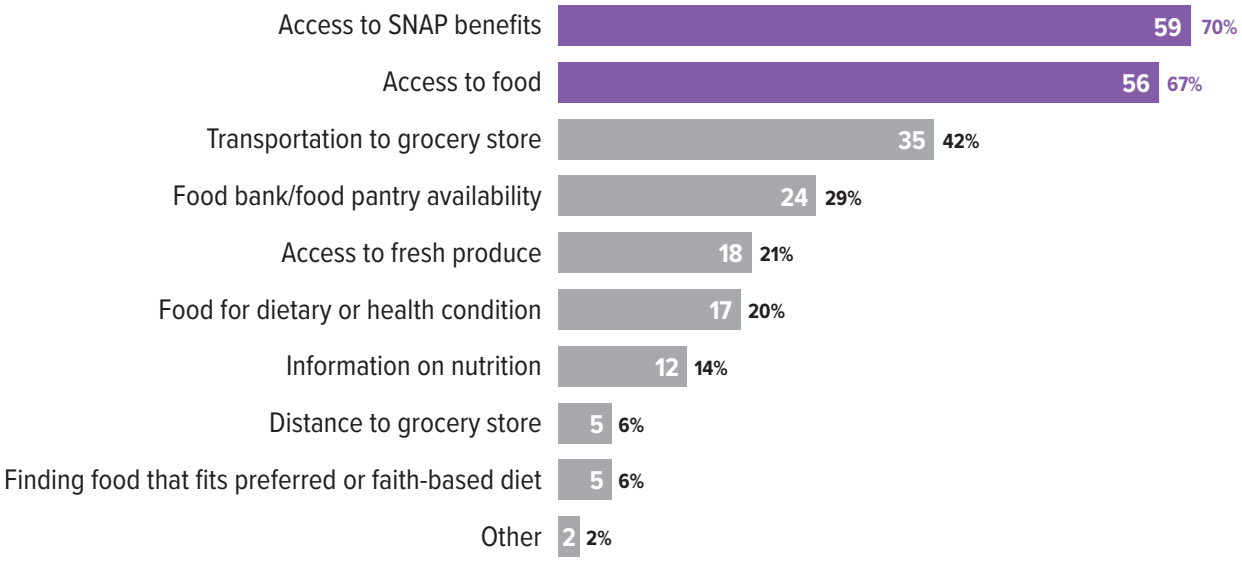
Other needs written in by programs included childcare.

Food Insecurity

Access to SNAP benefits was reported as the most pressing food-related need by 70 percent of programs. Access to food, transportation to the grocery store, and food bank/pantry availability followed. Less pressing were access to fresh produce, food for a dietary or health condition, information on nutrition, distance to the grocery store, and finding food that fits a preferred or faith-based diet.

Access to SNAP benefits was reported as the most pressing food-related need by 70% of programs, followed by access to food (67%).

Note that programs could select more than one option.



Prevention and Education

The codification of prevention in 2023 allowed for the availability survey to assess implementation as well as general efforts, with results showing that both community education and prevention efforts are widely implemented. Programs provide school and community-based prevention, targeting diverse audiences and using a range of external curricula. Prevention methods vary, including in-person workshops and classroom sessions, and some programs reported changes in the frequency of school-based prevention efforts over the past year. Several programs reported adapting materials for specific cultural or linguistic communities and expanding outreach through social media and online platforms to reach youth populations more effectively. While prevention programming remains strong overall, many programs noted challenges related to staffing capacity, limited funding for primary prevention, and inconsistent access to schools or youth-serving settings.

Findings from the availability survey show that prevention and community education are now embedded in most organizational frameworks, reaching audiences that range from students and parents to service providers and community leaders.
Programs reported using a variety of evidence-informed curricula to address the social conditions and behaviors that contribute to violence. Delivery methods have become increasingly flexible, with prevention activities occurring through in-person classroom instruction, youth leadership workshops, and digital engagement such as webinars, social media campaigns, and online learning modules. Virtual platforms have expanded reach to rural areas and to schools with limited in-person access, helping sustain prevention momentum even amid staffing or scheduling constraints.

Target groups for prevention efforts	Number of Programs	Percentage of Programs
General population of high school teens	58	69.1%
Professionals in your community working with children/teens	57	67.9%

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Target groups for prevention efforts	Number of Programs	Percentage of Programs
College/university students	55	65.5%
General population of middle school children/teens in schools	50	59.5%
Parents of children exposed to violence	49	58.3%
Children (including teens) living in your agency's shelter	48	57.1%
General population of parents with children in area schools	43	51.2%
Children (including teens) in nonresidential counseling and nonresidential programs/activities	43	51.2%
High school students who are "at-risk" for experiencing or perpetuating harm	34	40.5%
Middle school students who are "at-risk" for experiencing or perpetuating harm	26	31.0%
General population of elementary age students in schools	26	31.0%
Children (including teens) living in other housing programs at your agency	23	27.4%
Specialized outreach to marginalized or underserved populations regarding children's exposure to domestic violence	21	25.0%
Elementary students who are "at-risk" for experiencing or perpetuating harm	17	20.2%
None of the above	9	10.7%
Other	5	6.0%

Note that programs could select more than one option.

Percentages are calculated based on a total of 84 family violence programs surveyed statewide.

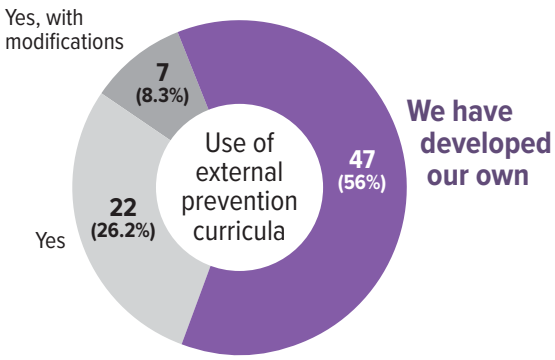
Types of primary prevention efforts offered by programs	Number of Programs	Percentage of Programs
Social media posts regarding teen/children's exposure to domestic violence	62	73.8%
Presentations with parent / community groups or organizations regarding children who are exposed to domestic violence	58	69.1%
Training for teachers/school administrators on violence prevention	52	61.9%
One-time presentations with college students	49	58.3%
One-time presentations in high schools	47	56.0%
Training with business professionals regarding teen/children's exposure to domestic violence	43	51.2%
One-time presentations in middle schools	40	47.6%
Training that explores the root causes of gendered violence	39	46.4%
Work with school leaders to implement policies and procedures to promote safety	33	39.3%
Multi-session curriculum delivered in high schools	31	36.9%
Ensuring that violence prevention information is present in all public schools	27	32.1%
Multi-session curriculum delivered in middle schools	26	31.0%
One-time presentations in elementary schools	26	31.0%
Targeted/paid media campaigns	18	21.4%
Multi-session curriculum delivered in college schools	15	17.9%
Multi-session curriculum delivered in elementary schools	12	14.3%
None of the above	9	10.7%
Other	8	9.5%
Home visiting prevention services for new parents and parents of young children	5	6.0%

Note that programs could select more than one option.

Percentages are calculated based on a total of 84 family violence programs surveyed statewide.

Over half (56%) of programs have developed their own prevention curricula.

Percentages are calculated based on a total of 84 family violence programs surveyed statewide.

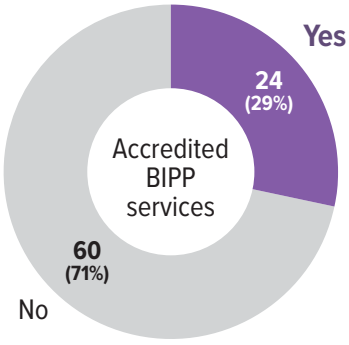


Among programs that reported using an external curriculum for their prevention efforts, a wide range of evidence-based and community-developed programs were cited. Commonly referenced curricula included *Safe Dates, Expect Respect, Close to Home, MVP (Mentors in Violence Prevention), Second Step, Owning Up, Love Is Not Abuse, In Her Shoes, In Their Shoes,* and programs developed by the Monique Burr Foundation (e.g., *Child Safety Matters, Teen Safety Matters, Netsmartz, Recognize and Report Child Abuse*). Several agencies also reported using specialized curricula such as *Healthy Relationships Plus, Live Respect,* and *Pregnant and Parenting Teens*.

Battering Intervention and Prevention Programs (BIPPs)

Battering Intervention and Prevention Programs (BIPPs) remain an essential component of a coordinated community response to family violence. These programs work to reduce recidivism and increase accountability by addressing the attitudes and behaviors that underpin abusive conduct. Although BIPPs are available in many areas of the state, gaps persist, particularly in rural and underserved regions, limiting survivor safety and systemwide effectiveness. Ensuring access to high-quality, accredited BIPPs and improving coordination between BIPP providers, courts, probation departments, and victim service agencies are critical to achieving long-term violence reduction and promoting survivor safety through offender accountability. A recent study was undertaken to understand efficacy and can be located at this link.

Although many programs provide accredited BIPP services (29%), gaps persist.



Legal and Advocacy Services

The majority of programs provide civil legal advocacy and related services, with 95.2 percent offering information about civil legal rights and options and 92.9 percent providing civil court accompaniment. Direct civil legal advocacy is available in 88.1 percent of programs, and 84.5 percent assist survivors with protective orders. However, attorney capacity remains limited: only about one in five programs have an attorney on staff to represent clients or provide legal information and advice. Additionally, 26.2 percent of programs reported offering other forms of civil legal services, while 13.1 percent indicated that they do not provide any civil legal services directly. Overall, most programs ensure survivors have access to some level of legal advocacy, but limited in-house attorney resources underscore the continued need for partnerships with pro bono and legal aid organizations.

The data shows that most programs provide some level of advocacy or support within the criminal legal system, though fewer do so compared to civil legal services. About 70 percent of programs offer direct legal advocacy and court accompaniment in criminal cases, and 77.4 percent provide information about survivors' legal rights and options as victims. Just over half (58.3 percent) offer information to survivors who are defendants in criminal cases. However, very few programs have in-house legal representation—only 3.6 percent employ attorneys to represent clients who are victims, and none have attorneys to represent defendants. A quarter of programs (25 percent) reported not providing any criminal legal services directly. Overall, these findings highlight the importance of advocacy and information sharing in criminal cases but reveal substantial gaps in access to formal legal representation for survivors.

Availability of advocacy focused on civil legal systems	Number of Programs	Percentage of Programs
We directly provide information about civil legal rights and options in this county.	80	95.2%
We directly provide civil court accompaniment in this county.	78	92.9%

continued on next page...

Availability of advocacy focused on civil legal systems	Number of Programs	Percentage of Programs
We directly provide civil legal advocacy in this county.	74	88.1%
We directly provide protective order assistance in this county.	71	84.5%
We provide other civil legal services.	22	26.2%
We have an attorney on staff to provide civil legal information and/or advice to clients in this county.	18	21.4%
We have an attorney on staff representing clients in civil legal cases.	17	20.2%
None, we do not provide any civil legal services directly in this county.	11	13.1%

Note that programs could select more than one option.

Availability of advocacy focused on the criminal legal system	Number of Programs	Percentage of Programs
We directly provide information about legal rights and options as a victim in criminal cases in this county.	65	77.4%
We directly provide legal advocacy in criminal cases in this county.	59	70.2%
We directly provide criminal court accompaniment in this county.	59	70.2%
We directly provide information about legal rights and options to survivors if they are a defendant in criminal cases in this county.	49	58.3%
None, we do not provide any criminal legal services directly in this county.	21	25.0%
We provide other criminal legal services.	9	10.7%
We have an attorney on staff representing clients in criminal legal cases where clients are the victim.	3	3.6%
We have an attorney on staff to provide criminal legal information and/or advice as victims or defendants to clients in this county.	2	2.4%
We have an attorney on staff representing clients in criminal legal cases where clients are the defendant.	0	0.0%

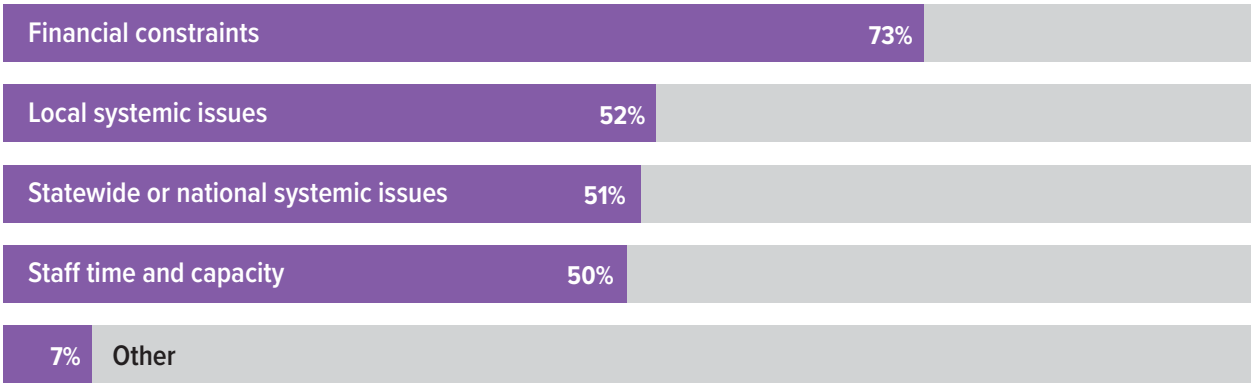
Note that programs could select more than one option.

Barriers to Safety

Finally, programs identified significant barriers to meeting client needs. These include inadequate funding, shortages of affordable housing, gaps in mental health service availability, transportation challenges, and workforce capacity issues. These structural barriers limit programs' ability to fully respond to the complexity of survivors' needs, particularly in under-resourced regions. Overall, the preliminary survey results illustrate a complex landscape of family violence service provision in Texas. They highlight areas of strength, such as the widespread availability of core services like hotlines, advocacy, and shelter, alongside persistent gaps in housing, mental health services, geographic coverage, and infrastructure. These findings offer an essential foundation for future planning, funding advocacy, and systems-level improvements to better support survivors and their families across the state.

Each barrier to addressing client needs listed below was endorsed by at least half of all programs.

Percentages are calculated based on a total of 84 family violence programs surveyed statewide.



Agencies that responded 'other' and provided comments highlighted key barriers to meeting client needs. These included a lack of resources and training, insufficient protected staff time to provide services, and the absence of needed services within their communities. Some also cited distance as a challenge and noted that all the barriers listed in the chart above were relevant to their work.

Qualitative Data

As part of the availability survey, the Texas Council on Family Violence included three open-ended, qualitative questions designed to look forward to future funding needs. These questions invited leadership from Texas family violence programs to reflect on service gaps, emerging priorities, and resource challenges. Responding to these questions was optional, and far fewer individuals provided narrative feedback than completed the quantitative portions of the survey overall.

The qualitative responses were collected through open-ended text boxes embedded in the survey and later analyzed by TCFV thematically. Because these reflections were subjective and interpretive, they offer a nuanced and varied view of how program leaders understand their most pressing challenges, sometimes complementary, and at other times reflecting differing or even conflicting perspectives. For example, one respondent might have referenced the need for "cultural competency" without elaborating, while another might have detailed their program's approach to cultural responsiveness by describing language access services, LGBTQ+ affirming therapy, or targeted outreach to specific communities. During thematic analysis, both responses would be grouped under a broader category of culturally responsive practices, even though they differ significantly in detail.

Three open-ended qualitative questions were included in the availability survey, intended to surface program perspectives not easily captured by standardized quantitative questions.

In this way, the qualitative component of the survey complements the quantitative data by surfacing program perspectives on future directions, funding priorities, and service needs that are not easily captured by standardized survey questions. Because participation in these open-ended items was optional, the number of qualitative responses varied by question, and thus cannot be precisely quantified. Even so, the responses collectively highlight the range of concerns and aspirations voiced by leaders across the state, illuminating where programs see momentum, where they feel constrained, and how they imagine strengthening the family violence response in Texas in the years ahead.

What is a need that survivors and staff have that doesn't get talked about enough?

- affordable housing
- reliable transportation
- financial stability
- workforce sustainability
- mental health care
- legal support
- a unified service system

In answering the first question, ***"What is a need that survivors and staff have that doesn't get talked about enough?,"*** eighty-seven respondents repeatedly emphasized the lack of safe, affordable, and long-term housing options. Respondents further described how housing insecurity is compounded by limited transportation, especially in rural areas, and by financial instability that makes sustained independence nearly impossible. These barriers are directly tied to survivors' ability to remain safe and to the staff's capacity to help them. Other frequently cited needs include workforce sustainability and mental health support.

> *"Chronic underfunding leaves staff underpaid, overstretched, and under-resourced, leading to burnout and turnover that threaten service quality and continuity for survivors."*
>
> **— SURVEY PARTICIPANT**

Chronic underfunding has left program staff underpaid, overextended, and emotionally exhausted, resulting in burnout and turnover that undermine service quality. As one respondent noted, ***"Chronic underfunding leaves staff underpaid, overstretched, and under-resourced, leading to burnout and turnover that threaten service quality and continuity for survivors."*** Many tied this burnout to the emotional toll of witnessing trauma daily and called for increased access to trauma-informed mental health care, not just for survivors, but also for the staff supporting them. Respondents also described the importance of trauma-informed mental health care for both survivors and staff, extending beyond crisis response to long-term emotional wellbeing. Legal barriers surfaced as another recurring concern, particularly around custody, immigration, and access to affordable representation. The respondents called for courts and systems that ***"understand domestic violence dynamics"*** and for more affordable legal resources.

Additional responses highlighted the fragmentation of the service system itself. Many survivors and staff described how the lack of coordination across agencies forces survivors to repeatedly tell their stories and navigate complex bureaucracies alone. Respondents called for unified intake systems and standardized protocols to reduce duplication and increase access. There was also a strong call for culturally responsive and inclusive services, those that go beyond language access to encompass gender, disability, and cultural identity. Some striking reflections came from respondents describing the barriers survivors face in accessing services. One noted, *"Survivors need low-barrier entry into services. Often, survivors tell us, "You are the only agency that ever answered the phone."* Another respondent described the need for broader public understanding of domestic violence, explaining that survivors *"need greater understanding of DV dynamics amongst the general population of professionals they have to interact with: judges, attorneys, public benefits staff, landlords, DFPS workers, doctors, and even therapists."*

The second question, *"When thinking about your agency, what are the areas in which you excel or innovate in responding to family violence survivors?"* prompted a different pattern of responses. Sixty-nine executive directors described organizational and systemic innovations. Across agencies, internal innovations focused heavily on improving infrastructure, efficiency, and survivor experience. Many organizations reported centralizing intake and referrals, implementing real-time data systems, and redesigning processes to reduce duplication and close service gaps. Others emphasized low-barrier access, trauma-informed practices, and culturally responsive care embedding flexibility and survivor choice into everyday operations. Programs also advanced through staff-centered innovation, such as continuous training, team-based reflection, and wellness initiatives that strengthen service quality. Collectively, these approaches represent a shift toward data-informed,

When thinking about your agency, what are the areas in which you excel or innovate in responding to family violence survivors?

- centralized intake
- real-time data systems
- low barrier access
- trauma-informed practices
- culturally responsive care
- staff training & wellness
- creative partnerships

survivor-centered, and operationally efficient models that improve continuity of care without relying solely on external partnerships.

A close second theme was the adoption of trauma-informed and survivor-centered practices. Many agencies have intentionally embedded trauma-informed care principles into all aspects of service delivery, while also expanding culturally responsive programming such as bilingual counseling, LGBTQ+ inclusive services, and attention to diverse family structures. In light of the statutory requirement to do so, the adoption of trauma-informed and survivor-centered practices rising as a key theme showed great fidelity to requirements in Chapter 51. Some programs highlighted housing-focused innovations, including the development of permanent supportive housing, and partnerships with housing authorities or childcare providers to create integrated service environments. Others described how their rural programs rely on creative partnerships to fill service gaps leveraging community relationships, formal agreements, and local knowledge to help survivors access resources that might not exist within their immediate area. One respondent from a rural program offered a vivid example of what innovation looks like under constraint:

> *"Our community is rural and lacks many of the basic services that can be counted on in larger communities. We excel at responding to the needs of our local survivors through partnerships and community connections. We work with each survivor to identify their needs and develop a plan to meet those needs. Our advocates are all trained to pick up the phone and ask our partners how a survivor's needs can be met. If she needs substance use treatment, and no one provides it locally, who can we connect with in another community? If she needs childcare, who can we call at Workforce who can help her navigate the complexities of finding a childcare center with an available spot?"*

Through the third question, ***"Any additional things you'd like to share?"*** an overwhelming consensus on funding instability as a major threat to the family violence service system surfaced. Among the twenty-one responses, respondents called for

Any additional things you'd like to share?

- concern about financial instability
- importance of workforce wellbeing
- persistence of systemic barriers
- need for collaboration

sustained, non-competitive funding rather than annual grant cycles that pit agencies against one another and create uncertainty year to year. Many described recent funding losses that have forced cuts to food programs, staffing, and survivor support services. Participants linked these financial pressures directly to staff burnout, reduced morale, and diminished service quality.

In addition to financial instability, respondents discussed workforce wellbeing and vicarious trauma, noting the emotional toll of the work and a lack of leadership training in addressing secondary trauma. The high-quality and effective services provided each day in Texas are only there due to the dedicated and compassionate advocates who are employed at family violence centers across our state. For many survivors, especially those isolated by an abusive partner's control, an advocate may be their only source of consistent support and understanding.

Systemic barriers such as inadequate housing, inequitable court practices, and inconsistent law enforcement responses were also cited as persistent structural challenges. A few agencies expressed a desire for deeper collaboration with TCFV and other partners, seeing shared learning and coordination as essential to strengthening the field statewide. One agency captured the spirit of perseverance and creativity that runs through the qualitative data:

> *"Our agency is also known for its curiosity and willingness to try new approaches, even when we face local or financial limitations. We're often challenged by resource constraints, but we work hard to find creative, flexible ways to meet survivors where they are. This mindset has contributed to the growth of our agency..."*

Through these questions, there appears to be a tension between what program leadership identifies as survivors' most urgent unmet needs and what these same

leaders identify as their program's greatest strengths: coordination, trauma-informed practices, and organizational innovation. This contrast is not so much a contradiction as it is a reflection of structural constraints: agencies are doing exceptional work within limited systems, but those systems are not yet equipped to meet the fundamental material needs of survivors. Put another way–agencies have built trauma-informed, coordinated, and adaptive infrastructures, yet without adequate funding and policy support, even the best-designed systems cannot guarantee the stability and safety survivors deserve. The qualitative responses make visible both the resourcefulness of the field and the deep, persistent inequities that shape Texas' family violence response system.

KEY FINDINGS: UNDERSERVED COMMUNITY REPORT

Unless otherwise noted, the information in this section comes from: 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. The report from Dr. Walton, Dr. Hood and Dr. Oyewuwo frames intimate partner violence and gender-based violence as critical public health and social justice concerns that disproportionately affect underserved populations pursuant to Family Violence Prevention and Services Act (FVPSA). Religious minorities, LGBTQ individuals, rural residents, and those living in poverty face elevated risks of violence yet encounter systemic and structural barriers that severely limit their access to appropriate and culturally responsive services.[39] Although these disparities are increasingly acknowledged, the experiences of underserved survivors remain underrepresented in both research and service

The Violence Against Women Act (VAWA) defines underserved populations as those who face barriers due to:

- geographic location
- religion
- sexual orientation
- gender identity
- racial and ethic identity
- language
- disability
- immigration status
- age

39 Portions of the literature discussed in this section and its footnotes derive from the researcher's earlier literature review, which informed the conceptual framework for this report.

provision nationally. This underrepresentation contributes to persistent inequities and service gaps that undermine the effectiveness of existing interventions.[40]

Because FVPSA uses a broad and inclusive definition of "underserved populations," our researcher adopted an approach that allowed participants to self-identify as members of underserved groups rather than predetermining narrowly defined demographic categories. In doing so, the research design aligned with FVPSA's intent to prioritize populations whose barriers are shaped by local and contextual needs rather than predefined criteria. The decision not to exclude or pre-rank populations was intentional. Rather than privileging one group's experiences over another or making comparative judgments about which communities are "most underserved," the research aimed to document the range of barriers faced by survivors in Texas. This approach reflects a commitment to (1) reducing researcher-imposed bias, (2) allowing survivor agency in identity and experience, and (3) recognizing that underserved status may vary based on multiple intersecting factors. As a result, the study sample captures survivor-defined experiences of marginalization within Texas communities and offers a more accurate representation of how FVPSA's underserved category manifests in the Texas landscape. This method supports both the spirit and the statutory intent of FVPSA by centering community voice and lived experience in identifying populations with unique and unmet safety needs.

Rather than using pre-determined demographic categories, participants self-identified as under-served, reducing bias and allowing agency in identity and experience.

Dr. Walton et. al.'s report on the needs of survivors applied a strengths-based, intersectional, and racial equity framework to analyze these barriers and inform solutions. A strengths-based approach identifies and builds upon the resilience and existing support systems within communities. Intersectionality emphasizes the

40 See Cuevas, C. A., & Cudmore, R. M. (2017). Intimate Partner Violence Prevention Among Underserved and Understudied Groups: The Roles of Culture and Context. *Preventing Intimate Partner Violence,* 15–38. https://doi.org/10.51952/9781447333067.ch002; Ghidei, W., Montesanti, S., Wells, L., & Silverstone, P. H. (2022). Perspectives on delivering safe and equitable trauma-focused intimate partner violence interventions via virtual means: A qualitative study during COVID-19 pandemic. *BMC Public Health,* 22(1). https://doi.org/10.1186/s12889-022-14224-3; Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2022). Intimate partner violence and barriers to help-seeking among Black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis of global research. *Trauma, Violence, & Abuse,* 24(2), 1001–1015. https://doi.org/10.1177/15248380211050590

interconnectedness of multiple identities and how power and oppression shape survivor experiences simultaneously across these identities. A racial equity lens brings structural and systemic disparities to the forefront, ensuring they are addressed directly in both analysis and policy development. Together, these frameworks support a comprehensive and contextually grounded understanding of the issues, enabling the formulation of targeted, community-informed responses.

Oftentimes, existing family violence service systems are structurally inadequate for many survivors from underserved communities because the services were not designed with these communities in mind. Survivors from underserved communities face a constellation of interlocking barriers that hinder their engagement with family violence services.[41] Systemic discrimination and oppression produce enduring stressors that undermine access to effective, population-relevant support.[42] Religious and cultural contexts further complicate service engagement.[43] Economic marginalization intensifies these dynamics; women living in poverty experience higher rates of violence but are less likely to receive assistance, a pattern shaped in part by harmful stereotypes that minimize their experiences and needs.

The unmet needs among underserved survivors are extensive and multifaceted. Service gaps persist in critical areas including housing, mental health care, legal advocacy, culturally competent service delivery, and economic supports. Many survivors rely on informal networks, such as family and community members, due to the inaccessibility or unreliability of formal services.[44] While these networks often provide crucial short-term support, they are rarely equipped to meet survivors' long-term safety and recovery needs.

41 This section draws on both newly reviewed sources and the researcher's broader literature review on family violence prevention and service delivery, which is not included in this report. Existing studies show that Latina and immigrant survivors face intersecting barriers—including language, immigration status, and limited culturally responsive services—that create a "triple disadvantage" in help-seeking. See Alvarez & Fedock (2016), *Trauma, Violence, & Abuse,* 19(4), 488–493, https://doi.org/10.1177/1524838016669508; Flores et al. (2025), *Journal of Family Violence,* https://doi.org/10.1007/s10896-025-00909-x.

42 Hulley, J., Bailey, L., Kirkman, G., Gibbs, G. R., Gomersall, T., Latif, A., & Jones, A. (2022). Intimate partner violence and barriers to help-seeking among Black, Asian, minority ethnic and immigrant women: A qualitative metasynthesis of global research. *Trauma, Violence, & Abuse,* 24(2), 1001–1015. https://doi.org/10.1177/15248380211050590

43 These sources were drawn from the researcher's prior literature review conducted for earlier work. Studies note that cultural and religious frameworks shape safety and disclosure in distinct ways: in Muslim communities, varied practices can complicate assessment of IPV and GBV, while in Orthodox Jewish contexts, reporting is often limited due to religious and social consequences, even when protective laws are invoked by abusive partners. See Crisp et al. (2018), *Int'l J. Human Rights in Healthcare,* 11(2), 100–108, https://doi.org/10.1108/ijhrh-09-2017-0044; Oyewuwo-Gassikia (2019), *J. Aggression, Maltreatment & Trauma,* 29(7), 1–20, https://doi.org/10.1080/10926771.2019.1653411; Jankovits (2022), *Tablet,* https://www.tabletmag.com/sections/news/articles/no-rabbi-orthodox-women-are-not-safer.

44 Wood, L., Schrag, R. V., McGiffert, M., Brown, J., & Backes, B. (2022). "I Felt Better When I Moved Into My Own Place": Needs and Experiences of Intimate Partner Violence Survivors in Rapid Rehousing. *Violence against Women,* 29(6-7), 107780122211176. https://doi.org/10.1177/10778012221117600. For example, in the U.S., survivors in rapid rehousing programs reported that while housing was a critical need, they also faced challenges in managing multiple intersecting needs, including mental health, safety planning, and access to supportive services.

Distinct groups face unique challenges within this broader landscape. Male and transgender survivors encounter disbelief, minimization, and unsafe environments in gender-segregated services. Undocumented survivors are frequently excluded from federally funded programs and face heightened risks due to fears of immigration enforcement.[45] Survivors with serious mental illness are often denied services based on perceived instability and lack access to integrated trauma and psychiatric care.[46] Single women without children are deprioritized in housing and financial assistance systems, while survivors who rely on personal care attendants face significant obstacles in shelters ill-equipped to meet their needs.[47] These examples illustrate the structural nature of the service gaps and their differential impact across identity groups.

The report is based on qualitative data collected from 74 participants, including underserved survivors, advocates, community leaders, and practitioners, who took part in 8 focus groups among 39 participants and 35 individual interviews. Eligible participants lived in Texas, identified as underserved, and were at least 21 years old. Survivors must have experienced seeking services from organizations serving underserved populations, while providers identified as advocates, community leaders, or practitioners working with these groups. The participant pool reflected significant diversity in background and experience. Ages ranged from 21 to 69, with an average age of 41. Most participants were female and heterosexual, and the majority identified as members of racial or ethnic minority groups, including multiracial, Indigenous, Asian, Black, Hispanic, and Middle Eastern/North African communities. Six participants identified as White, and one declined to report racial or ethnic identity. Educational attainment varied, with over a quarter

Participant snapshot:

Most were heterosexual women between ages 21–69 who identified as members of underserved groups. Education and income levels varied.

45 Flores, Y. R., Raut, S., Mengo, C., Kinsey-Dadzie, T., Zapcic, I., Nemeth, J., & Ramirez, R. (2025). Service Accessibility: Service Providers' Perspectives on Barriers Faced by Immigrant Women of Color Survivors of Intimate Partner Violence. *Journal of Family Violence*. https://doi.org/10.1007/s10896-025-00909-x. Service providers working with immigrant women of color also identify systemic issues such as inadequate funding, limited coordination among agencies, and cultural norms that inhibit disclosure and engagement.

46 Kulkarni, S. (2018). Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of Family Violence,* 34(1), 55–64. https://doi.org/10.1007/s10896-018-0001-5

47 Paula Mayock & Sarah Sheridan & Sarah Parker, 2015. "'It's just like we're going around in circles and going back to the same thing …': The Dynamics of Women's Unresolved Homelessness," Housing Studies, Taylor & Francis Journals, vol. 30(6), pages 877-900, September.

holding graduate degrees, and annual incomes ranged between no income and $100,000. Participants represented a wide range of underserved communities, including Asian, Muslim, LGBTQIA+, disability, and Hispanic groups. Dr. Walton and her research team intentionally sought participation from these respondents because they reflect the underserved populations as identified under the Family Violence Prevention and Services Act (FVPSA).

The study began by examining the barriers that underserved survivors and those who serve them face when attempting to access or provide services. ***Focus group participants consistently emphasized that language access, transportation, financial insecurity, lack of culturally responsive services, and limited awareness of available resources were among the most significant obstacles.*** These barriers were categorized into four key dimensions: practical and logistical, communication and information, legal and structural, and health related. Practical and logistical barriers included challenges related to housing, childcare, transportation, scheduling, and reliance on personal care attendants. Communication and information barriers encompassed language access issues, lack of culturally nuanced outreach, difficulties consolidating and sharing resource information, and procedural obstacles that made entry points to services inaccessible. Legal and structural barriers involved limited access to legal advocacy, immigration-related support, and systemic gaps in legal service provision. Health-related barriers reflected both physical and mental health challenges, as well as difficulties accessing appropriate care.

Barriers for survivors in underserved communities include:

- logistical
- communication
- legal
- health-related

In addition to survivor-level barriers, participants identified structural barriers faced by agencies serving underserved survivors. ***These included a lack of adequate funding, restrictions on the use of available funds, jurisdictional constraints tied to service area boundaries, and poor staff compensation.*** Funding shortages and restrictions limited agencies' ability to provide comprehensive and flexible services, while jurisdictional constraints left many survivors without access to needed support based

on geographic or administrative boundaries. Low compensation contributed to staff turnover and reduced capacity to sustain high-quality services.

Barriers for underserved survivors are not experienced in isolation; they compound.

The study emphasizes that these barriers are not experienced in isolation. For underserved survivors, they intersect and compound, meaning that what might constitute a single obstacle for one individual may become multiple overlapping challenges for another. As one practitioner observed, the barriers faced by underserved communities *"are not simply additive—they multiply."* This compounded effect underscores the need for interventions and promising practices that are both culturally responsive and structurally flexible. It also highlights the extent to which advocates, practitioners, and community leaders must navigate systemic limitations to support survivors effectively.

Participants described culturally tailored support as services that honor survivors' identities, languages, and lived experiences, thereby directly countering the barriers identified earlier. Five elements repeatedly surfaced:

- **Language access:** via bilingual staff, trained interpreters, and translated materials;
- **Cultural relevance:** such as providing appropriate hair and food options and designing programming around community norms;
- **Representation:** hiring and retaining staff and leaders who share communities' cultural and lived experience;
- **Community-specific approaches:** meeting people at culturally specific events, partnering with local leaders, and tailoring topics (e.g., grief, healthy relationships); and accessibility and inclusion, hotlines with interpreter services, trust-building referrals, co-advocacy models, and protocols built with community input.
- **Cultural, linguistic, and experiential representation among staff** is foundational to trust, safety, and effective care. Survivors are more likely to disclose and remain engaged when they see themselves reflected in their providers. Community-based hiring, multilingual services, and training in culturally responsive practice ensure that services align with local norms and needs. Representation is not symbolic; it materially improves access, communication, and outcomes by pairing technical competence with cultural alignment and, where applicable, lived experience.

Participants noted that survivor engagement increases when staff reflect the languages, cultures, and identities of those they serve and demonstrate a nuanced understanding of how domestic violence manifests within specific contexts. Programs reported implementing these practices through trauma-informed, culturally responsive training; survivor-centered language and policy alignment; and intentional partnerships that strengthen prevention, referral, and comprehensive support systems. Survivors described higher levels of engagement, safety, and trust when supported by peers or providers who share or meaningfully understand their cultural backgrounds and lived experiences. Collectively, these practices advance the field toward survivor-defined, identity-affirming models of care that promote continuity, well-being, and long-term healing.

Survivors experience higher levels of engagement, safety, and trust when supported by peers or providers who share or meaningfully understand their cultural backgrounds and lived experiences.

Trust building was described as both a philosophy and a practice focused on restoring safety, autonomy, and dignity for survivors who may distrust systems. Providers emphasized cultural humility, transparency, and shared decision-making, embedding empowerment and responsiveness into daily interactions to reduce re-traumatization, strengthen engagement, and support long-term recovery.

Flexible programming centers survivor autonomy and cultural relevance by adapting services to diverse and changing needs rather than requiring conformity to rigid rules or schedules. Through multiple access pathways, individualized planning, and low-barrier, culturally responsive supports, programs enhance access, retention, and equity while promoting survivor-defined outcomes.

“Showing up” reflects a consistent, human-centered presence throughout the help-seeking journey, marked by responsiveness, compassion, follow-through, and relational engagement that de-emphasizes bureaucracy. Survivors and advocates describe the most effective programs as warm, relational spaces where staff are emotionally present, responsive beyond rigid hours, and genuinely invested.

Best practices for engaging underserved communities:

- cultural responsiveness
- trust building
- flexible programming
- relational engagement in nonjudgmental environment
- practical support

Welcoming, nonjudgmental environments treat survivors as whole people navigating trauma and rebuilding their lives, pairing empathy and patience with empowerment and practical supports like transportation, childcare, and coordinated referrals. This relational approach builds safety, trust, and sustained engagement, supporting survivors' independence without coercion.

Quality of care is closely tied to staff preparation and posture. Survivors value providers with formal education and credentials (e.g., social work), but equally emphasize trauma-informed, whole-person care; empathy and relational competence; meaningful lived or learned experience with intimate partner or gender-based violence; and strong practical navigation skills across benefits, legal systems, housing, and health care. The most effective workers combine technical expertise with cultural responsiveness and the ability to walk alongside survivors through complex systems.

The findings from the Underserved Study can then be grouped and summarized into five interconnected requirements for equitable, survivor-defined outcomes: (1) agency responses that creatively navigate structural constraints (funding limits, fragmentation, political volatility) through community-driven strategies; (2) shared lived experience as a mechanism for empathy, validation, and bridging institutional/community divides; (3) trust as both process and practice, built through consistency, safety, and authentic relationships; (4) trauma-informed approaches that center safety, empowerment, and choice at every stage; and (5) cultural attunement that honors diverse identities and adapts programs accordingly. Together, these elements describe a holistic, relational service model capable of advancing access, inclusion, and healing for underserved survivors across Texas.

This study makes clear that addressing intimate partner and gender-based violence in underserved communities requires more than programmatic adjustments—it calls for systemic change. Survivors from diverse backgrounds demonstrate resilience, yet continue to face intertwined barriers linked to discrimination, cultural marginalization,

poverty, and structural inequities. Their experiences are shaped by intersecting identities, including religion, gender, sexuality, immigration status, disability, and socioeconomic position, which collectively influence access to safety, justice, and healing.

Despite progress in family violence services, longstanding service gaps remain. These include inadequate culturally responsive care, limited trauma-informed approaches, and systemic exclusion, all of which contribute to mistrust and underutilization of services by underserved populations.

Overall Needs Assessment Recommendations

The findings from this Needs Assessment underscore that Texas' family violence response system is operating at full capacity within conditions of sustained demand, uneven access, and constrained resources. Across all three studies, survivors and advocates described a service landscape marked by both extraordinary dedication and structural fragility. Programs are reaching more survivors than ever before, yet the workforce that makes this reach possible is stretched to its limits. The data make clear that strengthening the system will require more than maintaining existing services—it will require targeted, sustained investment in the infrastructure, workforce, and partnerships that determine whether services can remain accessible and effective over time. Across all studies, several high-leverage interventions emerge as critical to system stability: restoring housing flow, investing in flexible and rapid supports, strengthening crisis access points such as hotlines, expanding telehealth and health infrastructure, and ensuring high-quality counseling for both adults and children. These interventions reduce system strain while improving survivor safety and long-term outcomes.

These recommendations translate the evidence into actionable priorities. They identify where new or renewed funding can have the greatest long-term impact: stabilizing the workforce that anchors service delivery, expanding access and equity across communities, and ensuring that every survivor in Texas can reach safety and support when they need it.

Please note these are not in order of importance. Although there is always a precarity of funds for these critical services, it is imperative the recommendations be taken in whole as the collective needs to create the safer Texas survivors and their families need.

1 Fund the Core of the Movement: Advocacy.

Across all three studies that comprise this Needs Assessment to inform the State Plan (the survivor survey, the availability survey, and the underserved communities

study) a single conclusion emerges with clarity and urgency: ***Texas' family violence response system is sustained by a workforce that shows both immense heart and that is operating under serious strain.*** Funding shortages are not only limiting the reach of services; they can serve to erode the human infrastructure on which the system depends. At the core of all that should be done to support survivors are the advocates[48] who stand with survivors each day. These positions lack the funding support needed to properly invest in the people who deliver support and advocacy, which creates a cascading effect that threatens both the stability and the quality of services available to survivors statewide.

The data from the survivor studies illustrate the immense demand and complexity of survivors' needs. In shelter-based research, more than 60 percent of residents met the threshold for probable post-traumatic stress disorder; over half reported very low food security, and nearly three-quarters were unemployed.[49] The complexity of needs behind these findings point to the essential role advocates play in connecting survivors to safety, housing, and healing while navigating systems that are fragmented, underfunded, and often inaccessible.

Texas' family violence response system functions only because of the skilled, committed advocates working in family violence centers across the state. Every day, these advocates show up for survivors during some of the most traumatic moments of their lives, helping them navigate immediate danger and rebuild connections that support long-term safety. They take on a wide array of responsibilities—responding to hotline calls, providing hospital accompaniment after an assault, supporting survivors through interactions with law enforcement, and much more—and serve as first responders.

The impact of this work is well documented. Support from an advocate is associated with improvements in survivors' emotional, physical, and social well-being, as well as increased economic and community stability.[50] The same study overviewed earlier found that more than 75 percent of survivors who accessed shelter services would

48 Please note that we are using the term, *"advocate"* to encompass all staff positions in a family violence program.

49 Wood, L., Cusano, J., Voth Schrag, R., McGiffert, M., Temple, J.R., & Baumler, E. (2026). Health conditions and service use among intimate partner violence shelter residents. *Journal of Interpersonal Violence.*.

50 See: Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation. *Journal of Interpersonal Violence,* 19, 815-829. See also: Sullivan, C. (2018). Understanding how domestic violence support services promote survivor well-being: A conceptual model. *Journal of Family Violence,* 33(2), 123-131. See also: Rivas, C., Vigurs, C., Cameron, J., & Yeo, L. (2019). A realist review of which advocacy interventions work for which abused women under what circumstances. *Cochrane Database of Systematic Reviews,* (6).

return to the program for help if needed. It also reported significant gains in perceived safety: 87.7 percent of survivors said they felt safe or very safe during or after their shelter stay, compared to only 65 percent who felt very unsafe beforehand.[51] These safety gains are especially meaningful considering that a majority of survivors entering shelter, 57 percent, reported experiencing severe or escalating abuse, including threats of serious harm or lethality, in the period immediately preceding their entry into shelter.[52] Advocates are central to reducing violence and preventing fatal outcomes.

Yet despite the essential nature of this work, advocates are often paid far below a wage that allows them to meet basic needs. According to the 2024 TCFV Compensation Report, full-time advocates or case managers in Texas earn an average salary of $40,426.[53] Entry-level roles average $35,231, and even the highest reported salaries average just $46,200.[54] By comparison, a single adult in Texas requires $45,386 to meet a living wage threshold; a parent with one child needs $75,421, and a parent with two children needs $92,472.53.[55]

As a result, many advocates face financial hardship, struggle to cover routine expenses, or rely on income from partners or family members. Limited pay and almost nonexistent long-term wage growth make it difficult for even the most committed staff to remain in these roles. This pressure is reflected in turnover rates: ***"The overall turnover rate for family violence agencies has been increasing since the 2020 [TCFV Compensation] report, when it was 22 percent. It increased to 35 percent in 2022, and dipped slightly to 34 percent in 2024."***[56] The contradiction is stark and deeply unfair; those who help survivors rebuild stability

Advocates who help survivors rebuild stability and autonomy are often unable to secure these same conditions in their own lives due to limited pay.

51 Wood, L. McGiffert, M. Voth Schrag, R. Baumler, E. (2025). TCSS Shelter Study. UT Health Houston McGovern Medical School.

52 *Ibid.*

53 See: Texas Council on Family Violence [TCFV] (2024). *Building longevity in our movement: 2024 statewide Texas family violence service providers compensation report.* https://tcfv.org/wp-content/uploads/2024-TCFV-Compensation-Report-FINAL.pdf . See also: Living Wage Institute. Data sourced via https://livingwage.mit.edu/states/48. Accessed on November 3, 2025.

54 *Ibid.*

55 Living Wage Institute. Data sourced via https://livingwage.mit.edu/states/48. Accessed on November 3, 2025.

56 Texas Council on Family Violence [TCFV] (2024). *Building longevity in our movement: 2024 statewide Texas family violence service providers compensation report.* https://tcfv.org/wp-content/uploads/2024-TCFV-Compensation-Report-FINAL.pdf

and autonomy are often unable to secure these same conditions in their own lives. Strengthening and retaining this workforce requires meaningful wage investment, and the need for such investment is urgent.

The availability survey, meanwhile, paints a picture of programs struggling to meet that demand amid acute staffing shortages, stagnant funding, and the emotional toll of continuous crisis response. In open-ended responses, program leaders described the direct connection between underfunding, workforce exhaustion, and reduced service quality. As one respondent explained, ***"Chronic underfunding leaves staff underpaid, overstretched, and under-resourced, leading to burnout and turnover that threaten service quality and continuity for survivors."*** Many emphasized that burnout is not an individual leader of program's failure but a systemic outcome of operating within conditions of scarcity, where high caseloads and low pay make sustained, high-quality care increasingly difficult to deliver.

These workforce pressures reverberate throughout the system. Advocates reported that staff turnover leads to gaps in survivor support, longer wait times for counseling, and diminished continuity of care. Programs with the highest staff retention described intentionally building trauma-informed workplaces and embedding reflective supervision or mental health support for staff, but such practices have not yet become the norm. Respondents called for ***"funding streams that recognize the emotional labor of advocacy"*** and for investment in training, supervision, and wellness initiatives that prevent secondary trauma and sustain staff capacity over time.

The findings from the underserved communities study underscore how workforce instability compounds inequities in access. Survivors from marginalized backgrounds often rely on a small number of culturally specific staff who can meet their language and identity needs. When those staff leave, potentially due to burnout or limited compensation, entire communities lose access to services they trust. Advocates in culturally specific programs reported that funding restrictions and low pay force them to ***"do more with less"*** while also absorbing the additional labor of representing their communities within mainstream systems. Sustained, flexible, and non-competitive funding for culturally specific organizations is therefore not only a matter of equity but of system survival.

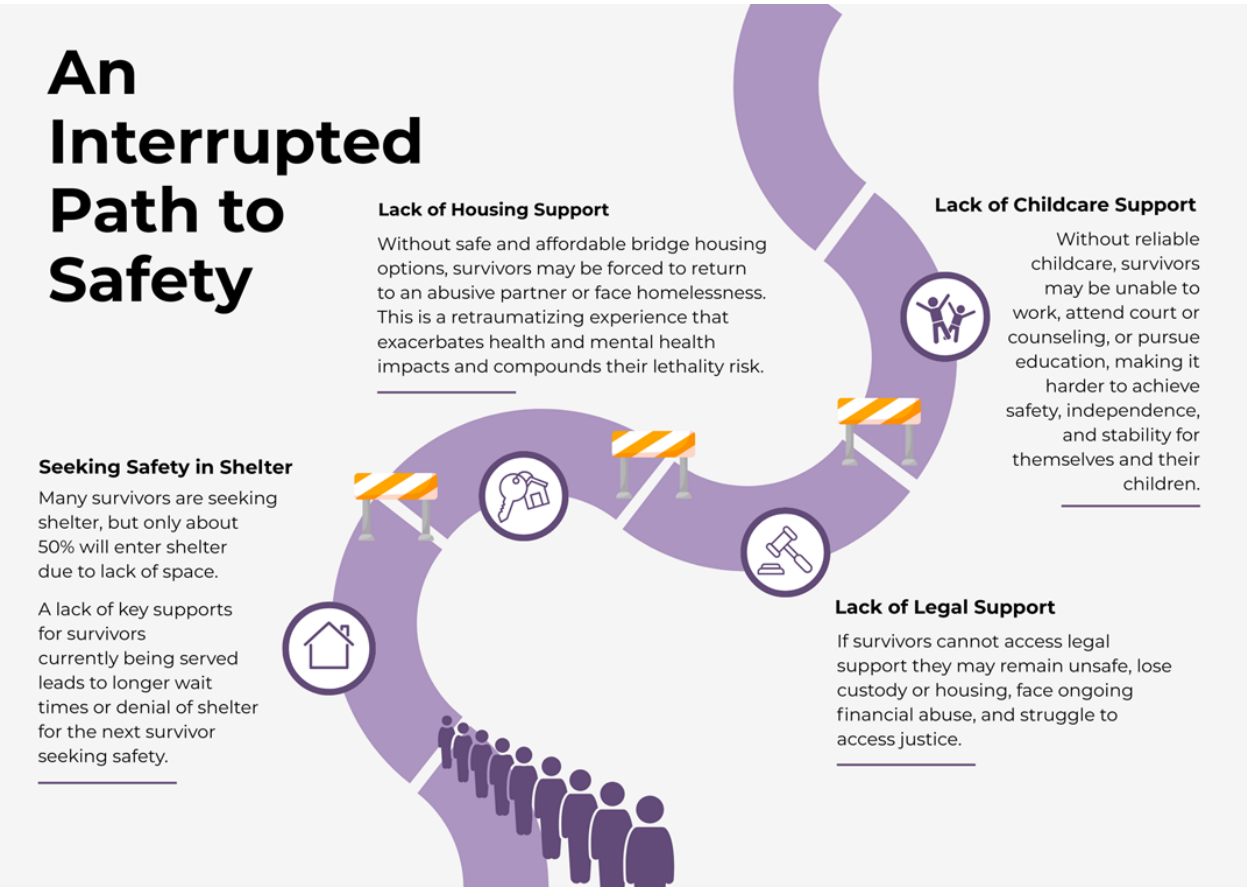
Taken together, the three studies reveal that workforce sustainability is inseparable from survivor outcomes. When advocates are overextended, survivors experience shorter service engagements, fewer referrals, and reduced access to trauma-informed care. When funding instability drives turnover, survivors lose the continuity and trust that makes healing possible. When culturally specific staff are unsupported, survivors from underserved communities face heightened isolation and mistrust. Funding, therefore, must be understood not only as a mechanism for service expansion but as an investment in human infrastructure—the advocates and organizations that form the backbone of Texas' family violence response. To strengthen this infrastructure, the state must prioritize three forms of funding: (1) sustainable and adequate core funding that requires programs to enhance pay to retain skilled staff and plan beyond annual grant cycles; (2) dedicated workforce well-being funds to address secondary trauma, provide quality supervision, and ensure competitive pay; and (3) flexible funding that allows programs to adapt to community needs without sacrificing staff stability.

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

Findings reveal that lack of accessible housing remains one of the most significant barriers to survivor safety and system flow. When transitional or permanent housing is unavailable, survivors are often forced to remain in shelter longer than intended, return to unsafe environments, or rely on unstable arrangements such as couch-surfing or temporary stays with family. Programs also reported that survivors are sometimes denied housing due to limited capacity, eligibility restrictions, or the use of assessment tools, such as danger assessments, in ways that inadvertently screen out those at highest risk. These patterns suggest a need to reimagine the intake and referral process so that it functions as a pathway, not a gatekeeping mechanism.

Shelter capacity is constrained not by demand alone, but by the failure of downstream housing systems. Future investments should prioritize housing infrastructure, flexible funding, rapid rehousing, and the development of trauma-informed intake models that balance safety assessment with equitable access. Addressing denied housing and

intake barriers is critical to reducing re-traumatization, preventing re-victimization, and strengthening the overall continuum of care.



Programs should identify creative strategies to ensure survivors can secure stable housing upon exit from services, reducing the risk of re-traumatization or revictimization. Support safe exits and long-term stability for both survivors and staff by funding transition supports that reduce the risk of re-traumatization and burnout. This includes extended housing options for survivors and career sustainability initiatives for advocates to remain in the field. Without a targeted and significant investment in housing from the State of Texas and HHSC – we will continue to see high denial rates at emergency shelter without options for transitioning into safe and stable housing for survivors to begin to rebuild and heal from the abuse.

3 Expand Prevention and Consider it the First Intervention.

Early prevention efforts are critical to interrupting cycles of violence before they begin. Prioritizing education initiatives in schools, childcare centers, and community settings can help foster healthy relationships, promote early identification of abuse, and shift cultural norms that tolerate violence. Sustained investment in prevention infrastructure, including staffing, curriculum development, and youth engagement, ensures that programs can address root causes rather than respond only after crises occur. In fact, a shift in mindset to consider prevention work the very earliest form of intervention could bolster this effort. Where better to invest funds than in efforts that stop violence before it ever occurs.

To truly center survivors' needs is to focus our efforts on the first intervention: prevention efforts designed to address the root causes of violence before it ever occurs.

Family violence profoundly affects not only adult survivors but also children and adolescents who experience or witness abuse. The Needs Assessment findings underscore that survivors often seek services while caring for children whose own trauma, behavioral health needs, and developmental disruptions remain insufficiently addressed by the current system. Lack of access to youth-specific counseling and supports can extend shelter stays, complicate housing transitions, and undermine long-term family stability. Investing in multigenerational services, particularly trauma-informed counseling for children and teens, strengthens both immediate safety outcomes and long-term prevention efforts. High-quality youth services help interrupt intergenerational cycles of violence, support emotional regulation and healing, and reduce the likelihood that trauma manifests later as health, educational, or justice system involvement. These services also support adult survivors by reducing caregiving stress and improving family functioning during recovery.

State investment should prioritize dedicated funding for child and adolescent counseling, youth advocates, and age-appropriate prevention and healing programs

embedded within family violence services. Integrating youth supports into shelter, community-based, and telehealth models ensures that families are not forced to navigate fragmented systems during periods of crisis. Multigenerational investment is both a prevention strategy and a core component of survivor-centered care.

4 Identify and Prioritize Underserved Community Efforts.

Promoting future safety for all survivors requires centering health and equity in the family violence response. Establishing a dedicated underserved communities team within both local agencies and statewide ones, including TCFV, would strengthen the state's capacity to monitor emerging needs, identify service gaps, and inform policy development. By addressing disparities in access to housing, health care, and advocacy, the network can better promote survivor well-being and long-term safety.

Additionally, survivors from underserved immigrant communities continue to face compounded barriers that compromise both safety and health in a lack of access to key support services due to shifting federal guidance on what can be accessed legally. Leadership at each program should utilize the comprehensive FVPSA list of underserved communities and document the specific barriers these survivors face (including those experienced by undocumented individuals) to ensure that service delivery is intentional and equitable. Existing efforts—such as initiatives supporting Asian Pacific Islander (API) communities, targeted outreach to Black survivors, and services for monolingual speakers—should be expanded and uplifted.

5 Address Economic Disparities.

▸ *Targeted Response to Financial Abuse*

Financial abuse remains one of the most pervasive and destabilizing forms of control in family violence cases. A targeted response requires both survivor-focused financial advocacy and systemic reforms that address barriers to employment, credit, and

economic independence. Investment in workforce development, debt relief, and financial literacy initiatives combined with coordinated partnerships with banks, employers, and legal services can help survivors rebuild stability and reduce the risk of re-victimization.

99% of all survivors will experience financial abuse.

At the same time, the research contained in this report clearly indicates the need to resolve key tangible resource issues survivors routinely face. Throughout this report there is an emphasis on housing, and a resulting recommendation, but childcare and transportation remain a large need for survivors. Certainly, this can be achieved through targeted interventions in this area but true investments and flexible funding for innovation would also allow local programs to develop context-specific solutions that reflect community realities rather than one-size-fits-all models.

▸ *Flexible Funding*

Safely rebuilding a life free from violence all too often means re-establishing nearly every aspect of daily living, from securing housing and utilities to purchasing basic household items needed to make a house a home. Costs related to the violence often arise, including expenses for transferring phone lines, transportation to and from court appointments, and lost wages. Along with these expenses directly related to fleeing violence, survivors still have all the same needs as any other Texan: vehicle repairs, fines and fees for children's classes or field trips, groceries, and personal items. Long shown to be effective, flexible funding refers to funds provided directly to survivors, allowing them to make purchases themselves for the items they identify as most critical to their safety and stability. ***Unlike restricted assistance models, flexible funding allows survivors to respond to urgent, individualized needs that standardized programs often cannot anticipate.*** This approach aligns with evidence-based best practices emphasizing survivor autonomy and self-determination as key drivers of safety and long-term stability.

In light of the ongoing shelter capacity and housing crises, it is imperative that the state invest in flexible funding programs. Timely access to flexible funds can often prevent a survivor from needing shelter altogether or shorten the length of stay when shelter

is necessary, thereby alleviating pressure on already-strained systems while better meeting survivors' needs.

6 Invest in Service Continuity and Innovation.

▸ *Intake and Mobile Services*

To ensure equitable access statewide, Texas should establish mobile family violence advocacy response units with 24/7 crisis teams. Survivors in rural and tribal communities often face substantial barriers to reaching a shelter or advocate, limited transportation, long response times, and a lack of specialized support services and advocacy. Mobile units would bridge these gaps by bringing crisis intervention, safety planning, and connection to housing and legal supports directly to survivors where they are. These teams would operate in close coordination with shelters, hospitals, and law enforcement, ensuring survivors receive immediate, trauma-informed care and follow-up support regardless of location or circumstance. Establishing mobile advocacy units would represent a major step toward equitable, statewide access to safety, particularly for communities that have historically been left out of the traditional service network.

▸ *Build Health and Counseling Infrastructure for Survivors and Families*

To promote lasting safety, the family violence response must treat health as central to both intervention and prevention, not a peripheral concern. Much like all Texans, health is at the forefront of survivors' needs, and they often face compounding barriers as a result of exposure to violence such as mental health and traumatic brain injury (TBI), among many other co-occurring conditions. Access to adequate health care to address both preventative health concerns as well as those stemming from violence are critical. This includes, but is not limited to, reproductive health supports. TCFV acknowledges that federal FVPSA funding has limitations, however, with only five programs offering medical services at their agency, it is imperative we work to close this gap.

Behavioral health supports were cited as a critical need. In shelter-based research, a majority of survivors met clinical thresholds for post-traumatic stress disorder, and

high rates of depression and somatic symptoms were also documented. Survivors simultaneously experienced severe material hardship, with more than half reporting very low food security, an indicator of both economic precarity and heightened health risk. ***These intersecting conditions demonstrate that family violence is not only a safety crisis but a public health crisis requiring sustained, coordinated response.*** To invest in a safer Texas is to ensure that the health of survivors and children is not only taken care of but remains a central focus.

Access to counseling is therefore a cornerstone of survivor healing, yet findings across all studies reveal persistent gaps in both availability and quality. While many programs offer some form of counseling, waitlists, session limits, and shortages of licensed or specialized providers constrain survivors' ability to address complex trauma, depression, anxiety, traumatic brain injury (TBI), and other co-occurring conditions. These gaps are especially pronounced for survivors with prolonged exposure to violence, survivors with disabilities, and survivors from underserved communities. The health findings further indicate that very few programs are able to provide on-site psychiatric care or substance use treatment, relying instead on referrals that are often difficult for survivors to access due to cost, transportation barriers, long wait times, or lack of culturally responsive providers.

High-quality counseling requires more than minimal service availability; it depends on trained clinicians, adequate session length, continuity of care, and integration with advocacy and health supports. With stress on this service via limits on number of sessions, survivors may face barriers to accessing the full breadth of this service and face heightened risks of re-victimization, housing instability, and health deterioration. Targeted investment is needed to expand access to evidence-based, trauma-informed counseling for both adults and children across all stages of the service continuum.

Strengthening counseling infrastructure not only improves survivor outcomes but also supports workforce sustainability for advocates.

Investments should also support screening and response for co-occurring needs such as food insecurity, recognizing that unmet basic needs exacerbate mental health conditions and impede recovery. Strengthening counseling infrastructure not only

improves survivor outcomes but also supports workforce sustainability by ensuring advocates are not asked to meet complex clinical needs without adequate training or support.

▸ *Aftercare and Warm Hand-Offs*

Across all reports, themes emerged about needed interventions to innovate service and peer support models built many years ago. The findings point to the need for more integrated and continuous service approaches. Warm hand-offs and intentional aftercare planning, connecting survivors directly to ongoing counseling, medical, and housing support, are essential to sustaining engagement and addressing the complex needs that persist after shelter exit. Survivors leaving residential programs often face renewed vulnerabilities related to housing, employment, and mental health; intentional coordination between shelter staff and community partners through personalized referrals, follow-up, and case management continuity can help mitigate these risks. By extending the benefits of crisis intervention into healing, such approaches reinforce safety, stability, and long-term independence.

▸ *Crisis Access Points: Strengthen and Sustain Family Violence Hotlines*

In just 10 years, Texas family violence centers answered 2.7 million hotline calls.

Crisis hotlines are one of the most critical and most cost-effective interventions in the family violence response system. Across Texas, hotlines function as a single-session, high-impact intervention that often represents the first and only point of contact a survivor has with the system. Hotline advocates provide immediate safety planning, emotional support, referrals to shelter and housing resources, and connection to legal and health supports during moments of acute risk. For survivors who are unable or unwilling to access shelter, hotlines may be the sole source of confidential support available to them.

While Texas continues to address their shelter capacity issues, research shows that these understaffed and underfunded centers have long wait times, making hotlines an

accessible option.[57, 58] Recent research indicates this model can be an effective rapid intervention, especially when offered in a variety of technological modalities.[59] Because hotline advocacy requires specialized training, rapid decision-making, and sustained emotional labor, underinvestment in hotline staffing contributes directly to burnout and turnover across the broader advocacy workforce.

Strategic investment in hotline infrastructure, including competitive wages, 24/7 staffing capacity, language access, and integration with shelter, mobile advocacy, and telehealth services, would strengthen system flow while reducing pressure on emergency shelter and law enforcement. Strengthening hotline capacity ensures that survivors can access immediate, trauma-informed support regardless of geography, documentation status, or ability to physically reach a program site. As a frontline prevention and intervention tool, hotlines are essential to stabilizing the family violence response system and must be funded accordingly.

▸ *Telehealth and Virtual Service Delivery to Improve Access and Continuity of Care*

Telehealth and virtual service delivery represent a critical opportunity to expand equitable access to family violence services across Texas, particularly for survivors in rural, frontier, and underserved communities. Survivors frequently face barriers to in-person services, including transportation limitations, childcare responsibilities, safety concerns related to being seen entering a program site, disability, or geographic isolation. Telehealth models, when implemented with attention to confidentiality and safety, allow survivors to receive counseling, advocacy, legal information, and follow-up support without these barriers.

Telehealth can reduce gaps in care, particularly for survivors in underserved communities, while also reducing advocate burnout.

Findings from the availability and survivor studies indicate that demand for counseling and

57 National Network to End Domestic Violence. 19th annual domestic violence counts report. 2025. https://nnedv.org/about-us/dv-counts-census/

58 Wood, L., Baumler, E., Voth Schrag, R. J., Kramer Jacobs, A., Temple, J. R., & Clark, E. (2025). Short-term health and safety outcomes associated with digital hotline use at interpersonal violence-focused agencies. *The Journal of Health Care Organization, Provision, and Financing*, 62, 1-11. https://doi.org/10.1177/00469580251381991

59 *Ibid.*

advocacy often exceeds program capacity, resulting in waitlists and service gaps that can persist long after shelter exit. Telehealth can reduce these gaps by enabling flexible scheduling, increasing provider reach, and supporting continuity of care as survivors transition from crisis to longer-term stability. For advocates, telehealth can also reduce burnout by allowing more sustainable caseload management and expanding access to clinical supervision and peer support.

Future investments should prioritize the development of secure, trauma-informed telehealth infrastructure, including technology platforms, staff training, and reimbursement mechanisms that recognize virtual services as essential, not supplemental, components of family violence intervention. Integrating telehealth with mobile advocacy units, hotlines, and in-person programs would strengthen the overall continuum of care while ensuring survivors can remain connected to support regardless of location or circumstance.

7 Strengthen Legal System Supports.

Ongoing training for law enforcement on survivor-centered practices must continue to improve survivor interactions. Regular, evidence-based training should emphasize de-escalation, accurate documentation of family violence incidents, and an understanding of the barriers faced by marginalized survivors, including those who are undocumented, limited-English proficient, or living in rural areas. Strengthening collaboration between law enforcement, advocates, and prosecutors can also ensure consistent safety planning and reduce re-traumatization during investigations and court proceedings. Expanding access to pro bono legal services, legal advocacy, and immigration support remains a critical need, particularly for survivors navigating complex legal systems related to custody, protective orders, housing, or immigration relief (such as VAWA self-petitions and U visas). Sustainable funding for legal aid partnerships and specialized advocacy can help bridge these gaps, ensuring that all survivors, regardless of socioeconomic or immigration status, can access the protections and remedies afforded under the law.

8 Secure Sustainable, Non-Discretionary Funding.

Secure sustainable, non-discretionary funding that not only prevents service disruptions but also protects the stability and well-being of the workforce that sustains the family violence response system. Core funding should ensure competitive compensation and benefits, ongoing professional development, reflective supervision, and access to mental health supports for advocates and service providers. Sustained investment in staff retention is essential to preserving service quality and continuity for survivors.

Conclusion

Family violence in Texas remains both a public crisis and a profound test of our collective capacity to respond with care, coordination, and courage. The findings of this Needs Assessment reveal a system defined by its resilience as much as by its constraints. To have been able to make these findings in support of innovation is indicative of how much is working inside of family violence centers all over our state. Survivors continue to take extraordinary steps toward safety, often while navigating poverty, trauma, and systems not yet built to meet the complexity of their lives. *Programs across the state have stretched every resource to meet these needs, but the evidence shows that the foundation of this work, the workforce itself, is under immense strain.*

These conditions are not inevitable. The data from shelters, nonresidential programs, and culturally specific providers make clear where investment can make the greatest difference. **Sustained, non-competitive funding** can stabilize programs and ensure that staff are compensated, trained, and supported to continue this life-saving work. **Adequate pay** for the backbone of our movement coupled with equal **investments in housing and aftercare** would revolutionize Texas, not just for survivors, but for all of their children to have a safe future.

Flexible funding can expand access to housing, mental health care, and culturally responsive services that reach survivors who have long been excluded from formal systems of support. And **coordinated, survivor-informed planning** can strengthen the network of services that connect local communities to the broader infrastructure of safety and justice.

The charge for Texas is to build upon its strengths: a deeply committed field, a history of innovation under constraint, and a shared belief that every person deserves safety and stability. *The 2025 Needs Assessment is not merely a roadmap—it is a commitment to invest in both the people and the structures that hold this system together. Meeting this moment requires recognizing that care itself is infrastructure, and that sustaining it is both a fiscal and moral imperative.*

By centering survivors' voices, protecting and empowering the workforce that serves them, and directing resources toward the greatest gaps, Texas can continue to lead in building a responsive, resilient, and equitable family violence service system.

When survivors reach out for help, they should find not only a place of safety, but a network strong enough to hold them, and a state determined to keep that promise.

For policymakers, practitioners, and advocates, these findings highlight the need to reimagine family violence systems as inclusive, coordinated, and culturally attuned. Achieving this vision requires equitable funding, intentional cross-sector collaboration, and survivor-led program design. *When survivors' perspectives shape policy, when their cultural identities are honored, and when systems uphold equity and justice, safety becomes a shared responsibility rather than an individual burden.* Texas has a unique opportunity to lead by example, demonstrating how trauma-informed, intersectional, and community-driven strategies can transform services and ensure that every underserved survivor has access to meaningful safety, support, and healing.

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TEXAS COUNCIL ON FAMILY VIOLENCE

Acknowledgments

The Texas Council on Family Violence first extends our deepest gratitude to the survivors who shared their time, expertise, and lived experiences with us. The strength we hold is directly from their voices and courage. We will not back down from what they tell us they need.

We also thank the dedicated advocates and program leaders who contributed their insight and experience, bringing both a deep understanding of community needs and an unwavering commitment to survivors. Their leadership strengthens services across the state every day and they stand with each survivor as they create a safer day.

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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.

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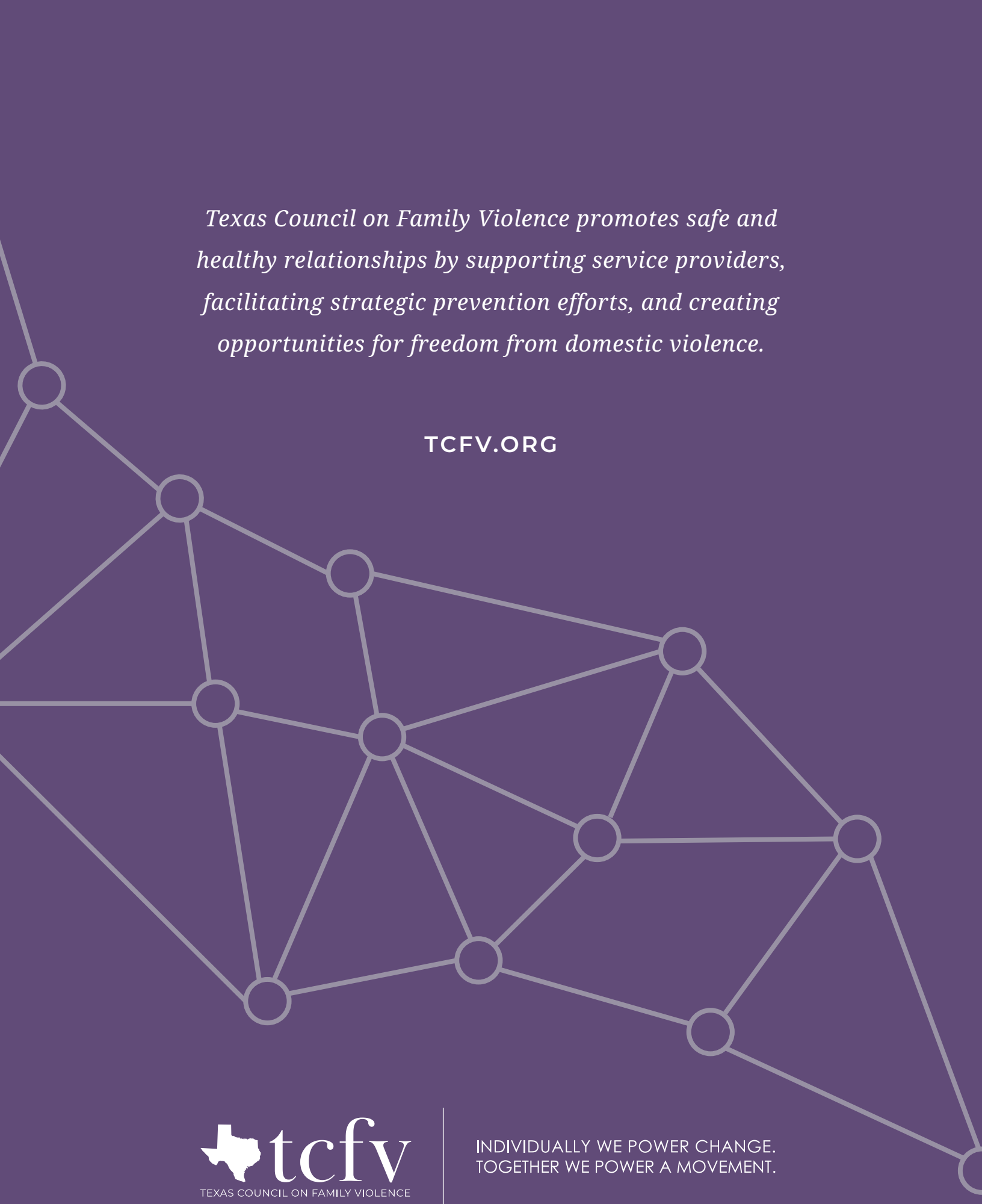

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INDIVIDUALLY WE POWER CHANGE.
TOGETHER WE POWER A MOVEMENT.