

Voices of Texas Sexual Assault Survivors: Services, Gaps, and Recovery Journeys

Frequently Asked Questions About Interview Findings with Survivors

Project Background

What is the purpose of the study?

The purpose of the study is to present findings from interviews with adult survivors of sexual assault and childhood sexual abuse and parents/guardians of child sexual abuse survivors about services they received and/or needed but did not receive as well the gaps and barriers they have experienced in the Texas service system.

Who conducted the study?

This study was a collaboration between The University of Texas at Austin's Institute on Domestic Violence & Sexual Assault (IDVSA) at UT Austin's Steve Hicks School of Social Work and the IC² Institute's Bureau for Business Research (BBR). The Principal Investigator was Dr. Bruce Kellison, Director of the BBR. Dr. Kellison has directed several projects around sexual assault and human trafficking in his role as Co-Director of IDVSA.

Who sponsored the research?

House Bill (HB) 1590 established the Office of the Texas Governor's (OOG's) Sexual Assault Survivors' Task Force (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 this research study.

When did the research take place?

IDVSA researchers conducted survivor interviews between May and September 2021 via Zoom and telephone.

How did the COVID-19 pandemic impact the research?

The pandemic disrupted the original study design. The original design included in-person interviews with survivors of sexual violence. The pandemic forced the research team to conduct interviews via Zoom or telephone for the safety of participants and researchers. Even with this adjustment, we continued to prioritize and adhere to scientifically rigorous trauma-informed research practices.

Interviews

To be eligible for the study, participants had to be 18 years of age or older and (1) a survivor of sexual assault, (2) a survivor of childhood sexual abuse, or (3) the parent/guardian of a child survivor of sexual abuse.

Interview basics. We interviewed 70 survivors and parents/guardians of child survivors across Texas between May and September 2021 via telephone or, more commonly, a web-based video

platform. Interviewers asked participants to discuss one specific experience of sexual assault or abuse (e.g., one that was most impactful or most recent), which may not have been the survivor's first experience of sexual violence. Interviews typically lasted 1–2 hours and were designed to answer these four general questions:

1. What services did survivors of sexual assault or abuse need?
2. What services did survivors of sexual assault or abuse receive?
3. What needs went unmet because services were insufficient or not received?
4. What were the barriers to receiving services?

How was the interview pool determined?

Interview participants were recruited with the help of four site partners around the state of Texas, as well as through social media and radio public service announcements. We developed recruitment materials in English and Spanish and distributed them across the state through rape crisis centers (RCCs), child advocacy centers (CACs), and other service providers. Four of these agencies conducted deliberate and intentional recruitment of survivors or parents/guardians of child survivors for interviews. We also used social media posts, public service announcements, and appeals to historically underserved and marginalized groups to reach survivors not already connected to service providers. Once an interview was complete, we asked participants to share study information with others who might be interested in participating (snowball sampling).

The research team used both the language of HB 1590 and feedback from the SASTF Steering Committee to construct the semi-structured interview guide.

Did service providers participate in the survey?

Other than help recruit survivors to be interviewed, no service providers participated in this study. However, IDVSA released findings of a sexual assault service provider survey in November 2020, [available here](#).

Where were interview participants from, and did you get a representative sample of survivors?

Eligibility was limited to residents of Texas, but their sexual violence experience could have happened in any state. The requirement for Texas residency helped to focus data collection on help-seeking experiences and services received from organizations in Texas. The 70 completed interviews generated robust qualitative data with converging themes that produced scientifically rigorous findings related to survivor experiences with sexual assault services in Texas. The interview participants were from all parts of the state and taken together, they represented a good balance of gender, sexual orientation, and race and ethnicity.

Understanding Interview Data and Key Findings

Interviews were transcribed, coded, and analyzed by the research team. Broad and specific themes emerged from the data about the services that survivors needed, received, and wished they had received.

What are the key findings of this research?

Analysis of the interview data revealed the following key findings:

1. Survivors' recovery journeys follow three identifiable stages.

These follow a general framework: Processing, Searching, and Services. The report discusses survivor attrition and how few survivors go through all stages to receive formal and effective services. We also illustrate case examples—the non-linear path individual survivors took in their recovery journeys.

2. Needs eclipse capacity.

Most study participants needed specialized sexual assault or abuse services, but many did not receive them. This echoes the findings from our first study with service providers.

3. Barriers on the path to recovery.

The barriers we identified can be categorized into three main types: capacity-related barriers in the infrastructure of the service provider system; service-quality barriers; and personal, internal barriers within survivors themselves, often rooted in cultural beliefs about sexual assault.

4. The recovery journey is more difficult for some survivors.

Some survivors faced added barriers and challenges on their recovery journeys, in particular:

- Survivors who were a part of a historically underserved or marginalized group.
- Survivors with mental health conditions or persistent mental health symptoms.

5. Trauma-informed services can move a survivor toward recovery.

The need for trauma-informed services is well-known, if not always fully understood or consistently prioritized. The need for trauma-informed service provision came up frequently and vividly in this study.

6. Interactions with governmental institutions profoundly impact survivors.

There were stark differences among the experiences participants reported, with more negative or mixed experiences than positive ones—and these interactions had a powerful impact on survivors' help-seeking journey.

What services did survivors say they needed and received?

Key findings include:

- Therapy was the service in highest demand, with most participants indicating a need or desire for therapy. Approximately two-thirds of participants said they received therapy.
- Crisis Intervention/Hotline services and Forensic or Medical services were equally in demand with over half of participants indicating a need or desire for these services.
- About one-quarter of participants said they needed Basic Needs assistance, a service not typically provided by either RCCs or CACs.
- While very few participants indicated a need for Housing or Transportation services, for this small group such services were crucial.

Some of survivors' met and unmet needs can be understood by estimating the difference between the number of survivors who needed a service and the number who received it (see Table 1).

Table 1. Sexual Assault Services Needed and Received (Participant Reported)

Service Type ¹	Participants who <i>needed</i> the service [%, (n/N)]	Participants who <i>received</i> the service [%, (n/N)]
Therapy	98%, (59/60)	88%, (51/58)
Crisis Intervention or Hotline	86%, (42/49)	53%, (26/49)
Legal	71%, (36/51)	25%, (12/48)
Advocacy	66%, (29/44)	30%, (13/44)
Forensic or Medical	64%, (37/58)	51%, (28/55)
Accompaniment	64%, (32/50)	26%, (13/50)
Basic Needs	40%, (21/53)	10%, (5/52)
Housing	31%, (17/54)	11%, (6/54)
Transportation	24%, (13/54)	2%, (1/52)

How can you describe a survivor’s journey toward recovery and healing?

Following victimization, sexual assault and abuse survivors go through a process on their journey toward recovery that involves the following stages: Processing, Searching, and Services. Processing includes both internal and interpersonal processing. Internal processing refers to a survivor’s internal process of recognizing, labeling, and interpreting their sexual violence experience. Interpersonal processing refers to a survivors’ attempts to process their experience with friends, family, and other sources of social support. Searching involves looking for and asking for effective services and support, and Services centers on accessing and receiving appropriate and helpful support services. The trajectory of the journey is typically non-linear for survivors; they may circle back to an earlier stage after a setback, stop or stall in a certain stage, or reach their definition of recovery. Parents of child survivors reported going through similar stages and described what they knew about their children’s experiences with internal processing prior to disclosing their abuse.

¹ The service types noted in Table 1 are defined as follows:

- **Therapy** – Individual or group therapy, support groups, or substance use services.
- **Crisis Intervention or Hotline** - Either in-person, online, or phone support that is designed to reduce acute stress, begin stabilization, and assist in determining next steps.
- **Legal** – Legal services related to the assault, including immigration, divorce, child custody, protective order, or helping to assert crime victims’ rights.
- **Advocacy** – Assistance provided on behalf of a survivor with third parties, such as schools, employers, law enforcement, prosecutors, or Crime Victims’ Compensation.
- **Forensic or Medical** – Medical forensic exams, child forensic interviews, emergency room care, or other medical care related to the assault.
- **Accompaniment** – In-person support during a medical forensic exam, at a police department or prosecutor’s office.
- **Basic Needs** – Refers to any of the basic needs of life, including food, helping paying rent or utility bills, and clothing.
- **Housing** – Shelter or transitional housing.
- **Transportation** – Any kind of help getting transportation to support services and/or criminal justice-related appointments.

Research Impact

How does this research contribute to trauma-informed and survivor-centered goals of HB 1590 and the work of the SASTF?

Over the past 10-15 years, important strides have been made to address sexual violence in Texas and support survivors of sexual assault in reaction to pressing needs. Both HB1590 and the SASTF recognize that a trauma-informed and survivor-centered approach to ending sexual violence in Texas and supporting survivors of sexual assault must be proactive, holistic, comprehensive and coordinated. This groundbreaking initiative builds a comprehensive understanding of the services provided to sexual assault survivors, the services that survivors say they need, and gaps in service provision and availability. The Resource Inventory and the Survivor studies will help to increase capacity where it is needed, aid efforts to pass legislation to better help survivors, and facilitate survivors' connections with service providers.