tcfv
TEXAS COUNCIL ON FAMILY VIOLENCE

2025 STATEWIDE REPORT

DVHRT

DOMESTIC VIOLENCE HIGH-RISK TEAMS



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OVERVIEW

The Texas Council on Family Violence (TCFV) is the statewide coalition of family violence service providers and allied professionals working to promote safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from family violence.

TCFV is a membership organization made strong by nearly 100 family violence programs and over 1,000 individual members composed of professionals from supportive organizations, businesses, survivors of family violence, and other concerned citizens who stand with us in our mission.

Each year, TCFV offers a statewide report on findings from Domestic Violence High-Risk Teams (DVHRTs), funded through TCFV thanks to support from the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor. The purpose of the report is to analyze data gathered from DVHRTs—nine teams in 2025—and examine the relationship between the data and known factors for domestic violence victims.

The overarching goals of this work are to prevent intimate partner homicide (IPH), connect survivors to services, and bolster safety. The work the DVHRTs take on is critical, with 519 victims referred to teams in 2025. These referrals were in only nine cities, ranging from rural communities to densely populated urban areas, indicating a serious lethality crisis in our state. These numbers are even more staggering considering that 161 Texans were murdered by their intimate partners in 2024, according to TCFV's Honoring Texas Victims (HTV) report. IPH represents a devastating loss of life and often reveals systemic breakdowns in recognizing risk and preventing homicide.

DVHRTs are one effective method focused on preventing these fatalities by identifying survivors at high risk of future homicide and promoting system coordination.

KEY FINDINGS FROM DOMESTIC VIOLENCE HIGH-RISK TEAMS

In Fiscal Year 2025, the Texas Council on Family Violence collected data from 519 clients experiencing high-risk domestic violence situations. Since FY2020, the program has collected data from 3109 individual referred clients across 18 partner sites. Under Domestic Violence High-Risk Teams, we believe that one client referral equals one life saved; this data documents their survival.

LETHALITY AND THREATS

1. 89.5% of survivors reported that the offender had threated to harm or kill them.
2. 89.4% of danger assessment (DA) respondents believed the offender was capable of killing them.
3. 69.4% of danger assessment for law enforcement (DA-LE) respondents reported that the offender had previously attempted to kill them.

CRIMINAL LEGAL SYSTEM INVOLVEMENT AND REPEAT VIOLENT OFFENSES

1. 81% of offenders had prior or ongoing law enforcement involvement.
2. 63% of offenders recidivated against the same survivor.
3. 90.3% of cases had law enforcement respond to the incident.

FIREARMS AND STRANGULATION

1. 33.9% of offenders had access to or owned a firearm.
2. 39.6% of DA respondents reported that the weapon used against them or used to threaten them was a gun.
3. 75.9% of survivors reported that the offender had attempted to choke, strangle, or cut off their breathing.

STALKING, CONTROL, AND COERCION

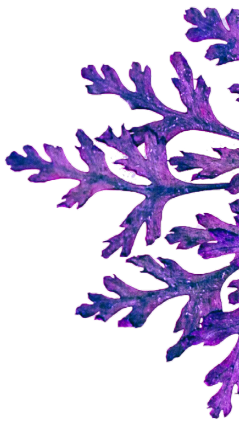
1. 83.3% of DA respondents experienced a form of stalking behavior.
2. 79.5% reported that the offender controlled most of their daily activities.
3. 85.9% reported that the offender was constantly or violently jealous.

BARRIERS TO SAFETY AND LEAVING

1. 28% reported that fear was a barrier to leaving the relationship.
2. 20% reported that financial barriers were a barrier to leaving the relationship.
3. 18% reported that love for the abuser was a barrier to leaving the relationship.

SAFETY RESPONSE AND SERVICES

1. 82.3% of survivors requested an emergency protective order (EPO).
2. 60.3% of those survivors had an EPO granted.
3. 40.9% of services referred to survivors were advocacy.



ABOUT DOMESTIC VIOLENCE HIGH-RISK TEAMS

DVHRTs offer enhanced and coordinated support to victims through law enforcement, family violence advocates, prosecutors, and other professionals. This trauma-informed, wraparound approach is customized to meet each victim's needs to enhance safety and promote offender accountability. TCFV's DVHRT initiative develops and provides statewide support for implementing and maintaining DVHRT teams across Texas. Our goal is to reduce intimate partner homicides and provide supportive services to victims. To support this work, TCFV partners with the Office of the Attorney General and the Criminal Justice Division at the Office of the Governor, our statewide funders, to award small grants to local community sites across the state. Through these funds, local DVHRTs aim to promote an effective, coordinated community response to high-risk domestic violence cases. These teams focus on victim safety by identifying victims of domestic violence who are at severe risk for further violence or lethality.

The project calls for collaboration between all partners involved in each stage of a high-risk domestic violence investigation, including advocacy, investigation, pretrial services, prosecution, and offender monitoring, focusing on survivor safety, privacy, and agency. As DVHRTs are designed to support survivor safety, TCFV places a strong emphasis on transparency of information with the survivor and asks each team to design their model on the knowledge that the survivor is the expert on their own safety and a partner in all aspects of information sharing and safety planning.

One component of this work is analyzing de-identified case data to allow TCFV and our partner sites to focus on the overall goal of preventing future violence and homicide. We do so and offer the data in this report each year to support a deeper understanding of risk factors present in domestic violence cases associated with high lethality and to encourage existing DVHRTs to incorporate these findings into effective best practices and guiding principles. Note that throughout this report, we will use the terms "victim" and "survivor," but we honor that each person whose life intersects with a DVHRT is a unique and strong individual who has navigated their own safety for many years before ever seeking support.

METHODOLOGY

TCFV strives for transparency in reporting data, and as such, the findings contained in this report should be viewed considering a few key limitations. This data was gathered at the time of the case intake into the DVHRT for the report. The data collected reflects cases from September 1, 2024, to August 31, 2025. As such, it does not lend itself to longitudinal or outcome data, since it does not track changes throughout the life of a case. In 2023, TCFV sought to change that and enhance data collection. This involved a complete overhaul of the data collection instrument being used (Client Tracking Survey), as well as the addition of the Quarterly Aggregate Tracking Survey Tool.

The aggregate tracking tool was implemented as a method of tracking changes throughout the life of the case and to better understand outcomes related to offender accountability. The tool collects the overall number of changes in prosecutorial efforts, offender recidivation, charges filed, protective orders obtained, services provided, and barriers to leaving for DVHRT cases being reported. The tool also asks for the average number of hours spent supporting each client. 2025 was the second year of using the aggregate tracking tool. It should also be noted that survivor agency and autonomy are core tenets of DVHRT operation. As such, a survivor's participation with a DVHRT is strictly voluntary, and the case data that is gathered and reported here is primarily obtained through survivor self-reporting.

Also noteworthy are the timeframes mentioned within the report. Because the first DVHRT report was released for the 2020 fiscal year and each subsequent year following, this report will focus not only on FY2025 but also FY2020 through FY2024 to showcase the growth and trends in the high-risk data collection over the past five years.

Sites Reporting From 9/1/2024 to 8/31/2025

- The Bridge Over Troubled Waters (Pasadena, TX)
- Cross Timbers Family Services (Stephenville, TX)
- Family Support Services (Amarillo, TX)
- The Family Place (Dallas, TX)
- East Texas Crisis Center (Tyler, TX)
- Travis County District Attorney (Austin, TX)
- Women Together/Mujeres Unidas (McAllen, TX)
- E.S. Empowered Survivors (Houston, TX)
- El Paso County District Attorney (El Paso, TX)

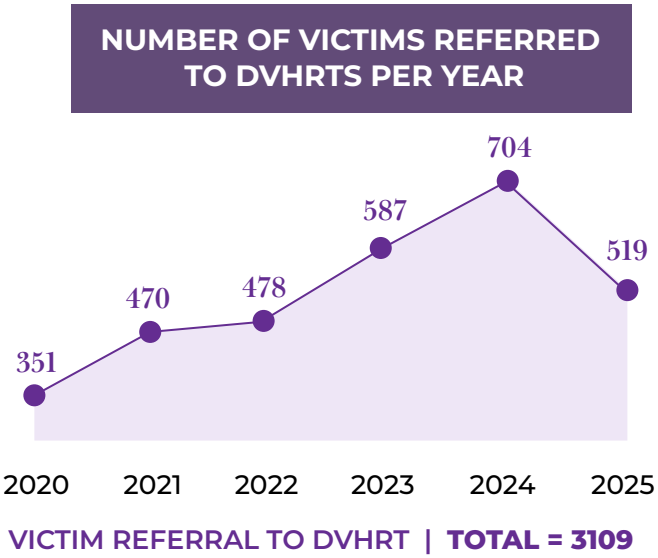
All Sites From 1/1/2020 to 8/31/2025

- Bexar County Family Justice Center Foundation (San Antonio, TX)
- Brazos County District Attorney's Office (Bryan, TX)
- The Bridge Over Troubled Waters (Pasadena, TX)
- Cross Timbers Family Services (Stephenville, TX)
- East Texas Crisis Center (Tyler, TX)
- El Paso County District Attorney's Office (El Paso, TX)
- E.S. Empowered Survivors (Houston, TX)
- Family Support Services (Amarillo, TX)
- Friends of the Family Justice Center of Hays County (San Marcos, TX)
- Ft. Bend County District Attorney's Office (Richmond, TX)
- Grayson County Crisis Center (Sherman, TX)
- Harris County Domestic Violence Coordinating Council (Houston, TX)
- Noah Project (Abilene, TX)
- The Archway, formerly SafeHaven of Tarrant County (Arlington, TX)
- Texoma Alliance to Stop Abuse (Vernon, TX)
- The Family Place (Dallas, TX)
- Travis County District Attorney's Office (Austin, TX)
- Women Together/Mujeres Unidas (McAllen, TX)

FINDINGS AND ANALYSIS

In Fiscal Year 2025, there were 519 victims referred to nine different Domestic Violence High-Risk Teams sites who report to the Texas Council on Family Violence.

Although this was a 25% decrease year-to-year, the number of cases in FY2025 was close to the overall average between FY2020 to FY2024 (518). In addition, over the course of six DVHRT Grant Cycles, approximately 3109 cases have been referred for DVHRT services across the state of Texas. During this time frame, the Texas Council on Family Violence worked with over 18 sites to collect this data.

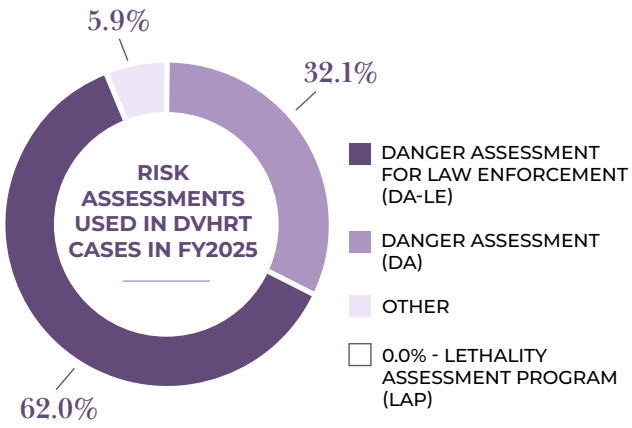


This report contains an analysis of the data and outlines questions for future research. Examining factors such as manner of assault, recidivism, relationship and gender dynamics, and lethality factors, the report highlights critical aspects of high-risk domestic violence cases from FY2020 to FY2025. An analysis of 17 studies from 2020 examined risk factors for Intimate Partner Homicide (IPH) to identify who may be at greater risk of perpetration or victimization. The study concluded that the strongest risk factors for intimate partner homicide included "direct access to a gun, previous nonfatal strangulation of current victim, previous rape of victim, previous threat with a weapon, controlling behaviors, and previous threats to harm the victim" (Spencer & Stith, 2020).[1] Keeping this valuable information in mind, the research shines light on what these DVHRTs are dealing with and where prevention and outreach may focus next.

One thing to note: This decline in cases, following a multi-year upward trend, suggests a possible shift in the direction where these high-risk cases may be headed. But it also poses a question: Are individuals still experiencing high-risk domestic violence situations but not reporting them? With nine sites participating in the DVHRT Grant Program and its required reporting, an increase of three sites from 2024 to 2025, this number indicates a need for enhanced emphasis on these cases and additional funding support for DVHRTs statewide.

RISK ASSESSMENTS

The use of a risk assessment tool when evaluating case dynamics remains at the core of DVHRT operations. Risk assessments are standardized, typical validated questionnaires that aim to ascertain lethality and allow teams to triage support and services. The tool allows for the assessment to occur on scene or as contemporaneous to the triggering incident as soon as possible. Depending on the tool, the survivor is asked questions either by an advocate or law enforcement on the scene. High lethality risk scores trigger DVHRT response. Sites participating with TCFV can select the tool of their choosing. The risk assessment tools primarily being used by DVHRTs in FY2025 are the Danger Assessment (DA), the Danger Assessment – Law Enforcement (DA-LE), and the Lethality Assessment Protocol (LAP).



The DA was developed by Dr. Jacquelyn Campbell to be used with the survivor in collaboration with a social worker, advocate, or health care provider.[2] The DA includes a calendar activity as well as 20 items, 19 of which are predictive of intimate partner homicide. The DA-LE was developed by the Jeanne Geiger Crisis Center in collaboration with Dr. Campbell and Dr. Jill Messing as a shortened form of the DA and has 11 risk questions that are asked by law enforcement at the scene of a domestic violence incident. The Lethality Assessment Program (LAP) was developed by the Maryland Network Against Domestic Violence (MNADV) in collaboration with Dr. Campbell. The LAP is also a short version of Campbell's Danger Assessment and is administered in the field by law enforcement.

In FY2025, use of the Danger Assessment for Law Enforcement saw the largest increase (5%) from FY2024, while the Lethality Assessment Program saw the largest decrease (9%).

ORIGINS OF DVHRT CASES

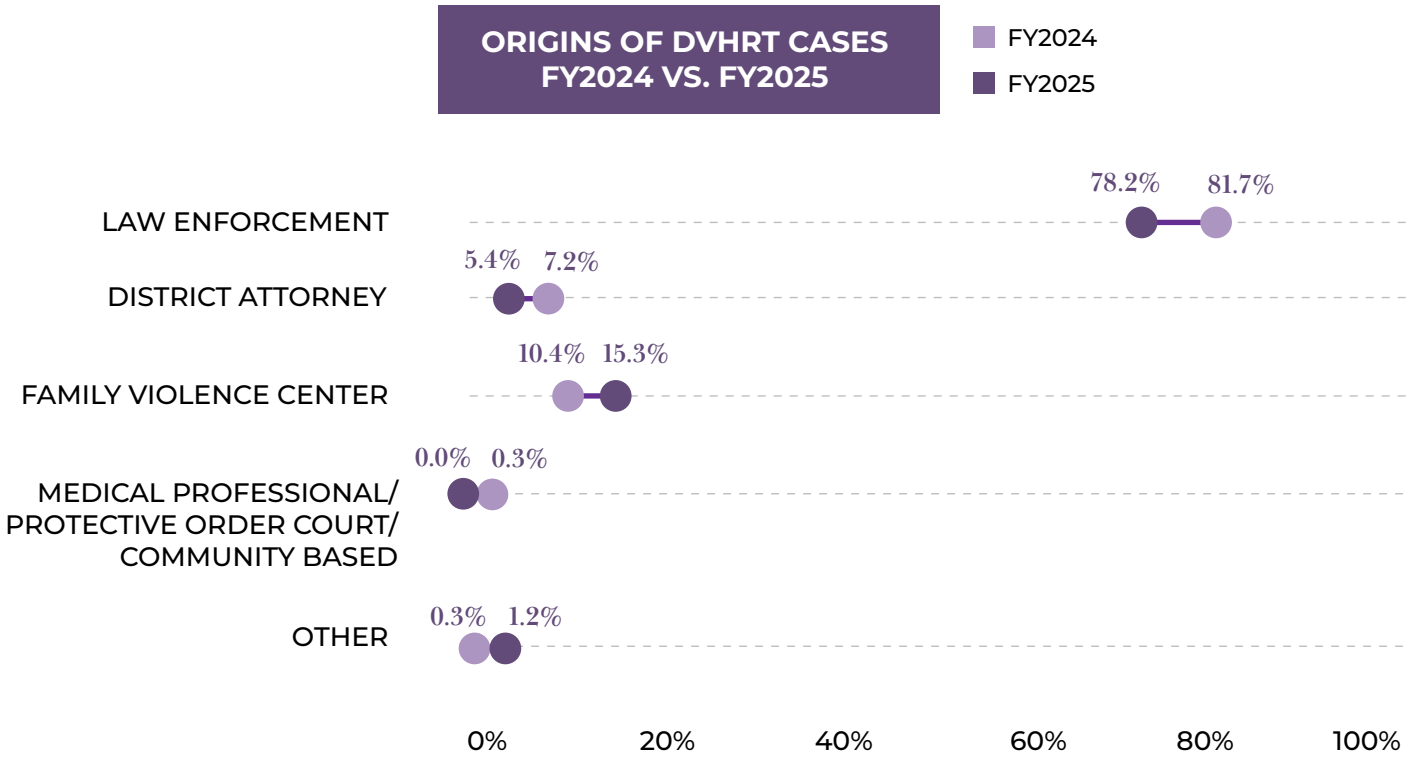
For the fifth year in a row, law enforcement was the primary source of DVHRT cases, accounting for 78% of all referrals — a 3.5% decrease from FY2024.

The next-largest contributor was Family Violence Centers, making up 15.3% of referrals — a 4.9% increase from FY2024.

From 2020 to 2025, law enforcement remained the primary origin of DVHRT cases, averaging 79% across five years of data.

The next-largest contributors were Family Violence Centers (11%) and District Attorneys' Offices (9%).

Changes in case origin composition are frequent, due to the makeup of the teams in the grant program cohort for the period being reported on. For example, from FY2024 to FY2025, one site left the program and three sites joined.

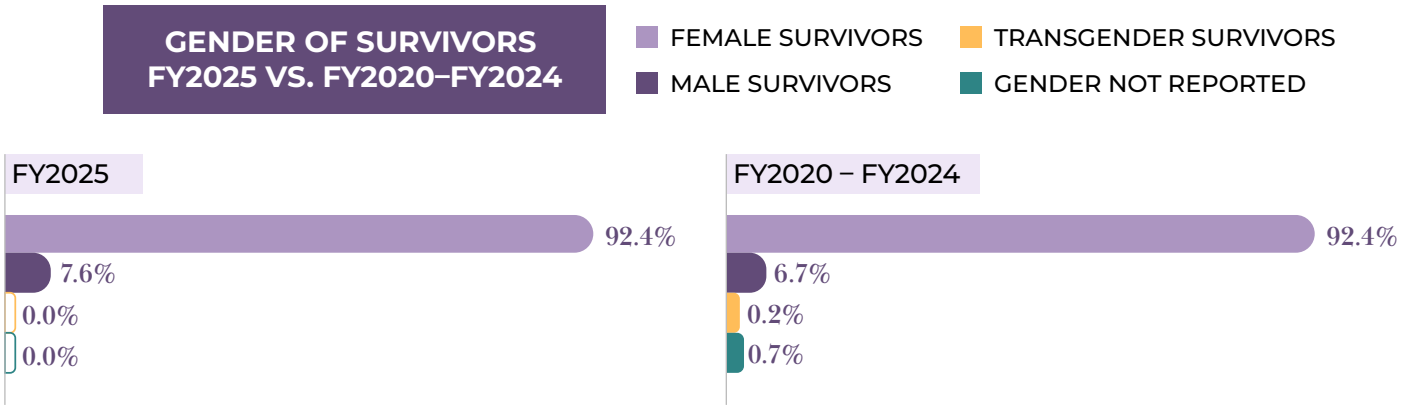


GENDER OF SURVIVORS

In FY2023, the gender options were changed in the Gender Identity Tool to add choices for those identifying as non-binary/gender fluid and transgender. FY2024 was the first full year in which the changes were implemented.

In FY2025, female survivors made up 92.4% of cases referred to DVHRTs, whereas male survivors made up the remaining 7.6%. On average, 92% of survivors were female and 7% were male.

Transgender survivors made up five cases of the total amount — less than 1% of the total group.

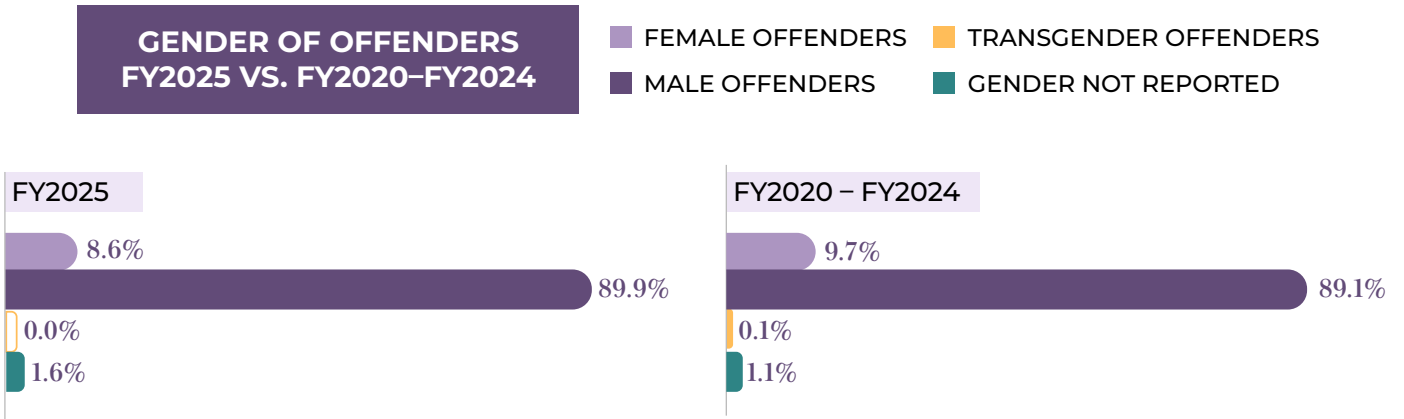


GENDER OF OFFENDERS

As for the gender of offenders combined from 2020 to 2024, on average 89.1% were male, 9.7% were female, and 1% were unreported.

In FY2025, the numbers closely mirrored the overall averages, with 89.9% of offenders reported as male and 8.6% reported as female.

The main difference between the combined averages and FY2025 was a 1% increase in the Gender Not Reported category. Overall, the gender dynamic of cases referred to DVHRTs has remained consistent both with previous reporting periods and national statistics. This consistency highlights the ongoing need for engagement with men in primary prevention efforts.

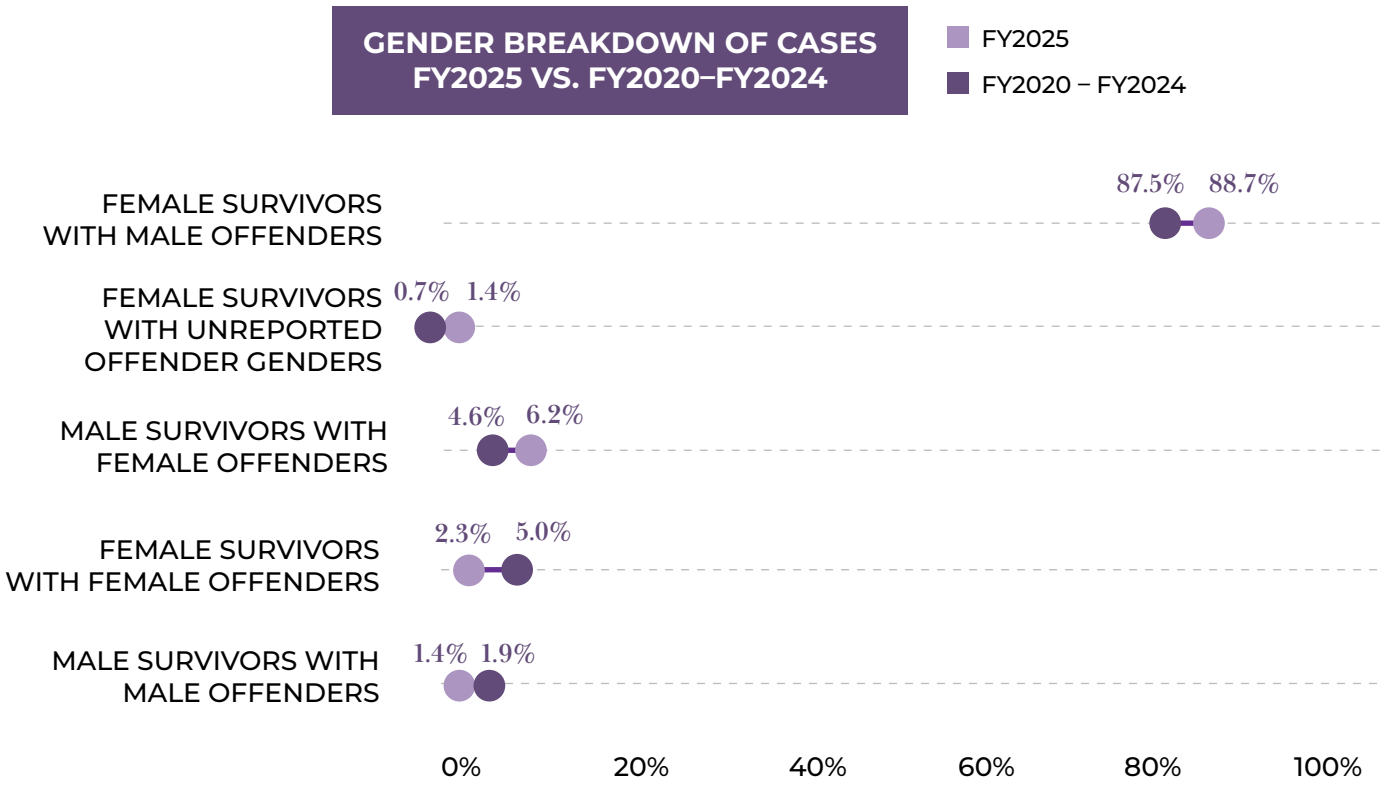


GENDER BREAKDOWN DYNAMICS

In FY2025, 454 female cases had male offenders (88.7%), a less than 1% increase from FY2024 (88%). Conversely, 32 male cases had female offenders (6%).

Between 2020 to 2024, the average case involved a female survivor with a male offender 87.5% of the time, while 4.6% of male survivors had female offenders. As shown in the table, both figures increased overall in FY2025 compared to previous years' averages.

Looking at the numbers overall, from FY2020 to FY2025, cases in which the survivor and the offender were the same gender made up approximately 6.1% of overall cases.



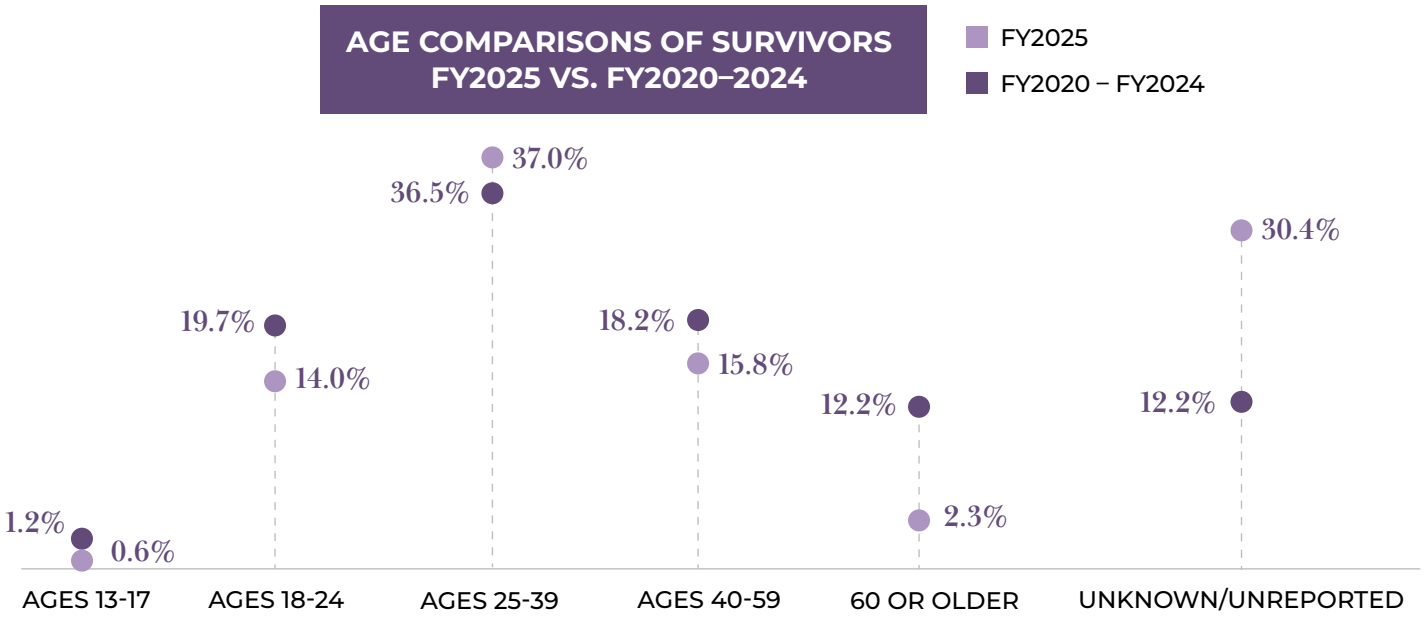


Out of 176 same-sex cases, 125 involved two female parties, while 51 involved two male parties.

AGE COMPARISONS OF SURVIVORS

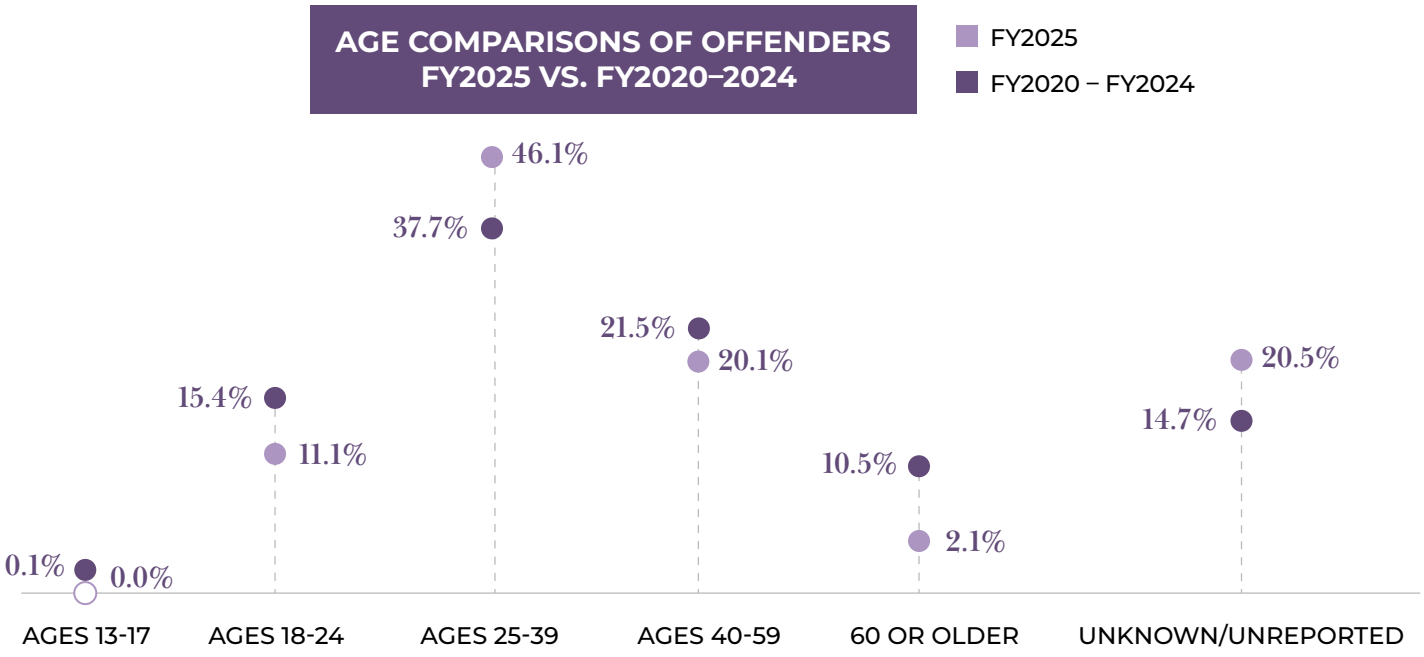
As of FY2025, the 25–39 age group remains the largest percentage of reported survivors, at 37%.

Following this group, for the second year in a row, is the unreported category at 30%, a 5% increase from FY2024 to FY2025. Across all grant cycles, the 25–39 age categories also remain the largest percentage of reported survivors overall, followed by 18–24 and 40–59.



AGE COMPARISONS OF OFFENDERS

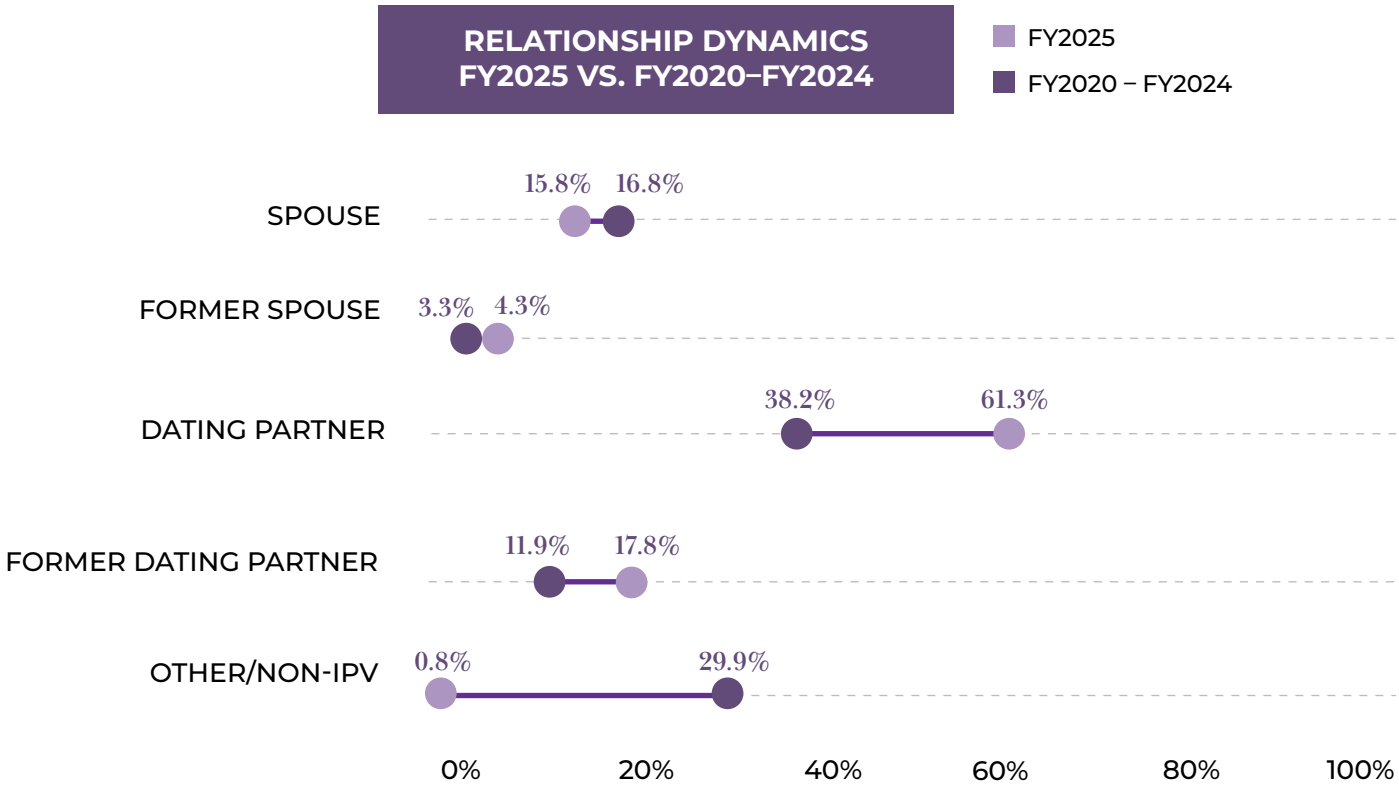
For reported offenders, in FY2025 the 25–39 age group remained the largest percentage group at 46.1%, increasing 2% year over year. Similar to the age comparisons for survivors, the unreported category also increased by 6%, surpassing both the 40–59 and 18–24 age groups.



RELATIONSHIP DYNAMICS

In FY2025, 61% of reported relationship types were a dating partner, an 8% increase from 2024 (53%).

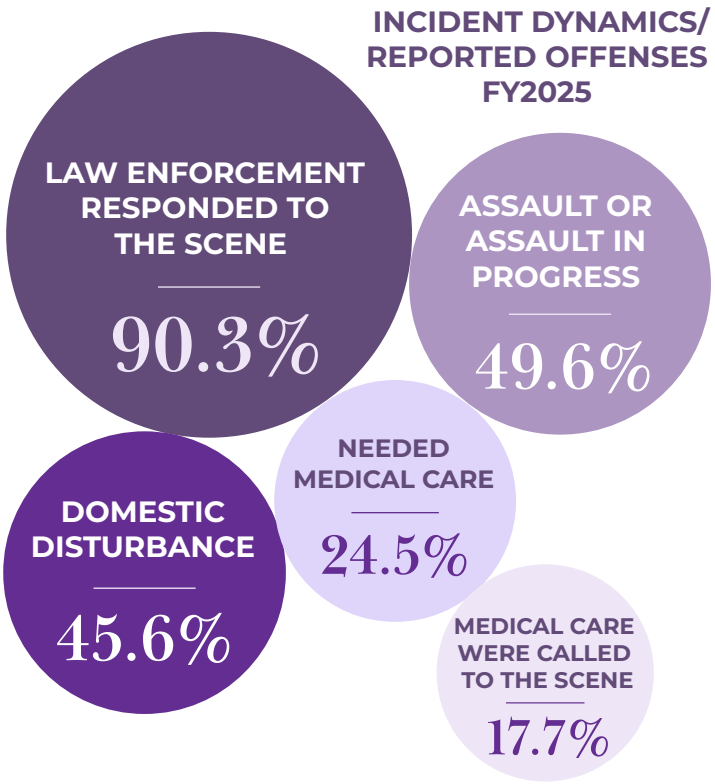
This was followed by former dating partner (18%), spouse (16%), and former spouse (4%). While comparing FY2025 to the average relationship percentages from FY2020 to FY2024, the Dating Partner category shows a 23.1% increase. This is because, in earlier years of the DVHRT Grant Program, dating partners made up a smaller percentage of cases but have been increasing year over year.



INCIDENT DYNAMICS/REPORTED OFFENSES

Law enforcement responded to the scene in 90.3% of the cases, triggering DVHRT involvement, an increase of 1% since FY2024. The most common incident to which law enforcement responded when contacting the survivor was an assault or assault in progress (49.6), an increase of about 2% since FY2024.

It was reported that victims needed medical care due to assault in about 24.5% of cases, and emergency medical services were called to the scene in about 17.7% of cases.

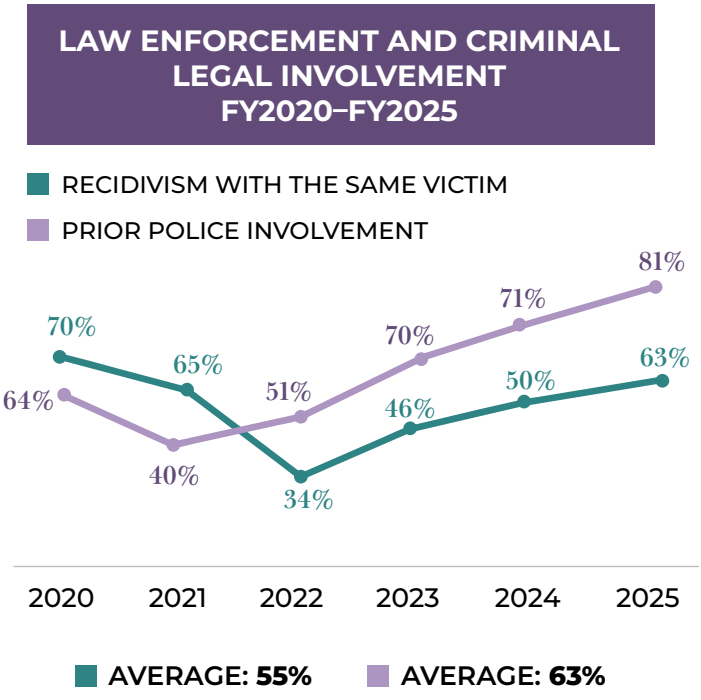


LAW ENFORCEMENT AND CRIMINAL LEGAL INVOLVEMENT

This year's data shows there was prior or ongoing law enforcement involvement in 81% of the cases, a 10% increase since FY2024.

Between FY2020 to FY2025, on average, there was prior or ongoing law enforcement involvement in 63% of cases.

Since 2021, there's been a multi-year uptick in prior or ongoing law enforcement involvement, increasing from 40% in 2021 to 81% in 2025.



In FY2025, the offender was also shown to have recidivated with the same survivor in 63% of the reported cases, a 13% increase from the year prior.

Over the years, the offender was also shown to have recidivated with the same survivor in 55% of the reported cases. Since 2022, similarly to prior or ongoing law enforcement involvement, there has been a multi-year uptick in recidivism with the same client from 34% in 2022 to 63% in 2025.

Taken from the Quarterly Aggregate Tracking Survey, 153 cases involved offenders who reoffended in FY2025, a 62% decrease from FY2024 (399 cases).

In FY2024, out of 83 respondents, 24 (29%) either voluntarily or involuntarily attended a Battering Intervention and Prevention Program to stop abusive behavior in relationships, through accountability and changing beliefs. In FY2025, the overall number of voluntary and involuntary participants was lower than the previous year, at 24 total respondents, but the overall percentage was higher (33%).

MANNER OF ASSAULT

Between 2020 and 2025, TCFV often asked DVHRT sites about the manner of assault, specifically what weapon was used, if any. Responses included firearms, strangulation, blunt objects, motorized vehicle, hands/body/feet, knife/sharp object, or any others not listed. An important factor to note: All cases are unique, meaning that cases in which a weapon was used could have multiple weapons associated, or only one.

MANNER OF ASSAULT 2020–2025

	2020	2021	2022	2023	2024	2025	AVERAGE
FIREARM	6%	9%	8%	11%	8%	10%	**9%**
STRANGULATION	12%	14%	20%	17%	21%	24%	**18%**
BLUNT OBJECT	3%	3%	5%	5%	4%	2%	**4%**
MOTORIZED VEHICLE	1%	1%	1%	1%	5%	2%	**2%**
HANDS/BODY/FEET	52%	64%	51%	59%	52%	55%	**56%**
KNIFE/SHARP OBJECT	1%	1%	5%	5%	7%	5%	**4%**
OTHER	21%	7%	10%	2%	2%	2%	**7%**

Over the course of the DVHRT Program, the top three responses to the weapons used in the assault include hands/body/feet (56%), strangulation (18%), and firearms (9%).

Looking at FY2025, the top three responses to the weapons used in the assault include hands/body/feet (55%), strangulation (24%), and firearms (10%). Comparing the manner of assault year-over-year, strangulation seems to be the only category in which a consistent growth occurred.

MANNER OF ASSAULT *continued*

According to the 2024 Honoring Texas Victims report, 70% of all intimate partner homicide (IPH) deaths were caused by a firearm. Following this, 16% of IPH deaths were caused by either strangulation, asphyxiation, blunt force trauma, and/or beating. Comparing the manner of assault in high-risk cases with that in IPH cases, we can see an escalation of violence starting with hands, body, and feet, progressing into strangulation, and ending with the use of a firearm. By intervening at the right moment, DVHRTs have the ability to step in and help the survivor get to safety, so escalation of violence does not occur.

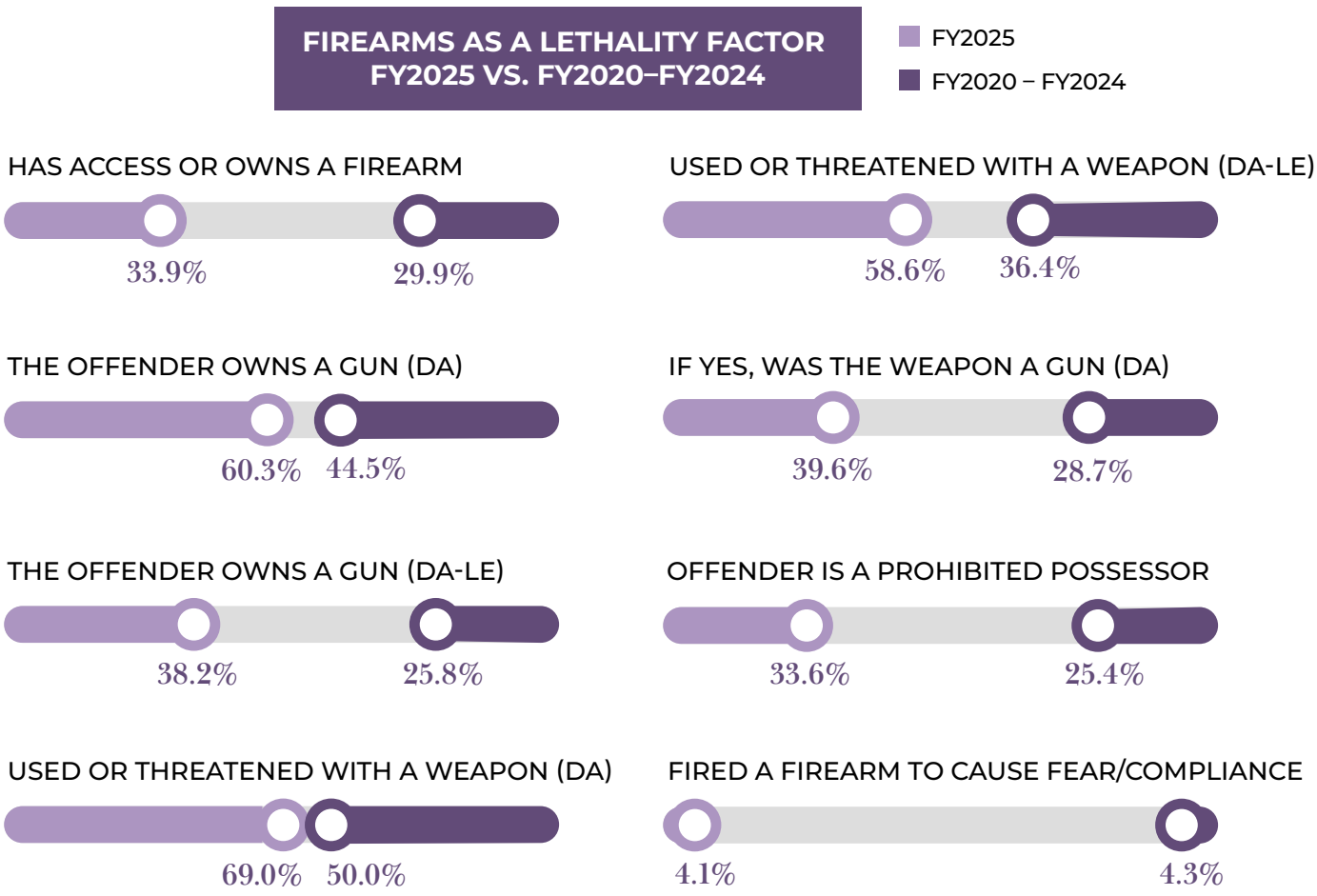
LETHALITY FACTORS

FIREARMS

Firearms remain the leading means of domestic violence homicide. The Honoring Texas Victims Report, released by the Texas Council on Family Violence, reported that firearms were the root cause of 71% of all Intimate Partner Homicides in Texas for 2024.[3]

In FY2025, 33.9% of offenders had access to a firearm or owned one themselves, a 4% decrease from FY2024.

Since FY2023, this has been an ongoing trend in this category.



FIREARMS *continued*

As of this reporting cycle, 33.6% of offenders were prohibited possessors, a 4.6% increase from 29% in FY2024.

Before this DVHRT reporting cycle, that figure had held steady around 25.4%. On an individual level for FY2025, across all grant cycles, this figure was 4%.

In risk assessment tools, we also often ask questions in regard to firearms as a lethality factor. For the Danger Assessment tool in FY2025, 60.3% of offenders often owned a gun, a 5% increase from FY2024.

In the same risk assessment, 69% of offenders used or threatened the survivors with a weapon, up 14% from FY2024, and 39.6% of respondents stated that the weapon was, in fact, a firearm.

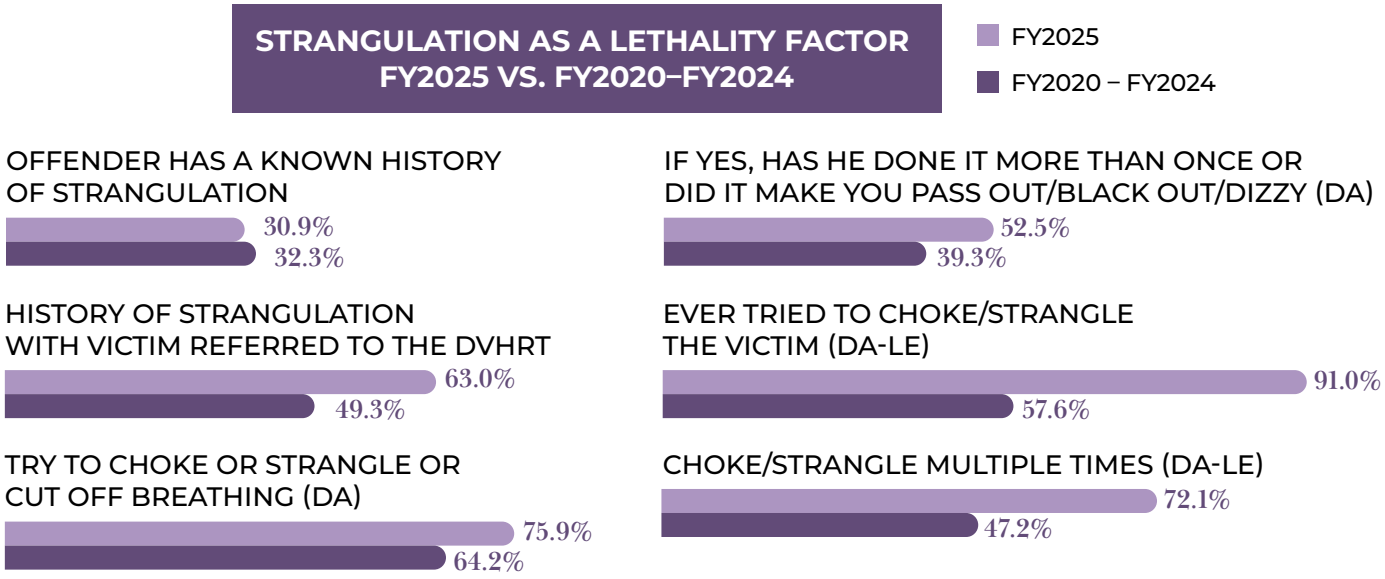
As for Danger Assessments – Law Enforcement (DA-LE) in FY2025, 38.2% of offenders reported owning a firearm, and 58.6% used or threatened a survivor with a weapon, an 8% increase from the previous reporting year.

These questions are often aimed at identifying offenders who were known prohibited possessors or offenders who may use firearms to cause fear and gain compliance. It's worth noting, however, that because the FY2025 reporting year held responses primarily from the Danger Assessment and Danger Assessment – Law Enforcement tools, these numbers may be skewed compared to the overall percentages, which included other risk assessment tools like the Lethality Assessment Program from other reporting years.

STRANGULATION

Like previous years, strangulation continues to be a factor in many cases referred to DVHRT. In a 2024 report regarding non-fatal strangulation victimization in intimate relationships, the authors reported the strongest associated factors to be "physical intimate partner violence (IPV) victimization, physical injury, sexual IPV victimization, perceived risk of harm, and stalking victimization" (Spencer et al., 2024).[4] Understanding this, and looking at the data collecting from DVHRT sites, a history of strangulation assault is a known predictor of domestic violence homicide, both in the longer term and in the days before the homicide.

STRANGULATION AS A LETHALITY FACTOR FY2025 VS. FY2020–FY2024



STRANGULATION *continued*

In FY2025, the percentage of offenders with a known history of strangulation increased 7% in FY2025.

However, 63% of offenders had a history of strangulation with the victim that was referred to the DVHRT, a 13% increase year to year.

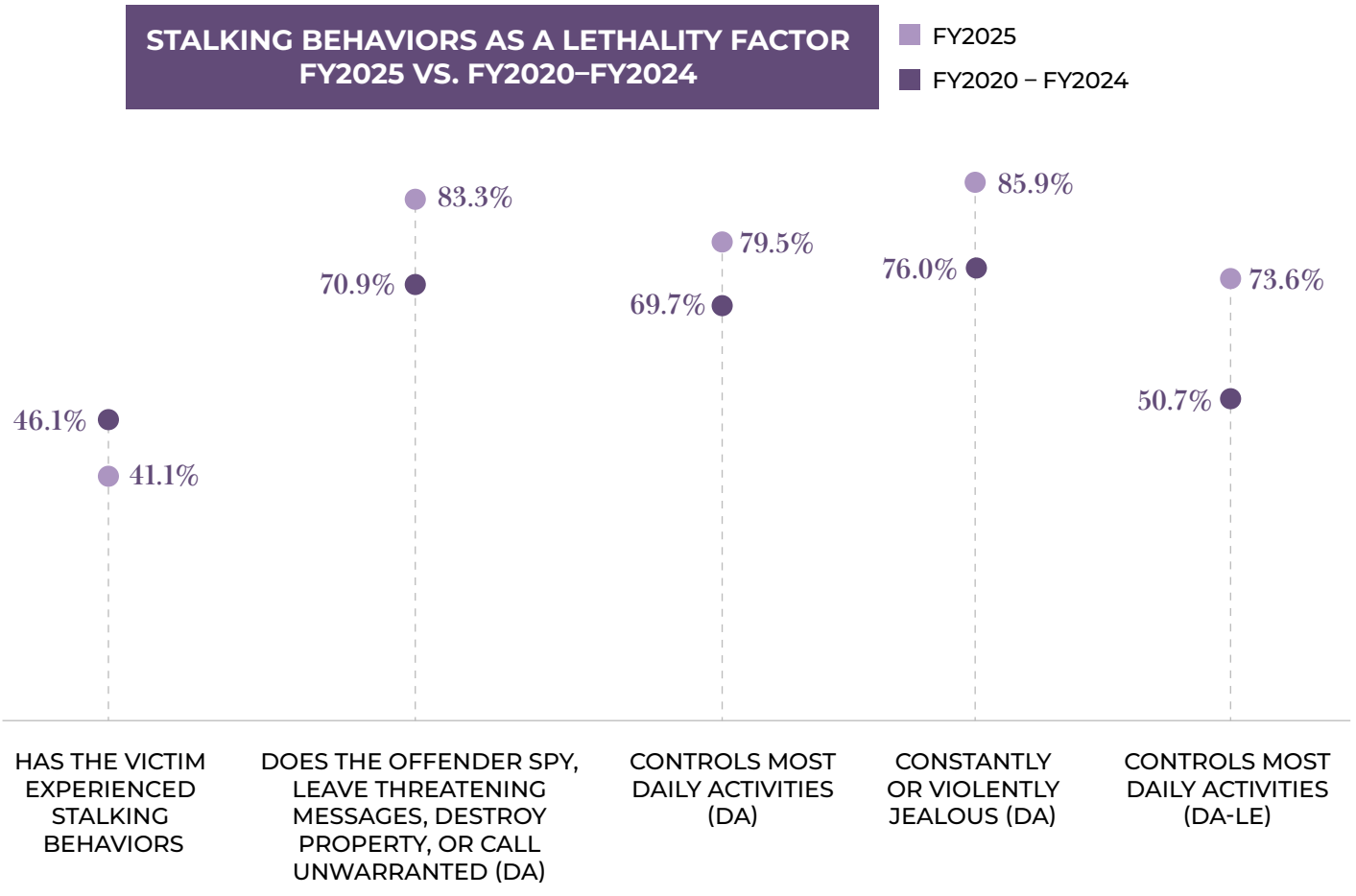
Before this reporting cycle, the percentage of responses to this question stayed closer to around 49.3%.

According to responses given to the DA tool in FY2025, 75.9% of offenders were reported to have "choked" or "strangled" the survivor, a 10% increase from FY2024. 52.2% of survivors in the same assessment said yes in response to feeling dizzy or feeling as though they may pass out.

As per responses to the Danger Assessment for Law Enforcement, 91.0% of offenders tried to choke/strangle the victim, and 72.1% of offenders had choked/strangled the victim numerous times.

STALKING BEHAVIORS

Stalking behaviors are often associated with lethality factors and are a known predictor of intimate partner violence homicide. Stalking behaviors generally include spying, leaving threatening messages, destroying property, and/or calling the victim unwarranted.



STALKING BEHAVIORS *continued*

In FY2025, 41.1% of survivors reported that they experienced some form of stalking behavior, representing a 2% decrease from previous reporting.

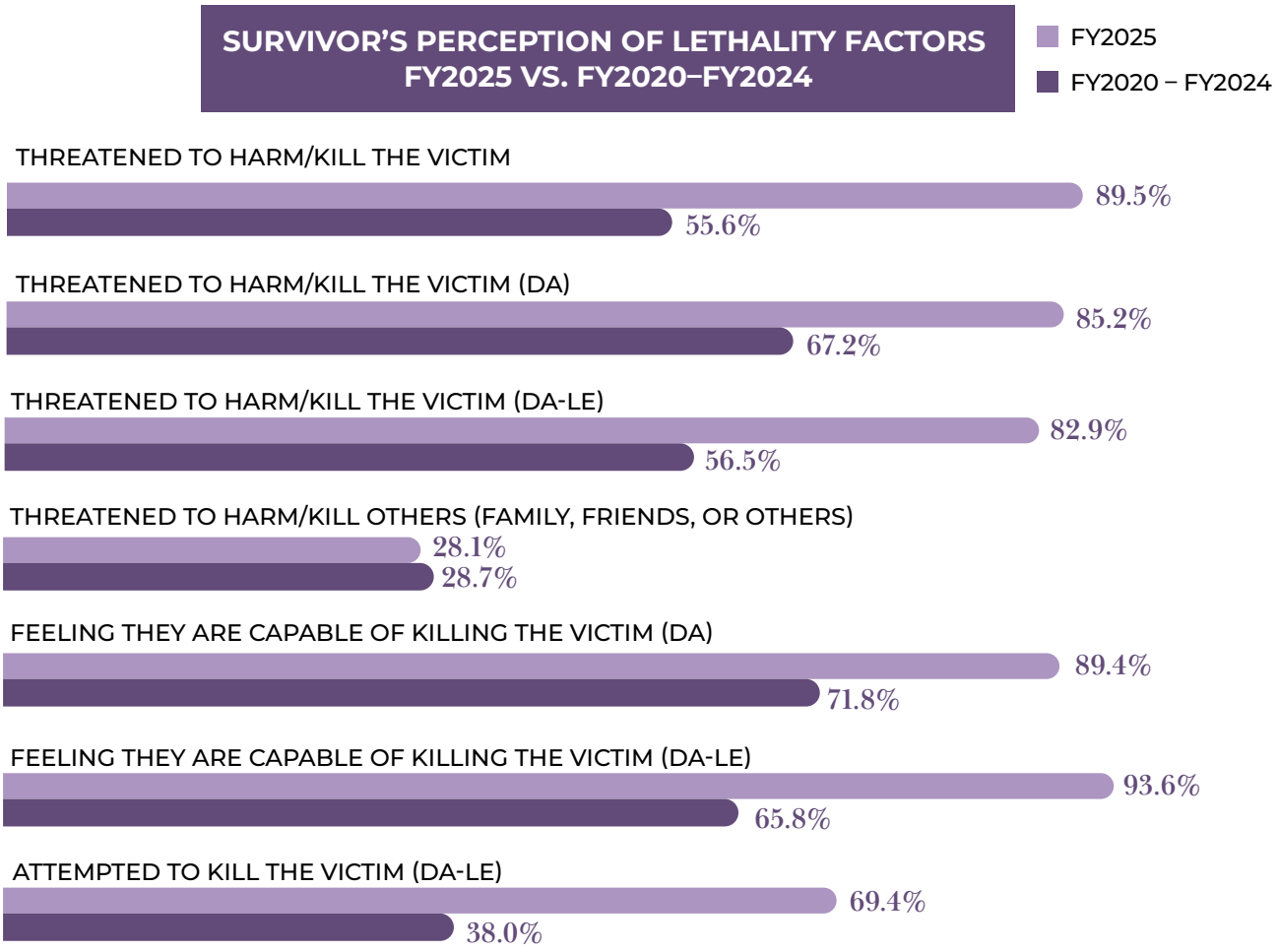
Prior to FY2025, the average was around 46.1%. Despite this decrease, stalking remained prevalent in formal risk assessments, where 83.3% of DA responses in FY2025 experienced these stalking behaviors. This response is 13% higher than the average response reported from FY2020 to FY2024.

When looking at other actions closely associated with stalking behaviors, such as controlling daily activities or being jealous and violent, we can see clear indicators.

According to the Danger Assessment in FY2025, 79.5% of respondents experienced an offender who controlled most of their daily activities, and 85.9% of respondents experienced someone who was constantly and/or violently jealous.

SURVIVOR'S PERCEPTION OF LETHALITY FACTORS

New to the overall DVHRT Statewide Report is a section on a survivor's perception of lethality factors. To properly identify how these lethality factors are enacted on an individual, we believe it is also important to explore the environment and perception of the relationship between the victim and offender. This means using specific lines of questioning about threats to one's life, feelings of imminent danger, and whether or not the offender will act—or has acted—on the urge to end the victim's life. These instances, in a way, act as turning points in the survivor's life.



SURVIVOR'S PERCEPTION OF LETHALITY FACTORS *continued*

In FY2025, 89.5% of respondents said the offender had threatened to harm or kill them, a 4% increase from the previous reporting year. Among DA respondents, 89.4% of them believed that the offender was capable of killing them.

ALONGSIDE THIS,

69.4% of the same group, questioned under the Danger Assessment for Law Enforcement, responded yes, the offender has attempted to kill them in the past — a 15% increase compared to FY2024.

RISK REDUCTION MEASURES

PROTECTIVE ORDERS

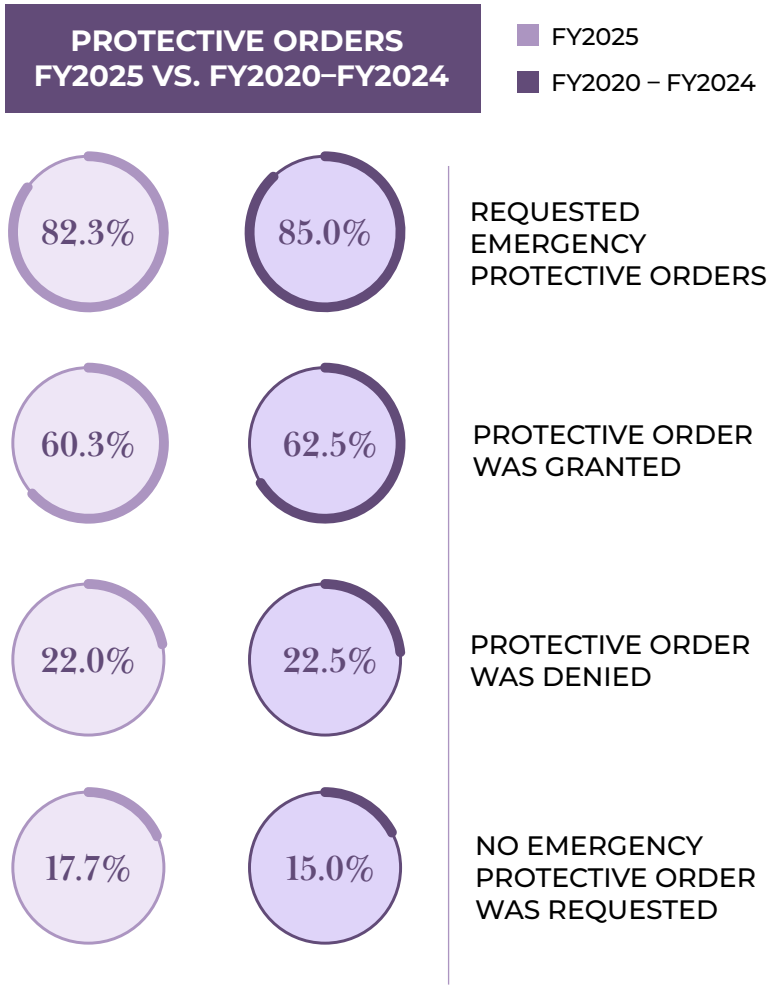
Of the cases reported in FY2025, 82.3% of survivors requested an emergency protective order.

In 60.3% of cases, the emergency protective order was granted, a 7% decrease from FY2024. In 22.0% of cases, the emergency protective order was denied, a 17% increase.

Since FY2020, the average denial rate of a protective order stayed around 22.5% — consistent with FY2025 — and the average approval rate of a protective order was 62.5%.

In FY2023, as mentioned previously, the inclusion of a Quarterly Aggregate Tracking Survey was added to the grant requirements for the DVHRT sites. As such, the data provided only represents responses from FY2023 to FY2025 and represents the life of a post-initial incident case. This means that protective orders requested post-incident could have taken place within three months of the initial contact with the survivor.

PROTECTIVE ORDERS FY2025 VS. FY2020–FY2024



According to the Quarterly Aggregate Tracking Survey taken in FY2025, 195 victims sought protective orders, a 32% decrease from FY2024 (285). Of 195 victims, 52% of their protective orders were granted, a 28% decrease year by year.

VICTIM-IDENTIFIED BARRIERS TO LEAVING

Understanding a survivor's barrier to leaving is also vital to understanding their overall needs.

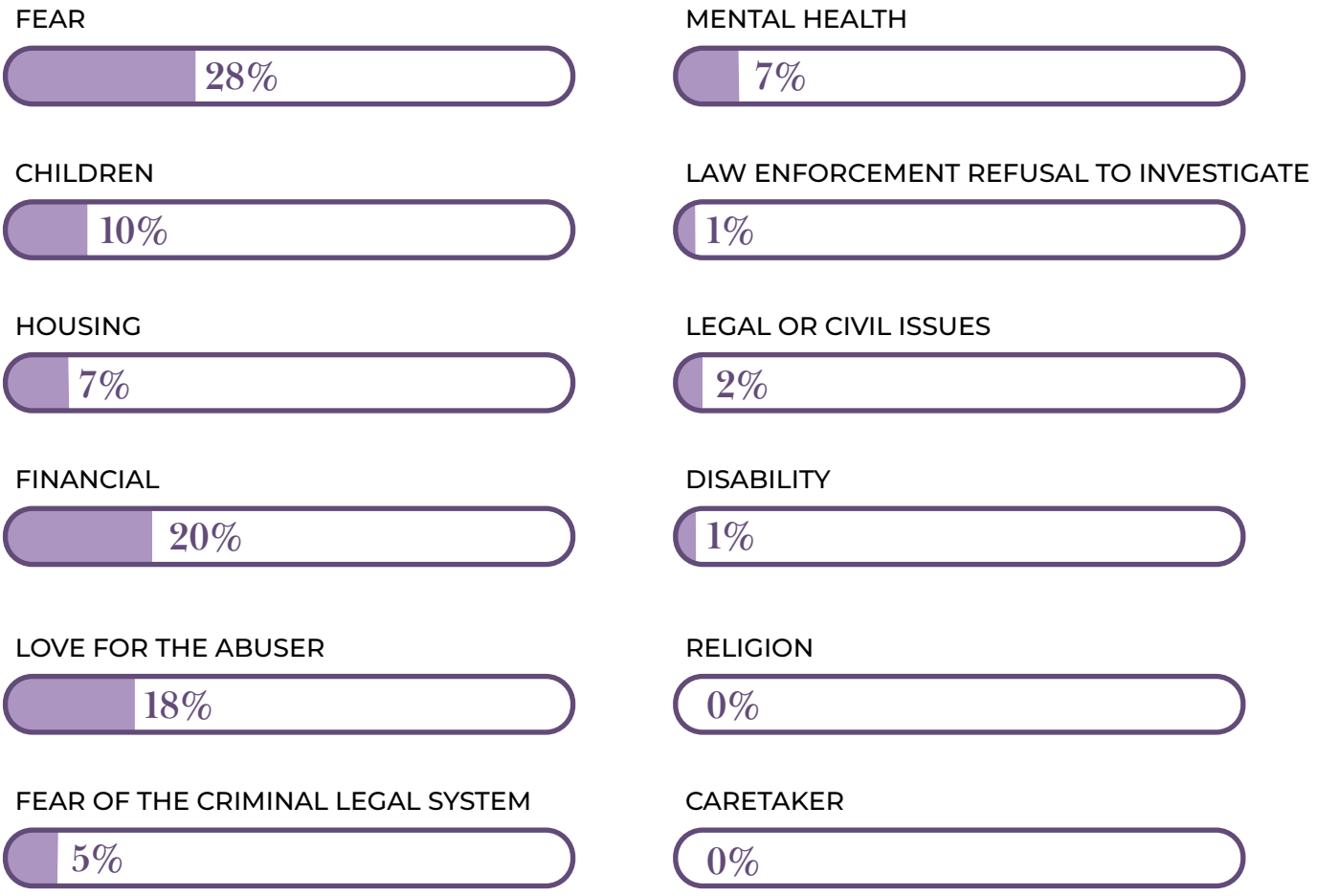
According to the data collected in FY2025, the top barriers to leaving identified by survivors referred to DVHRTs were fear (26.1%), children (13.5%), and housing (13.5%).

For the first time in three years, love for the abuser was not in the top three answers given.

ACCORDING TO THE DATA COLLECTED FROM FY2020 TO FY2024,

the top barriers on average prior to this reporting cycle were religion (32.8%), fear (17.3%), and children (11.4%).

VICTIM-IDENTIFIED BARRIERS TO LEAVING (AGGREGATE) FY2025



According to the Quarterly Aggregate Tracking Survey, survivors responded to the questions on reported barriers to leaving more closely to previous reporting years than the Client Tracking Survey.

The top three reported barriers to leaving from the Quarterly Aggregate Tracking Survey in FY2025 were fear (28%), financial (20%), love for the abuser (18%), and children (10%).

CENTERING SURVIVOR SERVICE NEEDS: AN INITIAL ANALYSIS OF SERVICE USE ACROSS HELP-SEEKING

Survivors of domestic violence are not a monolith; in fact, for service providers to truly be survivor-centered, they must understand that each survivor is a unique Texan with a constellation of needs centered on individual experiences and safety concerns. This means the help survivors seek and when they choose to do so, will vary. To better understand survivors' needs and help-seeking in Texas, TCFV, for the first time this year, seeks to bridge statewide data and analyze two critical help-seeking approaches: family violence program services funded by the Health and Human Services Commission (HHSC) and Domestic Violence High-Risk Teams (DVHRTs).

The data collected from DVHRTs on client services, unlike the HHSC data, solely represents the number of referrals to services, not the actual use of services. With DVHRT help-seeking, the next steps a survivor took beyond seeking help from the DVHRT is unknown.

For the DVHRT dataset, the total number of services referred to 519 clients in FY2025 was N=1172, and for FY2020 to 2024, the total number of services referred to the 2590 clients was N=4520.

In turn, TCFV also receives detailed statistics from the Texas Health and Human Services Commission (HHSC)-funded programs and is able to report data on FY2025 service use.

Data reported by these programs offers a statewide view of service use by reflecting the services delivered to clients by family violence shelters or nonresidential centers across the fiscal year. For the HHSC Services dataset, the total number of services provided in FY2025 was N= 1,510,324, and for FY2020–2024, the total number of services provided was N= 6,820,410.



Family violence programs served roughly 66,000 unique survivors each year, which is reflected in the services reported to HHSC.

Further, patterns in the data should be interpreted in the context of how DVHRTs and family violence programs are structured and funded. Many DVHRTs are operated by family violence programs, and the services reported by these programs may vary depending on the reporting frameworks established by their funders. To discuss these sources within a standard framework, HHSC services were grouped into categories modeling the DVHRT service referral groupings. This approach allows the types and distribution of services represented in each dataset to be presented without implying that service referrals and service utilization are equivalent measures or that an association exists between the two sources. Rather, the comparison shows where individuals at urgent risk were referred and what services all Texas survivors overall received.

CENTERING SURVIVOR SERVICE NEEDS: AN INITIAL ANALYSIS OF SERVICE USE ACROSS HELP-SEEKING *continued*

Although the DVHRT and HHSC categories technically represent two different aspects of service engagement — service referrals for clients versus services utilized — both provide important perspectives on the process of help-seeking and the role of DVHRTs in supporting access to lifesaving services. DVHRT referral data demonstrates the services identified and recommended for survivors in high-risk situations, while HHSC service utilization data reflects the services clients ultimately access across lethality risk profiles. In this section of the report, the DVHRT Frequently Referred Services and HHSC Services and Client Data are intentionally presented separately to preserve the distinct meaning of each dataset and its metrics. Presenting the data this way establishes a foundation for future studies that aim to examine the relationship between service referrals, service utilization, and other approaches to help-seeking among survivors.

CATEGORIZATION AND DEFINITIONS	
DVHRT Service Categories	**HHSC Services and Client Data**
ADVOCACY	■ Intervention Services ■ Emergency Orientation ■ Family Violence Option ■ Information and Referral-Community Services ■ Medical Accompaniment ■ Medical Care ■ Transportation
ECONOMIC STABILITY SERVICES	■ Information and Referral-Employment ■ Client Assistance*
LEGAL SERVICES/ASSISTANCE	■ Legal Assistance
EMERGENCY SHELTER	■ Shelter Clients*
SUPPORT FOR PARENTS AND CHILDREN	■ Child Recreation or Social Group ■ Child Services ■ Educational Arrangement for Children

***Note:** Shelter clients represent a separate data point that is not reflected in the services dataset. However, to accurately describe the emergency shelter provided to survivors through HHSC-funded programs, this data point was included. Because of this, it does not offer a direct comparison to the DVHRT percentage and should be used only to inform the broader discussion. Client assistance is another data point included to support the discussion, but since it was first introduced in FY2022, it does not provide a fully accurate depiction of the service when compared to DVHRT economic stability services across the 2020–2024 range. This limitation should be clearly noted.*

DVHRT FREQUENTLY REFERRED SERVICES

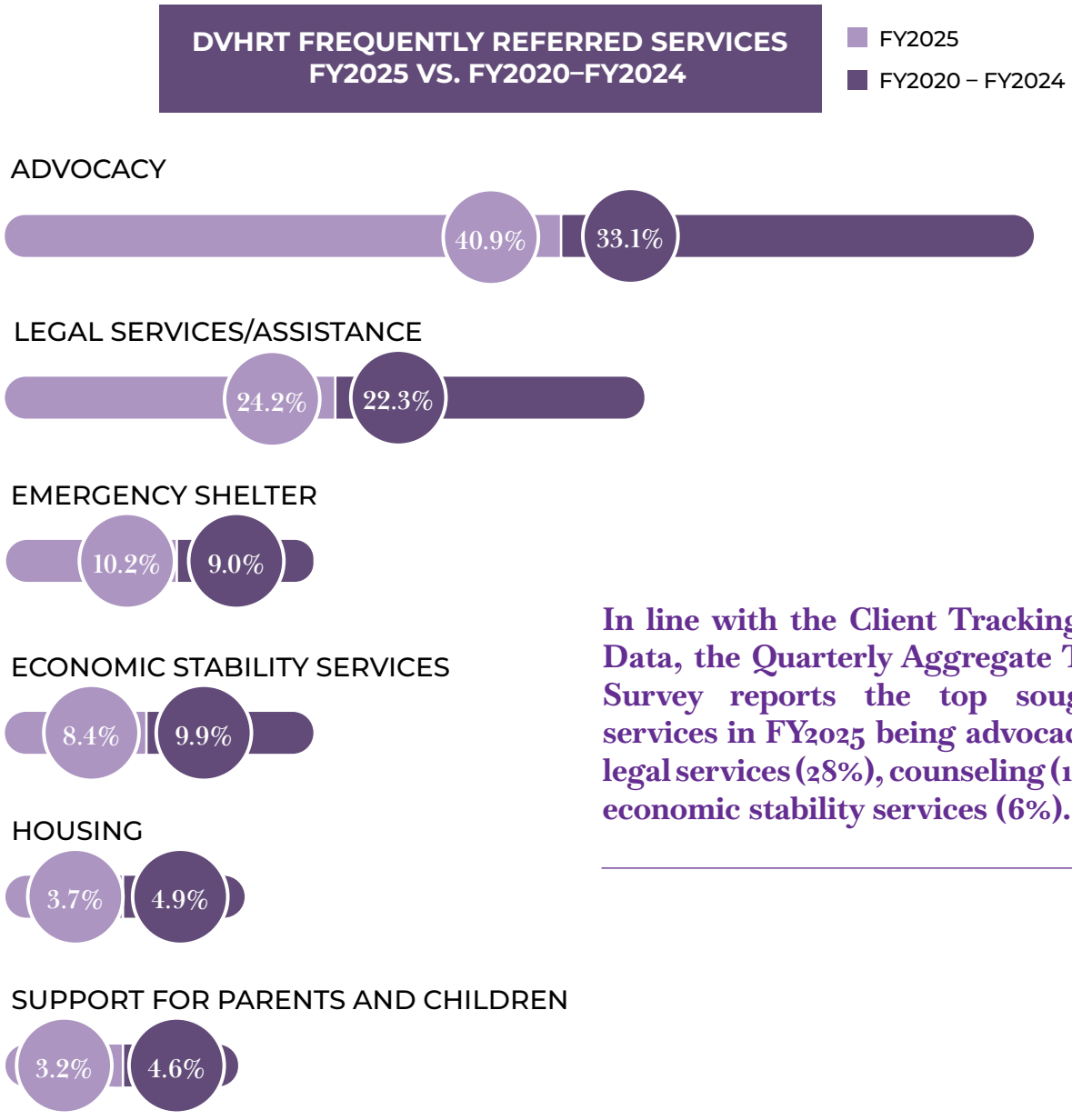
Data on service utilization is collected from each site in the regular course of reporting. This year's data provided a snapshot of the needs for survivors.

The most frequently referred services in FY2025 were advocacy (40.9%), legal services (24.2%), and emergency shelter (10.2%).

For the first time in more than three years, counseling was not among the top referred services to survivors.

As mentioned previously, data on service utilization is collected from each site in the regular course of reporting. According to the DVHRT Client Tracking Survey prior to this reporting cycle,

the most frequently referred services on average were advocacy (33.1%), legal services (22.3%), and counseling (16.2%).



In line with the Client Tracking Survey Data, the Quarterly Aggregate Tracking Survey reports the top sought-after services in FY2025 being advocacy (38%), legal services (28%), counseling (16%), and economic stability services (6%).

DVHRT REFERRAL DATA

Advocacy

Advocacy represented the most referred service in FY2025, accounting for 40.9% of DVHRT services. Given that advocacy and safety planning are core functions of a DVHRT, this trend aligns with that need. In fact, advocacy has been the most frequently referred service both in FY2025 and across the four-year period (2020–2024) for DVHRTs. It is also worth noting that services falling under the DVHRT advocacy category often serve as the entry point and immediate support for survivors before they seek more specialized long-term interventions, such as counseling and emergency shelter. Advocacy captures a broad range of early help-seeking services, such as safety planning and emergency intake, when receiving a one-time critical service. This may contribute to the high volume observed for DVHRT advocacy services, positioning them as the most referred service among survivors.

Legal Services

Legal Services/Assistance represents the second-largest service referral category for DVHRTs at 24.2%. DVHRTs tend to have one of the following or a combination: an on-staff legal expert in the form of an attorney, dedicated referrals to a legal aid, or a space in-office dedicated to a legal associate from the regional legal aid organization. From an accessibility perspective, DVHRTs are in the same position, as most are family violence centers that rely extensively on partnerships and pro-bono legal support to properly address specialized legal needs.

Support to Parents and Children

The DVHRT service with the lowest service referral percentage was Support to Parents and Children, accounting for only 3.2% of service in FY2025. This pattern is also consistent across the data from 2020 to 2024. As DVHRTs are typically housed within family violence centers, questions arise about whether services related to children and parental support encompass the full scope of services that parents and children need in these circumstances. What is known is that during the initial intake phase for a DVHRT, survivors and advocates alike are faced with the very real challenge of addressing the most pressing safety concerns first. With 10% of high-risk survivors citing children as one of the barriers to leaving an abusive partner in FY2025, in situations where a survivor faces a high risk of lethality, it raises important questions about whether the DVHRT model fully captures child-related needs on initial intake. One thing to note, alongside the DVHRT Client Tracking Survey that TCFV pulls data from, the organization also collects data from the DVHRT Aggregate Tracking Survey. This survey is taken in the weeks or months after the initial incident and is used to showcase the breadth of the case, with information being collected as new information is shared. According to the DVHRT Aggregate Tracking Survey, 3% of survivors requested support for themselves or their children, similar to the original response of 3.2%.

Emergency Shelter

Emergency shelter accounted for a relatively small share of DVHRT services, at 10.2%. At many DVHRTs, these high-risk clients are given priority for both emergency shelter and housing over non-high-risk clients, due to the potential lethal ramifications of their case. Once situated, the survivor may then decide whether residential or non-residential services are a better fit.

DVHRT REFERRAL DATA *continued*

Housing

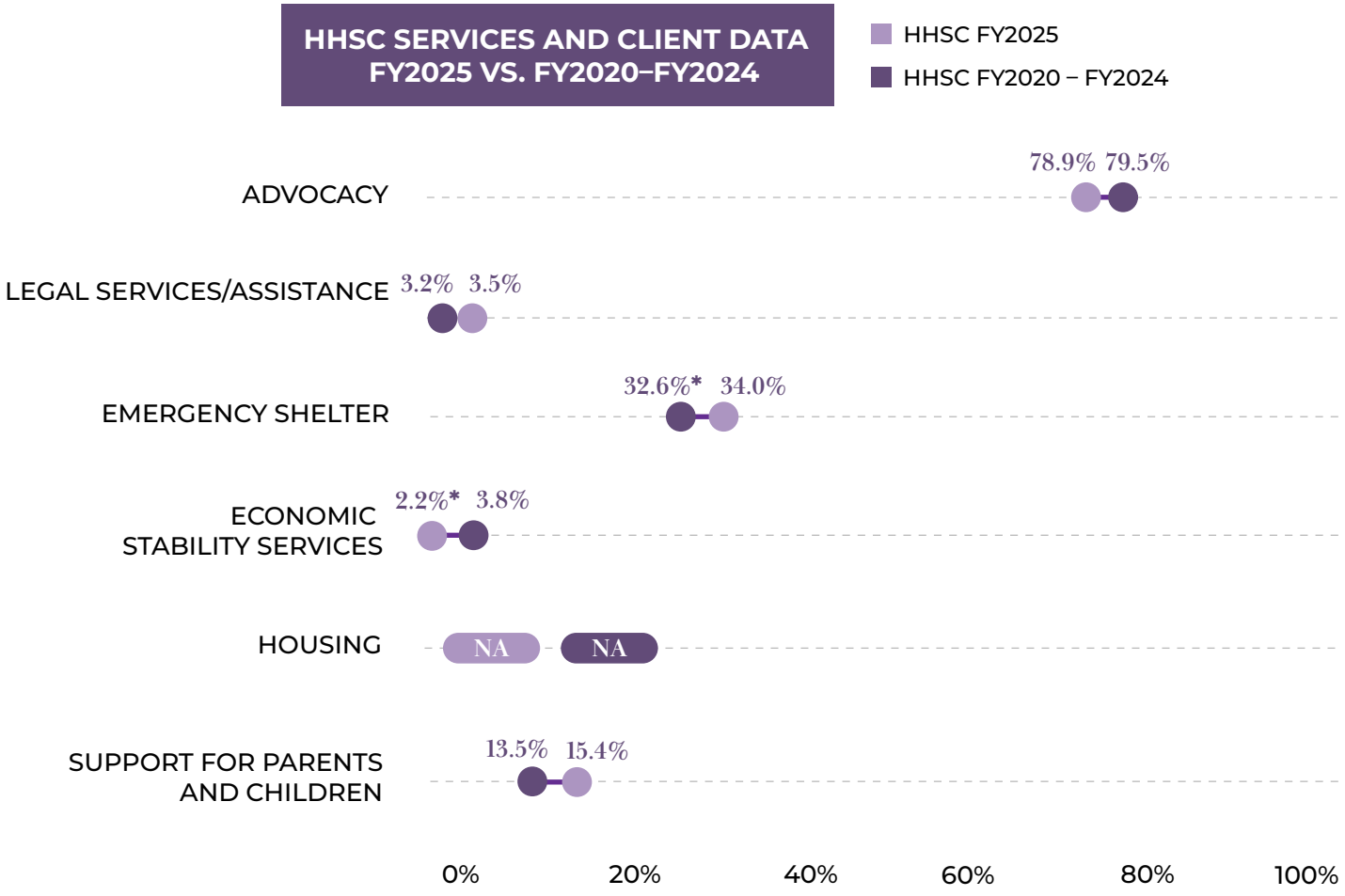
For FY2025, 3.7% of services referred were housing, whereas the overall average was approximately 4.9% between FY2020 to FY2024. Housing, alongside support to parents and children and economic stability services, represented the services with the least number of referrals to DVHRT clients in FY2025.

Economic Stability Services

In DVHRTs, Economic Stability Services accounted for 8.4% of all services utilized in FY2025. This measure should also be understood as reflecting what a DVHRT tracked as what was available to distribute from a center, not what the survivors stated they needed. Over the four-year period, utilization of Economic Stability Services exceeded that of Emergency Shelter for DVHRT services.

HHSC SERVICES AND CLIENT DATA

As stated above, for the first time, the DVHRT report will contain an additional perspective to foster a broader representation of survivors' experiences across help-seeking, with data on service use bundled into the same categories used for DVHRT. In this section, we'll explore the differences in what all survivors across Texas actually received in services versus the referrals discussed above.



Advocacy

Advocacy represented the most utilized service in FY2025, accounting for 78.9% of HHSC advocacy-related services. Given that advocacy and safety planning are core functions of a family violence center, this trend aligns with that need. In fact, advocacy is the most frequently used service in FY2025 and across the four-year period (2020–2024) for HHSC-funded services. Advocacy captures a broad range of early help-seeking services, such as safety planning and emergency intake, when receiving a one-time critical service. This may contribute to the high volume observed for HHSC advocacy services, which positions this category as the most utilized service by survivors. In addition, HHSC services under the Advocacy category combine services that do not fit into other defined categories. As a result, the volume of Advocacy may reflect the breadth of advocacy services and its role as a catch-all category.

Legal Services

Legal services account for only 3.2%, one of the smallest percentages of services utilized in FY2025. Until FY2026, family violence centers focused on legal advocacy and support and working with local partners, and it was a required advocacy type, but not in statute. In FY2026 this will shift, and there will now be a dedicated advocacy requirement focused on this area as a result of updates to Chapter 51 of the Human Resources Code, which is the statute that outlines minimum requirements to be a family violence center in Texas. Data related to this change, however, is not yet available to indicate if this shift will also affect service use. This trend is consistent throughout 2020 to 2024, with legal services representing a small share of HHSC services.

Low rates for legal services at family violence centers should not be interpreted as a lack of need, rather than services that have inadequate funding support or that they may be accessed outside of the family violence center due to availability. Barriers tied to affordability continue to limit survivors' access to this type of support, and programs do not have dedicated funding to retain attorneys in programs. In fact, the 2025 Needs Assessment[5] highlights access to legal aid as an area of unmet need for underserved survivors in particular, which is indicative of a great need for this support.

Although most programs provide legal advocacy for both civil (88.1%) and criminal (77.4%) matters, access to in-house attorneys remains a barrier to fully meeting survivors' legal needs.[6] Programs commonly reported offering protective order assistance, court accompaniment, and information on legal rights. Only one in five programs had attorneys on staff.[7] As a result, the majority rely extensively on external partnerships and pro-bono legal support, in the same manner that DVHRT does, to address more specialized legal needs.

Support to Parents and Children

HHSC services that focus on meeting the shared needs of parents and children represent the second-most utilized service category at 15.4%, a pattern that remains consistent across the data from 2020 to 2024 (13.5%). Multiple HHSC services, including Child Recreation or Social Group, Child Services, and Education Arrangement for Children, were included within this category because they address children's needs while also providing indirect support to parents. Although these services may be provided directly to a child, they can also serve as a form of support for a survivor who is a parent. For survivors navigating shelter or other forms of nonresidential support, meeting their child's recreational and educational needs can create additional responsibilities and concerns. When a program provides these services, it addresses those needs while allowing parents to focus on their own safety and recovery.

Emergency Shelter

For Emergency Shelter, a separate HHSC dataset was used to examine the number of shelter clients relative to the total service population to assess the extent of shelter utilization in FY2025. Among HHSC-funded programs, survivors who relied on temporary safe housing represented 34% of all survivors served in FY2025. This percentage remained consistent over the four-year period from 2020 through 2024, with 32.6% of all survivors being shelter clients. Due to the differences in the metrics represented by the two HHSC datasets, the Emergency Shelter percentage should be interpreted separately from other HHSC service categories. The Emergency Shelter data reflects the percentage of clients who were in shelter, whereas the other service categories are based on a dataset that captures service contacts provided to clients across both shelter and nonresidential settings.

Shelter is one of the many services offered by family violence programs and often represents the most immediate and urgent safety intervention available. Accessing residential services, however, may not be the preferred option for all survivors, and limited shelter capacity restricts how many people can be safely housed. This distinction is reflected in the number of clients served in shelters compared to those receiving non-residential services.

Due to capacity constraints, the demand for shelter cannot be interpreted by the number of shelter clients served each year alone. Shelter denial data offers a different perspective on access to temporary shelter and shows the volume of requests that cannot be accommodated. In FY2025, denials due to a lack of space reached 50.9%, and denials rates have remained consistently above 50% from 2020 through 2024.

Housing

While HHSC does not provide a direct quantitative measure to reflect housing-related needs, survivors have identified it as the single largest gap in the 2025 Needs Assessment[8], as well as the 2019 State Plan[9], and its connection to economic insecurity. The need in this area is tied to affordability and availability barriers that prevent survivors from transitioning into stable housing. Among all family violence programs surveyed, only 44% offer some type of non-emergency housing support.[10] A closer look at these non-shelter options highlights how few stable housing pathways are available to survivors once exiting shelter. 21.4% offer scattered-site transitional housing, 19.1% provide project-based transitional housing, 31% offer rapid rehousing, and permanent supportive housing remains the least available at 8.4%.[11] With limited options available relative to the need, survivors may have to remain in shelter longer than they want to or return to unsafe situations in search of housing stability. Others rely on temporary living arrangements that are not sustainable and do not support sustained safety.

This pattern is also reflected in survivors' requests for financial assistance. The top financial need reported by 81.7% of survivors was assistance with covering housing costs such as rent, followed by 58.4% reporting utilities as a financial need.[12] This aligns with the broader concern about the lack of affordable housing while also reflecting survivors' limited financial resources, which further constrain their ability to secure stable housing.

Economic Stability Services

HHSC services related to economic support, including information and referral to employment and client assistance, represented 2.2% of services utilized when combined. Client assistance refers to financial support provided by a family violence program to help survivors cover expenses such as rent, utilities, tuition, and childcare.[13] Notably, data for this service is not available prior to FY2022 because it was not previously tracked as a separate service by HHSC. This figure, therefore, is not an accurate representation of the amount of financial assistance provided by program, likely because FY2022 was the first year the service was tracked as a standalone category and reporting practices were still being established. The data limitation is important when noting that economic-related services represented only 3.8% of HHSC-funded services utilized from 2020 to 2024, where data for two years of that period was not available.

Additionally, client assistance reported in FY2022 is substantially lower than the levels reported in subsequent years as this measure should be understood as solely reflecting what centers had available, not what survivors needed.

There is a broader discussion regarding the economic needs of survivors who are not captured by this service data. In a recent Texas study, nearly 86% of survivors report experiencing economic abuse from an intimate partner, and many face additional conditions that contribute to ongoing economic instability.[14] In examining survivors' financial circumstances, 67% reported earning less than $500 per month, revealing substantial financial strain.[15] With nearly 73% unemployed and 59% reporting food insecurity, the needs assessment data reveals the severe economic hardship and limited stability many survivors will encounter after leaving an abusive partner.[16]

Since financial instability touches every aspect of life, these economic challenges are likely to show up in other areas of need and across the services designed to meet them. For instance, when survivors cannot afford childcare, it affects their ability to secure employment, which prevents them from earning a stable income. This puts them at risk of losing housing or being unable to obtain it in the first place. The result is a ripple effect: accurately depicting survivors' economic needs requires looking at how financial strain limits access to essential resources, such as food, housing, healthcare, and childcare.

CONCLUSION AND ACKNOWLEDGMENTS

The first edition of this report was created in 2020, and since then, over 3109 cases have been submitted into TCFV's database. These facts and figures only begin to reveal all the factors and characteristics that are involved in high-risk domestic violence cases. The Texas Council on Family Violence would be unable to do this work if it wasn't for the DVHRT sites and coordinators who, each day, stand alongside victims at a time of high risk and graciously help them.

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NOAH PROJECT (ABILENE, TX)

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TEXOMA ALLIANCE TO STOP ABUSE (VERNON, TX)

THE FAMILY PLACE (DALLAS, TX)

TRAVIS COUNTY DISTRICT ATTORNEY (AUSTIN, TX)

WOMEN TOGETHER/MUJERES UNIDAS (MCALLEN, TX)

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