



The University of Texas at Austin  
Institute on Domestic Violence  
& Sexual Assault  
*Steve Hicks School of Social Work*

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# Voices of Texas Sexual Assault Survivors

Services, Gaps, and Recovery Journeys

## Executive Summary

For more information, see [full report](#)

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

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We are grateful beyond measure to each survivor—those who participated in this study and those who received the outreach and considered participating. We honor your courage to share your lived experiences, acknowledge the emotional energy it takes to recount a devastating time in your lives, and revere your resilience. We heard your voices, your profound determination to heal, and your desire to help others by sharing your stories. Our deepest hope is that we have done justice to your courage, experience, resilience, and trust.

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

Read our full list of acknowledgments in Appendix A.

### A NOTE ABOUT LANGUAGE

In this report, the term sexual assault is generally only used when referring to adult survivors, and the term sexual abuse is typically used when referring to child survivors. When referring to both adult and child survivors, we either used the phrase sexual assault and abuse or sexual violence.

Recovery is used to describe an aspect of a survivor's journey. It is not meant to imply that recovery following sexual violence is a permanent state and once achieved will never be undone, in whole or in part, or require additional work to maintain. The recovery journey is lifelong.

# Executive Summary

Sexual violence affects 6.3 million Texans throughout their lifetimes. This study is a survivor-centered examination into the services available to or needed by adults and children who experience sexual violence with recommendations to improve the Texas service system.

## LEGISLATIVE CHARGE AND PROJECT ACCOMPLISHMENTS

The current study is the second in a set of two projects conducted by researchers at the Institute on Domestic Violence and Sexual Assault (IDVSA) at The University of Texas at Austin and sponsored by the Sexual Assault Survivors' Task Force<sup>A</sup> (SASTF) through the Office of the Texas Governor (OOG). Together, the studies focus on the services needed by and available to adult and child survivors of sexual violence in Texas with the ultimate goal of improving service delivery and accelerating recovery for survivors. The first study,<sup>B</sup> released in 2020, surveyed sexual assault service providers in Texas about their service offerings and gaps in services. This second study expands the scope and range of that inquiry by presenting findings from interviews with sexual assault survivors and parents/guardians of child sexual abuse survivors about services they received and/or services needed but not received as well as the gaps and barriers they have experienced in the Texas service system.

To achieve the goals of this study, IDVSA:

- Conducted in-depth interviews with 70 Texans—adult survivors of sexual assault and/or childhood sexual abuse and the parents/guardians of child survivors of sexual abuse—about their experiences seeking and receiving services following sexual violence.
- Identified and presented themes from the qualitative interview data.
- Made recommendations to improve service delivery based on the needs, experiences, and barriers expressed by survivors themselves.

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<sup>A</sup> More information is available at: <https://gov.texas.gov/organization/cjd/sastf>

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

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The full report that follows this summary includes our complete findings, specific and overarching recommendations, and our research design methods.

House Bill 1590 (86R)<sup>c</sup> created the SASTF to improve service accessibility for sexual assault survivors and their families. Through this study, IDVSA contributes to the task force's efforts to inform legislators on specific gaps in resources for survivors on their journey toward recovery.

## METHODS AT A GLANCE

IDVSA's values and principles ground the rigorous scientific approach to our work, including leadership, responsiveness, discovery, and intersectionality of identities. The research team also actively applied trauma-informed research and action research as guiding approaches to the empirical process for this study. Our specific research methods were as follows.

**Research questions.** IDVSA and project stakeholders, including the SASTF Steering Committee and the SASTF Survivor-Centered Working Group, collaboratively designed a voluntary and confidential interview protocol for the survivor interviews to answer four research 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?

**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. Interviews typically lasted 1–2 hours.

**Three participant types.** 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.

**Recruitment.** We developed recruitment materials in English and Spanish and distributed them across the state through rape crisis centers (RCCs), children's 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 specific appeals to historically underserved and marginalized groups in an effort to reach survivors not already connected to service providers. Once an interview was complete,

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

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we asked participants to share study information with others who might be interested in participating (snowball sampling).

**Interview focus.** Lines of inquiry during the interviews included: sexual assault or abuse experiences, including circumstances around the one sexual violence experience the participant deemed as most impactful; immediate needs following that sexual abuse or assault; awareness and familiarity with resources; disclosure experience and social support; and questions about nine specific types of services.

**Data analysis.** The research team coded the de-identified interview transcripts using NVivo software and grouped the data into themes, conducting both independent and collaborative reviews of findings to strengthen validity.

## KEY FINDINGS

Researchers identified the following six central findings from our data analysis.

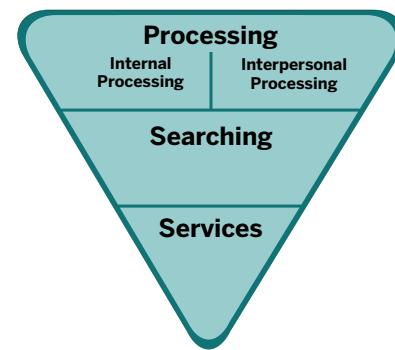
### 1. Survivors' recovery journeys follow three identifiable stages.

Survivors of sexual violence go through a process on their journey toward recovery made up of three stages: Processing, Searching, and Services.

The stages can be conceptualized as an inverted triangle, because so few survivors progress to all stages to receive formal and effective services that help them heal and recover.

#### Stage 1: Processing the Assault

This stage includes both internal processing within the survivor's mind as well as interpersonal processing with others. In this stage, survivors work through confusion, self-blame, and minimization of the assault or abuse alongside their fear of perceived or actual repercussions if they disclose what happened to them.



#### Stage 2: Searching for Services

Searching for effective services and support involves looking and asking for such help. There were many pathways in the search; some survivors used the internet, some found "navigators" among their friends and family, and some had their search propelled forward as they were thrust into services by their reports to law enforcement or Child Protective Services (CPS).

#### Stage 3: Receiving Services

Once through the Processing and Searching stages, survivors and parents/guardians of child survivors could begin seeking and receiving help and effective support in earnest. A service that is irrelevant for one survivor may be absolutely necessary for another.

Survivors' ability to benefit from services varies also widely as does the availability, accessibility, and effectiveness of services across the state.

When survivors receive services that are a poor fit or are not sufficient for their needs, they may return to the Searching stage and look for other options or even return to the Processing stage if they have lost hope that formal help will yield results.

Recovery rarely unfolds linearly, nor is recovery the same for every survivor of sexual assault or abuse. Four **Journey Maps** in the report capture the experiences described by four interview participants and illustrate specific examples of the stages of the recovery process.

## **2. Needs eclipse capacity.**

The central charge of this research project was to understand survivor service needs, survivor experiences receiving services, and survivors' unmet needs. Most participants needed specialized sexual assault or abuse services, and many did not receive them. This echoes our findings from the first study for this project in 2020 in which service providers reported that their current service capacity could not meet the demand for services.

Some of survivors' 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). Other unmet needs do not directly align with a service, but are discussed throughout the report, such as the need for compassion, the need for information, and the need for validation.

Participants occasionally reported that they found informal resources and support when unable to access formal services, but in a large majority of the cases where participants could not access a needed service, they said that their only option was to cope and endure as best they could.

Researchers developed findings specific to 9 types of services. These are located in the **Service System Findings** section of the full report.

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

Service Type <sup>D</sup>	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)

*Note: Table 1 presents findings on the frequency for which participants expressed a need for various types of services and the frequency with which they were received. It is important to note that this research involved in-depth interviews using a flexible interview protocol wherein not all participants were asked all of the questions for a variety of reasons. As such, results are presented in this table as [% (n/N)]. N is the number of participants who were asked, respectively, about a service need or the receipt of a service; n is the number who endorsed the need (receipt) of a service. We have also included the percentage (=%=100\*n/N) for the convenience of the reader, however, caution is advised when generalizing findings from qualitative research. Additional, more quantitative information is provided about survivor service needs in the Resources for Sexual Assault Survivors (2020) report, Part 1 of this two-part research project.*

<sup>D</sup> 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 with 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 law enforcement department, or at a 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.

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### **3. Barriers on the path to recovery.**

Data analysis revealed a number of distinct themes on why survivors and parents/guardians of child survivors were unable to access needed services. Distilled here, these barriers are presented and integrated throughout the report. They can be categorized into three main types of barriers: lack of capacity built into the infrastructure of the service provider system; problems with the quality of services providers were able to offer; and personal, internal barriers within survivors themselves, often rooted in cultural beliefs about sexual assault. Some barriers were temporary, delaying survivors' access to services that they eventually received, while other barriers were longer lasting. Some barriers made it impossible to access services, while others rendered needed services ineffective or even harmful. All of the following types of barriers had a clear negative impact on survivors and their families.

**Capacity-Related Barriers.** These resulted in delays and placement on waiting lists before an intake process and/or services could begin. These types of barriers may also have created limitations on the days and times services were available (e.g., no evening or weekend hours), the types of services offered (e.g., no staff to run support groups), or service locations (e.g., agency was unable to staff satellite locations). The capacity-related barriers included:

- Lack of sufficient staff to meet demand.
- Not enough providers with the necessary training and/or experience to provide a specific service (e.g., a lack of therapists with necessary skills and training to provide competent therapy to child survivors of sexual abuse).

**Service Quality Barriers.** These resulted in survivors and parents/guardians of child survivors being re-traumatized when receiving services:

- Lack or inconsistent use of trauma-informed practices.
- Lack of engagement and/or communication among service providers in order to provide coordinated, seamless care to survivors and their families.
- Lack of information provided to survivors and parents/guardians about systems (e.g., criminal justice system, CPS, or Crime Victims' Compensation [CVC]).

**Personal/Internal Barriers.** These resulted in delays or disruptions with services:

- Survivors and/or parents/guardians of child survivors being unaware of existing services that might benefit them.
- Survivors and/or parents/guardians minimizing or blaming themselves for the assault or abuse, implying that the survivor does not deserve or qualify for services.
- Concerns about being disbelieved, dismissed, or treated poorly by professionals who prevented survivors from seeking services.

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

Some survivors faced added barriers on their recovery journeys. Researchers identified two groups, in particular, who faced increased challenges on their help-seeking path:

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

Survivors in these groups reported that they were treated poorly, disbelieved, or dismissed by service providers and/or governmental institutions. Some reported that suitable services were not available when they sought help; they needed specialized resources and skilled service providers to adequately support their recovery.

#### **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 within the service system.

The need for trauma-informed service provision came up frequently and vividly in this study.

“Traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community.”

—Judith Lewis Herman,  
*Trauma and Recovery*

Sexual violence victimization by one person, typically someone the survivor knew, shatters survivors' assumptions about human interactions and relationships, and profoundly impacts every part of a survivor's world. The sexual violence experience typically involves a betrayal of the survivor's expectations about others and frequently results in feelings of helplessness. If service providers create an experience of trust, protection, and respect for the survivor's choice and control, survivors have the opportunity to rebalance their expectations of themselves, others, and their world. If services are provided in a way that is not trauma-informed, the damage created by sexual violence can be reinforced.

Participants reported needs for the following:

- Compassion and understanding.
- Safety, both physical and emotional.
- To be heard and have their experiences validated.
- A consistent, familiar, trustworthy advocate to help navigate service systems.
- Peer counseling and support group opportunities with other survivors with similar lived experiences.
- Respect for survivor and parent/guardian input related to service provision and criminal justice matters and decisions.

#### **6. Interactions with governmental institutions profoundly impact survivors.**

Survivor experiences with law enforcement, county and district attorneys, CPS, and CVC were impactful. Interactions, both positive and negative, often had a profound influence on the help-seeking path survivors and parents/guardians of child survivors took. There were stark differences among the experiences participants reported—between departments and

even between personnel in the same department—suggesting much inconsistency in approaches and effectiveness. A survivor’s negative experience with one of these institutions had profound effects on their ability to participate in the criminal justice system, access services, and heal from the sexual violence. Positive experiences, although less frequent, had correspondingly positive impacts on criminal justice participation, service access, and healing.

## RECOMMENDATIONS SUMMARY

- Increase funding for service providers and programs that serve survivors and their families in order to increase capacity and the quality of the services provided. Therapy services are in most need of additional resources, and resources are needed across most service types.
- Create additional training opportunities on trauma-informed practices for helping survivors of sexual violence. This training is needed for law enforcement, district and county attorney personnel, medical professionals, and RCC and CAC staff members.
- Expand current services, when possible, to include accompaniment for parents/guardians of child survivors during medical exams, texting or chat capabilities for hotlines, and group counseling or peer support groups for adult survivors and parents/guardians of child survivors.
- Take measures to minimize the financial impact of the sexual assault or abuse by streamlining the Crime Victims’ Compensation program to be less burdensome for survivors and parents/guardians of child survivors.
- Offer specialized services, such as hotlines and therapy resources, for some survivor populations, such as male survivors of sexual violence and LGBTQIA+ survivors.
- Increase coordination among service providers, law enforcement, and criminal justice personnel, and prioritize keeping adult survivors and parents/guardians of child survivors apprised of case developments.

Researchers developed over 35 specific recommendations related to funding, training, research, and services. These are in the **Conclusion and Recommendations** section of the full report.

## CONCLUSION: TOWARD A BETTER SERVICE SYSTEM

This study focused on survivor needs (both met and unmet), service experiences, and barriers faced by survivors on their recovery journeys. Our research gives evidence and voice, specifically a collective survivor voice, to many of the needs we anecdotally hear from professionals.

Survivors and parents/guardians of child survivors reported mixed experiences in their help-seeking journeys following sexual violence. Their awareness of services prior to needing them was low, but most survivors and parents/guardians interviewed were able to gain access to at least some of the services they needed. They were appreciative of service providers' efforts and recognized that those providers were doing their best with limited resources. However, the survivors and parents/guardians that were interviewed frequently had needs that were not met, or not initially met, due to a variety of barriers. Some of these barriers were individualized, though many were related to capacity limitations, lack of information about services, lack of trauma-informed responses, or other institutional challenges. When asked about interactions with government institutions, survivors and parents/guardians had a wide variety of experiences with law enforcement and district and county attorney's offices to report, with the most extreme negative experiences creating revictimization.

Texas lawmakers, RCC and CAC professionals and volunteers, researchers, and survivors themselves are committed to improving the service system for child and adult survivors of sexual violence and their families. This is a shared effort. The current infrastructure and support created by RCCs and CACs across the state is vital to survivors—and it is troubling to think about survivors working through their recovery journeys alone, without the canopy of existing advocates, therapists, Sexual Assault Nurse Examiners (SANEs), and others in key support roles. Through this study, we hope to provide direction to deepen and expand the current foundation of specialized RCC and CAC services to meet the needs of sexual assault and abuse survivors in Texas as they heal and recover.