

Creating A Safer Texas: Understanding Family Violence Non-Residential Service Use and Impact: Executive Summary

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The Family Violence Program (FVP) at the Texas Health and Human Service Commission (HHSC) currently funds 78 full-service family violence centers, which provide services for over 65,000 Texans annually. Non-residential⁴ family violence (FV) services focused on safety, stability, and healing are a crucial component to the community-based response to FV. However, both in Texas and nationally, there is a lack of evidence about survivor-defined best practices in FV non-residential services. To address this, researchers from University of Texas Medical Branch Center for Violence Prevention (UTMB) and the University of Texas at Arlington School of Social Work (UTA), collaborated with the Texas Council on Family Violence (TCFV) on a statewide mixed-methods project guided by principles of community based participatory research to understand non-residential FV services in Texas. This executive summary briefly covers the process, findings, and recommendations.⁵

Methods

The guiding evaluation questions were: 1). *What do survivors need and want from non-residential advocacy?* And 2). *What is effective in their view?*

Project activities included:

- Analysis of fiscal years (FY) 2019, 2020, and 2021 HHSC FVP service use data.
- A comprehensive review of FV literature and recent Texas FV research.

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⁴ For this evaluation, ***non-residential services*** include services delivered in virtual, in-person, and "mobile" modalities, for clients not living on-site (i.e., those not living in emergency shelter and site based transitional or permanent housing) in the FV agency setting.

⁵ Full report: 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.

- Interviews with 42 staff members at 15 Texas FV agencies and with 25 survivors using non-residential FV services at six FV agencies.
- A web-based survey, *The Texas Community Support Survey (TCSS)*, of 83 survivors who had recently used non-residential Texas FV services at 18 Texas FV agencies.

Data were collected in 2021 and 2022 using confidentiality and safety procedures aligned with best practices in trauma-informed research. Data were analyzed using descriptive and bivariate methods for quantitative data and thematic and content analysis for qualitative data. Quotations in this summary come from interviews.

Results

Project findings domains include: 1). Understanding Trends in Survivor Service Use and Needs; 2). Articulating the Family Violence Service Model; and 3). Assessing FV Program Impact.

1. Understanding Trends in Survivor Service Use and Needs

Chapter 51 of the Texas Human Resources Code provides the statutory framework for the funding of FV services in Texas and outlines required services (Texas Human Resource Code, §51). Chapter 51 currently includes twelve service categories that are required for FV agencies receiving HHSC funding.⁶ Data analysis for this project indicate that FV agencies are consistently providing the services currently outlined in Chapter 51. Staff members engaged in 543,085 individual non-residential service activities in FY21, with intervention services being the most frequently provided service type. HHSC FVP's Exceptional Item Funding (EIF) funded innovative services in three categories in FY20 and FY21 -- legal services, economic stability, and mental health. In FY21, 3,520 unduplicated clients were provided EIF-funded services at 25 FV agencies. Hotline represents a critical access point for FV services in Texas. FV agencies

⁶ The 12 required services codified in Texas Human Resource Code. Chapter 51 can be found here <https://statutes.capitol.texas.gov/Docs/HR/htm/HR.51.htm>

receive, on average, 194 calls a month to their individual hotlines about family violence, including calls that lead to shelter entrances. An additional 20 to 60 calls per agency per month involved denial of shelter either due to lack of space or other issues and referrals for other FV or other shelters because of those denials.

Service access trends across key demographic indicators were analyzed using HHSC data. Survivors accessed services in multiple modalities. In the HHSC data analyzed, a quarter of survivors accessed services only virtually (email, video, text, chat) and 17% exclusively accessed services over the phone. Clients (adults and children) who identified as female received the vast majority of all FV services in all three FYs. Only 28 FV agencies (out of 84) in FY21 reported serving any survivors with a gender identity other than male and female. Family violence service access rates are similar to U.S. Census data representation of racial and ethnic groups in the general Texas population, with some notable exceptions. Asian individuals represent 5% of the Texas population, and only 2.4% of people coming to Texas FV services, and American Indian/Alaska Native individuals comprise 1% of the Texas population and just .5% of those coming to FV services. The five most frequent languages for service provision were English, Spanish, “Other”⁷ Arabic, and Urdu. Adults between 18 and 64 years old comprise the largest group of non-residential service recipients (71.4%), followed by children 0-17 (26%). Adults aged 65+ comprised only 1.4% of those served, while 12.5% of Texas general population.

⁷ The “other” language category within HHSC data refers to any language that is not one of the 14 languages that HHSC tracks.

Survivor Needs

Interviews and surveys with survivors and staff helped articulate the needs of the non-residential FV service users. The most common needs of survivors seeking non-residential FV services were 1). Safety; 2). Housing and income support; 3). Counseling and other mental health help; 4).

Legal help; 5). Inclusive and accessible support and 6). Help with child needs. Safety needs included ongoing safety planning, lethality discussions, assistance navigating getting a protective order. Housing needs include information about housing resources, assistance with housing deposits and support in finding housing that will take housing vouchers. Economic needs included job training,

“My main needs right now is to find a place. I’m strugglin’ with that right now because everything is so expensive and to move into a new place you gotta have the rent, you gotta have a deposit.”

employment options, securing government benefits, and direct financial support. Nearly 20% of survey respondents reported not having access to affordable food in their neighborhoods. Health needs related to high levels of mental health symptoms and a lack of access. Nearly half of survey participants shared not currently having health insurance (46%), with only 30% reporting being regularly able to pay for needed prescription medications.

“I needed someone to talk to, to get out of that. Sometimes I needed support... Other times I was a complete mess, and I just needed someone to advise me on the directions to take.”

Sixty-nine percent (69%) of participants screened positive for mild to moderate depression symptoms and 54% of participants endorsed probable PTSD. Legal needs included help with civil issues like custody and divorce. Support needs included low barrier access to services. Child needs include therapy for children, help with CPS cases, and childcare. Challenges to getting needs met identified by survivors included service access barriers and wait times for FV services.

2. Articulating the Family Violence Service Model

This project examined the existing Chapter 51 framework. While Chapter 51 currently includes essential FV services, it is missing several critical service elements and does not articulate an overall service approach. Findings from this project suggest survivor needs would be better met if Chapter 51 were revised to be a guiding document that articulates a service approach framework for the funding of services. To meet this goal, a revised, collaborative model of FV services was developed through project activities and reviewed with family violence staff and survivors. In the revised model, the over-arching goal of Texas non-residential FV services is to **improve the lives and well-being of survivors of family violence and their children through increased safety, connection, and resource access**. The FV service model should be adaptable to diverse cultural needs, formats (virtual/in person), developmental phases, and health needs. Non-residential FV services should be survivor-centered, focused on dismantling systemic oppression, low-barrier, culturally responsive, trauma-informed, confidential, and voluntary. Eight goals, with corresponding activities and outcomes, support the overarching service approach. See figure 1.

Figure 1: Proposed Non-Residential Service Model



3. Assessing FV Program Impact

Survivor interview and survey participants were asked to reflect on their service experiences and impacts. Over 15% of participants completed the web-based survey in Spanish. Survey participants had been engaged in services or an average of 5.5 months. Impact highlights include:

FV Service Connection Impacts

Survivors report trust and satisfaction with FV services. Over 80% of survivors surveyed reported they would use FV services again if needed, and 90% would recommend FV services to friends, family, or others in their community. Survivors reported feeling valued (93%) and listened to (93%) by staff, and that staff were supportive and encouraging (96%) and nonjudgmental (95%). Among survey participants, 89% rated advocacy/case management services as helpful or very helpful. Thirty-six percent (36%) of survey participants used more than one format of services access highlighting the importance of flexibility in service provision.

Safety and Legal Impacts

Family violence services help improve survivor and child safety and reduce risks for future violence through flexible and inclusive safety planning.

Survey participants reported a 56% increase in feelings of overall safety from before to after FV service use.

“I wasn’t afraid anymore because I got so much support, so many tools to use.”

Experiences of subsequent violence were significantly reduced after service use. After starting FV services, only 12.5% of survivors reported exposure to physical violence, and only 8.45% reporting exposure to sexual abuse since beginning services. Among survey participants, those who felt more in control of their safety and safety plan had lower reported somatic and depression symptomology. Family violence services help survivors access protective orders. Forty-one percent (41%) of surveyed survivors currently or previously have had a protective order and 51% indicated they had received FV agency help related to getting information about legal rights and options.

Health Impacts and Mental Health Impacts

Survivor health and mental health are positively impacted by non-residential FV services, with the majority of survey and interview participants sharing that they were able to get their health needs met from FV services through referrals and navigation. There was a 38% increase in survivors reporting good to excellent

“Counseling. Their counseling was my life saver. I was in a really dark place. It was exactly what I needed at that time. They had me share my experiences which at that time it sucked, but it was necessary in order for me to begin healing.”

health (39% versus 77%) after FV service use. Survivors considered counseling to be among the most impactful FV service. In both the survey and interviews, participants shared about the benefit of free, accessible, trauma-informed, and survivor-centered counseling in helping to

reduce mental health symptoms. Counseling services for youth helped family health and stability.

Housing and Economic Impacts

Resources like housing, financial assistance, and connections to other community organizations help survivors and their children address needs, promote trust with the FV agency, and improve safety. Ninety percent (90%) of survivors surveyed felt that staff actively worked to connect them with community resources. Survivors reported that cash assistance, help getting government benefits, and housing assistance helped improve safety and stability. Services also reduced homelessness. Over 82% of survivor survey participants had been homeless at least once before using FV services; and after services, 47% had experienced another episode of homelessness. FV agencies provided vital food assistance.

Growth Areas to Improve Impact

Several growth areas are indicated to make FV services more impactful. Legal and mental health services are not available at the scale or capacity needed, especially for historically marginalized survivors or in languages other than English. Additional capacity is needed to help survivors with brain injuries and meet the needs of survivors with disabilities. An inability to access FV resources, coupled with extensive waiting lists, created frustration and safety problems for some survivors, reducing the impact of FV agencies' services. FV agencies need to enhance survivor access to housing and economic resources for non-residential clients. Data repeatedly demonstrate the negative impact of FV staff turnover on service engagement and efficacy.

Rural Program Needs

Rural FV agencies have unique strengths and challenges. Non-residential FV services are primarily based in urban counties (76.74%), meaning that the majority of FV service are less

immediately available to rural communities. Geographic isolation and community violence can impede survivors from being able to engage in social and structural support, highlighting the need to address environmental conditions and transportation to facilitate access goals. There is an immediate need to address resource gaps in rural FV communities. While rural FV agencies often work with less resources than more urban area FV agencies, they continue to provide innovative social support-centered mobile advocacy to meet the unique needs of their service areas where survivors are at, physically and emotionally. Statewide leaders should look to rural agencies for creative and flexible strategies.

Recommendations from Project Findings

- FV agencies should continue to focus on implementing a survivor-centered, voluntary, and low barrier service model for non-residential services.
- Chapter 51 should be amended to be more inclusive of activities to meet survivors' needs across Texas and represent a best practice service model for the state.
- To support survivors, FV agencies must center racial justice and support culturally responsive services.
- Non-residential FV services need to enhance focus on youth and older survivors.
- One-time services may work for some, but not all. Service access should be approached as an on-going process for non-residential FV service recipients.
- Wait times, service limits, and access issues are impacting effectiveness. Service capacity should be expanded to reduce wait times and enhance ongoing engagement and access.
- FV agencies should provide safety planning that is individualized, on-going and addresses options whether the survivor is seeking to leave the relationship or not.

- Housing and economic remedies are a powerful way to prevent family violence from happening again. Survivors need FV agencies and funders to emphasize economic, housing, and food security remedies.
- FV agencies and funders should expand their infrastructure for providing mental and physical health support, including counseling, brain injury screening, access to medication, and physical health care.
- FV agencies should include peer-based support and community building in their service model.
- FV leadership and agencies should emphasize addressing structural and agency causes of turnover and occupational stress for non-residential FV staff.
- Agencies need support and resources for implementation of evidence-based practices and evaluation of services.

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