

Texas State Plan 2018: Availability of Services at Texas Family Violence Programs and Assessment of Unmet Needs of Survivors of Family Violence

Technical Report

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Research Team

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Executive Summary

Overview

The Texas ‘state plan’ on the availability of services and the unmet needs of survivors of family violence is legislatively mandated and codified in both federal and state laws. The goal of the state plan is to support community planning that would create greater access to services for family violence survivors across the state. This is accomplished by informing governmental funders, organizations, and Texas communities of the needs of survivors of family violence, and for use in planning future funding opportunities and support the growth of services available across the state. The University of Texas at Austin (UT Austin) research team and the Texas Council of Family Violence (TCFV) used a mixed-methods research approach to understand service need availability, and access across the state. The research activities included administering surveys to leaders of family violence program, conducting in-depth interviews and focus groups with both survivors and front-line staff, and analyzing existing data on family violence and service use from variety of sources. The state plan research approach was developed collaboratively between the UT Austin team and the TCFV policy team. Research questions included: *What are the services available to survivors of family violence, and what does “true” availability and access to these services look like, in family violence agencies in each of Texas’ 254 counties? Where are there gaps in services, supports, and availability of resources to survivors of family violence in Texas counties, especially for underserved or marginalized communities? What are the unmet support and service needs of survivors of family violence? How do demographic, community factors, and system interventions influence response to family violence?*

Data Collection and Analysis

To answer the research questions, the collaborative team undertook five research activities:

1. Availability of Services Survey: UT Austin and TCFV developed, and UT Austin conducted, an online survey of family violence agencies on the availability of their agencies' services and their perceptions of unmet needs of survivors of family violence in their communities. A 132-question availability of services survey regarding the range of programs and services was administered to 92 family violence programs.
2. Hotline Survey: A survey tool was developed by TCFV and UT Austin staff to assess the 85 family violence agency hotlines on service availability for traditionally underserved and vulnerable populations, information provided to survivors, and agency information. The hotline survey was administered by TCFV staff at three key times of day to assess program availability, and differences by time called.
3. Secondary Data Sources: TCFV and UT Austin collected and reviewed over 15 secondary data sources to provide description of Texas counties and to contribute to a county-level model to understand need and availability related to family violence services across the state. The state plan modeling approach used data from both primary and secondary sources to measure system interventions, demographics, service availability, and community factors that influence rates of violence and service availability in Texas counties.
4. Interviews with Survivors: Survivors using family violence services in 7 diverse regions of the state were interviewed to gain a greater depth of understanding of the experience of accessing and engaging in family violence services. The goal of this data collection was

to hear, in survivors own words, what key services needs are being met, and where gaps exist. Semi-structured interviews were conducted with 150 people in 16 agency settings.

5. Family Violence Agency Staff Interviews and Anonymous Surveys: Family violence direct service staff were asked to participate in interviews and focus groups during site visits. The purpose of the focus groups were to understand staff perspectives on service availability, survivor needs, and staff occupational experiences. Staff also completed an anonymous survey to understand perceptions of serving underserved populations.

The University of Texas at Austin Institutional Review Board provided human subjects approval and oversight for this project. Quantitative and qualitative data analysis was conducted by UT Austin.

Findings

Availability and Hotline Surveys. Findings from the availability survey reveal a wide variety of available family violence services, with some critical gaps. A total of 92 Texas family violence programs completed the survey. The vast majority of Texas counties (247 out of 254) are serviced by at least one family violence agency. Seven Texas counties (3%) have no family violence service coverage (Garza, Jim Hogg, Kinney, Mills, Milam, Real and Zapata), three of these (Garza, Jim Hogg, and Zapata) were served by family violence services when assessed in previous state plans. Over 150 counties, or 62% have a family violence agency with a physical location in the county. Twenty-two counties (9%) have no physical presence but are served by a family violence agency. A shelter is present in 29.5% or 75 Texas counties. Legal assistance is provided in 180, or 70.8% of Texas counties. Just over 10% or 27 family violence agencies have a transitional housing program. Twenty three agencies, or 24.7%, offer onsite childcare. Onsite

counseling is offered at 74, or 79.6% of surveyed agencies with 38% of programs having a time or session limit for counseling.

Hotline survey data indicated consistency in most hotline staff training, with similar answers given by hotline staff at different times of day. The majority of agencies have service availability for Spanish speaking survivors, sex trafficking survivors, LGBTQ survivors, survivors with CPS involvement, and survivors with disabilities. More service inconsistencies were noted for survivors who speak a language other than English or Spanish, labor trafficking survivors, transgender survivors, and male survivors. A large minority of programs surveyed (45%) use some kind of criteria of violence severity or need when assessing survivors' eligibility for services, including shelter.

County level modeling indicated that urban counties have more service availability but higher rates of shelter request denials due to lack of space. Need and availability at the county level were assessed based on demographic factors, service presence, crime rates and estimated victimization rates. Over 60% of counties met the Chapter 51 core comprehensive services criteria, however, service data indicate low levels of access based on victimization data. Only 14 counties served at least 10% of their estimate female family violence victim population. This indicates many family violence survivors in Texas may not access formal support services.

Staff Focus Groups. Staff at 15 agencies in seven regions of the state participated in confidential focus groups and interviews about family violence service access, experiences, and needs. While regional variations exist related to housing availability, environmental and community concerns, and demographic composition, there were common themes across the state from staff. Referrals come from informal supports, like friends, family, and other survivors who have used services. These informal supports frequently provide a critical role in reducing stigma

with service use and offering information about the process and realities of seeking support. Formal support services like law enforcement, CPS, social service agencies, and schools are also frequent sources of referrals for survivors. Family violence agency staff reported collaborative relationships with systems like CPS, law enforcement and courts. Staff also indicated that these formal systems are often in need of more communication, training, and improvement related to family violence. Family violence staff in particular face challenges working with CPS service mandates and report a persistent lack of resources and negative environment for immigrant survivors in legal settings. Staff work collaboratively with survivors to meet their goals, but that work is often constrained by a lack of agency resources, staffing, and time to serve clients.

Survivor Interviews. Confidential and anonymous interviews were conducted with 150 survivors using family violence services at 16 agencies in seven regions across the state. The sample of women was ethnically and racially diverse with an age range of 19-67. The sample was 45% shelter residents, 11% transitional housing, and 43% non-residential. Over 45% of survivors interviewed had been homeless twice or more due to family violence. Over 40% of survivors had experienced one or more types of reproductive coercion. Common needs met through services were shelter (66%) and counseling (60%). Common unmet needs were help looking for housing (26%) and help with financial barriers (23.3%). The average length of time engaging in family violence services 7.75 months. Longer engagement with services was associated with more needs being met and increased connection and satisfaction with advocacy staff.

Qualitative interview findings illustrated the important role of family and friends in disclosure of violence experiences. Survivors faced several challenges accessing family violence services, including a lack of knowledge about services, stigma about service use, and need for

education to identify experiences as family violence. Community barriers consisted of lost opportunities from social service, health, and school-based professionals to identify family violence survivors and offer support and resource linkage. Transportation and having to leave the home community for services were additional barriers to service access. Informal supports and networks, like friends, family, and other survivors helped survivors' access services after disclosure. Formal supports like law enforcement provided critical service access support, including linking survivors to advocates, transportation, and temporary safety measures. Many survivors facilitated their own help seeking through the internet by googling resources.

Survivors reported complex relationships with legal criminal justice systems. Law enforcement provided life-saving support, however a perceived lack of training, racial bias, and unsupportive attitudes made some survivors disengage from police support. Court systems could provide important legal remedies, like orders of protection and child custody, but can also cause case delays and provide inconsistent information and support. Sometimes, court systems are perceived as lacking interest in addressing family violence. Immigrant survivors faced significant structural barriers in legal support for visas and other avenues to legal status. Survivors expressed many challenges working with CPS, including a lack of understanding about the nature of family violence from CPS employees, lack of communication between family violence and child protection services, and the CPS system providing support for abusive partners.

Survivors who participated in interviews detailed the ways in which some family violence programs had offered critical shelter and housing, mental health support, and a supportive environment. However, the environment at some family violence agencies was at times unwelcoming and even unsafe for survivors who identify as people of color, immigrants, or LGBTQ. Agency rules were a point of contention for some survivors, limiting autonomy and

privacy. Increased staff time, access and connection with survivors improved the service environment. Survivors expressed a desire for voice and choice in service models, supporting a voluntary approach, but also expressed a strong need for more information about the range of services available and greater access to staff. Notable service gaps mentioned by survivors included mental health and substance abuse services, child care and mental services for children, legal representation and information, employment support, and immigration assistance. The vast majority of residential participants needed support with housing, and voiced concern about short lengths of service in shelter and transitional housing.

Conclusion and Recommendations

The 2018 Texas family violence services state plan used the foundation of previous state plan approaches, and enhanced the research plan to include more data and information, and importantly, the voices of family violence staff and survivors. While service availability is largely unchanged from the 2012 state plan, the state plan research study has provided more depth of information on how services are accessed, the gaps in services to underserved survivors and staff unmet and met needs. Access to family violence services remains a critical issue for the state of Texas. Comprehensive family violence services are only available in 63% of Texas counties. Interviews with survivors in diverse regions across the state illuminate not only the varying ways people find services, but the factors that helped or hindered being able to access support. Across all of the state plan data findings, persistent needs and lack of resources are highlighted, in particular in the areas of housing, legal advocacy and representation, children's services, including childcare, and enhanced ability to serve traditionally underserved populations. The need for housing, including emergency shelter, transitional housing, and most importantly, affordable permanent housing, was found in every research activity. Family violence

survivors in Texas need more criminal justice advocacy, support, financial resources for legal needs and representation in particular for civil legal matters. More children's mental health care options for child survivors of family violence are needed both within family violence services and among community health care providers. Alongside children's services, there is a need for affordable or free childcare staffed 24 hours with staff with significant understanding of the childhood and family impacts of family violence. Finally, traditionally underserved populations of family violence survivors, including immigrants, people of color, men, and members of the LGBT community continue to face barriers to service access and use, indicating an urgent need for new approaches in outreach and services.

The main recommendations to emerge from the survivors' interviews were a need to increase collaborations with system supports; make improvements to the family violence service agency environment to increase inclusivity and staff access, decrease rules, and provide more transparency; enhance services provided, and increase resource access for survivors; and focus on opportunities to grow social support. Key recommendations from staff include increasing service length, enhancing transportation services and housing support, offering more childcare, increasing staff at family violence agencies and decreasing individual caseloads, offering flexible funding for survivor needs, building capacity for legal advocacy and mental health services, and promoting staff wellness. Additionally, more training is needed for staff and the community on issues of family violence. Taken together across data activities, recommendations to enhance the service response based on these needs include:

- More shelter capacity and housing resources for family violence survivors.
- More criminal justice resources, especially to address civil legal needs

- Build intentional outreach and improve family violence service response to traditionally underserved populations.
- Improve service response when shelter is not available
- Enhancing the family violence advocacy voluntary service model
- Focus on staff wellness and retention
- Increase children and family services and supports, including childcare
- Build on collective expertise across family violence programs

Results from this study indicate important areas for follow up research to explore service needs of underserved populations, test interventions, and evaluate the impact of programs and collaborations. Across the state, there is a pressing need for more research and evaluation to strengthen the network of services to survivors, from improving the intake process to increasing the use of evidence-based counseling and prevention programs. This research work should be undertaken with an intentional commitment to the intersectional experiences of family violence survivors and staff, and with the core family violence program values of empowerment, dignity and worth, and justice at center. Increasing service access is fundamental to a safer Texas, and improving the service response and the working conditions of staff will greatly help survivors reach their goals of healing, economic security, and safety.

Main Report

Project Background

History of the Texas State Plan

The Texas ‘state plan’ on the availability of services and the unmet needs of survivors of family violence is legislatively mandated and codified in both federal and state laws. Federally,

all states receiving funds from the Family Violence Prevention and Services Act (FVPSA) must develop a state plan detailing, "...how the needs of underserved populations will be met" (Family Violence Prevention and Services Act, 1984, 2018, §1370). Additionally, FVPSA requires that these plans be developed "...in consultation with State and Tribal Domestic Violence Coalitions and representatives of underserved populations." In 2001, the Texas legislature codified this requirement into state law directing the Texas Health and Human Services Commission (HHSC) to "develop and maintain a plan for delivering family violence services in this state." Additionally, the Texas law requires that HHSC must "...consider the geographic distribution of services and the need for services, including the need for increasing services for underserved populations" (Texas Human Resource Code, Title 2, Subtitle E, Chapter 51, Section 51.0021). The goal of the state plan is to inform governmental funders, organizations, and Texas communities of the needs of survivors of family violence to utilize during planning for future funding opportunities and growth of services available across the state.

State Plan 2018 Focus

The Texas Council on Family Violence (TCFV), as the Texas domestic violence coalition, has developed previous state plans for Texas family violence services in 2002, 2008, and 2012. TCFV commissioned researchers at The University of Texas at Austin to collect data to inform the state plan development both in 2011-2012 and again in 2018. The 2018 state plan expands on previous plans by utilizing more secondary data sources in its analysis and by collecting extensive primary data during 16 site visits to family violence agencies in 17 Texas cities and towns. This technical report provides the research team's methodology of analysis of quantitative, qualitative, and secondary data analysis, and findings from primary data collection efforts.

The overarching focus of 2018 state plan is to provide TCFV, state agencies, and communities across Texas with the results of a multi-faceted research study involving both an analysis of the existing and new data that increases understanding the availability of family violence services and the unmet needs of survivors in Texas. The research team used a mixed-methods approach to understand service need and availability across the state, administering surveys to leaders of family violence programs, conducting in-depth interviews and focus groups with both survivors and direct service staff and analyzing existing data on service use from a variety of services (see methods section for more details). The research team conducted a review of literature, presented in brief below, to prepare for the state plan study.

Literature Review

Family violence², also called intimate partner violence (IPV) or domestic violence (DV), is a common occurrence in the United States. The Center for Disease Control and Prevention (CDC) defines intimate partner violence as “physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner” (Smith et al., 2017). The National Intimate Partner and Sexual Violence Survey (NISVS) conducted by the CDC found that 37.3% of women and 30.9% of men have experienced intimate partner violence during their lifetime (Smith et al., 2017).

In Texas, IPV is defined legally within the context of the Family Code’s definition of “family violence,” which is broader to also include child abuse. The Texas Administrative Code, Chapter 379, regulating family violence services, defines family violence as:

An act by a member of a family or household against another member of the family or household that is: (A) intended to result in physical harm, bodily injury, or assault; (B) a threat that reasonably places the member in fear of imminent physical harm, bodily injury,

² Family violence, intimate partner violence, and domestic violence are used interchangeably throughout this report.

or assault, but does not include defensive measures to protect oneself; or (C) intended to inflict emotional harm, including an act of emotional abuse. (Texas Human Resource Administrative Code, § 379.1 (11))

The Texas Administrative Code definition also includes dating violence, defined as:

An act by an individual that is against another individual with whom that person has or has had a dating relationship (A) intended to result in physical harm, bodily injury, assault, or sexual assault; (B) a threat that reasonably places the individual in fear of imminent physical harm, bodily injury, assault, or sexual assault; or (C) intended to inflict emotional harm, including an act of emotional abuse.
(Texas Administrative Code, § 379.1(7)).

In this context, family is defined as “individuals who are former spouses of each other, individuals who are the parents of the same child, without regard to marriage and a foster child and foster parent, without regard to whether those individuals reside together.” (Texas Human Resource Code, § 51.002). In 2011, a Texas prevalence study found that one in three adult Texans have experienced family violence in their lifetime (Busch-Armendariz et al, 2011). Intimate partner violence can take many forms, including physical, emotional/psychological, sexual, economic abuse, and stalking by a former or current partner. IPV can also include reproductive coercion, or threats and abuse towards a partner’s reproductive health. Previous studies indicate a range of 5-13.5% of family violence survivors have experience reproductive coercion in a year period (Kazmerski et al., 2015; Miller et al., 2014). Despite IPV being present in all communities and cultures, regardless of race, class, gender and sexual orientation or gender identity, and ability status, IPV often intersects with, and is exacerbated by, other forms of violence and oppression such as poverty and systemic racism. There is also growing evidence that women of color experience higher rates and more severe forms of IPV, with African-American women being more likely to be killed by their current or former partner (Catalano, Smith, Snyder and Rand, 2009). Non-Hispanic Black/African-American women, American

Indian and Native Alaskan women, and multi-racial non-Hispanic women all experience IPV at higher rates than the average prevalence rates (Black et al, 2011).

Family violence victimization can result in physical injury and chronic physical health problems, such as headaches, asthma, and diabetes, and may lead to hospitalization or death (Breiding, et al., 2014). Mental health impacts from family violence include fear, lack of safety, post-traumatic stress disorder (PTSD), depression, anxiety, insomnia, substance abuse, and trauma symptoms (Campbell, 2002; Smith et al., 2017). Nationally, 51.8% of female survivors and 16.7% of male survivors of sexual or intimate partner violence endorsed PTSD symptoms (Smith et al., 2017). Survivors who also experience mental illness or who have physical disabilities are also at greater risks for experiencing IPV (Smith, 2008). It can lead to such adverse effects as hospitalization, long term health problems, and homelessness. Family violence can also have negative impacts on survivors' economic and housing stability (Campbell, 2002). The cost of housing can have a major impact of the needs of family violence survivors. Family violence is a major contributor to housing problems for an estimated one in three to one in four homeless women (Jasinski, Wesely, Mustaine, & Wright, 2002; Wilder Research Center, 2007). IPV is also a community issue that can create devastating economic costs on the societal level (McLean & Bocinski, 2017). There can also be great impacts on survivors' children due to: experiencing child abuse directly, witnessing IPV against a parent, being separated from a protective parent, or the devastating economic and health outcomes from the violence itself (Edleson, 1999).

Family Violence and Help Seeking

Help seeking is a critical part of service access. Effective formal services have been shown to decrease both physical and psychological symptoms among female survivors of violent crime (Kennedy et al., 2012; McCart, Smith & Sawyer, 2010). Accessing a formal source of

support is theorized to lead to more comprehensive services and overall better individual and criminal justice outcomes (Liang, Goodman, Tummala-Narra & Weintraub, 2005; Kennedy et al., 2012). Both the World Health Organization (WHO, 2013) and the Centers for Disease Control and Prevention (Black et al., 2011) identify potential entry points through which IPV survivors seek assistance such as criminal justice, health care, and victim services agencies. Yet, it is important to note that many survivors do not seek formal assistance for a myriad of reasons such as fear of not being believed, concerns of retaliation by the offender, distrust of law enforcement and other service providers, and lack of access and/or knowledge of services (Liang et al., 2005; McCart, et al., 2010).

Some studies have found variation in the types of assistance sought based on IPV crime incident factors (Langton, 2011; Young-Wolff et al., 2013), whereas others find that help-seeking distinctions may be impacted by level of informal support, demographic factors (e.g. race, age, socioeconomic status), immigration status, and depressive symptomatology (Akers & Kaukinen, 2009; Cho, Shamrova, Han, & Levchenko, 2017; McCart et al., 2010; Nurius, Macy, Nawbuzor, & Holt, 2011). Seeking formal assistance, such as help from law enforcement or service-based providers, occurs at a low rate among IPV survivors (Davies, Block & Campbell, 2007; Kaukinen, 2002). Data from national crime surveys indicate that IPV survivors will contact the police a little more than half of the time, with estimates ranging between 52 and 60 percent between 2005 -2016 (Truman & Langton, 2015; Morgan & Kena, 2018). Other studies and reports have shown much lower rates of calls to law enforcement (Buzawa, Buzawa, & Stark, 2011; Tjaden & Thoennes, 2000). When survivors do not report to police, they may instead access other types of formal assistance from community-based or health service providers (Akers & Kaukinen, 2009).

Early studies on violence against women found almost a third of survivors sought medical assistance if they sustained an injury from the abuse (Tjaden & Thoennes, 2000). Other national data indicate help-seeking from victim services organizations (e.g. IPV services) occurs at much lower rates with between 10 to 25 percent of victims seeking any type of victim services (Langton & Truman, 2014). Newer data from the CDC (Black et al., 2010) show higher levels of service access compared to these other studies. Almost half of female victims surveyed reported receiving the services they needed with close to 90% receiving medical services if it was needed. Other service needs reported as being received included housing (48.3%), advocacy (46.4%), and legal services (33.1%). Women reported varying disclosure rates across formal and informal entities, but always higher than male victims of intimate partner violence. More than 35% of women contacted law enforcement compared to less than 13% of men. Yet, two-thirds of men reported never receiving services they needed. Approximately 6% of women contacted a crisis hotline, whereas estimates for men were too small to calculate (Black et al., 2010).

Although research is limited, IPV survivors often will seek help from informal sources such as family and friends. Women are more likely than men to disclose to informal sources such as friends or family members (Black et al., 2015). Certain factors are associated with disclosures to informal sources, including being female, being White, and being younger in age. Also, those of lower socioeconomic status (SES) use fewer informal supports than those of higher SES (Sylaska & Edwards, 2014). Informal support, if positive, is linked to survivors accessing additional resources, receiving more tangible support (e.g. childcare) and reporting better psychological outcomes (Sylaska & Edwards, 2014). Higher rates of disclosure to informal supports is also linked to higher severity and frequency of the violence and if someone witnessed the violence. Qualitative research has explored why informal support is so critical, but also

identified major barriers to seeking any type of social support such cultural and societal impacts on the victim and their family and the survivor being isolated (Rose & Campbell, 2000).

Danger and lethality. Assessments of lethality and danger can play a role in IPV survivors' decisions regarding help seeking. Women who are physically and/or sexually abused are more likely to seek help through medical and legal services compared to those who have experienced psychological abuse, with severity and duration of IPV linked to higher rates of help seeking through both of these channels (Duterte et al., 2008). However, Campbell (2004) suggests that women are more likely to underestimate the severity of their risk in help seeking and that risk assessments could play a key role in aiding survivors in understanding the need for interventions (for a review of available lethality assessment tools for practitioners see Messing & Thaler, 2015). Individuals who experience both severe violence and stalking have higher rates of mental health issues, which could present a barrier to seeking services (Logan, Shannon, Cole & Walker, 2006).

Perception of ability to use and stigma. Factors shown to encourage formal help-seeking include close proximity or knowledge of services, being older, offender use of a weapon, extreme fear, or physical injury (McCart et al., 2010). Deterrents of formal help-seeking include knowing the offender; the presence of guilt, shame, and self-blame; fear of retaliation; and fear of not being believed (McCart et al., 2010). Research with sexual assault survivors may offer some insight into barriers to help seeking for victims of intimate violence. Concerns of blame plays a key role in formal help seeking for sexual assault survivors who identify as LGBTQ on college campuses, as these individuals are significantly less likely to seek formal help when they suspected they could be blamed for their victimization when compared to heterosexual students (Richardson et al., 2015). Sexual assault survivors generally may be more likely to report an

incident to law enforcement when it has characteristics associated with being “believable,” such as the presence of a weapon or an assailant who was a stranger (Fisher et al., 2003). Lastly, the strength of the informal support network women may impact help seeking. Higher levels of social support sought fewer services following an IPV incident whereas women with higher levels of depression and vulnerability and lower levels of social support were more likely to use legal, health, and domestic violence services (Nurius & Macy, 2010; Nurius et al., 2011).

Geographic region and lack of available transportation to access resources for aid could also present a barrier to survivors in seeking services. Survivors in rural areas experience similar rates of physical abuse when compared to their urban counterparts, with some indicators of higher severity, however those living in rural areas live three times further away from their nearest IPV resource (Sylaska & Edwards, 2014; Peek-Asa et al., 2011). In one study of Latina survivors of domestic violence, transportation was reported as the second major barrier to accessing services, only ranked behind access to language services. Over 70% of Latina women interviewed felt access to transportation was “very important” (Murdaugh, Hunt, Sowell, & Santana, 2004). In another study, survivors noted that a lack of transportation impedes their ability to engage in safety planning and leave their partner (Murray et al., 2015). Collaboration between victim/survivor services and legal system agencies increases positive perceptions about the system-level response for survivors of domestic violence and sexual assault (Zweig & Burr, 2006). Some research indicates that IPV agencies should be located within proximity to areas of need and other community partners to maximize effectiveness (Hetling & Zhang, 2010). However, transportation to access resources remains a consistent and prevailing problem for survivors of IPV.

Knowledge of services. Common reported reasons for not using IPV services programs included getting help from family and friends, not needing help, and not knowing what programs are available (Sims, Yost, & Abbott, 2005). Research shows that prior mental health care is a significant predictor of service utilization among survivors, suggesting awareness of services could play a role in finding resources after victimization (Price, Davidson, Ruggiero, Acierno, & Resnick, 2014). Improving community awareness, discussing IPV services, and targeted marketing for survivors were domains in which survivors identified potential for improving access for services, suggesting increased awareness could play a key role in help seeking from the survivor perspective (Simmons, Farrar, Frazer, & Thompson, 2011).

Language. Lower levels of education, limited English proficiency, and undocumented legal status were all associated with lower rates of formal help seeking among Mexican-origin IPV victims (Brabeck & Guzmán, 2009). Immigrant survivors who lack English proficiency may feel isolated from society and not be aware of resources to mitigate their victimization (Vidales, 2010). Further, language services tend to be concentrated in urban regions where there are high proportions of multi-cultural and ethnic groups, whereas there are less support services available in rural areas for survivors of interpersonal violence (Lee, 2018).

Underserved Groups. Underserved communities often face additional barriers to services and studies show that being White is associated with more formal help-seeking across service areas (Amstadter et al., 2008; Cheng & Lo, 2015). Research shows that White women are significantly more likely to seek help from mental health professionals compared with Black/African American and Latina women (El-Khoury et al., 2004; Cheng & Lo, 2015), although one study did not find significant differences in service use between Black/African American and White sexual assault victims (Price et al., 2014). Research suggests that fewer

ethnically matched mental health providers could play a role in this disparity, as interpersonal violence victims are more likely to engage in treatment when they are ethnically matched with a mental health clinician (Alvidrez, Shumway, Morazes & Boccellari, 2011). Research also shows that Black/African American women who experience interpersonal violence tend to be more socioeconomically disadvantaged and have a greater trauma history (Alvidrez et al., 2011). Studies also show that Black/African American women experiencing IPV tend to use prayer as a coping strategy at higher rates than White women (El-Khoury et al., 2004). A study of Mexican-origin women who experienced IPV found that higher levels of cultural values of family cohesion were associated with lower rates of formal help-seeking (Brabeck & Guzmán, 2009; Reina, Lohman, & Maldonado, 2013).

Systems Responses to Family Violence

The system response to family violence includes policing, prosecution and courts (criminal justice response), and the intersection with child welfare and immigration systems. Survivors may engage with multiple systems providers—often repeatedly—after a family violence incident is reported to law enforcement. While these systems provide an important source of help seeking and may increase access to formal IPV supports, barriers to engagement in the criminal justice, child welfare and immigration systems may impede the effectiveness of the response.

Law Enforcement, Criminal, and Civil Courts. Domestic violence laws were historically under-enforced until advocates for IPV survivors called for reform in the 1970's-80's (Buzawa & Buzawa, 2003). Jurisdictions began to develop different approaches to policing including mandatory and dual arrest policies to promote accountability (Sherman & Berk, 1984) and coordinated responses often involving community-based organizations and advocates.

Despite mixed evidence on the utility of arrest to deter future domestic violence, police agencies continued to implement such practices (Stark & Flitcraft, 1996). As arrest policies were developing, so were criminal and civil legal statutes to offer additional protection for victims and accountability of offenders (Buzawa & Buzawa, 1996). Prosecution often proved difficult as survivors often did not want to participate in criminal justice proceedings or have charges brought against their offender (Ford, 2003; Messing, 2014). Similar to engagement with law enforcements, IPV survivors may not want to participate with prosecution and the courts because of fear of future violence; distrust of the criminal justice system, and lack of perceived benefits. (Buzawa & Buzawa, 2003; Goodman, Bennett, & Dutton, 1999; Robinson & Cook, 2006).

Police officers are uniquely positioned as first-responders and gate keepers in cases of IPV (Horwitz et al., 2011). The actions of law enforcement at the scene, including evidence collection and interactions with victims and offenders, can shape the success of future cases and access to services. Nelson (2012) identified three additional actions law enforcement can take, beyond thorough evidence collection and arrest, that could impact the likelihood of prosecution and conviction of a case. These police controlled antecedents (PCA) included rapidly completing the investigation of the case, listing multiple charges in the report, and issuing an emergency protective order (EPO).

Protective orders are civil-legal remedies offered to survivors of family violence, sexual assault, stalking, and human trafficking to limit contact between the applicant and respondent (Texas Family Code § 85.001; Texas Code of Criminal Procedure. Art. 7A.01). Generally, emergency or temporary protective orders are issued for shorter durations of 30-90 days to offer immediate, short-term separation between two parties, whereas final protective orders offer longer term protection by the court with both civil and criminal provisions if violated (TCFV,

2018). Research suggests that access and enforcement of protective orders varies between jurisdictions, limiting the effectiveness of protective orders as a mechanism for increasing safety generally (Logan & Walker, 2009). Nichols (2013) found that victim advocates who worked with survivors to identify potential benefits and barriers of protective orders could help enhance the potential effectiveness of the protective order in preventing re-victimization.

Strategies to enhance the prosecution of IPV cases with minimal victim involvement have evolved (Dempsey, 2007), yet these policies are also criticized for potentially taking away power from survivors and coercing them into cooperation to meet the needs of the State (Ford, 2003; Guzik, 2008; Mills, 1998). Initially termed mandatory prosecution, and referred to as “no drop” or “victimless prosecution”, these policies require the prosecution of any family violence case regardless of a victim’s desire to prosecute. The execution of these policies range from subpoenaing victims to court in their strictest execution, to allowing some flexibility to those who refuse to engage in the case (Ford, 2003). Evidence-based prosecution strategies vary slightly, requiring the prosecution of any case where the evidence is strong enough to proceed without victim participation. Alternatively, victim-led prosecution efforts only go forward based on the victim’s willingness to proceed and incorporate victim input on the case. However, prosecutorial discretion remains especially in cases with severe injury, lethality risk, and extensive criminal history (Finn, 2013). Lack of sensitivity to survivor needs and factors related to family violence, lack of action, biased behavior, and poor communication can limit survivor engagement with law enforcement and court systems.

Child Welfare/ Child Protective Services (CPS). Child protective services (CPS) provide first response and ongoing services to children experiencing child abuse, neglect, and maltreat and have shared goals of family safety and wellness with IPV programs. Despite shared

goals, responses to family violence in the CPS/child welfare system have led to controversy in the field nationwide regarding whether traditional responses increase safety or put children and adult survivors of family violence at greater risk. Often interventions have focused on removal of children from survivors as the first step towards seeking safety and investigations were only focused on the survivor parent, typically the mother, and not the abusive partner or parent (Mandel, 2010). Furthermore, some studies have shown that family and child protection courts often do not consider or screen for family violence when determining a child's best interests (Kernic, 2005). Survivors of color are also disproportionately engaged in the CPS system, similar to the criminal justice system, which has led to efforts to try to address such disparities (Hines et al, 2004). While child witnessing of family violence can have great negative consequences to children, the removal of children from a protective parent can also lead to increased negative outcomes (Edleson, 1999; Gerwartz & Edelson, 2007). Tensions have historically arisen between family violence service providers, which provide services based on models of empowerment and self-determination, and the CPS system, which often is viewed by survivors as mandating them to access family violence services and make major life decisions without input. Since the 1990s, child protection systems and family violence advocates have strategized to address many of these barriers, starting with the development of "the Greenbook" in 1999 outlining strategies of improving outcomes for survivors and their children in the CPS system (Schechter & Edleson, 1999). In Texas, legislative changes to increase collaboration between family violence agencies and child protection were enacted and led to policy changes (Texas Human Resource Code, § Sec. 51.012). More recently, innovative models are being developed that are specifically created for survivors navigating the CPS system. These models focus on abusive partner's behaviors and methods of holding them accountable and providing protective parents who are also IPV

survivors with more resources and support (Rizo, Wretman, Macy, Guo, & Ermentrout 2018). The child welfare system can provide an important linkage to service access for family violence survivors, but more work is needed to increase collaboration with family violence agencies and modify service approach for family violence survivors engaged in the CPS system.

Immigration System and Family Violence. Immigrant victims of family violence face added barriers to seeking services, safety and gaining stability due to their often precarious immigration status. They often are fearful of seeking assistance from law enforcement, the courts and from service providers such as family violence agencies (Erez, Adelman & Gregory, 2009). While some legal immigration remedies are available to immigrant survivors of family violence, there are long waits for those who are eligible and changing immigration regulation and policy, making these options challenging for immigrant survivors to actually access. Often, abusive partners use the immigration system as another tool for power and control over immigrant survivors of abuse (Dutton, Orloff & Hass, 2000). Innovative, culturally-specific programs have shown promise in addressing the complex needs of and systemic barriers facing immigrant survivors of abuse (Serrata et al.,2015) yet environmental climate can greatly help or hinder service providers helping immigrant survivors . Family violence agencies provide another potential avenue to assist immigrant survivors.

Family Violence Services

While the criminal justice system remains a primary source of first response to family violence, the statewide network of services for IPV survivors is often the first point of contact for help seeking. Family violence service delivery frequently occurs in shelters, non-residential services, and housing programs which typically offer a variety of services including housing, legal advocacy, crisis hotlines, counseling, and support with basic needs (Allen, Bybee &

Sullivan, 2004; Baker, Niolon, & Oliphant, 2009; Panchanadeswaran & McCloskey, 2007). The goal of family violence programs is to increase survivor social and emotional well-being and safety (Sullivan, 2018). This includes addressing mental, physical, and economic challenges created or exacerbated by IPV experiences. Shelter services are typically time limited to 30-60 days (Sullivan & Virden, 2017), though some may extend to 90 days. The National Network to End Domestic Violence estimates 1,910 domestic violence-focused agencies exist in the United States to meet the needs of survivors and their children. An estimated 72,245 survivors are helped in a single day, 40,470 in a shelter or transitional housing, and 31,764 remaining in non-residential care (National Network to End Domestic Violence, 2016). In Texas, 6,217 family violence survivors are served in a single day, 3,743 in a shelter or transitional housing program (NNEDV, 2016). In FY 2017, family violence agencies, funded through the Texas Health and Human Service Commission (HHSC), provided shelter to 25,265 survivors of family violence and their children and nonresidential support to 45,957 survivors and their children.

Some family violence survivors are more likely to access IPV specific-services than others. Clevenger and Roe-Sepowitz (2009) found that survivors with children, those who had been injured during an act of violence, and those who did not have an order or protection were more likely to utilize shelter. In a similar secondary data analysis, Grossman and Lundy (2011) found that women in a major urban area, younger women, and women with less than a high school education were more likely to access services, and that those using shelter were more likely African-American. Referral from a hotline or social service was more likely to result in a shelter stay, and those who entered shelter received more services (Grossman & Lundy, 2011). This conflicts with the findings of Henning and Klesges (2002) who found that older women were more likely to use shelter services, and that married women and Caucasian women were

more likely to seek supportive services. However, Henning and Klesges' (2002) findings were similar to those of Clevenger and Roe-Sepowitz (2009) in that women who had children at home were more likely to access services. Lastly, women who are religious may be less likely to leave abusive relationships or to seek shelter and other community services (Nason-Clark, 2004). Service use varies by program. Grossman, Lundy, George, and Crabtree-Nelson (2010) found in their secondary analysis of service use by 819 women in one Midwestern state that over 95% used counseling services, over 70% of women used other advocacy services and group interventions, more than 60% used legal advocacy, and 50% used case management (Grossman et al., 2010). While survivors are likely to continue receiving individual counseling after leaving shelter, they are less likely to continue receiving group counseling and employment or educational assistance (Grossman, et al., 2010).

While limited information about the effectiveness of core family violence services exists, several studies indicate efficacy in improving outcomes for survivors. Family violence programs use a variety of service models to help survivors. The 2010 update to the Family Violence Prevention and Services Act (FVPSA) clarified that family violence services, like advocacy or counseling, must be available to service users on a *voluntary* basis, and that participation in services must not be used to determine shelter eligibility (FVPSA, U.S.C.). A voluntary service model, as outlined by FVPSA, provides respect for survivor autonomy and allows room for individualization based on each person's personal circumstances (Missouri Coalition Against Domestic & Sexual Violence, 2012). Voluntary and low barrier, or more accessible, service models are linked to increased survivor autonomy and empowerment (Nnawulezi, Godsay, Sullivan, Marcus & Hacskaylo, 2018). One survey of over 5,000 survivors found that ratings for advocacy or case management services were overwhelmingly positive, and that all programs

showed a positive impact in safety and resources for survivors (Bennett et al., 2004). Longer shelter stay stays have been associated with positive outcomes, and long-term advocacy may help address ongoing needs and help survivors continue to have violence-free lives (Lyon, Lane, & Menard, 2008; Sullivan & Bybee, 1999; Ham-Rowbottom, et al., 2005). Sullivan & Bybee (1999) demonstrated the positive effects of advocacy intervention following shelter stay, including survivors having accessed more needed resources, achieved goals, and have higher measures of social support and quality of life, and experiencing less violence.

Family Violence Staff Occupational Experiences

Previous research indicates that family violence staff face dangerous work conditions, occupational stress, and low wages (Baird & Jenkins, 2003; Bemiller & Williams, 2011; Dworkin, Sorell, & Allen, 2016; Kulkarni, Bell, Hartman, & Herman-Smith, 2013; Slattery & Goodman, 2009; TCFV, 2016; Wood, Wachter, Wang, Kammer-Kerwick & Busch-Armendariz, 2017). Family violence staff are vulnerable to occupational stress such as burnout and secondary traumatic stress (STS) (Baird & Jenkins, 2003; Slattery & Goodman, 2009; Wies, 2008). Burnout is described by depersonalization, exhaustion, and difficulties in dealing one's job. Secondary traumatic stress (STS) is another form of occupational stress and is described as job-related exposure to clients who have experienced extremely stressful and traumatic events (Stamm, 2005) and is sometimes described as an occupational version of PTSD. Support from colleagues and supervisors have been shown to play a protective role against burnout and STS (Choi, 2011; Slattery & Goodman, 2009; Kulkarni et al., 2013). Choi (2011) found that workers with higher levels of psychological empowerment had less STS. Findings from one study with domestic violence advocates demonstrated that a workplace environment in which there is more shared power provided better protection from STS in comparison to other organizational models

(Slattery & Goodman, 2009). A recent study of 530 Texas-based family violence and rape crisis staff revealed that lower pay, high burnout, and lower supervision satisfaction was associated with turnover intention and use of coping skills, sense of community, control at work, and compassion satisfaction, were associated with increased job satisfaction (Wood et al., 2017). Experiences of microaggressions and increased direct client time was associated with STS risk, and higher levels of resiliency were associated with increased age and use of coping skills, along with higher match on value and controls (Wood et al., 2017). These findings underscore the important impact organizations have on staff wellness, and the relationship of staff wellness to service quality.

State Plan Project Methodology

Collaborative Nature of the Study

The state plan research approach was developed collaboratively between the UT Austin and the TCFV policy teams. Meetings began between UT Austin and TCFV in 2016 to shape project focus, goals, and methodology. The UT Austin research team met with TCFV staff regularly to review data collection tools and approaches. UT Austin and TCFV worked together to create and pilot data collection tools, using respective expertise to improve the project. TCFV brought invaluable expertise, knowledge, and practice lens, representing the needs of over 90 family violence agencies and survivors across the state. TCFV staff undertook additional training to participate in data collection. The UT Austin and TCFV teams collected data together across the state. Under TCFV's guiding vision, additional researchers joined the state plan project to enhance understanding of the needs of survivors who have not yet sought services. The collaborative and iterative process highlights the importance of research-practitioner partnerships.

Research Questions and Project Aim and Approach

The state plan study is guided by the federal and state legislative mandates to measure the unmet needs of underserved survivors in diverse regions of the state of Texas. The aim of the state plan is to better understand the barriers faced by survivors from diverse communities in accessing needed support and services. To meet this aim, the work conducted within this project seeks to develop a comprehensive understanding of the benefits and limitations of informal and formal supports available and accessed by survivors. In collaboration with TCFV, UT Austin developed the following overarching research questions to guide 2018 state plan:

1. What are the services available to survivors of family violence, and what does “true” availability and access to these services look like, in family violence agencies in each of Texas’ 254 counties?
2. Where are there gaps in services, supports, and availability of resources to survivors of family violence in Texas counties, especially for underserved or marginalized communities?
3. What are the unmet support and service needs of survivors of family violence?
4. How do demographic, community factors, and system interventions influence response to family violence?

State Plan Project Data Components and Data Collection

UT Austin’s state plan project involved the following five research components to seek greater understanding on the research questions.

1. Availability of Services Survey:

A consistent component of the 2018 and past state plan studies has been the administration of a service availability survey to family violence agencies across the state. There

are nearly 100 family violence programs in Texas, 92 of which have a full range of services and thus were included in the sampling frame. The UT Austin research team developed and conducted an online survey of family violence agencies on the availability of their agencies' services and their perceptions of unmet needs of a diverse range of survivors of family violence in their communities. UT Austin collected data from 92 family violence agencies. A 132-question availability of services survey regarding the range of programs and services by Texas family violence programs was created in collaboration with TCFV staff (see Appendix A). This survey was piloted with staff internally from the team and then externally with three diverse family violence service providers. TCFV sent a launch email about the Availability survey to the remaining 89 family violence agencies across the state (see Appendix B). UT Austin followed up by sending all 89 agencies more information about that included a link to the survey in Qualtrics (see Appendix C). Follow-up reminders were sent via email and phone calls were made by UT Austin or TCFV staff to contacts at the family violence agencies as needed. Administrative leaders (executive directors, CEOs, or COOs) or their designees from 92 family violence service providers across Texas completed the survey. The survey focused on the geographic distribution of core and additional support services; access to and specialized services for underserved populations; perceived needs for more services; and emerging initiatives in all Texas counties served. See measurement section below for more details.

2. Hotline Survey:

There are 85 Texas family violence programs that have hotlines available 24 hours a day, 365 days a year in order to provide emergency service access, crisis intervention and support for survivors. A survey tool was developed by the research team to assess the 85 family violence agencies on service availability for underserved populations, information provided to survivors,

and agency information. See Appendix D for hotline survey. The hotline survey was administered by TCFV staff at three key times of day to assess program availability, and differences by time called.

3. Secondary Data Sources:

The research team collected and reviewed over 15 secondary data sources, with the goal of providing more context to the analysis and for use in understanding need and availability of services and supports at the county level. A deeper analysis of the availability of services was conducted through the development of a model quantifying need and availability of county-level services. The modeling used data from both primary and secondary sources to measure system interventions, demographics, and community factors that influence rates of violence and service availability in Texas counties. TCFV contacted agencies to request data and submitted Texas Public Information Act (TPIA) requests or made general requests to contacts at several state agencies to obtain recent-year(s) state and county-level data. Additional publicly available data were obtained from national datasets at the state level such as United States Census data, Eviction Lab data (Princeton University public database) and Uniform Crime Report data. A model was created with specific indicators, based on population demographics, to examine service need and availability for all Texas counties. Descriptive data by county was also analyzed and summarized to give a broader picture of the economic, demographic, and service provision needs that exist in each county. This data analysis assists in triangulating survey and interview data obtained through the other State Plan research components to help assess the service landscape in Texas while considering socioeconomic and demographic barriers that may be present.

4. Qualitative Interviews with Survivors:

Survivors using family violence services were interviewed to gain a greater depth of understanding of the experience of accessing and engaging in family violence services. The goal of this data collection was to hear, in survivors own words, what key service needs are being met, and where gaps exist. These site visits served the purpose of assessing the met and unmet needs of survivors currently using family violence programs. Research questions were developed to guide the data collection with survivors:

1. How do survivors access services across Texas?
2. What were survivors' experiences and goals with family violence service use, including system interactions because of family violence?
3. What formal and informal needs and supports did survivors identify within and beyond family violence services?

UT Austin and TCFV collaboratively identified a purposive sample of shelters and other family violence programs to best represent the diversity of Texas. The research team then approached family violence programs in seven diverse regions of Texas as potential sites, balancing such factors as rural/urban/suburban/frontier; east/west/panhandle/border counties; diversity in specialized services provided; diversity of underserved communities and high risks issues such as the border regions and areas impacted by Hurricane Harvey and the oil industry and those in proximity to military installations. Sixteen family violence agencies across seven regions in Texas participated.

5. Family Violence Agency Staff Interviews and Anonymous Surveys:

Family violence staff were asked to participate in voluntary interviews and focus groups during site visits. The purpose of the data collection were to understand direct service staff

perspectives on service availability, survivor needs, and staff occupational experiences. Direct service staff, such as advocates and counselors, were selected because of their unique position of understanding. Research questions for staff data collection included: *What are staff's perceptions of survivor needs and barriers related to service access and use? What resources, skills, and supports are needed to help staff work with survivors?* The research team interviewed 106 staff, during 16 focus groups and 2 individual interviews, at 16 family violence agencies throughout Texas. Staff also completed an anonymous survey regarding their perceptions of their agency's services to and their own capacity to serve underserved communities. See measures section for more detail.

Data Collection and Measures

Availability Survey. The availability survey contained 132 questions (see Appendix A) to obtain agency and county information regarding family violence services provided by a specific agency. The survey took up to two hours to complete, dependent on agency size and amount of counties served. The survey focused on the geographic distribution of core and additional support services; access to and specialized services for underserved populations; perceived needs for more services; and emerging initiatives in all Texas counties served.

Agency contact information. The first seven questions gathered basic information about an agency's address, administrative contact information, and phone numbers. This information is used to confirm and update existing service directory information maintained by TCFV.

Hotline information. A series of questions focused on whether an agency provides a 24-hour hotline or a hotline operated within alternative timeframes (not 24-hours). Agencies were also asked if they use a hotline operated by a different agency and to provide information about phone numbers for each hotline they operate or use for referral purposes. Additional questions

ascertained whether the agency operates alternative hotline services such as chat/text services, TTY/TDD services, or services through social media. Agencies were asked to provide/upload any forms or guides used for hotline operation.

Counties served. Agencies were asked to select their primary county where they provide services and any additional counties they serve. Agencies could select up to 16 counties as part of their service area. Additional questions validated service areas so agencies are then asked questions about services they provide in each county they indicate.

County level data. After verifying counties served by an agency, a series of questions were asked about each county noted by the agency. Information on shelter, nonresidential, and outreach services provided. Depending on how an agency responded, additional questions obtained the level of a particular service available. For example, if an agency endorsed providing outreach services, they were asked to provide more detail about the type and location of such outreach services. Agencies that endorsed residential services were asked to provide additional detail on current capacity and whether that meets their current demand for shelter, transitional and other types of housing. Additional data collected for individual counties pertained to transportation services, childcare support and availability, mental health services, and non-shelter based housing options. Agencies were asked to report on the funding they receive to support services in each county they cover and eligibility criteria for housing options.

Core emergency services. Agencies were asked to report on core emergency services, as defined by Chapter 51 of the Texas Human Resource Code, that they offer in each county they serve. These core services are the ones that are required of all family violence shelter centers and nonresidential centers funded through Texas HHSC's Family Violence Program (Texas Human Resource Code, Title 2, Subtitle E, Chapter 51, Section 51.005(3) (A)-(L)). Questions were

focused on immigration-related assistance, emergency medical care, emergency transportation, educational arrangements for children, employment assistance, community education, intervention services, referrals, agency-led volunteer programs, legal assistance, and cooperation with the civil and criminal justice systems.

Additional programs and services. Agencies are asked about the presence of batterer intervention programs, the types of legal assistance they offer, and their perceptions of the most pressing civil and criminal legal needs of survivors they serve. Agencies are asked to note the most common referrals for service and whether they have any level of community coordination or working groups addressing family violence (e.g. high risk team, fatality review).

Detailed core services. Agencies are asked for more in-depth information regarding mental health, transportation, immigration, and housing needs for their clientele. They are also asked to provide details on the types of programs and services offered related to community education, intervention services, employment assistance, children's services, and financial assistance. Within these questions, agencies are asked to list the most common referrals they make for each type of service.

Community collaborations. Agencies are asked if they collaborate with specific agencies in the counties they serve, joint activities, and quality of collaboration. Examples include collaboration with healthcare systems, law enforcement, prosecution, and substance abuse and recovery services.

Special populations and unmet needs. Agencies are asked to note how often they serve specific populations and how prepared they feel to serve each group. Multiple open-ended questions offer an opportunity for agencies to describe additional unmet needs, training needs, and innovative responses.

Hotline Survey. A voluntary survey was administered to operators of Texas family violence hotlines. The tool was administered at different times of the day (morning, afternoon and night) (see Appendix D for hotline survey). Executive directors/CEOs of family violence programs were made aware in advance that these calls were going to be made part of the state plan project. The survey was administered over the phone, by TCFV staff after a consent process that ensured participants could exit the survey to take another call. TCFV then documented answers in a Qualtrics survey tool. TCFV staff identified themselves as someone collecting data for the state plan and asked hotline workers about their agency's process for how survivors from underserved groups, such as survivors with limited English proficiency; survivors with disabilities; survivors who identify as transgender, would access services at the agency. This survey provided further insight into the research questions about access to family violence services for survivors from under-served communities.

Consent and Screening Questions. Consent questions were used to explain the study, including purpose and privacy protections. Screening questions were used to see if the hotline worker had time to participate; was over 18 years old; and had not already completed the survey at a different time and date. See Appendix D. TCFV did not collect names of staff who answered the survey and followed prepared scripts on how to explain the survey and its purpose, as well as detailed language on how to respond if the hotline worker was not able to talk due to needs on the hotline. Hotline workers younger than 18 years old were screened out. If hotline workers who answered had completed the survey on a different date or time of day answered the phone again, they were also screened out of answering again.

Service Access and Service Differences. Hotline workers were also asked about any screening criteria regarding how recent or severe the violence that occurred needed to be in order

to get services. In addition, TCFV staff asked hotline workers to describe what services were available for survivors when calling the hotline asking for services from each of the following populations: Survivors with Limited English Proficiency; Survivors of Labor and Sex Trafficking; Minor Survivors of Trafficking; Survivors who identify as LGBQ; Transgender survivors; Male survivors; Survivors referred to services by CPS; Survivors with disabilities. Beginning in late February 2018 and ending in late July 2018, TCFV staff called each hotline between one to three different times – aiming for different times of the day (morning, afternoon, and night). TCFV reached 30 agencies three times; called 46 agencies two times; and called nine agencies one time.

Secondary Data Sources Analysis. Several secondary data sets were evaluated for use in this project. The primary use of secondary data were to identify emerging population trends and understand demographics, socioeconomic indicators, and the service landscape across Texas counties. Data evaluated stemmed from state- and national-level agencies. All attempts were made to obtain county-level data when available. Data points were selected based on practitioner guidance, qualitative research, and a review of existing literature. Below is an overview of the datasets evaluated for inclusion into the State Plan project.

Crime Victims Compensation (CVC) 2012-2017 Data. County level data for CVC applications for 213 (of 254) counties were provided by the Texas Office of the Attorney General for the year 2016. Data fields requested included county-level information on the number of CVC applications received, number of CVC applications approved, number of CVC applications denied, and total amount of CVC payments made in a year. Data were available for the years of 2012 through 2017. Percent of submitted crime victims compensation claims approved was derived by dividing the number of approved applications by the number of received applications.

CVC data is included in county level modeling to represent, in part, the strength of the criminal justice response to family violence in a given county.

Department of Family Protective Services (DFPS) 2016-2017 Data. County level DFPS/Child Protective Services (CPS) case data were obtained for 252 (of 254) counties by TCFV through the online Texas DFPS data book portal. The dataset includes two years of data with counts of investigation, the rate of investigations per 1000 children, and case classifications or findings. Case classifications included whether child abuse or neglect was believed to have occurred and whether family violence was indicated. Percent of cases with family violence was indicated was derived for each county by dividing the count of cases with family violence cases with the total count of cases. DFPS data was added to county-level modeling to represent need related to the intersection of child maltreatment and family violence.

Health and Human Services Commission (HHSC) County Level Data 2016-2018. Agency level data for 2016, 2017, 2018 for victims served were obtained from agencies funded by HHSC. Data were obtained by TCFV through a request to the administering agency. Data formats differed across years of data as there were changes made to data collection processes by HHSC between 2016 and 2017. Data include variables such as agency's primary county, count of survivors by county of origin, count of shelter clients, count of hotline calls, and percent denied due to lack of space. Data were converted from agency to county data for approximately 60 counties; for counties with multiple rows/agencies, counts for clients and hotline calls were summed together. HHSC data was included in county level modeling to understand family violence service use and access across the state.

Honoring Texas Victims Data 2012-2016. County level data for family violence fatalities from 2012-2016 were provided by TCFV. TCFV tracks family violence homicides-- specific to a

male partner murdering a female partner—throughout the state of Texas. Data are gathered from law enforcement data and review of media reports on an ongoing basis. The count of family violence fatalities for each year and county was provided. Per capita femicide was derived by dividing the sum of female homicides by the total female population for counties that had a known femicide between 2012-2016. Femicide data was used in county-level modeling to, in part, denote risk for family violence and system response.

National Intimate Partner and Sexual Violence Survey (NISVS) 2010-2012 Data. The research team reviewed the NISVS 2010-2012 Report, which contains national and state level estimates of victimization. Individual 12-month prevalence rates for sexual violence, physical violence, and stalking by an intimate partner for Texas women and men were available through the report as were standard errors of the estimates. Inquiries were made to the Centers for Disease Control and Prevention to determine if any of the state-level data could be analyzed by county. UT Austin was advised that it was not possible to analyze NISVS data by county. NISVIS data was included in county-level modeling to estimate prevalence of family violence.

National Intimate Partner and Sexual Violence Survey (NISVS) 2010 Data. UT Austin worked with an external researcher to develop aggregate male and female rates of intimate partner violence that includes physical violence, sexual violence, coercive control, psychological aggression, and stalking by an intimate partner for consideration in this study. Incidence and prevalence rates are available to indicate past year and lifetime experiences with intimate partner violence in the state of Texas.

Princeton University Eviction Lab 2000-2016 Data. UT Austin downloaded county level 2000-2016 poverty data from the Princeton University Eviction Lab website. Estimates for each county include population estimates, poverty rate, percent renter occupied, median gross rent,

median household income, median property value, percent rent burden, race/ethnicity percentages, percent of renter occupied households, count of eviction filings, count of evictions, eviction rate, and eviction filing rate. State level estimates were generated as a comparison for county indicators. Eviction lab data was used in county-level modeling to represent increased risk for family violence among people experiencing economic insecurity, and the impact of housing costs on survivor service availability.

Texas Department of State Health Services Border Designations Data. County level data were obtained online from the Texas Department of State Health Services. Information included county designation as “Border” or “Non-Border” according to Article 4 of the La Paz Agreement of 1983, which defines a county as a Border county if within 100 kilometers of the U.S./Mexico border. It also includes county designation as “Urban” or “Rural” by the U.S. Office of Budget and Management.

U.S. Census Texas County Level Data. Multiple census datasets were evaluated in this project including single year data from 2016 and 2017, three-year estimates (2011-2013; 2015-2017), and five-year estimates (2013-2017). Count estimates were drawn for all 254 Texas counties where available and data evaluated on completeness across Texas counties. One-year, 2016 and 2017 data were primarily used for this project with three-year 2015-2017 data used in select places (e.g. population growth). The dataset features county count of total population, count of population by gender, count of population by race categories, count of population by at poverty level thresholds (subdivided by total, gender, and age) households by type, education, veteran status, disability status, nativity/citizenship, marital status, and language proficiency. Counts were used to derive percentages for estimates of non-White population, Hispanic population, veteran population, and disabled population. Additional calculations were made to

obtain single county estimates of the non-White Hispanic population. Census data were used in county-level modeling to inform risk factors for family violence associated with demographic groups.

Texas Department of Public Safety (DPS) Uniform Crime Report for Family Violence 2016. County level data were derived from the PDF report on the DPS website. The report includes a special section on family violence incidents by county. Estimates were obtained for the count of family violence incidents reported to police in the 2016 calendar year. The state average rate was obtained by dividing the sum of counts for each county by the total state population from the Census 2016 data. DPS data was used in county-level modeling to account for the availability of law enforcement response in a particular county.

Texas Department of Public Safety (DPS) Law Enforcement Personnel 2016 Report. County level data were derived from the PDF report on the DPS website. The report includes a special section on law enforcement personnel. Counts of sworn law personnel per county were available for 237 (of 254) counties. Per capita law enforcement and state averages were obtained by dividing counts and sums of counts by Census 2016 county population and sum of population, respectively.

Victims of Crime Act (VOCA) / Violence Against Women Act (VAWA) funding 2012-2016 Data. Data on state-level VOCA and VAWA funded programs were obtained by TCFV through a request to the administering agency. County level data was available across 130 counties and included the grant name, amount of funding, type of victims/victimization served, counts of victimizations, and additional service data. Data over the five year period were summed to generate estimates of total funding and victimizations.

Several additional datasets or reports were reviewed for potential use in this project, but were not included due to lack of county-level estimates, inaccessibility of the full data set, lack of coverage or information across all Texas counties, or data reliability concerns.

Interviews with Survivors. Interviews with family violence survivors using services were conducted to better understand access to family violence agencies, service experience, needs, and recommendations. The research team worked collaboratively to select seven diverse regions of the state of Texas to get a broad scope of needs. These regions are:

- Houston Gulf
- Central Texas (I-35 Corridor)
- Dallas-Fort Worth area
- East Texas
- The Rio Grande Valley
- The Panhandle
- West Texas

Family violence agencies in these seven regions were contacted, first by TCFV, to assess their potential interest in serving as site for the state plan data collection (See Appendix E for site visit promotional materials). Agencies then worked with the research team to schedule site visits where both family violence staff and survivors using residential and non-residential services were invited to participate in semi-structured interviews. The study was promoted with clients through fliers (see Appendix E3) and verbal promotion from family violence staff, emphasizing the voluntary and confidential nature of the interview. Survivors were invited to learn more from the research team during the site visit. If survivors were interested in participating, they were consented to the study and interviewed. Survivors received a \$20 incentive for participation. Interviews were conducted in person in a private room at the family violence agency. Once a survivor expressed interest in participating, a verbal recruitment and consent process began. See Appendix G for consent form. The review of the consent form was verbal by the researcher, with

opportunity for the survivor to read the form. Survivor participants next received the incentive. Researchers sought permission to record the interview. Consent to record was obtained in 132 out of 150 interviews. The Qualtrics survey platform was used by the research team to document both close and open answered questions.

The interview tool was a semi-structured tool using open-ended and scaled questions, with existing validated measures. Questions related to the impact of the advocate (case manager) were adapted from previous evaluations (see Allen, Bybee & Sullivan, 2004; Bybee & Sullivan, 2002; Goodman, Fauci, Sullivan, DiGiovanni, & Wilson, 2016). Interviews were conducted primarily in English (n=115) and Spanish (n=31). An interpreter was used for additional languages (n=4). A review of established measures used in the interview is presented in Appendix H. The full survey tool can be found in Appendix I. Survivor participants were asked questions related to the following domains:

- Demographics
- Experiences of homelessness
- Disclosure and service Access
- Economic abuse and reproductive coercion
- Risk factors related to current/former partner
- Service needs
- Services experiences
- Experiences with advocate
- Use of non-family violence services
- Mental health
- Disability
- Physical
- Alcohol and drug use
- Social support
- Goals

Staff focus groups. Staff were invited to participate in a focus group or individual interview during site visits. Participation in the focus group or interviews were voluntary. Focus groups were comprised of primarily direct service staff including counseling and advocacy, with

a particular effort to have peer-level staff members' focus groups. Permission was sought for recording and notes were taken on computer. Research team members explained study purpose and consented participants. See appendix J for consent form for staff. Staff were asked to complete a brief anonymous demographic survey with questions about perception of service access for underserved populations. These questions were similar to those asked on the hotline survey and availability survey. See Appendix K for anonymous survey. Staff were asked about their roles; perception of survivor experiences in services; service access; staff experiences providing services; community partnership; mental health needs for survivors and housing needs for survivors. The focus group protocol can be found in Appendix L.

Privacy and Confidentiality

Due to the sensitive nature of this project, it was important that privacy and confidentiality were addressed across all parts of this project. De-identification processes were implemented to ensure that study participants could not be identified or locations discerned. Interviews were transcribed externally and de-identified through an internal process that included verification by a senior member of the research team. Equally important was ensuring that secondary data sources and structured interview data could not be constructed or used in a manner to identify a person or incident. Particular attention was given to rural counties so that an individual or specific (high-profile) incident would not be identifiable. Data privacy and confidentiality issues were addressed on a case by case basis and when necessary data points were collapsed or aggregated. Information identifying a specific incident or high-profile situation was removed or de-identified.

Human Subjects Review

Approval to conduct this research was sought and granted from the University of Texas at Austin, Institutional Review Board (IRB) at the start of this project. The research staff from UT Austin and the TCFV collaborators all underwent human subjects and ethical conduct of research training prior to data collection. The research team participated in regular project meetings. UT Austin trained all research team members on interview procedures, including distress protocols. The state plan project is approved by The University of Texas at Austin Institutional Review Board protocol number 2018-02-0023, FWA # 00002030. All data collection efforts are voluntary. The first phase of IRB review, approved on January 3, 2018, was exempt and for the availability survey and hotline survey. The availability survey consent form and survey are in Appendix A. The second phase of IRB review, approved on March 28, 2018, was expedited and for the site visits with survivor and staff interviews and focus groups. All data collection in this phase was confidential. See Appendix G and J for survivor consent form and staff consent form. UT Austin received a waiver of written consent for survivor interviews to protect confidentiality. All interviews were conducted by trained research team members with experience working with family violence survivors and staff and human subjects protection training.

Data Analysis

Availability Survey. Data from the availability survey were analyzed at the agency-level, at the county-level, and in aggregate forms using Microsoft Excel and IBM SPSS 25 Statistics Software. Agency-level data provided some level of data for 247 out of 254 Texas counties. The availability survey is structured to not only obtain information about agency characteristics, but also to determine what counties are served by a single agency. Agencies identified their primary county and secondary counties within their service area. Initial summary statistics were

generated for each question from the availability survey with open-ended responses placed in an excel file for further analyses. Specific sets of questions (e.g. Chapter 51 services) required analysis at the agency and county level whereas other data (total number of beds in the state) were useful in aggregate form.

Summary statistics provided information on missing agency data that the research team was able to verify or obtain through additional contact with agencies. UT Austin and TCFV collaboratively developed the analysis strategy guided by requirements from the State Plan mandate and based on findings from qualitative interviews with survivors and agency staff. Descriptive statistics at the agency and county level provided an overview of available services and assisted in the development of the service availability charts (see Appendix M). Aspects of the availability data were used in the quantitative model examining need and availability of services.

Assessing need and availability at the county level. Data from multiple sources was used to assess need and availability at the county-level informing the development of a quantitative data model. The purpose of the data model is to provide an additional layer of information to complement other aspects of the State Plan and provide a comprehensive view of family violence services in Texas and across the 254 Texas counties. There are three sections that make up the model (see Table 1 below) and include: 1) Descriptive data overview; 2) Data representing availability, and an availability score; and 3) Data representing need, and a need score. The model was developed through an iterative process involving UT Austin, TCFV, and external consultation. Prior year models were re-evaluated based on content and utility for the state plan. Several indicators from prior years were included with updated and current estimates such as population demographics and core service availability. The current approach continues to

build off of prior year models and still includes an analysis of the depth of services, core comprehensive services, and additional support services. Comprehensive family violence services are based in Chapter 51 and are defined for a county based on if one or more agencies provide a 24 hour hotline, criminal justice response, intervention services, legal assistance, referral systems, and community education. The model developed for this project also attempts to address the changing demographics of Texas by controlling for population growth and including economic indicators. Another unique attribute of the current state plan model is its ability to be flexible as it can be easily modified to include new annual data and county-level scores can be adjusted as indicators are added or removed. A full overview of the model can be found in the data legend codebook in Appendix N. Model generation by county will occur online at the State Plan website.

Table 1*Overview County-level of Data Points for Quantitative Model*

Descriptive Data Points	County Population Total
	County Population – Male
	Male Victim Population
	County Population –Female
	Female Victim Population
	Urban or Rural County Designation
	Median Age
	Median Income
	County Population-Non-White + Hispanic
	County Population – English Speaking
	County Population – Veteran
	County Population – Disability
	DFPS Child Abuse and Neglect Cases w/Family Violence
	5-year VOCA Funds
	Number of FV Victimization services covered by VOCA
	5-Year VAWA Funds
	Number of FV Victimization services covered by VAWA
5-year Crime Victims Compensation Awarded	
HHSC Clients Served – FY 2017 – 2018	
Presence of Legal Representation	

	Shelter Present in County
	Number of Shelter Beds
	Average Length of Stay in Shelter
Service Availability Data Points	County-level Strength of Physical Presence of Services
	Mental Health Care Available through FV Agency
	Comprehensive Services Provided by FV agency
	Non-shelter FV Housing available
	10% of estimated female FV victims served by agency
	Legal representation provided by FV Agency
	Child Care Provided by FV agency
	County-level per capita law enforcement
Service Need Data Points	% County population Hispanic and non-White
	% County below poverty level
	County-level denied due to lack of space
	Border County designation
	County level rent burden
	County-level family violence incidence rate
	County-level per capita femicide
	County-level population growth 2015-2017

Descriptive Data Overview. Several secondary data sources were used in the creation of the data model. Included in the descriptive overview are key population and service data points that are helpful for developing a county profile to explain their current demographics, state funding, DFPS data, and availability survey data. Data were pulled from multiple datasets including 2016 and 2017 census data file, state-level VAWA and VOCA data, NISVS statewide prevalence estimates, county-level compensation data, county-level DFPS data, and State Plan Availability Survey Data. Some computations were made with the data such as calculating percentages of demographics by gender, race, ethnicity, veteran status, and disability status. Availability survey data were aggregated if multiple agencies provided services to a county.

Service availability data overview. Indicators for availability primarily stem from responses to the Availability Survey, but also include data from HHSC, NISVS, and law enforcement. Availability indicators were informed by ongoing qualitative research efforts from the state plan team across the state, HHSC program requirements/expectations, consultation with

TCFV, and the broader victim services literature (see literature review). There are eight indicators calculated to assess service availability (see Table 1). Physical presence of services was based on Availability Survey data to determine what level of services are available in the county. Counties could receive up to two points depending on the highest level of service (e.g. shelter) available. See Appendix N for complete information on computation and scoring. Comprehensive services (see above for definition) was based on Availability Survey data pertaining to whether a county met six core Chapter 51 services criteria. See Appendix M1 for Chapter 51 services. Counties meeting the six criteria received one point. Availability of mental health care was based on Availability Survey data. Counties received a point if one or more of their affiliated agencies reported providing mental health services county-wide, in agency, or through a voucher. Non-shelter housing for family violence survivors was also generated from Availability Survey data. Counties received one point if they had one or more non-shelter housing option such as rapid rehousing or transitional housing.

Multiple data sources were used to develop an indicator on whether counties were serving their estimated population of family violence victims. State-level data from the NISVS and county-level U.S. Census and HHSC data were used to determine if at least 10% of the estimated female victims of family violence received services in a given year. If counties are serving 10% or more of their estimated victim population, they received one point.³ Child care, mental health care, and legal representation were based on Availability Survey data. Counties received one point if their affiliated agencies provided onsite child care, a voucher for child care, or respite child care; one point if they provided county-wide, in-agency, or vouchers for mental health services; and one point if agencies providing physical legal representation in the form of

³ This indicator was only used for counties with available HHSC data on clients served.

an attorney on staff to represent clients. Data from DPS were used to generate state and county-level rates of sworn law enforcement per capita. Counties received one point if per capita rates of law enforcement are equal or greater than the state per capita. Table 2 provides state-level averages for the availability indicators.

Service need data overview. Indicators for need are based on multiple data points taken from secondary data sources gathered for this project. Eight indicators were developed based on a variety of factors including review of the extant research literature and available data related to underserved populations and groups, socioeconomic status, crime rates, and migration and immigration impacts. When available, indicators related to lack of services gathered from HHSC data are used. As need is not directly measured by the State Plan, the indicators used to best understand gaps in services were informed by qualitative data collection, consultation with TCFV, and prior research related to barriers in service use by socioeconomic and demographic factors and reduced availability in low-income communities (see literature review). Using 2016 U.S. Census data, the population of the county that is Hispanic and/or non-White were combined into a single estimate to assess for racial and ethnic diversity and compared to a similarly created state estimate. Counties received a point if their population of Hispanic and non-White is greater than the average state population to represent the impact of family violence on communities of color. Poverty level and rent burden data for Texas counties were obtained from the Eviction Lab datasets housed at Princeton University. Counties received a point if poverty level was greater than or equal to the average state poverty level and one point if their rent burden was greater than or equal to the state average. These data points were used to represent the intersectional needs related to family violence and poverty. Data from HHSC were used to determine the percent of individuals requesting shelter services that were denied due to lack of space. Counties received a

point if their percent denied was greater than the state average. Counties received a point if they have a border designation based on the Texas Department of State Health Services designations. Family violence crime rates were generated from Uniform Crime Report statistics reported by the Texas Department of Public Safety. Counties received a point if their rate of family violence was greater than or equal to the state average. Femicide rates (homicide of a female intimate partner) was generated using data from TCFV's Honoring Texas Victims five-year data and U.S. Census data to develop a per capita county and statewide rate. Counties received a point if their femicide rate was greater than or equal to the state rate. Three-year population estimates generated from U.S. Census data assessed county- and state level population growth. Counties received one point if their population growth was greater than or equal to the state population growth.

Qualitative Interviews. Qualitative analysis used coding approaches typical from grounded theory and thematic analysis (Clarke & Braun, 2013; Corbin & Strauss, 2008). A sample of 50 regionally diverse interviews were transcribed verbatim by a professional transcription company. Transcripts were de-identified for participant safety. Transcripts, along with interview notes and memos documented in Qualtrics, were analyzed for themes. A qualitative research expert was consulted for this project to guide coding procedures. Following guidance from Macqueen, McLellan-Lemal, Bartholow & Milstein (2008), two independent coders first reviewed four transcripts for major themes that pertained to the research questions, and built a codebook inductively from the data. The codebook was then verified against three additional transcripts and augmented before coding began. Coding is a process by which data is separated and sorted into categories (Charmaz, 2006; Corbin & Strauss, 2008). The coding process in the initial stage is line-by-line coding, then searching for themes, reviewing themes,

and defining and naming themes (Clarke & Braun, 2013). The data were coded line-by-line by two research team members, with every third transcript coded by both coders. Data analysis was conducted with NVivo. Memos were taken on each code for each transcript. The two coders met weekly to code together and discuss themes. After initial coding, researchers used thematic analysis approach to identify predominate themes related to the research questions. Themes were identified and verified in the dataset. Preliminary findings were reviewed with other team members, and final themes developed in later stage analysis. All themes were saturated, or represented repeatedly by multiple participants in the data, with nominal regional differences. Data analysis processes for staff interviews were similar to the ones noted above for survivor interviews, however, one research team member coded all of the data, and a second research team member reviewed the codes, memos and summary findings and offered clarification, suggestion, and interpretation differences. Quantitative data from survivor interview and staff anonymous survey were conducted in Excel and SPSS and was analyzed using descriptive and bivariate statistical analysis.

Findings

Availability Survey

The overall response rate for the online survey was 97% (89 out of 92 agencies who were sent the survey). Three additional agencies who were contacted by phone to collect minimal service data after the online survey closed, which brought the response rate to 100%. All HHSC-funded family violence shelter centers, non-residential centers, and special projects completed the survey. The survey was also sent to and completed by culturally specific programs and non-state funded family violence agencies. Findings related to Chapter 51 services are outlined in Appendix M1 more detail. The vast majority of Texas counties (247 out of 254) are serviced by

at least one family violence agency. Seven counties: Zapata, Garza, Jim Hogg, Kinney, Milam, Mills, and Real counties are not served by any family violence agency. A total of 71 counties are served by more than one family violence agency. The total number of counties with a physical presence (shelter, non-residential center, outreach or other office) is 158, or 62.2% of Texas counties. The vast majority (247) of Texas counties have family violence hotline coverage. A shelter is present in 29.5% of Texas counties (75). There is a total of 3527 shelter beds in the state, inclusive of cribs, cots and air mattresses. See chart on depth of service for more detail in Appendix M2. A total of 21% of programs allow some pets on-site at shelter, and 20% offer foster care for pets. Alternative communication via chat is used at 6%; text 37%; Skype 8%; and social media for 38% of agencies.

Legal assistance is provided in 180, or 70.8% of Texas counties. The most common forms of civil legal assistance directly provided by family violence agencies are advocacy (21%); protective order assistance (21%) legal rights and options (21%) and court accompaniment (21%). The most common forms of criminal legal assistance are advocacy (26%); court accompaniment (25%); and legal rights and options (23%). Only 5% of surveyed programs have an attorney on staff who represents clients in civil matters and only 2% have attorneys who represent clients in criminal matters. Family violence agencies ranked the top legal needs for survivors. See Table 2. Related to collaborative community efforts to address family violence, 47% of family violence agencies survey are part of a coordinated community response; 37% are part of a domestic violence task force; 22% are part of a fatality review; 17% participate in a domestic violence high risk team and 6% in firearms surrender programs. Immigration assistance is directly provided at 65% of surveyed family violence agencies, with the most common assistance being referral to immigration attorneys (89%) offering 'know your rights' information

(83%) and writing letters of support for immigration remedies (71%). Findings related to immigration needs for family violence survivors are outlined in Table 3.

Table 2

Legal Needs of Survivors

Top 5 Criminal Legal Needs	Top 5 Civil Legal Needs
Legal Advice	Protective orders
Help with victim services from CJ office	Child custody
Attorney for survivors with criminal charge	Divorce
Subpoena response to protect confidentiality	Immigration
Help for incarcerated survivors	Subpoena response to protect confidentiality

Table 3

Immigration and Housing Needs

Top 5 Immigration Needs	Top 5 Housing Assistance Needs
Assistance with obtaining immigration status	More affordable housing options
Assistance with VAWA self-petitions	Rental assistance funds
Assistance with U&T visas	More permanent public housing options
Informing immigrant community of their rights	More transitional housing options
Building relationships with Law Enforcement and/or criminal justice about immigration practices related to survivors	Housing options that support survivor safety from abusive partners

Across the state, 27 family violence agencies have a transitional housing program. Rapid re-housing is offered by 25.8% of agencies. The vast majority (87%) of family violence programs indicated that obtaining affording housing is a major need for survivors. The need for more affordable housing options was indicated by family violence programs at the most pressing need (65%); followed by rental assistance funds (17%); and more permanent and rapid rehousing options (6%). See table 3. Obtaining transitional housing is indicated as big problem by 61% agencies and 69% of agencies said getting into permanent housing is a big problem for survivors. See Chart on housing in Appendix M3 for detail on housing options beyond shelter.

Twenty three agencies, or 24.7%, offer onsite childcare. See Table 4 for children’s services offered by agency, including CPS support. The top service needs related to child welfare were advocacy with CPS (51%); legal advice related to CPS case (18%) and more information about CPS case (17%).

Table 4*Children and CPS Services*

Children Services	%	N
Advocacy	90	81
Counseling on site	77	69
Children’s Support Group	63	57
After school activities	54	49
Parent Child Social Activities	52	47
Counseling Vouchers	6	5
CPS Collaboration		
Providing support to survivors while talking to CPS	89	77
Education about CPS system	85	74
Safety Planning related to CPS involvement	83	72
CPS liaison position within your agency	69	60
Case Consultation before/after CPS involvement	55	48
Joint service plan with CPS for survivors	41	36
Attend CPS Family Group	40	35

Onsite counseling is offered at 74, or 79.6% of surveyed agencies with 38% of programs having a time or session limit for counseling. Family violence programs indicated that the top three mental health needs for survivors are access to medication and psychiatrists (42%); access to counseling (37%); and access to peer support (8%). See chart on supportive services in Appendix M4 for more information about additional services. Over 50% of Texas counties (125) have a Batterers Intervention and Prevention Program (BIPP). The vast majority of agencies (89%) distribute educational materials in health care settings, 82% provide training to healthcare systems and 78% respond to family violence victims at the emergency room. Only 41% have staff that regularly go on-site to healthcare settings to support survivors.

Table 5*Counseling and Transportation Needs*

Top 5 Counseling Needs	Top 5 Transportation Needs
Access to counseling while receiving services	More public transportation
Access to psychiatrists or medications for mental health issues	Assistance getting their own vehicle
Access to counseling after receiving services	Funds for vehicle repairs
Access to information about trauma	More availability to organization facilitated transportation (i.e. longer timeframes, more vehicles)
Access to peer support	Resources for transportation outside of service area

Transportation is offered in some form at 86, or 92.5%, of family violence agencies. The most common employment support provided by family violence agencies is assistance with work uniforms or clothes (28%); assistance locating employment (24%), and resume skill building (23%). Eighty percent of programs offer direct financial assistance to survivors, with the top financial assistance needs being help with rent (33%), assistance with medication (21%), and help with security deposits (17%). Family violence programs offer prevention programming for youth in 86% of agencies, for college populations in 60% of agencies, adult and professionals 52% of agencies, and underserved populations in 45% of agencies. Agencies commonly defined community outreach and education efforts as creating awareness about family violence and support services available, while prevention efforts are frequently targeted at youth and focused on root causes of family violence. Agencies reported a range of prevention approaches in use, including Expect Respect (n=9), and Safe Dates (n=9). Types of prevention services offered are in Table 6 below.

Table 6*Prevention Programming Offered by Family Violence Agencies*

Prevention Efforts by Family Violence Agencies	%	N
Multi-session curriculum delivered in schools	65%	57
Presentations with 1st - 8th graders	64%	56
Presentations with high school students	78%	69
Presentations with college students	59%	52
Training that explores the root causes of gendered violence	51%	45
Presentations with parent/community groups or organizations	74%	65
Writing editorials or articles for local newspapers	32%	28
Media campaigns (including social media)	72%	63
Training teachers/educational administrators/educational staff on family violence/dating violence issues	73%	64
Working with educational leaders to implement policies and procedures for keeping victims of teen dating violence safe	45%	40
Ensuring that family violence informational materials are present in all public schools	48%	42
Training with business/community professionals	67%	59
Other	9%	8
None	6%	5

Survey takers were asked how much more capacity they would or could use of key services. A total of 53% of agencies indicated they had enough shelter beds to meet demand and 17% of programs stated they could use 50% more shelter beds. The majority (57%) of programs don't offer childcare, but see a need for it. Just over a third of programs (37%) have enough civil legal services to meet requests and 32% have enough criminal legal support for survivor needs. The majority (57%) of programs with counseling services could use 50-100% more capacity in legal services to meet service demands. In 47% of programs with project-based or scattered site transitional housing, 6 or more survivors are wait listed or turned down for housing every month due to lack of available units and 55% of agencies with rapid re-housing programs wait-listed or turn down 6 or more survivors every month due to lack of capacity.

Quantitative Model of Need and Availability.⁴ Based on state-level estimates of prevalence, almost 6 million Texans have experienced some form of intimate partner violence /family violence (physical, sexual, psychological violence by an intimate partner) during a prior 12-month period. HHSC-funded domestic violence agencies provided services to 137,776 family violence victims over the past two fiscal years (2017 and 2018). Table 7 shows that over 100,000 clients, living in urban counties, have received services from a family violence agency and close to 25,000 clients from rural counties have sought services.

Table 7*Statewide Victimization and Service Data*⁵

County Designation	FY 2017-2018 Clients Served (mean per county)	Estimated Past Year Victimization	
		Women (mean)	Men ⁶ (mean)
Urban (n=82)	113,286 (m=1382)	2,602,530 (m=31,738)	2,676,725 (m=32,643)
Rural (n=172)	24,490 (m=172)	343,738 (m=1999)	373,725 (m=2173)
TOTAL	137,776	2,946,268	3,050,450
Border (n=32)	17,540 (m=548)	300,922 (m=9404)	305,078 (m=9534)
Non-Border (n=222)	120,236 (m=542)	2,645,346 (m=11,916)	2,745,372 (m=12,367)
TOTAL	137,776	2,946,268	3,050,450

Note. Estimates rounded to nearest whole number. There are two comparisons on the table between urban and rural and between border and non-border.

⁴ County-level profiles are available on the interactive State Plan website.

⁵ Please note, this table and those that follow only compare urban to rural and border to non-border. Comparisons do not extend across these categories (e.g. rural to non-border).

⁶ Past-year victimization estimates were generated using a combined state-level IPV rate from the 2010 NISVS that includes physical, sexual, and psychological abuse perpetrated by an intimate partner. High levels of IPV experienced by men have been consistently documented over the past few years (see <https://www.cdc.gov/violenceprevention/nisvs/men-ipvsvandstalking.html>).

Table 8 below provides a snapshot of the housing issues comparing urban to rural counties and border to non-border communities. Approximately 59 of the 82 urban counties (72%) in Texas have residential services and 71 of the 172 rural counties (41.3%) provide residential services. Although urban counties provide more residential services and non-shelter housing, and have a larger number of available beds, they also have higher rates of denying housing due to lack of space compared to rural counties. Those living in border communities have fewer non-shelter housing options compared to non-border communities. Estimates generated from HHSC data indicate almost a fourth of victims seeking shelter services are denied due to lack of space in border counties compared with much higher rates of victims turned away in non-border counties. Rural counties spend less household income on rent (rent burden) than urban counties and border counties, on average, spend more household income on rent than non-border counties.

Table 8*Housing*

County Designation	Number of counties with Residential Services	Average rate of Denied Due to Lack of Space ⁷	Average number of shelter beds ⁸	Non-shelter housing	Rent burden greater than state average
URBAN (n=82)	n= 59 (72%)	47.0%	69.5	n=35 (42.7%)	n=32 (39%)
RURAL (n=172)	n=71 (41.3%)	11.4%	23.4	n=54 (31.4%)	n=47 (27.3%)
Mean/Total Counties	n=130	m=44.3	m=51.9	n=89	n=79
BORDER	n=17 (53.1%)	22.4%	30.8	25.0% (n=8)	40.6% (n=13)
NON-BORDER	n=113 (50.9%)	46.0%	55.1	36.5% (n=81)	29.7% (n=66)
Mean/Total Counties	n=130	m=44.3	m=51.9	n=89	n=79

Note. Data not available for all counties. There are two comparisons on the table between urban and rural and between border and non-border.

Data taken from the quantitative model and availability survey also point to gaps in services. Table 9 identifies some trends related to services available to domestic violence victims across Texas based on county designations. Legal representation is low across the state with no reported access to a family violence attorney within border counties. Less than 2% of rural counties provide access to an on-site attorney within family violence agencies. Child care services are more common in urban counties than rural counties. Child care services are offered at similar levels across border and non-border counties, however rates are still low considering the level of need for child care noted in this study by both agency staff and survivors. Mental health services appear to be more widely available than other types of services with 57 of the 82 urban counties providing some level of mental health services. Similar percentages of border and

⁷ Estimates based only on counties with residential services and reported data to HHSC.

⁸ Inclusive of beds, cribs, cots/air mattresses.

non-border counties provide access to comprehensive services, inclusive of six core services under Chapter 51 (see Appendix N), yet rural counties have less coverage of comprehensive services compared to urban counties.

Table 9

Additional Services

County Designation	Legal Representation (n=14)	Child Services (n=46)	Mental Health Services (n=147)	Comprehensive Services (n=160)
Urban (n=82)	n=12 (14.6%)	n= 26 (31.7%)	n= 57 (69.5%)	n= 60 (73.2%)
Rural (n=172)	n=2 (1.2%)	n= 20 (11.6%)	n= 90 (52.3%)	n= 100 (58.1%)
Border (n=32)	n=0 (0.0%)	n= 6 (18.8%)	n= 20 (62.5%)	n= 21 (65.6%)
Non-Border (n=222)	n= 14 (6.3%)	n= 40(18.0%)	n= 127(57.2%)	n= 139 (62.6%)

Note. There are two comparisons on the table between urban and rural and between border and non-border.

Approximately 160 Texas counties have a Community Coordinated Response (CCR) according to agency reported information from the Availability Survey. More than half of urban and rural counties have a CCR present and, similarly, 50% of border counties and 52% of non-border counties have a CCR. Law enforcement coverage is also similar between urban and rural counties and border and non-border counties. The average percent of child abuse and neglect cases where family violence is indicated is slightly higher in rural counties compared to urban counties and in non-border counties compared to border counties. However, large discrepancies are found in the number of crime victim compensation claims filed across counties, but this is most likely related to population differences. Between 2012 and 2017, over 52,000 crime victimization compensation claims were filed in Texas for incidents of family violence leading to the distribution of over \$68 million to the claimants. Approximately 85% of family violence

claims submitted were approved during this time period. Over this 6-year period, urban counties comprised about 90% (n=47,651) of all family violence compensation claims filed. Non-border counties comprised almost 85% (n=44,765) of family violence compensation claims filed.

Table 10*System Services*

County Designation	% Counties with CCR Present (n=132)	Average per capita rate of LE (n=1.64)	Average % DFPS Cases where FV Indicated (m=29.1, 51, 35)	Total Number of CVC Claims Filed, 2012-2017 (n=52,812)
Urban (n=82)	54.9% (n=45)	1.62	27.8%	47,651
Rural (n=172)	52.7% (n=87)	1.77	29.5%	5,161
Border (n=32)	50% (n=16)	1.80	26.0%	8,047
Non-Border (n=222)	52.2% (n=116)	1.62	29.4%	44,765

Note. There are two comparisons on the table between urban and rural and between border and non-border.

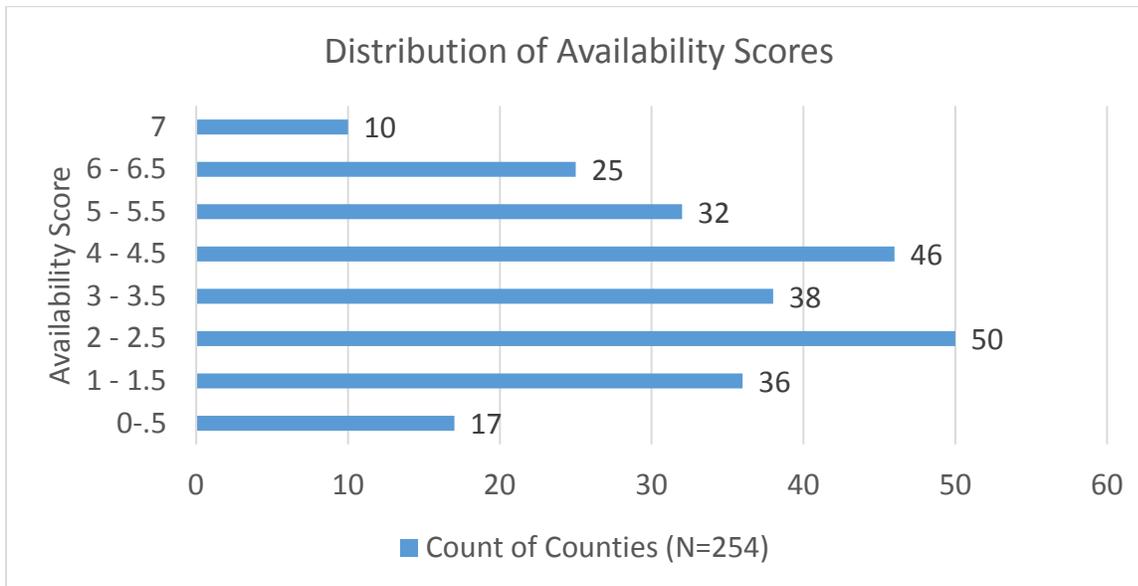
Assessing availability. Overall availability scores ranged from zero to seven (out of a possible 8) and scores vary based on number of indicators that could be assessed with the data (See Figure 1). On the low end, approximately thirteen counties (Jim Hogg, Zapata, Kinney, Real, Kaufman, Cottle, Garza, Archer, Baylor, Clay, Hartley, Martin, and Mills) received a score of zero indicating critically low availability. Of these thirteen, six are not served by any family violence agency (Jim Hogg, Zapata, Kinney, Real, Garza, and Mills). No counties received as score of eight, however, ten counties (Dallas, Angelina, Bastrop, Comal, Moore, Titus, Travis, Val Verde, Matagorda, and Burnet) received a score of seven indicating a higher level of available services. Low levels of child care and legal services are available across Texas counties with only 14 counties providing any type of legal representation by an in-house attorney and 46

counties providing childcare. Slightly more than half of the counties assessed had law enforcement levels at or greater than the state per capita. More than half of Texas counties provide some level of mental health services and about one-third offer non-shelter housing options. Over 60% of counties met the Chapter 51 core services criteria, however, service data indicate low levels of service access based on victimization data. Only 14 counties served at least 10% of their estimate female victim population. Table 11 provides state-level averages for the availability indicators.

Table 11

Summary Statistics of Availability Indicators

Availability Indicators (Counties Indicating)	%	n
Childcare (n=247)	18.1%	46
Comprehensive Services (n=247)	63.0%	160
Mental health care (n=241)	57.9%	147
Non-shelter housing (n=239)	35.0%	89
Legal Representation (n=247)	5.5%	14
10% Threshold for Females Served (n=254)	5.5%	14
Sworn Law Enforcement per capita (n=236)	56.7%	144
	Median	Mean
Physical Presence (n=254)	1	1.07

Figure 1*Distribution of Availability Scores Across Texas Counties*

Assessing need. Overall need scores ranged from zero to six and scores varied based on number of indicators available to assess each county. Approximately 44 counties received a score of zero indicating relatively low need and two counties, Harris and Dallas, received a score of six indicating higher levels of need compared to other counties in Texas. Almost a third of Texas counties have femicide rates at or above the state per capita femicide rate. Similarly, over 30% of counties have rent burdens at or higher than the state average. Population growth appears to be impacting 49 counties with highest population growth occurring in Hudspeth, Loving, Hays, Kendall, and Comal counties. Over 40% of counties have a higher poverty rate than the state-wide average and approximately 65 counties have more racial and ethnic diversity than overall state averages. Close to one-fifth of counties have family violence crime rates greater than the state average.

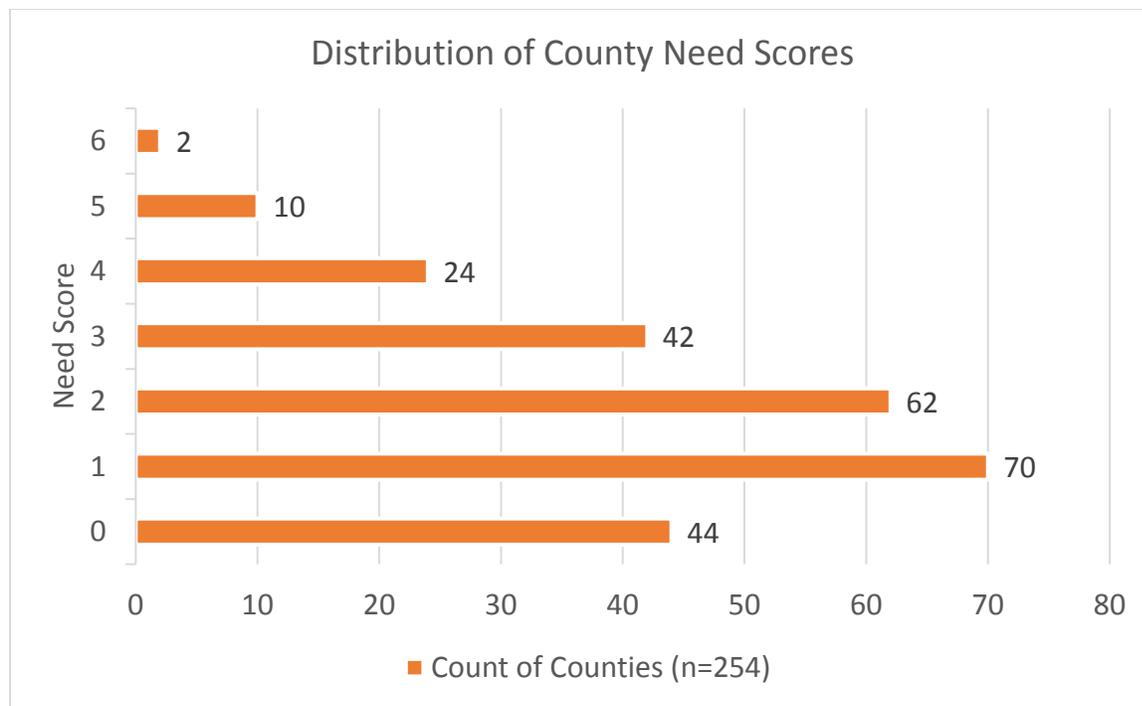
Table 12

Summary Statistics of Need Indicators

Need Indicators (Counties Indicating)	%	n
Population % Non-White, Hispanic (n=254)	25.6%	65
Poverty Level (n=254)	43.3%	110
Denied due to lack of space (n=62)	5.1%	13
Border status (n=254)	12.6%	32
Rent burden (n=254)	31.1%	79
Family violence crime rate (n=254)	18.9%	48
Femicide (n=254)	32.3%	82
Population Growth (n=254)	19.3%	49

Figure 2

Distribution of Need Scores Across Texas Counties



Hotline Survey

Family violence agency hotlines serve as critical links to life-saving services for survivors of family violence and are typically mandated to be available 24 hours a day, 365 days

a year. TCFV staff called 85 family violence hotlines, up to three times over a five-month period at different times of the day, to survey the availability of services for survivors who are traditionally under-served. TCFV reached 30 hotlines (35%) three times; 46 hotlines (54%) two times; and nine hotlines one time, for a total of 191 hotline workers surveyed. The hotlines that could only be reached once were primarily at the small number of non-residential centers that only are required to provide hotline services during the day. On a few hotlines, calls went to voicemail or no one answered. Emergency hotlines not being available can negatively impact survivor safety and perception of services when immediate assistance is not available. Many survivors who were interviewed for this state plan expressed their frustration and challenges accessing services through family violence hotlines, often being turned away due to no space or availability of services. Below, findings from the hotline survey related to traditionally underserved family violence survivors.

Survivors with Limited English Proficiency (LEP). Most programs have at least one, many several, Spanish speakers available for survivors with LEP. Most agencies near the Mexico border had fully bilingual staff in English and Spanish. Most of the language diversity in addition to Spanish and English on staff occurred at family violence agencies that specialized in serving survivors from immigrant communities, with the most common specializing in serving Asian or South Asian communities. These agencies identified having staff who could speak other languages as well such as French, Farsi, Vietnamese, Hindi, and Urdu. The most common languages identified by hotline works that survivors spoke when accessing services were Spanish, Arabic, Chinese, Mandarin, French, Farsi, Vietnamese, Hindi, Urdu, Burmese, Vietnamese, Russian, Korean, Quarain, Swahili, and other unidentified African languages.

If hotline staff were unable to communicate on the hotline with the survivor, they typically called a language line or National Domestic Violence Hotline to access language translation services. Sometimes this meant taking the survivor's number and calling them back when translation services were available. Others discussed using online tools in a variety of languages to communicate minimally over the phone. Some hotline staff reported using Google translate. Several hotline workers indicated some survivors had an interpreter to help relay information when they called the hotline, including law enforcement and survivors' children served. Several agencies discussed their practice to collaborate with immigration related service providers in their area to assist in serving survivors with LEP. Across the calls, hotline workers from the same agency had the same understanding of their agency's services regarding language access. A few hotline workers expressed that they did not know how they would handle a call from someone who spoke a language other than English or Spanish.

Survivors of Labor and Sex Trafficking (including Minors). All hotlines of family violence agencies reported that they serve victims of human trafficking in some form. Only two hotlines had inconsistent answers among staff about serving trafficking survivors. All but one agency identified that they serve survivors of sex trafficking. There was more difference concerning services provided to labor trafficking survivors, with 47% of agencies (40 agencies) who were surveyed giving different answers by different hotline workers. Forty-one percent (35 agencies) consistently stated that they served survivors of labor trafficking. Twelve percent (10 agencies) stated consistently that they did not serve survivors of labor trafficking. Hotline workers similarly had divergent answers on whether agencies served minor survivors of trafficking. Hotline workers from 58 of the agencies (68%) consistently reported that they served minor survivors of trafficking. Hotline workers at nineteen agencies (22%) gave differing

answers to whether they served minor survivors of trafficking. Seven agencies (8%) stated that they do not serve minor survivors of trafficking. One agency did not answer the question regarding this population. Most hotline workers disclosed that they provide the same services to human trafficking survivors as family violence survivors. A few programs mentioned strong ties to area human trafficking organizations and providing trafficking-focused support groups. Many hotline workers reported that sex trafficking survivors were primarily connected to their sexual assault services.

Survivors who identify as Lesbian, Gay, Bisexual, and Queer (LGBQ). All agencies' hotline workers reported that they served LGBQ survivors. Some hotline workers reported that their agencies had some form of specialized services such specialized support groups and community engagement teams that worked with the LGBQ community. Others discussed getting specialized training about LGBQ communities, having specialized referral lists and partnerships with LGBQ organizations. Most agencies reported that they served these communities in a similar way to other survivors. A few hotline workers disclosed that they did not know if any specific services were offered to LGBQ survivors.

Transgender survivors. Seventy of the agencies (82%) reported consistently among hotline staff that they serve transgender survivors the same way they serve other survivors. Some agencies specifically discussed that they ask survivors for the pronouns and gender they identified for themselves. A small number had specialized support groups. Hotline workers at 15 agencies (18%) reported confusion on how transgender survivors accessed services, especially shelter services. A small group of agencies' hotline workers discussed additional screening procedures and serving these survivors on a "case by case" basis. Five agencies' hotline workers discussed never serving transgender survivors; but being open to doing so. Hotline workers from

three agencies stated that they only accept transgender survivors if they were biologically female or if they were “post-operation.” A few hotline workers discussed partnerships with LGBTQ organizations in their area.

Male survivors. Fifty-nine out of 85 agencies (69%) reported consistently across hotline workers that they serve male survivors in the same way as they serve female survivors. Many of these agencies had shelters with designated rooms or areas of the shelter for male survivors. Fourteen out of 85 agencies (17%) reported that there were some differences in the services offered to men and women, such as offering male survivors all non-residential services but no shelter services or providing hotel vouchers for male survivors instead of shelter. Three agencies (4%) stated that they did not serve men in any capacity at all. Hotline workers at nine agencies (11%) provided differing and inconsistent information about male survivors’ access to services, making it difficult to determine how services were provided. Some agencies’ hotline workers discussed having male volunteers and staff to work with male survivors. One shelter had a specialized shelter for male survivors. A few agencies had male support groups.

Survivors referred to services by CPS. All agencies’ hotline staff stated that they serve survivors who are in the CPS system and provide all services available to them. Many agencies mentioned having a CPS liaison on staff and having specialized services for CPS-referred survivors such as, a certificate class for survivors mandated or asked to participated by CPS, parenting programs, healthy relationships classes, children services, court accompaniment, and in-depth safety planning. A few hotline workers disclosed that they have seen more male survivors accessing services from CPS referrals. One hotline worker mentioned using additional screening with CPS referrals to be sure the parent referred is not the abuser. One agency discussed prioritizing CPS referred survivors into services.

Survivors with disabilities. Almost all agencies stated that their agencies were accessible to all regardless of disability status. Many specifically addressed Americans with Disabilities Act (ADA) compliance, stating that either all of their shelter rooms or a few designated rooms were ADA compliant. Several agencies' hotline workers discussed that they could only provide shelter services to those who could care for themselves. Only one hotline worker stated that they were not sure what services were available for survivors with disabilities. All agencies stated they served survivors with mental health issues; however, a few discussed concerns or inability to serve survivors who were having active mental health crises. Some agencies reported having a counselor on staff for survivors with substance abuse issue; having staff who were fluent in American Sign Language, and providing home visits for survivors who were not able to come to services due to disabilities. Many hotline workers discussed close partnerships with area mental health providers and substance abuse providers as well as interpreter services for Deaf survivors.

Timeframe for Accessing Services. Hotline workers were asked about any screening criteria the agency used regarding how recent or severe survivors' experiences of violence needed to be in order to get services. Thirty-eight agencies (45%) utilize criteria regarding how recent or severe the violence had occurred, mostly for accessing shelter services. Criteria were typically lethality assessments or timeframes such as the violence had to have occurred within the last 30 days, 60 days, or two years. These timeframes were typically related to how full the shelter was at any given time. Two agencies reported having criteria for their legal services experienced recent violence and having a protective order. Thirty-three agencies (39%) had no criteria other than that someone was the victim of family violence or sexual assault in order to access services. Hotline workers at 14 agencies (16%) provided inconsistent answers regarding timeframes and lethality assessments.

How often and how prepared are agencies to serve traditionally underserved groups? The hotline survey provided valuable insight into service access for underserved populations. To increased understand of underserved groups and their service experiences, executive and program directors were surveyed via the availability survey to gain more understanding of how prepared and how often agencies served traditionally underserved populations. Additionally, direct service staff were surveyed before staff focus groups to assess their perspective of how often their agencies served traditionally underserved populations and how prepared they were to serve these groups. See tables 13 and 14 for a comparison of direct service staff and leadership answers. Directors and direct service staff generally agreed on how often male survivors and survivors with limited English proficiency were served, but direct service staff perceived undocumented immigrants and refugees were served more than directors. Similarly, direct service staff perceived the agency served more human trafficking survivors, survivor with disabilities and LGBTQ survivors than executive or program directors. Direct service staff perceived the agency to be less prepared to serve male survivors, LGBTQ survivors, and survivors over 65. See Table 14.

Table 13*Underserved Population Frequency of Service*

		Availability Survey: Executive/Program Directors				Staff Anonymous Survey: Direct Service Staff			
		Very Often/Often	Sometimes/ Hardly Ever	Never	Total	Very Often/Often	Sometimes/ Hardly Ever	Never	Total
Male survivors	%	21%	77%	2%	100%	21%	75%	4%	100%
	n	18	66	2	86	22	78	4	104
Survivors with Limited English Proficiency (Spanish)	%	84%	15%	1%	100%	83%	17%	0%	100%
	n	72	13	1	86	87	18	0	105
Survivors with Limited English Proficiency (Vietnamese)	%	7%	57%	36%	100%	11%	57%	32%	100%
	n	6	49	31	86	11	56	31	98
Survivors with Limited English Proficiency (Chinese)	%	7%	51%	42%	100%	7%	64%	29%	100%
	n	6	43	36	85	7	63	29	99
Survivors with Limited English Proficiency (Other)	%	14%	75%	11%	100%	29%	59%	11%	100%
	n	12	65	10	87	28	57	11	96
African American survivors	%	67%	33%	0%	100%	81%	18%	1%	100%
	n	58	28	0	86	85	19	1	105
Hispanic & Latinx survivors	%	93%	6%	1%	100%	93%	6%	1%	100%
	n	80	5	1	86	98	6	1	105
Asian American & Pacific Islander survivors	%	17%	79%	3%	100%	29%	63%	8%	100%
		15	69	3	87	30	66	8	104
Refugees & Asylees	%	17%	72%	10%	100%	41%	46%	13%	100%
	n	15	63	9	87	40	45	13	98

		Availability Survey: Executive/Program Directors				Staff Anonymous Survey: Direct Service Staff			
		Sometimes/ Very Often/Often		Never	Total	Sometimes/ Very Often/ Often		Never	Total
		Very Often/Often	Hardly Ever	Never	Total	Very Often/ Often	Hardly Ever	Never	Total
Undocumented Immigrants	%	64%	36%	0%	100%	81%	17%	2%	100%
	n	56	31	0	87	83	18	2	103
Immigrant survivors	%	68%	31%	1%	100%				
	n	59	27	1	87				
Survivors with disabilities	%	49%	50%	1%	100%	62%	38%	0%	100%
	n	42	43	1	86	63	39	0	102
Survivors who are lesbian, gay, bisexual, or queer	%	24%	74%	1%	100%	36%	62%	2%	100%
	n	21	64	1	86	38	66	2	106
Survivors who are transgender	%	6%	84%	10%	100%	12%	74%	15%	100%
	n	5	72	9	86	12	76	15	103
Sex trafficking survivors	%	16%	80%	3%	100%	41%	54%	5%	100%
	n	14	69	3	86	41	55	5	101
Labor trafficking survivors	%	5%	83%	13%	100%	17%	70%	13%	100%
	n	4	72	11	87	17	69	13	99
Teenage male children of survivors	%	47%	52%	1%	100%	42%	48%	10%	100%
	n	40	45	1	86	43	49	10	102
Survivors 65 years or older	%	39%	61%	0%	100%	31%	69%	0%	100%
	n	33	52	0	85	31	68	0	99
Survivors with a mental health diagnosis	%	88%	12%	0%	100%	76%	23%	1%	100%
	n	76	10	0	86	81	24	1	106
Survivors with substance abuse issues	%	81%	17%	1%	100%	73%	26%	1%	100%
	n	70	15	1	86	77	28	1	106
Survivors involved in the CPS system	%	91%	9%	0%	100%	89%	11%	0%	100%
	n	78	8	0	86	94	12	0	106

Table 14*Underserved Populations Preparedness*

		Availability Survey--Executive/Program Directors				Staff Anonymous Survey- Direct Service Staff			
		Very Prepared/Prepared	Sometimes/A little Prepared	Not Prepared	Total	Very Prepared/Prepared	Sometimes/A little Prepared	Not Prepared	Total
Male survivors	%	90%	9%	1%	100%	67%	29%	4%	100%
	n	77	8	1	86	69	30	4	103
Survivors with Limited English Proficiency (Spanish)	%	97%	2%	1%	100%	90%	8%	2%	100%
	n	83	2	1	86	92	8	2	102
Survivors with Limited English Proficiency (Vietnamese)	%	21%	57%	22%	100%	30%	38%	33%	100%
	n	18	49	19	86	30	38	33	101
Survivors with Limited English Proficiency (Chinese)	%	19%	58%	23%	100%	28%	38%	34%	100%
	n	16	50	20	86	28	38	34	100
Survivors with Limited English Proficiency (Other)	%	23%	62%	15%	100%	36%	43%	20%	100%
	n	20	54	13	87	36	43	20	99
African American survivors	%	94%	3%	2%	100%	97%	3%	0%	100%
	n	81	3	2	86	97	3	0	100
Hispanic & Latinx survivors	%	98%	1%	1%	100%	97%	2%	1%	100%
	n	84	1	1	86	99	2	1	102
Asian American & Pacific Islander survivors	%	59%	38%	3%	100%	67%	23%	10%	100%
	n	51	33	3	87	67	23	10	100
Refugees & Asylees	%	59%	36%	6%	100%	73%	23%	3%	100%
	n	51	31	5	87	72	23	3	98
Undocumented Immigrants	%	94%	5%	1%	100%	94%	4%	2%	100%
	n	81	4	1	86	95	4	2	101

Immigrant survivors	%	91%	8%	1%	100%				
	n	79	7	1	87				
Survivors with disabilities	%	86%	13%	1%	100%	79%	19%	2%	100%
	n	74	11	1	86	81	20	2	103
Survivors who are lesbian, gay, bisexual, or queer	%	94%	6%	0%	100%	84%	14%	2%	100%
	n	81	5	0	86	87	14	2	103
Survivors who are transgender	%	86%	13%	1%	100%	72%	25%	3%	100%
	n	74	11	1	86	73	25	3	101
Sex trafficking survivors	%	80%	19%	1%	100%	79%	18%	3%	100%
	n	69	16	1	86	79	18	3	100
Labor trafficking survivors	%	58%	37%	5%	100%	72%	23%	5%	100%
	n	50	32	4	86	71	23	5	99
Teenage male children of survivors	%	84%	15%	1%	100%	76%	22%	2%	100%
	n	72	13	1	86	75	22	2	99
Survivors 65 years or older	%	93%	7%	0%	100%	83%	17%	1%	100%
	n	80	6	0	86	85	17	1	103
Survivors with a mental health diagnosis	%	77%	23%	0%	100%	71%	25%	4%	100%
	n	66	20	0	86	73	26	4	103
Survivors with substance abuse issues	%	77%	22%	1%	100%	69%	28%	3%	100%
	n	66	19	1	86	71	29	3	103
Survivors involved in the CPS system	%	94%	6%	0%	100%	90%	10%	0%	100%
	n	81	5	0	86	93	10	0	103

Staff Survey and Focus Groups

A total of 18 focus groups and individual interviews were conducted with 106 family violence staff members at 15 agencies in seven regions. See Table 15 for a demographic overview of focus group participants. Data from staff interviews is omitted to protect confidentiality of participants. Focus group participants were majority female and had been at the agency for an average of four years.

Table 15

Staff Participant Demographics

Average Age	39.6
Race/Ethnicity	
Latinx	45.3%
Black/African-American	14.2%
White	29.2%
Asian/Asian American	6.6%
Additional race/ethnicity	4.7%
Sexual Orientation	
Heterosexual	90%
Non-heterosexual	10%
Education	
High School	6.5%
Some College	9.4%
Associates Degree	13.2%
Bachelors	41.5%
Advanced Degree	29.2%

Most participants held the positions of advocate/case manager, followed by counselor, legal advocate, hotline advocate, and BIPP coordinator. Anonymous surveys conducted with staff explored demographic factors and perception of service use availability for traditionally underserved populations (see tables 13 and 14). Semi-structured focus groups and interviews sought to answer the research questions: *What are staff's perceptions of survivor needs and barriers related to service access and use? What resources, skills, and supports are needed to*

help staff work with survivors? Analysis of focus groups revealed major themes related to survivor service access and needs, and staff occupational experiences. Below, findings have been aggregated across regions and grouped related to service access, interaction with systems, survivor experiences in services, needs, and occupational stress. The section concludes with a summary of staff recommendations. Information that could identify a person or specific agency has been removed.

Staff Perception of Survivor Service Access. Participants overwhelmingly indicated that formal systems such as law enforcement, child protective services (CPS), and hospitals are the major sources of referrals to their agency. A staff member noted, *“Most of the time, or sometimes, it’s through law enforcement. They’ve obviously had some kind of domestic violence situation happen, so then law enforcement will refer, most of the time, that to us”* (04). Survivors are connected to family violence services through these interactions with other systems, which they may be engaged with voluntarily or involuntarily. CPS is more likely to be a referral source that strongly encourages, or even mandates, entrance to shelter or other services as part of a service plan. A staff member remarked *“CPS will refer them to our shelter instead of like removing kids from them. That’s where we get a lot of ours”* (10). Other social service agencies, like Medicaid and Social Security, faith-based agencies, and schools are frequent sources of information about family violence services that can bring clients to the agency, as a staff member noted:

...when I'm going to the schools and talking to them about the school program, then the schools are also keeping the brochures for parents in these situations. I did speak with one a few weeks ago. She didn't know about us and didn't know that she could refer this particular family to us, but the mom she could tell had had some issues of most likely some domestic violence - at least domestic violence. So, now she knows that she can give them a brochure and refer them on to us. Then I set up at different places just to be seen, and people will ask. And I've made some really good contacts that way (12).

Staff identified other frequent sources of referrals coming from other survivors who have previously used services, word of mouth from community members, or print information provided by the family violence agency as part of service outreach. A staff member said *“Especially the word of mouth type. Yeah. Because they’ll be like, “Oh, my sister told me” or, “My mom told me” or whatever, and they just kind of show up”* (03). Several agencies indicated their website or Facebook page are some of the most common referrals sources as survivors turn to the internet for information. *“They can always look online. A lot of people Google us and find our number online, and then they’ll call”* (02).

Lack of understanding, stigma and cultural barriers may prevent service engagement, as a staff member explained:

I had the experience of people telling me that they almost didn’t seek services because they felt like what they were going through wasn’t as bad as what other people were going through. And I think that may be – our SES [socioeconomic status], or populations that are a little bit less marginalized, that may be experiencing that and thinking that they somehow don’t deserve help just because they are perceiving their situation not to be as bad as others (01).

While some survivors may not know about the existence of family violence services, a more common concern among staff was the lack of knowledge about what services family violence agencies can provide, and information about the physical environment of shelter, including layout, sleeping arrangements, and privacy. Language creates additional barriers to service access with immigrant clients who speak languages other than Spanish or English. Stigma attached with a shelter stay was frequently attributed to cultural barriers in service access. A staff member in an urban area elaborated:

We don't know because most of our immigrant women when you tell them shelter, they already have on their mind it's a bad place. They have to step in to see it's not because when you tell them shelter, it's just bad woman who do drugs and alcohol. So, they have to get in to find it's different (14).

Once survivors learn about family violence services, and decide to engage, staff identified several things that can create barriers to service access. For major urban areas, the availability of services was far diminished by the great demand. A staff member noted “*We need more space. I mean, we’re very lucky to have the size of shelter that we have but we do definitely need more space*” (01). When faced with a lack of shelter space or service availability, focus group participants described working to secure other shelter or services; operating a waiting list that survivors check in with daily or weekly; and offering to transport someone to a place with service availability. Programs also prioritize certain survivors for admission into shelter, often by determining current safety and lethality concerns, as a staff member explained:

So, you get the story and you route the hotline and you’re like, “You have to make this decision. Do you really need to take a bed from somebody who gets beat up?” The violence is there, probably, way, way, way back. And then you have – then you take a bed from somebody that just got out of the hospital from being beat up really bad. So, that’s kind of like if I could...there would be like a room for 200 people. There’s such a need (03).

Physical access is obstructed in several ways. In both rural and urban areas, transportation provides a barrier to service access. Several steps are taken to address the lack transportation, including collaboration with law enforcement and public transportation for support, as an advocate in an urban area relayed: “*Sometimes we pay bus tickets. Sometimes we allow other agencies to transport them. A lot of times they’ll get help from family or friends or church members.*” For survivors with disabilities, physical access can be complicated by transportation and isolation, as one staff member explained:

We have one that’s disabled that can’t even really ever leave her house. We have to go to her house. We’ve had, who’s the other one? She was left with no car by an abuser. Still married to him, but doesn’t have access to the car, doesn’t have access to money. So, it’s kind of by phone that we have to do some of the services for her (09).

Interaction with Systems. One of the most significant interactions family violence staff and survivors have is with legal systems, including the criminal justice system, immigration, and CPS. These systems are referral points for survivors to services, and frequently remain in the survivor's life. Collaborations with these systems aid the work of helping survivors, as a staff member explained:

We wouldn't be able to have these specialized positions to help the special populations if it wasn't for the relationships that other staff members before us had made with law enforcement and with child protective services because they wouldn't be effective otherwise. I think they would put more people at risk if we didn't have the relationships that we do.

Staff described engagement with law enforcement that ranges from life-saving support to victim blaming and inaction in face of danger. A staff member shared:

The police department is a fake for me because I do hear a lot of horror stories that they won't do anything. Or when they're called the commander said, 'If you all don't cut it out, somebody's going to jail or both of you are going to jail.'

A lack of consistency in the quality of law enforcement response and training was noted in several regions, including concerns with dual arrests, language access, and failure to file criminal charges. A staff member explained:

We have a really hard time with properly trained law enforcement. So, a lot of our clients are being told, 'If you call me again, you're gonna be arrested,' or they are both arrested for mutual combat when it is absolutely not – victim blaming and we can't get in to train because they're told they already have their training. So, there's one issue (11).

Racial and immigrant bias is a concern for many communities of survivors, limiting trust and access to law enforcement, as a staff member noted:

Or if they're a person of color, all the reasons why I wouldn't want to work with law enforcement. I think that that's a big barrier whenever we're trying to talk to people about working with the community resources, all the really valid reasons they wouldn't want to to begin with, even if they might be able to help them in some way (05).

The climate around immigration was perceived by some staff members to limit survivor

interactions with the police.

I would say even something that's reported in to the police, fearful of, if I report someone did this to me, now I'm gonna be picked up by ICE if the perpetrator saying, of ten the perpetrator is documented and they're saying, well if you do this, I'm gonna take away the kids or I'm gonna have the police or border patrol or somebody take you. And so, I think that has stopped someone from seeking any services (08).

Police frequently accompany survivors to their residence, typically shared with a partner who used violence, to access needed documents and clothes safely from their homes while in others. In some regions, staff reported that police did not provide this service, charged a fee for it, or offered only a very short period of time. A staff member in posed "*Can you imagine trying to run into a house and get your life out in 20 minutes? What would you grab?*" (10)"

Staff focus group participants shared a range of experience with the district attorney (DA) and judicial systems. Some participants collaborated with DA's who proactively sought victimless prosecution, like the situation described by a staff member in the one area:

Our DA tries. The state will pick up the charges, but we can't even get them to that state of things where they're giving affidavits. But sometimes the clients just clam up on us, and we can't push it up the mountain (11).

Other participants described conditions that limited family violence prosecution in some districts.

An advocate explained the situation in an adjacent county:

Attitudes are bad. A lot of small community, a lot of loyalties that they don't want to cross. A lot of DA's that don't want to hear it. They just want to just go out there and tell the good ol' boy don't do it no more. We need documentation to go forward. A lot of times we can't get the police report from those rural areas. They just won't write one (05).

In several regions, consistent access to protective orders remains a concern. Staff expressed a desire for judges to gain more training on family violence dynamics, one staff member said:

And personally, from my personal experiences, the judges when it comes to domestic abuse, it's not so cut and dry. I have yet to find a sympathetic judge that completely understands. That's just how it is. Domestic abuse, even though it's been going on forever, it's still a new concept, especially when it comes to court (03).

Another staff member noted:

I think it's also there is the systemic misunderstanding of how trauma affects the brain and how that relates to talking about their experience because it sounds like they are lying or changing their story to another story, but that just is how they remember things (02).

The changing dynamics of the immigration system presented a challenge for staff in encouraging survivors to access services, and providing support with long-term stability. Staff described the complex legal needs of immigrant survivors, and the lack of services, supports, and community available to gain legal status independent of the abusive partner. A staff member explained:

...well with illegal immigrants, is that they don't know their rights and they're afraid that they're gonna get deported and they're gonna lose their children. Even before making a decision sometimes the husband will say, well, if you do something I'm just gonna tell them that you're illegal and you're gonna end up with children, or I'm gonna say that you're not able to work, you're not able to support them, so they have to endure, because they don't really know what are their rights (07).

The length of time it takes to resolve immigration issues also presents a conundrum when considering service access. A staff member in a rural area explained, "*They're coming in, but then the shelter is three months and then after that, what are they supposed to do if they don't have papers? They don't have anything. It's very hard*" (04). Concerns about Immigration and Customs Enforcement (ICE) limited survivor reach out to not only law enforcement and CPS, but also family violence agencies and other social services. Staff described a sharp drop in immigrant clients seeking services and supports in all regions of the state, as described by staff member:

Yeah, it's already taken effect, with the policeman can turn you to ICE, to the ICE. Officials, people are very afraid of it. They don't know how they're gonna be affected. They think that – let's say you have a landlord, and the landlord terminates you or treats you bad. They're afraid that if they go to the police. (013)

Staff work on outreach campaigns to the public to ensure people know about the services

available, like the approach described by a staff member:

I think more people are knowing about the services. That it actually does help. And especially with immigration. They know they can come here and we're not gonna get them in trouble. We not gonna call ICE on them. So, they feel comfortable coming here (11).

Some of the most complicated relationships described by staff participants were with the CPS system. Involvement with CPS can be very helpful for families, but in some cases make them more vulnerable. A staff member explained:

There's a really specific subsection of parents who are experiencing these dynamics of intimate partner violence who end up with a CPS case, and because they're experiencing these intimate partner dynamics, they're more vulnerable, just in general. But they become even more vulnerable because they have an open CPS case. And then they're even more vulnerable whenever there's a law enforcement report ongoing. Or maybe not ongoing because of all the barriers that exist that could become ongoing if we were to help provide some intervention....And so the more they get involved in certain systems, I feel sometimes like the more help gets put in place but then also they somehow become more marginalized (02).

Many survivors are engaged with CPS services by mandate, and often this mandate includes family violence services. One staff member explained *"So, CPS not always necessarily mandates because it depends what program they're under CPS, but sometimes strongly recommended or advise that they take it. So, there's that. (09)"* As described by focus group participants, this creates a conflict with the voluntary-service model used in most family violence agencies. Staff participants expressed frustration with CPS mandating work with family violence agencies without providing other support or communication. A staff member in a different region shared *"The case is transferred, the client left and we don't know where the client is, and we have no contact in CPS because they won't answer us. I wouldn't necessarily say our relationship with CPS is always a good one" (05).* In several regions, housing and income requirements for child reunification were out of reach for survivors starting over after family violence. A staff member noted *"We've also had cases where CPS requires them to be in shelter even if they have housing" (01).* Staff in other

regions described CPS requirements on housing size and type that were financially out of reach for survivors, and in some cases, materials goods such as a television were required for reunification.

Work with CPS can, however, provide extra support to survivors experiencing multiple challenges. A staff member explained:

And then I try to talk to them. I said, “Don’t look at CPS as they’re here to take your kids. Use them for what resources they do have. They can help you get your childcare. They can help buy diapers and buy wipes and buy them –” We don’t have the resources to do that for them (10).

Overwhelmingly, staff expressed a desire to work with CPS on mutual goals of family safety and stability. An advocate explained the service model that is helping her team:

So, we have a CPS liaison, and she’s the one that’s actually doing the parenting classes for the CPS referrals. I know the CPS cases that I’ve had I’m able to access the CPS case record right away. Obviously with consent from the client. And I’m able to tell them so and so is here, she said that I was able to share her name, and that she’s going to be signing up for the classes that are requested in her family plan. We’re only gonna be able to provide dates that she’s going to be attending. And I’m gonna connect you to the CPS liaison so that she can continue this communication (13).

Survivor Service Experiences. Staff understanding of survivor experiences in services demonstrated the potential benefits of family violence agencies in helping survivors with safety and healing, as well as the power of community collaborations. Family violence agency staff reported offering a wide array of advocacy, therapy, legal advocacy and housing programs, along with emergency shelter and transitional housing. The hotline for most agencies is the port of entry to services, though some programs provide walk-in services, particularly for advocacy and counseling. One staff member in a rural community explained the important role of the hotline:

And if the batterer has – will not give them the keys or, you know – we’ve had several hotline calls where they want to come in, but they’re scared to come in or they don’t have a family support system to get here. The hotline is basically their livelihood, their lifeline, just talking and trying to get here to the office (11).

Agencies provide both residential and non-residential services to survivors to help meet a diverse range of requests. However, persistent service gaps and lacking resources create challenges for staff and survivors, as one staff member shared:

And I think why most of the time our survivors end up returning to their abusers due to not having the income, not having the child care, not having the housing. What else is there to do other than to go back to them? (08)

The majority of staff described a service model that fits with the voluntary ethos and is survivor-centered. Participants described a voluntary service model in which survivors can choose what services to use, the duration of services, and the goals they wish to focus on, as staff member explained:

I often will approach it that, what do you want? This is about you, this is about your journey, what you want, where would you like to see yourself and how can we best help navigate that? And also, I just say what's available. (01)

Staff participants described different approaches they use to put survivors at the center of decision making and services. Participants shared concerns with the impact of agency rules and policies on service model experience, and ways in which they had address these concerns:

I think too we have a small percentage that doesn't work the program that is a barrier in itself to I think that they're their own barrier because we have the shelter, for a portion of it they have to follow policy and procedure. So, they have to abide by the curfew of being in the building at a certain time. They have to do their daily chore. They have to have their kids with them at all times. And for some of them, they're not used to that structure and having somebody else say, "Okay, this is what needs to happen." (06)

Despite a wide array of services, several important gaps and barriers exist that limit survivor healing, safety, and economic stability. One of the most frequently cited barriers is the short duration of services. The range of shelter stay length report by participants was 30-90 days and the average shelter stay according to agency reports from the Availability Survey is 39.3 days. As one staff member noted "*There's so many girls that you want to help further and you*

just can't. Their 90 days are up. (09)" In some cases, services can be extended, as a participant shared:

Obviously, we are able to house residents here, it's considered to be a 45-day program but it's really on a need by need, case by case basis. Obviously, if we know that someone is due to end the program but they're in danger, a protective order is still current, it's just a case by case basis (08).

Participants universally agreed this was not long enough for many survivors to achieve stability and more permanent housing. A staff member further explained:

I would say duration because it's like we go back to, I'm not even in a place to think. I am barely able to get out of bed and I'm being asked to do all of these things and my mental health is not even addressed. And so, I think there needs to be more time. (01)

Alongside length of services, housing, mental and physical health were some of the major service gaps referenced by staff. An additional area of need for programs was more BIPP programs.

So, me working – I used to work with BIPP. And I'm working with the housing for survivors. So far, those two are the ones that I feel we need more money and we need more resources. Me working with BIPP, I didn't want to work with offenders. I wanted to work with survivors. That was my training with {other DV agency}. So, I wanted to continue to work with them. But my supervisor did a really good job at sending me the BIPP program. And letting me know, by you working with the offenders, you're gonna have a better understanding for working with survivors and safety planning (07).

Housing. Family violence creates additional strain on accessing and maintaining housing. The Eviction lab data for the state of Texas for 2016 provides foundational understanding of the state of housing in Texas (Desmond et al., 2018). While the percentage of Texans living in poverty is 13.45%, on average, Texans spend slightly over 29% of their household income on rent (rent burden). Approximately 79 Texas counties have rent burdens higher than the Texas state average meaning their housing costs exceed 29% of their household income. The median housing cost is \$882 a month, and the median household income is \$53207. In 2016, there were

206 eviction filings per day, and 165,708 filing annually (Desmond et al., 2018). Family violence creates additional strain on accessing and maintaining housing. Across all focus groups, the number one gap impacting service experience and survivor health and safety is the lack of affordable and safe housing. Other data from this project support this assertion.

The lack of housing begins with lack of shelter space and inadequate service durations, but quickly snowballs when survivors seeks housing opportunities outside of shelter. A staff member explained:

We offer them everything we have to offer – shelter, counseling, help with resource, anything – but then when they're really needing a home to stay in with their kids or they're needing to get – they're about to be evicted because a bunch of medical bills came up and they can't pay and we can't help them and they end up losing their home, then they're back at square one. When you get the ones that really, really need it and we can't help, that's when it stinks (11).

For non-residential clients, being able to maintain their current housing is a common need. A lack of access to housing contributes to a return to the abusive relationship or homelessness. Participants described survivors living in cars, tents, hotels, or RVs to escape violence. Across all regions of the state, family violence staff described long wait lists for housing programs, housing shortages and a lack of available Section 8 and other government housing. A staff member talked about the gap between housing availability and Section 8 housing.

Yes, that's public housing, which you know, that's what our girls – we try to get them on that so that they can have a place to go when they leave. However, the 90 days here is not very long that they have. So, sometimes, that HUD list is not ready to provide a voucher or anything by the time they leave from here (09).

Prior evictions, transportation, and utility debt were frequently reported barriers to renting an apartment in the community. Needed documentation and credit history limits the ability of immigrant survivors to secure housing, as one staff member explained:

And, you know, recently, in recent years, here, in this area, now, they ask for credit to rent an apartment. Up there, they've always done it; here, it's recent. And it's like shocking to all of us. I think it's what, three years (12).

In Central Texas, rapidly rising rents create forced migration to communities up to three hours away for safe and permanent housing. In both the Houston Gulf and West Texas, staff described the impact of environmental issues in limiting housing options. A staff member in the Houston Gulf area shared about the impact of Hurricane Harvey on housing:

I mean, probably right around now – or the last month or so is when housing actually opened up a little bit more, because right after Harvey, everyone swooped in and got apartments, so there was no housing available, either income-based, non-income-based, that everywhere apartment-wise and housing-wise really filled up. And so the homeless population spiked as well.

A West Texas advocate described the impact of the Oil Boom in her community:

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

Transitional housing, offered on site or in scattered sites, is a common approach used by family violence agencies to address the lack of affordable housing and continued survivor support needs. Staff reported transitional housing offers supportive and safe housing, in particular for survivors with barriers like felonies, evictions, or legal concerns. One staff member explained the benefits of transitional housing:

My thoughts on the transitional housing is they come here and they have 90 days. So, it takes them a week just to get themselves together to put on a little makeup and get themselves together. There's a week gone. Then you've got to look for childcare most of the time. It's very pressurized. 90 days goes like that. She tells them from day one 90 days is gonna go quick. Let's get on your goals and everything (09).

Transitional housing typically involves supportive programming, like a staff member described:

Now, we kind of incorporate that in to the case management piece about job searching and things of that sort. Because of course, when they come to the end of the program at 12 months they have to get in to some sort of permanent housing. So, it's gonna be beneficial for them to work or go to school when they're in the program (06).

Participants expressed the potential benefits of transitional housing for clients with acute mental health and safety concerns, as staff member explained:

It's an extensive process, to kind of go off what someone else was talking about. It's not just about that moment of getting into a safe place and getting assistance for a certain amount of time. It's a process that someone has to learn new skills, someone has to understand the concept of being on your own, having responsibilities and being able to find ways to overcome the barriers. They don't have a job. How to open a checking account? How to get started? Where to go? So, it's not something that someone can come out of something so short term and be realistically set and ready to go. It's something that needs to be ongoing (03).

Nearly every agency reported wanting more transitional housing units, or to start a transitional housing program. Many agencies had or wanted to start a rapid re-housing program, where rental assistance is given for a period time (the range is typically 3-12 months). Some agencies operate rapid-rehousing programs to get survivors housed quickly, but the duration of financial support limits the perceived effectiveness of this programming. A staff member shared:

And what I have seen on rapid, again, I don't work direct with those programs but what I have seen is that it depends on funding. So, sometimes it'll be three months only or four months only or six months, it depends on how much funding there is. So, it could be something, like I said, just three months or something like that (08).

Some staff indicated that flexible funding and rapid rehousing vouchers are more often used when a survivor appears to staff to be more able to maintain self-sufficiency. A staff member explained her thought process:

So, how does that realistically – because let's say you can put them in this housing program. How long can you keep them in this – say you're paying for it – but can this person function to hold down that job? And even if you're holding down this job, you're working at a sandwich shop making \$8.00 an hour. Is that enough to sustain this apartment or whatever you're living in? And for how long can – and if you're not on medication, how long is that going to last? (03)

Health. Alongside housing, physical and mental health were pressing survivor needs.

Physical health needs included healthcare, support with medications, and care for injury and illness are a barrier particularly for immigrant clients, as one staff member noted:

I was going to say that, believe it or not, I feel like we need to have some type of medical service for our clients because a lot of the times they apply, but some of them are undocumented. So, they can't get government care (14).

A staff member in a different region added:

We have a lady at the shelter that we have been assisting, and because of the severe trauma in her head, she lost her hearing. And well, since she doesn't have any documents, she doesn't have anything. I had another lady that because of the assault, she lost all her front teeth (07).

Mental health needs were identified by family violence agency staff as help healing from trauma, including treatment for depression, anxiety, post-traumatic stress disorder, and existing mental health challenges. Staff serve a population with existing mental health concerns that are compounded by experiences of violence, which makes it difficult to make use of the program and services, as a staff member in an urban area explained:

I think another barrier I've seen is that, we're here as resources for them and we give them things to work on and set goals, but a lot of the barriers of their mental health and like being motivated or determined to do that is a barrier. We can only help them so much but like, for instance, there's clients that won't get out of bed because of... I mean the trauma they've gone through of course, but that's also... it takes time and then all the other things we want to work on get pushed back (06).

In some regions, the lack of psychiatric care or long wait lists made needed medications out of reach. A lack of access to mental health care overall made goals hard to obtain. A staff member in a rural area explained:

I think a big barrier in shelter is a lot of the have some mental issues, and we – that's out of our realm, so we try really hard to help them with that, but there's not even mental health doctors here. So, it makes it very hard to service them. We do have {area mental and behavioral health agency} but they're very hard to get into. Sometimes it's a month or longer. They can't wait that long (04).

A staff member in an urban area echoed the same concern:

Or if we refer them to a doctor's office or a mental health agency and there's long wait times. Just things like that. Where even referrals that we offer don't often offer the client the immediate service or relief that they need.

Another facet of health needs for survivors is substance abuse treatment. Many staff participants reported being unprepared and untrained to address survivor substance abuse. Access to substance abuse treatment was a major indicated service gap, as a staff member noted:

And another thing I've noticed in shelter, sometimes they come in and they do have substance abuse problems, and we don't have a very good facility to give them AA classes or NA classes (04).

A final dimension of health needs for survivors is social support. Staff identified isolation, and a lack of supportive others as a major issue for survivors before they enter services and as they rebuild their lives while in shelter. One approach agencies take is to reunite survivors with their families. A staff member stated "*Sometimes they just come to the realization that they want to go back to their family. And so we do help them with bus tickets and stuff like that*" (09).

Regions with high levels of migration, for economic or immigration reasons, struggled with social isolation and a lack of support network outside of the shelter. A staff member described this risk of isolation:

Also just the nature of the services that we offer, we don't make people feel like they're alienated or secluded from the community even though that's how the community makes them feel because for domestic violence sometimes it's like intergenerational. So, you'll have like the mother-in-law and like the sister-in-law and cousins and aunts and uncles who are showing that same backlash towards them. And a lot of them because they're refugees or immigrants to this country, that's their social support. So, when they're cut off, they come to us. We have to kind of fill that void temporarily until they can stand on their own two feet (14).

Other residents in shelter and transitional housing can be a source of support. Staff work with survivors to identify support systems and reconnect with family, including financially helping some survivors to return home. A staff member explained how they work on building social support in shelter:

We have cluster meetings weekly in our clusters that we're in charge of. So, that gives our family's the time to actually sit down and just talk and get to know each other and collaborate on... "Oh hey, I got this from over here." Or "I heard about this agency that's helping with coats or whatever." Sometimes the clients know of

programs that we've never even heard of (01).

Other service gaps. Services for children remain a persistent and urgent need across regions and focus groups. Chief among these are childcare. Virtually every staff group referenced the strong need for free or affordable, quality childcare for survivors. A staff member described the impact of a lack of childcare.

...definitely child care. It's hard when you're trying to work but you don't have any child care. So, we... I think we're always stuck in that same... We see that a lot. This person can't work because she needs child care. In order to get housing, you need the income... it's just this constant battle between that (01).

A staff member in a rural area shared a similar sentiment:

I would say on my end of it, that's our biggest hurdle. Then if they don't get childcare, then they don't get a job and then we can't try to get them the housing and everything. So, it's kind of a trickle down, like we've got to get that childcare so they can get a job. So, I would say that's our main issue if they have a child (09).

Children's mental health services were also indicated a gap, including family and children's counseling. A staff member talked about the difference between the teen and adult survivors:

Another thing too that, I don't know, is about the difference between when you bring a teenager that is living with her boyfriend and say domestic violence, I think it's so different how they see the domestic violence towards a woman that is 32 years old and she's in domestic violence. I believe that we need to create a group just for teenagers then their moms because they're in a different level. When we talk to them on the hotline, it's just completely different (02).

Another staff member articulated the need for children's mental health services:

And also I just want to add that the child services for children are also very important. And being able to provide those services. There are so many children that get affected and being able to get that – growing is always a great thing. Because it's just imperative for children to continue getting really good, thorough services when they've experienced – I mean, all kids deserve that. But for this in particular, it's just so crucial that they get that kind of assistance and that kind of therapy and the services as well (03).

Economic security and jobs were issues voiced by many staff members. Job opportunities were largely determined by education level and regional economies. Immigrant survivors

without documentation face greater problems in accessing employment opportunities.

Participants report a lack of living wage employment that would allow survivors to gain self-sufficiency. A lack of quality employment worked in concert with the lack of affordable housing to limit economic gains for survivors. Survivors without financial resources have a hard time moving forward, as one staff member explained:

Our counseling is amazing. Our advocacy is amazing. But sometimes the clients need stuff. They need things. They need money. Counseling and advocacy only can get them so far (11).

Agencies need funds to be able to help clients move forward, but it can be difficult to get. It is a lot of money, as staff member said *“And the thing is it’s so many of us fighting for the same money. It becomes a joke because everyone is dying for that money to service the community.”*

Legal needs remain a critical issue for survivors, including a lack of pro bono representation, support with divorce, custody and child support, and orders of protection. Staff expressed gratitude for the network of legal aid services across the state. Nearly every single agency voiced need for more attorneys and legal advocates to meet client needs and demands, recognizing the potential power of civil legal remedies in particular. A staff member in an urban area shared:

And I know, me personally, I’ve gone to court with clients and I’m like, “I don’t know what to do.” So, I’m texting the attorney, or I’m texting the attorney from (agency) and I’m like, what should I do? “Ask for a continuance.” And we’re like, “We’re asking for a continuance please” (06).

Family violence agency staff reported barriers to service access and use for several traditionally underserved groups, including LGBTQ individuals, with a particular emphasis on transgender survivors, male survivors, and teens. A staff member explained:

I think we’ve had an increase in male survivors in the last five years. I think I have seen more calls to the hotline. Now the counseling department has the male group in Spanish and English for domestic violence (02).

Participants in nearly every location commented on barriers for immigrant survivors to using services, including the lack of eligibility for other social service supports such as benefits and housing that are not available to this population. Staff commented on the impact of racism and bias on African-American, Latinx, and Asian survivors. A staff member explained how they help clients with a xenophobic environment:

Yes, and they fear that because they fear that wherever they go – Or some of my clients, they're afraid to go to the community, because they think that the officers are right there, or Border Patrol is right there. So, they're scared to walk in. So, what I do, I comfort them. Or I tell them, "You know when we meet here why they come here by the bus or something." We go together so they won't be afraid (12).

Another staff member described how a coworker has created specialized services:

She focuses on women of color, specifically African-American women of color, which, like I said, as an agency, the people who are very, very high-risk – usually in our two roles are given child protective services. They're usually most at risk of having their children removed and then also with law enforcement they're usually at risk of being the ones arrested. And that's the same with Latinx populations too (03).

Occupational Stress. Staff shared the potential for stress due to the high crisis and fast pace of the family violence agency setting. One staff member described how she made priorities in a chaotic day:

Because that's the thing. In my head, I have a running prioritization of, "If this client calls, this is how I'm answering right now." But not to say that this other person's situation is less dangerous or less important. It's just the way my work is set up, the things that I have to answer for, these are the people I'm going to respond to more immediately. And so if someone – the reason I was late this morning is because one of my clients called me, talking about her lights got cut off. So, I'm just like – really not at the top of my list with law enforcement work but also she needs her lights turned on. You know (02)?

A common source of stress was the workload and client needs. A staff member described the strain caused by caseloads.

And the caseloads. For example, on the advocates, you're looking for 200-plus cases. Some people more. So, when everyone has these immediate needs, when everyone has – not everyone is active, but there are people that you don't just forget

about. And it's very difficult. And our time – it feels like there's not enough time (03).

In some cases, the stress of agency setting led to turnover, as one staff member shared:

I had to get a higher-paying job ... It was a question of it's not that I wanted to go. It was a question that I couldn't find things with my expertise where I couldn't find – it was the decisions you have to make and when you have to choose between the work that is in your heart, which is this kind of work, and your actual physical need of, "I want to have a family," or, "I have aging parents," or what have you. Even though your work community supports you, at the same time, you're like, "I know that I'm leaving a gap in services. (02)"

Turnover was particularly problematic because of the strain it created on other staff workloads, quality of services and morale. A staff member talked more about the impact of turnover:

And then there's turnover, so when you finally get someone who learns it, they're burned out and so there's high turnover and so then you don't really have that continuous of service because now we have a new person and it's like them having to learn on their own everything that's needed.

Stress from the hectic work life takes a toll on staff, leading to burnout and secondary trauma, and feeling misunderstood by clients. Many family violence staff members are survivors themselves, which increases their capacity to understand client situations.

I don't know, I just think in general I wish people would understand that we're human too. I feel like a lot of times – I've heard the clients saying a whole bunch of times, like, "Oh, you don't know what it is to be in this position. You're sitting behind the desk. You think you're better than us." You know, something like that, and we're human. Just because we don't describe the situations – I've been in an abusive situation, I came into the shelter. But just because I don't describe that to a client or another employee, that doesn't mean that I don't understand (05).

Staff Recommendations to Enhance Service Access, Experience and Collaboration

Increase service length. One major recommendation from staff was to lengthen services and provide follow-up care. The typical length of service is 30-90 days, which is relatively short time to build resources after a crisis. Staff recommend increasing the number of beds and the length of services to better suit the reality of the many barriers survivors face to healing from trauma and economic rebuilding. A staff member in an urban area noted "*I think most of the*

people who work at our office have a really high caseload and it's hard to meet people's needs in a timely manner." Staff also recommended follow-up care after program exit for residential and non-residential clients:

Well, you can't just put them in a house and expect them to do good. You have to put them in there and follow them. You have to get case management with them and, look. If they don't pick up their phone when you call, you go to their house (10).

Increase transitional and permanent housing supports. Addressing housing needs is a core part of the family violence service model. Staff reported several approaches used to more successfully secure housing. Staff in one region described the steps they had taken to build a collaborative relationship with the local housing authority. *"We just recently started a friendship with the Section 8 based housing community that's right here.(07)"* Another staff member explained how she works with the local housing authority to help her clients:

So then, we contact, we get a release, we contact the housing authorities and they check, and, "Oh yeah, well, she's number 600." "Well, you know what, she is a victim of domestic violence where giving her a referral letter." So, that bumps her up to number 5, 6 on the line. So, it's more about working with the housing authorities and providing them with the information (12).

In another region, staff were working with landlords and apartment managers to help them understand family violence services, survivors' rights and needs, and build collaborations for rapid re-housing. Staff in several regions reported helping survivors get to other areas of the state where Section 8 housing is available. Staff across the state use flexible funding, when available, to help with past debts, evictions, deposits, rents, and other financial support to access or keep housing. Staff in every region expressed the desire for more transitional housing to work with clients who needed longer term support and had more barriers. A staff member shared her reasoning for wanting a transitional housing program:

You know what would be ideal for here? Seriously, if I won the lottery I would totally do it. Because we have the clients that come into the shelter. And we have

those successful stories where they get a job, they get housing, and they're good. And we still offer the nonresidential services. But the ones that don't, and aren't as successful as that, we don't have that transitional housing. And we don't have the after the transitional housing. Because you get them to the transitional housing, where they learn how to budget and do all that. But then after that, what do they do? Because they're own their own. And they don't have that assistance with paying rent and paying utilities and whatnot (11).

Childcare. Staff overwhelmingly recommended that childcare services be added to family violence agencies and extended for a range of work schedules. Safe care for children for survivors' job searching, attending school, and working are particularly needed. Clients with acute trauma reactions may need respite care for mental health care. Extended hour daycare is needed for second and third shifts. Staff currently address childcare needs with voucher support, which can be difficult to obtain for employment searches. Staff work with local daycares to reserve spots for children, and in some locations, fund spots for parents in need of respite care.

Flexible funding and flexible service models. A needed resources is monetary support for survivor needs, also called flexible funding. A staff member said "*I would do like a grant or a fund for miscellaneous costs, like fixing the car.*" Another staff member shared a desire for their services to be more mobile:

The other thing that would be to make our job more mobile. We have the funding to be really mobile in the community. Like actually do more, I guess, home visits and things like that. Under the bridge visits, things like that (05).

Cash and other goods are needed to help clients get what they need, including computers for job searching, diapers, furniture, IDs and other document recovery. A staff member explained "*Just find funds that are not restricted so that we can be able to take care of the things that we can.*"

Training and collaborations to enhance services. Staff recommended training and collaborative approaches to best serve clients. One staff member noted "*You can't learn with trial and error. There's too much at stake at this point.* (03)" Staff recommended being proactive with training and collaboration, initiating contact with systems like CPS and law enforcement:

We do try to educate them a lot in being trauma informed. They do the 5:30 in the morning presentations, the prevention team, to try the new rotation officers. But you'll get an officer that will be very understanding towards our clients, or the victim at the moment, and then you'll have officers that are just victim blaming from the get go. And it's like, "You can't do that." They're already traumatized as it is. They're like pounding down the questioning and all that kind of stuff. So, it's really tough. It's a good relationship. We would like to say that they communicate well with us and refer (13).

Staff at several agencies voiced the need for more trauma-informed care training, and advocacy training for new staff. A staff member recommended:

So, if there's anything that TCFV could do, being a governing agency for domestic violence agencies for Texas, if you all could do something to create more comprehensive, more productive learning resources. Even if it was someone – because I know you all have these trainers. Even if it was someone who remoted in and trained them for a day. Because we don't have the time to do that but maybe you all do (03).

Address transportation and area knowledge gaps. Transportation remains a major barrier to survivors getting housing or needed services. In some regions, free bus tickets are available. However, some survivors may not know their way around an area, as a staff member explained:

Yeah, and I know sometimes it is the lack of information. We do have some clients where we've had to teach them, "This is where the bus station is, this is the bus route, this is where you go." And so, guiding them and navigating because you get clients that they've never been on their own. So, in traveling by themselves, that's something that they've never had to do (07).

Providing an orientation to the public transportation, and the city at large, can be helpful for survivors from other areas of the state and the country. An agency with a large service area has a driver on staff to transportation survivors to their needed destinations:

Go get them. I mean, our driver has to go pick them up. Same place, we'll meet them at – sometimes if it's a small little place, we'll pick them up maybe at the courthouse. It just depends on what the person can do. We try to have those safe places that we can pick them up, but we will make a different arrangement or something like that (11).

Other agencies provide flexible funding for car repairs. Addressing transportation barriers allows survivors to focus on other goals.

Build capacity for mental health care. Survivors and their children need support for mental health needs. One agency opened their own mental health clinic for psychiatric care.

Another staff member used collaboration to get mental health care to clients:

So, for me, when I got to residential, I created a very ongoing, consistent collaborative relationship with the psychiatric community in town just to help stabilize women and kids that come to us. The county mental health services has an outreach component...they come on-site and wrap around our clients to provide more comprehensive mental health care (05).

Staff across the state requested more training on mental health care and substance abuse. A staff member in a rural area shared her experience:

I know in the past, when I was a shelter advocate, I had clients who were coming off of drugs, so they were going through withdrawals, and again, the manager at the time, she had personal experience with it, so, I mean, we kind of were just winging it on how to help this client through it. I mean, it's just knowledge would be something, very basic knowledge (04).

Take care of staff. Family violence agency staff are dedicated service providers who are committed to the mission of their agencies and endure difficult occupational situations. Staff need support to minimized stress, increase wellness, and avoid unneeded turnover. Higher salaries was the most often mentioned remedy. A staff member requested “*Pay us more,*” while another said her staff needed “*Definitely higher salaries, but also support like maternity leave.*”

Staff requested services to promote wellness and help address crisis situations:

They should have employee assistance programs, so that if an employee finds themselves – because we had employees that were flooded out from the hurricane, but they were here helping other people, and a lot of them didn't have a home to go to. So I think we need employee assistance programs (05).

More staff are needed to meet the volume of clients, and the complex needs of survivors. A staff member in an urban area described the impact of a lack of staffing:

So, I know we had a waiting list when I was there and even now they have a waiting list for the non-residential advocacy program, you know for clients who are outside of the community who are needing that help because there's just not enough staff (06).

More legal staff is a persistent need across the state. One staff member proclaimed "*I would love to have an attorney here. That would be like my dream come true.*" In one rural area, staff approached the need for legal support with collaboration:

Well, we've recently signed that MOU with Legal Aid. So, we're going to be working with them directly for all of our immigration stuff and other things. And plus we have the two attorneys that we have on staff that help our clients with divorces. Family case stuff (09).

Legal assistance ranks high in recommended services, because of the impact it can have, as a staff member explained:

I'm proud of the legal assistance I've gotten the clients. I'm proud of the immigration assistance, very proud of that. I mean, legally, we're helping a lot – a lot of nonresidential come in and they're getting help. So I'm proud of that (05).

In many regions, overall staffing numbers are down due to low pay, funding and a lack of qualified candidates. More staff are needed to serve all clients on waiting lists, decrease caseloads to increase service quality, and help clients achieve their goals. Staff in some agencies described a supportive work culture that valued wellness. Staff recommend mental health days.

A staff member said:

I think their employees should get a mental health day. I just feel like we deal with a lot. And I think that we should – that should be recognized. You should be able to take at least one day out of the month.

One of the key factors in a positive work culture was peer support and quality supervision. One staff put it "*We have each other's back.*" A staff member shared:

I do give a lot of credit to the supervisors that we have because they push us for education, they push us to learn. And they always keep us – they remind us, "You're here for the clients. They don't have to be thankful to you, they – you have a reason for being here, that's to keep them safe." But they also promote a lot of self-care. The education – the staff developments that we do, they make it fun. We had movie

night. And we're like, "Oh, movie –" Not movie night, movie day (12).

Leadership to address wellness and stress is needed:

You have to have leadership. For any place to go smoothly, you have to have a leadership in areas too. It's not just here. You have to have leadership – a shelter director is the leadership of the shelter. The program directors of all the programs – we would have somebody to go to for that or they hold us accountable. We all need to be held accountable. So, it is a breakdown of leadership.

Staff come to the work with a calling, as a staff member in an urban area stated:

Yeah. I think everyone is a part of this work, it's something that you don't just say, "I'm gonna do this." It's something that comes from – it's a passion. Whether that's in counseling, whether that's legal, whether that's through advocacy, this is something that comes from within that it's – you just have a calling to do that. To help people.

Survivor Interviews Quantitative Data

Semi-structured interviews with family violence survivors using services sought to answer the research questions: *How do survivors access services across Texas? What were survivors' experiences and goals with family violence service use, including system interactions because of family violence? What formal and informal needs and supports did survivors identify within and beyond family violence services?* A total of 150 interviews with survivors using family violence services were conducted in seven regions of the state. A total of 32 interviews were conducted in Central Texas; nine in East Texas; 17 in the DFW area; 19 in West Texas; 15 in the Rio Grande Valley; 42 in the Houston Gulf region; and 16 in the Panhandle. Virtually all participants identified as female. Demographics are presented below in Table 16. Efforts were made to recruit LGBT and male participants, however, the research team was unable to successfully recruit many of these populations, in large part because they did not present for services at the site partner agencies. Participant current housing and housing experiences are presented in Table 17.

Table 16*Survivor Participant Demographics*

Average Age	37.8 (Range (19-67))
Race/Ethnicity	
Black/African-American	24%
Hispanic/Latinx	40%
White/Caucasian	20%
Additional Race/Ethnicity	16%
Primary Language	
English	65.8%
Spanish	26.8%
Other	7.4%
Sexual Orientation	
Heterosexual	93.8%
Not Heterosexual	6.2%
Average Number of Children	3

Table 17*Survivor Participant Housing and Housing Experiences*

Current Housing	
Emergency Shelter	45.3%
Transitional Housing	11.3%
Other	43.4%
Homelessness	
<i>Homeless because of Family Violence (lifetime)</i>	
Never	10%
Once	44.7%
Twice	9.3%
Three times	10.7%
Four times	6.7%
Five or more times	18.7%
<i>Other Experiences of Homelessness (lifetime)</i>	
Never	52%
Once	21.6%
Twice	12.8%
Three times	3.4%
Four times	2.0%
Five or more times	8.1%

About the abusive partner. Incidents of economic abuse are reported in Table 18. Nearly all participants—93.2%—had experience at least one type of economic abuse. Participants were asked about lifetime experiences of four types of reproductive coercion, and over 42% had experienced at least one type. The most common type reported was refusal to use condoms. Over 61% of respondents indicated that their (former) partner was an alcoholic or problem drinker and 58.4% indicated their (former) partner was a drug user. Over 51% of survivors interviewed indicated their (former) partner owned or had access to a gun or other weapons. Twenty-six percent of respondents had an order of protection and 38.3% had partners with a family violence conviction. Since engagement with the program, 74.6% of the participants had experienced a decrease in violence.

Table 18*Participant Reported Incidents of Economic Abuse*

Economic Abuse	Percentage Endorsement
<i>Do things to keep you from going to your job?</i>	
Quite Often/Often	39.9
Sometimes	13.5
Hardly Ever	4.7
Never	27.7
Not Applicable/Declined to Answer	14.2
<i>Do things to keep you from having money of your own?</i>	
Quite Often/Often	62.6
Sometimes	12.7
Hardly Ever	2.7
Never	18
Not Applicable/Declined to Answer	4
<i>Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you?</i>	
Quite Often/Often	34
Sometimes	12.7
Hardly Ever	4
Never	36
Not Applicable/Declined to Answer	13.4
<i>Keep you from having the money you needed to buy food, clothes or other necessities?</i>	

Economic Abuse	Percentage Endorsement
Quite Often/Often	44.7
Sometimes	18
Hardly Ever	6
Never	28
Not Applicable/Declined to Answer	3.4
<i>Keep you from having access to your bank accounts?</i>	
Quite Often/Often	34.9
Sometimes	4.7
Hardly Ever	3.4
Never	43
Not Applicable/Declined to Answer	14.1
<i>Pay bills late or not pay bills that were in your name or in both of your names?</i>	
Quite Often/Often	33.4
Sometimes	11.3
Hardly Ever	2
Never	41.3
Not Applicable/Declined to Answer	12
<i>Build up debt under your name by doing things like use your credit card or run up the phone bill?</i>	
Quite Often/Often	24
Sometimes	11.3
Hardly Ever	4.7
Never	50
Not Applicable/Declined to Answer	10
<i>Make you do work you didn't want to do by using threats or violence?</i>	
Quite Often/Often	26.2
Sometimes	11
Hardly Ever	3.4
Never	53.8
Not Applicable/Declined to Answer	5.5

Needs. Survivors have a variety of needs when accessing services at a family violence agency. Some of the most common things survivors reported needing and getting help with included: Emergency shelter (66.7%); counseling (60.4%); getting or staying safe (58.8%) looking for housing (44.7%); and transportation (32.9%). Some needs were still not met, due to either a lack of time in the program, or inability of the program to provide that particular support. The most unmet needs were: help looking for housing (26.7%); support with financial barriers

(23.3%); education (20%); legal assistance (19.6%); employment issues (18%) and healthcare (16%). Survivors indicated a need for services outside of the family violence agency in the previous six months, including counseling (38.1%); faith group (37.5%) a housing program (26.7%); and legal help (23.3%). See Table 19 below.

Table 19*Needed Support from the Family Violence Agency*

	Needed but DIDN'T get	Needed and GOT	Referred to another agency	Didn't need this	Declined to answer.
Looking for housing	26.7%	44.7%	6.0%	22.7%	0.0%
Keeping current housing	12.0%	20.7%	2.7%	62.7%	2.0%
Emergency shelter	4.0%	66.7%	0.0%	29.3%	0.0%
Employment issues	18.0%	22.0%	8.7%	51.3%	0.0%
Government benefits	14.7%	24.0%	4.7%	56.7%	0.0%
Education	20.0%	15.3%	5.3%	59.3%	0.0%
Financial Barriers	23.3%	15.3%	3.3%	58.0%	0.0%
Help with CPS case	10.8%	16.9%	1.4%	70.3%	0.7%
Legal assistance	19.6%	23.6%	7.4%	48.6%	0.7%
Childcare	12.1%	17.4%	1.3%	69.1%	0.0%
Counseling	6.0%	60.4%	4.0%	28.9%	0.7%
Transportation	14.8%	32.9%	4.7%	47.7%	0.0%
Healthcare	16.1%	22.8%	6.7%	53.7%	0.7%
Issues for children (beside childcare)	10.2%	29.9%	3.4%	56.5%	0.0%
Staying or getting safe	12.2%	58.8%	0.0%	29.1%	0.0%
Immigration issues	7.4%	14.9%	4.7%	72.3%	0.7%
Anything else	32.4%	20.6%	2.9%	41.2%	2.9%

Service experiences. On average, interview participants had been engaged with family violence services for 7.75 months, with a range of three days to 84 months. Participants spent an average of 2.1 hours a week with their advocate in person, and talked on the phone an average of 1.2 times a week. There was no statistical difference between residential and nonresidential service users in amount of time spent of the phone with the advocate. The majority of the sample

(76.6%) felt very satisfied with the amount of time their advocate spent with them and 75.5% felt very satisfied with the amount of effort. Sixty-one percent of participants reported good or strong connection between themselves and their advocate. Over 36% of survivors reported they mostly or completely determine the course of work with their advocate, and 45% indicate that they equally decide on the course of work. Related to agency culture, the average score for support with parenting was 2.46 (out of 3) and for agency cultural responsiveness inclusivity 2.65 (out of 3). There were no significant differences between racial and ethnic groups on average scores for support with parenting or cultural responsiveness. Longer duration of receiving services was statistically significantly correlated with more needs being met and increased connection and satisfaction with advocate.

Health. Over 56% of participants indicated they were in good to excellent health. Over 57% had access to healthcare. Fifty-four percent of participants self-reported mental health problems, with the most common being depression and anxiety. Over 69% of participants met criteria for post-traumatic stress disorder. Increased PTSD symptoms were significantly correlated with more lifetime experiences of homelessness, economic and reproductive abuse, and disabilities. Disabilities were self-reported among 28.8% of participants, with the most frequently endorsed being physical mobility or chronic health conditions. The mean score on social support was three out of five. Participants who met the criteria for PTSD had significantly lower social support scores (2.87) than those who did not meet the criteria (3.42). Number of children was also correlated with higher levels of social support.

Survivor Interviews Qualitative Data

A sample of 50 interviews were transcribed and along with notes from the remaining interviews taken via Qualtrics, analyzed. Analysis of interviews revealed major themes related to

service access, help-seeking, interaction with legal and CPS systems, service experience, service needs and gaps, and recommendations. The section concludes with a summary of survivor recommendations. Information that could identify a person or specific agency has been removed.

Survivors Access to Services

Disclosure. One of the first questions that survivors were asked was: *Who did you first tell about the violence?* Some survivors had one particular person or confidant, often an informal support. The three most common sources for survivors' initial disclosures about the abuse were to members of their own family, to a close friend or to law enforcement. Others told no one until they became involved in a protective system such as law enforcement or CPS, either by someone else calling law enforcement or by reaching out on their own. Law enforcement was often in the position of being the only lifeline for survivors who were extremely isolated. One survivor explained:

The only person I had told was the officer who was called down, who actually referred me to the agency on that day that I had mentioned. And that was the first time that I had actually spoken about any of it. (06)

Survivors also reached out to other formal sources of support such as paramedics, a pastor or religious leader, their children's school and staff at a parenting program, a human trafficking provider and mental health programs. These attempts to seek help often were not direct outcries about the violence; but were small steps to test the waters with these providers to see how they react, mentioning "*messy divorces*" or having "*an argument with my husband.*" For some survivors, it took going to several service providers, telling small pieces of their story before being able to disclose fully the extent of the violence.

My son kind of got in trouble because he went to acting out because of our situation and the counselor kind of called me and I kind of let her know what was going on and she referred me to [other service provider]. Honestly they just were trying to help me in other ways and I – actually through conversation I let it slip – about the

– because I did have a protective order against my husband, and I let it slip, and when I let it slip they kind of just went from there and referred me (03).

The most common form of informal support was family. Family members were the most likely group that survivors reached out to for help when they experienced family violence. Survivors talked about making the decision to reach out to their mothers, fathers, cousins, brothers, and children for initial support about the violence. These disclosures were not always easy. Some survivors who wanted to reach out were hesitant because they did not want to be a burden to their families or because they had been isolated for years from their families due to either physical distance or due to the abuse. One survivor explained, *“I didn’t want to get my family involved. I didn’t want to be a burden to them, or I didn’t want them over worried”* (17). Some survivors knew their families were not supportive and made conscious decisions not to tell their family due to fear of their family’s potential negative reactions. A few survivors first told their abusers’ family – sometimes leading to assistance, like the survivor whose abuser’s aunt paid for her to escape town. Others found no solace or support from their abusers’ families. The majority of survivors interviewed, however, described vital family support networks who took survivors into their homes multiple times, came to get them to take them to safety, and were there to listen and support them.

Friends who were their confidants were the second largest group to whom survivors disclosed the abuse. Several survivors talked about having friends who always told them to get out of the relationship or encouraged them that they could get help. One survivor explained,

I had one friend. This friend had met me before I was even with him, so, when she saw me before, and then afterwards, when I was with him, how I changed, she used to tell me I wasn’t the person she had known...and she said, “[Interviewee’s name], you’re messed up, and he’s got your mind messed up like that!”, and I would deny that. In fact, he wouldn’t allow me to talk to her. There was always some distance, between her and me, because since she was quite a rebel and she would confront him and talk to him. So, he wouldn’t allow her to get close to me. And when it

happened, sporadically, when I could meet her or saw her on the street, she would tell me “You’re messed up and that man is messing you up!”, and I would get mad at her. And now she tells me, “See? I told you!”(12)

Survivors’ disclosures to informal networks such as friends, family, and neighbors sometimes led to mixed results with some positive and negative outcomes, leading to further complexity and challenge for survivors when decision-making about their and their children’s safety. One survivor recounted how her neighbor influenced her decision and also offered support:

I had a neighbor and she told me that these places were very ugly and she told me that I could stay there with her. She told me that there were too many people there. She told me, “There are so many people there. Why are you going to go there with your children? You can stay here with me.” And she offered me shelter. (20)

Service Engagement and Access. Before taking the step to attempt to access family violence services, survivors’ first have to learn about the existence of family violence options. Many of the survivors interviewed discussed barriers to engaging in help seeking behaviors, at the system, community, and personal levels, which often kept survivors from being able to take that next step to reach out for specialized family violence services.

Barriers. Survivors described many barriers when first deciding to reach out for help. Some of the barriers are internal – such as stigma, shame, fear, self-blame, and not knowing that abuse is wrong and something for which survivors can seek help or justice. A few survivors expressed that for a long time they did not know that the abuse was something you could get help with and that it was not normal or expected. One survivor explained:

I never told anyone. It’s just that, my head, for some reason told me that all of that was okay. In fact, when people told me that what was being done to me was wrong, I got mad at them and told them it was perfectly okay, because he was my owner. So, when they said, “It’s not right, what he’s doing to you!” I told them “He’s my owner, and he can do as he pleases with me!”. It got to that point, where I had that in my head. And that’s why I didn’t even see it (12).

Many survivors discussed not knowing services existed, which was especially common for survivors when they were younger or were immigrants. One survivor stated "*I didn't know how to get services. I was just a young girl that was getting beat up and I thought it was because I was in love with him*" (01). Another survivor expressed surprise that her small Texas town had services:

Honestly, I never knew there was any out there, especially living in [city in another state]. You would think someone would know something or mention or try to help you, but I had no clue. I was surprised when – I'm like, "You have one of those?" (16)

Some survivors had concerns about going to family violence shelters and fears about accessing counseling. One survivor explained that her situation was not deemed serious enough to warrant help when she had reached out in another state, so she did not think she could access services in Texas. Other survivors had previous negative experience in shelters and returned to the violent relationships. Several survivors expressed challenges to breaking free due to their abusers control over their actions and threats of escalating violence. "*I didn't feel brave enough. I was really scared, I just went and I wanted to file a report – I mean, I filed it, but never followed up*" (12). They also expressed fear of accessing services with children, feeling like it would not be safe for them there and would uproot them from their home community:

I would be left with thoughts of 'do I want to pull her from school, and taking her away from her everyday life?' It was one thing to remove myself but I still wanted them (the children) to have some form of normalcy (23).

Community level barriers to engaging survivors in family violence services included lost opportunities by various systems to help survivors. One common lost opportunity given by survivors was law enforcement and DA's offices not sharing information with survivors about family violence resources when in those systems. *I made a report and the police said that since*

they didn't look at him, then, they couldn't do anything" (22). Churches were another place survivors identified where there were lost opportunities:

I think the church doesn't contribute much, especially our Catholic church. I heard many cases similar to mine and women don't get help... The church is a very big point, because when you are in need, the first thing you seek is God. Then, you arrive at the church and talk to the father and they make you a prayer but it doesn't happen there (05).

Hospitals are another system that survivors encountered where there were missed chances to seek help, *"So, yeah, he ended up taking me to the hospital, but I was so in shock and petrified and had been tortured to such extremities, I wasn't dare gonna tell them. I wanted the pain to stop"* (04).

Mental health issues, such as depression and anxiety, substance misuse, disabilities, and cultural and language barriers, were all identified by survivors as challenges when trying to engage with family violence services. One survivor explained: *"I can't be under a microscope, I can't be under that 24-hour surveillance or behind gates or closed doors, I have claustrophobia, I have paranoias"* (04). Another survivor talked about how her beliefs deterred her from seeking help, *"I don't know if it's my age or whatever. Like I said, my race, my age, I don't know, but I figured I'm not even going to call you. Only if it's an emergency. So, when I have called, it was an emergency."*(16)

Transportation is one of the biggest barriers throughout almost every region (East, Central, Houston Gulf, West) when trying to access family violence services. Many survivors had to travel from their home community in order to find available services or in order to get safe from their abusive partner. Some survivors from small towns talked about not having services where they live. *"I tried screaming for help for years. I tried asking for help, but (Texas town) has like, 13,000 people in it"* (10). Despite the HHSC shelter requirement to provide emergency transportation to shelters, many survivors discussed that this transportation to shelter was not

always readily available to them. Others discussed the challenges of getting to shelters or other services in large urban centers that were not on bus routes or that were far away from their home neighborhood. *“Being that I ride the bus, the city bus, some of those locations may be out of the bus zone”* (19).

Besides transportation concerns, several survivors discussed being denied family violence services, for various reasons, during previous attempts to get services. Repeatedly, survivors reported, in previous help seeking attempts, being denied shelter services, and sometimes other critical services, due to lack of space in shelters or services being full. The issue of lack of space appears to be primarily a concern for urban family violence agencies and some suburban agencies surrounding large urban areas.

I called and tried to get into the shelter and they denied me the first time. And so, it’s like when you get denied, speaking for myself, it was like, I’m stuck. My family won’t help. I can’t even get into the shelter. I’m stuck. I’m gonna die here (26).

Often survivors had to leave large cities in order to access services in smaller towns. Many survivors in multiple regions discussed frustration and challenges navigating a system of phone calls trying to find available services. Survivors reported sometimes getting up to 50 phone numbers from a hotline for places to call to see about openings. This became very burdensome and overwhelming for survivors attempting to access services in emergency situations.

I tried to – many, many times I tried to leave my husband and whenever I would call I could never get an opening. You call one and they tell you to call another. Basically, nowhere in or around (Texas city). Couldn’t find anywhere near, local that I could make it to. There was never an opening. It’s very frustrating. If I had to say my number one complaint with getting help trying to leave it’s calling and not having anywhere to go. (23)

Several survivors described programmatic conditions or limits to accessing family violence services placed on them. Survivors recounted being denied services due to a child’s

disabilities; for not having reported the abuse to law enforcement; being required to be stabilized on mental health medication prior to being accepted into shelter services; and being denied because of a decades old criminal history. A survivor described trying to engage in services; but not receiving any follow up in this way: *“I was trying to get away. I was trying to get help to get a divorce and the lady that I talked to that day gave me a lot of obvious empty promises – nothing.”* (37) One survivor reported that an area family violence shelter used to drug test survivors prior to shelter entry and another stated that she had been asked at one shelter for a social security number prior to being accepted to services in the past.

Facilitators of Service Engagement. Exploring, who and what helped facilitate engagement in services, gives insight into how services become accessible and available. Informal supports that survivors engage with can provide life-saving links to services and to safety. Some survivors described times when strangers and bystanders became critical to their safety and help-seeking. One survivor explained a time when she fled and received help from a daycare to connect her to family violence services. Another survivor recounted how a stranger helped her get safe after she was violently assaulted in a public location. One Spanish-speaking survivor described her process to learn enough English to be able to ask a stranger for a ride for help when her abuser was at work. Family and friends served as persistent, patient informal supports such as the mom who sheltered her adult daughter several times prior to her getting services or the friend who drove to another city over 200 miles away to help a survivor escape.

Word of mouth from other survivors who had accessed services served as another significant group of people who assisted survivors in learning about family violence services. One survivor learned about family violence services from another survivor at a community waiting room. Another survivor learned about them from her mother who had also used services

and another from her daughter who had accessed services. Several others heard about services from friends who had previously used services.

Many survivors facilitated their own help seeking and engaged in family violence services because they were ready to access services for such reasons as the violence escalating to a point of fearing for their lives

He was threatening me if I didn't go back with him, he's going to do this, he's going to burn the church, he's going to kill me, he's going to do this – It's when I went to the police department. (11)

Others were motivated out of concern for the safety of their children. *“For my daughter I left him, and later I understood that for me too, for my life too”* (32). Others described reaching a breaking point with their mental health due to the violence. One survivor stated: *I told myself that I couldn't go on fighting against the current. That's when I broke down and it all went downhill and I ended up in {a local mental health facility}”* (12). Others described reaching the point where their planning and self-confidence was strong enough to escape. Often these moments of self-engagement occurred when the violence escalated and lethality increased. One survivor shared: *“It's just enough you know? I just have to tell... you just have to go your separate way. Enough is enough. Before, you know... it could turn deadly”* (09). Another survivor recounted how she slowly broke away from her abuser by convincing him to allow her to take classes from a local organization. She suffered increased abuse due to this, but as she explained: *“I knew that it would help me learn and open my eyes... I just finished a course... I had a lot of breakthroughs. So that's one of the reasons I said, no more”* (04). Sometimes survivors resorted to finding resources online or found them by accident out in the community. One survivor recalled:

I actually was at a public library one day and I was sitting at a table and there was some literature on the table about this agency and it listed basically different types

of domestic violence and I happen to read just a blurb about what I had been experiencing. It was basically just explaining my life for the past several years (15).

Several survivors knew about services because they had previously received services there – indicating the importance of stressing in non-judgmental ways to survivors that they can always return to services. One survivor explained her need for more support and how she overcame her initial hesitancy and nervousness to reach out again after receiving services two prior times at the same family violence agency:

I was very nervous because like I said, there's a lot of people out here that need help and I knew one of the requirements is as long as you're helping yourself they can help you. I had a job. I needed a push. Just something to get me on my feet. And it's hard when you don't have the resources or help. (07)

Law enforcement served as facilitators to help for many survivors. Officers gave lists of referrals, which sometimes did not lead to immediate engagement but did help by making survivors aware that services existed. Some police officers made “warm referrals” a where they would contact the FV agency directly with the survivor and help them navigate entry into shelter or other services. Survivors described making calls to law enforcement and CPS when the violence escalated. For one survivor, her children made the 911 call and through this call, she learned of services. Another survivor described how she escaped from one town & went to courthouse in the new town asking for help in getting a divorce, where staff, realizing her distress, connected her to family violence services:

I went to (city) courthouse, and ask in there, because I didn't know. I didn't know nothing about (city). And I was alone. And I went in there, and ask, “I need a divorce. What I can do?” And the lady was really nice, really nice ladies in there they told me. And I told them the truth. “I don't have money to pay. But I want a divorce. (11)

Several survivors learned about services from other service providers such as 211 operator, a school counselor, a parenting program, mental health facilities, therapists, hospital crisis teams, and homeless services agency.

Some survivors interviewed were able to access services right away and many who were able to do so also received transportation to get to services. Transportation was noted by survivors to be a critical piece to successful access. One of the most basic way that programs assisted survivors is by providing transportation via their own car, by taxi arranged by police; and by police escort or ride. For some survivors, when police arrested an abuser, a critical window to accessing help get to services emerged. Another described how “[My mom] told me about this place. She told me, ‘You are ready but you tell me when you are.’ And I started to call this place little by little. I was very nervous the first times” (02).

Interaction with Systems

The following section details survivors’ experiences and perceptions of working with systems such as child protective services, law enforcement, immigration system, criminal and civil courts (including protective orders), child support system, and crime victims’ compensation. Law enforcement and emergency medical services were the primary systems that survivors encountered early in their process to seek help. Often these systems were called during emergency situations, during or after acts of violence that led to serious physical injuries, extreme threats, severe acts of sexual or psychological abuse of survivors and/or their children. These interventions were often life-saving. Some survivors expressed hesitation reaching out to law enforcement on their own due to previous negative experiences with law enforcement, fear of the police not believing them or fear of losing their children. Once law enforcement, CPS or other systems became involved, many survivors reported their involvement led to very proactive

steps to access services, safety and support; but sometimes survivors gave examples of their outcries to law enforcement and other systems being ignored.

Law Enforcement. Many survivors reported that police were among the first people who knew about the violence, making them a critical step in the process for many survivors to access help such as family violence services. Some law enforcement officers were system champions who assisted with getting survivors into family violence services. Survivors shared stories of law enforcement officers who took extra care to be sure that survivors learned about and accessed vital resources such as crime victims' compensation. One survivor described that law enforcement arresting her abuser allowed her time to get away from abuser. Jailing a partner who use violence after an incident can give a window of opportunity for survivors to seek shelter. Another example of a positive interaction with officer was one who was supportive & trauma-informed. One survivor described:

This time the officer took his time. He let me know 'I understand. While there's certain things I can only do within my limitations, legal limitations I want you to know I don't agree with what's happening right now.' He apologized on behalf of things that he could not do. He went above and beyond. He even wrote turn-by-turn directions for me to find this place. It was 2:00 in the morning, at night. It was like 'Thank you.' (23).

One survivor expressed relief that her abuser was arrested, deported and told by the judge *"...that if he came back and looked for me again he was going to lock him up for two years"* (31). Survivors reported that law enforcement often provided life-saving interventions in situations. One survivor explained it this way: *"For the most part, they have been my angels. They have saved me. Oh my God, they have saved me"* (24).

Many survivors also described negative interactions with law enforcement. One survivor described waiting 45 minutes for law enforcement to arrive after calling 911 during an

emergency family violence situation. Another survivor, who had been living in a post-Harvey homeless encampment, reported that police did not assist in her seeking safety:

He had been attacking me again and I had called 911. They showed up, no arrest was made. need to get away from him, I'm out here in the middle of nowhere, I mean I was afraid, I was in full panic mode, I couldn't breathe, he had been chasing me around the yard, slammed my head against the back of the seat. The cop was actually trying to get the paramedic to leave me there because there were no visible injuries. The paramedic told him 'no, sir at this point it is a safety issue'. It was a safety concern. (04).

One survivor reported that police questioned her skeptically about the stalking that she had experienced from an acquaintance for many years because she did not have 'enough tangible proof'. In another interview, a survivor described an incident when police did not want to complete the paperwork involved and because they assumed she would not cooperate with a case. An African-American survivor expressed fear of calling the police based on some officers' biases against African-American women.

They don't come with a compassionate tone... I have had guns drawn on me at one point because they show up to the scene. Upon arrival you should expect to meet a woman who's distraught. She's not calm. She's maybe crying. She may be frustrated. Her tone may be loud because she's trying to explain to you what's been going the last 45 minutes while she's waiting for you or before that. I don't know if it's a race thing. If African-American women are just automatically seen aggressive... I've been in mom groups and we talk about things like that, where they had to call the police.... They [other survivors] feel like an angel of hope just came to save them. But for me, 90 percent of the time that I've called the police, never (23).

Another survivor described that police said they would not take a report because they did not witness the violence. Some survivors described how difficult it is to talk to law enforcement about what had happened. *"It's kind of hard, too, to talk to police. You don't want to just tell them everything that you've been through. It's kind of hard"* (30).

Experiences with Courts. Some survivors reported that when their abusers faced criminal prosecution, some were jailed, sent to prison or deported; but many others reported that

their cases were not pursued by the courts after a report to law enforcement. One survivor, who had been stalked for several years, talked about being told how difficult stalking was to prove and that her case was not pursued criminally. Many survivors discussed that they never had any follow-up to their police reports or any possible criminal proceedings.

If I have any question it's about the law enforcements and the judicial end because as far as I know, no arrest has been made on either case. I saw protective orders on both cases. I'm in a cloud and feeling like the defendant. I feel like I'm being further victimized by this system (04).

While another survivor talked about because she did not have to cooperate with the case, gave her more safety:

I do love the state of Texas because there have been several times where I said, I'm not going to press charges. I don't want to have somebody being put in jail for the rest of their life... And I'm like, I'm not going to play God. I just don't have it in me. And even though he deserves it, and because he almost put me down, six feet under, so I'm not going to do it, the state of Texas will pick it up for me (24).

Several survivors in one particular region discussed the corruption of the court systems in their area. One survivor's abuser told her he could buy off the judge, which she perceived as true based on her experience "*The judicial system really is so corrupt here. They are just so unfair....just very, very, very corrupt*" (06).

Survivors reported several challenging experiences with protective orders (POs). Survivors who travelled from another state with a PO reported confusions about the jurisdiction of her PO and about whether she had to attend PO proceedings in the state she fled. Others shared frustration with not learning the outcome of their PO applications. One survivor explained how her PO was not finalized, "*I did file for one but it didn't come through because they couldn't find him. They couldn't notify him that I had filed a restriction order*" (20). Finally, a few survivors expressed wariness about whether or not POs could effectively keep them safe.

I think that the legal system fails us in that they won't hear us, unless we file it [a protective order], but if you read it, it protects a location. It doesn't protect you.

And the restraining order is less effective because they just tell him to go away. I mean, it just doesn't stop anything, so what is the point of going through all that and filing all of that, if ultimately I'm not protected? So, I just didn't feel like it was worth it" (08).

Survivors faced both barriers and supports in civil court proceedings through family courts and through the Title IV-D child support courts. Survivors reported some of the challenges of the civil legal system when navigating custody of their children.

Coming from [another state], the judge ordered me you're going to have to stay in [Texas county] for the next 18 years. This judge just said that. And he has four hours visitation a week. And I just feel like I'm kind of stuck in Texas now. And the only help really people that I know are [the family violence agency staff] here that are helping me. I don't have family here. I don't have anybody here (29).

Several survivors described losing custody or being in a custody struggle with their abusive partner. Another survivor was originally facing limited, supervised visitation of her children and civil legal services assisted in her. Survivors faced obstacles in the child support legal system, such as having a child support order from another state that was inadequate:

The only thing I need from them it's – I need legal help when it comes to the child support because I'm transferring my child support case from [other Texas city] to [this city]. So, I wouldn't have any attorney to represent me in my child support. I have to go there and do whatever I think I can do to the best of my knowledge. So, for legal, I need them. I need the funding on that. (35)

Another survivor described her self-advocacy with her lawyer about filing for child support,

I told him, "I don't want child support." And then he said, "Why?" "I don't want child support because I understand, in my own knowledge, if he pays child support, he has the right to see my daughters, and I don't want him around my daughters, because he was abusive. And then he said, "Well, no we have to sue him for child support." But guess what? I told him, "No. They'll never get a penny from him. Never. (11).

Some survivors also described complex intersections of civil legal issues, combining divorce, immigration and custody proceedings.

I talked to the immigration lawyer and she said, "We are going to have to look for him so you can divorce him because in Texas if you live for more than two years with him then you are married." But we never legally married. (20)

Many survivors relied on free legal services to assist them with these complex civil court matters. *“I’m working on that. I have my lawyer that she’s working for the VAWA Visa for free.”* (27).

Survivors shared that some family violence agencies assisted with their Crime Victim’s Compensation (CVC) applications. One survivor articulated the need for crime victims’ compensation to assist with her apartment deposit; but being worried that the CVC process was going to take longer than her shelter length of stay.

Because I was told the Victims’ Compensation Act may assist in helping me pay a deposit for an apartment. And again, that’s a process. It’s a process. It’s nothing guaranteed. As you know, we have to go through federal funding, and it’s a process. It’s not gonna happen between now and Monday morning. It’s a process. (19)

Another survivor reported on the relief she experienced being able to check the status of her incarcerated abusive partner: *“I call every so days, ‘he’s still there? You still got him’ He’s still here. Okay, I’m good. And I let it ride.”* (24).

Immigration. The U.S. Immigration system is another system that can both provide survivors with access to life-saving remedies, such as through VAWA self-petition, U-VISAs T-VISAs, and also lead to more barriers or negative outcomes. Immigrant survivors expressed fear about their future and their options. Survivors recounted the importance of free immigrant legal representation through legal aids and through some family violence agencies. One survivor recounted how law enforcement and the criminal court system’s involvement in her case led to her connection with free legal services for her immigration status and eventually, a visa. Another survivor expressed frustration because she could not find records of her police reports which she needed for her immigration application.

They put a restraining order on him, they were patrolling the church, and that happened only for one week. And I understand, you know? Like, they’re not going to be doing it forever. So, they do that. But, when I went to (other city) to see my

immigration status and everything, when they tried to call for the records, nothing appears. (11)

Other survivors, who have legal representation and legal immigration options, still faced the added challenge of the immigration process taking longer than their shelter stays and not knowing where they would go next.

My lawyer told me that she's going to talk with my case manager, in order to get an extension because if she submits next week my documents, in three months – I've got to get a work permit, and with that I could get housing (27).

Other survivors expressed concerns about how public benefits could negatively impact their immigration cases: *“I didn't want to continue asking for WIC because I heard that if you kept asking for help like stamps and WIC and housing it would affect your paperwork”* (20).

Survivors also faced immense challenges and fear due to their immigration status. Their abusers often used the immigration system as another coercive tool of abuse. Abusive partners used such tactics as not following through with the promise to marry the survivor and adopt her children; or by divorcing her before she could file for status based on his citizenship or threatening to turn them into ICE. One survivor expressed her fear of pursuing immigration remedies in the current climate, despite having legal representation, advocacy groups & mental health counselors supporting her case:

Because I honestly think, if he calls immigration, in the end I won't have the kids or anything at all. So – If they send me to Mexico, I'll be going to a place I don't know and I don't know what I'm going to do! There I won't have my pills, or my psychologic help, I won't have anything at all! And I'm scared of all that. Just thinking about getting there! What am I going to do in a country I don't even know anymore? I know nothing about it! That scares me! It terrifies me. And everything for what? For a man who doesn't think like a normal person! (12).

Survivors also discussed the challenges of fleeing violence when undocumented – having to balance how to become independent while caring for children and no ability to work legally. A few immigrant survivors expressed their fear to try to seek status at all through any of the victims

of family violence provisions, such as VAWA self-petitions, U-VISAs and T-VISAs, due to current fears about how long these protections would be in place and how the climate around immigration may impact their situations. One survivor described their fear to seek legal status,

I could only qualify through VAWA, something like that, and I would've had to have been married to him. And since he divorced me, I didn't even know when, so if I don't qualify, I get deported immediately. And I don't want that. (12)

Child Protective Services (CPS). Survivors shared some examples of positive interactions with CPS reporting shifts towards investigations focused on abusive partners, rather than on survivors. *“I don't have no CPS case, but they was trying to bring a CPS case on my ex”* (14). One survivor described being placed into non-investigation CPS services, such as Alternative Response and that those services were supportive. One survivor talked about how after CPS told her abuser that he had to leave the house, she began to trust CPS to discuss the abuse she had experienced.

Other survivors faced obstacles in the CPS system, such as caseworkers not sharing resources about family violence services with them. One survivor shared that her CPS caseworker was not knowledgeable about the requirements of the housing resources they were providing to her, which she was ineligible for. Another survivor perceived CPS as not supportive to her or her children at all: *“My caseworker that I had, she was supposed to be there to help me, and she just kept putting me down and putting me down”* (01). Another expressed similar sentiment this way:

I feel like they –CPS is never nobody's friend. I wasn't expecting them to be my friend, but I was expecting them to be more helpful to me and not give me such run around. So, I don't feel like they was helpful at all. (35)

A few survivors expressed frustration over their perception that CPS did not take their reports about abuse seriously. *“I actually made the call to CPS of an outcry that my daughter had*

said to me, and of a mark I saw on her face, so I opened up the CPS case, but it was ruled out”

(06). One survivor described how when CPS became involved, they only focused on her substance abuse issues, not the family violence. She shared:

Most people that are in abusive relationships turn to substance abuse to escape the reality... I was an addict. It just, technically, went hand-in-hand with the domestic violence. And, when I brought up the –since he had brought up my substance abuse first with CPS, they just didn't care about the domestic violence (21).

Several survivors explained how their abusers used CPS as a tool to further control and cause stress. One survivor recounted:

He called CPS on me! He told CPS that I was a drunkard and a drug addict and that I wasn't right in the head and all that. They closed the case because they checked me and they said there was no case. They checked me for drugs, they checked me for everything and they said 'There's no case to pursue!' (12).

Several survivors described being fearful of CPS involvement. One survivor described being afraid when CPS got involved in her youth. Several survivors described feeling blamed by CPS for the violence or treated as a perpetrator. One survivor described her perception that there was no support for young survivors who were teenagers in abusive situations, as she was:

The way the systems are set up, there's not really something set up for somebody that age, because when I left home, I was 13, and you cannot get into a shelter being a minor on your own. And, if you're going through abuse... you do go to the cops, and either they'll send you to either boys or girls home, or you'll just go back to where you came from, and then you go back even worse than what you started off with” (21).

Finally, one survivor described how she was afraid to access counseling services because she did not want to be seen as not strong to her CPS worker. *“I don't tell them because then they take the children like that... if they see that I'm not strong, I don't want them to be taken away. That's why I'm not going [to counseling services]”* (22).

Survivor Service Experience

Agency environment. Family violence agency environment issues were a persistent theme when asking survivors about their experiences in services. In particular, issues of cultural difference and diversity within shelters along issues of race, ethnicity, gender, sexual orientation and gender identity were highlighted by interviewed survivors. Some Latinx and African-American survivors described examples of being misunderstood and treated differently or unfairly in services by some staff and other survivors in services.

Plus, a Black woman's experiences is different than a Caucasian woman's experience. And I bumped into that in group the other day because, you know, they were talking about their experience with the police, and I'm not shocked. You know? Like, "Oh, really? That's so surprising. And it's kind of offensive, you know, to the Caucasian woman because she could not identify – She can't understand it, but really, you just – you can't understand where you're not at, to be honest. Like, it takes a special kind of person to be able to empathize with that... I still bring it up, but I mean, they all look so uncomfortable when I bring up those issues because they can't identify and they can't, you know – it's a hot button issue right now anywhere in our country (08).

One African-American survivor explained the importance of seeing themselves being represented in staff:

See I don't know all the people that work here yet. I haven't seen no African-Americans here yet. I don't see no Black people here. I mean that isn't a bad thing. It's just that I didn't see none but I ain't been here long either... a lot of people feel in [this city] and places that I've been, even when I was in college, everywhere I've been, feel like their own race feels what they're going through or know the struggles they go through and feel like they would understand so they will talk to them more and open up to them more. That's just what I've seen in my experiences. (33)

Another Spanish speaking survivor stated, "*I went to find something's and I see that there isn't any and after a while I see someone who only speaks English and comes out with things*"

(22). Another example, from a survivor who had limited English,

Sometimes they have to repeat the things that they tell me in English very slowly and that is fine. I like that. I say, "Repeat it anyway you want but I am right." They think that I don't speak English and that is better. It's an advantage. Sometimes,

they say, “She can’t speak English” then you start listening and you learn about what people are like (02).

Several Spanish-speaking survivors described language barriers and not being able to communicate with staff in the language that they prefer while other survivors were able to access services in the language of origin:

I feel really good about it because they have people here that are Mexican or Hispanic. So, they know what goes on. They speak Spanish and stuff because I know sometimes; it’s easier to talk to someone in your native language than in English. So, it’s really good (30).

Another immigrant survivor explained her negative experience seeking services, prior to accessing specialized services in a family violence agency primarily serving immigrant survivors, “...like I said, my first experience on the first shelter that police took me to. They were not ready to help me at all.” (39)

One survivor described her experience as one of the only lesbian shelter residents and the need for more specialized services for that population. Other survivors described the diversity of clients in services as a strength of the program:

Every person is different. Some people might understand and others might not. Just like I told you, you have to live through your own experience. But seeing all of the different experiences, the different aspects of other people does help. That helps a lot. It helps you value the things you have (02).

Most shelters where interviews took place were confidential locations which is typical of Texas family violence shelters. While some survivors expressed relief that the shelter location was confidential, often in remote locations with gates and security; others reported that the isolation at the shelter, often far away from other resources and not on public transportation routes, negatively added to their isolation.

They're often located on the outskirts of the city and so you're also dealing with lack of transportation, it's in counties that don't have regular transportation; you're needing to get to the city. It makes things exponentially more difficult (15).

Some survivors described the chaotic nature to communal living with others who have experiences trauma and violence, reporting screaming in hallways, yelling at kids, fighting and the use of drugs by some residents within the shelter. Other survivors described the limited resources available in some shelters such as few towels; not having a microwave available; and having very little meat or fresh produce available for shelter residents. One resident explained, *“The food doesn't seem fair, soups every day and simple sandwiches, food reheated for three days”* (05). Another described the need for healthy food options:

A lot of food is – I don't know a nicer way to put it, it's kind of bottom feeder food. It does fill the body, but that's all it does. You know? It's like bread lines, and all of the preserved food that they were giving during the depression, and things. It doesn't make you better. And wellness starts with a healthier diet and awareness... So, consuming, you know, cheap, white bread and the hormonal ham and milks and things like that. It blocks your ability to heal and to think as clearly, you know? And self-care is taught here, is very much taught here. And I appreciate that, but a part of self-care is a healthy diet for you and your kids. (08).

Many survivors described frustration with shelter rules from varying perspectives – that they were not being enforced enough or the opposite, that the rules were too restrictive and punitive. Survivors described other residents being exited due to not following the rules by fighting or due to using drugs. Others spoke of some staff selectively enforcing the rules in ways that did not appear fair. Many survivors critiqued the requirement of chores within shelters, especially for survivors who have injuries or disabilities.

But I started thinking about this, when you go through a situation like this or there are people who come here and are in far worse shape than you, how are you going to take advantage of these people? How are you going to make them clean? They need to support this person (02).

Another survivor described facing being exited from shelter over not doing chores:

I was trying to get myself into independent mode, so I had taken on a second job and their reason for having me leave the program and exiting me was because they said my chores weren't being done on time. Okay, I'm not there, I'm working 16 hours, 20 something hours a day, you know what I'm saying? (04)

Intake. The intake process is typically the next service interaction after the hotline and can be one that is difficult for survivors. Some survivors described that during intake lacked an overview of the services provided. One survivor explained how the intake process felt to her:

Upon intake I felt like I had committed a crime and that I was entering in some form of detention center. It kind of felt like I had done something wrong. It was very cold and stern and you met immediate paperwork and going over rules and curfew and does and don'ts. I understand all that is important. I have no problem with following rules and things like that. I understand that's important. It was just real cold and institutional-like. You felt like the door is locked behind you. Here you go; here's does, don'ts. Sign this paper. Sign this paper. It was really – it almost made me – I don't wanna say run back to where I came from. But it made you wanna go home. It didn't feel very warm and welcoming (23).

Another survivor described being given the rules upon entry and then told 'let us know if you have questions after 72 hours'. She expressed concern that some survivors were just left alone for 72 hours with no one checking on them or reaching out to them. Another described the difficulties with disability accommodations due to her injuries,

I mean, they had a wheelchair when I got here, it was so funny because they didn't – hadn't even thought about that. Because there was a nothing – no special kinda showering, no – there's not any handicapped per say on this side... there was a wheelchair that someone had brought here and donated or something and left over there (04).

Limited information at intake impacted survivors' access of services within family violence agencies. Survivors not knowing the whole scope of services available there, frequently finding out about services from other survivors' rather than staff. Some survivors perceived that survivors with many needs and problems get more support and resources than others or that limited resources created competition. Some survivors shared a perception of a lack of transparency on how decisions are being made about those limited resources, especially to services like transitional housing or legal services. These "access within" issues also included access barriers to limited English proficiency and confusion about who was eligible for and how to access transitional housing resources. Other survivors described that staff did not have a strong

understanding about the impact of depression, of being bi-polar and how that can impact their ability to accessing services within. Many survivors expressed concerns about the limited length of stay in shelter and transitional housing, describing their fear of the uncertainty of where they will go next. *“I don’t know where I am going to go when the time runs out. I don’t know where I am going to live because you can only be here for three months”* (Interview 20). Another survivor described how fast her exit from shelter was, *“I feel like they just kinda threw me into a panic type situation because they only gave me like three days to exit”* (04). Another feared where she would go next, *“this program is only 90 days, and you may get a two weeks’ extension. And you have to find another place to go and to be safe. So, it puts you out in the streets”* (19). Some survivors were upset that it seemed like other residents were able to stay longer even though those other survivors were not trying to work on their situation or find resources.

Service Model. Some of the main family violence services used by survivors were advocacy or case management; parenting classes; advocacy services with CPS; shelter; transitional housing; legal assistance; housing assistance; counseling; group therapy; children’s counseling; and topical educational classes. Many survivors described services as being supportive and encouraging to them in non-judgmental ways. One survivor described, *“With this program, I think it’s awesome because you actually have people that care about you. They listen. They help”* (07). Most family violence services are voluntary by design – to give survivors options and choices and control back in their lives. One survivor described this partnership with staff as follows, *“I decide what I want. They just put me all of the options and I decide what I want at the end”* (27). Some survivors experienced this voluntary model as not active enough in providing needed supports.

I think it could be more structured in the sense of there’s not really a lot of things mandatory to help someone who is – I mean I think a lot of people in domestic is

some type of control so when they get here they don't really have structure and they kind of over indulge in the lack of control. So, if they're supposed to be taking, they're not taking meds. If they're supposed to be helping themselves, they're not helping themselves" (03).

Survivors described counseling services that they received for both themselves and their children, which would be considered trauma-informed, and the importance of these services. One survivor reported about services her son was in that involved listening to sounds to help with the trauma experience:

There are lessons for children here. They put something in their ears and they can listen to class. They say that it helps control their nerves. It's a special class for children who are six and up. And my boy takes that class. It helps him control himself. (02).

Another survivor described the impact of counseling services she received:

For me it was stopping the legacy, or the pattern. Because I grew up in an abusive home, so them helping me understand why is the pattern repeating, and how can I stop it? And surprisingly enough – and I think it just has to do with the counselors I'm working with, a lot of the work that they're doing, they also piggybacking off of work for veterans with PTSD and depression, which is something that I was diagnosed with (08).

Survivors were asked about their experience working with their advocate or case manager in shelter, transitional housing, and nonresidential services. Survivors whom were able to reach their advocate and work closely with them viewed their support as more beneficial.

She put a lot of time in me. She had a lot of faith in me. I just started getting more comfortable with her. She was just – she wasn't there to judge me or anything. She was there to talk to me and help me do better (01).

She loves her job, and she loves people. So, she's gonna put more effort into it. She's very helpful. She gives me the resources that I need, and if I can't find it, she'll tell me to come back, and she will find it. That's what she does (14).

One survivor explained how her advocate provided much needed encouragement, support and information to her in a timely way:

A lot of ways. She will – she calls me to remind me, "Okay, did you get the school for the kids?" I'm like, "Yes, I did." "Did you get this?" I'm like, "Okay, I don't

know how to go about it. I need you to explain to me better. I'm confused at this angle." And she brings it down to my level. And if I need resources, before I'll finish spelling my last name, she sent them to me. (35)

Other survivors recounted not being happy with their advocate because they were difficult to reach and/or did not help them find resources and navigate community systems.

Others expressed frustration that their advocate did not push them more or motivate them:

Some women's situations motivate them to fight harder - to not go back and some women's situation brings them down and keeps them in a certain position to where they don't know how to help themselves or they're not motivated to. And I think the staff takes more to people who do for themselves or do their jobs to where they don't have to do or be required to do as much (03).

Survivors relayed many positive outcomes of engagement with family violence services, chiefly decreases in violence and increases in their safety. Others learned more about more community resources and how to access them. Many survivors expressed increased self-esteem and greater understanding of how trauma impacted their lives. One survivor explained, "*Now that I'm in the program, I no longer blame myself. Because I did, I used to blame myself for everything that happened. Now that I'm here, with my therapy and everything, I don't anymore*" (11). Another survivor talked about her transformation in services:

You feel small, tiny, because that's how they make you feel, that person you loved, makes you feel small. But when you get here, there is always someone who listens to you, gives you advice, gives you talks, activities, always makes you feel good (32).

Survivors reported on their goals after accessing family violence services. The main themes of their goals were to find stable housing, transportation, and find adequate child-care.

My goals for the future is to become self-sufficient. I'm gonna get my housing, get in a safe place, and to work part time. Become independent living, self-sufficient, and empowered. But most of all, to live independently and be self-sufficient where I can live and maintain my own bills. (19)

They expressed goals for their children to get them back in therapy, support them with their studies and provide everything to meet their needs. They recounted their vocational and

education goals such as become a pharmacy technician, to get their Masters in psychology, to get a technical degree for working in the manufacturing plants, to go to college, to get her GED, to become a medical assistant or CNA and to gain financial independence. One survivor explained, “*My goals for the future, actually, to finish getting my GED, and to enroll into college, all while being able to support my kids*” (21). Others dreamed of starting a business. Some survivors wanted to give back and start a program that advocates for mothers, troubled teens, and special needs kids; start a shelter of their own someday or come back to volunteer in the shelter and cook healthy good meals for the residents. Housing stability was a major goal identified by most survivors -- finding affordable, permanent housing. “*We could accomplish our goals if they helped us to find a house in which to live, and if they helped us to pay for rent for some time until we work and have money to sustain the rent.*” (18) Other survivors’ goals were focused on getting healthy both physically or emotionally through staying in counseling; getting their mental health stabilized – “*I want to get calm*” (27); developing healthy relationships and “*...focus on my family, and rebuilding a circle of friends and support around me*” (25). Others had goals related to their legal needs for a divorce and resolving other legal problems.

Unmet Service Needs. Survivors identified unmet service needs that they had either not yet received in the family violence agency or by referral. In some cases, services were available but hard to obtain due to waiting lists. Some of the most persistent areas service needs were health; unmet children’s needs; housing; legal assistance and employment.

Health. Many survivors indicated that services were not adequately geared towards survivors with complex and chronic mental health concerns, much of which stemmed from their abuse experiences. One survivor articulated the need for family violence staff to having training in mental health issues.

There are some people that has been suffering with it, and it's really chronic and it's like long and it's a different type of depression or it's a big difference in it. they're able to mask it and hide it really well. That's what causes manic episodes or causes psychotic breaks. I've been dealing with it since I was 12 and it runs in my family. I can hide it and mask it and babysit it really well but those are things to lead to psychotic breaks and manic episodes (03).

In every region, multiple survivors expressed concerns about the lack of adequate mental health care. While some family violence agencies had strong relationships with local mental health and psychiatric care facilities in their areas, or provided services on-site, there were typically not enough resources to meet the complex needs of many survivors. In some rural communities, telehealth was being used for psychiatric care. Survivors' views on these resources were mixed with some being grateful they did not have to travel several hours to access services; but still feeling like the services were not adequate:

It's not even a doctor. Then, it's on the TV, and I'm like, "Are you serious? I have to talk to a lady who's not a doctor on a TV who thinks she knows my problems, but she doesn't know me from Adam? I'm just so frustrated (16).

Many survivors described having depression, anxiety symptoms or PTSD. Some were taking medication for these diagnosis. Survivors from various regions described partnerships that family violence agencies appeared to have with mental health providers and psychiatrist to get medication. One survivor described, "*I went to see the psychiatrist. It worked out really well for me to be here and go see my doctor and get my medicine*" (18). Another talked about this connection this way, "*She's very helpful. I went to see my psychiatrist this morning. I told her everything. She knows my situation. She knows I'm here*" (19). One survivor described how family violence services are not set up to address the long-term effects of trauma and mental health needs of many survivors:

I will tell you that with domestic violence it's a systemic destruction of not just your physical well-being, often times it's so involving in your financial well-being and/or emotional well-being and your psychological well-being and so many other different factors come into play that it's not something that you can address in the

amount of time that's available at your average domestic violence shelter. They don't have the funding available to offer anything more extensive than sometimes 30 days, sometimes three months. And if you're talking about someone who has basically gone about destroying your entire life, it's not something you can rebuild during that time. Usually, that time is barely enough for you to get your bearings and your sense of self and just to collect your own self and your thoughts and to gather your own safety and then by the time that happens, you're already looking at the end of your stay here and you're having to find somewhere else and it comes to a situation where you're bouncing from shelter to shelter, which is really prohibitive to what it is you're trying to do (15).

Several survivors described not having adequate health care for themselves. One survivor described having a broken leg due to the abuse; but not getting any treatment for it until she was in family violence services. Many survivors had complex medical conditions and health problems stemming from the trauma and the abuse, such as traumatic brain injuries, but few had adequate care to address them. Health care needs were particularly acute for immigrant survivors without access to Medicaid or Medicare. One survivor explained, "*I was never allowed to go to the dentist. I was never allowed to go to the doctor. So, since I've left, I've had back surgery, which was a blessing*" (37). Several family violence agencies had partnerships with health care providers to get survivors care, for example, one agency helping a survivor access health care to have eye surgery.

Several survivors shared their struggles with substance abuse, often tied to the trauma they had experienced. One survivor recounted, "*I mean, it's just that, it's just 'cause you have, I mean, most people that are in abusive relationships turn to substance abuse to escape the reality. And, it's just like one's not better than the other*" (21). Several survivors discussed accessing community-based services for substance abuse and being in active recovery. A few survivors discussed using marijuana to address their mental health and trauma, "*Before I got here, I did smoke a little bit of marijuana, because I saw the person, but I have different views on actual marijuana, because there are actual medical benefits, and it's becoming legal everywhere*" (10).

Many talked about the lack of support services around the substance abuse, especially in any trauma-informed, long-term way. One survivor talked about moving several hours to access services where she could bring her children with her, work on her substance abuse issues and seek safety, *“it's not somewhere that allows children with you. Like here, you're allowed to bring your kids and do the program while you have your kids with you”* (21).

Unmet Children's Needs. Many survivors identified needing more support for their children. Multiple survivors reported that one of their biggest need is for childcare within family violence agencies and in the community. One survivor described how useful children's counseling had been for her children and her; but the time the service was available made it difficult to continue.

We were taking counseling. We stopped – I took counseling here when I was here. Then, my kids were taking counseling here. I took them out of it because it was – it's hard for me to get out of work, and then have to rush over there, and grab them from the babysitters, and over there – my car is not working, so I have to find a ride right now. So, it's kinda hard. So, I couldn't take them anymore but they've been doing pretty good... so I think it's helped a lot. (01)

When asked about the top needs that were met by the family violence agency, one survivor relayed, *“... And the children's department, in whole. Their having children counselors and having anything you need as far as the kids. I think that'd be the top three things I needed and they've helped me”* (23). Another survivor with child with special needs described how hard it was to be in shelter with so few resources to accommodate her child's disabilities. One survivor described her child's needs, *“I do need to get the children tested because I have a child that doesn't talk”* (20). Other survivors described the need for more services and flexibility with teens living in shelter. One survivor expressed an interest in having more options and activities to do with their children to build and strengthen their relationships with their children.

One of the most persistent needs that survivors with children identified was not having access to safe, affordable child-care options which impacted survivors' ability to find employment. One survivor described having to put together an informal care network for her four children with different care providers, while she worked, stating, "*it's very stressful*" (01).

Housing. In every region, survivors discussed the lack of affordable, safe permanent housing. One survivor stated it directly, "*I need housing. That's what my needs are. I need to get a safe place I can call a safe haven that I can get – where I can go in and basically be myself, be safe*" (19). There was a large need for more sliding scale housing options, especially for survivors with children. While many family violence agencies had transitional housing for some clients, there was not enough to meet the demand. Some programs had innovative housing programs, providing limited short-term support in permanent housing, such as rapid re-housing. Survivors reported these services as very helpful; although some expressed concern that the four to six months of assistance was often not long enough for them to get on their feet and be stabilized to pay full market rent once the subsidy ended. They also discussed that sometimes landlords were wary of the rapid re-housing process and were worried about survivors' ability to pay once the subsidy ended.

...out there they [landlords] look at you like, if you can't pay – if you have to get help paying from someone else – do you understand what I'm saying? If they help you, how are you gonna pay us when it's time for you to pay us when they not helping you? (07)

Other survivors also reported how fragile their housing circumstances were – that losing their job or losing work hours could leave them homeless once again. One survivor detailed losing permanent housing due to consequences in a CPS case:

Well, actually, I was – I was in a home – a nice home. I had just moved there. And then I got the CPS case, and then most of my income went with my children. So, I couldn't afford the house I had just moved into. So, I ended up having to move out. (34)

Survivors discussed the challenges of long waiting lists for public housing and Section 8 vouchers:

I called and found out I'm number [X], and it's gonna be a process. And then that this shelter is only a 90-day program. Sometimes you can get two-weeks extension. It's gonna put me back out. Yeah. My caseworker did put the paperwork on. She put me in the system, but I'm number [X]. I'm just waiting to be called. I don't know how fast they go through the list (19).

Some survivors faced added housing barriers such as owing money from prior times in public housing, having criminal histories or undocumented immigration status. One survivor recounted:

I went to housing but they also say no, they say I have to be on the waiting list... more for people who are going through domestic violence. Yes, because it is what scares you, because here it is only temporary. Or that they gave us some low cost apartments, but since I don't have social security, well, I don't apply (22).

Survivors talked about the housing challenges they faced when trying to rebuild their lives after leaving their abusive partner. One survivor detailed some of these challenges:

But, thank God I'm getting myself back on track, and I done signed up for Section 8, Housing Authority, and stuff like that. So, it was very hard because it's just like he made it hard for me and my children and then –When I say hard for me and my children, it was hard because of the living situation that he put me in. You know what I'm saying? (34)

Legal Assistance Gaps. Survivors often described complex civil legal needs involving access and visitation to children, divorces and immigration. Some survivors' abusers were able to gain custody of children despite being the abusive partner. These survivors expressed the need for legal representation to fight this and work toward gaining back custody: "*It's for the kids. Because the thing is, he divorced me, and he demanded child support and he did a million things*" (12). Some survivors expressed confusion on how to access legal services through various legal networks, not knowing which one would be faster process or the most appropriate place to access legal services.

Employment. While a few survivors who were interviewed had advanced degrees, most were facing challenges in finding living wages to support themselves and their children. Many were struggling to find work with a lack of child care. Others were working for low wages, part-time positions without benefits or sick time. They were financially insecure and scared and not sure how to improve financial options. A survivor explained, *“I’m really trying to get a career because I’ve been working different jobs. But it’s just like they’re temporary. And they pay little to nothing. So, I feel like I’m overworking, getting underpaid”* (17).

Survivor Recommendations to Enhance Service Access, Experience and Collaborations

Survivors had many recommendations for possible changes in systems that they encountered when seeking help for family violence. Areas which survivors’ made specific recommendations involved increasing housing and childcare options; increasing and improving system supports and collaboration; more community outreach about family violence services; improving the family violence agency environment and service model; increasing staff diversity and culturally specific services; increasing resources for children’s services; and strengthening survivors’ connection to communities and families.

Increase housing support including transitional housing. Survivors had many recommendations about the need for more transitional housing and rapid re-housing resources. Several survivors expressed a need for more information about these housing resources and how to access them. Another survivor recommended having access to water utility deposits or waivers (similar to the ones for gas and electricity). One survivor suggested that shelters have lists of affordable housing programs that they know will take their clients instead of survivors having to cold call property owners and be denied repeatedly.

Many survivors recommended that there needs to be more affordable housing resources in their communities,

I believe that there must be support programs for women, housing assistance, maybe a little more housing support, because maybe I feel that there are many women like me, who do not have a place to live, they are enduring that the husband beat them and hit the children, why? Because maybe they have to say I have nowhere to go and I have to endure it. Well, I think that more housing programs like these are important (32).

One survivor expressed the need for more housing combined with support services, such as child care,

When it comes to housing that they should – have like certain funds that go towards working people or – working parents... trying to get their own place, but it's hard because the job that they're working at, they don't get paid enough to keep up with rent. So, that would be good if they had a program where if you are trying to work or go to school and finish that there is childcare available (17).

Another survivor recommended more housing resources for survivors with criminal histories:

There should be a program for housing for felons. I wish there was something that could help felons because I know we all make mistakes, but if we have children, we still need somewhere to live. It's kind of wrong that they're just like oh, we can't help you. And there's no other housing program besides just them (30).

Increase Childcare Resources. Many survivors recommended that more affordable, quality childcare resources be available for survivors in their situations. Childcare access was described as essential to economic stability, helpful for child development, and instrumental in healing. A survivor described the need.

And I would go back to the childcare and say they need more extensive childcare because in my case I do have a special needs child and that is something that is more common these days than non-common but a lot of places do not offer or are not suitable to provide that type of help which causes people not to get the help they need or not want to get the help. Me personally, it makes me shut down (03).

Increase and Improve System Supports and Collaborations. Several survivors stressed the need for more free legal services. A survivor saw a need for "... more lawyers that are

volunteers because there aren't any that speak Spanish" (18). One survivor explained how complicated it had been to access legal services and recommended a more streamlined process:

I applied for legal aid. Nothing has actually happened. I was told that – it's kind of confusing because during orientation here I was told that the legal department here was a little backed up. They recommended that if you could find another agency. I think they told me about the family – no, they didn't tell me. They just said if you could, but to know, heads up that they were backed up. So, I found out about another agency when I went to file a police report at the police department. But now, I'm hearing that they do get the ball rolling here quicker because you actually get an attorney or something like that (23).

Another suggestion was for family violence agencies to develop court watch programs and court accompaniment services for civil courts. Survivors described a need to address the corruption in the court system. Survivors also identified needs for more legal services in civil courts for such matters as divorces, access and visitation of children, CPS hearing and immigration proceedings.

A survivor recommended,

I think more help for immigrants in legal matters. For example, me, right now, in my situation, because my husband has all the money. As I was saying, he controls all the money, then I don't have enough to start a case with immigration, do I explain myself? I mean, I know that the legal, the lawyer here, everything is going to be paid by the shelter, but the immigration thing I think is separate. So, in that part, I do see it a bit difficult in my situation (05).

Another survivor expressed a need for legal assistance when facing criminal charges,

I make minimum wage, so I'm trying to figure out what's going on with my legal issues and then – but I know even then I'll have to probably do all that by myself. It's hard to get a straight answer from anybody that I've been trying to ask questions to. Like, they just keep telling me they want me to show up in court, show up in court because of the charge this I have against me. So, I don't know what to do about it (13).

One survivor recommended that subjects of POs could be served over the phone rather than in persons to address the fact that so many subjects of POs are never served and so the POs are never finalized.

Regarding CPS, some survivors expressed that they never learned the outcome of their cases and wished that, when possible, CPS would explain to survivors the results of CPS investigations of abusers. One survivor wished that CPS' alternative response were explained as different from CPS investigations sooner and in more detail. Another recommended that CPS staff get to know parents more and have a better understanding about the referrals they provide to parents in their system, "*I feel like if CPS took more time into really getting to know their client and knowing that I did have further needs and telling me that these services wouldn't work, then, I wouldn't have been so upset*" (30). When there is substance abuse involved, one survivor talked about the need for CPS to provide resources and address both the family violence & the substance abuse.

I mean, for me, I guess just the simple disregard for me having a substance abuse program didn't take away the abuse that I suffered. And, then disregarding, just because I had an issue didn't mean that I wasn't being abused. That was the main issue that I had (21).

Survivors had many recommendations about how to improve responses from law enforcement, such as more female officers for family violence calls. If the abuser has fled the scene, a survivor recommended that they still take the accusation seriously and consider making it an official report based on the survivor's report at the scene. Survivors recommended more training for police for sensitivity to family violence, especially for survivors of color:

Just like they've had to undergo sensitivity training towards minorities, they [police] need to do more sensitivity training towards domestic violence cases, too. Because I was met with a lot of skepticism. You know, like I'm just playing the victim, or something like that. Because as a minority in America, like I'm not calling the police, unless that's my last recourse. Like, you know, I'm just not. So, for you to come and pretend what I'm telling you is a lie, or I'm wasting your time and I'm already on edge. Not cool. (08).

Survivors recommend that law enforcement be more supportive when survivors are trying to leave and not second guess them:

They could be more sensitive being that I'm just or whoever is just getting out of a relationship... Not to pick on them or bully them because they're trying and then sometimes it's like, okay... "Well, are you gonna go back?" or "Are you gonna stay with him?" Or it's kind of always that question when trying to help somebody leave a situation" (13).

Some survivors encountered law enforcement officers who knew nothing about local services thus recommending that family violence agencies make more connections to educate law enforcement:

They need to let the authorities know that we do have a women's center that will place these women. The authorities, sometimes, don't even know where to take you when things pop off. They need to be able to give these women some sort of pamphlet or brochure or a business card about other agencies that will assist you in moving on and getting your life back together, provided you leave Mr. Abuser alone. Because they don't have it. Because a lot of time people are more visual, especially when you're in a domestic violence situation. You're not gonna remember very much because you're all over the place. Your emotions are all over the place. You got situations going. You got the kids around (19).

Other survivors recommend that police undergo more training to increase trauma-informed, de-escalation skills when responding to family violence calls and interacting with survivors.

More Community Outreach about Family Violence Services. Several survivors recommended more engagement by family violence agencies with the broader community. One stated:

I just think, actually, being able to communicate that there are those needs out there that need to be helped, because back when I was in my abusive relationship, I didn't know that there were these types of facilities that would help me get out of the situation that I was in, with my children, without having to leave my children, and things like that (21).

Another described the need for more community awareness of emotional and psychological abuse,

I think there being more presence in those communities. It's one thing to leave a flier but were they to have the funding and the resources to actually send people out, go to community centers and hold seminars or have classes or even just set up a booth, pop-up stand, you know, just distribute some literature, speak to people. I can't be the only person who was in the type of relationship that qualifies as domestic violence but has no understanding of that because culturally we see the woman with the black eye, or we see the crying child or what have you and we associate it with physical violence when that for a lot of people is such a small part of domestic violence and for people such as myself, not a part at all. That is not

representative of what could actually be going on and people don't know (15).

These recommendations from survivors are enhanced by many survivors' descriptions of lost opportunities by law enforcement, CPS and other systems to connect them to family violence services sooner.

Improve family violence agency environment and service model. Improving the family violence service model meant increasing access to information and time with staff, communication about resources and programs, and shifting the agency policy structure. Several survivors reported that programs need to grapple with the challenge of balancing not having too many rules with a lack of programmatic structure. Some survivors expressed concerns with confidentiality of shelter location leading to more isolation and less awareness in community of services. A survivor explained:

Because there's lack of communication here. We don't have phones in our apartments, we don't have phones – women don't like using their phones, they've had issues. Because the first thing your assailant does is isolate you. That's the number one thing he does, he cuts off all communication. He, she whatever cuts off communication. Keeps you isolated. When you come here, yes, you need to be isolated to a degree, you need to be secure, you need – but you need to be able to reach out to family members, you need to be able to coincide with law enforcement agencies on your own, you need to be able to set up resources and communicate with resources outside of here to help you get to the foundation that you need once you leave here because tomorrow it could not be here. You know what I'm saying? At any given time, they can just be like you're outta here (04).

The voluntary advocacy service model can be enhanced through increased staff access and availability for survivors, and efforts to build rapport. This begins in the intake process, which sets the tone for services to come. Regarding the intake process, one survivor suggested creating a comprehensive service pamphlet that can be given to survivors at intake that they can reference it later. Another survivor stated:

I do think that the intake process could be a little more – what's the word – softer. I just feel like maybe that shouldn't be the focus the first day or something. Maybe the focus the first day should be your needs. Are you hungry? Do you need clothes?

Settling in. Assessing the children. Are they fine? Is anyone emotionally distraught? That type of thing (23).

Survivors recommended many additional services and methods of service delivery.

Recommendations included additional classes that could be offered to survivors such as: self-defense classes, more parenting support / classes, cooking classes, English classes for Spanish speakers, Zumba classes, basic life skills classes that include an orientation and tour to the neighborhood and bus routes, around the shelter. One survivor explained:

I think like a class to help them get their independence back and to build their self-esteem, to take back what was stolen in their domestic situation, which is the self-esteem and the courage and life skills, basically how to get your independence back (26).

Many survivors expressed a need for more support around seeking employment, obtaining job skills and help finding better employment options rather than minimum wage jobs. Some ideas they had were to make stronger connections with potential employers including temp services or job training programs; to develop ways for survivor to make money while in shelter or transitional housing; to start internships and apprenticeships programs for survivors and having a van that takes shelter residents to workforce commission or a day labor temp agency regularly:

I think specifically with the employment thing, it would be great, they collaborate with (corporation) with (another corporation) to have the speakers come in and do classes on, again, like resume writing and interviewing tips and skills and how to handle conflict at work. That's great. These companies actually hire though, so if you could coordinate something and I understand maybe if it couldn't be onsite, but even something off site where this is a career fair, we're actually hiring, we have XYZ positions, we're comfortable hiring directly from your shelter, that would be great But, actually having a job, actually being able to access employers who are looking for hire immediately, that would be great, particularly because domestic violence victims don't usually have the most stable of employment backgrounds so if they are able to speak with employers who already understand the situation (15).

Finally, one survivor discussed the need for more awareness, for both survivors and staff, about cyber abuse through the misuse of technology:

What I experienced when I left my partner was a new thing called social media – cyber harassment, which blew my mind. When I grew up, I didn't grow up with all of this technology, but is there a way to – I'm trying to ask because that is something new and I don't think many domestic violence victims had to go through. Some still don't have to go through, but unfortunately I did through all social media. If you go to Facebook, they claim and they have a – whatever – disclaimer that says they support domestic violence victims and whatever. He made 101 accounts, and you're only allowed to make two supposedly. But, is this somewhere in your policy that this new problem that the victims are starting because that's something new to me (16).

Increase Staff Diversity and Culturally Specific Programs. One survivor highlighted that there should be more diversity among the staff to mirror the survivor population: “*Staff isn't really diverse*” (23). Another survivor recommended that family violence agencies prioritize hiring staff who have experienced or have been through family violence or who have a deep understanding of it, rather than staff with advanced degrees:

It's just my opinion that places like this would benefit more from having people that actually can relate to us in these situations versus somebody who just got a degree... [Share] success stories or the survivors or people that have been in these situations that have hands on understanding” (03).

Several survivors recommended more culturally specific support groups. There were survivors who brought up the need for specialized services for African-American women, Hispanic women, Spanish speakers and LGBTQ survivors:

I think that also it's important to serve certain demographics, too, like if that option, too because sometimes people aren't gonna open up if they're predominantly Spanish speaker, or they have, you know – their issues are that particular culture... So, maybe if there was an opportunity, like the African-American group, Hispanic group, (08)

Increasing Children's Services. Several survivors talked about the need for more children services that are available immediately when possible, especially in shelter.

They tell you you have to go to four group sessions before you can do the individual one, and you have to go to two parenting classes before they will let you sign your kids up for child services. I feel like if a woman feels like she needs to put her child in child services, I think that those things could maybe happen simultaneously.

Maybe it's a parenting class, but there's a child class happening at the same time. Like the child needs some help" (08).

Others suggested more flexible locations and times, such as in-home children's services for people who do not have transportation. Some survivors recommended classes, services and activities for survivors to do with their children, especially integrating younger children, "...because there are only groups for children of six years, nothing for young children (22).

Survivors identified a need for more substance abuse services where survivors could bring their children and access services that are trauma-informed.

Strengthen Survivors' Connection to Communities, Other Survivors and Families.

Survivors recommended many innovative ways services could be provided to connect survivors to family members to build support networks. One idea was to provide items such as books of stamps, so that survivors can reach back out to family they have been isolated from to reconnect. Another idea was to offer family counseling for survivors and extended family members and couples counseling for survivors in new relationships to assist with the new partners' understanding of the trauma survivors experienced:

I think it'd be good if programs could pull in your closest family members see what we could do to make us closer and just ask for a helping hand. If you need help, I got you if I got it. Not everybody like that (07).

Many survivors expressed interest in wanting to give back and wanting to support and provide services to other survivors. Some of the suggestions were to welcome back previous clients to involve them in ways to give back to the agency after they have left, such as mentor programs or voluntary community service projects to give back or by holding fun community gatherings in park or somewhere with former clients and current clients to form informal networks. Survivors detailed the importance of relationships with peer survivors and how other survivors had been vital supports for them. Some described how connections with other survivors who how they

learned about services in the first place. One survivor explained “*Before I came here I knew somebody that came here, and she told me all the good things about this place, so I had already knew about it before I came here.*” (13)

Conclusion

UT Austin and TCFV engaged in a collaborative research process for the 2018 state plan with the goal of understanding family violence service need, access, and availability across Texas. The 2018 state plan used the foundation of previous approaches, and enhanced the research plan to include more data and information, and importantly, the voices of family violence staff and survivors. While service availability is largely unchanged from the 2012 state plan, the state plan research study has provided deeper information on how services are accessed, the gaps in services to marginalized and underserved survivors, and unmet and met needs. A summary of key findings related to service access and availability, service needs, and recommendations are detailed below.

Service Availability and Access

Access to family violence services remains a critical issue for the state of Texas. Comprehensive family violence services are available in 63% of Texas counties. Interviews with survivors in diverse regions across the state illuminate not only the varying ways people find services, but the factors that helped or hindered access to support. While many survivors know about the availability of family violence services, they may not know they are eligible and welcome. Informal supports, like family, friends, and coworkers remain one of the most reliable sources of referrals to family violence agencies, in part because these supports can help people identify abuse in their relationships and overcome isolation tactics. Many survivors use Google or independent search mechanisms to not only find services, but to learn about the scope and

availability of resources. Formal system supports, like CPS, law enforcement and schools, are an especially important lifeline to survivors with children, and those in immediate danger. Both family violence staff and survivors expressed the potentially powerful role of law enforcement and CPS in linkage to family violence services. However, in many cases, these system responses lacked awareness of family violence dynamics and were not consistently trauma-informed, leading to insensitive system responses. Unsupportive responses from law enforcement and CPS may further compromise safety and create missed opportunities to connect survivors to vital services.

One issue impacting access is availability of services. Family violence services are available in 247 out of 254 counties, with 62% of counties having a family violence program physically present and an emergency shelter in 29.5% of Texas counties. Despite the coverage, there are still not enough services to meet demand. Survivors and staff detailed turning people away or using waitlists because of a lack of space or staff to provide resources. According to Health and Human Service Commission (HHSC) statewide data in fiscal years 2017 and 2018, the percentage of shelter requests denied due to a lack of space ranged from 0-88.4% across Texas family violence programs, with a statewide average of 41%. While programs often provide referrals to other shelters, availability at other programs is often unknown and survivor time to seek safety is limited. A need emerging from this project is to improve service approaches for survivors who are denied access due to lack of space, to better assist with referral and connection, and to increase the availability of life saving shelter and crisis intervention services.

The experiences of a survivor accessing family violence services in the state of Texas may differ given the regional setting, though many of the same access and service needs are present throughout the state. Qualitative interviews with staff and survivors found similar needs

related to housing, mental health care, legal support, and children's services. Family violence programs across the state are serving a diverse population of survivors with complex needs and who may face additional barriers such as extreme poverty, homelessness, language barriers, and involvement in systems like law enforcement, CPS, or immigration.

Challenges to service access differs by region. Geographic distance and transportation are major challenges in rural areas, survivor populations far exceed staff and agency capacity in urban areas, and suburban areas often handle the overflow of survivors from urban areas. The average rate of shelter requests denied due to lack of space is much higher in urban areas than rural (47% versus 11.4%), though 72% of urban counties have residential services compared to 41% of rural counties. However, urban counties have more legal representation, child services, and mental health services than their rural counterparts, and non-border counties have more legal representation than border counties. Family violence programs throughout the state provide support to immigrant survivors. Not surprisingly, border region family violence programs serve more immigrant survivors, but also may be more adept at locating the legal and social supports needed for these survivors. Other, less predictable, factors can impact survivors and agencies. Economic and environmental events, like Hurricane Harvey, or the oil boom in West Texas, greatly effect family violence service provision, in particular housing, and create strain for staff.

Service Needs

Across all of the state plan data findings, persistent need and a lack of resources are prominent. In particular in the areas of housing, legal advocacy and representation, mental health care, children's services, and enhanced ability to serve traditionally underserved populations. The need for housing, including emergency shelter, transitional housing, and most importantly, affordable permanent housing, was found in every research activity. Family violence programs

offer support in the form of shelter, transitional housing, vouchers, and some limited financial support. Family violence programs in 35% of Texas counties offer housing support beyond shelter. However, there is a greater need for more shelter space and transitional housing for family violence agencies, and more resources needed for housing support programs like rapid re-housing.

The need for safe, affordable housing emerged in virtually every staff focus group and interview with survivors in shelters or transitional housing, regardless of region of the state. The lack of safe and affordable housing is exacerbated by the relatively short duration of service length, both in shelter and in some rapid rehousing programs. Service lengths for shelters of 30-90 days are not long enough for survivors or staff to meet goals related to basic safety and security, let alone mental health improvement. Yet, data from this study suggest more time spent in the program was correlated to increased connection and satisfaction with advocacy services. The family violence service model traditionally has relied on a short-term approach based on emergency needs and safety. Despite the best efforts of family violence agencies, there are still many unmet needs for survivors in services that need longer term services to address persistent structural barriers, particularly for traditionally underserved groups like immigrants. Simply put—short service time and a lack of housing creates safety and health issues for survivors and stress on staff. Staff and survivors voiced the need for a range of housing options, from financial support to stay in their current housing, more shelter space, increased project-based transitional housing, and an increased length of time on rapid re-housing programs. Programs may try to stretch who they serve by shorting the length of vouchers, but short vouchers do not give enough time for most survivors to gain self-sufficiency. Survivors need diverse housing options that help

them quickly exit from shelter into more long-term housing, with supportive services available as needed.

The majority of family violence agencies (70%) provide some form of legal assistance, however only 5% have an attorney on staff to represent clients. Civil legal remedies, such as divorce, Suit Affecting the Parent-Child Relationship (SAPCRs), protective orders, and immigration are high among the needs identified by survivors and staff. While partnerships with legal aids and attorneys on staff provide life-saving support around these legal issues, there are not enough legal services to meet the demand. Law enforcement and courts are important bridges to service access for survivors, but significant challenges from a lack of understanding and bias create disengagement. Family violence survivors in Texas need more advocacy, support, financial resources, and representation, in particular for civil legal matters.

Mental health care, including treatment for substance misuse, remains a focal concern for family violence services. Mental health challenges caused or exacerbated by family violence create barriers to goal achievement and healing. Over 69% of survivors interviewed for this study met criteria for PTSD. Survivors and staff reported that mental health needs were a barrier for some survivors seeking services, including concerns about services available in shelter and treatment needs. While 79% of programs provide counseling, a majority of programs (57%) stated they could use 50-100% more counseling capacity. Survivors reported needing more emergency and long-term counseling. Staff reported a need for more training and capacity in mental health care to better serve survivors. A significant gap found across all regions in staff and survivor interviews and in the availability survey, is around access to the complex systems of psychiatric health care, basic health care for survivors, especially immigrants who may not be able to use government programs, and substance abuse treatment options. A need reported by

both survivor parents and staff was around children's mental health. More children's mental health care options and avenues are needed both within family violence services and in community health care providers. Counselors working with child witnesses outside of family violence services may need more training on the dynamics of family violence.

Over 90% of survivors interviewed have experienced some type of economic abuse. Many of the survivors interviewed also face poverty, credit barriers, and a lack of financial resources, exacerbated by the financial abuse they experienced. Economic stability for many survivors who are parenting young children hinges largely on access to quality, reliable childcare. Child care is only available in 24% of Texas family violence agencies, but is a major need for survivors. Specifically, there is a need for affordable or free childcare that is available beyond traditional hours and with staff with significant understanding of the childhood and family impacts of family violence. Quality, safe and affordable childcare is essential for families rebuilding after family violence.

Traditionally underserved populations of family violence survivors, including immigrants, people of color, men, and members of the LGBT community continue to face barriers to service access and use. A repeated survey to family violence hotlines found fairly consistent access to English and Spanish services, but limited availability of staff speaking additional languages. The vast majority of the survivors interviewed for this study identified as heterosexual and cisgender female. This in part indicates that male and LGBT survivors are not presenting for services at traditional family violence agencies. While 67% of direct service staff felt prepared to serve male survivors, only 21% reported serving them often. Survivors reported lack of attention to diversity and inclusion at some organizations, though people of color interviewed for this study did not differ from white participants on measures of family violence

agency cultural responsiveness and inclusivity. This could be in part that people who do not feel welcome at family violence service agencies are not coming in, or do not know the services are available to them. Although some information on these underserved groups was gleaned from interviews with service providers and survivors, the quantitative data used in this project captured limited to no information on specific subpopulations such as men and those identifying as LGBT.

Service Recommendations

Service recommendations across all data activities are outlined below:

- **Have family violence services coverage in every county.** There are currently seven counties with no family violence services available. These counties need services availability for resident survivors.
- **More shelter capacity and housing resources.** From emergency shelter to permanent housing, more safe affordable options are urgently need for survivors who need to exit their current living situation. Increased transitional and rapid re-housing would help survivors with barriers to obtaining housing, exit shelter more quickly. Flexible funding is needed to help survivors stay in their current homes when family violence impacts their economic stability.
- **More legal resources, especially to address civil legal needs.** Legal advocacy, from a family violence staff member or another agency, not only provides information and guidance about complex legal systems, but increases personal safety and support. An increase of civil legal support is needed within family violence agencies. Immigrant clients in particular may have many complex civil needs that directly impact safety and ability to access vital resources. Approaches to enhancing legal services include

community collaborations, increased access to legal aid, and increasing the number of attorneys on staff. Enhanced legal training for advocates in small programs was also recommended for assistance navigating civil legal matters.

- **Build intentional outreach and improve service response to traditionally underserved populations.** This includes the creation of more culturally specific programs and specialized services for marginalized communities such as LGBTQ, males, immigrants, people with limited English proficiency, and survivors with complex disability, mental health, and substance abuse needs. Alongside this work, organizations can increase staff diversity to better mirror the population of survivors being served. Agencies with culturally specific programming should provide information via the internet and other service providers to increase survivor knowledge of the program availability.
- **Improve service response when shelter is not available.** In the face of a shortage of space, programs need support and protocols for hotline workers triaging requests and providing additional supports to survivors for whom there is no shelter space. Many programs make shelter decisions based on lethality or risk, which limits the ability of survivors experiencing psychological or sexual abuse to access emergency services. The network of communications between shelters should be enhanced to minimize the need for survivors in danger to have to “call around.” Walk-in and emergency advocacy services should be provided regardless of room in shelter. Mobile and technology facilitated advocacy services may offer opportunities to provide support to survivors seeking shelter when no space is available.

- **Enhancing the family violence service model.** Survivors described the incredible potential of residential and non-residential family violence services to promote healing, increase safety and build resources. This family violence service model is built on the premise that services are voluntary, and survivors can choose to use what they need at the time they need it. The research conducted for the state plan strongly supports the use of a voluntary service model, and offers some enhancements. Intake procedures need to be improved to be more sensitive to survivor need for time and healing, and offer more information about potential services to use. Survivors’ expressed support of the voluntary service model, but also shared a strong need for more frequent contact, guidance, information, and outreach from family violence service staff. Data collected in this study found that when survivors have the opportunity to access support regularly, typically through their advocate, they are better able to meet their goals. Survivors and staff interviewed shared that particularly for non-residential clients, advocates may need to more proactively reach out and “check in” on clients to reduce isolation. Knowledge about family violence services and available support may reduce anxiety for survivors entering shelter. Advocates and other direct service providers should make easily available information about the full depth of services offered. Transparency about decision making, particularly around rules or codes of conduct for residential services, signals fairness and equity in processes. All of these service enhancements should be taken with mindful steps to not overburden staff.
- **Focus on staff wellness and retention.** Staff and survivor interviews and focus groups highlighted the many pressures family violence staff experience in their work,

including long hours, low pay, secondary stress, and a lack of resources. It is imperative to make staff wellness and reduction of occupational stress a priority to increase retention, increase job satisfaction, and improve service quality. Caseload reduction and salary increase, along with increasing quality supervision and peer support, are potential interventions to increase staff wellness.

- **Increase children and family services and supports.** Many family violence agencies provide services to children, including advocacy and counseling, however there is not enough capacity to help with the breadth of child needs. An urgent recommendation is to increase access to safe, quality childcare so that parents have time to heal from trauma and build economic resources. Capacity needs to be built for enhanced services for children and teens, including increased advocacy and counseling services. Addressing the needs of child witnesses and their parents is particularly critical for primary and secondary family violence prevention efforts.
- **Build on collective expertise across family violence programs.** Family violence agencies often operate with few resources to dedicate to professional development and staff training. Implementing improvements to service models often requires training support, which can be costly. Agencies can collaborate to share the cost of training and provide cross training to each other, benefiting from the talent of family violence staff across the state. Staff across the state reported programmatic areas of strength, such as focus on immigrant unserved populations, staff knowledge of the trauma-informed model, use of evidence-based prevention approaches and expertise in therapy models. The collective expertise of family violence staff can be used to improve services on the whole across the state.

Next Steps for Research and Evaluation

The 2018 state plan provides comprehensive research to understand need, availability, and access to services. Results from this study indicate important areas for follow up research to explore underserved populations, test interventions, and evaluate the impact of programs and collaborations.

1. More information is need about the family violence service access and needs of male and LBGT survivors. Testing of models of inclusive and culturally specific service models will help programs build services for all survivors. Additionally, research is needed to understand the best service models for helping aging survivors and those with disabilities.
2. An area for future research exploration is the impact of different housing models for survivors and their children to promote long term safety, well-being, and economic stability. Survivors have diverse needs and goals when seeking housing support. More information is needed about which housing models work best for survivors based on their needs, barriers, and goals.
3. Advocacy, or case management, using a voluntary service model is typically used in family violence services, yet there is little evaluation or best practices to guide this service model. Additionally, modifications to advocacy practice are warranted based on format, cultural adaptations, regional needs, and survivor mental and physical health. Additional research is needed to test and improve advocacy service models with diverse populations of survivors. More research and evaluation is needed for mobile and technology-facilitated advocacy.
4. The unmet needs of child witnesses of family violence was a strong theme across the state plan data. More information is needed to understand the full range of met and unmet

needs for children and teenagers in the family violence service setting. This includes health, mental health, education, collaboration with other systems like CPS, and childcare. A comprehensive needs assessment to understand the service needs of children involved with family violence services would help guide state planning to enhance services to this group.

5. Research is needed to understand the best organizational interventions for the reduction of occupational stress and increased worker wellness in family violence agencies. Evaluation of programming aimed at staff retention, including supervision and peer support models, is needed to offer organizations guidance on specific remedies to implement.
6. Many survivors must leave their homes and communities while in abusive relationships, and afterwards to seek safety. This results in a lack of social support and community ties. More research is needed about methods to help survivors regain social support, especially among those in residential services. Exploring changes in survivors' social and service networks and movement across county and state lines can inform safety planning and service provision.

Across the state, there is a pressing need for more research and evaluation to strengthen the network of services to survivors, from improving the intake process to increasing the use of evidence-based counseling and prevention programs. This research work should be undertaken with an intentional commitment to the intersectional experiences of family violence survivors, and with the core family violence program values of empowerment, dignity and worth, and justice at center. Increasing service access is fundamental to a safer Texas, but improving the

service response and the working conditions of staff will greatly help survivors reach their goals of healing, economic security, and safety.

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