



Resources for Texas Sexual Assault Survivors - HB 1590

Frequently Asked Questions

About the Inventory and Survey Findings on Services, Gaps, and Accessibility

Project Background

What is the purpose of the study?

The purpose of the study is to assess the availability of sexual assault services for adults and children and the unmet needs of survivors throughout the state of Texas. The specific project aims were to:

- Inventory and measure the sexual assault services available in Texas.
- Assess sexual assault survivors' needs by region.
- Develop a list of sexual assault resources available to survivors to inform the creation of a comprehensive statewide service directory in the future.

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 the Steve Hicks School of Social Work and the IC² Institute's Bureau for Business Research (BBR). The Co-Investigators are Noël Busch-Armendariz, PhD, University Presidential Professor and Director of IDVSA, and Dr. Bruce Kellison, Director of the BBR. Drs. Busch-Armendariz and Kellison have collaborated on multiple projects on interpersonal violence, sexual assault, and human trafficking. Dr. Busch-Armendariz is a nationally renowned expert on interpersonal violence, sexual assault, and human trafficking.

Who sponsored the research?

House Bill (HB) 1590 established the Office of the Texas Governor's Sexual Assault Survivors' Task Force (SASTF) during the 86th Regular Legislative Session. SASTF'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 IDVSA at The University of Texas at Austin to conduct this research study.

When did the research take place?

IDVSA researchers conducted the survey of service providers between July and September 2020.

How did the COVID-19 pandemic impact the research?

The pandemic disrupted the original study design. The original design included in-person focus groups with service providers and interviews and surveys with survivors of sexual violence. The pandemic forced the research team to postpone in-person interviews and surveys until they could be conducted in a trauma-informed manner that is scientifically rigorous and safe for participants and researchers.

Survey

What did the survey ask?

The voluntary, web-based survey asked for information about actual services provided to survivors, not just offered, in "the most recent fiscal year" (a full 12-month timeframe) before the onset of COVID-19 in February and March 2020. The survey topics included:

- Information about the survey participant and organization.
- Number of survivors served by types of violence experienced.
- Funding sources.
- Services provided (by county).
- Unmet needs for services.
- Impact of COVID on services 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.

How was the survey sample determined?

HB 1590 required that the survey sample include nonprofit organizations, healthcare facilities, institutions of higher education, SARTs, and other non-governmental entities. This included both "primary" service providers, such as rape crisis centers and children's advocacy centers, and "secondary" or indirect providers who serve survivors of sexual violence, but whose primary mission is not necessarily to do so. The research team used both the language of HB 1590 and feedback from the SASTF Steering Committee to construct the full sample of provider types and organizations and make any necessary exclusions. The SASTF Steering Committee determined that collecting data on military entities and bases was outside the study's scope.

Who was invited to participate in the study?

The research team identified potential survey respondents within each category noted in the legislation, identified and obtained contact information for approximately 4,000 organizations that provide services to sexual assault survivors, and invited them to complete the survey. These included, but were not limited to, rape crisis centers, children's advocacy centers, sexual assault nurse examiners, court-appointed special advocate organizations, legal aid organizations, county and district attorneys, law enforcement organizations, hospital administrators, and other organizations that provide specialized services for survivors of interpersonal violence, including sexual assault survivors.

Did survivors participate in the survey?

Unfortunately, because of COVID-19, IDVSA postponed the survivor research portion of this project. Survivors were not interviewed, nor were they included in the survey. While some participants who answered the survey may also be survivors, the questions they answered were related to their organization and not about their own experience as a survivor.



When will survivors' perspectives be added?

Survivors' voices are incredibly valuable and will be included in the second year of work. The original plan—disrupted due to COVID-19—was to begin working with survivors and those who serve them in the first year. We now have strong footing to begin working with survivors to gain their input on services, needs, and challenges.

How was the survey administered?

The survey was administered online through the Qualtrics survey platform. Each potential respondent was contacted via email with an individualized link that allowed them to leave the survey in progress and return to it as needed. The research team was available to answer questions and help with any difficulties.

How many organizations responded to the survey?

Responses to the voluntary survey were received from 342 distinct service providers.

What parts of Texas were represented in the survey responses?

The responses represented all 11 regions of the state and covered 209 of Texas' 254 counties. This project used the 11-region breakdown of the state used by the Health and Human Services Commission (HHSC) and the Department of Family and Protective Services (DFPS).

What was the 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.

Understanding Survey Findings

What does baseline availability mean?

"Baseline availability" for the survey means that an organization provided a given service to at least one survivor during the last completed fiscal year before the COVID-19 pandemic.

What is a provider-county unit, and why is it important?

A "provider-county unit" is a unit of analysis that represents the intersection of an organization and a county. It looks at the services provided by each organization in each county separately because many organizations serve multiple counties, and an organization may or may not provide a specific service across their entire service area. By measuring this way, we have a greater degree of specificity about what services are available in which counties to assess unmet needs accurately. In this study, there were 342 unique organizations and 500 provider-county units.



How were unmet needs measured?

After establishing baseline availability, organizations were then asked to rate the degree to which they consider their current service levels to meet survivors' needs in the counties they serve. They could choose between four options and indicate that they perceive that their provision of a given service completely, largely, somewhat, or rarely meets survivors' needs in each county.

Our two-pronged approach to measuring service provision allowed researchers to show both where services are offered to at least some extent or are not offered at all, and to what extent services that are offered have the capacity to meet the demand in that community.

In the process, two different types of unmet needs could be illuminated. Some survivors in Texas live in areas where they are unable to access a service because it is not offered there at all. This is more likely to be a challenge faced by survivors in rural areas. Others live in areas where services are provided, but the capacity of organizations in their area is insufficient to meet the demand. This is a challenge that survivors are more likely to encounter in urban areas.

How can I find out about differences in baseline service provision, unmet needs, or COVID-19 impact between different types of service providers?

In the Summary and Detailed Tables Organized by Provider Type in Appendix F, you will find numerous tables of nuanced data, including tables that look at individual services by provider type.

How can I find data about specific regions in the state?

There are several tables in Appendix F that provide information on a regional level. There are both detailed tables and summary tables, including the following:

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/have not 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' needs for a service to be met or unmet for each individual service.

How do I find data about specific counties in the state?

For reasons related to protecting the confidentiality of respondents and the limitations of the statistical strength of the analysis, we aggregated the survey responses at the regional level and do not provide county-level data.

Are the findings based on fact or service provider opinion?

In IDVSA's work, our social science approach honors and relies upon the expert in-the-field perspectives of practitioners who serve survivors and are committed to reducing violent crime. A broad range of professionals from various types of organizations provided us with data to analyze using rigorous social science methods, which results in valid findings to answer the study's questions.

Sexual Assault Services Resource Inventory

What is the sexual assault services resource inventory?

The sexual assault services resource inventory will be an online public repository, hosted by the Public Safety Office in the Office of the Texas Governor, with information about the 4,000 organizations or agencies that provide services to sexual assault survivors in Texas. IDVSA developed a resource inventory list with information necessary to develop this online directory and inform future data collection efforts.

How was the inventory developed?

The IDVSA research team obtained and developed this list from both publicly available information and survey responses. The resource 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
- Other Services

Research Impact

How does this research contribute to the 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 HB 1590 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, identifies gaps, and will help increase capacity where it is needed. This research is the first-ever coordinated, comprehensive, systematic, and centralized review and analysis of Texas' entire sexual assault services landscape.