

**TEXAS STATE PLAN TO ADDRESS FAMILY VIOLENCE:
A SURVEY OF EXISTING SERVICES**

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Texas State Plan to Address Family Violence: A Survey of Existing Services

BACKGROUND

This project originated with a 2001 mandate by the Texas Legislature directing the Texas Health and Human Services Commission (then Texas Department of Human Services) to develop and maintain a plan for delivering family violence services. The Institute on Domestic Violence and Sexual Assault (IDVSA) at The University of Texas at Austin was commissioned by the Texas Council on Family Violence (TCFV) to collect information from service providers across Texas regarding the geographic distribution of core and additional support services, underserved populations, emerging initiatives, and the cost of providing these services.

In collaboration with the Texas Health and Human Services Commission and the Texas Council on Family Violence, IDVSA conducted a comprehensive survey to include all service providers in Texas; 88 (of the 90 providers targeted) are included in this report. This report aims to share the results of this survey, in hopes of providing guidance to the planning process for future family violence services in Texas.

METHODOLOGY

Questionnaire Development

In close collaboration with TCFV and HHSC, IDVSA developed a comprehensive, 176-item structured questionnaire. The questionnaire gathered information from 88 non-profit and community organizations providing family violence services on the following seven topics:

1. Numbers of Victims Served
2. Core Chapter 51 Services
3. Additional Support Services
4. Marginalized or Underserved Populations
5. Emerging Initiatives
6. Barriers to Service
7. Agency Revenues & Expenditures

Data Collection

The questionnaire was initially delivered via web-based survey. Questionnaires were completed by executive directors or program directors at responding organizations. Organizations that did not respond to the survey after repeated reminders were interviewed by telephone by IDVSA and TCFV staff. A total of 88 organizations completed the questionnaire, representing 246 of the 254 counties in Texas.

It should be noted that the questionnaire's considerable length posed challenges to some respondents. The process of gathering the needed information and submitting the web-based forms was more time-consuming than originally anticipated. Organizations also received numerous other similar web-based surveys during the same time frame. We respect the challenging task of these respondents to guide the crucial delivery of services to victims and survivors of family violence and appreciate the time and thought they put into this survey.

Data Analysis

Data analysis techniques included descriptive statistics of quantitative responses and thematic coding of open-ended responses. A full data set of responses was also provided to TCFV for further analysis and service directory updates (see Appendix A).

FINDINGS

Numbers of Victims Served

Respondents reported the numbers of adults and children who received residential and non-residential services during the most recent fiscal year.

Table 1. Numbers of victims served during previous fiscal year

	Residential		Non Residential	
	Mean	Range	Mean	Range
Adults	251	0 to 1899	956	7 to 9500
Unaccompanied minors	4	0 to 84	23	23 to 552
Children accompanied by adult victim of family violence	224	0 to 2778	337	0 to 3773

*Residential includes temporary shelter; Non-Residential refers to other support services

Appendix B provides numbers of victims served by county and site, as collected by the Texas Health and Human Services Commission.

Chapter 51 Services

The questionnaire asked respondents to identify each county in which they provide Chapter 51 services directly or in-person (not by referral). For a complete listing of the definitions of each of the Chapter 51 services, see Appendix C. For a table describing the availability of each of the following Chapter 51 services, by county, see Appendix D. For the purposes of this survey, Chapter 51 services include:

1. 24 Hour-A-Day Shelter
2. Crisis Call Hotline Available 24 Hours a Day
3. Emergency Medical Care
4. Intervention Services
5. Emergency Transportation
6. Legal Assistance in the Civil and Criminal Justice system
7. Educational Arrangements for Children
8. Information About Training / Seeking Employment
9. Referral System to Community Services
10. Cooperation with Criminal Justice Officials
11. Community Education
12. Volunteer Recruitment and Training Program
13. Services for Children

The survey illustrates that in general, when an organization provides Chapter 51 services, the majority of the Chapter 51 services are provided. Most Texas counties have Chapter 51 services offered (n=246). Many counties are served by more than one organization. Only nine counties (Borden, DeWitt, Edwards, Glasscock, Irion, Kinney, Mills, Real, and Sutton) remain unclaimed by any responding organization for any of the Chapter 51 services.

Follow up questions about shelter, hotline, and services for children were asked.

Shelter follow-up questions

Respondents reported a wide range of responses related to the maximum capacity of their shelter facilities, ranging from six individuals to 200 individuals. The number of beds available per shelter also ranged widely – from six beds to 160 beds. The maximum length of stay ranged from 15 days to one year. A handful of organizations reported that there is no maximum length of stay at their shelter and that decisions about length of stay are determined on a case by case basis and are dependent on the needs of victims. The average length of stay per client ranges from two days to six months. Of the 73 organizations responding to a question about shelter location confidentiality, 63 (86%) reported that the shelter location is confidential and 10 (14%) reported that the location is public.

The questionnaire also asked about the percentage of the year that the shelter has a waiting list. Over 43 of reporting organizations reported that they do not ever have a waiting list for the shelter. Two organizations reported having a wait list all the time. Three organizations have a

waiting list 75% of the year, one organization maintains a list half the year, and another nine organizations have a waiting list for a quarter of the year.

Finally, the questionnaire asked about specific shelter options for male victims of family violence. Options for men included: shelter houses men, vouchers for other accommodations, and safe houses. The numbers of organizations reporting these options are listed in Table 2. In a write-in opportunity, other respondents reported referring men to local homeless shelters.

Table 2. Shelter options for male victims of family violence

Shelter options for men	Number of organizations
Shelter houses men	29
Safe homes	5
Vouchers for other accommodations	47

Hotline follow-up questions

The questionnaire asked about hotline operations, including the number of telephone lines used to maintain the hotline. A majority of respondents report between two and four telephone lines.

Table 3. Number of telephone lines used by hotlines

Number of lines	Number of organizations
1	7
2	25
3	11
4	14
5	7
6	5
7	2
8	2

While hotlines are used as a main entry point into services, organizations also have other ways that victims of family violence can find out about services and/or connect with advocates. Respondents reported that clients also access services as drop-ins, and through email, texting, and online chats. Respondents also wrote in other methods clients use to access services, which included the organization’s website and social media sites such as Facebook.

Table 4. Alternatives to hotline in client access to services

Type of access	Number of organizations
Drop-in	77
Email	55
Text	10
Online chat	5

The questionnaire also asked about the availability of language other than English through the hotline. A majority of organizations (n=70 or 84%), reported having a bilingual Spanish-English hotline. Of those, over half reported having bilingual advocates available on the hotline for over 75% of the time.

Table 5. Percentage of time hotline is available in Spanish

Percentage of time	Number of organizations
0% to 25%	1
26% to 50%	14
51% to 75%	12
76% to 100%	43

Languages other than English and Spanish reported to be spoken by hotline advocates include: Amharic, Arabic, Burmese, Cantonese, Farsi, French, Khmer, Korean, Malay, Mandarin, Nepali, Portuguese, Tagalog, Thai, Urdu, and Vietnamese. Several organizations reported using the AT&T language line, which provides access to almost any other language.

Table 6. Frequency of language line use

Frequency of use	Number of organizations
Never	12
Almost never	33
Not very often	15
Occasionally	12
Frequently	6
Very frequently	5

Services for children follow-up questions

Almost an equal number of respondents reported offering counseling with licensed professionals (n=60) and support groups (n=61) for children. Other services for children written in by respondents include: after school care, child care, tutoring, referral to child advocacy center, case management, summer camp, and recreational/social activities.

Presence in County

While many organizations technically cover several counties, this questionnaire attempted to gauge the depth of organizations' presence and clients' access to services in each county. Appendix E lists this organizational presence in each of the 254 counties in Texas, using the following levels of presence:

- Organization has a shelter in the county
- Organization has an outreach office in the county
- Organization has an additional shelter in the county
- Organization provides in-person services, meeting client at a partner agency in the county
- Organization has in-person meetings with clients at an agreed-upon location in the county
- Organization has in-person meetings with clients at the county line
- Organization provides in-person services to residents of the county, but does not provide any transportation

Wait times

The questionnaire asked about the amount of time victims and survivors typically wait for each of the Chapter 51 services. The amounts of wait times reported by organizations are included in Appendix F. The survey questionnaire gave the following wait time options for each type of service:

- No wait time
- Less than one day
- Less than one week
- Between one and three weeks
- About one month
- Two or more months

Additional Support Services

The questionnaire asked respondents to identify each county in which they provide a variety of additional support services directly, or in-person (not by referral). For a complete listing of the definitions of each of the additional support services, see Appendix G. For a table describing the availability of each of these services, by county, see Appendix H. The following additional support services were included in the survey:

1. Transitional Housing
2. Permanent Housing
3. Temporary Financial Assistance
4. Non-Emergency Transportation
5. Assistance with Crime Victims' Compensation (CVC)
6. Legal Representation
7. Court Accompaniment
8. Immigration Assistance
9. Substance Abuse Services
10. Child Care
11. Professional Counseling
12. Support Groups
13. Food, Clothing, Household Items

For several of these additional support services - transitional housing, permanent housing, temporary financial assistance, assistance with CVC, child care, and counseling – a small number of follow-up questions were asked.

Transitional Housing

Respondents' primary transitional housing funding sources included:

- HUD/Supportive Housing Program
- United Way
- Emergency Shelter Grants Program
- Office for Violence against Women (OVW)
- Foundation Grants
- Victims of Crime Act (VOCA)
- TDHCA-HOME program
- Child Care Council
- Private Donations
- General Funds
- Grants from Corporations
- City Government
- HHSC
- FEMA
- Community Development Block Grant

- Tenant Rent Contribution
- Fundraising events

Permanent Housing

Respondents’ primary permanent housing funding sources included:

- HUD/Supportive Housing Program
- Emergency Shelter Grants Program
- General/Unrestricted Funds
- United Way
- HHSC Client Assistance Funding (Deposits)
- Tax Credit Property
- City Government
- Supportive Services for Veteran Families (SSVF) Program

Temporary Financial Assistance

Tables 7, 8, and 9 represent responses to questions about the use of utility waivers, Temporary Assistance to Needy Families (TANF) or cash assistance, and client perceptions of the family violence option (also referred to as good cause waiver).

Table 7. Percentage of victims served that use utility waivers

Percentage	Number of organizations
Zero	6
1% to 24%	38
25% to 49%	19
50% to 74%	10
Over 75%	10

Table 8. Percentage of organizations’ clients that utilize TANF (cash assistance)

Percentage	Number of organizations
Zero	3
1% to 24%	24
25% to 49%	23
50% to 74%	20
Over 75%	13

Table 9. Percentage of survivors perceived to know about the availability of the Family Violence Option (also referred to as the Good Cause Waiver)

Percentage	Number of organizations
Zero	6
1% to 24%	40
25% to 49%	16
50% to 74%	9
Over 75%	12

Assistance with CVC

Tables 10 and 11 describe responses related to the percentage of clients who seek crime victims’ compensation (CVC) and the main barriers to receiving CVC assistance.

Table 10. Percentage of clients seek CVC

Percentage	Number of organizations
Zero	3
1% to 24%	47
25% to 49%	25
50% to 74%	5
Over 75%	3

Table 11. Main barriers to clients receiving CVC

Barriers	Number of organizations
Non-cooperation with law enforcement	44
Not eligible	40
Moved from shelter	13
Did not submit needed forms	30

Given the option to write-in other barriers to clients receiving CVC, respondents offered the following reasons:

- Clients do not have the money for services up-front
- Clients did not make report or did not file charges with law enforcement
- Clients’ fears of retaliation
- Clients’ fears related to immigration status
- Clients’ lack of understanding of CVC
- Client returned to batterer

- Client is overwhelmed by paperwork
- High level of literacy needed to complete paperwork

Child Care

The questionnaire asked respondents about the types of child care services provided by their organizations. Child care services represent a variety of options, including those offered on-site and regulated by the Texas Department of Family Protective Services (DFPS), non-regulated on-site childcare, and vouchers to external child care services.

Table 12. Type of child care services offered

Type of Child Care	Number of Organizations
Onsite child care is provided for the children of residents while the child's resident parent is away from the shelter. It operates under a DFPS permit for shelter care, because it serves more than seven children at any given time, and operates for at least four hours per day and three or more days per week.	10
Onsite child care is provided for the children of residents while the child's resident parent is away from the shelter. It is not DFPS-regulated, because it serves less than seven children at any given time, and operates for less than 4 hours per day and no more than 3 days per week.	6
Child care in shelter is not DFPS- regulated, because it is limited to care provided while the resident parent is onsite.	17
Child care in shelter is not DFPS- regulated, because it is limited to babysitting contracts between residents.	28
Vouchers for child care are offered to clients.	14

Counseling

The questionnaire asked specifically about wait times experienced by clients for counseling services. As Table 13 illustrates, many organizations have no wait time, while most organizations report a wait time of less than one week.

Table 13. Length of wait time for counseling services

Length of wait time	Number of organizations
No wait	15
Less than one week	37
Two to three weeks	15
One month	1
Two or more months	1

Marginalized and Underserved Populations

Next the questionnaire posed questions about specialized services each organization may provide to marginalized or underserved populations. These include clients who are:

- Over age 65
- Men
- Teenage boys
- Persons with mental illness
- Persons with mobility disabilities
- Persons who are Deaf
- Persons with limited English proficiency
- Persons identifying as LGBTQI
- Military families
- Unaccompanied minors
- Victims of human trafficking
- Refugees and asylees (or asylum-seekers)

Appendix I provides further information, by county, about the degree to which organizations are providing specialized services directly targeting these groups. The questionnaire also asked respondents about their staff's preparedness to work with these populations and their outreach efforts to each population, as described in Tables 14 and 15.

Table 14. Agreement with statement: “My staff are well prepared to work with this population.”

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
	Number of organizations				
Over age 65	51	32	2	1	0
Men	34	39	10	2	1
Teenage boys accompanying a parent to shelter	37	32	10	1	1
Persons with disabilities (mobility accessibility)	39	38	7	2	0
Persons who are Deaf or hard of hearing	19	37	16	11	2
Persons with diagnosed mental illness	24	36	15	9	2
Persons with substance abuse issues	21	40	12	7	3
Persons with limited English proficiency	52	30	3	1	0
Persons identifying as LGBTQI	33	38	13	3	0
Military families	20	34	19	11	2
Unaccompanied minors	27	34	12	6	5
Victims of human trafficking	29	35	16	6	1
Refugees and asylees (or asylum seekers)	21	26	24	9	5

Table 15. Agreement with statement: “Our program's outreach efforts specifically target this group.”

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
	Number of organizations				
Over age 65	21	27	22	11	4
Men	19	27	23	12	5
Teenage boys accompanying a parent to shelter	16	20	33	12	4
Persons with disabilities (mobility accessibility)	17	25	27	11	5
Persons who are deaf or hard of hearing	13	17	36	16	4
Persons with diagnosed mental illness	13	24	32	11	6
Persons with substance abuse issues	12	24	32	10	6
Persons with limited English proficiency	37	23	18	4	4
Persons identifying as LGBTQI	18	21	33	11	4
Military families	8	16	40	15	7
Unaccompanied minors	12	22	30	10	9
Victims of human trafficking	14	25	32	11	5
Refugees and asylees (or asylum seekers)	10	16	36	13	10

The questionnaire also asked respondents to list “effective ways” they conduct outreach to these marginalized and/or underserved populations. Responses include:

- Advertisements
- Brochures, flyers, and other printed materials
- Coalition activities
- Community education (civic groups, businesses, faith groups)
- Educational activities in schools
- Health and information fairs
- Hotline

- Immigrant community centers and cultural events
- Newspaper, radio, and television media
- Newsletter
- Organization's website
- Presence at family court and law enforcement offices
- Public service announcements (PSAs)
- Social media networking (Facebook)
- Speakers' bureau
- Street outreach
- Training to law enforcement, mental health clinics, and other professionals
- Word of mouth

The questionnaire also asked respondents to list unmet service needs around marginalized and/or underserved communities. Respondents reported the following unmet needs:

- Access to services from rural areas
- Affordable and/or transitional housing
- Affordable legal assistance
- Linguistic access and/or bilingual staff at shelters, mental health services, and criminal justice system
- Building awareness about abuse and intervention among underserved communities
- Building trust among underserved communities
- Culturally appropriate food
- Health needs of victims aged 65 and older
- Language interpretation and translation
- Staff training
- Substance abuse treatment
- Sufficient staff to focus on specific underserved populations
- Transportation

In addition, for two of these groups – persons who are Deaf and have limited English proficiency – the questionnaire posed several follow-up questions.

Persons who are Deaf

The questionnaire asked organizations whether or not they use American Sign Language (ASL) interpreters when working with victims who are Deaf. Of the 85 organizations responding to this question, 67% of respondents (n=57) reported that they use ASL interpreters when working with victims who are Deaf. Over 58% (n=45) of organizations reported that their residential services are accessible to persons who are Deaf or hard of hearing (i.e., rooms with ADA kits containing items such as baby criers, TTY, door knocker with light, etc.). Over 63% (n=54) of respondents reported that their non-residential services are accessible to persons who are Deaf or hard of hearing.

Limited English Proficiency

The questionnaire asked organizations a series of questions related to serving clients with limited English proficiency, in addition to the questions specific to the hotline services reported earlier in Tables 5 and 6. These additional questions were related to the number of bilingual Spanish-English advocates, percentage of time bilingual Spanish-English services are available, and other languages spoken by staff.

Table 16. Number of bilingual Spanish-English advocates

Number of bilingual Spanish-English advocates	Numbers of organizations
None	2
Between one and three	30
Between four and eight	34
Nine or more	15

Table 17. Percentage of the time bilingual English-Spanish services are available

Percentage of time services available	Number of organizations
0%	0
25%	3
50%	14
75%	20
100%	47

The questionnaire asked respondents about languages other than English and Spanish spoken by advocates. Overall, eighteen respondents reported that there were no advocates who spoke languages other than English and Spanish. Of the 20 respondents listing other languages, the following 32 languages were included: Amharic, Arabic, American Sign Language; Bulgarian; Burmese; Cantonese; Chinese; Croatian; Dutch; Farsi; French; German; Gujarati; Hindi; Italian; Japanese; Kirundi; Korean; Kurdish; Malay; Mandarin; Marathi; Nepali; Portuguese; Russian; Serbian; Somali; Swahili; Tagalog; Thai; Urdu; Vietnamese

Table 18. Services offered in Spanish

Type of service	Number of organizations
Support group	50
Counseling for adults	45
Shelter	66
Non-residential services	76
Batterer intervention services	20

Eighteen respondents described their services targeted at military families. Some reported that all their services are also provided specifically for military families. Examples of military-specific services include:

- Information regarding military reporting
- Family based immigration petitions
- Case management for persons whose batterer suffers PTSD or traumatic brain injury resulting from military service
- Housing for veterans and families
- LAMP (Legal Assistance to Military Personnel) Program
- Court and Military Liaison Program
- Liaison with local military depot
- Training for the family advocacy program on military base

Victims of human trafficking

Overall, 36 respondents reported having served victims of trafficking during the past year, and 11 respondents reported that they had not served this population.

Table 19. Number of human trafficking victims served

Number of human trafficking victims	Numbers of organizations
0	11
1	10
2	8
3	4
4	2
5	5
6	2
7	1
10	3
150	1

Emerging Services & Initiatives

In addition to inquiring about standard emergency and support services and meeting the needs of underserved communities, this survey gathered information about emerging services and initiatives across the state. While there are undoubtedly efforts not captured by this survey, the following eight additional topics were included in the survey questionnaire:

1. Batter intervention services
2. Family violence fatality review teams
3. Teen dating abuse
4. Technology
5. Economic justice
6. Primary prevention
7. Stalking
8. Partnerships and collaboration

1. Batterer Intervention Services

The questionnaire asked organizations a series of questions about batterer intervention services. Almost 31% of respondents (n = 27) reported that they provide batterer intervention services in-house (directly, not by referral). Another 69% (n=61) reported not providing these services. An average of 293 clients were served by batterer intervention services during the past fiscal year (2010), and reported numbers ranged from 2 to 1270.

Of the 27 organizations that provide services, 13 conduct groups only, while 14 organizations offer both group and individual services. All but two (n=25) are accredited by the Texas Department of Criminal Justice (TDCJ-CJAD). A majority of batterer intervention services are funded by TDCJ and fee collection. Others received additional funding from other governmental grants, foundations, United Way, private donors, and city or county contracts.

Table 20 lists the referral sources for batterer intervention services. Respondents reported that clients are referred at both pre-trial and post-trial stages of the criminal justice process.

Table 20. Number of organizations reporting referrals from sources

Source of referrals	Number of organizations
Child protection	22
Court	25
Parole	26
Probation	26
Self-referral	2
District Attorney	1
Attorneys	1

A majority (n=24) of respondents report using the Domestic Abuse Intervention Program (Duluth model) curriculum. Others reported using Emerge, Men@Work, Alternatives to Domestic Violence, and facilitator-developed curriculum. Programs offered in Texas range in length between 18 and 40 weeks. Programs typically charge participants by session, and fees range from \$10 to \$55 per class session. Others charge for the full courses, and costs range from \$250 to \$700. A majority of programs (n= 17) offer a sliding scale fee, primarily based on income.

2. Family Violence Fatality Review Team

A family violence fatality review team is an interdisciplinary collection of service providers that take a nonjudgmental, solution focused look at the response to family violence homicide cases by reviewing specific family violence murders in a community. To gauge activity in this fairly new initiative, the questionnaire asked all respondents about their familiarity with family violence fatality review teams. The majority of respondents are very or somewhat familiar with these review teams (n=54).

Table 21. Familiarity with family violence fatality review teams

Familiarity with family violence fatality review teams	Number of organizations
Very familiar	23
Somewhat familiar	31
Neutral	10
Not very familiar	14
Not at all familiar	9

Thirty percent of respondents (n=20) reported that their communities have teams, and all but three of those are active participants in the team. More than 56% (n=49) did not have teams in their communities. The remaining respondents (n=18) did not know whether or not their communities had teams. The following list includes 10 counties where respondents participate in a team: Bexar, Bowie, Brazos, Cameron, Dallas, El Paso, Harris, Miller, Travis, and Willacy. Table 22 depicts the frequency with which these teams meet.

Table 22. Frequency of family violence review team meetings

Frequency of meeting	Number of organizations
Monthly	3
Every other month	1
Quarterly	7
Twice a year	1
Sporadically	4

Respondents note that among those involved in these teams are survivors, direct service providers, law enforcement, coroners, medical professionals, and district attorneys. Team leadership is provided by direct service providers (n=10), district attorneys (n=2), coroners (1), law enforcement (1), and medical doctors (1). Only a handful of respondents who participate in teams were aware of the number of cases reviewed during the past year. These reports ranged from two cases to 57 cases.

Respondents identified benefits to having and participating in family violence fatality review teams as creating deeper and more diverse collaborative relationships and better communication among partners. Barriers to starting and/or participating in a team (as reported by respondents in communities with no team) were identified as the following:

- Leadership and/or participation from law enforcement and criminal justice system and other partner agencies (n=30)
- Time restraints (n=20)
- Funding and financial resources (n=17)
- Lack of understanding about the need or usefulness; lack of statistics to argue for need (n=11)
- Fear of change; reliance on status quo n=(3)
- Small or rural community (n=8)
- Small number of family violence fatalities; lack of need (n=9)
- Under staffed; lack of human resources (n=7)
- Lack of training (n=6)
- Teams not viewed as a priority; competing demands; too many other multi-disciplinary teams already meeting (n=5)
- Space constraints (n=2)
- Community and client family participation and buy-in (2)
- Lack of organization and/or follow-through (n=2)

3. Teen Dating Abuse

The questionnaire included a series of questions about services to teens, including types of services, locations of services, age eligibility requirements, and common barriers to providing services to teens. Table 23 illustrates the types of services provided to teens ages 13 to 15 and teens ages 16 and 17. A majority of all respondents provide a wide variety of services to teen victims of family violence.

Table 23. Number of organizations providing services to teens

Services to teens	Ages 13-15	Ages 16-17
Shelter-in family violence program shelter	51	62
Referral to youth shelter	48	46
Support groups	49	50
Legal advocacy	57	58
Individual counseling	65	62
Safety planning	71	72
Services specifically designed for LGBTQI youth	21	21
Peer to peer support (using trained advocates in the survivors' age range to lead groups or provide individual support in person, by phone, or through other means)	21	22
Reproductive or other health referral	43	45

Table 24. Number of organizations providing services to teens at following locations

Location of services to teens	Number of organizations
Program office	78
In schools	60
Online – chat rooms, instant messages, webcam, email	16
Text messaging	5
Phone	57
Partner agency (after school, Planned Parenthood or other teen service or program)	36
Probation/court	30

Other locations reported as write-ins included colonias, social media, and emergency shelters.

Table 25. Eligibility requirements for teens to access services

Eligibility for services to teens	Number of organizations
Teen must have signed permission from parent or guardian	48
Teen must be accompanied by parent or guardian	31
Teen must have a child	20
Teen must be a documented citizen or legal permanent resident	1
Teen must be referred by CPS	7
CPS will be contacted when teen receives services	17
Teen must be of a certain age	11

Other requirements written in by respondents include: teen must be emancipated if not with a parent; teen must be a victim; if teen is in crisis, she/he is initially eligible regardless of other requirements.

Table 26. Age eligibility requirements for services

Age	Number of organizations
11	29
12	3
13	19
14	3
15	5
16	7
17	5

The questionnaire also asked organizations about teens’ access to batterer intervention services. Few respondents (n=4) reported offering batterer intervention just for teens (in-house). Another three organizations open up their in-house adult batterer intervention program to teens.

Finally, the questionnaire asked organizations about barrier teens may encounter in receiving services. Those barriers most often cited by respondents are listed first and are indicated by an asterisk.

- Lack of parent involvement or support*
- Parent/Legal Guardian Permission/Parental consent*
- Teens may not want parents to know and may be afraid that service providers will be required to report to CPS or law enforcement*
- Not eligible due to age

- Lack of transportation
- Child may not want CPS notified so they may avoid seeking services
- Child sexual abuse makes safety planning difficult
- Teens who have been victimized by a guardian
- Difficulty getting into schools to create a setting for teenagers to get together for these very important discussions
- Lack of knowledge services are available
- Lack of understanding that relationship is an abusive one
- Language differences and different cultural and social norms
- Law enforcement wanting to take them back to parent
- May prefer other media interaction like texting or on-line chat which we do not offer.
- Peer pressure
- Teen not wanting to tell parent
- Teens have difficulty understanding the significance and long range effects of domestic violence/dating violence/bullying

4. Technology

Technology has become an increasingly critical topic in the response to family violence in terms of the safe use of technology for survivors, computer access for clients, and in utilizing technology for outreach and prevention.

More than 30% of respondents (n=26) report having an advocate who specializes in the safe use of technology for survivors. More than 70% (n=60) of respondents have some kind of social media platform (using web-based and mobile technologies to promote communication via blogs, YouTube, Facebook, and/or other methods). Half of respondents reported having a dedicated IT staff person at their organization.

Table 27. Areas of program that address safe technology

Programming	Number of organizations
Intake or screening protocol	48
Service plans	43
Safety plans	72

Others reported that safe technology is addressed in community outreach, community education, educational classes on teen dating violence, and in program’s computer lab. Some respondents reported having rules about residential and non-residential clients using electronic devices while on shelter grounds, given the possible presence of tracking devices.

Table 28. Types of computer services available to clients

Type of computer services	Number of organizations
Computer access with internet	65
Computer access without internet	23
Computer training	24
Others (write-in): Referrals to computer use and/or computer classes at Worksource, public library	

Table 29. Systems used to manage client-specific data

Client data management systems	Number of organizations
ITS	78
Alice	26
Custom system	4
RClient	3
Client Track	2

Others systems cited by agencies include Charity Tracker, CTK, E-Immigration, Grants Manager, Therapist Helper, Harmony, CRMS, HMIS, LawLogix, and Excel.

5. Economic Justice

Economic justice, as it relates to family violence and to safety, has become an increasingly useful dialogue. More than a quarter of respondents (n=22) reported that their organizations have advocates who specialize in economic justice. More than 58% (n=51) of responding organizations offer financial literacy classes to clients. Curricula being utilized by organizations include: Allstate Package of Information provided by TCFV (n=8) and Moving Ahead through Financial Management (n=2). Other organizations use local banking and financial advisor volunteers and did not specify a curriculum. In addition, the following specific economic justice projects were identified by respondents:

- Job training and job readiness (n=11)
- Tax assistance (n=6)
- Personal budgeting (n=4)
- English as a Second Language
- Referral to local workforce
- Suit Up for Success program
- Individual development accounts (IDA)
- Survivors@work program

Finally, almost 34% of respondents (n=28) indicated that their communities’ housing authorities offer preference for victims of family violence. Some respondents reported the following Housing Authorities in their areas that offer preference for victims of family violence:

- City of Houston Housing Authority
- Corpus Christi Housing Authority
- Kingsville Housing Authority
- Robstown Housing Authority
- Dallas Housing Authority
- Denton Housing Authority
- Fort Worth Housing Authority
- Harlingen Housing Authority
- Housing Authority of Carrizo Springs
- Laredo Housing Authority
- Lubbock Housing Authority
- Panhandle Community Services
- San Antonio Housing Authority
- Wichita Falls Housing Authority

6. Primary Prevention

Given an increased national emphasis on primary prevention efforts, this survey asked several questions about primary prevention efforts in Texas – funding and types of efforts, target audiences, and topics covered in prevention education.

Table 30. Organizational primary prevention efforts

Primary prevention efforts	Number of organizations
All staff are trained on primary prevention.	17
Primary prevention is included in the mission statement.	14
Primary prevention messages are included in promotional materials (newsletter, website, media engagement).	21
Primary prevention strategies are integrated into all areas of the agency’s work.	41
We have dedicated primary prevention staff.	30

Table 31. Funding for primary prevention

Funding for primary prevention	Number of organizations
No funding	28
Funding for family violence	12
Funding for sexual assault	27
Funding for both family violence and sexual assault	48

Table 32. Which groups are targeted by your primary prevention efforts?

Target audience for primary prevention	Number of organizations
Men and boys	41
Communities of faith	35
Schools	64
Sports groups	19
Health care providers	20

Other target audiences cited by respondents include: general public (n=5), youth not in school (n=5), parent groups (n=3), cultural groups, civic groups, businesses, teachers, refugee and immigrant groups, low-to-moderate income individuals, juvenile probation, partner agencies, people with disabilities, those identifying as LGBTQ, and detention centers.

Table 33. Types of primary prevention efforts

Type of primary prevention efforts	Number of organizations
One-time training sessions	31
Multiple training sessions	58
Community coalitions	45
Training of trainer	19
Public service announcements	35
Policy work	14

Table 34. Topics of primary prevention efforts

Topics of primary prevention efforts	Number of organizations
Bystander intervention	58
Stalking	52
Healthy relationships	75
Cyberbullying	51
Bullying	69
Internet safety	50
Media literacy	36

Respondents reported several other topics, including: respect, communication skills, family violence, date rape, teen violence, interpersonal skills, building and maintaining friendships, gender roles, and media stereotypes.

Participation in local School Health Advisory Council (SHAC) is one avenue for engaging in primary prevention. SHACs are collections of parents and other local community members who advise school districts on school health curricula. Almost a quarter of respondents (n=20) reported participating in a local SHAC. Three quarters of responding organizations (n=59) reported having an advocate working with the local school district. Respondents listed the following 76 school districts, counties, and areas identified as having primary prevention advocate coverage:

- Anderson County
- Anthony ISD
- Arlington
- Austin ISD
- Azle
- Bandera ISD
- Birdville
- Blanco ISD
- Boerne ISD
- Bonham
- Borger ISD
- Brownsville ISD
- Burnet ISD
- Carrollton/Farmers Branch
- Carroll
- Castleberry
- Center Point ISD
- Cherokee County
- Clint ISD
- Copperas Cove

- Corpus Christi ISD
- Crowley
- Dallas
- Eagle Mountain Saginaw
- Ector
- El Paso ISD
- Everman
- Fabens ISD
- Fort Worth
- Garland
- Grand Prairie
- Grapevine-Colleyville
- Groom ISD
- Harlingen ISD
- HEB
- Highland Park
- Ingram ISD
- Keller
- Kennedale
- Kerrville ISD
- Killeen
- La Feria ISD
- Lampasas ISD
- Livingston ISD
- Llano ISD
- Lyford ISD
- Mannsfield
- Marble Falls ISD
- Matagorda County
- Mesquite
- Miami ISD
- Midland
- Mineral Wells
- Montague ISD
- New Waverly ISD
- North Lamar
- Pampa ISD
- Pottsboro ISD
- Raymondville ISD
- Rio Hondo ISD
- San Benito ISD
- San Elizario ISD
- San Felipe Del Rio Cons. District
- Socorro ISD

- Taft ISD
- Temple
- Tornillo ISD
- Trenton
- Trinity ISD
- Tyler ISD
- Wharton County
- White Settlement
- Whitesboro ISD
- Wichita County ISD
- Wilbarger ISD
- Ysleta ISD

Organizations across Texas report using a wide variety of primary prevention curricula. Fourteen organizations reported having developed their own curriculum. Other curricula identified by respondents include:

- Expect Respect (n=9)
- Safe Dates Primary Prevention (n=2)
- Second Step (n=2)
- Yellow Dyno (n=2)
- Ahead of the Curve
- Arte Sana
- Bibliotherapy
- Big decisions
- Botvin- Life Skills
- Break the Cycle
- Bully safe, Healthy relationships, Safe dating
- Coaching Boys Into Men
- Creating Lasting Family Connections
- Healthy Relations Choices
- Healthy Relationships
- Kids Connection
- LifeSkills
- Love Is Not Abuse
- Making the Peace
- Moving Upstream
- No Punching Judy
- PAL (Peer Abuse Learning)
- PEACE
- Peace Dating with Respect
- Primary Prevention: A New Approach
- Rainbow days
- Reconnecting Youth/PTND

- Redefining a Generation
- Respect
- SAFE Teens
- Steps to Respect
- To Save a Life
- Violence Free, That's Me!

7. Stalking

The survey included a few questions about services for victims of stalking, using both the Penal Code definition of stalking and the more popular, broader definition of stalking. The legal definition of stalking stems from Penal Code Section 42.072: In a continuous course of conduct (more than one act), 1) the stalker must place the victim in fear of bodily injury to the victim’s own person, fear of bodily injury to a family member or dating partner or fear of destruction of property; 2) the victim must actually fear any of these three possibilities and 3) a reasonable person would fear any of those three possibilities.

Table 35. Frequency of working with victims who experience stalking using the Penal Code definition)

Frequency of working with stalking as defined by Penal Code	Number of organizations
Very frequently	11
Often	29
Occasionally	35
Rarely	9
Never	3

Table 36. Frequency of working with victims who experience stalking using a broader definition

Frequency of working with stalking broadly defined	Number of organizations
Very frequently	20
Often	32
Occasionally	27
Rarely	6
Never	2

Respondents indicated that stalking is addressed in multiple elements of their programs. Table 37 lists program elements that have incorporated stalking. Some programs have also begun including stalking in community education and school education programs.

Table 37. Stalking addressed in program elements

Program elements	Number of organizations
Intake or screening protocols	71
Service plans	57
Safety plans	82

8. Partnerships & Collaboration

It is widely known that developing and maintaining collaborative partnerships is crucial to our response to family violence, delivering victim services, and engaging in prevention efforts. Table 38 represents the types of partnerships organizations develop and maintain.

Table 38. Types of partnerships and collaborative partners

Entity	Number of organizations
Law enforcement	86
Workforce commission	59
Housing authority	56
Immigration attorneys	38
Visitation centers	14
Probation or parole	60

Others partner organizations that were listed less frequently include:

- Local benefit office
- School administrators
- Court system (County Attorney, Prosecutor, etc.)
- Judiciary
- Local community health center
- Legal aid service providers
- Child Protective Services
- Adult Protective Services
- Refugee service providers
- Human trafficking coalitions
- Coordinating councils/task forces/prevention commissions

Barriers to Safety

Many advocates and policymakers working in the field of family violence have a good handle on common barriers to client safety and unmet needs. These items were included in the questionnaire to gauge whether or not barriers and needs remain the same in survivors’ current experiences. Table 39 illustrates respondents’ perceptions of a prescribed list of common barriers to safety.

Table 39. Common barriers to client safety

Barrier to safety	Number of organizations
Child care	21
Housing	45
Transportation	16
Fear of escalation	33
Legal issues	27
Children	26
Financial	73
Immigration	19

The questionnaire also asked about common reasons their organizations may not be able to provide services to someone seeking services. Those barriers most often cited by respondents are listed first and are indicated by an asterisk.

- Lack of capacity - lack of available beds in emergency shelter, no available transitional housing units, no openings in outreach counseling sessions*
- Seeker/caller not a victim of domestic violence or sexual assault*
- Complexity of other issues in addition to victimization - drug & alcohol addiction, mental health, immigration – that may extend beyond capabilities of organization*
- “Abuse is emotional rather than physical, and so there are few legal solutions”
- Abuser lives in the area; Abuser within close range of shelter
- Client has criminal background or previous assault charges
- Client is a danger to self or others
- Client is not eligible – based on jurisdiction, income eligibility, age eligibility
- Client needs other assistance first before we can assist client properly.
- “Client not ready to make permanent break from the abuser”; “unwilling to separate from abuser”
- Clients breaking organization’s rules; bringing drugs, alcohol or weapons on property; perpetrates verbal and/or physical violence at facility
- Communication barrier
- Lack of child care
- Lack of Spanish-speaking licensed counseling services
- Lack of transportation
- Mentally or physically unable to live independently at facility

- Organization lacks financial resources to meet client's needs
- “The person will not help themselves”
- “Victims not willing to work program”; “Clients refuse to work on goals”
- “We never turn someone away”; “We serve all who ask for help”; “We try to provide services to everyone who seeks our help.”

Respondents also identified the following most frequently used referrals to other community programs or services. Those referrals most often cited by respondents are listed first and are indicated by an asterisk.

- HHSC - TANF, child care assistance, food stamps etc.*
- Housing/Housing Assistance, Housing Authority/HUD/Section 8*
- Mental health services *
- Assistance for substance abuse issues
- Child care
- Child Protective Services
- Churches/Clergy
- Clothing
- County Attorney/court
- District Attorney’s Office
- Employment/training
- Family and friends
- Financial assistance
- Food/Food bank
- Homeless Shelter
- Immigration Assistance
- Law enforcement
- Legal advocacy
- Medical care
- Public transportation
- Rental/utility assistance
- United Way 211
- WIC
- Work Source

Finally, as an additional way to gather information about the same topic, the questionnaire asked respondents to identify the most common unmet needs experienced in the community.

- Affordable child care
- Affordable dental care
- Affordable legal services
- Affordable permanent and transitional housing
- Batterer intervention services
- Financial assistance

- Food
- Homeless shelter
- Immigration services (legal)
- Jobs/employment with livable wage
- Language-appropriate eservices and systems (including court)
- Mental health services
- Residential substance abuse services
- Transportation
- Timely prosecution of criminal cases
- Water

Revenue & Expenditures

The survey contained questions related to center revenues and expenditures to try to capture trends in both areas by center size, and by region of the state.

Question #1: What were your organization's total revenues for family violence services from all sources in fiscal year 2010?

Of the 88 respondents, 76 responded to this question.
The median revenue amount among respondents to this question was \$518,537

Question #2: What percentage of your overall revenue, in fiscal year 2010, came from HHSC?

Of the 88 respondents, 78 responded to this question, including 8 who responded that none of their overall revenue came from HHSC and 1 who did not know.

The median percentage among respondents was 28%.

Question #3: Does your program receive other local, state, or federal government funding for family violence services?

Centers Responding	Other Local Funding (79)	Other State Funding (79)	Other Federal Funding (83)
No	22	10	12
Yes	57	69	71

Question #4: Does your organization receive funding from other (non-governmental) sources for family violence services?

Centers Responding	Private Foundations (76)	Private Donors (84)	Local United Way (73)	Fundraisers (84)	Other (8)
No	3	0	7	0	
Yes	73	84	66	84	

Of the eight respondents who indicated that their centers received funding from “Other” sources, the answers included “consultative fees,” “resale shop sales,” “Thrift Store,” “Social Enterprise,” “sales of donated materials, training fees, curriculum development sales, probation fees,” and “Community Based Civic Organizations.”

Question #5: Do you receive funds from the mandatory family violence fee? This is a one-time \$100 fee collected by the courts to be paid to a family violence center for family violence offenses resulting in probation.

84 respondents answered the question.

Yes 56

No 28

Question #6: If respondents answered “Yes” to the previous question, they were asked how much in mandatory fees their center received in fiscal year 2010. Most respondents indicated it was a very modest amount, including one who said “very low because many social service agencies in our county are getting a cut of the pie.” **The range was \$60 to \$27,000, with a median amount of \$1733.**

Question #7: What were your total expenditures in 2010 for family violence services?

We received 66 responses to this question. The median expenditure for family violence services in 2010 was \$542,000, with a range from \$71,771 to \$8.1 million.

Question #8: Please give your best estimate of costs in each area listed below for fiscal year 2010.

	Cost of Personnel (to include fringe benefits such as health and dental) 66 responses	Cost to run the shelter (inclusive of food, utilities, and other facilities and maintenance costs) 62 responses	Cost to run Non-Residential (if separate/applicable) 52 responses	Cost to run BIPP (if applicable and not including personnel) 17 responses	Cost for additional Client/Program Services (those outside costs incurred separate of shelter services such as transportation, assisting clients with documents, etc.) 48 responses
Range	\$51,155-\$4,119,308	\$0 - \$1,682,755	\$0 - \$1,000,000	\$8000 - \$100,000	\$30 - \$365,000
Median	\$350,718	\$70,000	\$ 50,184	\$32,176	\$20,000

Question #9: What 3 new services, over and above the essential Core services you already provide, do you wish you could provide? For each, please provide an annual cost estimate.

We received a wide range of answers to this question. In some cases, the cost estimates ran into the mid-six-digit range. Responses appearing fewer than 3 times

Respondents were not asked to rank order their responses, but we made the assumption that the first service listed would be the most desired. We list the top responses, below:

1st New Service

- Transitional Housing (15 responses; average cost \$200,000 per year)
- Child care (8; \$50,000)
- Job Training Assistance (4; \$15,000)
- Financial literacy training (3; \$40,000)
- Legal Aid (3; \$30,000)
- Shelter Assistance (3; n/a)

2nd New Service

- Transitional Housing (12 responses; average cost \$200,000)
- Legal Aid (4; \$70,000)
- Child care (3; \$23,000)

3rd New Service

- Legal Aid (7 responses; average cost \$80,000)
- Transportation Assistance (5; n/a)
- Child care (5; \$40,000)
- Transitional Housing (3; n/a)

Question #10: What percentage of your overall revenue for family violence services is from local, state, or federal funding or from non-governmental sources (should add up to 100%)? (N=65)

	Local	State	Federal	Non-governmental
Percentage Range	0-27	0-100	0-100	0-100
Median percentage	3	20	28	31

Supplemental Analysis

We grouped centers by size, using revenue as a proxy for size, to try to understand differences in sources of revenue, and area of expenditures.

Table 1
Distribution of Centers by Total Revenue Amount (n=75 Centers)

Category	Min	Max	# of Centers
1	\$ -	\$ 303,430	19
2	\$ 303,431	\$ 606,760	23
3	\$ 606,761	\$ 1,820,080	25
4	\$ 1,820,081	None	8
		Total # of Centers	75

Table 2
Average Funds from Supplemental Sources as % of Total Revenue by Center Size, Including HHSC Funding (n=65 Centers)

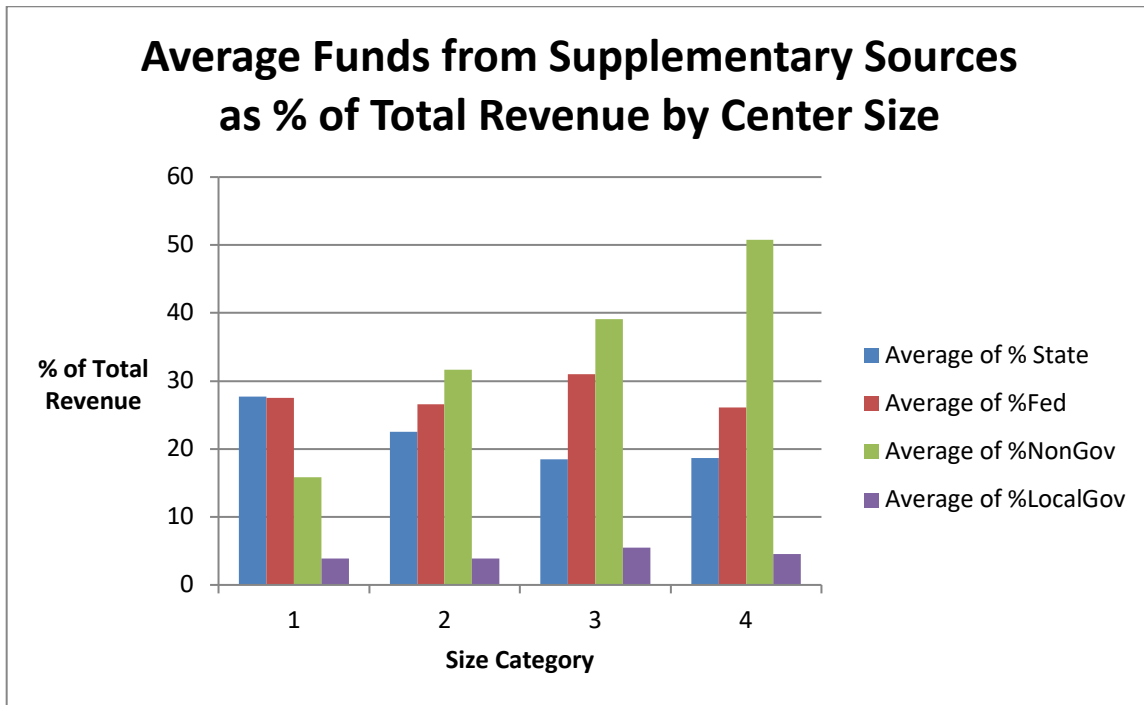


Table 3
 Average Funds from HHSC as % of Total Revenue, by Center Size
 (n=65 Centers)

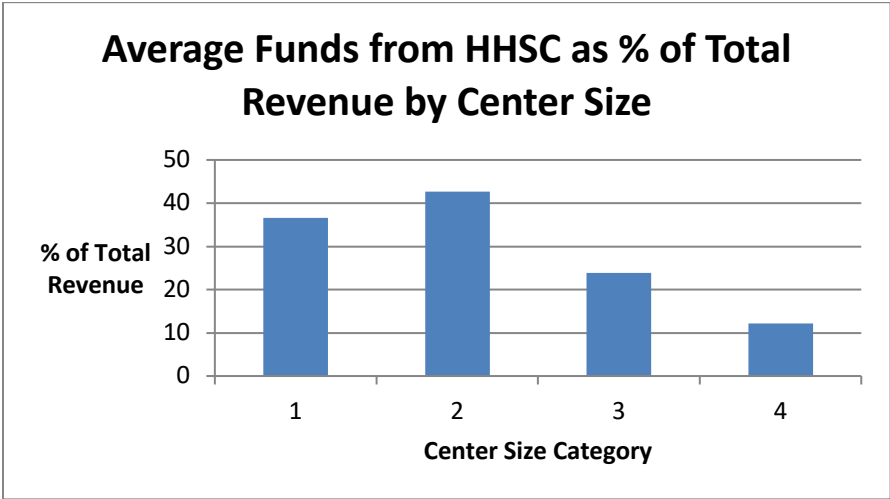


Table 4
 Average Expenditures on Services, by Center Size
 (n=75 Centers)

