

Resources for Texas Sexual Assault Survivors

Inventory and Survey Findings on Services, Gaps, and Accessibility

NOVEMBER • 2020

A REPORT TO THE SEXUAL ASSAULT SURVIVORS' TASK FORCE,
OFFICE OF THE TEXAS GOVERNOR

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Research Team

The University of Texas at Austin

Bureau of Business Research
IC² Institute

Bruce Kellison, PhD, Principal Investigator
Director, Bureau of Business Research
Co-Director, IDVSA

Matt Kammer-Kerwick, PhD
Senior Research Scientist

Susan Sookram, PhD
Research Associate

Victoria “Torie” Camp, MEd
Subject Matter Expert

Steve Hicks School of Social Work
Institute on Domestic Violence & Sexual

Caitlin Sulley, LMSW
Project Director
Director of Research and Operations

Melanie Susswein, MSSW
Director of Translational Research Communications

Stepha Dragoon, BA
Graduate Research Assistant

Noël Busch-Armendariz, PhD, LMSW, MPA
University Presidential Professor
Director, IDVSA

Contributors

Deirdre Rabideau, LLM
Senior Research Project Manager

Lara O’Toole, LMSW
Editor

G. Sophia Zegarra
Undergraduate Research Assistant

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Survivors center our shared work. IDVSA’s vision is for all people to live peaceful and prosperous lives in a world free from violence. This research brings Texas one step closer to actualizing that vision.

Read our full list of acknowledgments in Appendix A.

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ACRONYMS

Acronym	Full Name of Entity
CAC	Children’s Advocacy Center
CASA	Court Appointed Special Advocate
COG	Council of Governments
DFPS	Texas Department of Family and Protective Services
HHSC	Texas Health and Human Services Commission
MDT	Multidisciplinary Team
OAG	Office of the Attorney General of Texas
OOG	Office of the Texas Governor
OVC	Office for Victims of Crime
PSO	Public Safety Office
RCC	Rape Crisis Center
SAP	Sexual Assault Program
SART	Sexual Assault Response Team
SASTF	Sexual Assault Survivors’ Task Force
TDCJ	Texas Department of Criminal Justice
TJJJ	Texas Juvenile Justice Department

Executive Summary

LEGISLATIVE CHARGE AND PROJECT ACCOMPLISHMENTS

Texas is a leader among states on the issue of sexual assault, and has promoted and funded the study of sexual violence as well as created the Sexual Assault Survivors' Task Force^A (SASTF) through the Office of the Texas Governor (OOG). Sexual assault is clearly established as a public health problem affecting 6.3 million women and men in the state, or 33.2% of adult Texans over their lifetime.¹ This statistic comes from thorough research by the Institute on Domestic Violence & Sexual Assault (IDVSA) at The University of Texas at Austin on the prevalence and impact of sexual assault on Texans, service providers, and the social and economic system at large.

The bipartisan passage of HB 1590 (86R)^B signifies a continued commitment by Texas lawmakers to serve sexual assault survivors. Lawmakers and Texans alike acknowledge the seriousness of sexual assault crimes. With the research findings derived from this project, survivors and their families, professionals supporting survivors, and lawmakers can better see the landscape of resources, service provision gaps, and unmet needs across our state.

The specific project aims were to:

- Inventory the sexual assault services available in Texas.
- Assess sexual assault survivors' needs by region for the 11 Texas regions.^C
- Develop a sexual assault services resource inventory.

IDVSA accomplished those aims by:

- Developing and implementing a statewide survey to a broad and diverse set of providers who serve survivors of sexual violence.

^A More information is available at: <https://gov.texas.gov/news/post/sexual-assault-survivors-task-force-holds-inaugural-meeting-in-austin>

^B Full bill text: <https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01590F.htm>

^C As discussed in the report, this study uses the 11 regions of the state as defined by Texas Health and Human Services Commission. For a list of the counties by region, see Appendix D.

- Conducting a collaborative analysis of the survey findings with a specific focus on service availability and service gaps, and presenting those in this report to the OOG.
- Developing an HB 1590 Inventory List of the resources available to survivors across the state and delivering it to the OOG to inform the creation of a comprehensive statewide service directory in the future.

METHODS-AT-A-GLANCE

- The survey was developed and then administered from July–September 2020.
- IDVSA and project stakeholders collaboratively designed a voluntary and confidential 28-item survey.
- Lines of inquiry included: services provided, location, survivors’ unmet needs, challenges in providing services, and the impact of COVID-19 on services.
- Services were defined using statewide and legislative service standards. Forty-six (46) unique services are aggregated into eight (8) service categories.
- Researchers identified and invited approximately 4,000 organizations providing services to sexual assault survivors to complete the survey.
- Of those, 342 distinct service providers participated in the survey, representing all 11 regions of Texas, and 209 out of the 254 counties.
- The overall survey response rate was 28%.^D Response rates varied among types of service provider. Key service providers, such as both rape crisis centers and children’s advocacy centers, had 70% response rates. Other entities, such as law enforcement and hospitals, had considerably lower response rates.

Research in the COVID Context

The COVID-19 pandemic became a reality in Texas during this project’s launch, and the enormous impact of the crisis on sexual assault survivors and service providers can hardly be overstated. There have been increased hotline calls from survivors, an immediate need to switch to telehealth service delivery, and new health and safety requirements for providers. More Texans have needed and asked for services, particularly Texans from vulnerable and isolated populations. In light of this, IDVSA researchers designed the survey to continue this critical work to move the field forward while also minimizing the added burden on participating service organizations.

What Was Measured and How

Figure 1 lists the aspects of service provision measured for each participating organization.

^D Extreme scores are typically dropped from the response rate calculation—and were in this research—as they can falsely skew the results.

Figure 1. Aspects of Service Availability Measured

Adult and Child Sexual Assault Service Availability	Four-Point Evaluation to Consider Depth of Service Provision	Three-Point Evaluation of Availability of Service Provision During Pandemic
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Directly	<input type="checkbox"/> Completely meeting needs	<input type="checkbox"/> Available at normal levels
<input type="checkbox"/> By Referral	<input type="checkbox"/> Largely meeting needs of service-seekers with challenges reaching others	<input type="checkbox"/> Less available
<input type="checkbox"/> Both	<input type="checkbox"/> Somewhat meeting needs of service-seekers with difficulties reaching others	<input type="checkbox"/> Not available
	<input type="checkbox"/> Rarely meeting survivor's needs	

KEY FINDINGS

IDVSA researchers employed an iterative action research process, an outcome-based model in which data collection, definitions, analyses, and key findings are discussed and developed collaboratively in order to provide and OOG's SASTF and its Steering Committee with actionable, research-driven policy recommendations.

The following four major findings emerged from the data analysis.

- 1) **Need Eclipses Capacity.** Service providers across the system said that they could not meet the needs of survivors given the finite amount of available resources. While providers wish to provide services to fully meet all existing needs, they are far from able to. There are substantial unmet needs among survivors in several regions of the state given current service availability levels; this is true even among services and categories of services that are typically available all across the state, at least in a limited way in communities. These unmet needs were present prior to COVID-19 conditions.
 - Upper East Texas and Southeast Texas have the greatest unmet needs across all service categories.
 - There are the highest levels of unmet needs for Therapy, Outreach/Prevention, and Legal services.
 - The lack of survivors' access to therapists and lack of funding for therapists constitutes the largest unmet need across the state. There is a particular need for therapists with specialized trauma training or experience working with children.
 - There is a lack of transportation options and resources, especially in rural areas. The need for transportation is directly related to a lack of service coverage in certain areas.

- Across all organization types, the need for additional staff was noted as significant. Additional staff would greatly impact the ability of organizations to meet the challenges related to serving sexual assault survivors.

2) **COVID-19's Widespread Disruption and Forced Innovation.** The COVID-19 pandemic has revealed a substantial systemic risk for service disruption, particularly in the rural regions of Texas. Service providers also expressed deep concern and fear about the increased risk and lack of contact with their most vulnerable and isolated clients as a result of the pandemic.

- The most commonly reported concerns related to COVID-19 included:
 - The lack of in-person client contact, which has resulted in complete loss of contact from some clients and difficulty in developing trust and rapport with new clients.
 - The challenges presented by telehealth modalities, both technically and therapeutically.
 - The increased financial needs of survivors and their families.
- While providing services virtually has many challenges, providers discussed innovating certain services, including moving to telehealth for adult counseling, and to virtual modes for advocacy, education, and outreach for the public and volunteers.

3) **The Greatest Unmet Need: Therapy.** Texas lacks access and resources for therapists, especially therapists with specialized trauma training or experience working with children.

- Therapists maintain maximum caseloads and have long waiting lists.
- It is a reality that there are few or no therapists available in rural areas.
- Nine (9) out of the 11 regions reported therapy as one of their top three services where there are unmet needs.

4) **Providers Discuss Challenges.** Providers answered open-ended questions and discussed persistent challenges for their organizations and clients they serve.

- Lack of transportation is a major impediment, particularly in rural areas. Travel time exceeds one hour for a SANE exam or trauma counseling.
- Emergency shelter and transitional housing options are limited in several ways.
 - There is a need for shelters to be available to, and their services designed for, survivors of human trafficking and survivors of non-intimate partner sexual assault.
 - Transitional housing programs have long waiting lists. Some survivors remain in shelter longer than is ideal due to a lack of transitional housing openings.

- Survivors need financial support for basic needs (e.g., clothing, utilities, and rent). If a survivor’s basic needs are not met, they cannot attend to healing their own trauma, supporting their children, or engaging with the criminal justice system.
- The need for legal aid is a considerable challenge.
 - There are long waiting lists for legal aid programs.
 - Nonprofits report that they need attorneys on site, in addition to their existing legal advocates.
 - Legal representation in high-conflict child custody cases was identified as a particular need among survivors seeking services.
- Service providers discussed insufficient staffing and specific needs for therapists, advocates, legal aid staff, and forensic professionals.

The IDVSA research team presents this report and the findings herein for review by the Governor’s Office SASTF. The SASTF and the members of its Steering Committee have been charged with making actionable policy recommendations based on the discoveries presented from this research. It is our hope that this report will impact decision makers in Texas so that, ultimately, service providers are able to fully meet the complex needs of sexual assault survivors as well as contribute to the prevention of sexual violence in our state.

Introduction

HB 1590 AND SEXUAL ASSAULT SURVIVORS' TASK FORCE

House Bill (HB) 1590^E established the Office of the Texas Governor's (OOG's) Sexual Assault Survivors' Task Force^F (SASTF) during the 86th Regular Legislative Session. The Task Force's primary goal is to develop a survivor-centered, trauma-informed, collaborative, and coordinated response to sexual violence experienced by adults and children in Texas.

SASTF partnered with the Institute on Domestic Violence & Sexual Assault (IDVSA) at The University of Texas at Austin to conduct a research study on the availability of sexual assault services and the unmet needs of survivors throughout the state of Texas.

THE CURRENT PROJECT: CHARGE TO IDVSA

The bipartisan passage of HB 1590 (86R)^G signifies a continued commitment by Texas lawmakers to serve sexual assault survivors and dedicate efforts and funding to the study of sexual violence in a way no other states have. Lawmakers and Texans alike acknowledge the seriousness of sexual assault crimes. With the research findings from the current project, survivors and their families, professionals supporting survivors, and lawmakers can better see the landscape of resources, service provision gaps, and unmet needs across our state.

The specific project aims were to:

- Inventory the sexual assault services available in Texas.
- Assess sexual assault survivors' needs by region for the 11 Texas regions.^H (To find your county, see Appendix D.)
- Develop a sexual assault services resource inventory.

^E Full bill text available at: <https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01590F.htm>

^F More information is available at: <https://gov.texas.gov/news/post/sexual-assault-survivors-task-force-holds-inaugural-meeting-in-austin>

^G Full bill text available at: <https://capitol.texas.gov/tlodocs/86R/billtext/html/HB01590F.htm>

^H As discussed later, this study uses the 11 regions of the state as define by Texas Health and Human Services Commission as well as Department of Family and Protective Services.

IDVSA accomplished those aims by:

- Developing and implementing a statewide survey to a broad and diverse set of providers who serve survivors of sexual violence.
- Conducting a collaborative analysis of the survey findings with a specific focus on service availability and service gaps, and presenting those in this report to the OOG.
- Developing an HB 1590 Inventory List of the resources for survivors across the state and delivering it to the OOG to inform the creation of a comprehensive statewide service directory in the future.

SEXUAL ASSAULT IN TEXAS AND HISTORY OF IDVSA'S CONTRIBUTIONS

Since its inception in 2001, IDVSA's centering focus has remained on interpersonal violence nationally and locally. Our scholarship encompasses a wide array of local, state, and national research. IDVSA studies the layered impacts of sexual assault on the individual, the service providers who respond to the sexual assault, the systems through which the sexual assault is addressed, and the broader social and economic structures that are impacted.

We aim to enhance the quality and relevance of research findings, their application in service provision and policy, and ultimately, their benefit to survivors. To achieve this, IDVSA relies on strong collaboration with multi-disciplinary partners, such as state agencies, rape crisis centers, statewide advocacy groups, and family violence shelters. IDVSA is a collaboration between the Steve Hicks School of Social Work, the School of Law, the School of Nursing, and the Bureau for Business Research (BBR). In this project, IDVSA and BBR continued a well-established collaboration, bringing in multiple scientific and content specializations. We collectively apply our extensive expertise to a multi-faceted and complete approach to a complex violence that affects individuals, families, communities, and societies at large, including economically.

Sexual Assault in Texas

IDVSA and the State of Texas have worked hand in hand to create a strong foundation of sexual assault research and knowledge for our great state, including the following study areas focused solely on Texas:

1. Outcome measures for sexual assault services, 2003¹
2. Sexual assault prevalence, 2003²

¹ Heffron, L., & Busch, N.B. (2003). *Outcomes Measures for Sexual Assault Services in Texas*. Institute on Domestic Violence and Sexual Assault. https://sites.utexas.edu/idvsa/files/2019/03/2003_Report_Outcome_Measures.pdf

² Busch, N.B., Bell, H., DiNitto, D.M., & Neff, J.A. (2003). *A health survey of Texans: A focus on sexual assault*. Institute on Domestic Violence and Sexual Assault. <https://sites.utexas.edu/idvsa/files/2019/03/A-Heath-Survey-of-Texans-A-Focus-on-Sexual-Assault.pdf>

3. Sexual assault needs assessment, 2011^k
4. Sexual assault prevalence, 2015^l

The two sexual assault prevalence studies referenced above thoroughly researched and documented the impact of sexual assault on Texans. According to the IDVSA 2015 prevalence study, sexual assault affects 6.3 million men and women throughout their lifetimes in the state of Texas, or 33.2% of adult Texans. Nationally, the Centers for Disease Control and Prevention reports that one in three women and one in six men in the United States have experienced sexual violence in their lifetime.² In the 2015 survey of Texas residents, 413,000 or 2.2% of adult Texans (2.3% women and 2% men) experienced sexual assault within a year prior to being surveyed by the IDVSA research team.³ Of those survivors of sexual assault, 65.2% report multiple victimizations. However, the same study found that only a small percentage of survivors ever report their victimization to anyone, much less to victim services agencies or law enforcement.

The current project is a logical and laudable next step to positively impact these 6.3 million Texans by assessing statewide sexual assault services, documenting unmet survivor needs, and creating a public resource inventory through empirical research.

^k Busch-Armendariz, N.B., & Vohra-Gupta, S. (2011). *Sexual assault needs assessment in Texas: Documenting existing conditions and striving toward preferred outcomes*. Institute on Domestic Violence and Sexual Assault. <https://sites.utexas.edu/idvsa/files/2019/03/idvsa-2012-sexual-assault-needs-assessment-phase-II.pdf>

^l Busch-Armendariz, N., Olaya-Rodriguez, D., Kammer-Kerwick, M., Wachter, K., Sulley, C., Anderson, K., & Huslage, M. (2015). *Health and well-being: Texas statewide sexual assault prevalence study*. Institute on Domestic Violence and Sexual Assault. <https://sites.utexas.edu/idvsa/files/2019/03/TX-SA-Prevalence-Study-Final-Report.pdf>

Methods

This section describes the research methods collaboratively developed and employed by IDVSA and BBR in this study. IDVSA's guiding approaches, the impact of the COVID-19 pandemic, research design and questions, and data collection and analysis considerations are discussed.

IDVSA'S APPROACH

IDVSA's mission, vision, and foundational principles informed all aspects of the empirical process.

Mission

IDVSA's mission is to eliminate abuse and violence with social and economic justice as centering principles. To achieve our aspirational goal, we engage stakeholders in ongoing collaborative decision-making and restorative practices, recognizing that our actions affect their lives.

Vision

IDVSA's vision is for all people to live peaceful and prosperous lives in a world free from violence.

Values and Principles

Our expressed values and beliefs ground the rigorous scientific approaches of our scholarship and research, education and training, and services. Below are key IDVSA values and principles as they are relevant to this study.

VALUE 1: LEADERSHIP.

We embrace our responsibility as equity-centered leaders and commit to being deliberate and thoughtful in guiding the development of a statewide survey.

PRINCIPLE 1: DISCOVERY.

We are confident in our ability to build a body of scientific knowledge by asking relevant and innovative questions, utilizing preeminent scientific techniques and

schema, and providing evidence-based, applicable, actionable findings for communities and policy-makers to shape and improve their existing services, programs, and policies.

PRINCIPLE 2: INTERSECTIONAL.

We recognize the many salient identities: race, gender, ethnicity, sexual orientation, ability, religion/spirituality, nationality, and socioeconomic status. We acknowledge that individuals and communities are unique and diverse, particularly in their perceptions, experiences, impact, access to power, and social (in)equality.

Process Approaches

Researchers employed two guiding approaches to this research process – trauma-informed research and action research.

Trauma-Informed Research

The IDVSA research team is mindful that research design and activities can impact the lives of study participants—in this case, service professionals being surveyed. By using a trauma-informed approach, the research team strives to promote healing and resiliency and is committed to acknowledging and mitigating secondary trauma experienced by professionals working in organizations that serve sexual assault survivors whenever possible. Unaddressed secondary trauma can have lasting effects on personal and professional lives.^{4,5,6}

Action Research

Researchers applied the tenets of action research^{7,8} in this work as well. This process employs a continuous feedback loop with project partners, including members of the Governor’s Office and SASTF, and statewide coalition leadership representing rape crisis centers and children’s advocacy centers in Texas. The team’s goal is to present the process and findings, on an ongoing basis throughout the project, to help create an iterative loop where stakeholders receive information they may use to improve their work and understanding of the field, and researchers are able improve project efforts and make the work more applicable and responsive to the field for the mutual goal of benefiting survivors.

RESEARCH AND LIMITATIONS IN THE COVID CONTEXT

It is important to note that this survey was conducted between July and September 2020, during the COVID-19 pandemic, and the pandemic disrupted the original study design. In late 2019 and the early months of 2020, the research team prepared to undertake in-person focus groups with service providers and conduct interviews and surveys with survivors of sexual violence to better understand service utilization, gaps, and accessibility. By April 2020, COVID created obstacles that necessitated a new research design that was scientifically rigorous as well as safe for both researchers and participants. As a result, the methodology described in this report was created and employed; the survivor interviews and surveys were postponed.

The research team planned and fielded the survey during a time when many of the participating organizations reported to SASTF that they were operating in extreme crisis mode and in the midst of revising their practices. Thus, researchers approached the survey process with the goal of creating as little burden as possible while also moving forward to gain a better understanding of the needs of agencies—in general and in response to the crisis. The pandemic’s enormous impact on sexual assault service providers can hardly be overstated, from increased hotline calls from survivors, a switch to telehealth service delivery, and increased health and safety requirements for providers, to the effects of the crisis on vulnerable populations who were in need of more services while trying to survive the worst economic recession since the 1930s.

Despite these challenges, the response survey rate was still strong—data came in from a sizable enough sample to allow for study analyses with sufficient power. Yet, it was inevitable that researchers would observe a lower response rate than would typically be expected. Researchers heard from direct service providers, such as rape crisis centers and children’s advocacy centers, and from indirect service providers, such as institutions of higher education, that the pressures on staff to maintain service delivery prevented some from answering the survey during its fielding window. This lowered response rate limits the power and utility of study results relative to what might have been expected for a similar survey completed under more typical conditions. Even still, the IDVSA research team confidently reports the findings and conclusions contained in this report.

RESEARCH QUESTIONS

As stated, stakeholder input and collaboration are of key importance in IDVSA’s work. The research team discussed the research questions, measures, and outputs with the SASTF Steering Committee, a group comprised of representatives from the Texas Association Against Sexual Assault, Children’s Advocacy Centers of Texas, and the OOG, who represent the goals and interests of the SASTF.

This project seeks to answer these research questions:

1. What are the services available to adult survivors of sexual assault through **sexual assault programs** in each of Texas’ 254 counties?
2. What are the services available to child survivors of sexual assault through **children’s advocacy centers** in each of Texas’ 254 counties?
3. What are the services available to adult survivors and child survivors of sexual assault through **nonprofit organizations** (besides sexual assault programs and children’s advocacy centers), health care facilities, institutions of higher education, sexual assault response teams, and other governmental entities in each region of the state?

4. What are the **gaps in services** for adult survivors and child survivors of sexual assault in each region of the state?

DATA COLLECTION

For this study, the IDVSA research team incorporated and adapted methods used in prior research, customizing them to the current context, participants, and project goals.

The survey was fielded from July 6, 2020 through September 12, 2020.

TCFV State Plan and Survey

The research team incorporated methods used for IDVSA’s 2018 Texas Council on Family Violence (TCFV) *Texas State Plan*^{9,10} and adapted them for this study. The survey that informed the State Plan and the survey that informs the current project address similar research questions, including services provided, the degree of unmet need, as well as a variety of other items, including funding, number of clients, and top needs. For the current project, researchers limited the questions to the topics of service provision, unmet needs, challenges, and (importantly) service availability during COVID-19. Researchers also collected macro-level information about clients, funding, and overall needs and challenges.

Survey Design

This survey was developed collaboratively, drawing from current standards in the field. The SASTF Steering Committee reviewed the draft survey in detail, and their feedback was integrated into the final survey instrument.

The survey asks for information related to “the most recent fiscal year” (a full 12-month timeframe) prior to the onset of COVID-19 in February and March 2020.

Survey Topics

The research team sought responses to the survey from sexual assault service providers about what services they actually provide (as opposed to what they offer) to survivors. The legislative mandate for the study was to seek information from all providers who may serve survivors of sexual assault. This includes both “primary” service providers, such as rape crisis centers and children’s advocacy centers, and also “secondary” or indirect providers who serve survivors, but whose primary mission is not necessarily to do so.

Survey topics include:

- Information about the survey participant and organization.
- Number of survivors served by types of violence experienced.
- Funding sources.

- Services provided^M (by county).
- Unmet service needs and service availability during COVID (by county).
- Service referrals.
- Sexual Assault Response Team (SART) presence and participation.
- Service challenges.
- Resources required to meet needs.
- Organizational and service adaptations during COVID.

See the final, complete survey instrument in Appendix B: Survey

Defining the Service List

Researchers developed a list of services most commonly provided to survivors of sexual assault and abuse. The list includes 46 types of services divided into eight (8) categories. To develop the list, the research team reviewed existing sexual assault service lists from national and Texas-based funding agencies and service lists related to the core or minimum services required of service providers. The draft service list was shared with the SASTF Steering Committee for review and then revised based on their feedback.

See Appendix E: Steps for Determining Service List. See the complete list of service definitions in Appendix B1: Service Activities and Definitions.

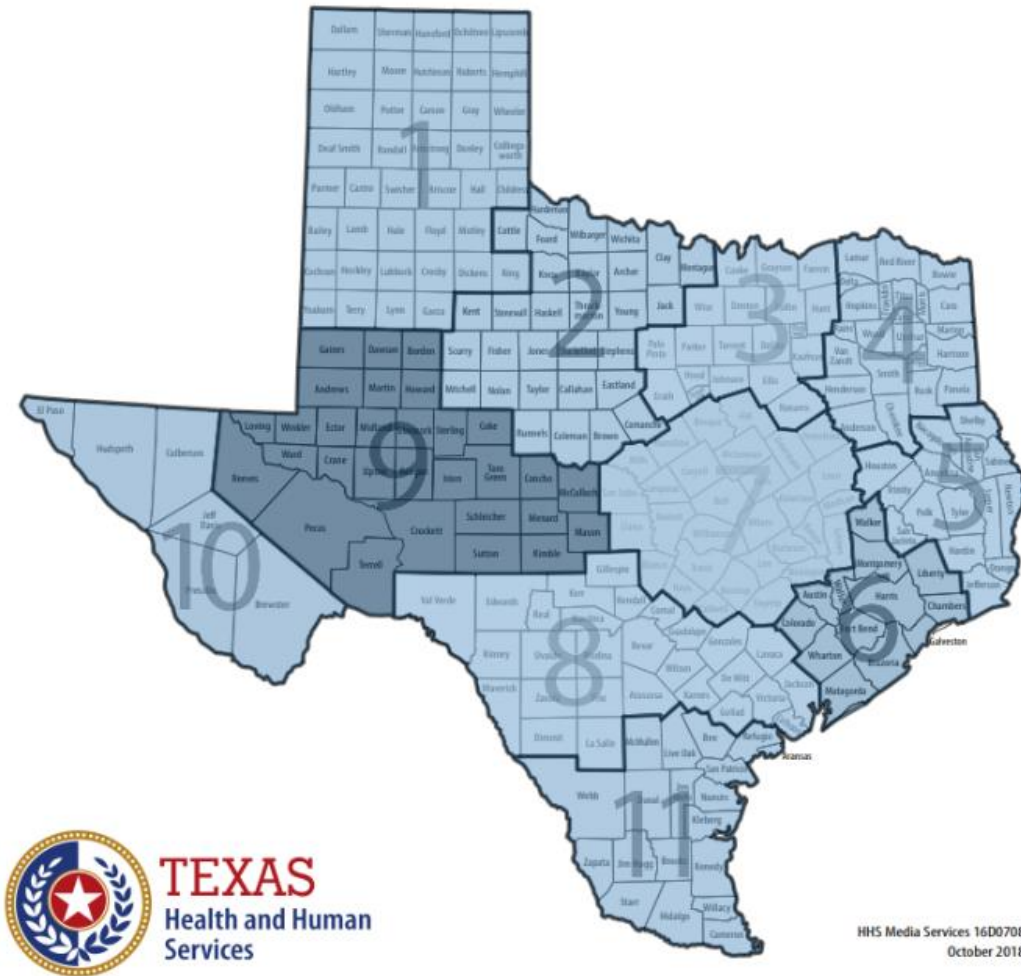
Regional Breakdown

This project used the 11-region breakdown of the state used by both Health and Human Services Commission (HHSC) and Department of Family and Protective Services (DFPS). The research team gathered information from SASTF Steering Committee members on how best to divide the state into regions for survey and data analysis purposes. This meant examining a variety of existing regional maps to determine which would be best suited for this project. Researchers collaboratively assessed the regional breakdowns used across various state agencies and sexual assault organizations, including Texas Association Against Sexual Assault, OOG's Child Sex Trafficking Team, HHSC, TCFV, Councils of Government, and DFPS. See Appendix C: Regional Maps.

The research team and SASTF steering committee determined by consensus that the HHSC and DFPS maps, which have the same 11-region breakdown, provide a broad look at the state with an appropriate amount of specificity. **See Figure 2 for the map of these regions. To find which region your county is in, see Appendix D: HHSC Regions by County.**

^M Eight categories, including: Accompaniment, Crisis Intervention/Hotline, Advocacy/Assistance, Therapy, Outreach/Prevention, Forensic or Medical Services, Legal, and Other Services. Eight categories break down into 42 service types.

Figure 2. HHSC Regional Map/Study Regions ^{11,12}



SURVEY SAMPLE AND RECRUITMENT

Provider Types and Contact List

To cast the largest possible net of service providers to survey, the research team began by reviewing the list of agencies mandated by the HB 1590 legislation, including nonprofit organizations, healthcare facilities, institutions of higher education, SARTs, and other non-governmental entities. The team then identified potential survey participants within each category, defining each category using legislative definitions wherever applicable. See Appendix G: Definitions of Stakeholder Groups Named in HB 1590.

Next, researchers searched for contact lists for potential survey participants based on these agency types, leaning heavily on statewide membership organizations and state agencies to provide information. This included requesting membership lists, including email addresses, and obtaining grantee lists from state agencies as well as requesting information about the

programs and services funded or operated by state agencies. For further information, refer to Appendix H: State-Funded Sexual Assault Programs and Services.

Decisions about the inclusion or exclusion of provider types were primarily based on the language of HB 1590 and informed by feedback from the SASTF Steering Committee. The SASTF Steering Committee determined that collecting data on military entities and bases was outside the scope of the study.

Overall, researchers identified and obtained contact information for approximately **4,000 organizations** providing services to sexual assault survivors, who were then all invited to complete the survey.

Recruitment Strategies

The research team sent emails to service provider organizations to recruit their participation. See Appendix I: Recruitment Email. Whenever possible, membership organizations, such as Texas Association Against Sexual Assault (TAASA), Children’s Advocacy Centers of Texas (CACTX), and Texas Council on Family Violence (TCFV), sent initial informational emails to their member organizations just before sending recruitment emails to introduce the survey and encourage participation. For an example, see Appendix J. Recruitment Email from TAASA, CACTX, and TCFV. Prospective participants who had not completed the survey received reminder emails. Researchers contacted specific agencies, including rape crisis centers and children’s advocacy centers, via phone calls and follow-up emails as well to provide information and technical assistance. This included responding to all direct requests for technical assistance for the entire sample.

IRB and Human Subjects Protection

This project was approved by the UT Austin Institutional Review Board (Protocol Number 2020-01-0151).

SURVEY RESPONSE

Response Rate

This study achieved an overall response rate of 28%, with rates included in this calculation that ranged from 100% to 12% by type of service provider. For more information on the response rate calculation, see Table 1 and its associated footnotes. Responses were received from 342 distinct service providers. The responses represented all 11 regions of the state and covered 209 of Texas’ 254 counties. Study findings are presented by region to increase the strength of the analysis and findings for organizations that provide statewide services are presented in a separate category.

Table 1. Provider Type and Response Rates

Provider Type ^{N,O}	Invited	Completed	Response Rate
Rape Crisis Centers	82	57	70%
Children's Advocacy Centers	70	49	70%
SANE Programs	63	18	29%
Institutions of Higher Education	75	16	21%
District and County Attorneys	330	40	12%
State Agencies ^P	3	3	100%
Other Nonprofit Organizations ^Q	244	57	23%
Total	867	240	28%

In general, survey response rates vary among similar studies, from 10% to 60% under normal circumstances, due to a range of factors, including population studied, engagement of that population with the topic of the study, fielding method, recruitment strategy, personalization of the invitation, incentives used, and length of survey. For instance, the research team conducted the study, “Cultivating Learning and Safe Environments – An Empirical Study of Prevalence and Perceptions of Sexual Harassment, Stalking, Dating/Domestic Abuse and Violence, and Unwanted Sexual Contact” for the UT System, including 13 institutions of higher education.¹³ That web-based study achieved an overall response rate of 14% for academic institutions and 13% for health institutions. A 2018 review by Blumeberg et al. compared response rates for web-based and non-web-based surveys used in public health research between 2002 and 2014 and reported a response rate range between 20% to 70%.¹⁴ Thus, the response rate for this study is well within typical ranges.

Response Time and Feedback on Survey Instrument

Time spent filling out the survey varied widely across organizations. Among participants who completed the survey on the same day they started it, the average time it took to fill out the survey was 31 minutes. However, this does not include any time participants may have spent preparing to complete the survey by gathering information or coordinating with team

^N Law enforcement and hospitals are important stakeholders and, in this survey, had a low participation rate. Future efforts to further engage law enforcement and hospitals for input is necessary.

^O Mean scores are sensitive to extreme scores and may skew overall findings. Therefore, extreme mean scores are often omitted in data analysis. Participation by law enforcement organizations and hospitals was extremely low and therefore were omitted from the participation rate calculation.

^P TDCJ and TJJD. Researchers worked directly with seven other state agencies who provided us with program and services information, as well as contact lists for programs they fund. These funded programs were surveyed separately. Therefore, comprehensive information about state agencies and programs are represented in the data.

^Q Family violence shelters, Court Appointed Special Advocates (CASAs), legal aid, and general victim services organizations.

members. As part of the research team’s recruitment and technical assistance efforts, they spoke with a number of agency representatives who reported a range of experiences with the survey—from completing it with relative ease to finding it somewhat time-consuming. The time and effort involved in completing the survey was often proportional to the range of services offered and the geographical area covered by the agency.

DATA ANALYSIS

Quantitative Data Analysis

Data were tabulated in SPSS, Version 26, using Custom Tables to calculate percentages and counts. For purposes of reporting, the individual services have been aggregated into the eight service categories listed below based on 46 individual types of services. Appendix B1: Service Activities and Definitions includes the full list of individual services by service category.

Service categories:

- Accompaniment
- Crisis Intervention/Hotline
- Advocacy/Assistance
- Therapy
- Outreach/Prevention
- Forensic or Medical
- Legal
- Other Services (including write-in options)

The counties where those services were provided have been aggregated into the 11 regions used by DFPS and HHSC (see Figure 2). Additionally, survey participants were allowed to indicate that their organization provided services to the entire state; these data are summarized separately under the heading “All regions of Texas.” Lastly, a *provider-county unit of analysis* is used for purposes of reporting to accurately account for the provision of services by organizations that serve multiple counties. A “provider-county unit” is a unit of analysis that encompasses *all of the data about service offerings by one service provider organization in one specific county*. Thus, one organization could encompass multiple provider-county units if they serve multiple counties, which is common. In this study, there were 342 unique providers and 500 provider-county units.

The data were also analyzed by service provider type. Aggregate findings by region and statewide are included in the Findings section. The detailed and more nuanced breakdown of data, including raw numbers and percentages, are available in Appendix F: Supplemental Tables.

Survey participants were also asked questions about their organizations. These data were analyzed in a similar manner, but were tabulated only for the entire sample.

Margin of Error

This study has a provider-county-unit sample size of 500, accrued from a population of approximately 4,000 providers. Assuming a random sample from this population, the margin of error for this study is +/- 4 percentage points for estimates made on the entire sample. The margin of error for estimates made on a specific region's sample is larger because of the smaller population and sample sizes for those subsamples. The average margin of error for a region is +/- 16 percentage points. This means that researchers could reasonably expect statewide findings in this study to vary by +/-4 percentage points and findings for any HHSC or DFPS region to vary on average by +/-16 percentage points.

Qualitative Data Analysis

Agencies responded to open-ended questions as part of the survey. Researchers conducted analysis on all open-ended responses provided to describe key themes and concepts about services and service delivery context. The overall meaning conveyed across all open-ended responses is conveyed in the themes. Quotes are used to emphasize the key themes identified by the researchers.

HB 1590 Inventory List – Summary of List Information

The Inventory List will be an online, public repository for information about the 4,000 organizations or agencies who provide services to sexual assault survivors in Texas. The IDVSA research team obtained and developed this list from publicly available information to inform the current project and survey. The purpose of the Inventory List is to provide the OOG PSO and SASTF with information necessary for the development of an online directory as well as for future data collection efforts.

The following organizations/agencies are included in the Inventory List (included here in alphabetical order):

1. Children's Advocacy Centers
2. County and District Attorneys
3. Hospitals (SAFE-ready facilities)
4. Institutions of Higher Education
5. Law Enforcement Agencies (police departments, sheriff's offices)
6. Legal Aid for Survivors of Sexual Assault
7. Office of the Attorney General, Other Victim Assistance Grants - Grantees
8. Office of the Governor - Grantees
9. Sexual Assault Nurse Examiners
10. Sexual Assault Programs

11. State Agencies - Texas Department of Criminal Justice and Texas Juvenile Justice Division

The Inventory List contains general contact and administrator contact information, service area information by county, and services provided by the organization broken into the eight (8) service categories, including Accompaniment, Crisis Intervention/Hotline Services, Advocacy/Assistance, Therapy, Outreach/Prevention Services, Forensic or Medical Services, Legal Services, and Other Services.

Findings

UNDERSTANDING THE DATA

In order to understand the findings and all related tables and figures in this section, it is important to understand specifics on how the data have been collected, analyzed, and presented. Prior to reviewing the specific findings, review this introductory section as well as the explanation on “How to Read This Figure” for Figure 4.

Services Provided Directly and via Referrals

When a respondent reports that their organization has provided a service—in other words, when they report **baseline availability** of the service—this means a participant reported that their organization provided the service, OR made a *service referral*, to at least one survivor in the last full fiscal year prior to the COVID-19 pandemic. Participants could specify if they provided a given service either directly or by referral.

The survey instructed participants to indicate that a service referral was made—i.e., a service was provided via referral—when their organization referred the client to another organization or individual provider for services and the referral resulted in the survivor receiving the service from the referred source.

What We Know—And Do Not Know—From the Data

Based on the data collected, **we know** which services organizations provide to (or make referrals for) survivors of sexual assault. This findings section reports on services provided by service category, and Appendix F: Supplemental Tables details the breakdown by individual service as well as by region.

At this time, **we do not know** the number of survivors who received a given service; it could be one survivor or many. Additionally, a service could be available in a limited or restricted way in a region, or could be a service offered regularly by providers. The findings from this survey are best understood as *baseline availability of services* rather than a comprehensive look at the frequency of all services provided to survivors across the state. Baseline

availability of services provides a foundation from which to advance this research and the understanding of services to survivors of sexual assault.

KEY FINDINGS

IDVSA researchers employed an iterative action research process, an outcome-based model in which data collection, definitions, analyses, and key findings are discussed and developed collaboratively. For this project, the SASTF and the members of its Steering Committee have been charged with making actionable policy recommendations based on the discoveries presented in these findings.

The following four major findings emerged from the data analysis.

- 1) **Need Eclipses Capacity.** Service providers said that they could not fully meet the needs of survivors given the finite amount of available resources. While providers wish to provide services to meet all existing needs, they are far from able to. There are substantial unmet needs among survivors in several regions of the state given current service availability levels; this is true even among services and categories of services that are typically available all across the state, at least in a limited way. These unmet needs were present prior to COVID-19 conditions.
 - Upper East Texas and Southeast Texas have the greatest unmet needs across all service categories.
 - There are the highest levels of unmet needs for Therapy, Outreach/Prevention, and Legal services.
 - The lack of survivors' access to therapists and lack of funding for therapists constitutes the largest unmet need across the state. There is a particular need for therapists with specialized trauma training or experience working with children.
 - There are a lack of options and resources for transportation, especially in rural areas. The need for transportation is directly related to a lack of service coverage in certain areas.
 - Across all organization types, the need for additional staff was noted as significant. Additional staff would greatly impact the ability of organizations to meet the challenges related to serving sexual assault survivors.

- 2) **COVID-19's Widespread Disruption and Forced Innovation.** The COVID-19 pandemic has revealed a substantial systemic risk for service disruption, particularly in the rural regions of Texas. Service providers also expressed deep concern and fear about the increased risk and lack of contact with their most vulnerable and isolated clients as a result of the pandemic.
 - The most commonly reported concerns related to COVID-19 included:

- The lack of in-person client contact, which has resulted in complete loss of contact from some clients, and difficulty in developing trust and rapport with new clients.
- The challenges presented by telehealth modalities, both technically and therapeutically.
- Increased financial needs of survivors and their families.
- While providing services virtually has many challenges, providers also discussed innovating certain services, including moving to telehealth for adult counseling, and to virtual modes for advocacy, education, and outreach for the public and volunteers.

3) The Greatest Unmet Need: Therapy. Texas lacks access and resources for therapists, especially therapists with specialized trauma training or experience working with children.

- Therapists maintain maximum caseloads and have long waiting lists.
- It is a reality that there are few or no therapists available in rural areas.
- Nine (9) out of the 11 regions reported therapy as one of their top three services where there are unmet needs.

4) Providers Discuss Challenges. Providers answered open-ended questions and discussed persistent challenges for their organizations and clients they serve.

- Lack of transportation is a major impediment, particularly in rural areas. Travel time exceeds one hour for a SANE exam or trauma counseling.
- Emergency shelter and transitional housing options are limited in several ways.
 - In addition to current offering, there is a need for shelters to be available to, and their services designed for, survivors of human trafficking and survivors of non-intimate partner sexual assault.
 - Transitional housing programs have long waiting lists. Some survivors remain in shelter longer than is ideal due to no transitional housing openings.
- Survivors need financial support for basic needs (e.g., clothing, utilities, and rent). If a survivor's basic needs are not met, they cannot attend to healing their own trauma, supporting their children, or engaging with the criminal justice system.
- The need for legal aid is a considerable challenge.
 - There are long waiting lists for legal aid programs.
 - Nonprofits report that they need attorneys on site, in addition to their existing legal advocates.

- Legal representation in high-conflict child custody cases was identified as a particular need among survivors seeking services.
- Service providers discussed insufficient staffing and specific needs for therapists, advocates, legal aid staff, and forensic professionals.

The following sections offer details on the data behind these key findings. Appendix F: Supplemental Tables offers additional levels of detail from survey responses.

Deeper Dive: Supplemental Tables

The supplemental tables in Appendix F offer a more nuanced view of the data collected on service provision, referrals, and availability, including percentages as well as raw numbers on:

- Categories of services in which at least one service was provided by each provider type (baseline availability).
- The degree to which at least one service in a service category was rated by providers as “completely” meeting survivor needs, shown in percentage form by provider type.
- The degree to which participants report that at least one service in a service category has been available at normal levels during the COVID-19 pandemic, by provider type.
- The degree to which participants report providing a service (baseline availability) for each service category, by region.
- Services that were provided directly, by referral, or not at all, by region.
- Complete respondent ratings of the degree to which needs for specific services have been met, by region.
- Complete respondent ratings of the degree to which specific services were available during the COVID-19 pandemic, by region.

DETAILED FINDINGS

Populations Served

Figure 3 describes the client population by type of victimization across all survey participants, in the most recent fiscal year prior to the COVID-19 pandemic. Participants indicated the approximate number of clients from each population they served, which is different from the number of unique clients they served as survivors may fall into more than one category due to polyvictimization. The largest group served is adult survivors of family violence, followed by child and adolescent survivors of sexual assault, adult survivors sexually assaulted as an adult, and child and adolescent survivors of family violence. This means that:

- Organizations are coming in contact and providing services to clients who have experienced family violence and child and adolescent survivors of sexual assault most often.
- Adults who were sexually assaulted as an adult and children and adolescent survivors of family violence are served by organizations in almost equal numbers, but at less than half the frequency as adult survivors of family violence and child and adolescent survivors of sexual assault.
- Adults sexually assaulted as children and survivors of human trafficking of all ages are seen least frequently.

Figure 3. Populations Served



Service Availability

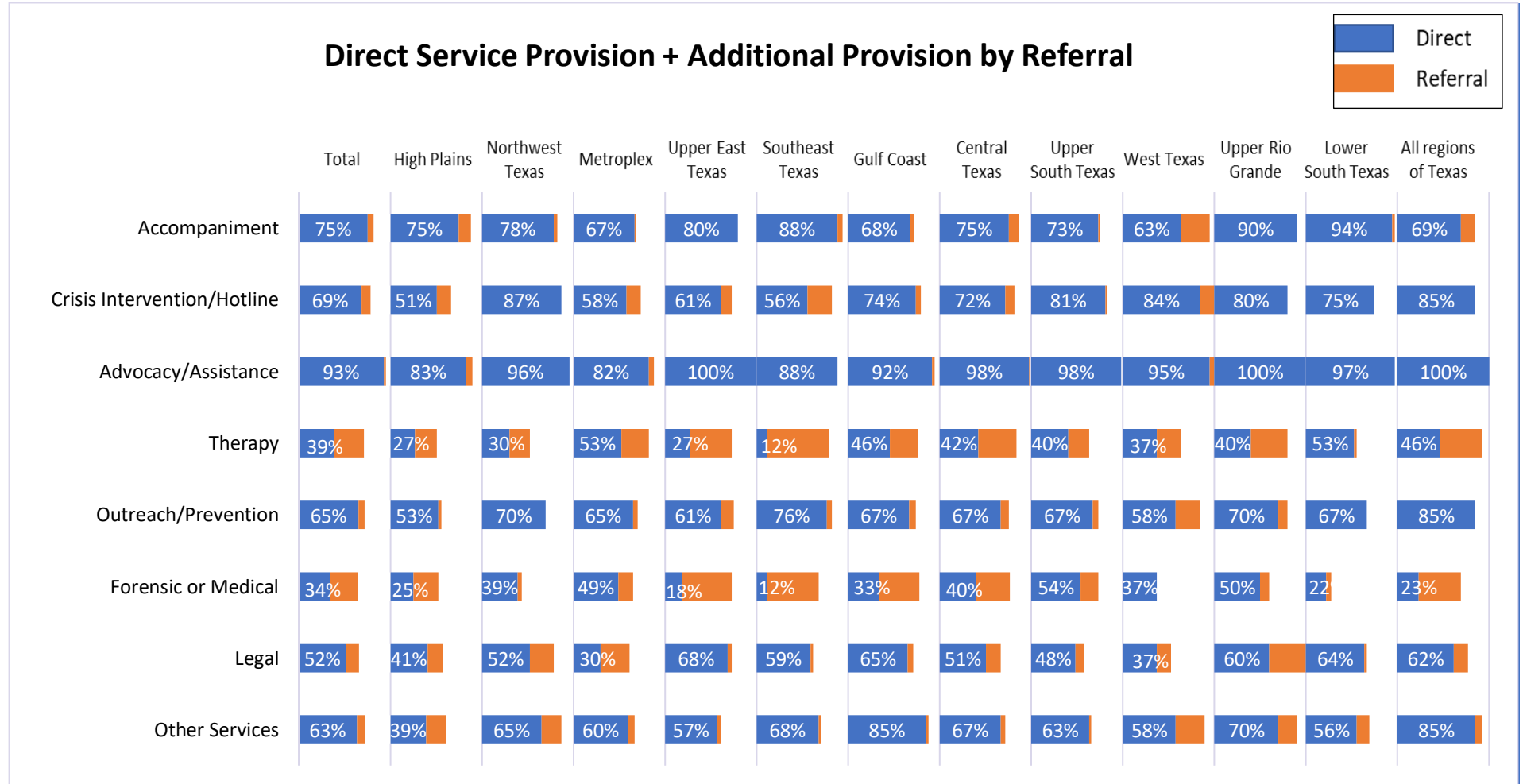
A Broad View

For each county in their service region, survey participants were asked if their organization provided services directly, by referral, or both, for 46 individual services in the eight (8) broad service categories. Figure 4 shows the level at which services are provided both directly and by referral in each service category.

- Direct service provision across the eight categories ranges widely:
 - 12% (Therapy – Southeast Texas)
 - 100% (Advocacy/Assistance – Upper East Texas, Upper Rio Grande and agencies serving All Regions of Texas).
- Across all regions, Advocacy/Assistance services are provided directly at higher levels than any other category of services.
- Across all regions. The Therapy and Forensic/Medical categories have the lowest levels of direct service provision.
 - 39% of all survey respondents provide Therapy services directly
 - 34% of all survey respondents provide Forensic/Medical services directly
- Combined direct and referral service provision across the eight categories ranges from 64% (Forensic or Medical Services) to 95% (Advocacy/Assistance).
 - The categories that have the lowest levels of availability through direct or referral service provision are Forensic or Medical Services (64%) and Legal (66%).

Detailed data are summarized for each of the 46 individual service types by region and are available in Appendix F: Supplemental Tables. These tables offer a more nuanced look at service provision, referrals, and availability.

Figure 4. Service Provision by Region (Combined)



Note: The percentages included above refer to the percentage of provider-county units who have provided at least one service in a category directly (blue); the figure also includes the provider-county units who have provided at least one service in a category by referral (orange). See the callout box on the next page for information on how to read this figure.

How to Read This Figure

Figure 4. Service Provision by Region (Combined) provides information about the services provided *directly or via a successful referral* in each region of Texas.



The eight categories of services are listed on the left-hand side of the figure, while the 11 regions (plus statewide organizations) is represented by the columns to the right.

For each cell, the blue shading represents direct service provision by an organization participating in the survey and the orange shading represents a service provided by referral. The percentages in blue indicate the percentage of survey participants providing at least one service in at least one county in that region.

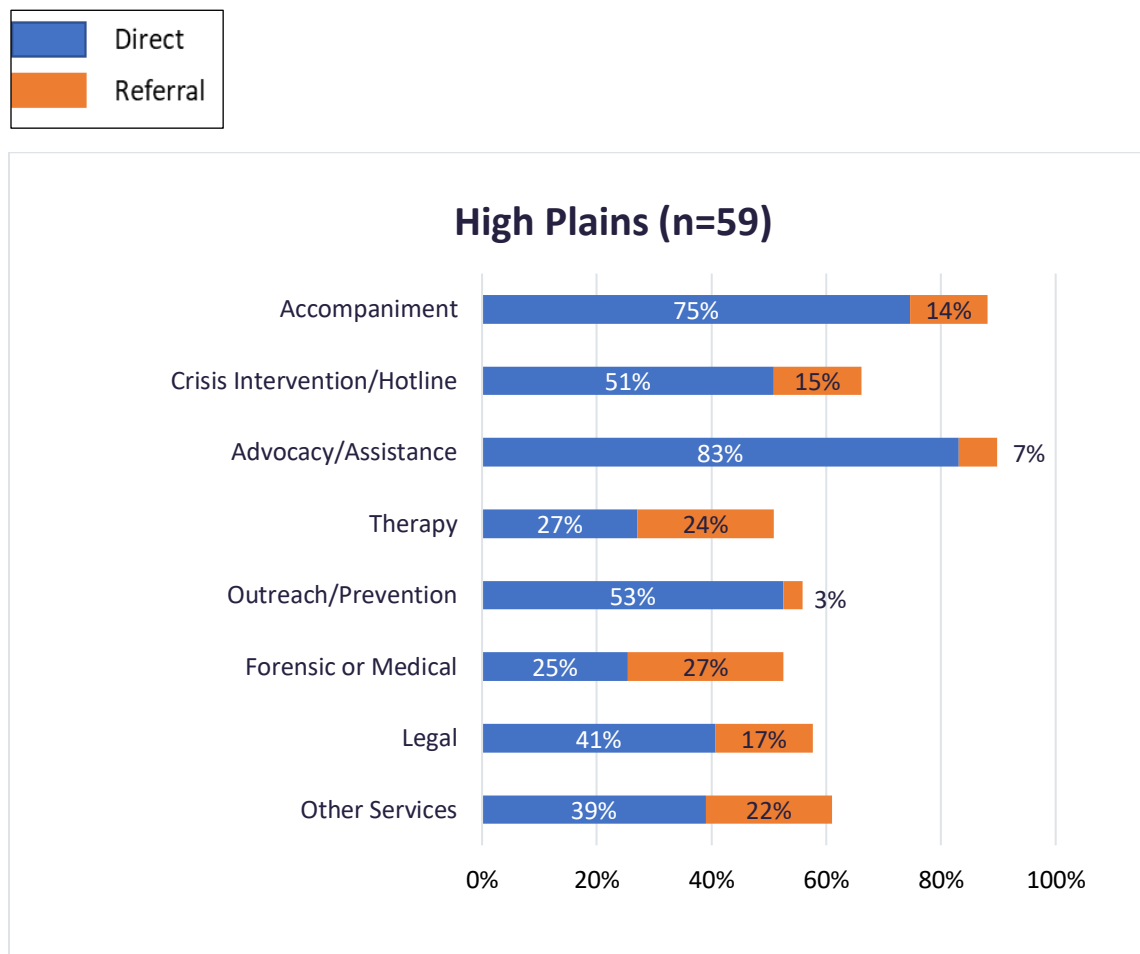
For instance, looking at the Accompaniment service category for High Plains, 75% of respondents reported they directly provide at least one type of Accompaniment service (law enforcement, court, or hospital accompaniment) directly to survivors in at least one county in the High Plains Region. A smaller percentage, indicated in orange, provided Accompaniment services by referral. (For exact percentage of direct and referral services by each specific service type, as opposed to category of services, see Appendix F: Supplemental Tables and, specifically, see Tables 1 and 2 in the Region-Detail tables.

A Region-by-Region View

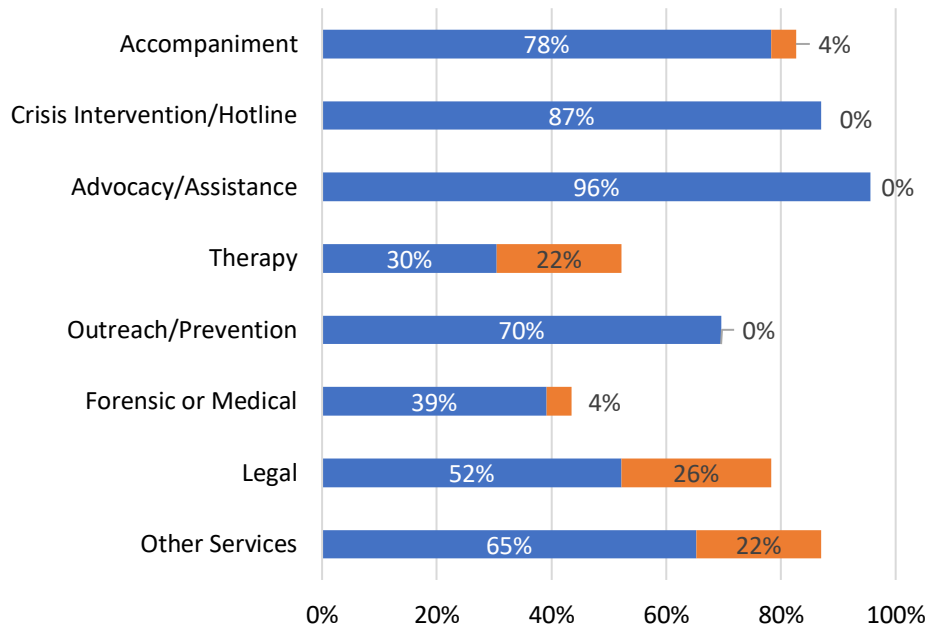
The Figure 5 set presents the combined direct and referral data presented in Figure 4, but broken down into region-by-region views.

As noted earlier, these figures present *baseline availability of services only*, which translates to whether an organization provided a service at least once during the last year. A service could be available in a limited or restricted way in a region, or could be a service offered regularly by providers. A provider may have served one survivor or many in the year with that service. Thus, the research team recommends the use of caution in concluding that a high percentage means that the majority of survivors in a region are receiving needed services; many providers also reported limited capacity for certain services and waiting lists. When the percentage of baseline availability for a service is low, few organizations offer that service.

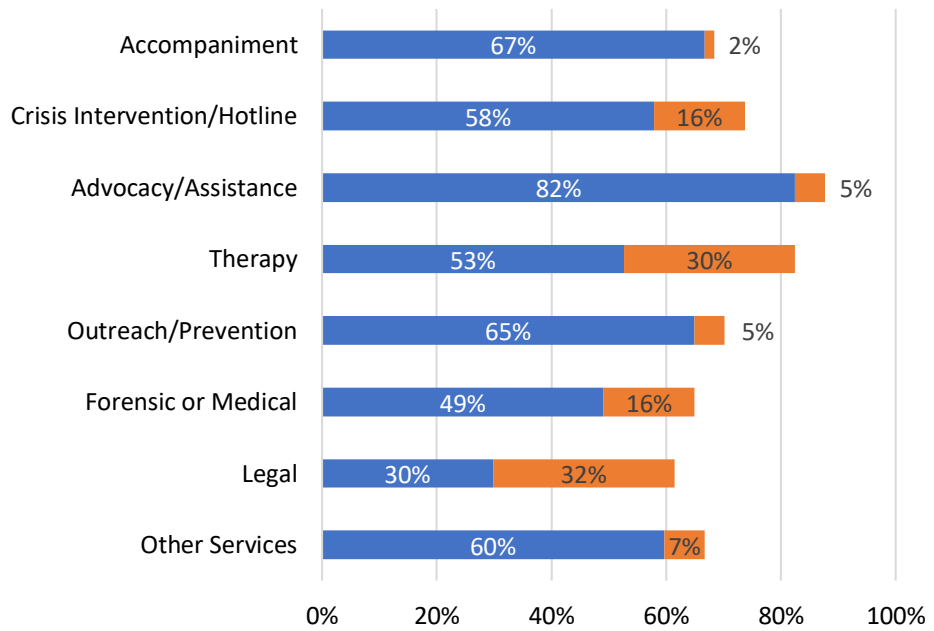
Figure 5 (Set). Service Provision by Region



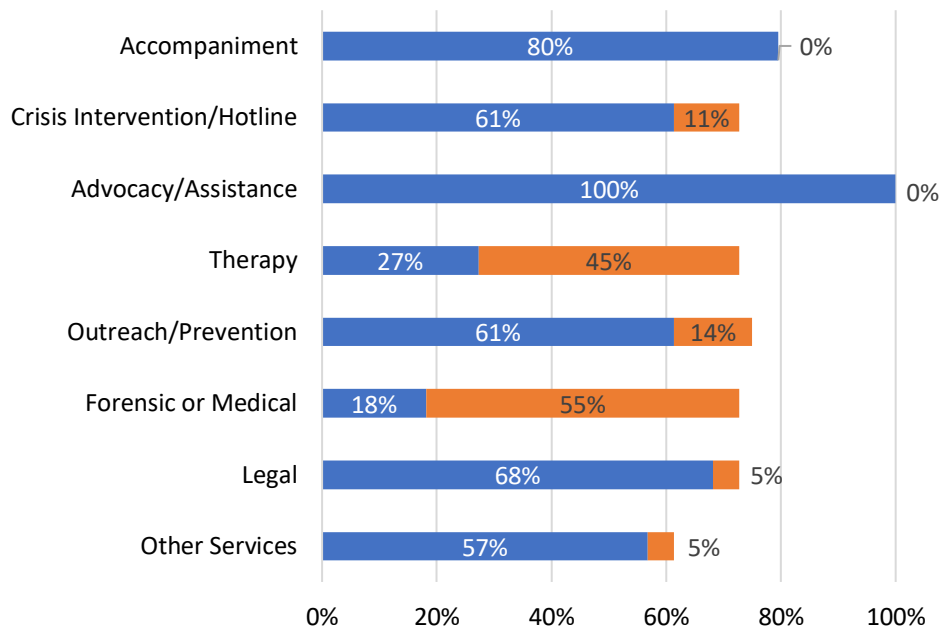
Northwest Texas (n=23)



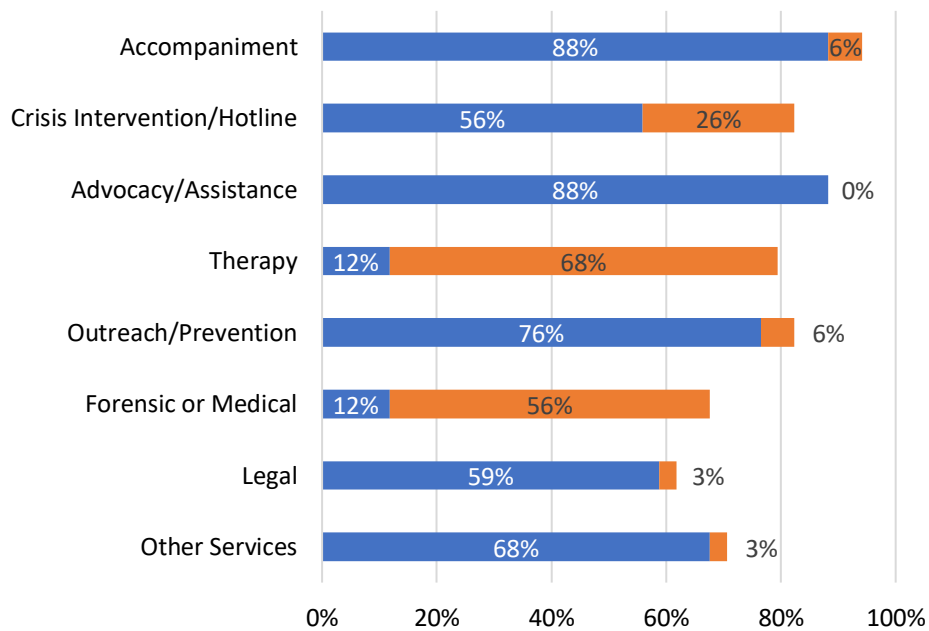
Metroplex (n=57)



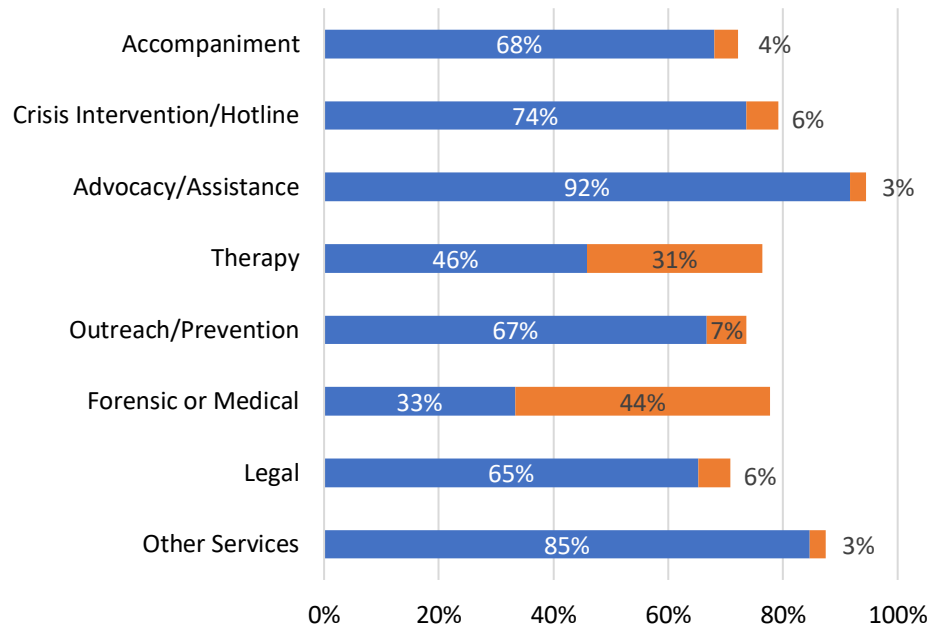
Upper East Texas (n=44)



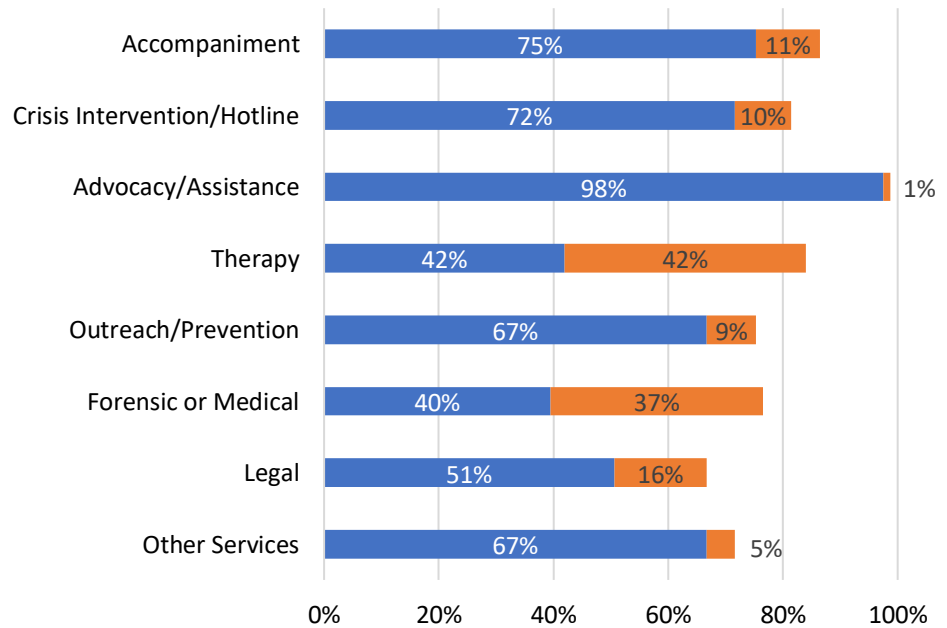
Southeast Texas (n=34)



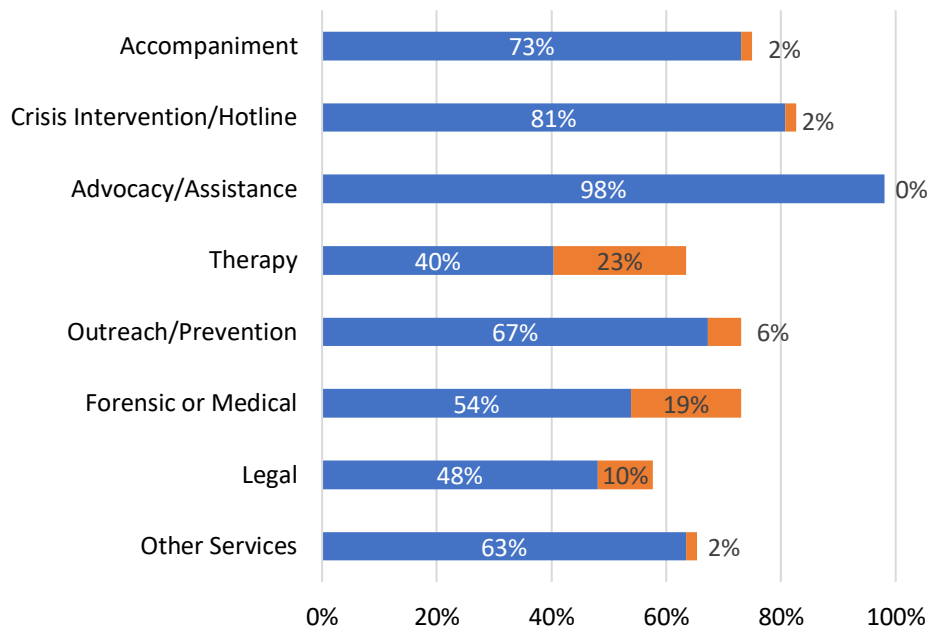
Gulf Coast (n=72)



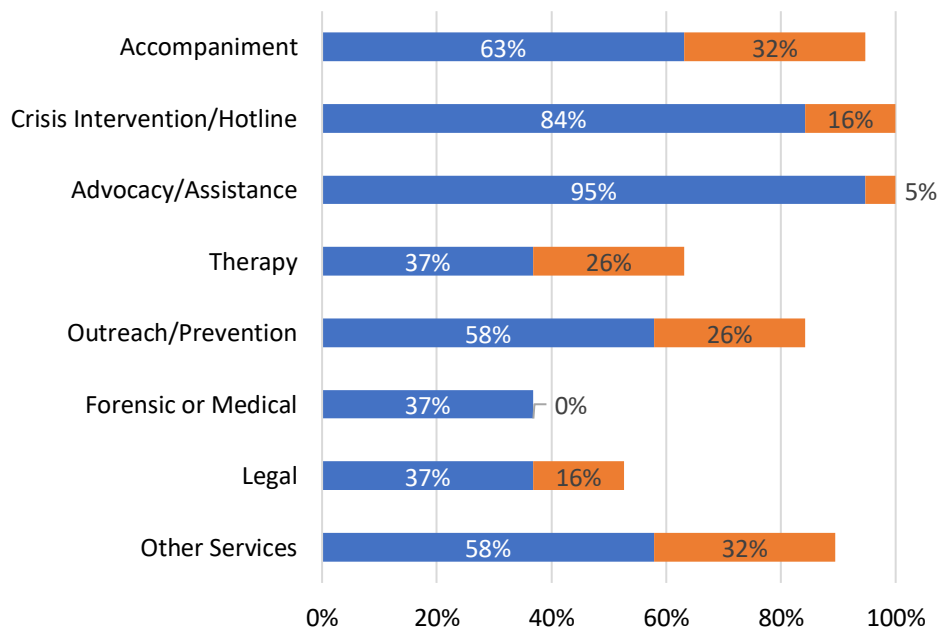
Central Texas (n=81)



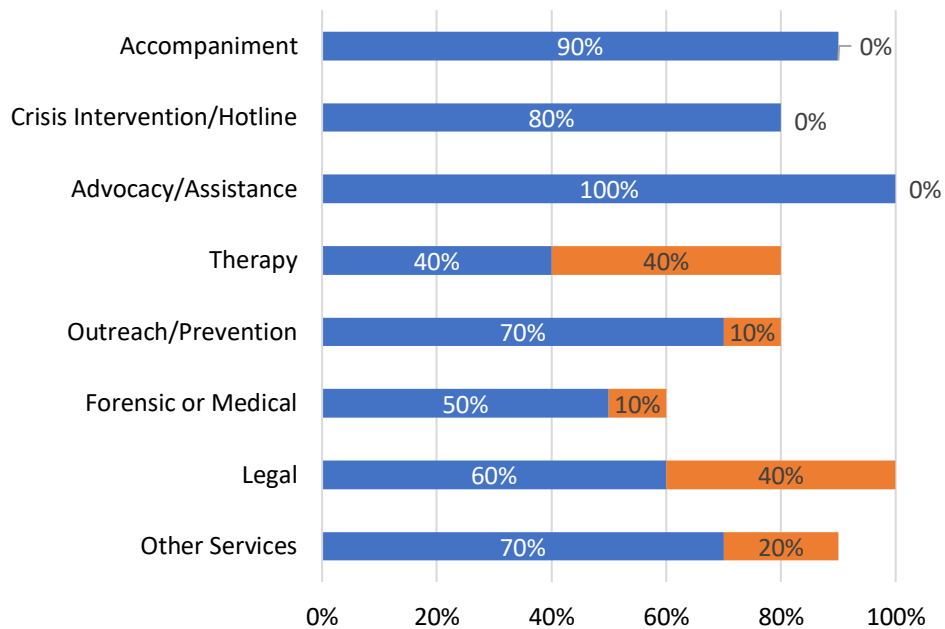
Upper South Texas (n=52)



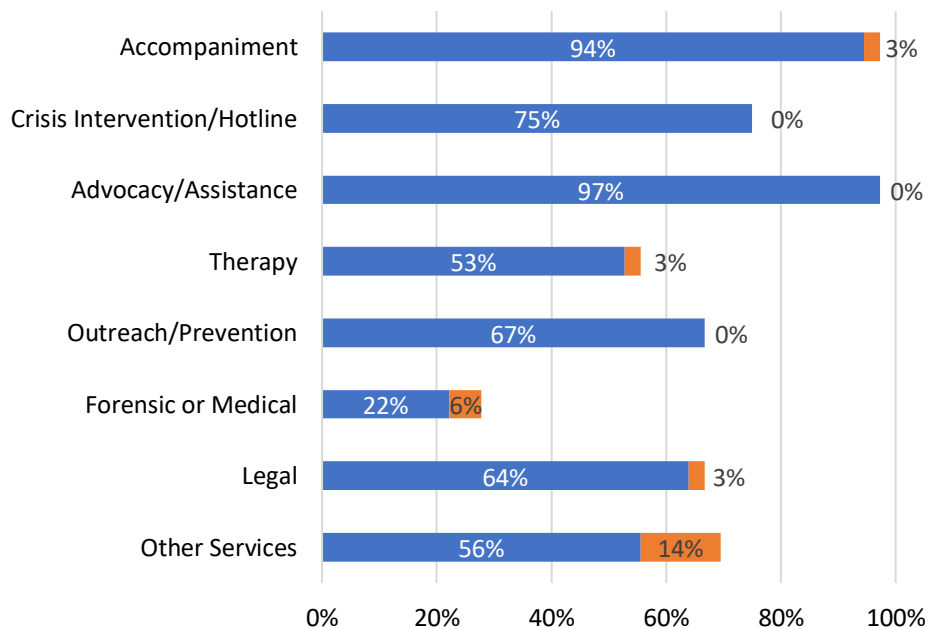
West Texas (n=19)



Upper Rio Grande (n=10)



Lower South Texas (n=36)



Unmet Need for Services

A Broad View

Survey participants were also asked about the degree to which they perceived that a particular service met survivors' needs for that service in their community with adequate *capacity* and *quality*.

Table 2 shows the level that survivor needs are being completely met for at least one service in a category. These data demonstrate that, although services are broadly available, with exceptions as noted previously, service providers perceive that needs at times exceed the level of service that is available. Specifically:

- Unmet needs are revealed across the total sample for all categories of service, with the lowest percentages for needs completely met (or greatest degree of unmet needs) for the following:
 - 36% of participants reported unmet needs for Therapy
 - 42% for Outreach/Prevention
 - 45% for Legal
- Regionally, service provider feedback indicates that Upper East Texas and Southeast Texas have the greatest overarching unmet needs across all service categories.

Appendix F. Supplemental Tables contains detailed tabulations for the specific degree that needs are perceived as being met (completely, largely, somewhat, or rarely) for all 46 specific service types.

Table 2. Service Provision Meeting Needs

Service Category Summary: Percentage Who Perceive Needs are Completely Met

	Total	High Plains	Northwest Texas	Metroplex	Upper East Texas	Southeast Texas	Gulf Coast	Central Texas	Upper South Texas	West Texas	Upper Rio Grande	Lower South Texas	All regions of Texas
Accompaniment	51%	70%	33%	75%	23%	33%	37%	47%	68%	47%	67%	67%	36%
Crisis Intervention/Hotline	56%	70%	55%	71%	25%	37%	54%	53%	72%	25%	50%	83%	73%
Advocacy/Assistance	67%	75%	60%	79%	50%	43%	64%	59%	78%	82%	50%	87%	69%
Therapy	39%	68%	27%	47%	16%	26%	34%	25%	34%	36%	50%	95%	78%
Outreach/Prevention	42%	62%	40%	67%	19%	30%	31%	30%	39%	40%	50%	75%	50%
Forensic or Medical	58%	68%	89%	86%	30%	30%	48%	57%	58%	50%	67%	100%	71%
Legal	45%	62%	44%	32%	29%	24%	47%	25%	66%	33%	40%	91%	60%
Other Services	48%	51%	47%	71%	16%	33%	47%	33%	53%	38%	56%	87%	73%

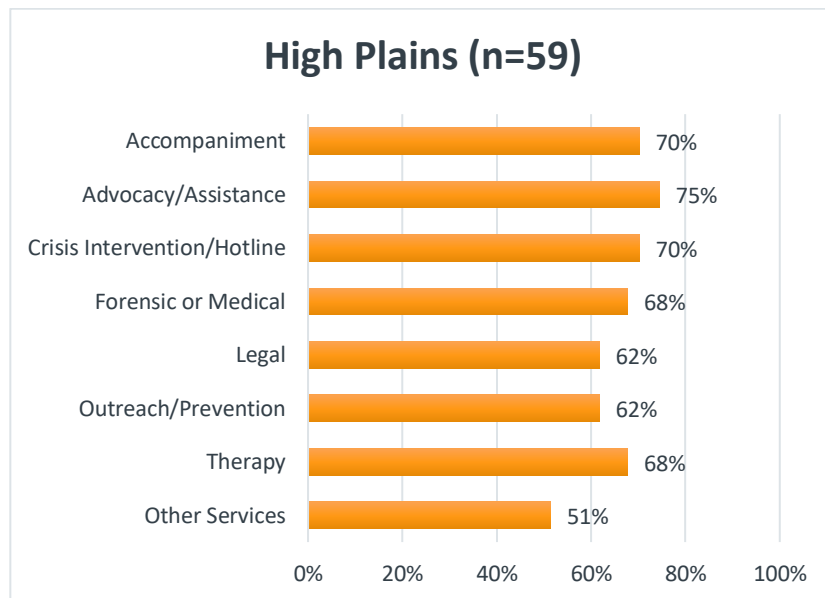
Note: Percentage of provider-county units indicating that needs are being completely met for at least one service in a category

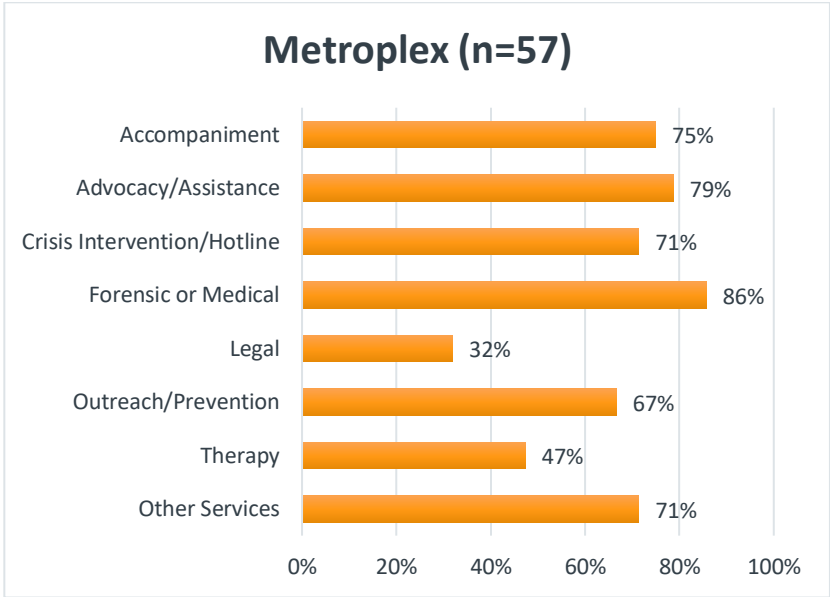
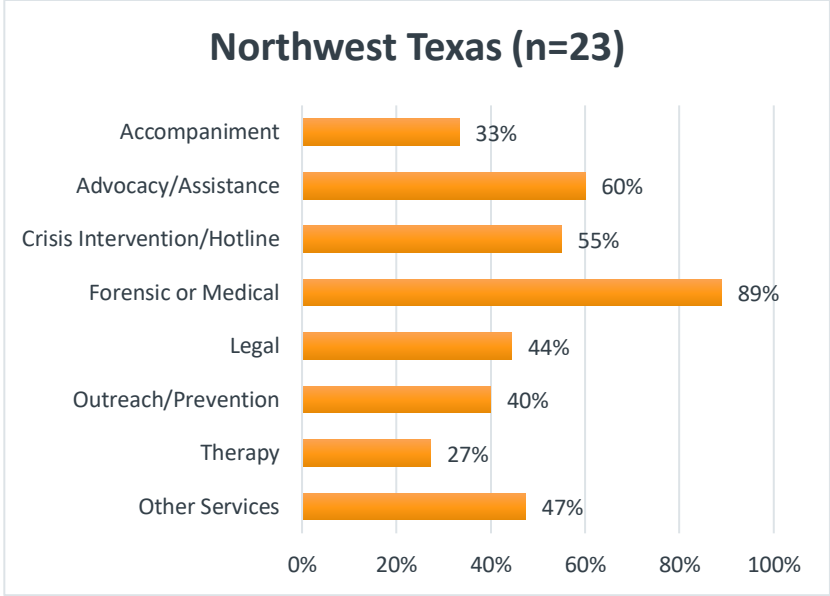
A Region-by-Region View

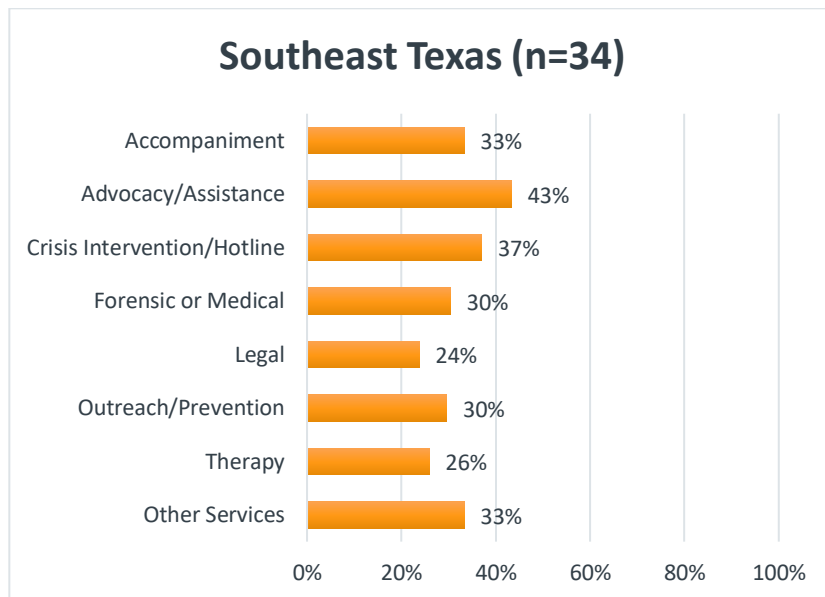
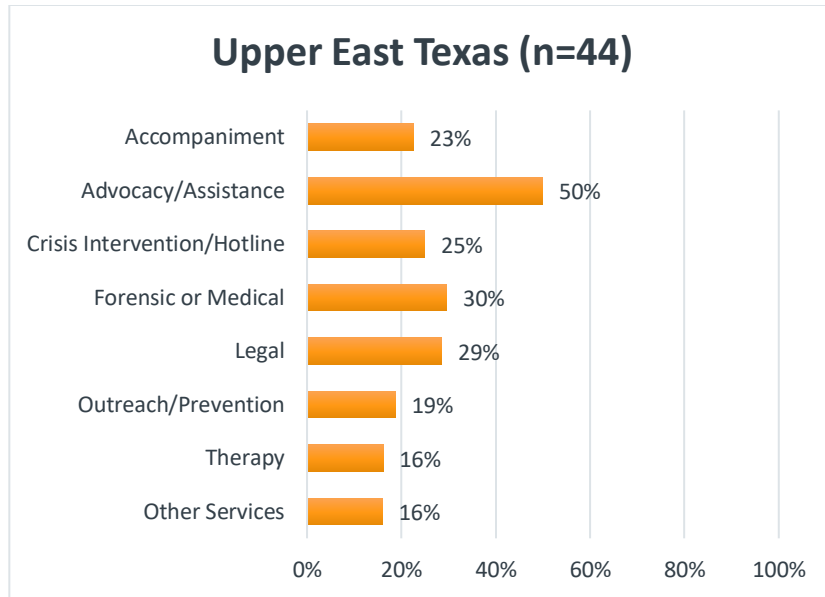
The Figure 6 set presents the same data as in Table 2, but broken down into region-by-region views. Each regional figure presents data on how many participants report that the existing service availability in their county is meeting survivor needs for each service category.

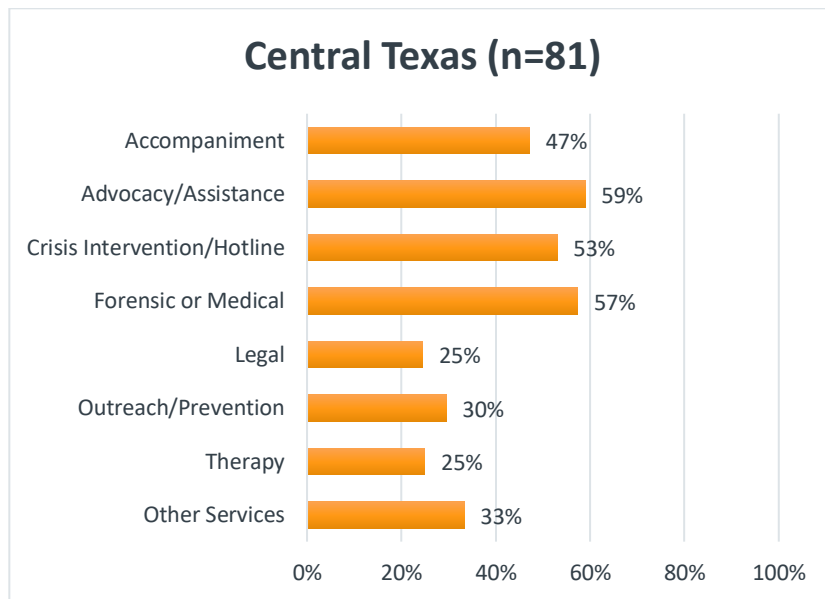
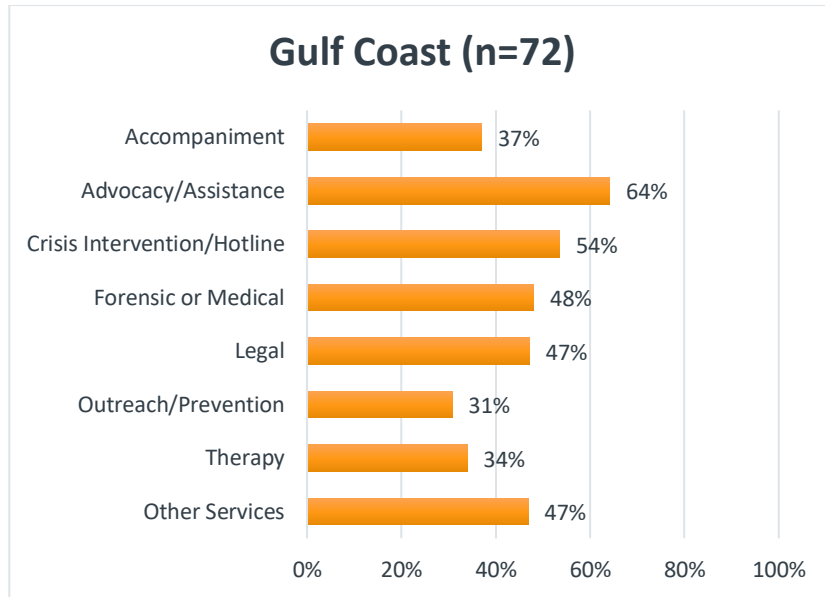
These figures present percentages of needs being met, which provides information on *unmet needs* as well. Unmet and met needs refer to whether organizations are able to provide a service with the *capacity* and *quality* necessary to meet the needs of survivors in the county. In categories or regions where the percentage of met needs is low, unmet needs may be high. While there could be organizations that provide a particular service to survivors, some may have to turn away many survivors due to capacity limits or other restrictions, or provide a service in less optimal ways that do not fully meet survivors' needs.

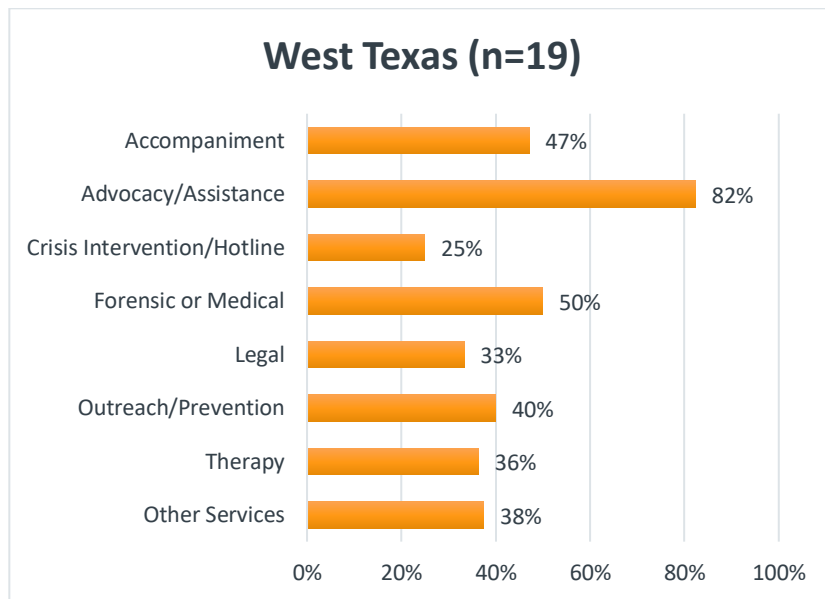
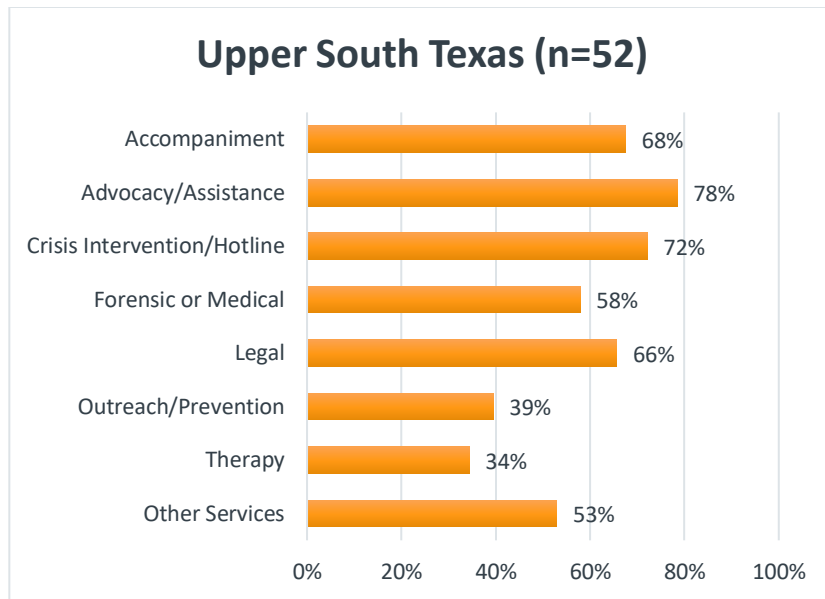
Figure 6 (Set). Service Provision Meeting Needs











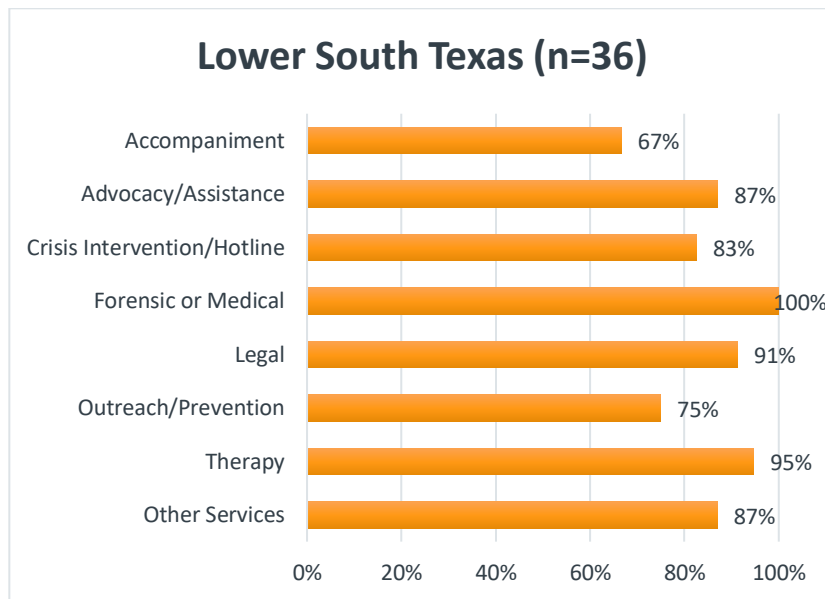
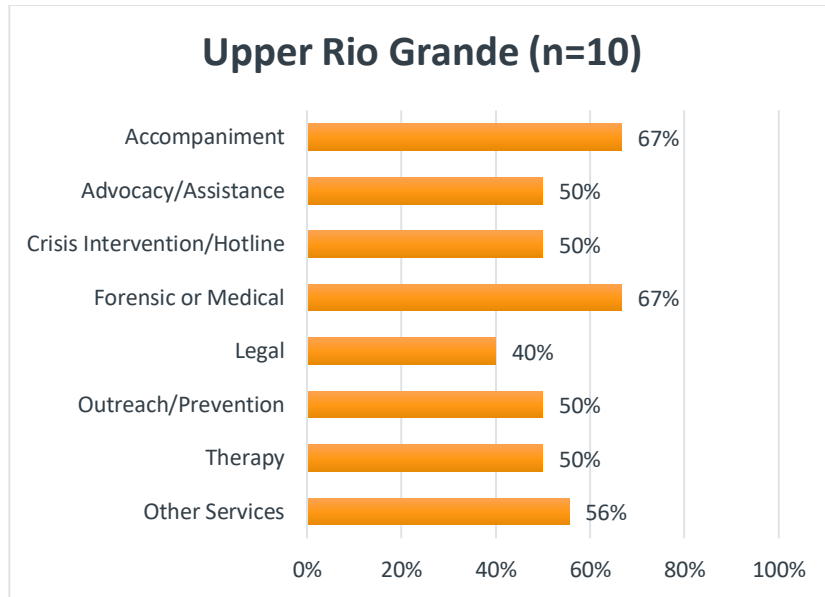
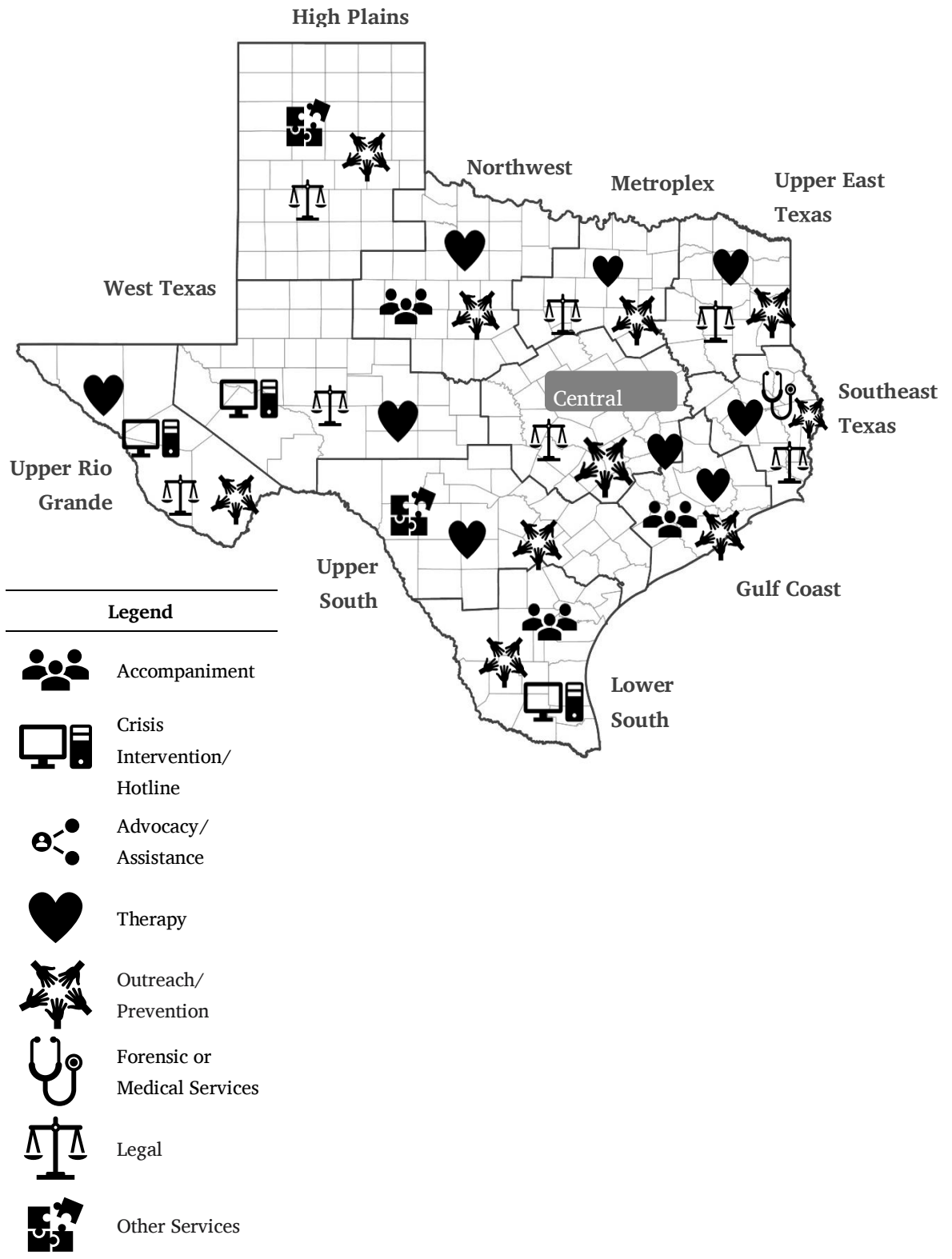


Figure 7 offers a graphic view of the greatest unmet needs in each region of Texas.

Figure 7. A Mapped View of Each Region's Greatest Unmet Needs

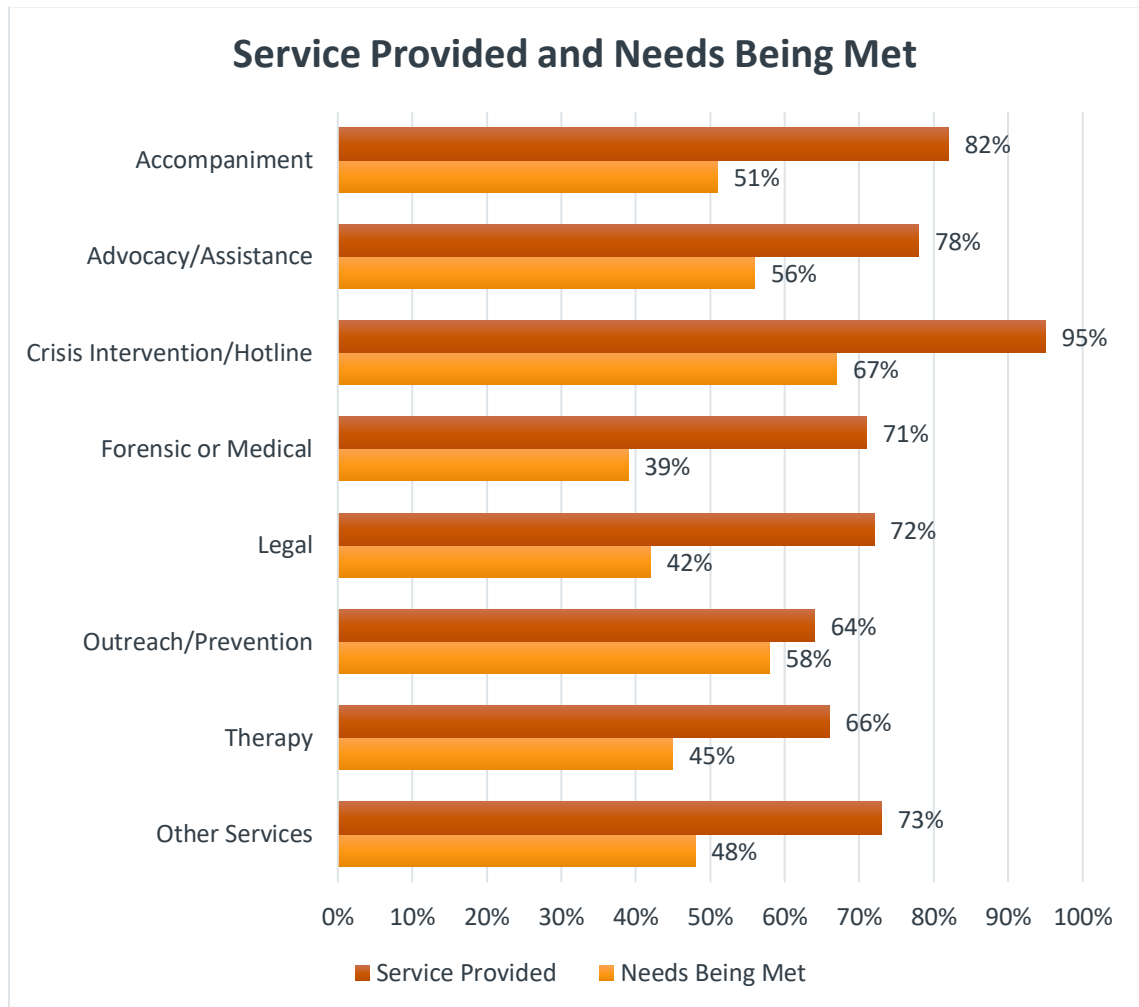


Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin. © 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

A Comparative View of Service Availability and Needs

Figure 8 illustrates a statewide view of a consistent gap between services provided by organizations and their ability to meet survivor needs for those services. This gap is present in each of the service categories measured in this survey.

Figure 8. Service Provided and Met Needs



Out of the eight service categories, there is not one category or region of the state in which service providers reported that their organizations are able to meet survivors' needs completely with direct services or service referrals. In other words, there are gaps and unmet needs in all service categories and in all regions.

It is important to reiterate that, in Figure 8, service provided includes direct and referred services; the data on meeting survivor needs is reflective of a survey participant's own organization's ability only. This may account for some of the gaps within each service category.

- The three services with the highest service provided rate also have higher than average reports of needs being met:
 - Crisis Intervention/Hotline (95%), Accompaniment (82%), and Advocacy/Assistance (78%) have the highest rates of availability.
 - Crisis Intervention /Hotline (67%), Accompaniment (51%), and Advocacy/Assistance (56%) have a higher than average perception of needs being met.
- The gap between services provided and reported ability to meet survivor needs was largest for:
 - Forensic or Medical (32% difference).
 - Accompaniment (31% difference).
 - Legal (30% difference).
- Outreach/Prevention showed the smallest gap between services provided and reported ability to meet survivor needs (6% difference).

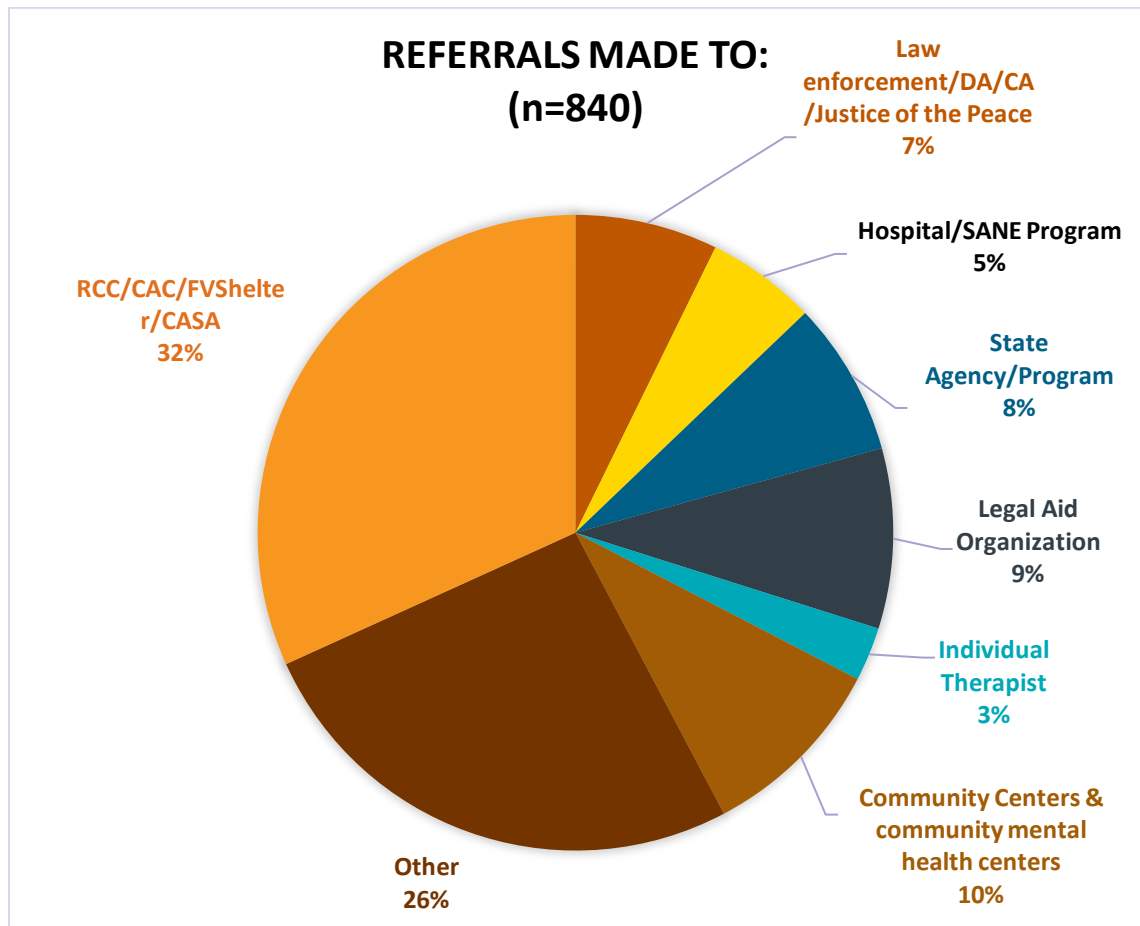
Referrals

Survey participants were asked if they referred clients to other organizations or individuals and, if so, to name the top five organizations/individuals to which referrals were made.

A total of 840 separate referrals were reported by survey participants to over 550 unique organizations across Texas.

A significant number of referrals (44%) were made to organizations that are well known to provide services to sexual assault survivors including rape crisis centers, children’s advocacy centers, family violence shelters, law enforcement agencies, district attorney’s offices, and hospital/SANE programs. See Figure 9.

Figure 9. Referrals Made to Other Organizations



Eight percent (8%) of referrals were made to a state agency or program. Child Protective Services/Adult Protective Services and Crime Victims’ Compensation were the most common referrals for state agencies or programs. Additionally, referrals were made to TDCJ Victim Services, Workforce Solutions, and HHSC for SNAP, TANF, or WIC benefit applications.

Notably, Texas Community Centers and local community mental health programs together make up 10% of total referrals. Mental health care for survivors is in high demand as evidenced by these high referral figures; waiting lists for counseling/therapy at rape crisis centers and children’s advocacy centers are common.

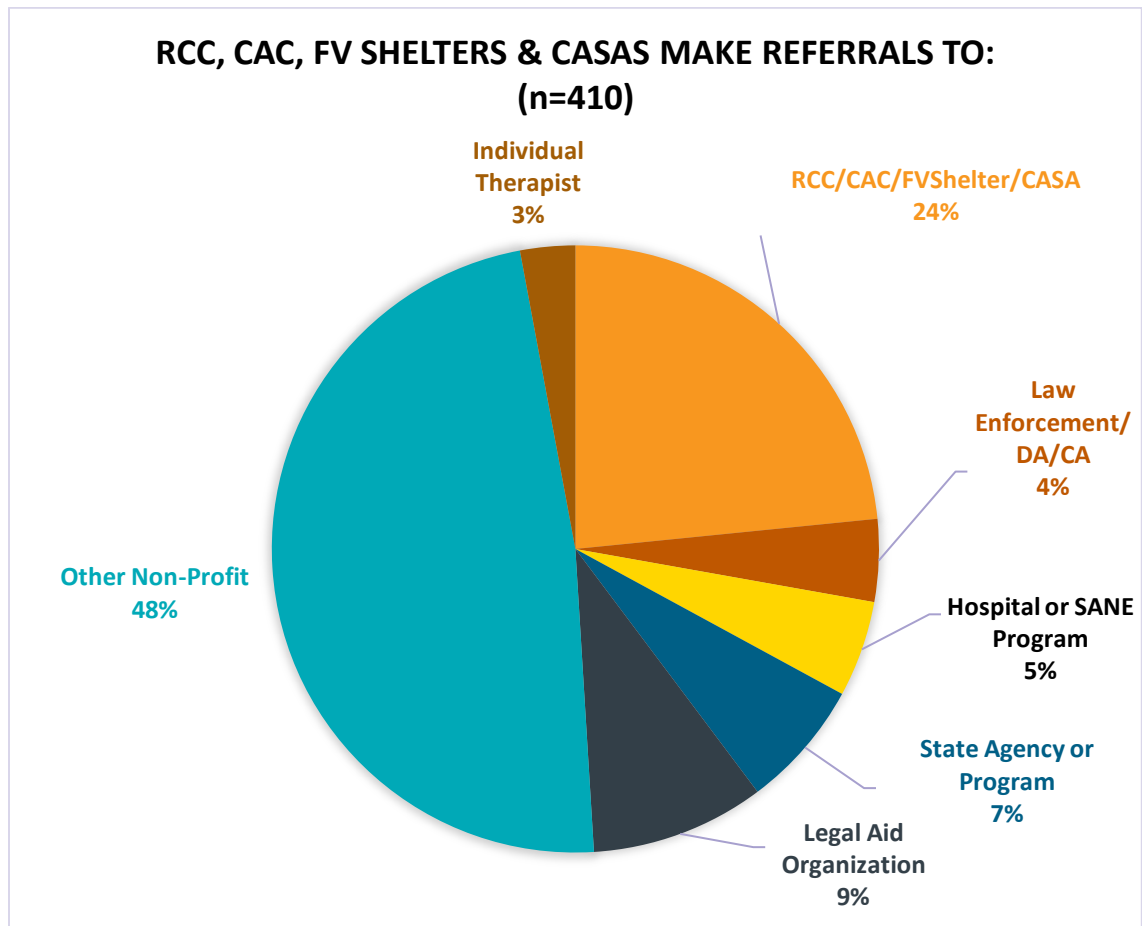
The “Other” category made up 26% of referrals. Table 3 lists the “Other” survey responses. This diverse group of organizations demonstrates the wide range of needs observed among child and adult survivors of sexual abuse and violence as well as the wide range of organizations available to provide assistance.

Table 3. Other Referrals

“Other” organization types	Number of referrals (n = 218)
food bank	23
basic needs	20
health clinic	19
human trafficking related	17
Catholic Charities	12
housing authority	11
youth and family support services	10
substance abuse services	9
child and family support services	8
United Way	7
foster care/adoption/child shelter	6
homeless services	6
Salvation Army	6
pregnancy center	3
university/college	3
child welfare board	2
day care	2
foster care/adoption	2
refugee/immigrant services	2
transitional housing	2
YMCA/YWCA	2
Boys & Girls Club	1
children's shelter	2
Mexican Consulate	1
uncategorized	42

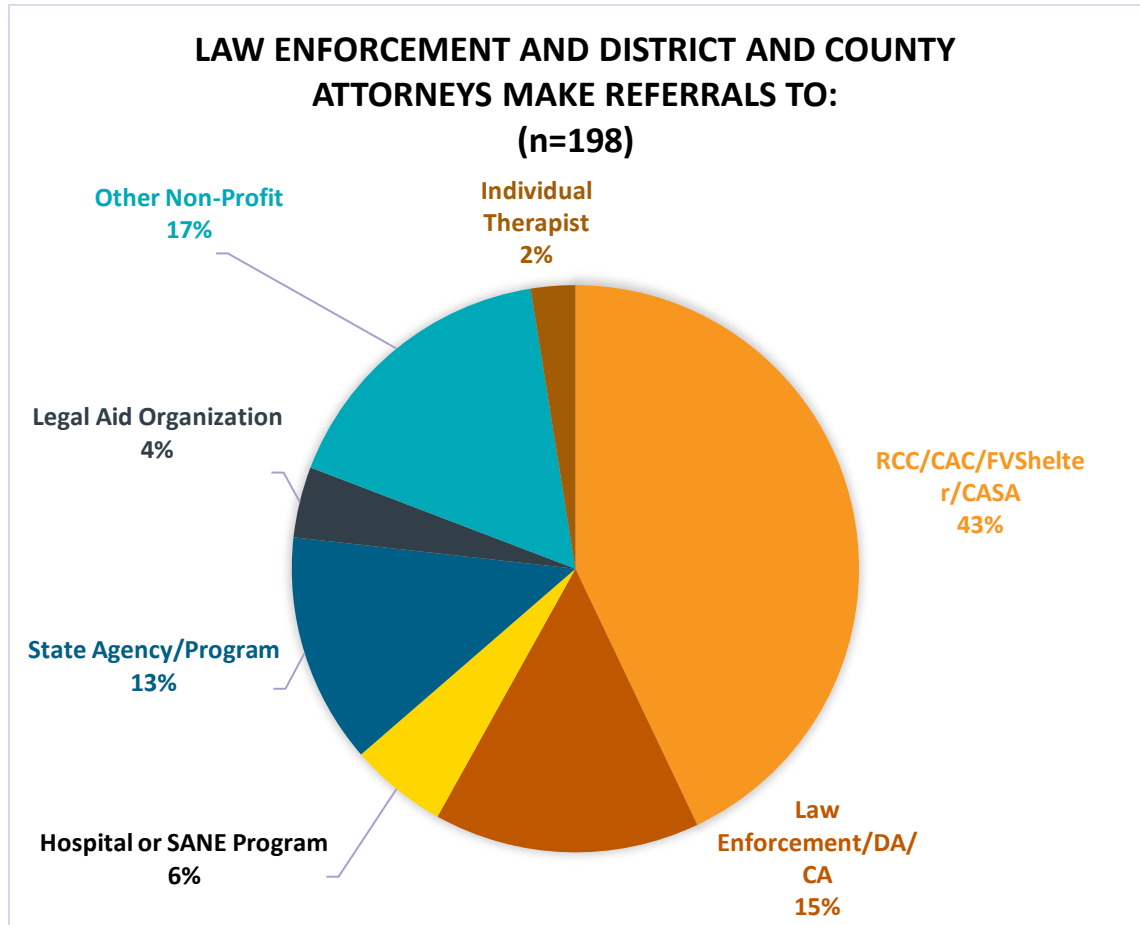
Certain service providers demonstrate different types of referral patterns as illustrated by Figures 10 to 13.

Figure 10. Referrals Made by RCCs, CACs, FV Shelters, and CASAs



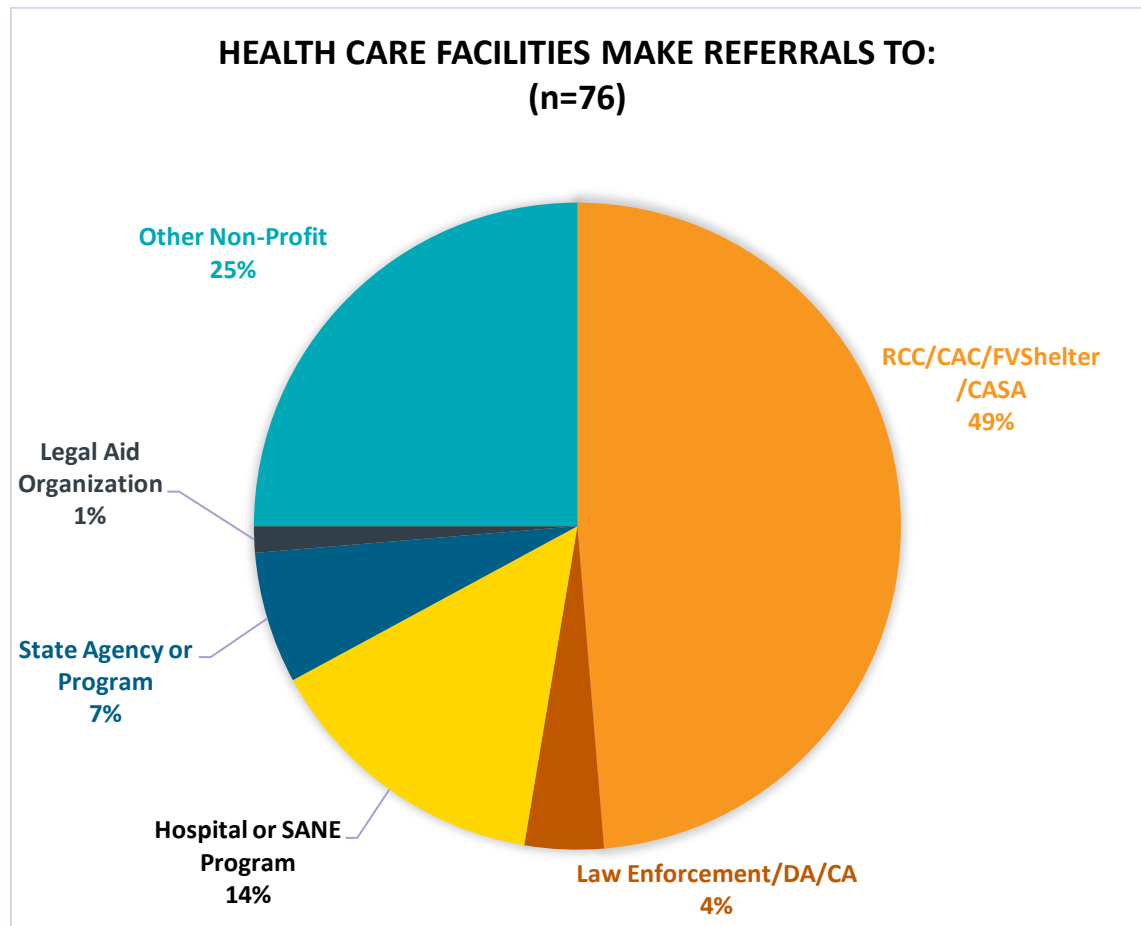
Rape crisis centers (RCCs), children’s advocacy centers (CACs), family violence (FV) shelters, and CASAs (Court Appointed Special Advocates programs) refer survivors to a large number of nonprofit organizations outside the more typical types of organizations that respond to sexual violence and abuse.

Figure 11. Referrals Made by Law Enforcement, District, and County Attorneys



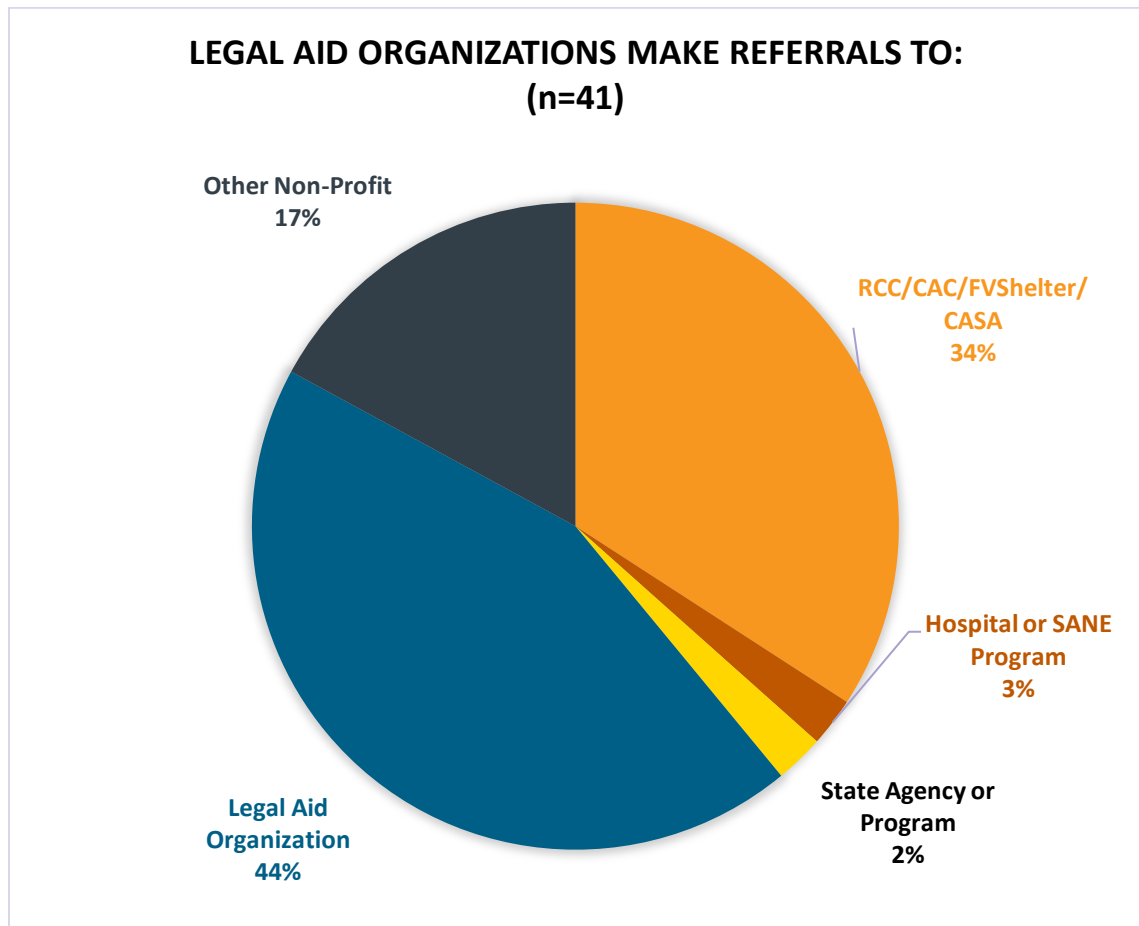
Law Enforcement, District Attorneys (DA), and County Attorneys (CA) largely refer sexual abuse and violence survivors to RCCs, CACs, FV shelters, and CASAs.

Figure 12. Referrals Made by Health Care Facilities



Hospitals also refer survivors to RCCs, CACs, FV shelters, and CASAs at high rates, followed by other types of nonprofits.

Figure 13. Referrals Made by Legal Aid Agencies



Legal Aid organizations primarily refer survivors to other legal aid organizations and RCCs, CACs, FV shelters, and CASAs. Legal Aid organizations did not list any law enforcement entities, district attorneys, or county attorneys as referrals.

Courtesy Services

CACs specifically were also asked to provide information about whether they provided *courtesy services* in counties outside their normal service areas.

When a CAC provides services to children and families outside of the CAC’s service area, these are called courtesy services. Most commonly, courtesy services include forensic interviews and family advocacy and support.¹⁵

Thirty-six (36) CACs indicated that they provided courtesy services; six (6) indicated that they did not.

Table 4 presents the types of courtesy services currently provided among the 36 agencies.

Table 4. Courtesy Services

Courtesy Services Provided	Count
Forensic Interviews	34
Joint Investigation Coordination	18
Multidisciplinary Case Review	16
Trauma-Focused Therapy	24
Medical Evaluation	19
Family Advocacy	29

In addition, three agencies noted that they will provide any type of courtesy services on an as-requested basis.

Ongoing Challenges

Survey participants were given the opportunity to respond to an open-ended question about challenges related to serving sexual assault survivors. The responses provided here reflect the research team’s analysis of all open-ended responses and represent the key themes raised across survey participants.

The biggest challenge identified by numerous service providers was the **lack of counseling options** for survivors of sexual assault and abuse. Agencies mentioned that finding therapists with availability and the specialized training or experience needed to treat survivors of sexual abuse was difficult, particularly in rural areas, for child survivors, or for group therapy.

We currently have a long waiting list for therapy. On an average we have about 50 clients on the waiting list at all times, sometimes waiting over 2 months to receive the counseling they deserve. We contract with 6 therapists and have 2 on staff on site for a total of 8, but the need for counseling continues to grow.

Clients we serve in [outlying] counties are having to drive up to an hour and a half to participate in trauma-focused therapy.

While the COVID-19 pandemic has **increased telehealth opportunities**, potentially increasing accessibility for some survivors, it has created obstacles for others.

Right now, the most challenging thing is providing therapy services, especially play therapy. There is no way to safely provide play therapy, as it has to be done in-person and it is very difficult to social distance. Most of our therapy is currently being done via Tele-Health, which works for some survivors but not for others. Therapists are trying to work out how to meet survivor's needs and still maintain safety for everyone involved.

Another provider said,

While we were able to provide individual sessions remotely via telephone immediately and virtually within the first month, our agency was not able to provide support groups as we were not prepared to use technology safely until July. It has been challenging to provide services to child sexual assault survivors immediately as telephone was not the best option.

Organizations discussed similar challenges related to the **lack of access and availability of substance abuse treatment**.

Survivors are presenting with multiple barriers to receiving support services—primarily serious unaddressed mental health issues and substance abuse. These make it difficult for us to provide services to them in a trauma-informed way because we have no partners in the area that can address their co-occurring traumas.

Another agency noted how challenges are compounded when there is a **lack of therapists and foster care placements for child survivors**.

The lack of therapists and placements for our sexually abused children is one of the most challenging areas we are facing. When a sexually abused child is moved from placement to placement, many times his/her therapy is delayed and there is no continuity of therapy from one therapist to another.

Themes related to insufficient transportation options, emergency and transitional housing legal aid, and direct financial assistance for rent and utilities were also relayed.

Housing in general is difficult to find, but especially during the pandemic.

Our most challenging area with providing services would be having to turn away victims that need shelter due to lack of space.

Many of our families need legal aid assistance. There is a huge need and a very long wait time. Transportation would be the second most challenging.

These challenges are magnified in rural areas, where **transportation over vast regions** becomes even more difficult and the lack of community resources becomes more apparent.

Since we are so rural, our resources are so limited. There is no rape crisis center or domestic violence shelter available in our area.

Covering more than 7,000 square miles in the rural eastern Texas Panhandle in order to [serve] sexual assault/abuse survivors with a staff of four advocates is our greatest challenge. It takes almost 2 hours to drive to [city] to where our main office and staff are located. An advocate may drive two hours to [small city] to meet and transport victims to [city] for a SANE exam, the closest hospital that provides forensically trained SANE nurses.

A **need for additional staff** for their own offices as well as additional SANEs, rape crisis center advocates, and law enforcement investigators was also reported.

Victim advocates at all law enforcement departments in our county. Currently only two municipalities have a crime victims advocate. Also, the need for additional investigators trained on how to deal [with] and handle sexual assault victims.

More personnel to be able to respond on the scene during a crisis or be able to staff a 24-hour hotline. Have the personnel available to transport/accompany a survivor to the hospital for a SANE exam or to the courthouse during a petition for a protective order. More staffing is necessary to offer more primary prevention programming, [and] also offer trauma informed individual counseling and support groups.

Challenges related to **collaboration** with community partners or the criminal justice system itself were highlighted by several organizations as well.

Coordination and collaboration with local law enforcement and the criminal justice system remains the biggest challenge for survivors. The constant rescheduling of cases, both criminal and civil, has been taking a toll on the victim's willingness to participate.

Although we have cases of abuse and assault, the prosecution of those cases is non-existent, and survivors don't report them anymore.

We are not often apprised of the victims needs and left in the dark until it comes time to prosecute the case. By then, nonprofit agencies have often overstepped their boundaries and provided incorrect legal advice or even told individuals they do not have to testify and the case will proceed forward.

Biggest issue for survivors is the extraordinarily long time it takes to bring their offender to justice. The Court system has massive backlog and no matter how hard the Prosecution pushes to try the cases, there is too much delay. Survivors get frustrated with the delay and no longer want to assist with the prosecution of their case which leads to much unrest.

The **complexity of sexual violence** and the challenges inherent in supporting survivors through recovery and towards justice was reiterated. When sexual assault and abuse are compounded by a history of trauma, multiple victimizations, poverty, or other challenges, providing effective services is even more difficult.

The greatest needs of sexual assault survivors are due to complex concerns (trauma combined with social conditions - poverty, exploitation, homelessness, substance abuse, etc.) that come with being the most vulnerable of the vulnerable. Shelter, housing, basic needs, and lack of technology, especially phones (so [they] can complete telehealth appts for forensic exams and stay in touch with us for advocacy.) Extreme vulnerability has increased during the pandemic.

Resource Needs

As a follow-up to the question asking about challenges, survey participants were asked to provide information about the resources they would require in order to meet the challenges they identified.

Across all organization types, the need for **additional staff** was noted as significant. Additional staff would greatly impact the ability of an organization to meet the challenges related to serving sexual assault survivors. Advocates, attorneys, Sexual Assault Nurse Examiners, investigators, and therapists were all named specifically.

We would also need to add several staff members, especially Family Advocates, to help with meeting client needs.

As the number of sexual assault survivors is increasing, additional funding would increase our ability to meet the needs of sexual assault survivors in our service areas by allowing our organization to recruit, train, and deploy more victim's advocates.

[M]ore officers and more funds to help with victims. Our Sheriff's Office does not get any state or federal funds for additional man power etc. to work these cases.

The need for **additional funding related to housing, transportation, and basic needs**, such as clothing, rent, and utilities was also expressed.

Financial needs often continue to be a barrier for families. We often work with families where perhaps the previous main financial provider for the family was a child's abuser. Although the child is now with a nonoffending caregiver only, often the caregiver struggles to provide for even basic needs of the child without the previous income the abuser may have been providing to the family.

Resources for financial assistance are always in demand.

Funding is an on-going challenge. Housing in general is difficult to find, but especially during the pandemic. Transportation is an issue for clients to come to the office for appointments.

One organization noted that *community service organizations providing financial assistance are experiencing a higher influx of financial need from clients due to COVID-related layoffs, thus stretching a limited pool of funding even thinner.*

Training for staff and volunteers was also a widely recognized need. Organizations discussed the training needs of their own staff and expressed need for community partners to obtain increased training as well.

Additional training opportunities for trauma-informed lawyering would help ensure that our practices are properly tailored for the needs of survivors.

Training to law enforcement on best practices when responding to domestic violence and sexual assault calls may be beneficial. In addition, a general lack of understanding of the law on the part of the judiciary is challenging.

More required training for judges, law enforcement and prosecutors by victim advocates/service providers; More training for CPS caseworkers in the area of child physical and sexual abuse and domestic violence by victim service providers; More required DV [domestic violence] and SA [sexual assault] training for court evaluators and amicus attorneys in DV and SA from service providers. Required training for family law attorneys on DV and SA from victim service providers.

In some communities, collaborative training is working well.

Our county has a great working relationship with our Crisis Center; we are offered free training on sexual assault and family violence cases

Needs of Specific Organizations Types

Some organizations expressed challenges and resource needs that aligned closely with their type of organization and were closely related to the specific set of services they provide.

Rape Crisis Centers emphasized the need for more trained therapists, legal assistance, basic needs support, and transportation.

Children's Advocacy Centers highlighted the need for trained child therapists who specialize in providing care to abused children and their protective parents.

Court Appointed Special Advocate (CASA) programs consistently spoke about the need for increased foster care placements for children who were no longer safe in their homes. At times, placements are made hours away or children are moved from placement to placement, disrupting the continuity of care.

Hospitals and SANE programs consistently spoke about the lack of follow-up medical care for survivors. While medical care is provided during the medical forensic exam, follow-up care, especially for HIV prevention, is severely lacking.

District and County Attorneys shared the difficulties of prosecuting sexual assault and abuse cases, including backlogged courts, challenges in remaining in contact with survivors during the long wait for justice, the difficulty of keeping survivors engaged through this long and arduous process, and the reality that sometimes survivors recant.

Sexual Assault Response Teams (SARTs)

Two-hundred and thirty-three (233) participants answered the survey item about participation in a SART and its availability in their local area. Of those 233 responses, 79 agencies indicated that they participated in a SART, 96 agencies responded that they did not

participate in a SART, and 58 agencies indicated that an option to participate in a SART was not available in their area.

Survey participants were also asked to indicate the name of the SART in which they participated. The responses included the names of local SARTs, Coordinated Community Response Teams, Multidisciplinary Response Teams (MDTs, specifically for serving children), Domestic Violence Response Teams, Child Fatality Review Teams, Domestic Violence Fatality Review Teams, Local Sex Trafficking Response Teams, and the Governor's Human Trafficking Coalition.

Impact of COVID-19 on Services

As an important addition to this study, survey participants were asked about the degree to which they perceived service provision to be at normal levels during the COVID-19 pandemic.

Table 5 shows the level that, for each service category, at least one service in a category has been available at normal levels during this time.

- Not unexpectedly, Outreach/Prevention has had the lowest level of normal availability during the COVID-19 pandemic:
 - 45% overall
 - Lowest service category for all regions except West Texas and the Upper Rio Grande region
- However, West Texas and the Upper Rio Grande have experienced the most substantial declines in normal availability across multiple service categories, especially in Therapy, Outreach/Prevention, and Legal services.

Appendix F. Supplemental Tables contains detailed tabulations for the specific degree of service availability during the COVID-19 pandemic (normal, less than normal, or not available) for all 46 specific service types.

Table 5. Service Provision During the COVID-19 Pandemic

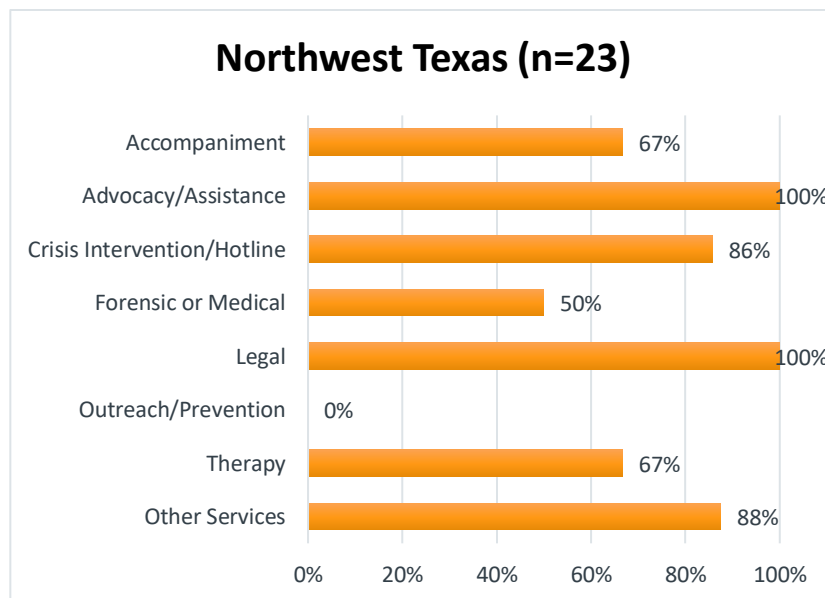
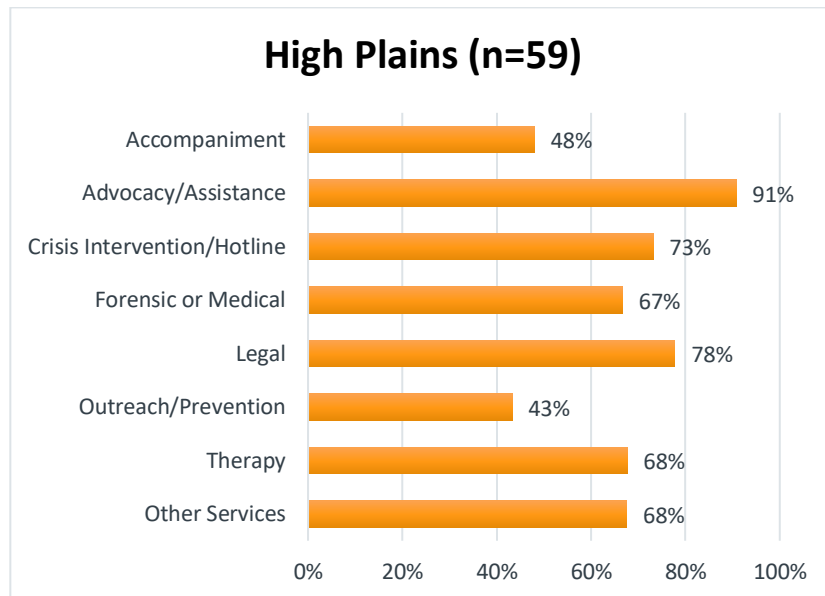
	Total	High Plains	Northwest Texas	Metroplex	Upper East Texas	Southeast Texas	Gulf Coast	Central Texas	Upper South Texas	West Texas	Upper Rio Grande	Lower South Texas	All regions of Texas
Accompaniment	66%	48%	67%	66%	82%	84%	65%	64%	78%	29%	78%	74%	36%
Crisis Intervention/Hotline	88%	73%	86%	82%	84%	89%	93%	95%	98%	67%	100%	96%	83%
Advocacy/Assistance	89%	91%	100%	89%	95%	90%	82%	94%	84%	89%	70%	85%	92%
Therapy	68%	68%	67%	61%	74%	78%	69%	77%	56%	36%	38%	74%	73%
Outreach/Prevention	45%	43%	0%	16%	58%	78%	53%	46%	41%	29%	38%	46%	45%
Forensic or Medical	81%	67%	50%	80%	93%	88%	89%	88%	70%	50%	67%	78%	67%
Legal	74%	78%	100%	52%	91%	86%	71%	73%	81%	22%	20%	84%	78%
Other Services	77%	68%	88%	69%	88%	96%	82%	76%	81%	25%	56%	92%	83%

Note: Percentage of provider-county units indicating that at least one service in a category has been available at normal levels during COVID

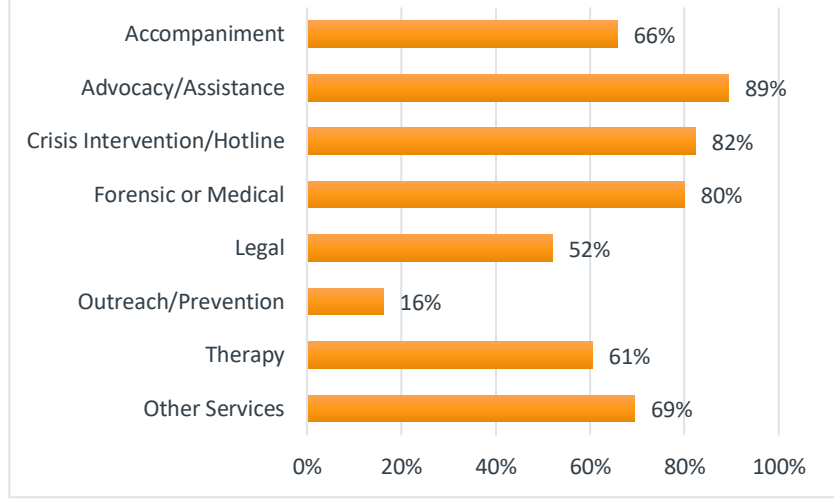
A Region-by-Region View

The Figure 14 set presents the same data as in Table 5, but is broken down into region-by-region views.

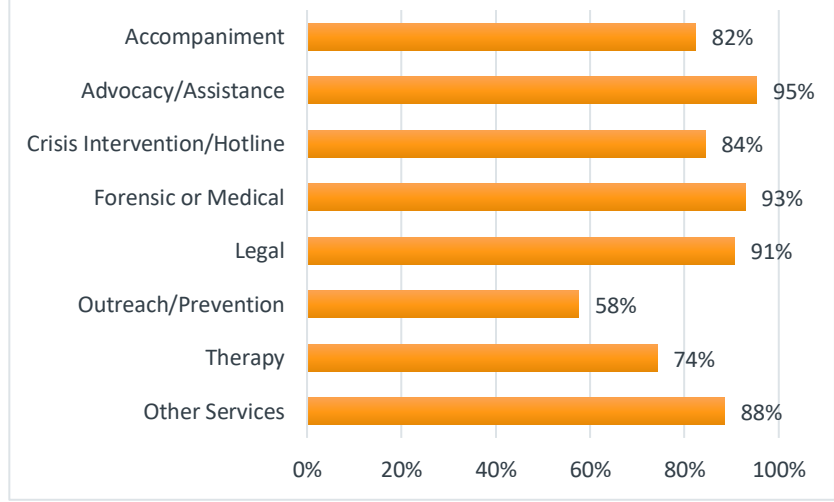
Figure 14 (Set). Service Provision During the COVID-19 Pandemic



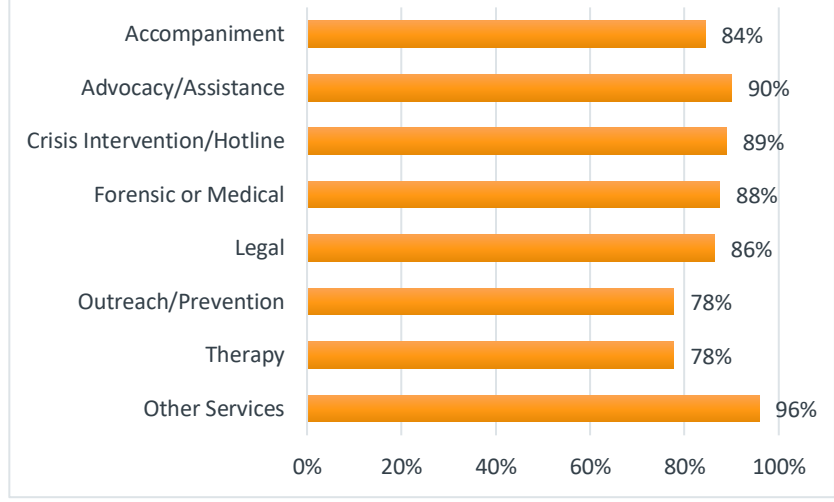
Metroplex (n=57)



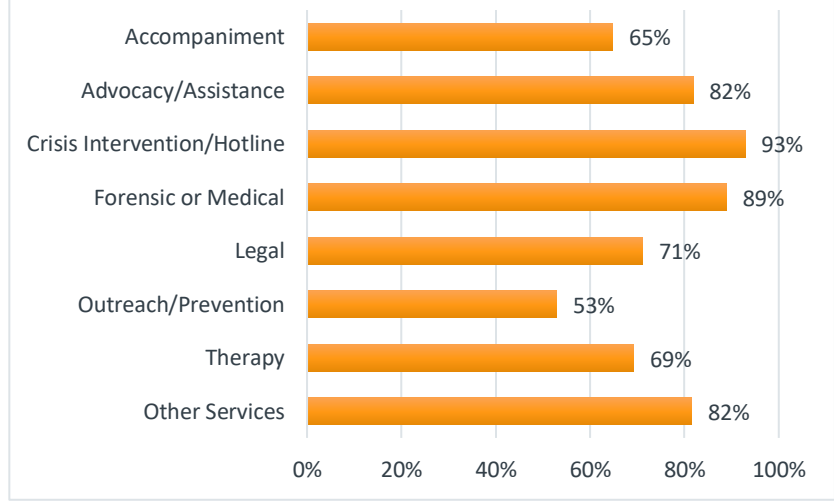
Upper East Texas (n=44)



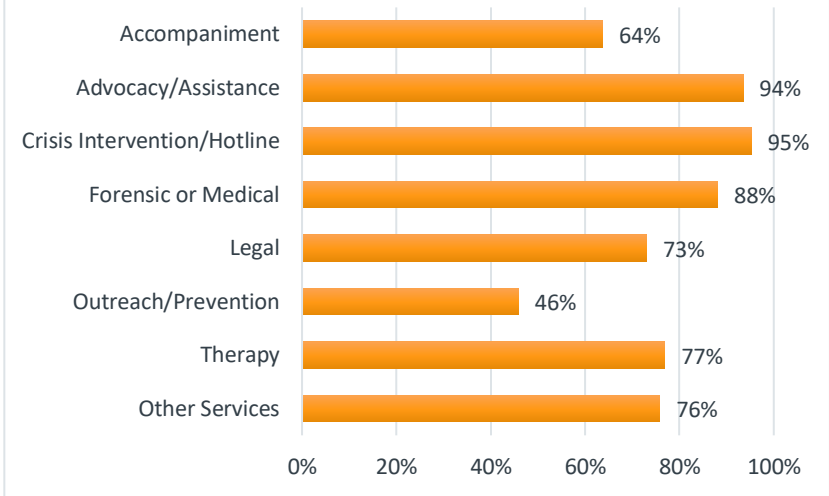
Southeast Texas (n=34)



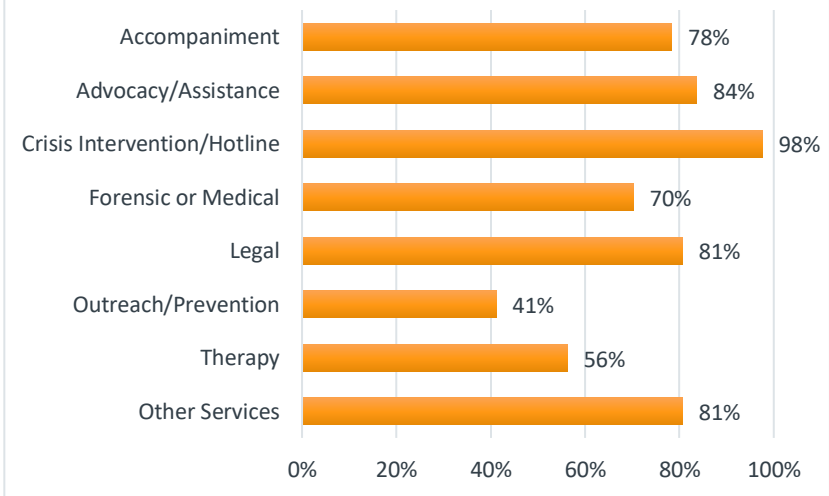
Gulf Coast (n=72)

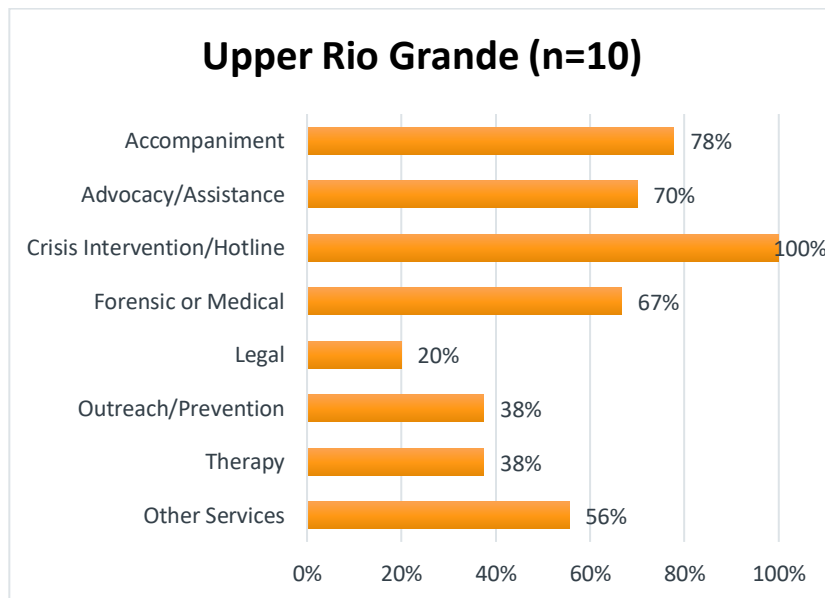
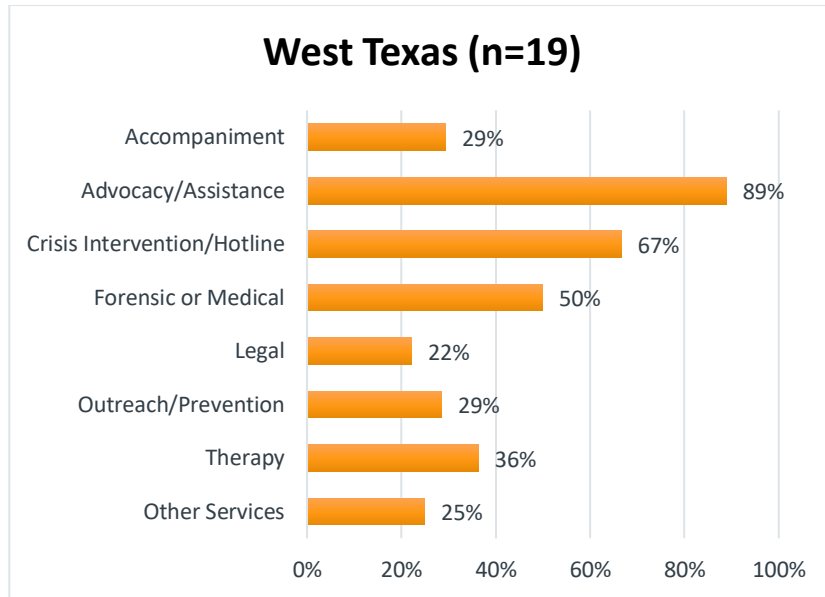


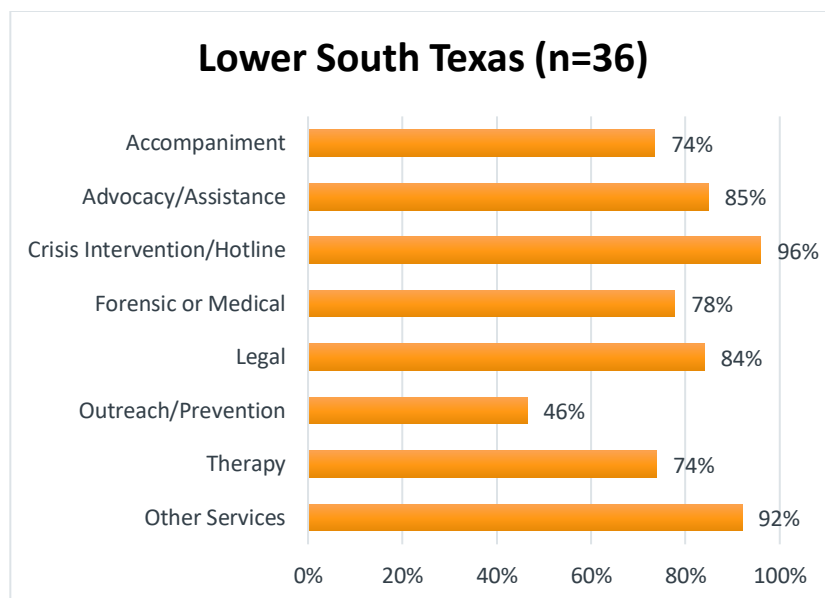
Central Texas (n=81)



Upper South Texas (n=52)







Changes and Challenges During the COVID-19 Pandemic

Participants shared a variety of challenges, issues, and concerns when asked to provide additional information about the impacts of COVID-19 on their organization’s ability to provide services. The responses provided here reflect the research team’s analysis of all open-ended responses and represent the key themes raised across survey participants. The most commonly reported concerns related to the lack of in-person client contact and the challenges presented by telehealth modalities, both technically and therapeutically.

We are attending court and doing child visits virtually, so it is difficult to get a real understanding of what everyone’s needs are, or to even provide good legal advocacy in the courtroom.

We have had to revert to largely digital services that are delivered in an individual capacity. Prior to the pandemic, we were offering on average 20-25 support groups per week which have largely been cancelled during the pandemic. This impacts the sense of community and connectedness that survivors have felt in our program.

Another shared concern is the reduction in referrals and a corresponding reduction in reporting.

We are experiencing a reduction in cases because our children are not in school but find themselves sequestered with their abusers. We know that once they are back in school and around trusted adults, the floodgates will open, and we will have a tsunami of children who have experienced the unthinkable when no one has their eyes, ears and hearts open to hear them.

Other notable responses included negative financial impacts on the organizations and staff stress.

Many survey participants indicated that they have adapted as needed and continue to provide service.

We have been able to operate during the pandemic. We have made changes to how we facilitate intakes, but we continue to offer our services to families in need of assistance.

We were offering home base telemedicine psychotherapy before the pandemic and continue the services uninterrupted

Services That Will Continue Remotely After COVID

Overall, many agencies discussed how certain services will continue as virtual options to augment survivor services or on an as-needed basis once COVID conditions are no longer a factor. Participants discussed both direct services to survivors and services involving partnerships, outreach, and education.

Services to Survivors

Overall, Therapy via telehealth is the most commonly noted service that will continue to be an option for clients in the future.

Virtual services have been very appreciated, especially for counseling. Survivors have expressed the desire for these to continue.

We will most likely continue video therapy for adults, as our adult clients receiving therapy reported a comfort level in this method and [appreciated] not having to take the extra travel time/time off work to and from the center for in person therapy.

Participants reported that Advocacy would also be continued remotely after COVID, with the specific service of Information and Referral being noted most frequently. Legal Services conducted remotely will continue, too. One provider said,

A good example is witness preparation; an attorney working via a video conferencing platform can prepare a survivor for a hearing in advance. Even if the actual hearing is an in-person hearing, the survivor or witness can benefit from seeing the attorney with immediate feedback and encouragement.

Agencies noted that they plan to continue virtual Forensic or Medical Services and that mobile forensic services created as a result of providing service during COVID will continue.

Services Involving Partnerships, Outreach, and Education.

Survey participants reported that Outreach and Prevention services efforts would be continued virtually as well. Agencies discussed increasing their online presence and conducting community outreach efforts and providing education regarding prevention

online. Agencies also noted that volunteer recruitment and training activities were also able to be continued remotely, and that this worked well for many volunteers' schedules. Agencies also noted improved participation of partners at multidisciplinary team meetings with the addition of virtual options for attendance. A number of agencies discussed that case review team meetings would be considered for a virtual format in the future.

Benefits of Remote Services. Service providers recognized several benefits of remote services for themselves and for their clients. Organizations stated that remote services enabled them to more easily work with survivors who have childcare and transportation barriers. They also stated that reaching people in more rural areas via remote service delivery allowed them to respond in a timelier manner to clients' case management, advocacy, and referral needs.

Challenges of Remote Services. Agencies reported that accessing remote services remains a challenge for some survivors because of a lack of internet access and devices as well as a lack of privacy. One respondent wrote,

Unfortunately, ...people who do not have devices and lack of privacy have been significant barriers – especially for the most vulnerable of people.

Participants also discussed their inability to contact some survivors. One wrote,

Counseling remotely has been very successful but we have some clients that we have been unable to contact since the pandemic. It is unclear if they lack the technology or resources to continue services at this time or if their continued treatment is not currently a priority for them.

Participants noted that remote services are often not appropriate for children, particularly those who have experienced extreme trauma or are very young. In-person contact remains ideal for services for them during COVID with proper social distancing and personal protective equipment (PPE) following CDC guidelines. One provider emphasized that the relationship that is enabled and trust that can be built with children when therapy is conducted in person is critical and cannot be replaced with videoconference communication.

Conclusion

This report presents summary findings on sexual assault services, gaps, and the accessibility of those services to survivors in the State of Texas, the first part of what will be a multi-year, multi-part conversation with sexual assault service providers in the state. The Texas Legislature, in HB 1590, requested a biennial survey of service providers to better understand the services that are actually being delivered (not just offered) to adult and child survivors of sexual assault. Future surveys can probe more deeply into the challenges with service provision and the unmet needs of survivors that service providers reported here. In addition, it is our hope that these initial findings will be coupled in the near term with a survivor survey to gain needed perspective on the range of services that children and adults require to recover from their trauma, the adequacy and gaps in service provision, and the root causes of those gaps.

This report highlights opportunity, deficiency, and needs in service availability throughout the state. Quantitative data, coupled with the perspectives of providers themselves, offer compelling insights into Texas's ability to address survivors' unmet needs. One of the next steps in meeting those unmet needs would be to create an equitable model of resource allocation that balances finite financial resources, regional needs, and absolute gaps in service provision to achieve at least a statewide standard of service provision across Texas. Such a resource allocation model would include input from, and engagement with, a wide variety of Texas stakeholders, perhaps through workshops that bring together researchers, practitioners, survivors, and policymakers to engage in difficult but necessary conversations around expanding sexual assault services for survivors.

The survey findings also highlight the reality of Maslow's Hierarchy of Needs,¹⁶ the fact that poverty and financial vulnerability impact a survivor's ability to heal and recover from trauma. Survey participants reported that some survivors were experiencing an inability to access long-term housing, food assistance, and transportation—quite apart from COVID-19 impacts—and these barriers impede their ability to stay connected to programs offered by sexual assault service providers. The lack of basic needs being met suggests that policymakers and service providers need to look further “upstream” at the social and

economic context in which sexual assault occurs to better understand what effective recovery looks like for some of the state’s most vulnerable groups. A survivor survey will further identify aspects of this need, but there is no need to wait to start important conversations at every level of service coordination and provision.

In a similar vein, the findings presented here reinforce the important trend of—and need for—coordination of service provision, especially with regard to whether providers serve survivors directly or by referral. Multi-Disciplinary Teams, used by children’s advocacy centers to coordinate care for children, should be a standard to emulate in the provision of services for adults. More study is needed on how Sexual Assault Response Teams (SARTs) are working in Texas, and how they can be expanded to regions that do not currently have them. Coordinated care is a concept that works well in many areas of health care and social services, and it needs to be better understood and more effectively implemented in the area of adult sexual assault services.

Finally, the data and findings presented here are intended as an initial piece of a longer and ongoing conversation among survivors, practitioners, researchers, and policymakers to improve the services that survivors of child and adult sexual assault receive in Texas. It is our hope that the gaps in service provision and the unmet needs and challenges service providers identified here will help the State of Texas continue to keep the needs of survivors front and center on the policy agenda and continue to move toward more equitable and more effective service delivery for survivors of sexual assault.

Appendices

The following appendices are included:

- Appendix A: Acknowledgments in Full
- Appendix B: Survey
- Appendix B1: Service Activities and Definitions
- Appendix C: Regional Maps
- Appendix D: HHSC Regions by County.
- Appendix E: Steps for Determining Service List
- Appendix F: Supplemental Tables
- Appendix G: Definitions of Stakeholder Groups Named in 1590
- Appendix H: State-Funded Sexual Assault Programs and Services
- Appendix I: Recruitment Email
- Appendix J: Recruitment Email from TAASA, CACTX, TCFV

APPENDIX A: ACKNOWLEDGMENTS IN FULL

The Institute on Domestic Violence & Sexual Assault (IDVSA) research team members would like to express their deeply felt gratitude to the following individuals and organizations for assisting with this project.

We first acknowledge our Texas Legislature's vision and its dedicated staff, who worked in a bipartisan effort to bring Texas House Bill 1590 to fruition. Your vision and stewardship to serve survivors are commendable.

We extend our thanks to the following individuals and their organizations for their guidance on services in Texas and survey recruitment support, in alphabetical order by agency.

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Department of Protective and Family Services

Demetrie M. Mitchell, Chief of Staff

Rachel Nicholson, Director, External Relations

Health and Human Services Commission

Lisa Peers, Texas Health and Human Services Commission (HHSC), Regulatory Services Division, Health Facility Licensing

Amanda Montagne Martin, Director, Government & Stakeholder Relations

Office of the Attorney General

Public Information Office

Texas Access to Justice Foundation

Lisa Melton, Special Project Manager/Senior Program Officer

Texas CASA

Vicki Spriggs, Executive Director

Christine Kelly, Executive Assistant

Texas Commission on Law Enforcement (TCOLE)

Gretchen Grigsby, Government Relations Director, Sexual Assault Survivors' Task Force Member

Texas District & County Attorneys Association

Robert Kepple, Executive Director

Texas Department of Criminal Justice

Jason Clark, TDCJ Chief of Staff

Karen Hall, TDCJ Deputy Chief of Staff

Lynne Sharpe, PREA Ombudsman Coordinator, Retired

Angie McCown, Director, Victim Services Division

Mary McCaffity, Deputy Director, Victim Services Division

Michelle Navarro, Program Supervisor, Texas Crime Victim Clearinghouse, Victim Services Division

Texas Higher Education Coordinating Board

John Wyatt, Senior Director of External Relations

Texas Juvenile Justice Department

Carla Bennett-Wells, PREA Coordinator

Preston A. Streufert, Director of Stakeholder Relations

Texas Legal Services Center (TLSC)

Dukes, LASSA Network Coordinator

Texas Military Department (Texas National Guard), JFHQ-TX

Amy Allen, Sexual Assault Response and Prevention (SAPR) Coordinator

Texas Military Preparedness Commission

Keith Graf, Executive Director

The University of Texas System

Krista Anderson, UT Systemwide Title IX Coordinator, Texas Higher Education

Coordinating Board Title IX Training Advisory Committee

Creating a comprehensive and grounded statewide survey involves many voices, much input, many iterations, and hours and hours of review and feedback. We are lucky and honored to have worked alongside so many dedicated people. We offer a very big thanks to those who provided critical input to make the survey grounded in the field.

Texas Association Against Sexual Assault (TAASA)

Kristen Lenau, Senior Policy Advisor

Katherine Strandberg, Senior Policy Advisor

Texas Council on Family Violence (TCFV)

Gloria Terry, Chief Executive Officer

And we extend our gratitude to those who made this survey and project possible with their **continuous engagement and stewardship – the Sexual Assault Survivors’ Task Force membership**, and the **leadership of the Steering Committee**.

Office of the Texas Governor, Public Safety Office, Sexual Assault Survivors’ Task Force

Aimee Snoddy, Executive Director

Hillary England, Administrator

Nicole Martinez, Associate Administrator

Francesca Garcia, Administrative Assistant

Texas Association Against Sexual Assault (TAASA)

Rose Luna, Chief Executive Officer

Liz Boyce, General Counsel, Director of Policy and Advocacy

Children’s Advocacy Centers™ of Texas

Justin Wood, General Counsel, Vice President of External Relations

The service providers deserve a special acknowledgment. They are the unsung heroes who persevere, pivot, and adjust to any number of barriers to provide vital services to the thousands of survivors in every corner of Texas. Their work and dedication are essential to providing safety and improving the lives of many. We thank you for the time and attention you graciously gave by answering this survey.

Survivors are always the grounding and centering focus of our work. Our vision is for all people to live peaceful and prosperous lives in a world free from violence. Our hope is that this research moves us, collectively, one step closer to actualizing that vision. We honor you through the creation and publication of this research and hope that it will assist the state and local communities in addressing future survivor needs.

APPENDIX B: SURVEY

Texas Sexual Assault Resource Inventory Survey

Consent to Participate in Research: Service Providers

Title of the Project: Texas Sexual Assault Resource Inventory Survey

Principal Investigator: Dr. Bruce Kellison, Co-Director, Institute on Domestic Violence and Sexual Assault, University of Texas at Austin

Study Sponsor: Office of the Texas Governor, Public Safety Office

Invitation to be Part of a Research Study

You are invited to be part of a research study. This consent form will help you choose whether or not to participate in the study. Feel free to ask if anything is not clear in this consent document.

What is the study about and why are we doing it?

This project will broaden our understanding of the experiences of child and adult survivors of sexual assault in Texas by gathering and assessing sexual assault services and the unmet needs of survivors statewide.

What will happen if you take part in this study?

If you agree to take part in this study, you will be asked questions regarding:

- the role you hold within your organization
- your organization's funding sources
- the services your organization provides
- the greatest needs of sexual assault survivors in your area
- the greatest gaps in services or supports related to services available to survivors.

How long will this study take and how many people will be in the study?

The survey should take approximately 20-30 minutes to complete but may take longer for programs that provide a wide range of services and/or that serve a large number of counties. Participants will also be able to stop the survey, save answers already completed, and start the survey again at another time. We recommend that only one person per organization enter data into the online survey. Up to 1,000 people will be in the study.

What risks might you experience from being in this study?

Risks related to participation are minimal. Only the researchers approved on this project will have access to your full survey response. Results from this research project may be made public and used for statewide planning purposes, but most of your responses will only be made available outside the research team in an aggregated form. In other words, data from your response will be pooled with data from others' responses and reported on in a way that will not be attributable to you or your organization. Certain information about services provided by your organization may be included in statewide planning documents or shared as part of a resource directory with your permission. Reminders will be provided throughout the survey to clarify which responses may be shared in an identifiable way either outside the research team or publicly.

How could you benefit from this study?

You will receive no direct benefit from participating in this study; however, survey results will be used to inform policy, resource allocation, and organizational practice to improve access and availability of services to survivors of sexual assault. Individuals participating in the survey may feel a sense of satisfaction from sharing the breadth and depth of their agency's services or may gain an appreciation of the methods being used to plan future growth and service development in Texas.

What data will we collect from you?

As part of this study, we will collect the answers to the questions stated above.

How will data on my organization be used?

Some data from this survey, such as information on the name of your organization, services provided by your organization, and counties you serve will be shared with the Sexual Assault Survivors' Task Force for the purpose of developing a publicly available directory of service providers for sexual assault survivors. Other data, such as information on service provision challenges, pandemic responses, and funding sources, will only be shared in an aggregated form. In other words, it will be analyzed along with data from other organizations and the results will be shared in a manner that is not identifiable. Longer written answers to questions may be quoted in reports, but quotes will not be attributed to you or

your organization and any references in a quote that might identify you or your organization will be removed.

How will we protect your information?

We will protect your information by keeping survey responses on secure password-protected servers at The University of Texas at Austin. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project. You will not be asked to sign this consent form; you will consent by agreeing to participate further in the survey only after you have read this information. Only trained researchers will have access to the survey data.

Information about you may be given to the following organizations:

- The study sponsor and/or representative of the sponsor
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Officials of the Department of Health and Human Services

We may share your data with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers will not include information that can directly identify you.

What will happen to the information we collect about you after the study is over?

Your name and other information that can directly identify you will be deleted from the research data collected as part of the project.

How will we compensate you for being part of the study?

You will not receive any type of payment for your participation.

Your Participation in this Study is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin or your agency. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

You may decide to withdraw before this survey is completed, or at any time during the survey. Your partial responses may be included in our data collection unless you specifically request to withdraw all of your responses or comments.

Contact Information for the Study Team and Questions about the Research

Prior, during, or after your participation you can contact Dr. Bruce Kellison at 512-475-7813 or send an e-mail to bkellison@ic2.utexas.edu with any questions or concerns. This study has been reviewed and approved by The University Institutional Review Board and the study number is 2020010151.

Contact Information for Questions About Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

The University of Texas at Austin

Institutional Review Board

Phone: 512-232-1543

Email: irb@austin.utexas.edu

Please reference study number 2020010151.

Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. If you would like, we will send you a copy of this document for your records by emailing Dr. Kellison. If you have any questions about the study later, you can contact the study team using the information provided above.

Do you consent to be part of the survey?

- I agree to participate.**
- I do not agree to participate.**

Researchers are sending this survey to organizations like yours in order to gather contact information for a publicly available service provider directory, provide information on the availability of sexual assault services across the state, and help the Sexual Assault Survivors' Task Force and the Texas Legislature better understand gaps in service availability in order to minimize such gaps in the future. Responses pertaining to organization contact information, services, and counties in your service area may be shared publicly with your permission. No other information from your responses will be reported in an identifiable manner.

Respondent Information

A note on language: In the survey, the term “survivor” is used because this study is being conducted in connection with the Sexual Assault Survivors' Task Force. We acknowledge that some agencies or stakeholders being surveyed use the term “victim” which is ingrained in the criminal justice system and also expresses the great harm and pain to the person who has been assaulted or abused. For this survey, the term “survivor” is inclusive of all adults and children who have been sexually assaulted or abused.

1. What is the full name of your organization (as it appears in the public domain)?
2. Do you want your agency to be included in a resource directory for survivors and/or other service providers? To this end, do you give the Sexual Assault Survivors' Task Force permission to share organization contact information and information on services with the public or with other service providers?
 - Yes, provide our information to survivors and other service providers
 - Yes, provide our information to other service providers only
 - No, do not provide our information to anyone

[If yes to above]

3. Please provide your organization's main phone number, web site URL, or other contact information you would like survivors and/or other service providers to use to contact your organization about services in keeping with your preferences stated above.

Phone number _____

URL _____

Other contact information _____

4. What is your title/your role at your organization?
 - Director (executive, chief executive officer, etc.)
 - Other; please specify: _____

5. How would you categorize your organization?
 - Stand Alone Rape Crisis Center/Sexual Assault Program
 - Dual Family Violence-Sexual Assault Program
 - Children’s Advocacy Center
 - Court Appointed Special Advocates (CASA)
 - Other; please specify: _____

6. How many years have you been in your current position?
 - Less than 1 year
 - 1 – 5 years
 - 6 – 10 years
 - More than 10 years

7. How many years have you worked at your organization?
 - Less than 1 year
 - 1 – 5 years
 - 6 – 10 years
 - 11 – 15 years
 - 16 – 20 years
 - More than 20 years

8. How many years have you worked with, or in service of, interpersonal violence survivors?
 - Less than 1 year
 - 1 – 5 years
 - 6 – 10 years
 - 11 – 15 years
 - 16 – 20 years
 - More than 20 years

Organizational Information: Introduction

Reminder: Researchers are collecting this information on your organization in order to create a publicly available service provider directory, assess the availability of sexual assault services across the state, and help the Sexual Assault Survivors’ Task Force and the Texas legislature identify gaps in service availability. Responses to this section will be de-identified and analyzed in the aggregate, so any

information you share will not be reported in an identifiable manner unless it pertains to the following: name of organization, services provided, and counties of service. Please note that House Bill 1590 requires the collection of funding data, but this data will be aggregated with other agency responses and will not be presented in connection with your organization.

Organizational Information: Background

9. During your most recent completed fiscal year *before* the COVID-19 pandemic, approximately how many unique clients were seen by your organization?

10. During your most recent completed fiscal year before the COVID-19 pandemic, approximately how many clients of each of the following types did your organization serve? We recognize that many clients experience multiple forms of violence, so the sum of the numbers reported here may be larger than the total number of unique clients you served, [insert value from item 9], due to polyvictimization.

	Approximate number of clients from this population	My organization does not serve this population.
Adult survivors sexually assaulted as an adult		<input type="checkbox"/>
Adult survivors sexually assaulted as a child		<input type="checkbox"/>
Child and adolescent survivors of sexual assault		<input type="checkbox"/>
Adult survivors of family violence		<input type="checkbox"/>
Child and adolescent survivors of family violence		<input type="checkbox"/>
Adult survivors of human trafficking		<input type="checkbox"/>
Child and adolescent survivors of human trafficking		<input type="checkbox"/>
Other sexual assault survivor populations. Please specify: _____		<input type="checkbox"/>

11. In order to better understand how resources could be allocated in the future, researchers have a few questions about funding sources. Remember, this information will only be shared in an aggregated form and your organization’s funding data will not be identifiable. For your agency’s most recently completed fiscal year, please estimate the funding amounts you received from each of these categories (exact amounts are not necessary):

Individuals	\$ ____
Nonprofits (including foundations)	\$ ____
Businesses	\$ ____
State funds	\$ ____
Federal funds	\$ ____
Other	\$ ____

12. Which of the following state and federal funding sources contributed to the amounts noted above? Select all that apply.

- Sexual Assault Services Program (Federal – Governor’s Office, TAASA pass-through)
- Victims of Crime Act (Federal – Governor’s Office)
- Violence Against Women Act (Federal – Governor’s Office)
- Child Advocacy Programs (State Appropriated – Health and Human Services Commission)
- Court Appointed Special Advocate Program (State Appropriated – Health and Human Services Commission)
- Family Violence Program (State Appropriated – Health and Human Services Commission)
- Legal Services Grants (State Appropriated – Office of the Attorney General)
- Other Victim Assistance Grants (State Appropriated – Office of the Attorney General)
- Sexual Assault Prevention and Crisis Services Program (State Appropriated – Office of the Attorney General)
- Victims Assistance Coordinators and Victims Liaisons (State Appropriated – Office of the Attorney General)
- SAFE-Ready Facilities Funding (State Appropriated – Governor’s Office)
- Crime Victims Civil Legal Services (Texas Access to Justice Foundation)
- Legal Aid for Survivors of Sexual Assault (Texas Access to Justice Foundation)
- Other Federal Discretionary Grant Programs
- Other; please specify: _____

13. In which counties does your organization provide services? We are interested in the counties where your organization actually **provides** services, either directly or through referral. Providing a service by referral means your organization referred a client (who has been through an intake process with your agency) to an individual or group outside your organization

for services. Select all that apply, or if you serve all counties in the state, please select the “all counties in Texas” option.

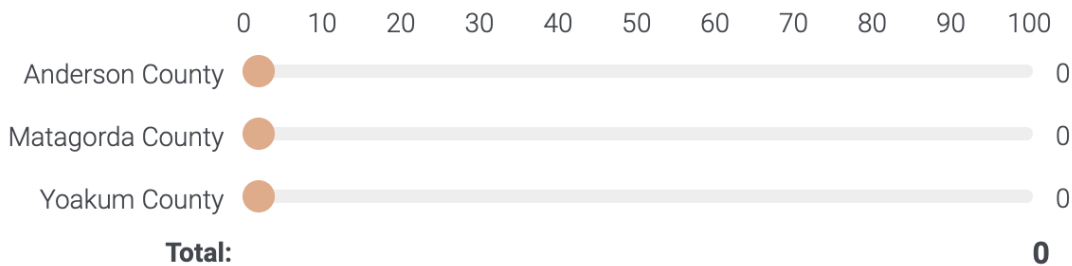
If you are selecting multiple counties, please hold down your “control” (ctrl) key (if using a PC) or your “command” key (if using a Mac) when selecting counties with your mouse.

- My organization serves clients in all counties in Texas
- All counties listed (see Qualtrics survey for list)

[Follow-up item shown only to participants who endorse more than one county but not the “all counties in Texas” option. The item shows a series of sliders with a constant sum of 100. Participants can use the sliders, which also have numerical values listed on the right, to assign points to each county for a total of 100 points.]

14. Please give your best estimate of how much of your funding is allocated across each county you serve. Use the slider bar below to allocate points to each county (the total must equal 100). Allocate more points to counties where more of your funding is utilized to provide services. If you need to modify the list of counties, please click the “back” button to return to the previous screen.

Total points across all counties must equal 100.



The next series of questions refers to services that your organization may provide to survivors of sexual assault. Please review the table below that provides the names that we are using for the services that we’ve included in this survey and descriptions for each service type. This list and the descriptions are shown in future screens in this survey. You can also [click here](#) to open a separate browser window that you can reference as you complete the rest of the survey.

Please Read Prior to County Items

Please read this page before continuing to the next section.

The next section of the survey will ask you three questions about each service your organization provides in the county or counties you serve. *This set of questions will appear for each county on a separate screen.* Instructions for each of the three questions are given below.

For Questions 1 and 2, please respond for your most recent completed fiscal year before the COVID-19 pandemic for the county in question.

Remember: Data from Questions 2 and 3 will be analyzed in the aggregate and will not be shared in a way that could be identify you or your organization.

Question 1: Services provided by your organization. This question is about services that were actually *provided* (not offered) in that county. Please use the boxes to show if you provided the service directly, by referral, or both. *Providing a service by referral means your organization referred the client to an individual or group outside your organization for services.* Make no selection if your organization does not offer this service in this county.

If you did not report providing a service in a county in Question 1, do not answer Questions 2 or 3 about that service.

Question 2: How well were you able to meet the survivors' needs? Do you experience challenges connecting with survivors in need of the service? (We recognize that service providers work in challenging conditions with limited resources, so some gaps in service are inevitable.) When it comes to this service in this county, did your organization

- *completely* meet survivors' needs,
- *largely* meet the needs of survivors who sought the service with challenges reaching others,
- *somewhat* meet the needs of those who seek the service with difficulties reaching others, or
- *rarely* meet survivors' needs.

Question 3: The COVID-19 pandemic has impacted service organizations throughout Texas and beyond. Please use Column 3 to indicate *how service availability was impacted by the COVID-19 pandemic* in each county. Please describe each service as

- *available at normal levels* during the pandemic,
- *less available* during the pandemic, or
- *not available* during the pandemic.

These answers should reflect the level of service your organization was able to provide *after initial adjustments for the COVID-19 situation were made but before any increase in service due to re-opening.*

Service Questions by County

Please answer the questions below regarding services in [*county piped in from previous response*].

For Questions 1 and 2, please respond for your *most recent completed fiscal year before the COVID-19 pandemic.*

Question 1: Please indicate which **services were provided** (not offered) either **directly, by referral, or both.**

If you did not report providing a service in this county in Question 1, do not answer Questions 2 or 3 about that service.

Reminder: data from Questions 2 and 3 will be analyzed in the aggregate and will not be shared in a way that could be identify you or your organization.

Question 2: Please indicate whether your organization was able to 1) *completely* meet survivors' needs, 2) *largely* meet the needs of survivors who sought the service with challenges reaching others, 3) *somewhat* meet the needs of those who seek the service with difficulties reaching others, or 4) *rarely* meet survivors' needs.

Question 3: Reporting on the period after your organization adjusted to COVID-19 conditions but prior to re-opening, please show whether services were 1) *available at normal levels* during the pandemic, 2) *less available* during the pandemic, or 3) *not available* during the pandemic,

For [county]:

	Question 1 – Services Provided please select direct, by referral, or both *these data may be associated with your organization	Question 2 – Perceived Service Needs *these data will not be associated with your organization	Question 3 – Service Availability During COVID *these data will not be associated with your organization
[List of services will appear in this column. <i>Note that when participants hover their mouse over each service, its definition will appear.</i>]	<input type="checkbox"/> Direct <input type="checkbox"/> By Referral	<input type="checkbox"/> Completely <input type="checkbox"/> Largely <input type="checkbox"/> Somewhat <input type="checkbox"/> Rarely	<input type="checkbox"/> Not Available <input type="checkbox"/> Less Available <input type="checkbox"/> Available at Normal Levels

[See Appendix B1 for the list of Services and Definitions or click this [link](#).]

Organizational Information: Referrals

15. Do you refer clients to individual service providers?

- Yes
- No

16. Do you refer clients to other agencies?

- Yes
- No

[Shown only to participants who endorsed making referrals to other agencies]

17. Please list the five organizations or service providers you refer clients to *most frequently*. Be as specific as possible, including agency or service provider names.

Organizational Information: Courtesy Services

[Shown only to participants who identified their organization as a CAC]

18. Does your organization provide courtesy services in counties outside your normal service area?

- Yes
- No

[Shown only to participants who answered “Yes” to item 18]

19. In which counties does your organization provide *courtesy services*?

If you are selecting multiple counties, please hold down your “control” (ctrl) key (if using a PC) or your “command” key (if using a Mac) when selecting counties with your mouse.

[multiple selection box listing all counties in Texas]

[Shown only to participants who answered “Yes” to item 18]

20. What courtesy services do you offer in counties outside your usual service area?

- Joint Investigation Coordination
- Multidisciplinary Case Review
- Trauma-Focused Therapy
- Medical Evaluation
- Family Advocacy and Victim Support

Other Service Questions

21. Does your organization participate in a Sexual Assault Response Team (SART)?

- Yes
- No
- The option to participate in a SART is not available in my area.

[If Yes]

22. In which SART or SARTs does your organization participate?

Additional Questions

When answering the following questions, please remember that your responses from this portion of the survey will be analyzed in the aggregate and *will not* be presented in a way that could be identifiable to your organization. Written responses may be quoted in reports, but they *will not* be connected to you or your organization and identifying information will not be included.

23. Service organizations do their best to help sexual assault survivors under challenging conditions and with limited resources. What areas are currently the most challenging for your organization when it comes meeting the needs of survivors?

[free response box]

24. What additional resources would you need if you were to ramp up to meet all currently unmet needs of sexual assault survivors in your service area?

[free response box]

25. If you have anything additional to share about the impact of the pandemic on your organization's ability to provide services, please share your thoughts below.

[free response box]

26. What services, if any, have you been able to deliver remotely during the current pandemic that you plan to offer or are considering offering remotely when COVID conditions are no longer a factor?

[free response box]

Contact and Closing

1. This survey is part of a multi-step research project on services for sexual assault survivors. Would you allow us to contact you again about future interviews or brief surveys?

yes

no

2. Would you be willing to refer this survey to other service providers if needed?

yes

no

[If yes to one or more of above]

Please provide your name, email address, and phone number where we may contact you in the future.

Name _____

Email address _____

Phone number _____

Thank you for your participation in this survey! Your participation is valuable.

APPENDIX B1: SERVICE ACTIVITIES AND DEFINITIONS

Service Activity	Definition
Accompaniment	
Court Accompaniment	In-person support, assistance, and advocacy during the sexual assault survivors' interaction with criminal justice professionals at prosecutors' offices and courts.
Law Enforcement Accompaniment	In-person support, assistance, and advocacy during the sexual assault survivors' interaction with criminal justice professionals at law enforcement offices.
Medical Accompaniment	In-person support, assistance, and advocacy during the sexual assault survivors' interaction with medical or criminal justice professionals at hospitals.
Crisis Intervention/Hotline	
24-Hour Crisis Hotline	A telephone line answered 24 hours a day, 7 days a week by trained staff or volunteers to provide immediate, confidential, non-judgmental support, crisis intervention, and information and referrals to sexual assault survivors.
Crisis Intervention	In person or via telecommunication assistance provided to a sexual assault survivor to reduce acute distress, to begin stabilization, and to assist in determining next steps.
On-Scene Crisis Response	Any services that are provided at the scene of a crisis by an advocate for a sexual assault survivor.
Clothing/Immediate Needs	Provision of clothing or other immediate needs to a sexual assault survivor after a sexual assault, e.g. hygiene products, blanket, etc.
Advocacy/Assistance	
Assistance with Crime Victims' Compensation	Assistance provided to a sexual assault survivor that may include explaining Crime Victims' Compensation (CVC) forms, processes, or completing the appropriate forms. Providing general information on CVC should be counted under "Information and Referral."

Assistance with Restitution	Assistance with Restitution includes statutory notice of right to restitution and written notification of the restitution process within 10 days of indictment/information, assisting sexual assault survivors with calculating losses; gathering documentation/receipts; reviewing victim impact statements for potential restitution requests; contacting CVC to determine if funds have been expended on survivor's behalf; and providing restitution information and CVC reimbursement requests for the prosecution.
Assistance with Victim Impact Statements	Assistance provided to a sexual assault survivor explaining the Victim Impact Statement identified in Article 56.03 Code of Criminal Procedure and/or completing the appropriate forms. Providing general information on Victim Impact Statements should be counted under "Information and Referral."
Victim Advocacy (adult)	In person or via telecommunication assistance provided on behalf of a sexual assault survivor with third parties, e.g., schools, employers, law enforcement agencies, housing authorities, health care professionals, prosecutors; offices, CVC.
Victim Support and Advocacy (child)	Supportive services and advocacy on behalf of child survivors of sexual abuse and their families typically as part of a multidisciplinary response.
Safety Planning	Creating a personalized, practical plan that can help a sexual assault survivor anticipate dangerous situations and develop ways to keep themselves safe when they are in danger.
Joint Investigation Coordination	Key element and function of the multidisciplinary team (MDT) model that is premised on all MDT representatives contributing their knowledge, experience and expertise for a coordinated, comprehensive, compassionate and professional response, to each case that meets criteria for an MDT response, within both the criminal justice and child protection systems
Notification of Criminal Justice Events	Communications from criminal justice agencies to a sexual assault survivor regarding their case, e.g. case status, arrest, court proceedings, case disposition, release.
Information and Referral	All forms of contact with sexual assault survivors in which services and available support (provided by the agency or the community) are identified and/or offered.
Follow-up with Survivor	In person, telephone, or written communication initiated by the advocate that occurs as a follow-up to an initial meeting with the sexual assault survivor to provide or offer services such as emotional support, empathetic listening, and checking on progress.

Therapy	
Therapy (Group)	Groups for sexual assault survivors facilitated by a licensed professional and including therapeutic counseling and/or psycho-educational content.
Therapy (Adult)	Mental health counseling and care <u>for an adult</u> sexual assault survivor, including, but not limited to, outpatient therapy/counseling provided by a person who meets professional standards to provide these services in the jurisdiction in which the care is administered.
Therapy (Child/Family)	Mental health counseling and care related to sexual abuse <u>for a child or with a family to benefit a child</u> , including, but not limited to, outpatient therapy/counseling provided by a person who meets professional standards to provide these services in the jurisdiction in which the care is administered.
Support Groups	Groups for sexual assault survivors led by trained staff, volunteers, or peer facilitators covering educational material or issues brought up by the group.
Substance Use Services	Inpatient or outpatient clinical treatment for substance abuse for sexual assault survivors.
Outreach/Prevention	
Community Outreach	Includes but is not limited to public speeches, information booths, media interviews, public service announcements, newsletters, articles, editorials, and website visits conducted for the purpose of generally informing the public about crime-related topics and available victim services.
Prevention	Includes education and other activities (e.g., community mobilization and social norms change) related to the prevention of sexual violence. May include awareness activities (education to increase knowledge of the dynamics of sexual violence, its causes and consequences, and of services available through the sexual assault program), risk-reduction education (efforts that focus on reducing the risk of an individual in becoming a victim of sexual violence), and primary prevention activities (preventing sexual violence by working to increase protective factors and decrease risk factors of first-time perpetration of sexual violence).

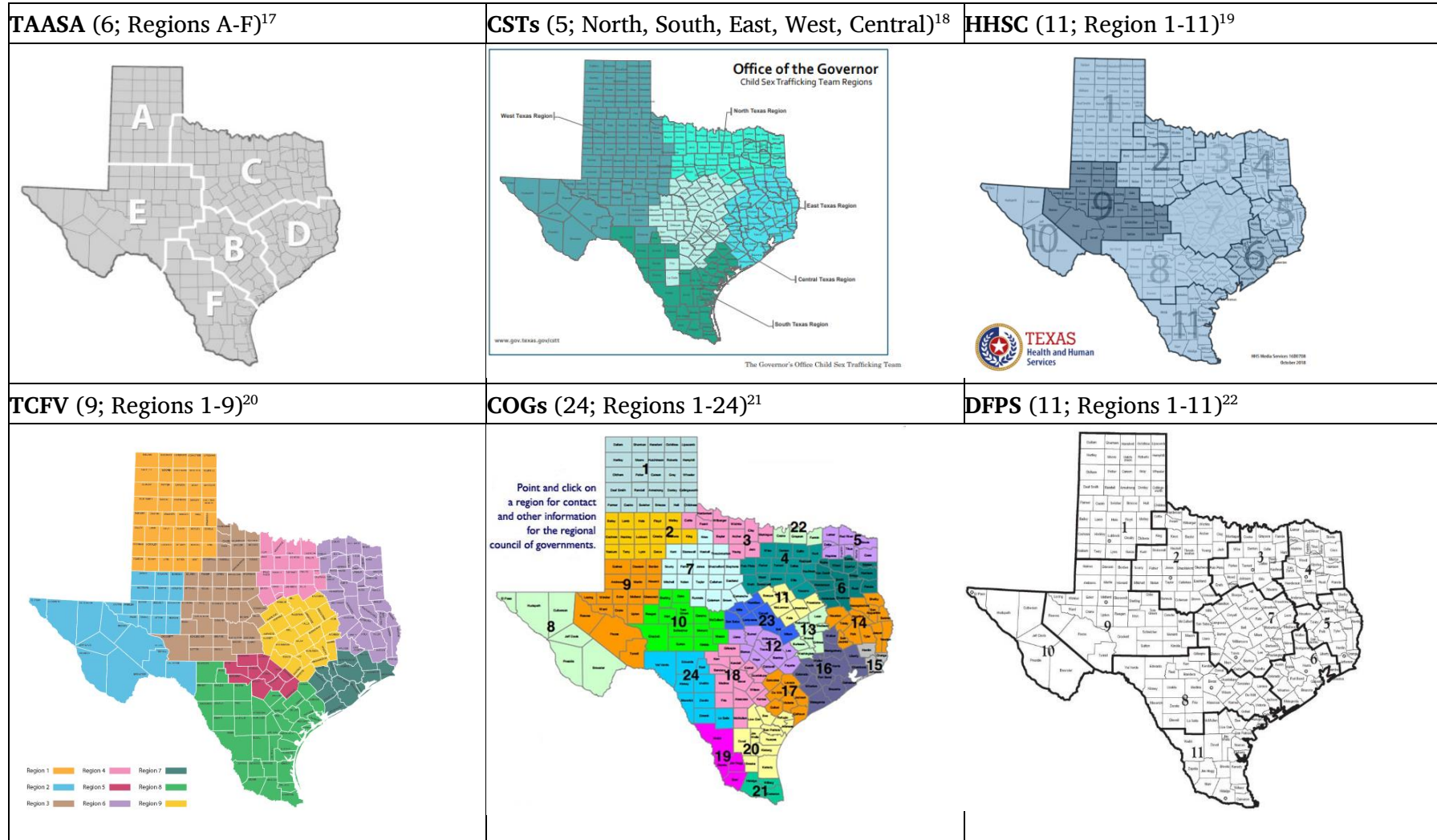
Forensic or Medical Services	
Forensic Examinations	An assessment of a sexual assault patient by a health care provider, ideally one who has specialized education and clinical experience in the collection of forensic evidence and treatment of these patients. The assessment includes gathering information from the patient for the medical forensic history; an examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the patient; documentation of findings; information, treatment, and referrals for sexually transmitted infections (STIs), pregnancy, suicidal ideation, alcohol and substance abuse, and other non-acute medical concerns; and follow-up as needed to provide additional healing, treatment, or collection of evidence.
Forensic Interviews	Evidentiary interviews with survivors of sexual abuse conducted by a trained professional in a friendly environment. Interviews may be videotaped and may allow for input from representatives of diverse agencies. One comprehensive interview is preferred in order to reduce the potential for further victim trauma. Results of the interview should be used not only for law enforcement and prosecution purposes but also for social services, personal advocacy, case management, and mental health purposes. Interviews should be conducted in the context of a multidisciplinary investigation and diagnostic team or in a specialized setting such as a children's advocacy center.
Medical Evaluation (child)	Ensures specialized medical evaluations and treatment services are available and accessible to child survivors of alleged abuse and are coordinated as part of the multidisciplinary response.
Legal	
Civil Legal Assistance by an Attorney (general)	Provided by a licensed attorney, those actions (other than tort actions) that, in the civil context, are reasonably necessary as a direct result of sexual assault victimization, e.g. issues related to housing, education, employment, health
Civil Legal Assistance by an Attorney (immigration related)	Provided by a licensed attorney, legal services related to the immigration issues of a sexual assault survivor that are reasonably necessary due to the sexual assault victimization, e.g. special visas such as VAWA self-petition, continued presence application, and/or other immigration relief.

Crime Victims' Rights Assistance by Attorney	Provided by a licensed attorney, legal services that help victims assert their rights as victims in a criminal proceeding (other than criminal defense) directly related to the victimization, or otherwise to protect their safety, privacy, or other interests as victims in such a proceeding.
Emergency Legal Advocacy	Emergency Legal Advocacy refers to actions directly connected to sexual assault or abuse case that are taken to ensure the health and safety of the victim. This includes filing Protection from Abuse orders, injunctions, elder abuse petitions, child abuse petitions, and other protective orders. Assistance with filing for emergency custody/visitation rights is included if directly connected to a sexual assault/abuse case.
Legal Advocacy	Provided by an advocate, typically with specialized training, to assist a sexual assault survivor with civil and/or criminal legal issues arising from the victimization.
Protective Order (Assistance)	Legal advocacy or representation provided by program staff and/or staff attorneys to obtain protective orders for sexual assault survivors; assistance may be provided by law enforcement personnel, prosecution staff, or other service providers. Services may be available at non-traditional locations and times.
Other Services	
Shelter	Provide lodging for a sexual assault survivor, including but not limited to emergency housing assistance.
Transitional Housing	Between 6 and 24 months of temporary housing with support services for survivors of sexual assault.
Permanent Supportive Housing	Affordable housing for sexual assault survivors tied to supportive services with no time limit on how long people can stay. Typically restricted to individuals who have some type of disability that makes it difficult or impossible for them to live without additional supports.
Interpreter Services	Provision of trained interpreter for a sexual assault survivor who is deaf or hard of hearing, or with limited English proficiency.
Emergency Financial Assistance	Funds provided directly to sexual assault survivors for items needed immediately following a sexual assault and that would not otherwise be paid for by the Crime Victims' Compensation Program, e.g. one-time transportation, one-time lodging, and/or a one-time food and/or gas card, etc.

Supervised Visitation	Refers to contact between a non-custodial parent and one or more children in the presence of a third person responsible for observing the interactions and ensuring the safety of those involved. Specific to situations requiring a supervised visitation due to sexual assault/abuse.
Supervised/Safe Exchanges	Refers to the supervision of the transfer of the child from one parent to the other. Supervision is limited to the exchange or transfer only. Most frequently, precautions are taken to assure that the two parents or other individuals exchanging the child do not come into contact with one another. Specific to situations requiring a supervised exchange due to sexual assault/abuse.
Parenting Classes	Refers to education for parents of child sexual abuse survivors to support their child's healing and prevent future abuse.
Transportation	Arranging and/or providing transportation for a sexual assault survivor for planned activities to one or more destinations in a single trip, or to an unplanned or crisis situation to or from locations such as medical facilities or police stations.
Child or Dependent Care Assistance	Provide on-site child or dependent care and/or assistance arranging and paying for care. Specific to situations requiring child or dependent care due to sexual assault/abuse.
Availability of Services in Other Languages	Refers to specialized programming provided in the language preferred by a sexual assault survivor (other than English). Programming should be offered by staff or volunteers who are fluent or native speakers in the language.
Specialized Services for Victims with Disabilities	Refers to specialized programming for persons with disabilities with an emphasis on the voices and experiences of sexual assault survivors with disabilities.
Culturally Specific Programming	Refers to specialized programming primarily directed toward racial and ethnic minority groups. Programming should be relevant to the needs of the community and provided by trained staff or volunteers.
Other	<i>Open response.</i>

APPENDIX C: REGIONAL MAPS

Figure 15. Regional Maps



Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
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APPENDIX D: HHSC REGIONS BY COUNTY

Region 1: High Plains		Region 2: Northwest TX	Region 3: Metroplex	Region 4: Upper East TX	Region 5: Southeast TX	Region 6: Gulf Coast	Region 7: Central TX	Region 8: Upper South TX	Region 9: West TX	Region 10: Upper Rio Grande	Region 11: Lower South TX
Armstrong	Randall	Archer	Collin	Anderson	Angelina	Austin	Bastrop	Atascosa	Andrews	Brewster	Aransas
Bailey	Roberts	Baylor	Cooke	Bowie	Hardin	Brazoria	Bell	Bandera	Borden	Culberson	Bee
Briscoe	Sherman	Brown	Dallas	Camp	Houston	Chambers	Blanco	Bexar	Coke	El Paso	Brooks
Carson	Swisher	Callahan	Denton	Cass	Jasper	Colorado	Bosque	Calhoun	Concho	Hudspeth	Cameron
Castro	Terry	Clay	Ellis	Cherokee	Jefferson	Fort Bend	Brazos	Comal	Crane	Jeff Davis	Duval
Childress	Wheeler	Coleman	Erath	Delta	Nacogdoches	Galveston	Burleson	DeWitt	Crockett	Presidio	Hidalgo
Cochran	Yoakum	Comanche	Fannin	Franklin	Newton	Harris	Burnet	Dimmit	Dawson		Jim Hogg
Collingsworth		Cottle	Grayson	Gregg	Orange	Liberty	Caldwell	Edwards	Ector		Jim Wells
Crosby		Eastland	Hood	Harrison	Polk	Matagorda	Coryell	Frio	Gaines		Kenedy
Dallam		Fisher	Hunt	Henderson	Sabine	Montgomery	Falls	Gillespie	Glasscock		Kleberg
Deaf Smith		Foard	Johnson	Hopkins	San Augustine	Walker	Fayette	Goliad	Howard		Live Oak
Dickens		Hardeman	Kaufman	Lamar	San Jacinto	Waller	Freestone	Gonzales	Irion		McMullen
Donley		Haskell	Navarro	Marion	Shelby	Wharton	Grimes	Guadalupe	Kimble		Nueces
Floyd		Jack	Palo Pinto	Morris	Trinity		Hamilton	Jackson	Loving		Refugio
Garza		Jones	Parker	Panola	Tyler		Hays	Karnes	Martin		San Patricio
Gray		Kent	Rockwall	Rains			Hill	Kendall	Mason		Starr
Hale		Knox	Somervell	Red River			Lampasas	Kerr	McCulloch		Webb
Hall		Mitchell	Tarrant	Rusk			Lee	Kinney	Menard		Willacy
Hansford		Montague	Wise	Smith			Leon	La Salle	Midland		Zapata
Hartley		Nolan		Titus			Limestone	Lavaca	Pecos		
Hemphill		Runnels		Upshur			Llano	Maverick	Reagan		
Hockley		Scurry		Van Zandt			Madison	Medina	Reeves		
Hutchinson		Shackelford		Wood			McLennan	Real	Schleicher		
King		Stephens					Milam	Uvalde	Sterling		
Lamb		Stonewall					Mills	Val Verde	Sutton		
Lipscomb		Taylor					Robertson	Victoria	Terrell		
Lubbock		Throckmorton					San Saba	Wilson	Tom Green		
Lynn		Wichita					Travis	Zavala	Upton		
Moore		Wilbarger					Washington		Ward		
Motley		Young					Williamson		Winkler		
Ochiltree											
Oldham											
Parmer											
Potter											

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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APPENDIX E: STEPS FOR DETERMINING SERVICE LIST

Researchers developed a list of services most commonly provided to survivors of sexual assault and abuse. The list included 46 types of services divided into 8 categories. To develop the list, researchers reviewed existing sexual assault service lists from national and Texas-based funding agencies and service lists related to core or minimum services required of service providers. The draft service list was shared with the Sexual Assault Survivors' Task Force Steering Committee, which is comprised of representatives from the Texas Association Against Sexual Assault, Children's Advocacy Centers of Texas and the Office of the Texas Governor, for review and was subsequently revised based on their feedback.

Step 1: Collected service types from a variety of organizations, typically funders. Whenever available, definitions for the services were also collected. The research team collected service lists and/or definitions from multiple organizations, including: Office for Victims of Crime (OVC), Texas Department of Criminal Justice (TDCJ), Office of the Texas Governor, Public Safety Office (OOG PSO), Texas Office of the Attorney General (OAG)

Below is the service list from each organization:

Office for Victims of Crime (portal for finding grantees)

<https://ovc.ncjrs.gov/findvictimservices/Search.asp>

- Assistance in Filing Compensation Claims
- Cell Phones (911)
- Civil Legal Services
- Criminal Justice Support Advocacy
- Crisis Counseling
- Crisis Hotline Counseling
- Crisis Prevention
- Direct Clinical Services
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Follow-Up Contact
- Forensic Examinations
- Fraud Investigation
- Group Therapy
- Identity Theft Counseling
- Information and Referral
- Personal Advocacy
- Safety Plans (DV)
- Shelter/Safe House
- Supervised Visitation

- Support Group(s)
- Telephone Contacts
- Therapy
- Transportation
- Victims' Rights Legal Service

OVC Annual Report

<https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/2017-voca-annual-assistance-performance-report.pdf>

- Information about the criminal justice process
- Information about victims' rights, how to obtain notifications, etc.
- Referral to other victim service programs
- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations; address confidentiality programs; etc.)
- Victim advocacy/accompaniment to emergency medical care
- Victim advocacy/accompaniment to medical forensic exam
- Law enforcement interview advocacy/accompaniment
- Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
- Performance of medical or nonmedical forensic exam or interview, or medical evidence collection
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Intervention with employer, creditor, landlord, or academic institution
- Child or dependent care assistance (includes coordination of services)
- Transportation assistance (includes coordination of services)
- Interpreter services
- Crisis intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)
- Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)
- Emergency shelter or safe house

- Transitional housing
- Relocation assistance (includes assistance with obtaining housing)
- Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release)
- Victim impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal assistance in obtaining protection or restraining order
- Civil legal assistance with family law issues (e.g., custody, visitation, or support)
- Other emergency justice-related assistance
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)
- Law enforcement interview advocacy/accompaniment
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel

TDCJ Victim Services, Texas Victim Resource Directory

<https://ivss.tdcj.texas.gov/resource-search/>

- Assistance with Crime Victims' Compensation
- Assistance with Restitution
- Assistance with Victim Impact Statements
- Civil Legal Services
- Clothing / Immediate Needs
- Community Outreach / Education
- Counseling / Mental Health Services
- Criminal Justice Accompaniment
- Crisis Intervention / Counseling
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Follow-Up
- Forensic Examinations
- Forensic Interviews
- 24-Hour Crisis Line
- Information & Referral
- Law Enforcement Accompaniment
- Legal Advocacy

- Legal Assistance
- Medical Accompaniment
- Medical Services
- Other
- Personal Advocacy
- Prevention
- Protective Orders
- Safety Planning
- Shelter
- Supervised Visitation
- Support Groups
- Training
- Transitional Housing
- Transportation
- Victim Advocacy

OOG – PSO, VOCA

- Assistance in Filing Compensation Claims
- Criminal Justice Support/Advocacy
- Crisis Counseling
- Emergency Financial Assistance
- Emergency Legal Advocacy
- Follow-up Counseling
- Info and Referral (In-person)
- Other – Case Management
- Other – Hotline
- Other – Public Presentations
- Personal Advocacy
- Shelter/Safe House
- Support Groups
- Telephone Contact Info & Referral
- Therapy

OAG Sexual Assault Prevention Crisis Services (SAPCS) grant program

https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/grants/FY2020_2021_SAPCS_State_Application_Kit_Instructions.pdf (includes service list and definitions)

- 24-Hour Crisis Hotline
- 24-Hours Crisis Hotline calls
- Accompaniment

- Advocacy
- Assistance with Crime Victims' Compensation
- Assistance with Statewide Automated Victim Notification Services (SAVNS)
- Assistance with Victim Impact Panels
- Assistance with Victim Impact Statements
- Crisis Intervention
- Direct Victim Services
- Education (outreach, training, prevention)
- Individual Counseling
- Information Booth
- Information and Referral
- Lodging
- OAG Sexual Assault Training Program (SATP)
- Peer Support Services
- Support Groups
- Survivor/Victim
- Therapeutic Groups
- Transportation

OAG Other Victim Assistance Grants (OVAG) and Victim Coordinator and Liaison Grant (VCLG) program

https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/grants/FY2020_2021_OVAG_VCLG_Application_Kit_Instructions.pdf (includes service list and definitions)

- Accompaniment
- Advocacy
- Assistance with Crime Victims' Compensation
- Assistance with Statewide Automated Victim Notification Services (SAVNS)
- Assistance with Restitution
- Assistance with Victim Impact Panels
- Assistance with Victim Impact Statements
- Crisis Intervention
- Direct Victim Services
- Education (Outreach, Training)
- Emergency Funds
- Follow-up with Victim
- Individual Counseling
- Information Booth
- Information and Referral
- Legal Assistance

- Lodging
- Peer Support Services
- Support Groups
- Therapeutic Groups
- Transportation

Service types were collected based on sexual assault program minimum standards and CAC Core Services, listed below.

Sexual Assault Program Minimum Standards:

<https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/grants/Minimum-Service-Standards.pdf>

- 24-Hour Crisis Hotline
- Crisis Intervention
- Advocacy
- Accompaniment to Hospitals, Law enforcement Offices, Prosecutor’s Offices and Courts
- Public Education

Children’s Advocacy Centers Core Services

https://issuu.com/cactx/docs/ov_cactx_ar2018_final-toprint-pages?e=32952358/68373056 (see p. 7)

- Joint Investigation Coordination
- Forensic Interviews
- Family Advocacy and Victim Support
- Trauma-Focused Therapy
- Medical Evaluations
- MDT Case Review

In some cases, when further definitions were needed, the following documents were used:

- FV State Plan Appendix C Chapter 51 Services²³
- FV State Plan Appendix G Additional Support Services²⁴
- DFPS Provider Enrollment for HIP Program: Helping Through Intervention and Prevention²⁵
- DFPS Open Enrollment for Supervised Visitation Services²⁶
- National Protocol Sexual Assault Medical Forensic Examinations (2013)²⁷

In a few cases, Texas State Agency websites or website they linked to as sources were used:

https://www.dfps.state.tx.us/Child Protection/Child Safety/parenting_classes.asp

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin. © 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

<https://www.svnworldwide.org/parent-faq-s>

Step 2: Researchers placed each service list in a master Excel spreadsheet. Each list was maintained in its own column, but they attempted to line up similar services across rows. Sometimes an individual service would match more than one service in another column, depending on how broad or narrow the specific service listed was. Through this process, the research team developed one comprehensive list and determined that it includes all potential services to sexual assault victims.

Step 3: The research team sent this master list with definitions, to TAASA and CACTX to review who recommended a few changes and additions, which were incorporated.

Step 4: Revised based on feedback.

APPENDIX F: SUPPLEMENTAL TABLES

The following links provide access to the supplemental tables with detailed data. The files themselves are too large to include in this document.

Summary tables organized by provider type: <https://utexas.box.com/v/Appendix-F-Provider-Summary>

- Categories of services in which at least one service was provided (baseline availability).
- The degree to which at least one service in a service category was rated by providers as “completely” meeting survivor needs, shown in percentage form.
- The degree to which participants report that at least one service in a service category has been available at normal or altered levels during the COVID-19 pandemic.

Detailed tables organized by provider type: <https://utexas.box.com/v/Appendix-F-Provider-Detail>

- Baseline availability for each individual service.
- Whether a service was provided directly, by referral, or not at all, for each individual service.
- Degree to which survey participants rate survivors’ need for a service to be met or unmet, for each individual service.
- COVID-19 impact on service delivery for each individual service.

Summary tables organized by region: <https://utexas.box.com/v/Appendix-F-Region-Summary>

- The degree to which participants report providing a service (baseline availability) for each service category.
- Services that were provided directly, by referral, or not at all.
- Complete respondent ratings of the degree to which needs for specific services have been met.
- Complete respondent ratings of the degree to which specific services were available or paused/changed during the COVID-19 pandemic.

Detailed tables organized by region: <https://utexas.box.com/v/Appendix-F-Region-Detail>

- Baseline availability for each individual service.
- Whether a service was provided directly, by referral, or not at all, for each individual service.
- Degree to which participants rate survivors’ need for a service to be met or unmet, for each individual service.
- COVID-19 impact on service delivery for each individual service.

APPENDIX G: DEFINITIONS OF STAKEHOLDER GROUPS NAMED IN HB 1590

Agency Types	Definition	Source
a. Nonprofit organizations	<p>A nonprofit corporation or nonprofit association.</p> <p>Nonprofit corporation - a corporation no part of the income of which is distributable to a member, director, or officer of the corporation, except as provided by TX BOC Section 22.054.</p> <p>Nonprofit association - an unincorporated organization, other than one created by a trust, consisting of three or more members joined by mutual consent for a common, nonprofit purpose.</p>	<p>Texas Business Organizations Code. Section 22.001 https://statutes.capitol.texas.gov/Docs/BO/htm/BO.22.htm#22.001</p> <p>Texas Business Organizations Code. Section 252.001 https://statutes.capitol.texas.gov/Docs/BO/htm/BO.252.htm#252</p>
a1. Sexual Assault Programs	<p>A program recognized by the Office of the Attorney General as a Sexual Assault Program (SAP) per Chapter 420 Government Code. "Sexual assault program" means any local public or private nonprofit corporation, independent of a law enforcement agency or prosecutor's office, that is operated as an independent program or as part of a municipal, county, or state agency and that provides the required minimum services to adult survivors of stranger and non-stranger sexual assault.</p>	<p>Texas Gov Code Section 420.003 https://statutes.capitol.texas.gov/Docs/GV/htm/GV.420.htm</p>
a2. Children's Advocacy Programs/Centers	<p>An entity that is established in accordance with a memorandum of understanding executed under Texas Family Code §264.403, which operates local children's advocacy center programs.</p>	<p>TAC RULE §377.201 https://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=377&rl=201</p>

a2-1. Multi-Disciplinary Teams	A team of individuals composed in accordance with Texas Family Code §264.406 that works within a local children's advocacy center to review child abuse cases with the intent of coordinating the activities of entities involved in child abuse investigation and prosecution and in the provision of victim services.	TAC RULE §377.201 https://texreg.sos.state.tx.us/public/readtac\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=1&pt=15&ch=377&rl=201
a3. Other Nonprofit Organizations	Nonprofits that provide direct services to sexual assault survivors, including CASAs, Legal Aid Service Organizations, and others.	
b. Health Care Facilities	See below.	
b1. Health Care Facilities (ERs)	A general or special hospital licensed under Chapter 241, a general or special hospital owned by this state, or a freestanding emergency medical care facility licensed under Chapter 254. Note: This definition essentially describes Texas emergency rooms. It was created by HB 677 (89), which created minimum standards for the treatment of sexual assault patients within Texas emergency rooms.	Texas Health and Safety Code. Section 323.001 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.323.htm
b2. SAFE-Ready Facilities	SAFE-ready facility - a health care facility designated as a sexual assault forensic exam-ready facility under Section 323.0015. Section 323.0015 SAFE-READY FACILITIES. The department shall designate a health care facility as a sexual assault forensic exam-ready facility, or SAFE-ready facility, if the facility notifies the department that the facility employs or contracts with a sexual assault forensic examiner or uses a telemedicine system of sexual assault forensic examiners to provide consultation with a licensed nurse or physician when conducting a sexual assault forensic medical examination.	Texas Health and Safety Code. Section 323.001 & 323.0015 https://statutes.capitol.texas.gov/Docs/HS/htm/HS.323.htm

c. Institutions of Higher Education	Any public technical institute, public junior college, public senior college or university, medical or dental unit, public state college, or other agency of higher education as defined in this section.	Texas Education Code. Section 61.003 https://statutes.capitol.texas.gov/Docs/ED/htm/ED.61.htm
d. SARTs	A group of specially trained members of health care, law enforcement, prosecution, and advocacy that work together as a group to provide health care and advocacy services to victims of sexual assault while investigating sexual assault cases for criminal prosecution.	National Sexual Violence Resource Center. (2018) "Glossary," SART Toolkit. https://www.nsvrc.org/sarts/toolkit Also, U.S. Department of Justice, Office for Victims of Crime, n.d. "Glossary of Key Terms," SANE Program Development and Operation Guide. https://www.ovcttac.gov/saneguide/glossary-of-key-terms/
e. Other Governmental Entities	(a) the state; (b) a municipality, county, public school district, or special-purpose district or authority; (c) a district, county, or justice of the peace court; (d) a board, commission, department, office, or other agency in the executive branch of state government, including an institution of higher education as defined by Section 61.003 Education Code; (e) the legislature or a legislative agency; or (f) the Supreme Court of Texas, the Texas Court of Criminal Appeals, a court of appeals, or the State Bar of Texas or another judicial agency having statewide jurisdiction.	Texas Gov Code Sec. 2252.001 https://statutes.capitol.texas.gov/Docs/GV/htm/GV.2252.htm

APPENDIX H: STATE-FUNDED SEXUAL ASSAULT PROGRAMS AND SERVICES

State Agency	Relevant Programs
Health and Human Services (HHSC)	<ul style="list-style-type: none"> • Pass thru for CASA funds and CAC funds • Local Mental Health Authorities (LMHA) Local Behavioral Health Authorities (LBHA) • HB 13: Community Mental Health Grant Program
Department of Public Safety (DPS)	<ul style="list-style-type: none"> • Forensic Labs • Rangers
Department of Family and Protective Services (DFPS)	<ul style="list-style-type: none"> • Child Protective Services • Child Protective Investigations Program • Adult Protective Services • Human Trafficking and Child Exploitation Division • Prevention and Early Intervention
Office of the Attorney General (OAG)	<ul style="list-style-type: none"> • Other Victim Assistance Grants (OVAG) grant program • Victims of Crime Liaison Grants (VCLG) grant program • Sexual Assault Prevention and Crisis Services (SAPCS) grant program • Statewide Automated Notification System (SAVNS) grant program • Crime Victim Civil Legal Services (CVCLS) grant program • Sexual Assault Services Program (SASP) grant program • Crime Victims' Compensation Program • Address Confidentiality Program • Sexual Assault Exam Reimbursement program • Maintenance of: Pseudonym Form, Texas Evidence Collection Protocol • Sexual Assault Training Program (SATP) Certification • Sexual Assault Nurse Examiner (SANE) Certification • Training for Victim Service Professionals • Internet Crimes Against Children Task Force • Human Trafficking and Transnational/Organized Crime Section • Human Trafficking Prevention Coordinating Council • Child Exploitation and Fugitive Apprehension Units

Texas Department of Criminal Justice (TDCJ)	<ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Ombudsman Office • SAFE Prisons/PREA Management Office • Integrated Victim Services System (IVSS) • Victim Offender Mediation Dialogue (VOMD) • Texas Crime Victims Clearinghouse (TxCVC) • Victim Service Coordinators
Texas Juvenile Justice Department (TJJD)	<ul style="list-style-type: none"> • Prison Rape Elimination Act (PREA) Office • Victim Services
Office of the Governor (OOG)	<ul style="list-style-type: none"> • STOP Violence Against Women Formula Grant Program • Sexual Assault Services Formula Grant Program • Child Sex Trafficking Programs and Child Sex Trafficking TeamDNA Test Kit Grant Program • Victims of Crime Act • SAFE-Ready Facilities • Forensic Evidence Testing
Department of Family and Protective Services (DFPS)	<ul style="list-style-type: none"> • Prevention & Early Intervention • Child Protective Services • Human Trafficking and Child Exploitation Division (within CPS) • Adult Protective Services • The Child Protective Investigations (CPI) program • Online Training Tutorial for Reporting Abuse or Neglect
Department of State Health Services (DSHS)	<ul style="list-style-type: none"> • Public Health Departments
Texas Education Agency (TEA)	<ul style="list-style-type: none"> • Introduction to Human Trafficking for Education Professionals: Texas RISE to the Challenge

APPENDIX I: RECRUITMENT EMAIL

Email Subject: Texas Sexual Assault Resource Inventory Survey. Your input is needed!

Dear partners,

Thank you in advance for your time and expertise in completing this 20- to 30-minute survey at your earliest convenience and not later than **Monday, August 31st**.

Sexual assault is a complex issue that touches the lives of millions of Texans and has untold impacts on the state as a whole. As researchers, we are indebted to the work conducted by service providers across Texas to support survivors.

We are asking for your continued service to the field via a *Resource Inventory Survey*. This survey is part of the work of the [Sexual Assault Survivors' Task Force](#) established by House Bill 1590 during the 86th Legislative Session.

Survey and Consent Information

- **If you would like a preview of the survey's structure and questions prior to beginning the survey, please view [this PDF of the survey](#). We ask that you review the questions, gather the information you may need, and consult with other program staff about responses, as you feel is necessary.**
- **After beginning the survey, you can leave it and return to it at any time (multiple times if necessary).**
- Please complete the online survey by **Monday, August 31st**. **It will be impossible for researchers to accept submissions after this date or include data from late submissions in their report.**
- Questions cover the range of services your organization provides to survivors and the gaps in services and community needs regarding sexual assault in your region.
- The survey will take approximately 20-30 minutes to complete.
- Participation is voluntary, and there are no negative consequences to you or your organization if you do not choose to participate. However, your response is vital to the understanding of sexual assault services in Texas.

The Results

The Task Force will use the information you provide to create a comprehensive public resource directory: including the name of the organization, agency contact information, counties in the service area, and services your agency provides. All other information collected (like funding sources and unmet service needs) will be de-identified (will not identify you or your organization), and aggregated.

Kellison, B., Sulley, C., Kammer-Kerwick, M., Susswein, M., Sookram, S., Dragoon, S., Camp, V., & Busch-Armendariz, N. (2020). Resources for Texas sexual assault survivors: Inventory and survey findings on services, gaps, and accessibility. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin. © 2020 Institute on Domestic Violence & Sexual Assault. All rights reserved.

Once completed, the overall study will detail the regional availability of sexual assault services throughout the state of Texas and the unmet needs of survivors. It will be an excellent resource for both state agencies and our community, as it will highlight the critical work being done by programs like yours to assist survivors of sexual assault.

{LINK TO THE SURVEY}

We appreciate your time and valuable input.

Sincerely,

Bruce Kellison, PhD
Principal Investigator & IDVSA Co-Director
bkellison@ic2.utexas.edu

Noël Busch-Armendariz, PhD, MSSW, MPA
Director, IDVSA, University Presidential Professor
nbusch@austin.utexas.edu

Caitlin Sulley, LMSW
Project Director, IDVSA
csulley@austin.utexas.edu

APPENDIX J: RECRUITMENT EMAIL FROM TAASA, CACTX, TCFV

Dear Agency Directors,

We, TAASA, TCFV, and CACTX, are writing to you today to ask for your help. As Coalition leaders in our respective focus areas, we are committed to resource access for all Texas programs as you provide life-saving work in the community. Our request involves a few minutes of your time to complete a survey about the sexual assault services you offer. Our issues are connected and our dedication as statewide partners on your behalf is unyielding. Your work and partnership are vital, and we thank you for your valued input and time.

Background

TAASA and CACTX are members of the Sexual Assault Survivors' Task Force established by House Bill 1590 during the 86th Legislative Session. The Task Force's primary goal is to develop a survivor-centered, trauma-informed, collaborative, and coordinated response to sexual violence experienced by adults and children in Texas.

The Task Force partnered with the Institute on Domestic Violence & Sexual Assault (IDVSA) at the University of Texas at Austin to conduct a research study on the availability of sexual assault services throughout the state of Texas and the unmet needs of survivors. The study will:

- broaden our understanding of the experiences of child and adult survivors of sexual assault in Texas;
- gather and assess sexual assault services, and the unmet needs of survivors statewide; and accessibility of services available to victims statewide;
- include survey data from service providers, organized by Texas region;
- produce a comprehensive public resource directory.

Resource Inventory Survey,

We are excited to announce the launch of the Resource Inventory Survey and request your participation. Your input is vital to providing critical information to the Sexual Assault Survivors' Task Force and the creation of a comprehensive final public resource directory.

What to Expect

- On **Thursday, July 9**, Agency Directors will receive an email from IDVSA with a PDF of the survey questions and a link to the Resource Inventory Survey.
- We ask that you review the questions, gather the information you may need, and consult with other program staff about responses, as you feel is necessary.
- Please complete the online survey by **Wednesday, July 22**.
- Questions cover the range of services your organization provides to survivors and the gaps in services and community needs regarding sexual assault in your region.

- The survey will take approximately 20 minutes to complete, depending on the number of counties your organization serves.
- Participation is voluntary, and there are no negative consequences to you or your organization if you do not choose to participate. However, your response is vital to the understanding of sexual assault services in Texas.

The Results

The Task Force will use the information you provide to create a comprehensive public resource directory including the name of the organization, agency contact information, counties in the service area, and services your agency provides. All other information collected (like funding sources and unmet service needs) will be aggregated and will not identify you or your organization.

Once completed, the overall study will detail the regional availability of sexual assault services throughout the state of Texas and the unmet needs of survivors. It will be an excellent resource for both state agencies and our community, as it will highlight the critical work being done by programs like yours to assist survivors of sexual assault as well as unmet needs.

Questions

If you have questions, please contact the researchers directly by emailing the Project Director, Caitlin Sulley (csulley@austin.utexas.edu), or the Principal Investigator, Dr. Bruce Kellison (bkellison@ic2.utexas.edu) or by phone: 512-475-7813.

Thank you for your time and attention to improve the services to sexual assault survivors.



Gloria Aguilera Terry
Chief Executive Officer
TCFV



Rose Luna
Chief Executive Officer
TAASA



Justin Wood
General Counsel/VP
External Relations
CACTX

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