Resources for Texas Sexual Assault Survivors

Inventory and Survey Findings on Services, Gaps, and Accessibility

Methods

See full report for additional information.

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

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.[1,2,3]

Action Research

Researchers applied the tenets of action research[4,5] 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*[6,7] 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[A] (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.

[A] 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.

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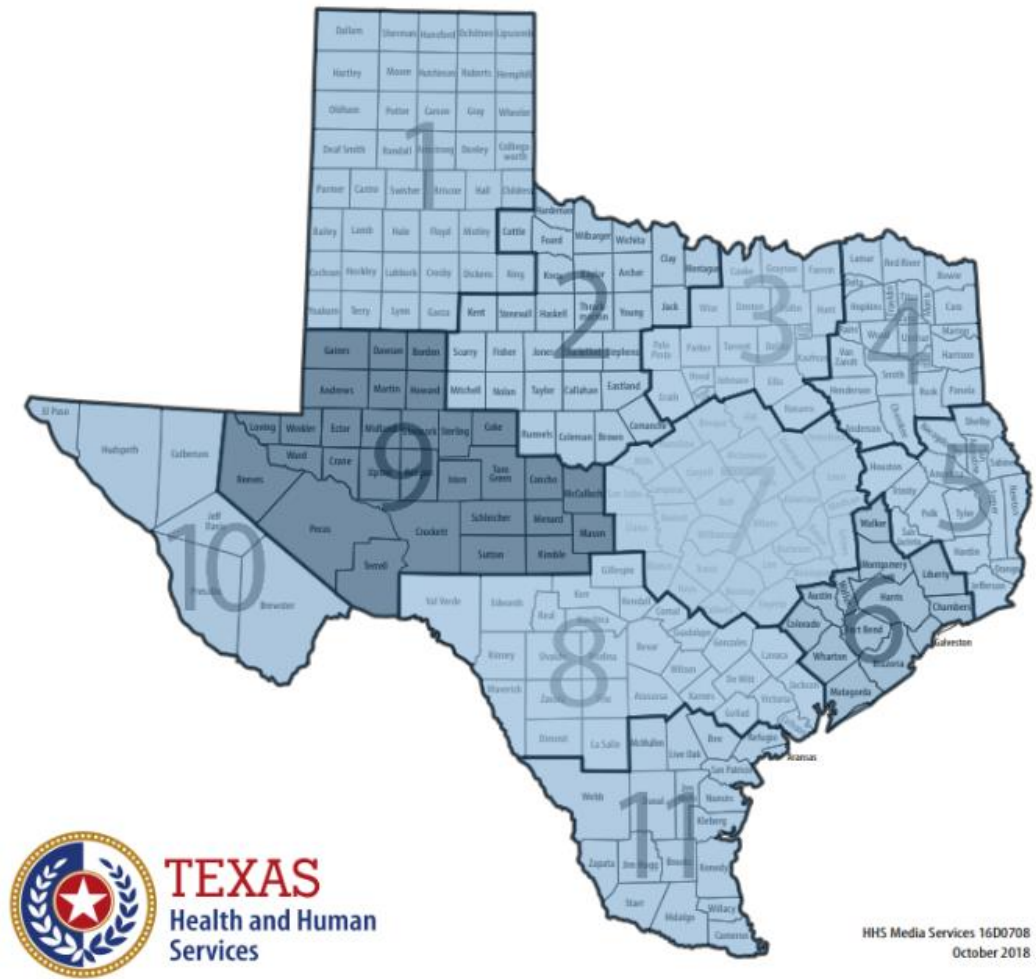
See Appendix E: Steps for Determining Service List. See the complete list of service definitions in Appendix B1: Service Activities and Definitions.

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.**

Figure 1. HHSC Regional Map/Study Regions [8,9]

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

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.

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[B,C]	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[D]	3	3	100%
Other Nonprofit Organizations[E]	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.[10] 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%.[11] 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

[B] 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.

[C] 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.

[D] 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.

[E] 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.

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