



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

Voices of Texas Sexual Assault Survivors

Services, Gaps, and Recovery Journeys

JANUARY • 2022

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

This project was funded by the OOG Solicitation: ST20 PY20 Sexual Assault Survivors' Task Force Program under Grant Contract number 3928001. The opinions, findings, and conclusions expressed in this publication are those of the authors and do not necessarily reflect those of the Office of the Texas Governor.

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Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). Voices of Texas sexual assault survivors : Services, gaps, and recovery journeys. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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Acknowledgments

The Institute on Domestic Violence & Sexual Assault (IDVSA) and the Bureau for Business Research (BBR) team members would like to express our profound gratitude to all those who assisted with this project, including Texas lawmakers, state agency and nonprofit coalition representatives, children’s advocacy centers and rape crisis centers, and most importantly, sexual assault and sexual abuse survivors.

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.

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ACRONYMS

Acronym	Full Name of Entity
CAC	Children’s Advocacy Center
CPS	Child Protective Services
CVC	Crime Victims’ Compensation Program
DFPS	Texas Department of Family and Protective Services
MDT	Multi-Disciplinary Team
OOG	Office of the Texas Governor
PSO	Public Safety Office
RCC	Rape Crisis Center
SANE	Sexual Assault Nurse Examiner
SASTF	Sexual Assault Survivors’ Task Force

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^A](#) (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^B](#), 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.

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

^B 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)^c 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,

^c 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.

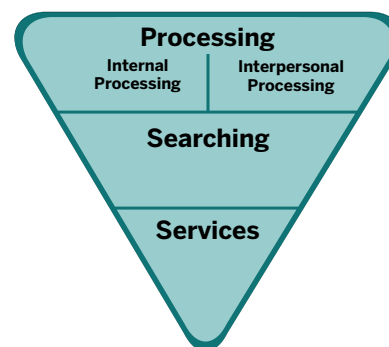
1. Survivors’ recovery journeys follow three identifiable stages.

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 ^D	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.*

^D 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.

Introduction

HB 1590 AND SEXUAL ASSAULT SURVIVORS' TASK FORCE

House Bill (HB) 1590¹ established the Office of the Texas Governor's (OOG's) [Sexual Assault Survivors' Task Force](#)² (SASTF) during the 86th Regular Legislative Session in 2019. 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.

The SASTF partnered with the Institute on Domestic Violence & Sexual Assault (IDVSA) at The University of Texas at Austin to conduct research studies on the availability of sexual assault services and the unmet needs of survivors throughout the state of Texas. This report covers the second study in a two-part series.

CHARGE TO IDVSA

The bipartisan passage of HB 1590 (86R) signified a continued commitment by Texas lawmakers to serve sexual assault and abuse survivors and dedicate efforts and funding to the study of sexual violence in a way no other state has done. Lawmakers and Texans alike acknowledge the seriousness of sexual assault and abuse crimes. With the research findings from these two IDVSA studies, survivors and their families, professionals supporting survivors, and lawmakers can better understand the landscape of resources, service provision gaps, and unmet needs across our state. The specific aims of the studies were as follows.

Goals of Part 1 (2020)

1. Inventory the sexual assault services available in Texas.
2. Develop a sexual assault services resource inventory.

IDVSA accomplished those Part 1 aims by:

- Developing and implementing a statewide survey to a broad and diverse set of providers who serve survivors of sexual violence, conducting a collaborative analysis of the survey findings with a specific focus on service availability and service gaps,

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and presenting those findings in a report to the OOG, [Resources for Texas Sexual Assault Survivors](#).

- Developing an Inventory List of the resources for survivors across the state and delivering it to the OOG to inform the creation of a comprehensive statewide service directory in the future.

Goal of Part 2 (2021) – Current Study

3. Assess needs of sexual assault and abuse survivors.

SEXUAL ASSAULT IN TEXAS AND HISTORY OF IDVSA'S CONTRIBUTIONS

Since its inception in 2001, IDVSA's centering focus has remained on interpersonal violence nationally and locally. Our scholarship encompasses a wide array of local, state, and national research. IDVSA studies the layered impacts of sexual violence on the individual, the service providers who respond to the assault or abuse, the systems through which the assault or abuse is addressed, and the broader social and economic structures that are impacted.

We aim to enhance the quality and relevance of research findings, their application in service provision and policy, and ultimately their benefit to survivors. To achieve this, IDVSA relies on strong collaboration with multidisciplinary partners, such as state agencies, rape crisis centers (RCCs), child advocacy centers (CACs), statewide advocacy groups, and family violence shelters. IDVSA is a collaboration between The University of Texas at Austin's Steve Hicks School of Social Work, the School of Law, the School of Nursing, and the Bureau for Business Research (BBR). In this project, IDVSA and BBR continued a well-established collaboration, drawing upon our multiple scientific and content specializations. We collectively apply our extensive expertise to take a multi-faceted and complete approach to a complex type of violence that affects individuals, families, communities, and societies at large in many ways.

Sexual Assault in Texas

IDVSA and the State of Texas have worked hand in hand to create a strong foundation of sexual assault research and knowledge for our great state, including the following studies focused solely on Texas:

1. [Outcome measures for sexual assault services, 2003³](#)
2. [Sexual assault prevalence, 2003⁴](#)
3. [Sexual assault needs assessment, 2011⁵](#)
4. [Sexual assault prevalence, 2015⁶](#)

The two sexual assault prevalence studies referenced above thoroughly researched and documented the impact of sexual assault on adult Texans assaulted as adults or children.

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According to the IDVSA 2015 prevalence study, sexual assault affects 6.3 million men and women throughout their lifetimes in the state of Texas, or 33.2% of adult Texans. A national prevalence study of child sexual abuse⁷ found that 22.6% of female children and 5.1% of male children were sexually abused. Similarly, the Centers for Disease Control and Prevention report that one in three women and one in six men in the United States have experienced sexual violence in their lifetimes.⁸ The Texas Department of Family and Protective Services (DFPS), which includes Child Protective Services (CPS), reported 68,461 confirmed cases of child abuse/neglect in fiscal year 2020,⁹ and nearly 10% of these included confirmed sexual abuse or assault.¹⁰ In the IDVSA 2015 survey of adult Texas residents, 413,000 or 2.2% of adult Texans (2.3% women and 2% men) experienced sexual assault within a year prior to being surveyed by the IDVSA research team.¹¹ Of those survivors of sexual assault, 65.2% reported multiple victimizations. However, the same study found that only a small percentage of survivors (9.2%) ever report their victimization to anyone, much less to victim services agencies or law enforcement.

The current research study is a logical next step to positively impact the millions of Texans who have experienced sexual violence as adults or children. We seek to deepen knowledge and understanding of survivor experiences seeking and receiving services on their journey toward recovery by conducting a qualitative study based on in-depth interviews with adult survivors and parents/guardians of child survivors.

Methods

This section describes the research methods collaboratively developed and employed by IDVSA in this study, including IDVSA's universal guiding approaches, research questions and design, participant demographics, and the data collection and analysis process.

IDVSA'S UNIVERSAL AND GUIDING APPROACHES

IDVSA's mission, vision, and foundational principles informed all aspects of the empirical process. This section offers an overview of our key values, principles, and approaches—and how they were applied in the design, implementation, and analysis of this research.

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.

Actively Applying Our Values and Principles

IDVSA's values and principles ground the rigorous scientific approach to our work. The following guiding values and principles allowed us to benefit from our interactions with survivors, parents/guardians of survivors, and other stakeholders as we conducted interviews and created this report.

VALUES: LEADERSHIP AND RESPONSIVENESS.

We embrace our moral, ethical, and legal responsibilities and understand they will evolve as we work for universal peace and prosperity as an entitlement. We are committed to being thoughtful and equity-centered leaders and to create a restorative space for survivors and parent/guardians of survivors to share their experiences.

PRINCIPLES: DISCOVERY AND INTERSECTIONALITY

We understand that influencing change within Texas organizations and institutions from which survivors seek assistance is predicated on contributing to the existing body of scientific knowledge and providing evidence-based, applicable, and actionable recommendations. And we acknowledge and honor the unique and diverse identities and experiences related to race, gender, ethnicity, sexual orientation, ability, religion/spirituality, nationality, and socioeconomic status. We take active measures to understand and attend to survivors' experiences related to identity and inequality.

The research team also employed two guiding approaches to the empirical process for this study: trauma-informed research and action research, discussed next.

Trauma-Informed Research

The IDVSA research team was mindful that research design and activities could impact study participant's lives—in this case, survivors and the parents/guardians of child sexual abuse survivors. Survivors of sexual violence have already suffered a profound trauma and many survivors have suffered multiple traumas throughout their lives, including re-traumatization by the organizations and institutions that are meant to help and support them.

Parents/guardians of child sexual abuse survivors and others who regularly interface with survivors (e.g., service providers and researchers) are also vulnerable to secondary trauma. Both trauma and secondary trauma, if unaddressed, can have lasting effects. With this in mind, the research team strived to implement a trauma-informed approach to 'first, do no harm' to participants and then, whenever possible, provide a safe and potentially empowering opportunity for survivors to be heard.

IDVSA employs strategies at the individual, relational, and organizational levels to address trauma (see Table 2). With input from stakeholders (including those from the OOG Public Safety Office and the SASTF Steering Committee), we designed and implemented a trauma-informed research approach.

Table 2. Trauma-Informed Research Approaches at Three Levels^{12,13,14,15}

INDIVIDUAL STRATEGIES Researcher Preparation and Support	RELATIONAL STRATEGIES Researchers' Approach to Participants	ORGANIZATIONAL STRATEGIES Support for Researchers and Participants
<ul style="list-style-type: none"> • Preparation before interviews • Debriefing, support, supervision • Training • Self-care plan • Data collection by advanced interviewers who have clinical experience with populations experiencing sexual violence and trauma • Appointment scheduling to avoid rushed interviews 	<ul style="list-style-type: none"> • Monitor participant for signs of distress (gestures, glances, fidgeting, fear, long and short pauses). • Convey a sense of warmth and empathy. • Employ reflective listening techniques. • Convey with actions and questions that the researcher respects the participant's autonomy. • Strive for transparency through the informed consent process and by answering questions as clearly and completely as possible. 	<p><i>This can include research institutes or universities, funders, and stakeholder agencies.</i></p> <ul style="list-style-type: none"> • Commitment to being trauma-informed • Adequate resource and training provision • Ensure appropriate use of data collected. • Make findings broadly accessible.

Action Research

The research team also employed Action Research in this study to maximize the input and collaboration by the many knowledgeable and experienced stakeholders involved. Action Research is an approach to community research and civic engagement in which the stakeholders of the issue being investigated collaborate in its inquiry and the implementation of actionable findings.^{16,17,18,19} It fuses rigorous scientific methods and evidence with equally valuable, systematically collected practitioner input. Action Research requires that researchers have open communication with all stakeholders throughout research design and implementation to understand the issue at hand, develop and implement strategies to produce change, adjust as needed, and evaluate the results. It is an iterative process designed to quickly improve the relevance of the inquiry and study methods to result in beneficial change for the people whose lives and work are affected by the research as well as for the field at large.

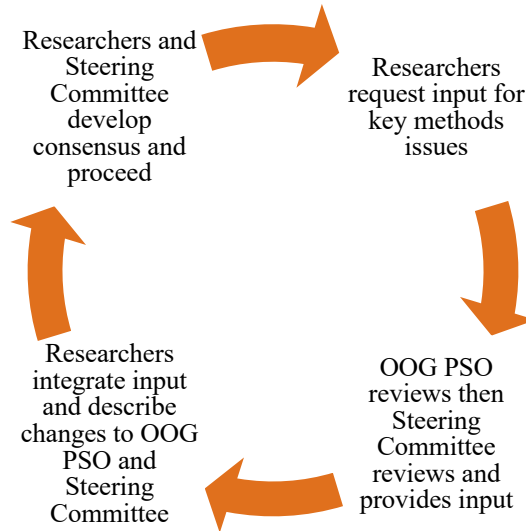
Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). *Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys*. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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Action Research Study Feedback Loop

Figure 1 depicts how we applied Action Research in the current study. It presents the iterative review and adaptation process used. We employed a continuous feedback loop with project partners, including members of the OOG Public Safety Office (PSO) and SASTF Steering Committee, and statewide coalition leadership representing Texas RCCs and CACs.

Figure 1. Interview Planning Process



The approach embraces ongoing and continuous feedback. The feedback loop is a structure to systematically collect and integrate input in an iterative, cyclical process. The loop may be adjusted for various activity needs.

RESEARCH QUESTIONS

IDVSA consulted with the SASTF members on the development of four research questions that guide this study:

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 either were insufficient or not received?
4. What were the barriers to receiving services?

This study's research questions are built upon findings and questions generated from the *Resources for Sexual Assault Survivors* survey of service providers conducted in 2020.

PARTICIPANT ELIGIBILITY

Seventy (70) interviews were conducted for this study. To be eligible, participants had to:

- be 18 years of age or older, and
- have experienced unwanted sexual contact, rape, or attempted rape, or
- be a parent/guardian of a child who experienced sexual abuse.

Eligibility was limited to those who lived in 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. Participants contacted the research team in response to outreach materials or were referred by service providers or other participants. Six participants, while Texas residents at the time of their interview, were assaulted and sought support and services outside Texas. The research team included these interviews in this study after concluding that the experiences were still relevant and informative to the overall research questions of this study.

Through the analysis process, researchers determined that 70^E interviews constituted a sufficient sample. Researchers identified thematic saturation (new concepts ceased to emerge), and additional interviews would no longer offer relevant insights. Depending on several factors, including research questions and goals, qualitative researchers suggest that 5–50 interviews are adequate,²⁰ which we exceeded with 70 interviews.

The COVID-19 pandemic continued to impact methodology during the project period. As a result, IDVSA researchers conducted in-depth interviews with survivors via telephone or, more commonly, a web-based video platform to eliminate in-person contact.

PARTICIPANT DEMOGRAPHICS

This section presents demographic information on study participants, including participant type, current age, age when they or their child experienced abuse or assault, educational attainment of adult survivors or parents/guardians, survivor gender identity, race/ethnicity, relationship to offender and victimization circumstances, and if the sexual violence was reported to law enforcement or CPS, as applicable. All demographic information in this section was self-reported by interview participants.

Participant Type

The three types of participants and three types of interview protocols were as follows:

- Adult Survivor (sexually assaulted as an adult)
- Adult Sexually Abused as a Child
- Parent/Guardian of a Child Survivor

Participants were classified into a category based on the sexual assault or abuse experience they chose to discuss in the interview. Participants with multiple victimizations were asked

^E The original design of the study anticipated 150 participants. Challenges with online recruitment and constraints related to COVID-19 resulted in slower recruitment; however, the 70 completed interviews generated robust qualitative data with converging themes allowing for valid findings related to survivor experiences with sexual assault services in Texas.

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to choose one for the purposes of the interview. Researchers observed that most adults in this study who were sexually assaulted as an adult (no child sexual abuse history) experienced an isolated incident of assault, although the survivors of intimate partner sexual assault in this group typically noted multiple instances of assault. Nearly all child survivors were abused repeatedly, with very few reporting an isolated instance. Some adults sexually abused as a child shared that they had multiple sexual abuse and assault experiences throughout their childhood and adult life. Table 3 presents the interview breakdown by participant type.

Table 3. Interviews by Participant Type

Participant Type	Number of Interviews
Adult Survivor	34
Adult Abused as a Child	24
Parent/Guardian of Child Survivor	12
Total	70

Age of Survivors at Time of the Victimization Discussed

Interviewers also collected information on the age at which the survivor was sexually assaulted or sexually abused, presented in Table 4. This includes adult participants referring to their own experiences and parent/guardian participants discussing their child's experiences. It is important to note that interviewers asked participants to discuss *one specific experience* of sexual assault or abuse (one that was most impactful or most recent), which may not have been the survivor's first experience of sexual violence.

Table 4. Survivor Age at Time of Victimization Discussed During the Interview*

Age Range (years old)	Number of Survivors
0–9	17
10–17	18
18–29	19
30–39	7
40–49	5
50–59	1
Unknown	3
Total	70

*We documented participant age at the time the abuse began for the child survivors and for adult survivors who were abused for several years or on multiple occasions.

Educational Attainment

Researchers collected information on the educational attainment of the participants, which is depicted in Table 5. Note that for parents/guardians, this refers to their own educational attainment, not the child survivor they were discussing.

Table 5. Highest Level of Education Completed by Participant

Education Level	Number of Participants
Some High School	1
High School Diploma	4
Some College	20
Associate Degree or Certification	11
Bachelor's Degree	22
Graduate Degree	12
Total	70

Survivor Gender Identity

Table 6 presents information on the self-reported gender identity of participants. In the case of child survivors, gender identity was reported by their parent/guardian.

Table 6. Survivor Gender Identity

Interview Type	Female Survivors	Male Survivors	Nonbinary Survivors
Adult Survivor	30	2	2
Adult Abused as a Child	19	5	0
Child Survivor*	9	3	0
Total	58	10	2

*As reported by parent/guardian

Survivor Race/Ethnicity

Table 7 reports the races/ethnicities participants used to describe themselves or their child.

Table 7. Survivor Race/Ethnicity (Participant Reported)

Race/Ethnicity	Number of Survivors
Asian	2
Black	14
Filipino	1
Hispanic/Latinx	16
White	35
Two or More	1
Not Provided	1
Total	70

Survivor Relationship to Offender

Table 8 describes the survivors' relationship to the offender, where provided, for the specific experience of sexual violence they were discussing in the interview.

Table 8. Survivor Relationship to Offender^F

Relationship	Number of Survivors
Acquaintance or Friend	24
Close Relationship	27
Person of Authority	8
Stranger	7
Known for Less Than 24 Hours	1
Not Provided or Unclear	3
Total	70

^F The relationships noted in Table 8 are defined as follows:

- **Stranger** – A person the survivor had never met.
- **Known for Less Than 24 Hours** – An individual met in the 24 hours prior to incident.
- **Acquaintance or Friend** – Acquaintance, casual acquaintance, recent acquaintance, friend/not romantic, cohabitating, roommate, neighbor, parent of a friend, family friend, work/volunteering colleague or former colleague, employee, former employee, classmate, or former classmate.
- **Person of Authority** – Boss, supervisor, teacher, professor, instructor, coach, doctor, nurse, other health professional, faith leader, landlord, or other authority figure.
- **Close Relationship** – Spouse, ex-spouse, domestic partner, dating partner, ex-dating partner or divorced spouse, intimate partner, other family member, relative, or parental figure.

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Researchers further analyzed data to understand survivor relationship to the offender in adult sexual assault and child sexual abuse cases. For adult sexual assault survivors:

- Most were assaulted by someone they knew, most often a friend or someone with whom the survivor had been on at least one date.
- Less frequently, the survivor was assaulted by an intimate partner or person in a position of authority and trust, such as a doctor or teacher.
- Very few adult survivors were assaulted by a stranger or someone they had just met within the 24 hours immediately before the assault.

For child survivors of sexual abuse:

- All were abused by someone they knew, usually a relative or a family member's friend. Some child survivors in this study were abused by clergy.
- Most child survivors were abused by an adult. Only a few were abused by someone close to their own age.

Survivor Sexual Orientation

Table 9 depicts the sexual orientation of survivors. Note that this question was not asked to parent/guardian participants about their child survivor.

Table 9. Survivor Sexual Orientation

Sexual Orientation	Number of Survivors
Heterosexual	40
LGBTQIA +	15
Not Asked (Child)	12
Not Answered	3
Total	70

Offender Gender

Researchers also asked participants about the gender of the offender in the specific sexual assault or abuse they were discussing in the interview. Table 10 presents this breakdown.

Table 10. Offender Gender

Gender	Number of Offenders
Female	2
Male	66
Not Reported or Unclear	3
Total	71*

*One case included two perpetrators, one male and one female; both are included in this count.

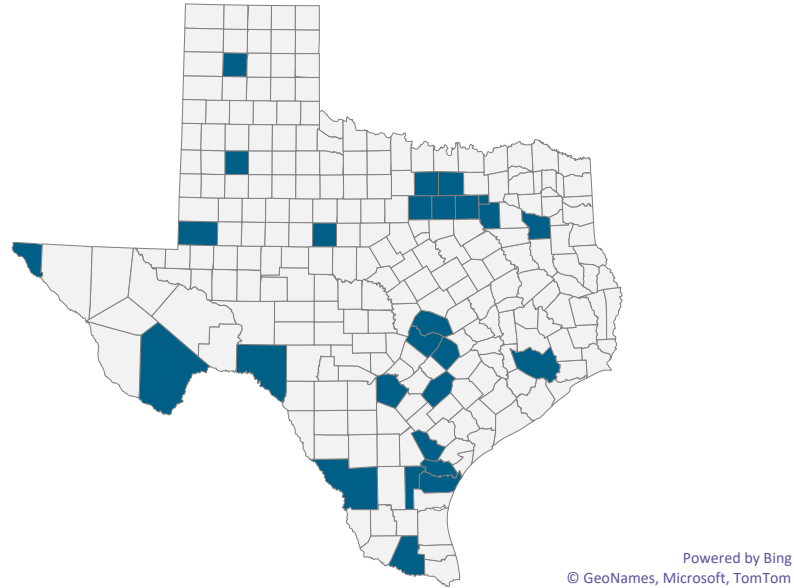
Geographic Spread of Participants

Participants were asked in which county they resided in at the time of the assault or abuse.

Figure 2 illustrates the disbursement of participants by their home county across the state.

Figure 2. Participants' Home Counties

County Survivors Lived in at Time of Assault



Note: Six participants resided outside of Texas at the time of the assault or abuse; for two participants, their home county is unknown.

Report to Authorities

Interviewers asked participants if the assault or abuse was reported to law enforcement or CPS. Table 11 provides information on those responses by participant type.

Table 11. Sexual Violence Reported to Law Enforcement or Child Protective Services

Participant Type	Reported to Authorities	Number of Survivors
Adult Survivor	No	11
	Yes	23
Adult Abused as a Child	No	15
	Yes	7
	Unknown	2
Parent/Guardian of Child Survivor	No	0
	Yes	12
Total		70

Length of Time Since Assault/Abuse

Interviewers asked participants how long ago the assault/abuse under discussion first occurred. Table 12 reports the length of time between when the assault occurred or the abuse began and the interview.

Table 12. Length of Time Since Assault/Abuse Occurred

Length of Time (years)	Number of Survivors
< 1	5
1–2	11
3–5	11
5–10	12
11–20	12
21–30	10
30 +	8
Unknown	1
Total	70

INTERVIEWERS AND INTERVIEW PROTOCOL DEVELOPMENT

This section discusses the development of the interview protocol and interviewer preparations to ensure a trauma-informed experience for participants.

The research team began to develop the interview protocol using questions designed to broadly understand the needs of survivors after a sexual assault or unwanted sexual experience, their awareness of and familiarity with resources, and the support or services that the survivor may have received. Researchers conceptualized a funnel, first capturing information about survivor needs, then their awareness of assistance or support services, and then their experience receiving assistance. Questions relating to specific services the survivor may (or may not) have received were based on the list of services from the *Resources for Sexual Assault Survivors* survey, Part 1 of this project.²¹

Using that protocol framework, researchers developed interview protocols for three survivor types: (1) adult survivors of sexual assault (Appendix B), (2) adult survivors of childhood sexual abuse (Appendix C), and (3) parents/guardians of child survivors of sexual abuse (Appendix D).

The SASTF Steering Committee and the SASTF Survivor-Centered Working Group reviewed the draft interview protocol in detail, and researchers integrated their feedback into the final survey instruments. Each type of interview protocol was available in English and Spanish.

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Pilot Testing

Researchers pilot tested the interview protocols with members of the SASTF Steering Committee and the SASTF Survivor-Centered Working Group to improve flow, optimize interview length, and confirm that the interviews would be trauma-informed.

The final interview protocols contain eight sections:

1. Introduction and Review of Informed Consent
2. Sexual Assault/Abuse Experience Question(s)
3. Circumstances of the Sexual Assault/Abuse Experience
4. Immediate Needs
5. Awareness and Familiarity With Resources
6. Talking About the Experience and Social Support
7. Questions About Services
8. Questions About the Current Interview Experience

Sexual Assault Experiences Questions

Researchers and project partners carefully considered including questions related to a survivor's sexual assault experience(s). Questions about sexual abuse and assault experiences were purposefully kept to a minimum. Still, researchers confirmed victimization (either of the interviewee themselves or their child) for all interviews using a trauma-informed approach and validated questions. Confirming that each participant was a survivor or the parent/guardian of a survivor was important to the study's validity. In addition, understanding characteristics of a survivor's sexual violence experience may be useful to service providers. The research team included sexual assault/abuse experiences questions with the following caveats designed to mitigate participant distress:

- Standardized questions about sexual assault or abuse experiences widely utilized in research and used effectively by IDVSA in prior studies were used.
 - The Adult Survivor Interview Protocol included a modified the Sexual Experiences Survey – Short Form Victimization (SES-SFV).
 - The Adult Survivor of Child Sexual Abuse and the Parent/Guardian of Child Survivor of Sexual Abuse protocols used one modified question from the Adverse Childhood Experiences Study (ACES).
- Sexual experience questions were placed in close proximity to the Informed Consent section to help keep the voluntary nature of the study in mind and emphasize participant control and choice in the process.
- Interviewers informed participants that a sexual experience question was coming up and reminded them they could take a break, skip questions, or stop at any time.

Interviewer Experience and Training

For this study, IDVSA leveraged our wealth of experience related to sexual assault and abuse, interpersonal violence, and qualitative research to create a team of five skilled interviewers. Research team members were selected as interviewers because of their previous experience and expertise working with survivors of interpersonal violence. All interviewers participated in a two-hour training, which included:

- Overview of interview protocols to orient interviewers to the protocol flow, questions, and purpose of questions.
- Review of the distress protocol on how to respond if a participant indicated distress.
- Practice using the interview protocol through role-play.
- Logistics for communication with participants before and after the interview.

During data collection, interviewers had the opportunity to attend a weekly debrief meeting to discuss recent interviews, share concerns, ask questions, and seek emotional support if needed. These meetings also allowed for immediate insights into the data and early identification of common themes.

PARTICIPANT RECRUITMENT AND RETENTION

For this study, the IDVSA research team used several methods to recruit and retain participants.

Recruitment Strategies and Tools

The research team used three primary recruitment strategies for survivors:

1. **Partner Sites.** Two statewide organizations, Texas Association Against Sexual Assault (TAASA) and Children's Advocacy Centers of Texas (CACTX), identified potential organizational partners with the goal of recruiting from diverse geographic and client groups. This included RCCs, CACs, and dual RCC/CAC organizations. (See Appendix E for a list of partner sites.) Partner sites agreed to recruit a set number of potential participants. In recognition of their valuable time and energy spent recruiting for this study, partner sites received a \$1000 stipend.
2. **Online and Electronic Outreach.**
 - Twitter and Facebook posts in coordination with service providers statewide.
 - Emails to all RCCs and CACs statewide and to 231 sexual assault-related service providers, including Sexual Assault Nurse Examiners (SANEs) and grantees from the Texas Victims of Crime Act (VOCA) and Texas Other Victim Assistance Grants (OVAG). IDVSA had gathered email contacts previously as a part of the *Resources for Texas Sexual Assault Survivors (2020)* study.
 - Researchers also shared recruitment materials with our professional contacts.

3. **Snowball Sampling.** At the conclusion of each interview, participants were asked if they knew anyone who might want to participate and, if so, to share study information with that person.

Various outreach materials supported recruitment. (See Appendix F). These included:

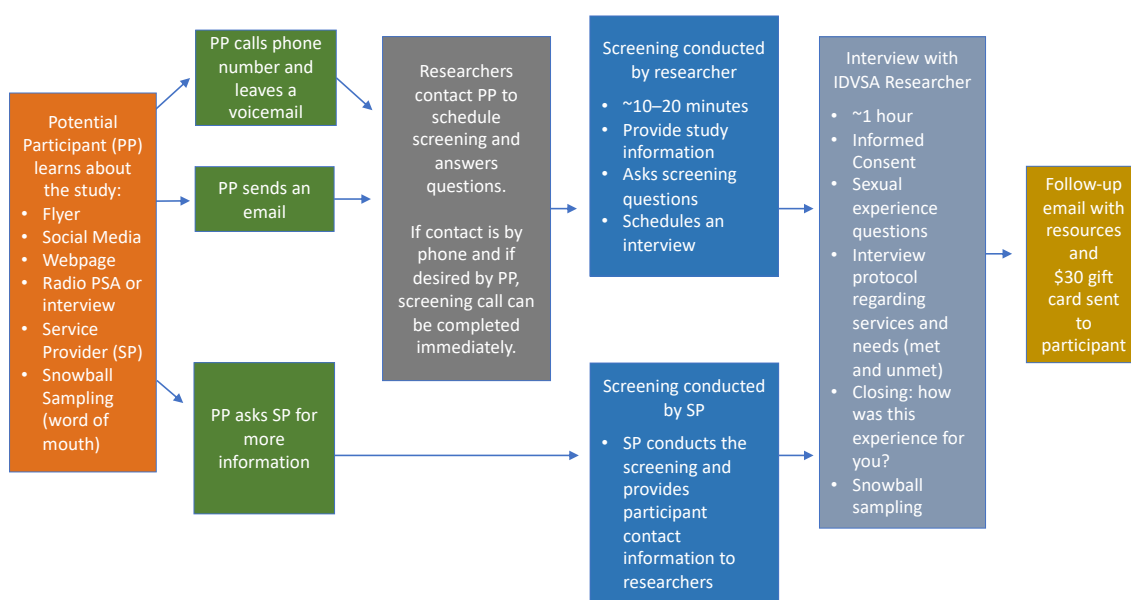
- Research study web pages (English and Spanish)
- Flyers (English and Spanish)
- Social media posts

Based on prior research indicating the reasons why sexual assault survivors volunteer for interviews,²² recruitment materials emphasized: (1) helping others and (2) receiving a \$30 gift card.

Figure 3 illustrates the process used by survivors and parents/guardians of child survivors to connect with the research team after becoming aware of the study. Potential participants could express their interest in participating in the study or ask more questions by contacting researchers via a designated email address (idvsa@austin.utexas.edu) or phone line. Multiple researchers had access to the email account and phone line, and these were checked every business day for messages.

Figure 3. Participant Recruitment Process

Study Participation From a Survivor or Parent/Guardian Perspective



Strategic Recruitment of Key Survivor Groups

Researchers intentionally sought to recruit survivors from historically underserved communities to ensure that their voices were heard in this study. These groups included:

- Rural survivors
- Black and African American survivors
- Spanish-speaking survivors
- Hispanic survivors
- LGBTQIA+ and gender and sexual minority survivors
- Survivors of Asian and Pacific Islander descent
- Male survivors
- Survivors with disabilities

IDVSA conducted targeted outreach to organizations specifically serving individuals from historically underserved communities across the state, including:

- Austin NAACP
- KAZI-FM Austin
- SAFE Latinx Staff Task Force
- Catholic Charities of Brownsville
- Mujeres Unidas (Brownsville)
- Alpine Public Radio (radio interview)
- Mexican Consulate

These organizations typically received an email or phone call from a researcher requesting support to spread information about the study to their constituents. The organizations also received the study web page link, flyers, and an FAQ document.

Additionally, researchers identified two other key groups of survivors to intentionally include in the study: (1) those who had not sought formal services through an RCC or CAC and (2) adult survivors assaulted by someone other than an intimate partner. While sexual assault often occurs within intimate partner violence (IPV), the overall service needs of IPV survivors are often distinct from survivors of non-IPV sexual assault. Of the 70 survivors and parents/guardians of child survivors interviewed, four were survivors of sexual assault within IPV. As interviews were completed, researchers confirmed that participants from these two key groups were represented.

Recruitment Through Partner Sites

Collaboration with partner sites for recruitment was a central strategy to identify eligible participants for this study. Researchers estimate that 50% of participants were recruited through a partner site collaboration. Partner sites recruited potential participants in various ways and were encouraged to develop tactics that worked best for their organizations, staff,

and clients. One partner site developed an email describing the study and sent it to current clients, who could then contact researchers directly via email or phone. Another site had counselors discuss the study with clients in person; counselors could assist interested clients in signing up for an interview slot on the spot. This method had the added benefit of allowing clients to skip the screening call as counselors only discussed the study with eligible clients.

Screening Potential Participants

One hundred (100) potential participants contacted researchers about the study, and eighty (80) potential participants completed the screening. The purpose of screening was to ensure participant eligibility for the study, and also to offer additional study information and ask about logistical matters relating to the interview (did they have the ability to use Zoom, could researchers send them text reminders, etc.). See screening tool in Appendix G.

Once a potential participant emailed or called and expressed interest in the study, a researcher would reply, typically using the same communication method, to set up a time to conduct the screening by phone.

Researchers experienced a few challenges contacting potential participants and completing screening calls. This was due, in part, to some participants not answering a call from an unknown number. Researchers attempted two follow-up contacts before discontinuing contact.

Using a trained researcher to administer the screening tool live over the phone had several benefits, including:

- An opportunity to ensure that the potential participant had a good understanding of the purpose of the study.
- The opportunity to give verbal warnings that the screening and interview would include questions about unwanted sexual experiences.
- The ability to immediately provide support in case a potential participant experienced distress.
- The ability to immediately schedule an interview for eligible participants.
- Initiation of a personal connection in line with researchers' trauma-informed approach and to encourage participation in the full interview.

Researchers considered creating an avenue for potential participants to complete the screening electronically, via email or an online form, but had concerns that the screening tool itself could be distressing for some participants due to the inclusion of direct questions regarding sexual assault or abuse they or their child may have experienced.

If researchers established that an individual was eligible through the screening process and if the survivor or parent/guardian was still interested in participating, they were scheduled for an interview. Of the 80 survivors and parents/guardians who were screened for this study, all were eligible and were scheduled for an interview. Of those, 10 participants did not complete interviews due to scheduling conflicts or their decision not to participate.

Participant Communications and Compensation

After being scheduled for an interview, participants received a series of communications confirming their appointment. These included a calendar invite as well as email confirmations and text messages the day before their interview and the day of their interview. Both the calendar invitation and email confirmation included an **informed consent** document (see an overview on the next page and Appendix H for the full document) describing the study and its risks and benefits that participants were asked to review before the interview.

After the interview, participants were sent an email thanking them for their participation that included links to resources and information about their \$30 gift card.

DATA COLLECTION

Seventy (70) interviews were completed between May and September 2021. On average, interviews lasted 78 minutes. Table 13 reports interviews by length.

Table 13. Length of Interviews

Length of Interview	Number of Interviews
< 1 hour	23
1–2 hours	40
2+ hours	7
Total	70

The majority of interviews were conducted with both video and audio, but some participants opted to turn off their video or to participate by calling into Zoom using a phone number. Participation with video allowed researchers to monitor participants' facial expressions and affect for signs of distress during the interviews.

All interviews began with a short greeting, then confirmation that the participant was in a location where they had privacy and felt comfortable speaking with the interviewer for the duration of the interview.

Informed Consent

The interviewer would then review information from the informed consent document. Key elements of the informed consent included:

- A description of the purpose of the research and interview.
- Brief discussion of potential risks (distress associated with talking about their own or their child's sexual assault or abuse).
- Brief discussion of potential benefits (e.g., satisfaction gained by helping others).
- How confidentiality would be maintained.
- Researcher's duty to report harm.
- Compensation in the form of a \$30 gift card.
- The voluntary nature of the interview, which included the ability to take a break, skip questions, and stop at any time.
- Contact information for the study's principal investigator and institutional review board.

Next, interviewers asked participants:

1. Do you consent to being interviewed?
2. Do you consent to the interview being recorded?

If the participant responded affirmatively to the two questions, the recording was started using the Zoom cloud recording feature, and the interview would begin.

Interview Process

Researchers began each interview using the appropriate interview protocol and moving through the questions and prompts sequentially while remaining responsive to participant needs and the natural flow of the discussion. Interviewers would check in with participants during the discussion for distress. If interviewers noticed signs of distress, they might acknowledge the distress and ask the participant how they were doing or offer to take a break or skip that set of questions. In addition, interviewers would convey their care and concern for the participant throughout the interview by offering empathetic responses or reflecting back participants' words or sentiments.

No adverse events occurred during this research; however, at the conclusion of each interview, interviewers again asked participants how they were doing. Generally, participants indicated that they were feeling okay. Some acknowledged that there had been times during the interview that they experienced discomfort, distress, or anxiety but that it had been manageable. If there was an indication of lingering distress, interviewers asked about the participant's support network and available resources. For example, an interviewer might ask when the participant's next counseling appointment was or if they had a friend, family member, or hotline number to call if they started feeling worse. When requested or

deemed appropriate, interviewers provided information and contacts for national hotlines and local resources.

After the interview concluded, researchers sent participants a thank you email with links to resources and information about the \$30 gift card. The interview recording was then downloaded to a confidential cloud folder at The University of Texas at Austin.

DATA ANALYSIS

The research team analyzed the interview data on survivor and parent/guardian experiences with seeking and receiving services by coding the raw data and conducting both an independent and collaborative review of the identified themes and findings.

Codebook Development and Transcript Coding Process

Researchers developed a codebook to categorize the data collected through the interviews. In this study, multiple team members developed draft qualitative codes independently, then met to discuss them; this process repeated several times until the team reached a consensus.

Codebook development and coding followed these seven steps:

- **Step 1** – De-identified audio recordings of interviews were professionally transcribed for the research team’s coding and analysis.
- **Step 2** – Researchers analyzed six (6) interviews looking for preliminary themes and potential codes.
- **Step 3** – Researchers met and shared codes and discussed preliminary themes.
- **Step 4** – Researchers agreed on a set of codes and developed an initial codebook.
- **Step 5** – To reach inter-coder reliability, researchers used the initial codebook to analyze additional interviews and then made minor adjustments to the codebook.
- **Step 6** – All interviews and the codebook were uploaded to NVivo (qualitative data analysis software) and coded.
- **Step 7** – During the coding process, coders met to compare and discuss how codes were applied to these data, again striving for consensus.

After coding all interviews, researchers further reviewed and organized the information within codes to better understand the common ideas and themes. To increase the validity of the data, researchers employed “triangulation,” whereby multiple researchers conduct analysis and then compare their findings. Finally, a content expert from outside the direct coding team reviewed preliminary findings and compared their alignment or dis-alignment with the field’s current understanding of sexual violence. The ideas and themes that researchers identified were used to create the report findings, case examples, and recommendations that follow.

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). *Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys*. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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Overall Findings

IDVSA researchers analyzed transcripts of the 70 interviews for themes related to survivors' journeys from assault or abuse toward healing and recovery. This section summarizes information on victimization, then describes the Recovery Journey Framework and offers additional findings and considerations for marginalized communities that often face added barriers on their recovery journeys.

In this section, we identify and discuss:

- Recovery Journey Framework
- Belonging, Inclusion, Diversity, and Equity (BIDE) Themes
- Mental Health and Mental Illness Considerations

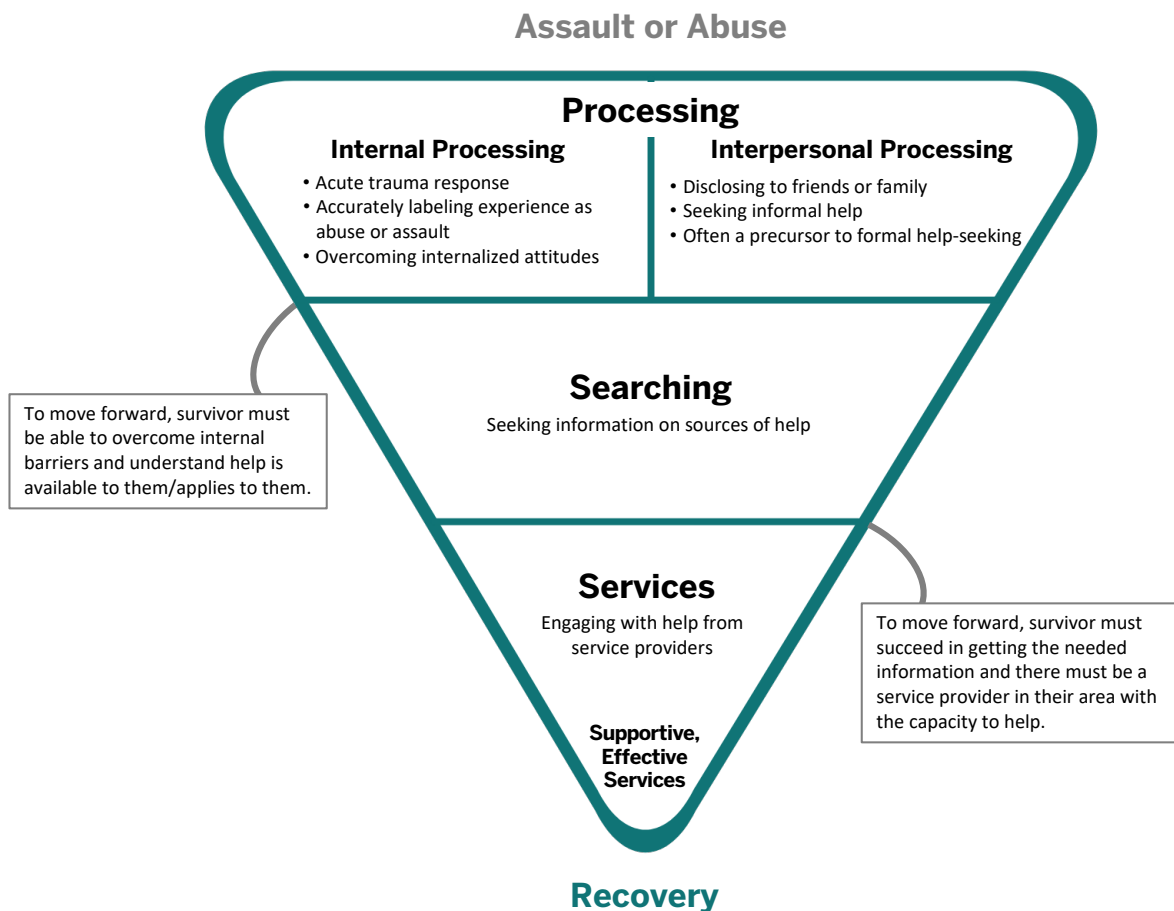
THE RECOVERY JOURNEY: GENERAL FRAMEWORK

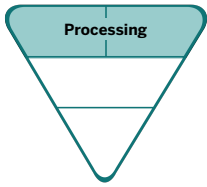
Following victimization, sexual assault and abuse survivors go through a process on their journey toward recovery that involves the following stages: Processing, Searching, and Services. Here, we present a framework drawn from our study findings and define each stage. There are two ways to conceptualize the recovery journey: (1) by looking at attrition and how few survivors go through all stages to receive formal and effective services or (2) the non-linear path individual survivors take as they make their way among the stages. First, we discuss attrition and key findings from this study at each stage of the journey; later, in the **Journey Maps** section of the report, we present individual survivor cases from the study and depict the journey that each of those survivors took in the days, months, or years following their assault or abuse.

Service Access and the Inverted Triangle

The process by which survivors of sexual abuse and assault access—or are unable to access—formal and effective services and support in their journey toward recovery from sexual violence can be conceptualized as an inverted triangle (see Figure 4). This inverted triangle is viewed top to bottom, reflecting the attrition among survivors that research has shown to occur.²³ Many more Texans experience sexual abuse and assault than come into contact with the service provider system. Of those who do come into some degree of contact with that system, only some receive full access to effective, healing services. Survivors vary in their awareness of and ability or desire to access resources. They may not have access to—or choose not to follow—the conventional help-seeking path. Understanding the gaps and barriers that prevent some survivors from accessing services is central to the purpose of this report and we present findings by stage of the journey next.

Figure 4. The Inverted Triangle: Survivor Attrition in the Journey to Recovery





The Processing Stage – Overcoming Internal Barriers and Disclosure

Internal Processing

For survivors, healing and recovery begin with “processing” what happened to them. This can begin internally. In some interviews, participants told the research team that it took them months or years to even understand that they had been victimized, let alone acknowledge it was sexual assault or abuse. Processing can be delayed when survivors discount what happened to them due to the stigma associated with sexual assault and abuse, because they are unaware anything truly bad happened (more common in cases of child sexual abuse), when their understanding of sexual assault and abuse doesn’t match their experience, for cultural reasons, and/or because of other factors.

Survivors, both of adult sexual assault and childhood sexual abuse, described their internal processing to interviewers as follows.

Neurobiological responses:

- Most participants who described their acute trauma responses detailed “freeze” responses, with survivors of ongoing abuse reporting “appease” responses as well.

Internal barriers:

- Many participants struggled with self-blame or minimized the assaultive behaviors and the trauma they endured to themselves and others.
- Many survivors did not initially label their experience as sexual assault or abuse.
- Some adult survivors mentioned that previous coercive sexual experiences had normalized sexual acts without consent for them; this made it more difficult to realize the gravity of the abuse/assault they experienced.

Acute Trauma Responses

Acute trauma responses occur during or immediately after a traumatic experience.

They include:

- “Fight” response (anger/aggression)
- “Flight” response (urge to run away/avoid)
- “Freeze” response (immobility, numbness, and dissociation)
- “Appease” response (attempting to placate an aggressor in order to survive)

Survivors’ internal barriers created by perpetrators:

- Adult survivors of childhood sexual abuse frequently reported that they thought their parents would view them differently or cease to love them if they learned about the abuse. Abusers often created this fear. Parents and guardians of child survivors corroborated this finding by sometimes reporting hearing similar fears from their children.
- A number of survivors reported being told that disclosure of the sexual violence would hurt their loved ones.

- Some survivors described their perpetrator as pretending an assault was consensual and causing them to doubt themselves.

Difficulty understanding the experience:

- Many adult survivors reported struggling to accurately label their experience as a sexual assault when their experience didn't align with their previously held understanding of sexual assault.
- Both adult survivors of childhood sexual abuse and parents/guardians of child survivors reported that child survivors were often unable to understand their sexual abuse experiences, precluding telling others or seeking help.
- Abuse by individuals whose jobs involved physical touching (e.g., doctors, instructors in certain fields) was masked by the trust placed in them by virtue of their roles.

To summarize, several internal barriers to disclosing the assault or abuse came up for participants in this study. The number, degree, and type of barriers varied widely in our sample. To move forward on a path toward recovery, a survivor must successfully pass through the Processing stage. All of the survivors in this study overcame these processing barriers sufficiently to search for and receive services.

It's highly unlikely that this particular trend is indicative of the experiences of most sexual violence survivors. The sample in this study was self-selecting. Identifying as a survivor of sexual violence or the parent/guardian of a child survivor was a prerequisite for the study. Survivors who hadn't overcome internal barriers to acknowledging and disclosing the abuse would not have participated. Parents who had not learned of their child's abuse, nearly always because the child had not disclosed, likewise did not participate. The fact that numerous adult survivors interviewed by the research team—survivors of both childhood abuse and sexual assault in adulthood—did not disclose the sexual violence for many years in fact suggests that internal barriers during the Processing stage prevent some survivors from ever speaking about their experiences and, thus, ever seeking or receiving services and support.

Interpersonal Processing

The second part of the Processing stage is processing with others. Processing can be accelerated by the survivor's interpersonal relationships. Specifically, interpersonal processing means telling others about the sexual violence experience and, under the right circumstances, receiving social support. This stage of the help-seeking process is crucial and, when it goes poorly, a survivor's progress in the recovery journey can stop or even reverse. The initial steps of reaching out to trusted others and reporting to law enforcement may also

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be a part of the early disclosure process. Researchers asked participants how they made choices about disclosing the assault or abuse and about the pre-existing social supports in their lives at the time of their abuse, their assault, or when they learned about their child's abuse. The following lists detail findings about processing with others and disclosure.

Social support responses:

- Some participants were isolated, with few people they could trust.
- Most had some degree of a social support system, but many did not have anyone they felt safe speaking with about a sensitive topic like sexual assault or abuse.
- A smaller group reported a strong social support system with at least one person they could speak to about their experiences with sexual violence.
- Survivors with a strong social support system frequently reported disclosing to a friend first.
- Parents and guardians of child survivors who had a strong support network reported taking a great deal of comfort in their relationships with supportive friends and family members.
- Parents and guardians of children who were sexually abused by other members of their family often reported ruptures in the family system that caused additional strain and loss of social support.

Disclosure timing:

- Some survivor participants stated they did not disclose their abuse or assault for lengthy periods, in some cases for more than a decade.
- Most of the parents/guardians of child survivors interviewed for the study reported that their children were abused for months or years before they learned about it.
- Similarly, adult survivors of childhood abuse reported waiting long periods before disclosing, if they disclosed at all before adulthood.

School as a potential venue for disclosure:

- A few adult survivors of childhood sexual abuse reported that a teacher noticed signs of abuse and encouraged them to confide in them if they were having difficulties.
- Another small group of adult survivors of childhood sexual abuse reported that teachers failed to check on them despite clear causes for concern (e.g., survivor fled the classroom during a presentation on child sexual abuse).

Table 14 summarizes findings about positive and negative experiences with disclosure of the assault or abuse.

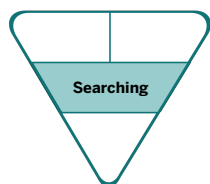
Table 14. Disclosure Experiences

Type of Experience	Summary of Findings	In Their Own Words...
Negative Experiences	<p>Many study participants reported that an early disclosure went poorly, with a friend or loved one denying or minimizing what happened, victim-blaming, or simply refusing to discuss it.</p> <p>Such a negative experience sometimes caused survivors to question themselves and return to an earlier stage of internal processing, or caused them to lose hope that others would believe or help them.</p>	<p><i>“My mom, whenever [sexual abuse] happened to me when I was little...she told me to just ‘shut up’....‘get over it’ and that’s it. Nothing happened.”</i> —Parent of a child survivor, also a survivor of childhood sexual abuse</p> <p><i>“He told me to get up and leave his office and never speak about a brother in Christ that way again....I didn’t go to church much after that.”</i> —Adult abused as a child</p>
Positive Experiences	<p>Adult survivors of sexual assault frequently reported being able to confide in friends and loved ones and being believed and treated with compassion.</p> <p>Nearly all parents and guardians of child survivors reported responding to their child’s disclosure in a supportive and affirming way.</p> <p>(It should be noted that very few adult survivors of childhood sexual assault who participated in the study had positive disclosure experiences.)</p>	<p><i>“My best friend....was really great, really supportive, just offered me whatever I needed, helped me look into some resources, and get some things set up.”</i> —Adult survivor of adolescent sexual assault</p> <p><i>“I considered [my mom] one of my best friends and I knew that she wouldn’t be judgmental, and she would believe me, and she would help me.”</i> —Adult survivor of sexual assault</p>
Positive Experience – A trusted person accurately labeled abuse/assault before the survivor did	<p>Less frequently, adult participants reported that they had not yet identified the experience as sexual violence, but describing the experience to a friend who did label it that way helped them to better understand what had happened.</p>	<p><i>“She was like... ‘That’s not normal....He knows none of that’s normal. He’s just telling you that...’ She was so mad, but she was finally telling me what I needed to hear....That was the first time that I was validated and that was a great feeling.”</i> —Adult survivor of sexual assault by an intimate partner</p>

Moving Forward

Once an adult survivor (1) overcomes internal barriers, (2) accurately labels their experience as sexual abuse or assault and views themselves as worthy of help, and (3) is willing to disclose their sexual violence experience to others, it is possible for them to begin to seek help.

The Processing stage for child survivors may be similar but is unknown as the research team relied on parents/guardians to speak about their child's abuse and help-seeking journey. We do not have specific firsthand data on the internal or interpersonal processing experienced by child survivors in this study that may have led them to seek help through disclosure. Once a parent or guardian of a child survivor of sexual abuse is aware the abuse has occurred, help-seeking can begin for their child and family.



The Searching Stage – Paths to Services

“Searching” was the next step toward healing and recovery for the survivors interviewed. Searching to locate and receive 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 CPS.

There were also many barriers in the search for services in the interview data:

- Familial attitudes toward sexual assault (stigma, culture).
- Law enforcement attitudes (disbelieving the victim).
- Gaps in awareness of the resources available to survivors.
- Long wait times for services.
- Gaps in the services available to survivors.

When asked whether they had been aware of services for survivors of sexual violence in their community *before* they or their child experienced sexual violence:

- Nearly all participants were unaware of specific resources in their community.
- Many reported they had never given it any thought.
- Some thought reporting to law enforcement was the only way to receive services.
- Some were only aware of the option of seeking private practice therapy.
- A few had heard of a service provider in their area or knew of a local law enforcement department they felt could help.

Once participants or their children began to seek help following sexual violence, they described the following paths specific to study participant type.

Adult survivors of sexual assault/abuse:

- Many learned about RCC services after making a report to law enforcement or receiving a medical forensic exam.
- Some learned about a local RCC when someone from the center arrived at a hospital to provide accompaniment services during their medical forensic exam.
- Some learned about their RCC through an internet search or a national hotline.
- When the survivor became aware of their experience as sexual violence or disclosed through an existing therapy relationship, some remained with that therapist while others were referred to an RCC by their therapist.
- A few described getting information about specific service options from a trusted friend or other informal sources not associated with a service provider.

Parents and guardians of child survivors:

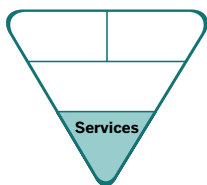
- Those who received CAC services learned about their CAC from law enforcement or CPS when making a report of child sexual abuse.
- One family directly obtained private practice therapy for their child.

A few participants reported receiving informal help that was particularly beneficial in connecting them to services:

- One survivor of sexual assault knew of a friend who had been sexually assaulted only weeks before and contacted her. This friend told her to have her forensic exam done at a hospital with a SANE and helped her to determine which nearby hospital met this criterion.
- Another sexual assault survivor called her pastor following her assault experience. Her pastor sent a volunteer to provide informal help. That person provided the equivalent of accompaniment, advocacy, and transportation services, driving the survivor and staying with her while she reported her assault to law enforcement and underwent a medical forensic exam.

Moving Forward

In order for a survivor to move from the Searching stage to the Services stage, a survivor or their parent/guardian must find a service provider near enough to their home that has capacity to see them and offers the services they need, if one exists.



Services Stage – Paths to Recovery

Once adult survivors and parents/guardians of child survivors became aware of service providers in their area, engagement with support services could begin in earnest. This is the Services stage of the journey. The trajectory and sequencing of services varied considerably by survivor, and the following lists summarize findings related to this stage.

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- **More available.** Sometimes services are provided when a survivor seeks immediate help—or with little service-seeking by the survivor or parent/guardian of a child survivor. These services are generally available to all who need them without significant delay. They include:
 - Medical forensic exam
 - Accompaniment during medical forensic exam
 - Accompaniment for parents/guardians during a child’s forensic interview
 - Crisis hotline
 - 911 – Emergency Response Services
- **Less available or limited.** Other services are typically limited in capacity and may be subject to waiting lists or other limits. They include:
 - Therapy or counseling
 - Legal services
 - Housing – transitional or temporary housing
 - Basic needs support

A multitude of factors impact the help-seeking path of each survivor and determine which services a survivor needs, receives, and finds effective. A service that is irrelevant for one survivor may be absolutely necessary for another. Survivors’ ability to benefit from services also varies widely—and the availability, accessibility, and effectiveness of services also vary widely across the state. Even when a wide array of relevant services is available in a survivor’s area, at times the services being offered are not a good fit for that individual. When survivors receive services that are a poor fit or are not sufficient for their needs, they may return to the Searching stage of the journey to look for other options or even return to the Processing stage if they have lost hope that seeking formal help will yield results.

Recovery

Adult survivor participants who received effective help from a service provider reported reaching a Recovery stage. Often, some additional time, therapy, or other efforts to pursue healing were involved for those survivors, in addition to completing a course of therapy with a service provider.

Parents and guardians of child survivors were typically earlier in their process toward recovery. Researchers heard from some parents/guardians that their children completed a course of therapy, and many were doing much better. However, most were still pursuing therapy and consolidating gains from the services they had received thus far.

Some adult survivors reported reaching an initial stage of Recovery and then needing to resume services after certain stressors appeared. For example, one sexual assault survivor was doing well but needed to return to therapy when her case went to trial. Of course, it is also possible for a survivor of sexual violence to experience abuse or assault again. It should be noted that the Recovery stage is not necessarily a permanent destination and that return to an earlier stage remains a possibility.

One frequent feature of the Recovery stage was what one survivor called “giving back.” Many adult participants were involved in helping other survivors of sexual violence either professionally, as dedicated volunteers, or informally. Some had written books to raise awareness or were involved in public policy work or litigation to create change around sexual violence issues and survivors’ rights. The participants doing this work reported finding it very meaningful.

THE RECOVERY JOURNEY IS HARDER FOR SOME

Some survivors faced additional barriers and challenges on their recovery journeys related to their identity or mental health. These included participants who were part of historically underserved or marginalized groups or communities, groups that often face added barriers and challenges to receiving the services that can help them heal and recover after sexual violence. Next are key findings organized as they relate to belonging, inclusion, diversity, and equity followed by key findings related to mental health, both with a focus on identifying barriers and challenges faced by certain participants with key commonalities.

Themes of Belonging, Inclusion, Diversity, and Equity

Researchers noted several themes that emerged in the interview data related to Belonging, Inclusion, Diversity, and Equity (BIDE). BIDE is a conceptual framework that encompasses the three well-known and linked concepts of inclusion, diversity, and equity (IDE) along with the unique addition of belonging. IDE priorities and practices create respectful, safe, and transparent environments; the addition of belonging, a psychological construct that values connections and caring, transforms organizations to become more innovative and productive as they maximize all of their members’ full potential and encourage empowerment and authenticity.²⁴

The intersectional nature of various identities is important. Participants’ identities (such as their race, ethnicity, class, age, gender, sexual orientation, religion/spirituality, and socioeconomic status) interacted in a multitude of ways to create unique and layered experiences that sometimes included differential treatment based on their identity. Effective and equitable provision of services for survivors is only possible if organizations consider the

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systemic challenges faced by specific identity groups. A unique way to fully capture the barriers and gaps in service provision that are the mission of this study is to learn more about why some facets of identity create additional barriers and gaps for some survivors. Thus, we present them early in this report as foundational to the understanding of all subsequent findings.

Table 15 presents key examples of BIDE themes researchers noted in this study.

Future Research Needs

The topics covered in this study were limited by the time constraints we set on participant interviews (a priority for trauma-informed practice) and interview priorities that included detailed exploration of participants' decision-making and fine-grained questions about experiences with specific services, organizations, and institutions. Despite the fact that no questions about BIDE were specifically included in the interview discussion guide, the nature of the semi-structured qualitative interview process did permit interviewers to ask follow-up questions when BIDE themes emerged during interviews. For instance, quite a few participants spoke about difficulties caused by their membership in a historically underserved or marginalized group, often prompting the interviewer to ask additional questions about how the participants' identities impacted their help-seeking journeys and how they were treated by others during their process.

We purposefully oversampled from certain minoritized and marginalized groups in order to ensure that the voices of members of these groups would be heard in the data. Despite this, members of historically underserved groups made up a minority of participants. To truly understand the impact of BIDE-related factors on the help-seeking journeys of survivors and parents/guardians from underserved groups, a future study would be more effective, one that includes specific questions about identity factors and also speaks to these survivors and parents/guardians exclusively as a step to ensure that all survivors' needs are met.

Future research that either focuses specifically on underserved and minoritized populations' concerns or uses a larger-scale survey-based design that can explore correlations would allow for additional insights into the BIDE dimensions of the help-seeking and recovery journey for survivors and parents/guardians of child survivors. Such research would be of substantial value on a state level, especially with the growing population of historically underserved groups like the Hispanic population in Texas. Existing scholarship has already revealed that gender and sexual minorities (i.e., LGBTQIA+ individuals) and certain racial minority groups face higher rates of sexual violence, face specific challenges in the wake of sexual violence, and have specific needs from their service providers.^{25,26,27,28,29}

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Table 15. Notable Themes on Belonging, Inclusion, Diversity, and Equity (BIDE)

BIDE Theme	Explanation	Example From Participant Interviews	In Their Own Words...
Being Profiled	Participants perceived that they were “profiled” or stigmatized by service providers.	A survivor attributed poor treatment by hospital staff during her forensic exam to her sexuality, occupation, and an accompanying friend’s gender presentation.	<i>“We got there, my friend who took me is a Black stud, dreads, and my job is a stripper....A doctor never gave me a rape kit at the hospital....I was there for almost 14 hours before [RCC] found me.”</i> —Adult survivor of sexual assault
Fear of Harm by Authorities	Survivors chose not to report their assault because of their fear that they or their perpetrator would be harmed.	A participant was fearful that, if she reported her sexual assault to law enforcement, she or the perpetrator might be harmed.	<i>“I was scared of the police....I had already had experiences related to police abuse and brutality in my community that I was fearful that the police would only make it worse, or harm myself and/or the person that assaulted me because we’re both people of color.”</i> —Adult survivor of sexual assault
Tailored Services	There was interest in or a need for services tailored to a survivor’s identity.	<p>One survivor appreciated that there was a hotline specific for LGBTQIA+ callers.</p> <p>A male survivor of childhood sexual abuse became friends with another male survivor. He tried to find his friend a local men’s support group but could find none.</p> <p>The parent of a child survivor described a need for the CAC to understand their extended family’s attitudes toward therapy.</p>	<p><i>“I still find it true myself that resources for male adult survivors are hard to find. If you dig hard enough, you can find some, but they are not as readily available as resources for women...The resources aren’t readily available or visible.”</i> —Adult abused as a child</p> <p><i>“Not only that, culturally speaking, therapy is not something that we talk about. That’s a quiet thing that Black people really do not talk about. Therapy is not for us.”</i> —Parent of a child survivor</p>

Mental Health and Mental Illness Considerations

As with the population at large, a subset of sexual assault and abuse survivors have mental health conditions or experience mental health symptoms in addition to trauma-related diagnoses. Individuals with mental illness may be more vulnerable to sexual assault or abuse, and their victimization compounds their mental health needs. Sexual assault and abuse survivors with mental illness require varying degrees of support—some are able to manage their recoveries from the sexual violence and mental illness quite well with access to typical services offered by service providers, while others require more services, case management, and hospitalization at times.

A few participants in this study described experiences that reflected notably high mental health needs and a poor fit with the services typically offered for sexual violence survivors. These participants identified themselves as likely to have mental illness to researchers by referring to hospitalization in inpatient mental health facilities and/or other required care that is typically associated with relatively severe symptoms or diagnoses. The key findings and related considerations for this group are listed below.

- These survivors described difficulties with important areas of life functioning, including:
 - Difficulty establishing and maintaining relationships, with a corresponding low level of social support.
 - Inability to maintain regular employment.
- They also reported a desire for a broad range of services to assist with medical, legal, food, and shelter needs—and a high level of unmet needs overall.
- These participants sought services from a variety of government and nonprofit organizations, including RCCs and law enforcement, but sometimes felt ignored or that their concerns were minimized. They described frustration at being unable to obtain needed help.
- All of the participants who reported this type of disconnect between their mental health needs and service provider offerings were adults—survivors of sexual assault in adulthood, adult survivors of sexual abuse during childhood, or participants that experienced sexual violence as both a child and an adult. However, similar challenges could definitely face child survivors with mental health challenges.

RCCs are ill-equipped to meet the needs of survivors with high mental health needs, for a few reasons:

- Capacity limitations may preclude the longer-term therapy or more intensive case management these survivors require.
- Mental health practitioners at organizations that serve sexual violence survivors frequently lack training in the approaches that would best suit survivors with co-occurring mental health conditions or other mental health needs less typical among their client base.

Supporting survivors with a lifetime of victimization, mental illness, and high service needs requires community partnerships and collaboration. There is an opportunity for local public mental health agencies to provide a host of services to survivors, including case management, while RCCs simultaneously offer specialized trauma therapy. While both RCCs and community mental health services are often strained, a close working relationship is required to support this critical group of survivors in their recovery from sexual assault and abuse.

Service System Findings

In this section, we present findings related to the specific types of services included in this study as well as findings on participant experiences with institutions and the service system as a whole.

FINDINGS ACROSS SERVICE TYPES

Participants in this study were asked about nine types of services drawn from IDVSA’s 2020 report, *Resources for Texas Sexual Assault Survivors*,³⁰ and listed in the callout box on this page. Three of the service categories used—Housing, Transportation, and Basic Needs—fell into the “Other Services” category in the 2020 report. They were included individually in the current study to better understand certain needs survivors may have, but are not typically services provided by RCCs or CACs. Yet, some RCCs and CACs are part of a larger umbrella organization that may

offer the service through another program (e.g., a single agency might have an RCC program and a family violence program or shelter). Additionally, the Outreach/Prevention service included in the 2020 report was not included in this study because this service is generally offered to the community at large, not sought out by survivors in their recovery journey.

Study Participants Were Asked About Nine Types of Services

- Advocacy
- Accompaniment
- Forensic or Medical
- Crisis Intervention/Hotline
- Therapy or Counseling
- Legal
- Housing
- Basic Needs
- Transportation

Participants were asked a set of four questions about each of the nine services:

1. Did you want or need the service?
2. Did you receive the service? If so, from what source and how satisfied were you with the service? (not at all satisfied, somewhat satisfied, mostly satisfied, very satisfied)
3. Were any of your needs related to this type of service not met? If so, how did you cope without the service?
4. In a perfect world, what would you have wanted related to this service?

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Table 16 lists each service type and includes information about how often participants expressed their need for the service and/or their or their child's receipt of the service in interviews, along with specific examples of how the service was, or could have been, helpful.

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.
- Very few participants indicated a need for Housing or Transportation services.

Table 16. Services Needed and Received

Service Type	How Many Participants Needed the Service [%, (n/N)]	How Many Participants Received the Service [%, (n/N)]	Examples of Services
Advocacy	66%, (29/44)	30%, (13/44)	Information about available services and options Assistance completing necessary paperwork Check-ins with survivor to make sure they are not 'falling through the cracks'
Accompaniment	64%, (32/50)	26%, (13/50)	Information and emotional support before, during, and after a forensic medical exam Information and emotional support before, during, and after a child's forensic interview Emotional support for an adult survivor during a law enforcement interview

Service Type	How Many Participants Needed the Service	How Many Participants Received the Service	Examples of Services
Forensic or Medical	64%, (37/58)	51%, (28/55)	Medical forensic exam Forensic interview Medical evaluation
Crisis Intervention/ Hotline	86%, (42/49)	53%, (26/49)	24/7 RCC hotline Suicide prevention hotline In-person de-escalation support
Therapy or Counseling	98%, (59/60)	88%, (51/58)	Individual, family, or play therapy Group counseling Peer support group
Legal	71%, (36/51)	25%, (12/48)	Suing an offender for damages Assistance terminating a lease Assistance obtaining a protective order
Housing	31%, (17/54)	11%, (6/54)	Emergency shelter Temporary housing
Basic Needs	40%, (21/53)	10%, (5/52)	Food pantry Rent assistance
Transportation	24%, (13/54)	2%, (1/52)	Gas for traveling to child's therapy sessions Uber voucher to travel to court hearing

Note: Table 16 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.*

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Preferred Service Delivery – Themes Across Services

Across all services, participants frequently mentioned certain themes or ideas when they talked about *how* they wanted services to be delivered. We present five cross-service themes.

1. Single, consistent systems navigator

A number of participants mentioned this idea, some with a focus on help navigating the law enforcement and criminal justice system, some with a focus on navigating services from one or more service providers, and many incorporating elements of both. Participants stressed the importance of this person's availability, communicativeness, and familiarity. As one participant put it, "*[A navigator would be] the person who...everywhere I go, she's like, 'I'm gonna be there.'*"

2. Compassion and understanding

Memories of being treated disrespectfully and without empathy stood out in participants' recollections. Times when their experiences were genuinely respected and understood or shown sincere empathy stood out even more. Interactions, both positive and negative, often had a profound impact on the help-seeking path of survivors and parents/guardians of child survivors. Negative interactions could sour a potential relationship with an institution or service provider, while positive ones could immediately bring about a great deal of comfort and trust.

3. Speaking with someone safe

Survivors and parents or guardians often had a desire to talk about the assault or abuse and its impact with someone who was comfortable hearing about sexual violence and could listen without judgment. Therapy or counseling was often a good opportunity for this type of conversation. Sometimes friends or family didn't know what to say or do that was helpful, but when survivors or parents/guardians were able to have these types of conversations with family or friends, they were satisfying. While not always easy, the comfort, sense of connection, clarity, and validation those conversations provided was important. Survivors without opportunities for these types of conversations felt isolated, like they were "*all alone*," and voiced their desire for these connections.

4. Being heard

Survivors and parents/guardians of child survivors wanted their opinions and concerns to be heard and considered whenever possible. One survivor described the prosecutor asking her preference regarding a plea deal. Not only was her preference not followed with the final plea, but the survivor heard about the plea deal on the

news and was never offered any type of explanation. Another survivor who had difficulty finding a service provider that could help shared that, before someone could help her, they needed to first hear her. When service providers' schedules are packed, it can be difficult to slow down to truly listen and hear what a survivor is saying. Participants in this study reiterated of being heard as an important step.

5. Transparency

Participants often shared that they did not know about or fully understand the government institutions and service provider organizations with which they were meant to interact. Sometimes they felt in the dark and confused. Survivors and parents/guardians regularly voiced their desire for information and explanations about available services and processes. Some survivors felt deceived when, because of a simplified explanation, they misunderstood how a process worked. For example, one survivor felt that CVC was just a formality, and her reimbursement was guaranteed. When her application was denied, she felt lied to and betrayed. Another survivor described that, after a victim-witness coordinator took the time to explain the discovery process to her, she had a new understanding of information she should be sharing with the prosecutor.

The following sections provide findings on participant experiences with specific types of institutions and service-specific findings with greater detail about each service category, including direct quotes from survivors and parents/guardians of child survivors about their experiences receiving services, needs, and suggestions for service improvement.

We include service-specific recommendations to provide the Office of the Texas Governor's Sexual Assault Survivor's Task Force and its Steering Committee with data-driven policy options to improve the lives of survivors across the state. These recommendations are also of value to service providers seeking to improve service offerings and approaches to better reflect survivor needs.



EXPERIENCES WITH INSTITUTIONS

Next, we present findings and themes on participants' experiences with institutions, such as law enforcement agencies, district attorney's offices, CPS, and the Texas CVC program. While this was not a primary focus of the study and these are not technically services, researchers asked participants whether they or someone they spoke with about their sexual violence experiences had reported the abuse/assault to authorities and, if so, what their experiences with authorities and institutions were like. Discussions of these same institutions also came up naturally when participants talked about services.

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The following sections summarize experiences with each of these four entities:

- Law Enforcement
- District Attorney's Offices
- Child Protective Services
- Crime Victims' Compensation

Law Enforcement

A number of adult survivors of sexual assault or child sexual abuse did not report their assault to law enforcement. These survivors provided a number of reasons they did not report, including:

- As a child, they told no one about abuse they experienced, or the person they told chose not to contact law enforcement or CPS.
- Once becoming an adult, they did not report their childhood abuse to law enforcement themselves.
- Survivors who had not reported frequently had questions about whether it was still possible to report and whether a delayed report would be likely to yield any results; they did not know where to direct those questions.

Of the parents and guardians of child survivors interviewed for the study, all cases had been reported to the law enforcement and/or CPS.

The most consistent themes participants shared about their experiences with law enforcement were:

- Trauma-informed communication, particularly compassion and validation, was important and valuable.
- Open lines of communication between investigators and survivors or their parents/guardians were also important.
- High turnover of investigators was a challenge, and survivors or their parents/guardians wanted to receive communication when cases were reassigned.
- There were stark differences between the experiences participants had with authorities, between departments and even between personnel in the same department, suggesting a great deal of inconsistency in approaches and effectiveness.

Table 17 covers findings on experiences with law enforcement.

Table 17. Experiences With Law Enforcement

Quality of Experience	Explanation	Examples	In Their Own Words...
Positive Experiences	A few participants spoke very highly of law enforcement personnel who worked their cases.	<p>One survivor reported having such a good relationship with her detective that they keep in touch; she said he still provides occasional emotional support. She also reported a positive experience with the department's victim advocate and said the entire department reflected a trauma-informed approach.</p> <p>One parent of a child survivor spoke highly of the officer who first interviewed her and appreciated that he was accompanied by a social worker who she also found helpful.</p>	<p><i>"My detective...is a man of God who is made for this job. He is the most patient, kind, compassionate, empathetic—I never felt rushed. I never felt that he didn't believe my story. I never felt any type of pressure from him. This man needs to keep doing this. He was perfect, perfect."</i> —Adult survivor of sexual assault</p> <p><i>"The detectives were very nice. If we had any questions, they were very good about that."</i> —Parent of a child survivor</p>
Better Than Expected	A few participants described being pleasantly surprised to be treated reasonably well by law enforcement personnel given what they had heard about other survivors' experiences.	<p>One adult survivor of sexual assault reported having very low expectations but found that law enforcement personnel were responsive and cared about her experiences.</p> <p>Another was particularly concerned that the two male law enforcement officers who interviewed her would be unsympathetic because of their gender but found them to be quite compassionate.</p>	<p><i>"To be honest with you, I was utterly stunned that they took me seriously...I expected way worse treatment than I got."</i> —Adult survivor of sexual assault</p> <p><i>"To my surprise as well, they were very sympathetic.....mainly 'cause of these instances I've heard before, it made me very apprehensive, of course, to report....They were kind. They were sympathetic, I guess."</i> —Adult survivor of sexual assault</p>

Quality of Experience	Explanation	Examples	In Their Own Words...
Mixed Experiences	A few survivors described mixed experiences, with some law enforcement personnel being helpful and others unhelpful.	<p>A parent of a child survivor reported feeling her child's case was neglected with one investigator, then progressed when another was assigned.</p> <p>A survivor of sexual assault reported having a favorable experience in her initial interview, then finding the detective in charge of her case to be unsympathetic.</p>	<p><i>"The original detectives were really dragging their feet, and then all of a sudden, this one woman, thankfully, came in and started really pushing. She kept pushing it. She had me go in. She wasn't part of the picture for a while, but when she [was], it moved pretty fast. I felt like they were taking it seriously, but before that, [I] really did not."</i> —Parent of a child survivor</p>
Negative Experiences	<p>Participants frequently reported negative experiences with law enforcement.</p> <p>Many survivors described interactions with law enforcement officers who showed a lack of sympathy or concern. Some survivors felt officers did not believe them.</p> <p>Both adult survivors and parents/guardians of child survivors often reported that investigators did not seem to place much importance on their case or did not provide updates and were difficult to reach. Another frequent complaint was high investigator turnover.</p>	<p>A parent of a child survivor reported not hearing back from a detective for months. Her CPS and CAC contacts reached out to him. His response was angry, saying she had made him seem unresponsive.</p> <p>An adult survivor of childhood sexual abuse reported that, when he told law enforcement officers about his abuse as a young adult, they disregarded his accusation and he was threatened by the sheriff.</p> <p>A survivor of sexual assault was told by the officer on duty that he didn't want to take her report. He took it, but kept her standing in a public counter area for an hour while she made her report.</p>	<p><i>"It was horrible....I felt like they were very accusatory and non-believing, belittling."</i> —Adult survivor of sexual assault</p> <p><i>"They were...very, very, pushy. I felt very pressured....It wasn't until the next day when I went to [the hospital] that...finally someone was talking to me in a calm voice."</i> —Parent of a child survivor</p> <p><i>"I remember one policeman just rolling his eyes and making me feel like I was just being overly dramatic."</i> —Adult survivor of sexual assault</p> <p><i>"When I asked, again, dismissed. 'We have a lot on our caseload....We just had a big murder case.'...I said, 'So if I died, this would've been faster.'"</i> —Adult survivor of sexual assault</p>

One sexual assault survivor had a unique story that helps illustrate how different experiences with law enforcement can be, depending upon survivors' circumstances. This singular story is worth sharing in detail here. She was assaulted by a stranger in her home. She called herself *"one of the lucky ones"* because of the circumstances of her assault: *"It wasn't someone that was known to me, so there was no he said/she said....I wasn't questioned about what I was drinking or what I was wearing. There was just no disbelief."* Her experience with law enforcement as a survivor was very favorable. She went on to volunteer with the same RCC that had helped her and saw a different side of other survivors' experiences, witnessing many clients' difficult interactions: *"Law enforcement...forget that this is a victim, seeing instead somebody that they don't understand....they're treated like cattle through a cattle gate. I think that they lose that ability to engage with the criminal process."* It was because of the perspective she gained later that this survivor grew to see herself as "lucky" in comparison.

District Attorney's Offices

While many participants reported experiences with law enforcement, somewhat fewer were able to report on experiences with district attorney's (DA) offices. Several reported that their cases had not reached that stage of the process yet or that the investigation into their experiences stopped before reaching that stage. Still, a number of participants were able to speak about their experiences with these offices.

The most consistent themes were:

- Even under the best of circumstances, this part of the process took a long time.
- The COVID-19 pandemic introduced additional delays.
- Prosecutors often had high turnover, with cases frequently changing hands.
- Staying informed about the status of their case during the process was often challenging for survivors and parents/guardians of child survivors; sometimes, participants learned of major developments in their case, such as a plea deal, from other sources, such as news media.
- Survivors were distressed when prosecutors consulted them about plans, such as charges to file or whether to make certain plea deals, then did not explain why they did not act in accordance with those plans.
- Some participants found the presence of a victim advocate at a DA's office helpful at times, but participants overall had mixed experiences with personnel in these roles.

"[Between the] legal system [and] COVID, [it] feels like my life's on hold for several reasons."
—Adult survivor of sexual assault

Table 18 summarizes additional findings about participant experiences with DAs.

Table 18. Experiences With District and County Attorneys

Quality of Experience	Explanation	Examples	In Their Own Words...
Positive Experiences	The major themes observed as part of positive experiences with DAs were that the DAs were communicative, explained things clearly, and/or prepared survivors for court compassionately.	<p>One survivor reported that an advocate with a DA's office had provided useful assistance with applying for CVC funds.</p> <p>A survivor of sexual assault said that she would check information about her case online and find the updates confusing, but that her victim advocate would explain what they meant and give her the background information she needed to understand the status of her case.</p>	<p><i>"The district attorney's office was phenomenal. They had a victim's advocate there as well, and she was wonderful....I felt prepared, I felt supported, I felt believed, I felt empowered....the whole process was as good as I can imagine it could ever be."</i></p> <p>—Adult survivor of sexual assault</p>
Mixed Experiences	Participants reported disparities between how they, their children, and their cases were treated among different personnel at the same DA's office. Participants also reported that personnel who were effective at their jobs in other ways (e.g., in achieving progress or beneficial outcomes for the survivor or case) did not always deal with survivors in a trauma-informed fashion.	A survivor of sexual assault by an intimate partner reported receiving help from a victim advocate with an affidavit. She described the advocate as "very dismissive" and having "an attitude" with her but credited the advocate with crafting a very effective affidavit out of her own writing, which was "fragmented" due to the stress she was experiencing. The protective order was granted.	<p><i>"I guess there was a victim advocate....That wasn't very helpful. She only called me when the DA needed something. The DA was such an amazing, I think, advocate for [my daughter]....she really made sure she was comfortable."</i></p> <p>—Parent of a child survivor</p>

Quality of Experience	Explanation	Examples	In Their Own Words...
Negative Experiences	The common threads in negative accounts of DA involvement were lack of communication (particularly about important case developments), high prosecutor and advocate turnover, poor relationships with advocates, and a general lack of trauma-informed practices.	<p>A survivor of sexual assault reported that she had been assigned new prosecutors to her case “at least five times” when her case was suddenly required to go to a grand jury with yet another newly assigned prosecutor, resulting in a “no bill.” This was communicated to her in an insensitive manner.</p> <p>An adult survivor of childhood sexual abuse reported that her case was attached to “revolving attorneys” and had similarly high turnover concerning advocates. She said the process seemed “very disorganized.”</p>	<p><i>“We went for over a year...without any contact from their office and we received a call that a plea deal had been accepted....they brought additional harm and...we were victimized again.”</i> —Member of a group of adult survivors assaulted by the same perpetrator</p> <p><i>“The prosecution advocate....She works for [the prosecutor]. She doesn't work for us.”</i> —Adult survivor of sexual assault</p> <p><i>“It would've just been really helpful...to have a place where we could ask questions and not be told from an advocate, ‘I'm not able to tell you that,’ because of the legal aspect of things.”</i> —Parent of a child survivor</p>

A Note About the Criminal Justice Process

Some participants expressed their dissatisfaction, not with certain aspects of the investigation or prosecution, but rather with the overall criminal justice system's retributive justice framework—one that focuses on punishment rather than rehabilitation.

One survivor, who was raped by her father when she was 11 years old, wished there had been a way to safeguard herself and other potential victims without *“turning our father in.”* Faced with what she saw as an impossible choice, to turn her father in and *“rip the family apart”* or to say nothing and risk future victimization, she remained silent. She would have welcomed an alternative path to safety and healing for her and her family. Now in adulthood, she has sought healing, not through the criminal justice system, but by focusing on her psychological and emotional well-being.

Some participants had persistent questions about their abuse or assault; they wanted to understand the motivations and intentions of their perpetrator and how that person viewed what they had done. They desired an opportunity for communication with their perpetrator to obtain this type of information in a safe way.

Criminal justice solutions were particularly fraught for survivors and parents/guardians of child survivors who perceived that the perpetrator had themselves been victimized. For example, one participant described her abuser, an intimate partner during her adolescence, as coming from an incredibly deprived and abusive family of origin. She stated that she found it difficult to blame him for his actions given what she knew about his background, but she continued to wonder how much he was able to understand about the harm he had done to her.

The criminal justice system is not designed to address these types of concerns. The dissatisfaction with the criminal justice system voiced by many of the survivors and parents/guardians interviewed by the research team suggests that supporting alternative paths to justice, either alongside or beyond the criminal justice process, is worthwhile.

Experiences With Child Protective Services

Relatively few participants had noteworthy experiences with CPS to discuss with interviewers. A few adult survivors of childhood sexual abuse mentioned occasions when a report to CPS may have been helpful to them if it had been made when they were being victimized. Many parents and guardians of child survivors of sexual abuse

“People are so scared of CPS and what they can do to you. They don’t realize what they can do for you.”
—Parent of a child survivor

had interacted with CPS to some extent. Most reported brief and uneventful interactions, but a few shared additional details:

- A few parents described CPS caseworkers acting as unofficial advocates when law enforcement officers or prosecutors were uncommunicative. Caseworkers were described as acting outside their expected role, which benefited the families they helped but indicated that without such “*above and beyond*” efforts, families with different caseworkers may not have the same help. These accounts also portrayed CPS workers as having few, if any, advantages over parents themselves when it came to knowledge of, or ability to gain access to, law enforcement and district attorney’s office personnel or matters, despite resources like Multi-Disciplinary Team (MDT) coordination that ought to be available under the right conditions.
- One parent participant expressed frustration with a CPS investigation into their child’s perpetrator, who was also a child. She reported that she knew he was being neglected and abused and that evidence of this was likely available, but that no allegations of maltreatment were substantiated in his case.
- When most parents and guardians spoke about their contact with CPS, they reported positive or neutral interactions, with a few reporting markedly positive interactions for which they were quite grateful.

Experiences With the Crime Victims’ Compensation Program

Finally, many participants in the study also had experiences to share regarding the state’s CVC program.

The most notable themes were:

- Many survivors were not aware of the CVC program or didn’t think it was intended for people like them.
- Of those who began the application process, participants were at various points in the process—some had yet to complete it, some had been denied compensation, and others had received compensation.
- Many participants only heard about the CVC program through a service provider and many who were awarded funds said they applied with help from service providers.

Quotes on the CVC Application Process

From Survivors and Parents Who Were Awarded CVC Funds

“The approval process was really weird.”

“A bit of a circus.”

“That was convoluted and not easy to use.”

“I probably would’ve never made it through that process if it wasn’t for [the rape crisis center] helping me.”

“It was like cutting an arm off to get it.”

“It’s a roundabout circle. It’s just exhausting.”

- Most who received compensation reported that they received less than they applied for, sometimes receiving such a small amount that they found it insulting.
- Those who felt satisfied with the compensation they received generally still shared that they found the CVC process needlessly difficult.
- Some survivors reported being told that receiving CVC funds would be simple, applying was a “formality,” and were frustrated to learn that this was not the case.

The one participant who had a truly positive experience with CVC received help from the program in its early years, at a time when it worked very differently. This participant, a survivor of sexual assault, heard about the possibility of receiving financial help through a service provider. She applied to the program by calling a phone number. She received therapy services and her bills were completely covered by the program with little effort required on her part. She also thought she recalled receiving some help with basic needs, such as rent. A phone representative for the program suggested to her that she go back to school and said the program would pay for her tuition and book expenses, which it did. When she was told that this level of ease and the extensive help she received was very different from the typical experiences of participants in the study who applied for the program in its current form, the survivor said, *“It needs to be a fairly easy thing to do. They need to fix it.”* She went on to add, “Stop making victims jump through these hoops.”



ADVOCACY SERVICES

This section presents our findings specific to advocacy services.^G

Advocacy Services as Defined to Participants in Interview Protocol

Advocacy is assistance provided on behalf of a survivor with third parties, such as schools, employers, law enforcement, prosecutors, the CVC program, and others.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Sixty-six percent of participants indicated they wanted or needed advocacy services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Thirty percent of participants received advocacy services.

^G Icon: Bullhorn by Gregor Cresnar from [The Noun Project](https://thenounproject.com/term/bullhorn/1000000/). Reprinted with permission.

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Key Findings

- Most often advocacy was provided through an RCC or CAC and participants consistently indicated they were “very satisfied” with the service.
- Less often, survivors received advocacy through a law enforcement department or prosecutor’s office. Satisfaction ratings for advocacy in these settings ranged from “not at all satisfied” to “very satisfied.”
- Survivors wanted advocates to provide information and options, fight for them when needed, provide case updates, help get things done, and proactively check in to offer them support.

Background

Advocacy services are a core component of every RCC³¹ and CAC³² in Texas. Advocacy is a form of both individual help and larger-scale systems change work. Its roots are in the battered women’s and anti-rape movements, which targeted law and policy changes on behalf of abused women. It takes shape today in both formal and informal systems and organizations to support survivors and their families as they navigate the complex intervention, healing, and legal processes in the aftermath of violence. Sexual Assault Advocates are statutorily defined in Chapter 420 of the Texas Government Code.

Survivors of sexual assault and their families must navigate a complex set of demands in systems with many moving parts. From forensic exams and interviews, medical and counseling appointments, and meetings and hearings, to completing their regular work, school, and family requirements, a survivor’s calendar is full and constantly in flux. “Down time” may be consumed with completing paperwork, tracking down needed documentation, or tending to the needs of family members. At the same time, survivors and parents/guardians of child survivors are processing the trauma from the assault, including experiencing the neurobiological effects of trauma on the brain, which can impact both memory and organizational skills.

The advocate’s role is to lighten the load and smooth the path forward by providing information, options, and support to survivors and their families. Advocates promote the interests of survivors and their families, and they may serve as a liaison between the survivor and other organizations with whom the survivor interfaces. Advocates may be employed by law enforcement, a prosecutor’s office, or by a community organization. There are important differences in advocacy services to understand, depending on the type of agency providing them (see callout box).

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Types of Advocates

Community-Based Advocates

- Belong to a non-governmental entity that is generally part of a nonprofit agency.
- Offer several services, which may include crisis intervention, counseling, short- and long-term case management, guidance, accompaniment, and a host of other victim-centered services, depending on the organization.
- Can offer confidentiality to survivors, under most circumstances, if they have completed a sexual assault training program certified by the Texas Office of the Attorney General (Government Code 420.011[b]).
- Can offer both medical and legal accompaniment. Medical personnel conducting a medical forensic exam (CCP Art. 56A.351) and peace officers conducting an interview (CCP Art. 56A.3515) are required by law to offer sexual assault victims the opportunity to have a sexual assault advocate present during the exam or interview.
- Victims do not need to participate in the criminal justice process to receive these services.

Systems-Based Advocates

- Belong to a law enforcement agency or other government agency.
- Are called Victim Assistance Coordinators (CCP Art 56A.201) within Texas district attorney, criminal district attorney, or county attorney offices or called Crime Victim Liaisons (CCP Art 56A.203) within Texas law enforcement departments.
- Interact with victims if they report a crime and participate in the criminal justice process; these advocates usually do not assist victims of unreported crimes.
- Serve as liaisons and guide victims through the criminal justice system with a primary purpose of ensuring victims are aware of and receive their rights as outlined in the Texas Constitution (Sec. 30) and Texas CCP Art 56A.
- Do not offer privileged or confidential communications.

Community-Systems Hybrid Advocates

- Incorporate aspects of both Community-Based and Systems-Based advocates.

Based on: Sexual Assault Kit Initiative. (n.d.). *Community and systems-based advocates* [Fact Sheet]. <https://sakitta.org/toolkit/docs/Community-and-Systems-Based-Advocacy.pdf>

Experiences With Advocates

Community-Based Advocates

Adult survivors reported receiving community-based advocacy services most often from an RCC and were “very satisfied” with these services. Advocates provided information about options related to the survivor’s particular circumstances and often served as a liaison between the survivor and criminal justice professionals. Participants said RCC advocates

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called detectives and prosecutors on their behalf, obtaining information and updates about their case. One adult survivor described how her advocate told her, *“If you would want to press charges, I’m here for you.”* Another survivor mentioned how the responsiveness of their RCC advocate was important to them. *“If I email my advocate, she is getting back to me. If I need to get on a call, she’ll call me. She’ll be on Zoom, check in, things like that.”*

Systems-Based Advocates

Less often, survivors in this study received systems-based advocacy provided by a law enforcement department or prosecutor’s office employee. In these cases, survivors spoke about the systems-based advocate as their point of contact for the agency with differing levels of satisfaction based on how well the advocate was able to keep them informed about the investigation or prosecution process, especially court dates. Survivors voiced concerns that systems-based advocates didn’t call often enough, sent them paperwork with legal jargon they didn’t understand, or kept them from detectives or prosecutors with the real information.

One survivor spoke about their experiences with advocates housed within the prosecutor’s office, victim witness coordinators, and how these advocates were able to support a survivor through trial, but not on the journey to recovery:

“The prosecution has their advocates, but they’re just there to hold your hand to go into trial. They’re not there to like, ‘Are you getting your services? Are you getting your needs met financially? Are you gonna be homeless because you got raped? Are you gonna be in dangerous situations because you got raped? Are you suicidal? Are you hungry? Are you able to exist in your own self?’”

Children’s Advocacy Center Family Advocates

Family advocates with CACs serve in a unique hybrid role, combining aspects of both community-based and systems-based advocates. While CACs are nonprofit organizations offering a variety of services, including advocacy, these services are only available to survivors and their families after a multidisciplinary response is initiated through investigating entities such as law enforcement or CPS. Once the child sexual abuse has been reported, CPS or local law enforcement will refer the child and their non-offending caregiver(s) to the CAC for services, which may include a forensic interview, therapy, medical evaluation, case coordination, support, and advocacy. Advocacy through a CAC is analogous to community-based advocacy offered through similar nonprofit organizations that provide a variety of holistic and supportive services to clients; CAC family advocacy services also resemble systems-based advocacy in that they are only accessed after the abuse is reported.

There are unique confidentiality considerations with CAC family advocacy. The positioning of the CAC as a member of the statutorily defined MDT (see callout box) also creates a hybrid advocacy situation. The Texas Family Code³³ makes specific allowances for members of the MDT to share confidential information about a victim with other members of the MDT. This separates CAC family advocacy from community-based

What is a Multi-Disciplinary Team?

A Multi-Disciplinary Team (MDT) is statutorily authorized to ensure a collaborative and effective response to reports of child abuse and neglect. Key MDT members include personnel from CACs, law enforcement, medical entities, prosecution, and CPS.

advocacy. While this structure provides opportunities for CAC family advocates to understand the case fully and to advocate on behalf of their clients more effectively, the CAC is an MDT member and must also share relevant case information with other MDT members. It is standard practice for CACs to notify clients about the collaboration and information sharing between MDT members.

Alternatives to Traditional Advocacy Services

Several survivors noted that their therapists served in an advocacy role by helping them navigate through systems, including the CVC program. One survivor mentioned her detective offered to talk with her employer, and another survivor shared that her detective proactively worked to ensure her confidentiality from her ex-husband who had previously worked at the same law enforcement department.

Circumstances When Advocacy Was Not Needed

Two participants indicated they did not want advocacy services. In one case of child sexual abuse, the parent knew what they wanted for their child and wanted to have the control and responsibility in their own hands. In the second case, the adult survivor shared the following about advocacy services: *“I mean, that could have been helpful for me, but I felt, personally, that I wanted to be my own voice.”* These two cases demonstrate a small but important constituency of survivors and parent/guardians of child survivors whose recovery is best supported when service providers step back.

Table 19 summarizes additional findings about survivors and advocacy services.

Table 19. Experiences With Advocacy

Key Experiences	Meaning and Examples	In Their Own Words...
Advocates provided options.	Survivors and their families wanted a knowledgeable person to provide information, give options, and support them in their decisions.	<i>“I wanted someone to sit down to explain to me, ‘Here are the possibilities or ways that you can move forward with this.’”</i> —Adult survivor of sexual assault
Advocates fought for survivors.	Beyond being supported in their choices, survivors mentioned how much they appreciated when someone fought for them or was strong for them when interacting with a variety of criminal justice or other service systems.	<i>“Somebody to defend me because I’ve never have had that my whole life.”</i> —Adult abused as a child
Advocates took some of the pressure off.	Participants described advocates taking some pressure off of them by doing things for them or helping them to stay organized. For example, advocates would set up appointments for survivors, help complete forms or locate documentation, and support them through important conversations with their landlord, school, or employer.	<i>“‘Okay, this is what we’ve done. Now, you don’t have to worry about doing this.’ Advocating for somebody. You take that pressure, or whatever it is, from them, so, that way, they don’t have to worry about that.”</i> —Parent/guardian of child survivor of sexual abuse
Advocates checked in on survivors and their parents or guardians.	Several survivors shared their appreciation of advocates calling and checking on them. One parent spoke about how it was nice for an advocate to call and ask specific questions about how she was doing, how her daughter was doing, and if they needed anything.	<i>“I think they should reach out to their victims one month, three months, six months, a year later and just check in and say, ‘Do you need anything?’ ‘Cause it’s four years later and I’m still crying.”</i> —Adult survivor of sexual assault
Advocates provided updates.	Survivors wanted updates about the investigation and prosecution of their cases. Some wanted regular, almost weekly, updates even if no movement had occurred. Other survivors only wanted information if there was something important to share.	<i>“She’ll do a reminder, or she’ll do an update, and she lets me know where we are with things. She’s been talking to the DA.”</i> —Parent/guardian of child survivor of sexual abuse

Recommendations

Based on our findings on advocacy services, we make the following recommendations:

- Increase and dedicate targeted funding for advocates at RCCs and CACs. Additional advocates would decrease the caseload for existing advocates, allowing for more effective and proactive support for survivors and the parents/guardians of child survivors.
- Increase partnerships between RCC advocates and criminal justice professionals to enable advocates to help survivors stay informed about investigation and prosecution.
- Increase opportunities for advocates to proactively contact survivors or the parents/guardians of child survivors to check in.



ACCOMPANIMENT SERVICES

This section presents our findings specific to accompaniment services.^H

Accompaniment Services as Defined to Participants in Interview Protocol

Accompaniment is in-person support, such as during a medical forensic exam, child forensic interview, law enforcement interview, or legal proceeding.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Sixty-four percent of participants indicated they wanted or needed accompaniment services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Twenty-six percent of participants received accompaniment services.

Key Findings

- The mere presence of an advocate providing accompaniment was comforting and a helpful service for many survivors involved in our interviews.
- Advocates sometimes helped survivors mentally prepare for a medical forensic exam, law enforcement interview, or court by providing detailed information about what to expect, including which portions may be the most difficult.
- At times, advocates would inform hospital or law enforcement staff why the survivor was there (“She’s a sexual assault survivor.”) or would actively advocate on the survivors’ behalf for food, breaks, etc.
- Survivors emphasized the value and importance of accompaniment provided by individuals who are able to offer trauma-informed emotional support and information about services specific to sexual violence.

^H Icon: Together by Larea from [The Noun Project](#). Reprinted with permission.

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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- Five interviewees expressed the desire for accompaniment specifically for parents and guardians of child sexual abuse survivors.

Background

Accompaniment is one of the five core services offered by RCCs in Texas.³⁴ Provision of in-person support for non-offending parents/guardians (accompaniment) during a child’s forensic interview is a required standard service for CACs in Texas.³⁵

Types of Accompaniment

Forensic Medical Accompaniment

Medical accompaniment to adult survivors during a medical forensic exam is one of the most well-known forms of accompaniment, and forensic examiners are required to offer RCC accompaniment to adult survivors before beginning the exam.³⁶ RCC staff and volunteers are on call 24/7 in many communities to provide emotional support, system advocacy, information about the exam process, and community resources as well as personal toiletries and clothing. For child survivors, accompaniment for the child and the child’s non-offending family members may be provided by the RCC or CAC, depending on the local community’s response protocols.

Investigative Interview Accompaniment

As previously mentioned, CACs in Texas provide in-person support to non-offending family members during a child survivor’s forensic interview. Support of the child during the forensic interview is provided by the forensic interviewer, who is trained to provide an objective and child-friendly interview experience.

For adult survivors of sexual assault, effective September 1, 2021, House Bill 1172 (87R) became law, providing adult survivors with the right to be offered accompaniment by an RCC advocate during the law enforcement investigative interview.³⁷

Legal Accompaniment

Accompaniment during legal proceedings or the court process is common and is often provided by an advocate from an RCC or CAC, or the victim assistance coordinator employed by the prosecutor’s office.

Accompaniment Experiences

Of the participants who received accompaniment, a large majority were adults who received the service during their medical forensic exam. Two parents of child survivors spoke about receiving accompaniment during their child’s forensic interview. Accompaniment was

Interviewer

“Would it have helped to have somebody that was there for you that was there to be your support?”

Participant

“Oh, ma’am, that seems farfetched. That’s like a Christmas. When it comes to sexual assault, it’s like everybody was like, ‘Don’t talk about it. We don’t talk about it,’ so you just deal with it. Yes, I would’ve loved to have support [crying].”

—Adult survivor of sexual assault

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provided by RCC staff and volunteers, CAC staff, victim witness coordinators, or informally through friends and family. Table 20 details findings about participant experiences with accompaniment—and the impact of not having effective accompaniment.

Table 20. Experiences With Accompaniment

Key Experiences	Meaning and Examples	In Their Own Words...
Survivors valued the presence of someone providing accompaniment.	Survivors appreciated advocates reassuring them that the assault or abuse was not their fault, validating their feelings, and were comforted by the mere presence of an advocate providing accompaniment services.	<i>“I was met at the hospital by a victim advocate...I just remember her presence, I don’t remember a whole lot about her.... I’m sure she did explain to me things that were going on, I don’t remember a whole lot of specifics about that time right afterwards, but I do remember being comforted by her presence.”</i> —Adult survivor of sexual
Accompaniment included mentally preparing survivors.	Survivors spoke about how an advocate providing accompaniment might mentally prepare them for the medical forensic exam, law enforcement interview, or court by providing detailed information about what to expect, including which portions may be the most difficult. They also touched on the impact of not having that preparation or accompaniment.	<i>“That was the day that we were able to put faces, hear voices to the names of the other women and it was probably the hardest day of these whole years was looking into the eyes of those other women, those other victims and just the raw agony of their pain and each of us walking by ourselves, not knowing what to expect in any way, in any form. Nothing to prepare us for that moment and that first meeting.”</i> —Adult survivor of sexual assault
Accompaniment included providing trauma-informed emotional support and information about sexual assault-specific services.	Several survivors emphasized the need for advocates providing accompaniment to be well trained—with a strong understanding of sexual assault and abuse, an understanding of trauma, and knowledge about how best to support someone experiencing a traumatic response.	<i>“My dad was with me when we were talking to law enforcement, but my dad was just as in the dark as I was. My dad had no idea about counseling, or therapy, or sexual abuse....He had no idea. He was there as a support, but not a knowledgeable support....Some kind of professional or knowledgeable support, even when I was dealing with law enforcement, might’ve been nice.”</i> —Adult abused as a child

Key Experiences	Meaning and Examples	In Their Own Words...
Accompaniment smoothed the process.	Survivors appreciated when an advocate providing accompaniment would make the event easier by taking on some low-level logistics such as informing gatekeepers like information desk workers at hospitals and law enforcement departments that they were with a sexual assault survivor, ensuring access to food and water, providing distracting fidget toys, and offering breaks.	<p><i>“She explained the process to me ahead of time, helped me schedule the interview. She provided even little fidget toys. She was in the room with me, made sure that I had the breaks I needed while going through every detail of that experience. The interview happened eight months after I was raped, so she was just very, very comforting.”</i></p> <p>—Adult survivor of sexual assault</p>
Accompaniment was desired by participants who did not receive it.	A number of parents and guardians spoke about their desire for accompaniment services for themselves, in addition to those for their children.	<p><i>“My daughter getting checked by somebody at the hospital to see if she was raped or not. Stuff like that, I think it would’ve been cool to have somebody there with me because a lot of those times, I had to walk out and cry by myself.”</i></p> <p>—Parent of child survivor</p>
Culturally competent accompaniment was important to survivors from underserved communities.	<p>At a time of acute trauma and crisis, survivors from underserved communities felt safest with someone from their own community or someone with a deep understanding of their community.</p> <p>One LGBTQIA+ survivor didn’t want to have to explain his relationship with his partner.</p>	<p><i>“In a perfect world, I would have been able to call a service or an agency, and had someone accompany me, but someone that understood my culture, and was reflective of my lived experience, so that I could feel that level of safety. That someone who really understood where I was coming from would accompany me and/or walk me through what my options were.”</i> —Adult Hispanic survivor of sexual assault</p>

Finally, one participant shared their perspective on just how valuable accompaniment could be, contrasted with their own experience of limited accompaniment:

“I was in there, the court holding area, for hours sometimes. Maybe once during that time someone would come talk to me to let me know what was going on. I feel like accompaniment means they’re there with you, sitting next to you, hearing you out, walking you through the process. That’s something that I think would be very beneficial to a lot of survivors.” —Adult abused as a child

Recommendations

Based on our findings on accompaniment services, we make the following recommendations:

- Increase access to accompaniment for parents/guardians of child survivors when their child is undergoing a medical forensic exam.
- Continue training for staff and volunteers who provide accompaniment, especially on topics such as providing a trauma-informed response, child sexual abuse, local criminal justice processes, community resources, and working with survivors and families from underserved communities.
- Increase opportunities for accompaniment to be provided by someone whose cultural background or identity matches that of the survivor or their family.
- Increase capacity to offer prompt accompaniment to every survivor or parent/guardian of a child survivor during medical forensic exams, investigative interviews, key court hearings, and trials.



FORENSIC OR MEDICAL SERVICES

This section presents our findings specific to forensic and medical services.

Forensic or Medical Services as Defined to Participants in Interview Protocol

Forensic or medical services are medical forensic exams (also called Sexual Assault Forensic Exams), forensic interviews, or other medical care related to the assault.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Sixty-four percent of participants indicated they wanted or needed forensic or medical services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Fifty-one percent of the participants received forensic or medical services.

Key Findings

- Without exception, survivors spoke favorably about their experiences with Sexual Assault Nurse Examiners (SANEs).
- The busy and sometimes hectic nature of an emergency room was difficult.
- Survivors spoke about the desire for a clinic setting where they could receive free or low-cost medical care related to the assault, including follow-up care.
- Forensic interviews through CACs were a valued and utilized service.

Background

Medical forensic exams, forensic interviews, and medical evaluation and care are essential services to survivors and their families.

Medical Forensic Exams

Traditionally, medical forensic exams are conducted in emergency departments by a physician or SANE. The purpose of the exam is two-fold: the medical evaluation portion ensures the health of the patient (survivor) and the forensic portion is for the collection of evidence of sexual assault or abuse (e.g., semen, blood, documentation of physical injuries, etc.). While hospital emergency departments have been the default location for medical forensic exams, especially for adult survivors and acute cases of child sexual abuse, an increasing number of dedicated medical forensic exam clinics are available across Texas. These clinics are sometimes an extension of an RCC or CAC. Unburdened by many of the requirements of an emergency department setting, a clinic can often shorten the overall length of the visit and provide a more trauma-informed experience for survivors.

Medical Evaluations

The provision of specialized medical evaluations is a required standard for CACs in Texas.³⁸ Medical evaluations, separate from medical forensic exams, are conducted to ensure the health of a child who has been sexually abused when no forensic evidence is expected to be present. Typically, a medical forensic exam occurs when fewer than 120 hours have passed since the assault/abuse and a medical evaluation occurs when more than 120 hours have passed since the assault/abuse. Medical evaluations are also available to adult survivors when collection of forensic evidence is not possible.

Forensic Interviews

Forensic interviews are a required service provided by all Texas CACs³⁹ and are conducted by trained, neutral forensic interviewers on staff at CACs. The interview is conducted in a child-friendly, non-duplicative, and unbiased manner in order to reduce re-traumatization of the child and support an effective investigation. As these interviews are conducted, law enforcement, CPS, and prosecutors can unobtrusively observe and prompt the interviewer to ask additional questions, if needed.

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dagoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). *Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys*. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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Table 21 details findings about participant experiences with forensic or medical services.

Table 21. Experiences With Forensic or Medical Services

Key Experiences	Meaning and Examples	In Their Own Words...
SANEs were held in high regard.	Survivors shared that SANEs were compassionate, explained things well, and collected evidence carefully	<i>“[The SANE] was the first safe, warm body in the process for me. I remember feeling really heard and safe by the SANE.”</i> —Adult survivor of sexual assault
Emergency departments felt hectic and, at times, uncaring.	One survivor shared that she felt blamed for the assault when she heard nurses in the hall talking about her blood alcohol level.	<i>“I would also say there were a lot of nurses along with the doctor that just kept coming in and out, and different ones would pop in, and I felt like that was embarrassing, especially to be having such an invasive procedure that all these random people that I don’t know who they are, they’re just coming in and acting like it’s nothing.”</i> —Adult survivor of sexual assault
Adult survivors paid for their emergency department visits.	Two adult survivors spoke about receiving bills from the emergency department for their care.* One of them applied to CVC to cover the expenses, but her application was denied. *HB 1446 (84R) authorized CVC to reimburse sexual assault survivors for emergency medical care during an initial visit to a hospital.	<i>“I was told, through the process, that, if I cooperated, that there would be reimbursement available. At the time, I did not have extra funds. I was told that it would be there... and then I received a letter denying it because there was not enough evidence that the crime occurred. I was so mad...I was like, ‘You can take this from me, but you’re not taking my clothes.’ I went back and took my clothes back. That’s how pissed off I was about the whole process. They still hang in my closet today.”</i> —Adult survivor of sexual assault
Survivors obtained medical care from clinics and private practice physicians.	Several adult survivors sought medical care through a private physician or clinic such as Planned Parenthood. Generally, these survivors were concerned about Sexually Transmitted Infections (STIs), HIV, and pregnancy. One mother of a child survivor contacted her pediatrician for medication to help her son sleep; he was having nightmares.	<i>“What will also really help is gettin’ the medical attention after this because you find yourself at risk of being infected with either STDs, such as gonorrhea, syphilis, and such as that. Also, it could be infected with HIV. I’ll say the medical attention is somethin’ which is really good thing.”</i> —Adult abused as a child

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Key Experiences	Meaning and Examples	In Their Own Words...
Forensic interviews were professional, although children's experiences varied.	Parents/guardians of child survivors were largely focused on their child's emotional state after the forensic interview. One adolescent still has the stuffed animal she received during the exam. Two siblings, eight and nine years old, were in tears by the end of their interview. One eight-year-old boy said almost nothing during his interview.	<i>"They told me that his interview, not that it wasn't good, but that he just kept on saying that he already said it, he had already talked about it, that we already know about it, that he didn't wanna continue. You know what I mean? He didn't wanna continue talkin' about it. The police said that, 'Well, there's not a lot of evidence we can go on. We'll let you know if anything.' That's where it ended."</i> —Parent/guardian of a child survivor of sexual abuse
Adult survivors desired an investigative interview similar to the CAC child forensic interview model.	A single, recorded forensic interview could streamline an investigation and reduce revictimization of adult survivors who must repeat their story for multiple law enforcement and prosecutorial professionals. For example, one adult survivor described telling her victimization to one detective, who called in another detective and required her to repeat the entire traumatic story.	<i>"Kind of like an interrogation room where it's just you and one person but everyone else can hear it. I guess that would be my ideal. Perfect world, you've told the story once and you're done, maybe. Then, in a realistic world, at least minimizing the number of times you're telling the story."</i> —Adult abused as a child
Survivors appreciated a follow-up call after their exam or interview.	While it did not always occur, survivors or parents/ guardians of child survivors who received follow-up calls after an exam or interview appreciated the call. While they must be done in a way that maintains survivor privacy and confidentiality, calls are an opportunity for an RCC or CAC to show support and connect a survivor or their family with additional services.	<i>"I think just an automatic thing where—for anyone experiencing that—it should be just an automatic appointment that would've been made, I would say, within 72 hours of an interview would be ideal or something more immediate."</i> —Parent/guardian of a child survivor

Recommendations

Based on our findings about forensic and medical services, we make the following recommendations:

- Increase availability of community-based clinics associated with RCCs or CACs for medical forensic exams and medical evaluations.
- Increase availability of free follow-up care for injuries or testing and treatment of STIs and HIV related to sexual assault or abuse victimization.
- Make available forensic interviews for adult survivors that are similar to the forensic interviews provided to child survivors through CACs.
- Increase training and information for private practice physicians regarding care and appropriate referrals for survivors of sexual violence.
- Consider avenues to contact survivors or parents/guardians of child survivors after an exam or interview to check in and offer resources and support services.



CRISIS INTERVENTION OR HOTLINE SERVICES

This section presents our findings specific to crisis intervention and hotline services.¹

Crisis Intervention or Hotline Services as Defined to Participants in Interview Protocol

Crisis intervention or hotline services are in-person, online, or phone support designed to reduce acute stress, begin stabilization, and assist a survivor in determining next steps.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Eighty-six percent of participants indicated they wanted or needed crisis intervention or hotline services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Fifty-three percent of participants received crisis intervention or hotline services.

Key Findings

- Participants used hotlines to relieve distress, obtain information, and as a gateway to additional services.
- Participants wanted hotlines answered immediately by a trained and empathetic hotline worker each time a person called.

¹ Icon: Call by Adrien Coquet from [The Noun Project](https://thenounproject.com/AdrienCoquet/). Reprinted with permission.

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- Participants expressed the need for specialized hotlines or hotline workers, including suicide prevention hotlines, LGBTQIA + hotlines, and male hotline workers.
- Participants were aware of hotlines and able to find hotline numbers without much difficulty. Some participants especially benefited from hotlines that included texting or online chat capabilities.

Background

Crisis intervention and 24-hour crisis hotlines are both core services provided by RCCs in Texas.⁴⁰ Some RCC hotlines in Texas are answered immediately by trained volunteers or staff. Other hotlines, particularly in smaller communities, operate through a paid answering service. The answering service takes the survivor's contact information and contacts the on-call RCC hotline advocate. RCC minimum standards require the advocate to connect with the survivor within five (5) minutes. The national RAINN hotline depends on this same network of hotline workers to answer calls (see callout box).

Rape, Abuse and Incest National Network (RAINN) routes calls to a local rape crisis center or RAINN affiliate organization based on the first six digits of the caller's phone number. Cell phone callers have the option to enter the zip code of their current location to locate the nearest sexual assault service provider more accurately.

While crisis intervention is most often provided through a hotline format for sexual violence survivors, it can also be provided at any point during the provision of other RCC or CAC services. This is particularly true for CACs that do not operate hotlines. While the CAC may be located within a larger umbrella organization that operates a hotline for other programs (e.g., an RCC or family violence shelter), activation of CAC services occurs when CPS or law enforcement refers the case to the CAC, which often is initiated after a call or report is made through the Texas Abuse Hotline. Crisis intervention is a component of Victim Support and Advocacy, one of the required standards for CACs, is available to clients throughout the life of the case.

Table 22 details findings about participant experiences with crisis intervention and hotline services.

Table 22. Experiences With Crisis Intervention or Hotline Services

Key Experiences	Meaning and Examples	In Their Own Words...
Hotlines successfully calmed callers.	Participants who used hotline services did so because they reported feeling distressed and needing support.	<i>“I actually talked to a certain hotline yesterday. I discussed with them something else that was bothering me that's recent. They helped calm me down.” —Adult survivor</i>
Survivors used a variety of hotlines.	Participants used a number of hotlines including: <ul style="list-style-type: none"> • Rape, Abuse and Incest National Network (RAINN) • Suicide prevention hotlines • Local RCC hotlines • LGBTQIA+ specific hotlines • National Domestic Violence Hotline 	<i>“I think whenever I was younger I just called whatever national hotline it was. Then the last time, the only other time I think that I've called the hotline was [sighs] like six months ago where I was feeling so suicidal that I was starting to worry about my own safety.” —Adult abused as a child</i>
Hotline awareness was generally high among participants.	Participants were aware of the existence of hotlines through public awareness campaigns and could find hotline numbers through brief internet searches.	<i>“Luckily, a Google search took me to RAINN. That counselor was very, or that volunteer, whoever it was, advocate, was very knowledgeable and trauma-informed and all that as well. Got me to the right hospital.” —Adult survivor</i>
Participants valued texting or online chat hotline features.	While most participants called a hotline, several stated that they preferred the online chat or texting capabilities of hotlines.	<i>“I think that what really helped is having a crisis text line or an online chat. Sometimes calls are just really hard.” —Adult survivor</i>
Hotlines were gateways to other services.	For several participants, hotlines served as a source of information and a gateway into additional services, including emergency shelter, a medical forensic exam, or counseling.	<i>“I found myself talking to a rape crisis line and talking about the history of the family and the rapes in the family and what happened to me. They told me, ‘Oh, you qualify for free counseling.’ I was like, ‘Free counseling? Really?’” —Adult survivor</i>

Key Experiences	Meaning and Examples	In Their Own Words...
Hotline calls that were delayed, not answered, or ended abruptly hurt survivors.	At times, survivors called a hotline that required them to leave a message, but their call was not returned. One survivor had their hotline call ended so the worker could answer another call.	<i>“When they say they’re gonna call you back and they don’t, that really hurts. With me in particular, I was dismissed and put down by a lot of other people, so I guess them not following up with me just felt like another, ‘Nobody cares,’ or, ‘Oh, you’re bothering them,’ you know?”</i> —Adult survivor of sexual assault
Participants valued hotlines with specialized expertise.	Beyond being empathetic and caring, survivors appreciated when hotline workers had high expertise in a particular area (e.g., suicide, rape, domestic violence) or specialized experience working with a certain population (e.g., LGBTQIA + individuals, males).	<i>“The guy I’ve been tryin’ to help out said he spent three days calling all the hotlines. He goes, ‘I could only get women. I can’t talk to a woman about this. I need to talk to a guy.’”</i> —Adult survivor helping another male survivor connect to services

Recommendations

Based on our findings about crisis intervention and hotline services, we make the following recommendations:

- Ensure hotlines are answered immediately by a trained and empathetic hotline worker each time a person calls.
- Expand hotline capacity to use text and online chat features.
- Continue, and increase when possible, promotion of hotlines through public awareness campaigns and on as many forms of media as possible.
- Maintain specialized hotlines (e.g., for suicide, rape crisis, domestic violence).
- Increase hotline capacity to serve specific populations (e.g., LGBTQIA + survivors, male survivors).



THERAPY OR COUNSELING SERVICES

This section presents our findings specific to therapy and counseling services.^J

Therapy/Counseling Services as Defined to Participants in Interview Protocol

Therapy or counseling services means individual or group therapy, support groups, or substance use services.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Ninety-eight percent of participants indicated they wanted or needed therapy or counseling services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Eighty-eight percent of participants received therapy or counseling services.

Key Findings

- Many participants spoke about how vital therapy was to their recovery, their child's recovery, or to help them (parents/guardians) support their child's recovery.
- Cost and long waiting lists were common barriers to accessing therapy.
- Participants described being frustrated by having to switch therapists multiple times.
- Finding therapists with specialized trauma training was also a challenge.
- In a perfect world, many survivors interviewed would like to see increased access to counseling and therapy services, and for those services to be more convenient (e.g., easier to find trauma therapists, extended hours, easier to get to).

Background

Survivors of sexual abuse or assault and their families seek therapy or counseling services to help them heal and move beyond the trauma. Counseling may help the survivor develop coping skills, understand their feelings, and regain a sense of control. While therapy is offered free of charge through RCCs and CACs, waiting lists and session limits can still make access a challenge. As a result, agencies often must provide referrals to other therapy or counseling options in the community, if available, to support survivors and families.

Therapy or counseling can be delivered in several different formats:

- Individual therapy is an opportunity for the survivor to meet with a therapist one-on-one and discuss the specifics of their victimization and path to recovery.
- Group therapy offers survivors the opportunity to connect, seek support, and share experiences with others with lived experience with sexual violence.

^J Icon: Healthcare by David Khai from [The Noun Project](#). Reprinted with permission.

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

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- Family therapy includes the survivor and non-offending family members and focuses on strengthening relationships and the health of the entire family system.

At times, survivors need additional behavioral health supports, including substance use services. Treatment for substance use is not typically offered by an RCC or CAC, so survivors and parents/guardians must seek this type of assistance elsewhere. Substance use treatment for survivors may be most effective if they are able to address the trauma resulting from sexual assault or abuse as part of treatment.

Table 23 summarizes themes from our interviews related to therapy or counseling services.

Table 23. Experiences With Therapy or Counseling

Key Experiences	Meaning and Examples	In Their Own Words...
Therapy/counseling was the most in-demand service of all nine service types specified in this study.	<p>Adult survivors of sexual assault consistently voiced their desire for therapy or counseling.</p> <p>Adults abused as children wished therapy or counseling had been available to them as children and many sought therapy as adults.</p> <p>Parents/guardians of child survivors wanted therapy for their children—and for themselves.</p>	<p><i>“The [CAC] connected me with a therapist. In all reality, that is the one thing that has helped in infinite ways.”</i></p> <p>—Parent/guardian of child survivor</p>
Therapy increased self-awareness and coping skills.	<p>Participants shared that, through therapy, they learned how to better deal with depression and anxiety, understand their emotional responses, and learn coping skills. Interviewees learned that the abuse did not need to define them and that a better future was not out of reach.</p>	<p><i>“I understand now why sometimes I’m able to function more and why sometimes I’m unable. It was just so powerful, these sessions were so incredible and have allowed for me to be so much more productive.”</i></p> <p>—Adult survivor</p>

Key Experiences	Meaning and Examples	In Their Own Words...
The high cost of therapy was a barrier.	<p>One participant shared that her therapist cost \$100/hour.</p> <p>One participant described that switching therapists was expensive because it would take a few sessions to share her trauma history each time.</p> <p>One survivor shared that she could afford to see her therapist every other week, instead of weekly as desired.</p>	<p><i>“I’m really glad that with the crisis center, I don’t have to pay or go through insurance or anything.”</i> —Adult abused as an adolescent</p> <p><i>“I tried to go to therapy before, but it was just so expensive for me at the time.”</i> —Adult survivor</p>
Free counseling at RCCs was good, but often had session limits and waiting lists.	<p>Participants described waiting up to 6 months for a counseling appointment at an RCC.</p> <p>One participant shared that she was limited to six sessions.</p>	<p><i>“I just feel like if you tell someone to wait four months, they’re gonna be like, ‘Well, these drugs are helping a lot more than a counselor could at this time.’”</i> —Adult survivor</p>
Turnover among counselors at RCCs was a problem.	<p>Participants described their RCC therapists leaving and then having to start fresh with a new therapist. At least one survivor said she learned to appreciate different approaches, but generally survivors felt the change was disruptive.</p>	<p><i>“I’ve just gone to three therapists now about this rape. I’d rather just talk to one fucking person about it. I don’t wanna keep going through the same story with different people.”</i> —Adult survivor</p>
There is a need for therapists with specialized trauma training.	<p>One survivor shared that she needed a skilled therapist who could handle the amount of trauma she had experienced.</p> <p>Finding a therapist with trauma training was difficult in many communities.</p>	<p><i>“I think that, in a perfect world, it would be a whole lot easier to find counselors who were really great at dealing with trauma, honestly, who also accepted insurance. ‘Cause that can be—that can be a challenge.”</i> —Adult abused as a child</p>

Key Experiences	Meaning and Examples	In Their Own Words...
Participants appreciated both online and in-person counseling formats.	<p>Some adult survivors appreciated the convenience of online therapy. Other adults wanted in-person therapy to avoid distractions at home.</p> <p>One parent/guardian shared that her child hated the idea of online counseling.</p>	<p><i>“How they're doing the Zoom [counseling sessions] now would have been perfect at that time. Because I would have been able to do it during lunch or somewhere convenient.”</i></p> <p>—Adult abused as a child</p>
Not every survivor wanted therapy.	<p>Some participants shared that they didn't get a benefit from therapy or that they weren't ready for it.</p>	<p><i>“I think I needed time to deal with it on my own. I got thrown into therapy right away and I wasn't ready to talk about it or to talk to other people or come to the realization of what had happened to me. In retrospect, I feel like they were trying to fit me into this cookie cutter that I just didn't fit into. They had very specific steps, very specific objectives, modules ...that they just wanted to put me in.”</i></p> <p>—Adult abused as a child</p>
Group therapy and support groups, when available, were beneficial.	<p>Some participants voiced a desire for group therapy and peer support, in places where it was not available either due to current COVID-19 safety precautions or because the RCC or CAC had not gained the critical minimum amount of participants to form a group.</p> <p>At least one RCC was offering weekly group therapy online.</p>	<p><i>“Of course, I took part in the groups, the sexual assault survivor group. That was the very first time I ever shared my story in more of a public setting. That gave me courage and validation.”</i></p> <p>—Adult survivor</p>

Recommendations

Based on our findings about counseling and therapy services, we make the following recommendations:

- Increase and target funding for therapy or counselors. Salary increases would attract more experienced therapists and reduce the burden on CACs and RCCs when low pay for therapists leads to increased staff turnover.
- Reduce barriers for survivors to access CVC benefits to help with the costs of therapy or counseling.
- Reduce long waiting lists and session limits for therapy at RCCs and CACs.
- To increase access and meet client needs, therapy should be available both in person and online, through web-based services like Zoom.
- Increase availability of training for therapists and counselors on effective therapy techniques when working with sexual assault and abuse survivors individually or in groups, in person or online.
- Increase availability of group therapy and peer support opportunities for both survivors and parents/guardians of child survivors.



LEGAL SERVICES

This section presents our findings specific to legal services.

Legal Services as Defined to Participants in Interview Protocol

Legal services are any legal service related to the assault, including immigration, divorce, child custody, protective order, or helping to assert crime victims' rights.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Seventy-one percent of participants indicated they wanted or needed legal services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Twenty-five percent of the participants received legal services.

Key Findings

- Participants were often unaware of what legal services or options applied to their situation.
- Survivors and the parents/guardians of child survivors wanted access to an attorney or someone with strong legal knowledge to help them understand what legal options were available to them.

- When participants did understand their legal needs, they desired legal representation to sue their offender, obtain a protective order, terminate their lease, or assist with immigration concerns.
- Several participants indicated that they did not know the ins and outs of the criminal justice system. This lack of knowledge impacted their decisions on how to move forward, including on whether and how to make a report.
- Participants who were involved in the criminal justice system wanted their phone calls to law enforcement departments and prosecutors' offices returned and to have their concerns valued and incorporated into the criminal justice process when possible.

Background

Legal services for sexual assault and abuse survivors are most often provided by a legal aid organization, other nonprofit organization, or a private attorney hired by the survivor. Survivors' legal problems connected to the sexual violence can include privacy violations, physical safety threats, school fines or other negative consequences, employment sanctions, financial problems, housing problems, and immigration consequences. Legal remedies may include suing for damages, Title IX-related school accommodations, VAWA Immigrant Relief, obtaining protective orders, special safety requests at work or school, quashing subpoenas for medical or counseling records to protect privacy, and more.

RCCs and CACs generally do not employ attorneys to represent clients, although they may have a network of attorneys or organizations to refer clients. Both RCCs and CACs provide legal advocacy; while not typically an attorney, legal advocates provide information about legal processes, accompaniment to civil or criminal justice-related meetings or hearings, and support survivors or parents/guardians in getting updates and information regarding the investigation, prosecution, or other legal proceedings for their case.

Table 24 summarizes the themes across our findings on legal services.

Table 24. Experiences With Legal Services

Key Experiences	Meaning and Examples	In Their Own Words...
Without enough information, many survivors could not decide if they needed legal services.	Participants were often unaware of what legal services or legal options might apply or be available to them. Without that knowledge, they could not make an informed decision on if they needed—or could benefit from—legal assistance.	<p><i>“I didn’t know what options were there for me.” —Adult survivor of sexual assault</i></p> <p><i>“I still have questions on the legal side that I haven’t gotten answers for.” —Adult survivor</i></p>
Participants filed civil lawsuits—or desired to.	<p>A few participants filed civil lawsuits based on the assault or abuse. In these cases, the offender or offender’s employer was in a financial position to pay if a judgement was made against them.</p> <p>The suits were filed against a physician, a church for abuse by a youth pastor, and a residential management company for an assault by a security guard.</p> <p>A few participants wanted to sue, but could not find an attorney to take their case.</p>	<p><i>“We just reached out to lawyers on our own and are paying 45% contingency fees....we have really great lawyers, but it’s been going on for three years now and it’s still ongoing.” —Adult survivor</i></p> <p><i>“I feel like I wish I could sue him for all the money that I’ve had to pay in therapy because of him. That would be nice.” —Adult abused as a child</i></p>
Participants obtained (or needed) legal support and tools related to, for example, protective orders, lease termination, statute of limitations, and immigration legal matters.	<p>Survivors secured attorneys to help file for protective orders; one received a lifetime protective order.</p> <p>Several survivors shared that they benefited from legal assistance to terminate leases, allowing them to leave the place where the assault occurred.</p> <p>Two adults abused as children shared how their mothers’ precarious immigration status was a barrier to divorcing their offender father or reporting the abuse.</p>	<p>One survivor described her immigrant mother’s thinking:</p> <p><i>“If I divorce this person, are they going to kick me out? Will I lose custody of my children? How will I make a living? How will I pay for things? How would I even pay a lawyer to get involved? Because again, no income. What would happen if my partner, my husband, was incarcerated?”</i></p> <p>—Adult abused as a child</p>

Key Experiences	Meaning and Examples	In Their Own Words...
Survivors feared being sued by the offender.	Participants shared concerns that the offender might sue them for speaking publicly about the assault or abuse. One survivor who was abused as a child by an instructor was trying to warn schools about her offender.	<i>“I think there is the question of, when things go south in the regular criminal investigation, what are your options from a legal perspective? What liability are you putting yourself into by reporting this? I know I had those fears pop up, too, of like, ‘Oh, my God, is he gonna come after me for whatever?’”</i> —Adult survivor
Survivors wanted information and advice before reporting the sexual violence to law enforcement.	Participants wanted specific information before reporting, such as where they should go to make a report, how long the process would take, and the different reporting options available to them. Participants were aware that not all reported cases move forward. They wanted a better understanding of the likelihood that their case would move forward.	<i>“It would be nice to talk with someone. Be like, ‘Hey, do I even have a case, before I move forward, if I wanted to move forward?’ I don’t know if I would’ve wanted to move forward with anything else, but just to know what my options were would’ve been very nice.”</i> —Adult abused as a child
Survivors needed support navigating the criminal justice process.	Participants shared that they needed help understanding the steps in the criminal justice system, understanding legal jargon, and staying in touch with investigators and prosecutors, especially when those roles were sometimes reassigned. Participants shared their deep frustrations about making multiple phone calls to law enforcement and prosecutors’ offices with no reply, going months without hearing from either of these agencies, and then being unexpectedly informed about a major step taken without any warning or opportunity for them to provide input.	<i>“[I needed] more information about the legal system and how things will work and having open communication about what’s happening in the case. When you’re raped and you try to seek justice, you’ve never really done that before. For most instances, no one understands what to do, so providing people with that, I guess, what’s the word? That knowledge and also that support.”</i> —Adult survivor

Recommendations

Based on our findings related to legal services and legal service needs, we make the following recommendations:

- Increase access to an attorney or someone with strong legal knowledge to help survivors or parents/guardians of abused children understand what legal options are available to them.
- Increase the ability for adult survivors, in particular, to obtain information from law enforcement or prosecution about the status of their case.



HOUSING SERVICES

This section presents our findings specific to housing services.

Housing Services as Defined to Participants in Interview Protocol

In this study, housing services refer to shelter, transitional housing, and the like.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Thirty-one percent of participants indicated they wanted or needed housing services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Eleven percent of participants received housing services.

Key Findings

- Survivors needed housing because they weren't physically safe in their home or because staying in their home or community was re-traumatizing.
- Participants in this study who received housing generally received it from family or friends.
- To support survivors and their families who need housing services, increase access to critical services, such as emergency shelter, transitional housing, and an expanded CVC rent and relocation program.

Background

Housing is not a core service offered by Texas RCCs or CACs. However, many RCCs and some CACs are part of a larger organization, such as a family violence program or shelter, which may create some opportunities for housing services for survivors of sexual assault or abuse and their families. RCCs and CACs will also refer survivors and parents/guardians of child survivors who need housing to shelters, including family violence shelters, homeless shelters, and other community resources that help with housing.

Rent and relocation assistance is available for some survivors and their families through the CVC program if they were assaulted or abused in their home.⁴¹ Survivors must meet eligibility requirements for this funding, including reporting to law enforcement and cooperating with the investigation. Survivors of sexual assault or the parents/guardians of child sexual abuse survivors may terminate their lease if the assault or abuse occurred within the preceding six months on the premises.⁴²

Table 25 presents the key themes in our findings related to housing services.

Table 25. Experiences With Housing Services

Key Experiences	Meaning and Examples	In Their Own Words...
Remaining in the home was re-traumatizing.	Some participants shared that staying in their home, where the assault or abuse occurred, was too traumatizing for them or for their abused child.	<i>“This was our family home. Like I said, we built it. It always was our safe spot. With the abuse happening in this house, it basically traumatized us. We can’t be in it. My son has nightmares. He can’t be in his room. We can’t have the lights off. I mean, it’s literally like a haunted house for us now. We tried to stay there.”</i> —Parent/guardian of child survivor
Remaining in the same community was re-traumatizing.	Other participants spoke about how difficult it was to remain living in the same area as their offender. Sometimes offenders lived down the street. Some victims lived in small towns and thought they might see the offender at the grocery store.	<i>“I wanna move, but like I said, it takes money to move and victims’ compensation said I’m not qualified for relocation because I wasn’t raped in my home. But I’m still in the county that it happened in. I have to put up with this, I guess, until I kill myself or just it goes away.”</i> —Adult survivor
Home was a dangerous place.	For survivors who were running or hiding from their offender, remaining in or returning to their home put them in physical danger.	<i>“After I went to a women’s shelter, how was I gonna return to the apartment where he last knew I was. It’s expensive. It’s expensive to start over, over and over and over again.”</i> —Adult survivor

Key Experiences	Meaning and Examples	In Their Own Words...
Early termination of leases helped survivors.	Some participants were able to successfully end or change their leases before moving, either through kind landlords, flexible management, or formal lease termination notices.	<i>“I couldn’t afford to break the lease when I had to go to the women’s shelter, but my advocate signed a letter and told me about the [lease termination] law. We got that taken care of lickety split.”</i> —Adult survivor of sexual assault
Some survivors moved in with family or friends.	Several survivors spoke about temporarily moving in with parents or friends in the aftermath of the sexual violence. This option was not available to all study participants.	<i>“My stepfather was like, ‘Come and stay with us. You’ll be safer here.’ I had put everything into storage and moved in with my parents. I was supposed to only be here maybe a month or two, but, if it weren’t for them, I’d be homeless.”</i> —Adult survivor

Recommendations

Based on our findings related to housing services and the limited, but critically important, housing support needs among study participants, we make the following recommendations:

- In a limited way, increase emergency shelter options for survivors of sexual assault and their families when their home is not safe because the offender is at large and a danger or because remaining in the home where they were assaulted or abused is re-traumatizing to the survivor.
- Expand eligibility for transitional or temporary housing programs to include survivors of sexual assault and their families.
- Expand the CVC relocation benefit to include survivors who, while not assaulted or abused in their home, are re-traumatized by remaining in their home or community.



BASIC NEEDS SERVICES

This section presents our findings specific to basic needs services.

Basic Needs Services as Defined to Participants in Interview Protocol

Basic needs services refer to assistance with any basic needs of life, including food, clothing, or help paying rent or utility bills.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Forty percent of participants indicated they wanted or needed basic needs services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Ten percent of participants received basic needs services.

Key Findings

- Sexual assault or abuse put some survivors and parents/guardians of child survivors in a precarious financial position and in need of basic needs support.
- Some survivors could meet their basic needs without outside assistance, but it was very difficult to do so, potentially impeding their recovery.
- Survivors and their families needed assistance to successfully apply for basic needs support through government programs, including the CVC program.
- Survivors and their families could not focus on recovering from the assault or abuse if their basic needs, including food and a safe place to live, are not met.

Background

Sexual assault and abuse affect people of all socioeconomic levels. For many survivors or families who were struggling financially before the assault or abuse, meeting their basic needs becomes exponentially more difficult after the sexual violence occurs or is disclosed. For other survivors, needing assistance for basic needs was a new experience. Support with basic needs is not a core specialized service offered by either RCCs or CACs. While some RCCs and CACs provide clothing, toiletries, and emergency funds to clients who qualify, generally basic needs assistance is provided through referral to other organizations and resources.

Table 26 gives an overview of our findings related to basic needs services used or needed by survivors and parents/guardians of child survivors.

Table 26. Experiences With Basic Needs Services

Key Experiences	Meaning and Examples	In Their Own Words...
The assault or abuse affected adult survivors' ability to work.	Sexual assault or abuse placed some survivors in precarious financial positions due to either working fewer hours, temporarily taking time off, or losing employment entirely.	<i>"I lost my full-time job by having to go through medical appointments or police interviews, everything that comes with it. I mean, I was constantly in different appointments, therapy appointments, whatnot. After losing my job, I couldn't pay rent, and so I lost my [apartment]."</i> —Adult survivor
Survivors who remained fully employed still struggled.	Several survivors shared that they remained employed, but working, managing trauma symptoms, and balancing criminal justice proceedings was very difficult. One university set up an informal food pantry for a student survivor who eventually had to drop out of school.	<i>"I needed assistance with basic needs because at the time I was working \$10 an hour full time, living on my own. Like I said, there was days where I just—the court process was very hard on me. I would just shut down in depression. Going to therapy, exploring all of that, it was hard. It was hard to just live. I feel like there was lots of times where I was late on my rent and I would have to work out some deal. I was late on cell phone, had to budget on groceries."</i> —Adult survivor
Survivors needed basic needs services quickly.	The struggle to meet basic needs was compounded because survivors often needed basic needs support quickly due to an unexpected move or sudden job loss.	<i>"I had to scramble really quickly to figure out, okay, how do I make ends meet here? That having some sort of assistance would have given me a little bit more independence and a little more support as I tried to get on my feet."</i> —Adult survivor
Government programs for basic needs services are slow and difficult.	Several survivors spoke about the difficulties in applying for basic needs support through government programs, including CVC.	<i>"The last couple of times, I've missed a call. I'll call right back because I missed a call, and it's voicemail. You just have to wait until your turn again. It's just a roundabout circle. It's just exhausting."</i> —Parent/guardian of child survivor

Recommendations

Based on our findings on basic needs services for survivors of sexual violence, we make the following recommendations:

- Give survivors and parents/guardians of child survivors more information, especially early in the process of connecting with services, about basic needs support (e.g., rent assistance, utility assistance, and food).
- If basic needs support requires an application, increase assistance for survivors and parents/guardians of survivors to complete the application process (e.g., locating supporting documentation, submitting the application, and responding to requests for additional information).
- Seek strategies to streamline the application process for CVC benefits.



TRANSPORTATION SERVICES

This section presents our findings specific to transportation services received or needed.

Transportation Services as Defined to Participants in Interview Protocol

Transportation services refer to any type of help getting transportation to support services and/or criminal justice-related appointments.

Answers to Research Questions

RESEARCH QUESTION #1: What services did survivors of sexual assault or abuse need?

Twenty-four percent of participants indicated they wanted or needed transportation services.

RESEARCH QUESTION #2: What services did survivors of sexual assault or abuse receive?

Just one participant (2%) received transportation services.

Key Findings

- Without transportation support, participants implemented various transportation solutions on their own, including paying for a rideshare, asking friends or family for rides, and sometimes driving even when they felt it might not be safe.
- While these transportation solutions worked, survivors spoke of the additional burden of having to pay for expensive rideshares, depend on friends or family, or put themselves in dangerous situations by driving when feeling ill-equipped to do so.
- Participants with transportation needs broadly endorsed gas or rideshare vouchers to help with transportation to appointments, hearings, and meetings related to their or their child's sexual victimization

Background

Transportation services are not a core RCC or CAC service, but are provided at times when they are important to the survivor of their family and when feasible. Depending on the agency, transportation services may include funds for a rideshare service (e.g., Lyft or Uber), bus tokens, or a volunteer or staff member who can drive clients to important functions. In rural areas, it is not unheard of for RCC volunteers or staff to drive a survivor one or two hours for a medical forensic exam at a facility with a SANE. One participant in this study received transportation assistance when a church volunteer drove her to the hospital and law enforcement department.

“She actually drove everywhere, too. That was another thing, I didn’t have to be frustrated about traffic or where to go. The one thing I do get frustrated about is getting lost or traffic. It’s like all of these things that could deter me from continuing on making this report or taking care of myself, she helped with that.” —Adult survivor of sexual assault

Reimbursement for some travel costs is available through CVC, but only to survivors or on behalf of survivors who qualify (e.g., reporting the assault or abuse to law enforcement, cooperating with the investigation or prosecution). While most clients of CACs are eligible for CVC reimbursement of expenses, many RCC clients are ineligible because they chose not to make a report to law enforcement.

Table 27 summarizes our findings related to transportation needs and services.

Table 27. Experiences With Transportation Services

Key Experiences	Meaning and Examples	In Their Own Words...
Paying for a rideshare or gas was expensive.	<p>Participants described paying out of pocket for an Uber or Lyft to travel to police departments and court hearings.</p> <p>One parent described how the cost of gas to drive her child to appointments at the CAC in another county was a big problem.</p>	<p><i>"I'm living in [city]. It's 30, 40 minutes away, I have to spend my own money to take Ubers out there, and they're \$40, \$50 each. There were no resources to pay for that. I paid for that out of my own money. Thank God I had it."</i> —Adult survivor of sexual assault</p>
Depending on friends and family for transportation was not possible or strained relationships.	<p>Some survivors did not tell their family or friends about the assault or abuse.</p> <p>Some survivors feared that asking friends for rides was a burden.</p>	<p>Interviewer: <i>"How did you get to court?"</i></p> <p><i>"Friends, family. Still, sometimes when you're calling, you're nervous if they're not gonna be able to take you and stuff like that."</i></p> <p>—Adult abused as a child</p>
Buses didn't feel safe.	<p>One survivor was scared they would encounter their offender on the bus.</p>	<p><i>"You could get a bus pass voucher, but my rapist was out, so I can't just be on a bus 'cause I'm afraid—I'm scared, and then I would have panic attacks."</i></p> <p>—Adult survivor of sexual assault</p>
Driving themselves was not safe.	<p>Several survivors shared that, while they owned a car, it was not always safe for them to drive because they felt physically ill or anxious.</p>	<p><i>"I drove and had a car, but I was so full of anxiety, and even right after the assault happened, I was so physically ill that having someone be able to offer transportation to get to the medical clinic, or to get to a counselor and advocate, would have really, really helped."</i> —Adult survivor of sexual assault</p>

Recommendations

Based on our findings on transportation services for survivors of sexual violence and their parents/guardians, we make the following recommendations:

- Increase availability of vouchers for rideshare services (e.g., Lyft and Uber).
- Increase availability of gas cards for survivors and parents/guardians of survivors.

Next, we summarize the stages of a survivor's journey following the sexual violence to effective services and support with the ultimate goal of recovery through case examples.

Journey Maps

APPLYING THE RECOVERY JOURNEY FRAMEWORK

As introduced in the Overall Findings section of this report, we have conceptualized the following stages that sexual assault and abuse survivors go through in seeking services and working toward recovery and healing: Processing, Searching, and Services.

Recovery rarely unfolds linearly, nor is recovery the same for every survivor of sexual assault or abuse. Some survivors were motivated primarily by recovery of their physical and mental health. Others understood their recovery in the context of seeking justice after their assault. And still others reported in their interviews that their recovery involved a combination of health and justice. The services that interview participants said they received—or needed and did not receive—were not identical. And yet, three distinct periods during the recovery process emerged for participants.

The **four case-specific journey maps and stories** in this section are designed to illustrate examples of the recovery process that individual participants described during their interviews with the research team. We selected these four de-identified cases to describe in greater detail and illustrate with journey maps to best represent a cross-section of participant demographics, recovery journey experiences, and assault or abuse characteristics (adults abused as children, adult survivors of sexual assault as an adult, and parents/guardians of child survivors of sexual abuse).

UNDERSTANDING THE JOURNEY MAPS

The journey maps presented in this section each contain three mountains that represent the three stages of recovery: “Processing,” “Searching” for services, and receiving “Services.” Each journey map moves from left to right, with the survivor processing their sexual assault or abuse, searching for the services they needed, and then finding and receiving services.

The journey maps use mountains to convey a sense that *survivors are actively expending effort and exertion in their recovery journey*. The higher they go on the mountain, the closer they are to reaching their goals of healing, recovery, and justice. The lower on the mountain a stop on the journey map appears, the more a survivor reported feeling victimized, silenced, and confused on their journey toward healing.

Not all journeys on the maps presented here end high on the mountain tops with full recovery and healing. Some interview participants are still on their recovery journeys, are still receiving services, or have turned back and have had to start over in their recovery process. Dotted lines on the maps represent setbacks for survivors, perhaps to an earlier stage in the recovery process. Solid lines indicate a progression from one step to the next, moving toward recovery. Double parallel lines indicate a long break for the survivor in their journey, a length of time when they did not make much progress toward recovery for one reason or another.

Each map is accompanied by a description of the survivor's story and journey that contains numbers for easy reference to the steps on the map figures.

Processing

As noted earlier, healing and recovery from sexual assault or abuse begins with the Processing stage (both internal and interpersonal), which can take months or years to unfold. Our journey maps begin, not at victimization, but with the survivor processing the realization that what has happened to them was sexual assault or abuse. For some survivors, certainly, the journey toward recovery ends with processing their sexual assault and labeling it as an assault, but without seeking support or formal services.

Searching

There were many pathways as well as barriers that emerged for participants in the Searching stage. The journey maps presented here often included setbacks in the search for effective, accessible services; survivors were discouraged by such barriers and delayed in their journey toward support, services, and recovery.

Services

The Services stage of the journey map relates to receiving (or not receiving) needed and effective formal services for recovery from sexual violence. Service trajectories and sequencing varied among interview participants, and there are many different types of services included in the journey maps in this section. Survivor satisfaction with the services they received is also often noted and varied considerably as well. Survivor engagement with law enforcement, while not technically a sexual assault “service” for the purposes of this

research, influenced many survivors' journeys toward healing and recovery. There are instances on these journey maps in which survivors related both satisfaction and dissatisfaction with their engagement with law enforcement.

The Case Examples in Context

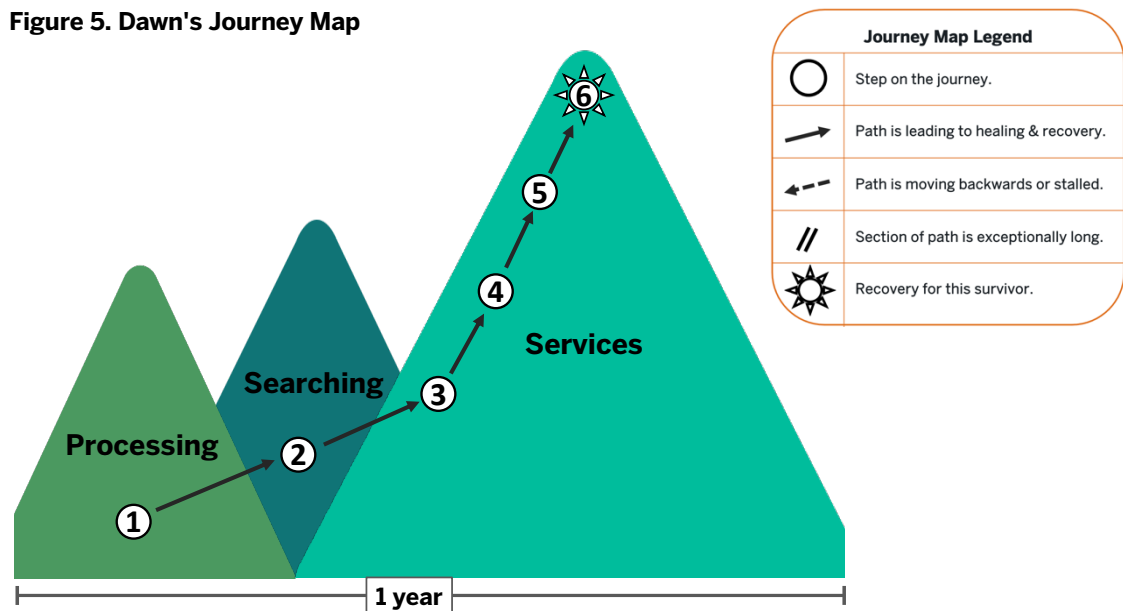
Figures 5 to 8 highlight the variation among survivors' journeys to recovery. The findings throughout this report offer a foundation on which to understand the common needs and service experiences of survivors as well as common challenges along the path toward recovery. The journey map case examples depicted next offer an opportunity to recognize the individual circumstances and experiences of four de-identified survivors in this study within a common recovery journey framework.

CASE EXAMPLE #1: DAWN'S JOURNEY

Key Takeaways

- Dawn's story illustrates the recovery journey that is possible when service providers, from both nonprofit and criminal justice entities, provide trauma-informed care to a survivor.
- While in an ideal world Dawn would never have been sexually assaulted, and no person's recovery is without pain, challenge, and hard work, her story is an example of the type of recovery journey in which service providers not only avoided further harm to the survivor, but also successfully supported the survivor's recovery journey.
- Dawn did not spend much time or energy in either the Processing or Searching stages, but spent most of her recovery journey in the Services stage.

Figure 5. Dawn's Journey Map



Dawn was sexually assaulted in her early 30s by a stranger who broke into her home while she was asleep. During the processing stage **(1)**, she experienced feelings of fear and anger, but felt little or no self-blame or confusion about what had occurred. In addition, when she made a report or discussed the incident with others, she said, *“I don’t feel like I ever told someone and didn’t feel supported.”*

The searching stage **(2)** went quickly and smoothly for Dawn, leading to a helpful experience receiving effective services. First, she called her father and asked him to come and help take care of her children. Next, she called 911 to reach law enforcement, who arrived quickly and were very helpful.

Dawn received services that included a medical forensic exam at a nearby hospital, where a volunteer from a local RCC accompanied her during her exam **(3)**. The RCC advocate

“I could focus on getting counseling and getting myself healed so that I could be a good mother and I could go back to work and I could go back to life. A different life than what it was before, but I could still begin doing that. I didn’t have to worry about where I was living and how this was going to happen. Those weren’t added onto the huge burden of healing.”

connected her to the RCC, where she soon received therapy services. She reported having very positive experiences with this process and with her therapist **(4)**.

Dawn’s parents were willing and able to help her, inviting her to stay at their home for as long as she needed and providing direct financial support. Her employer was “very understanding,” readily granting her a month of unpaid leave **(5)**.

Dawn’s interactions with law enforcement continued to go very well. *“I was in a small town... a very, very low crime area [where] detectives... weren’t super overloaded with cases. They had the ability to give me updates and attention and keep me abreast of anything that was going on.”* When her case went to the next stage, *“the district attorney’s office was phenomenal,”* particularly the victim advocate she worked with. *“I felt prepared, I felt supported, I felt believed, I felt empowered,”* she said. *“The whole process was as good as I can imagine it could ever be” **(6)**.*

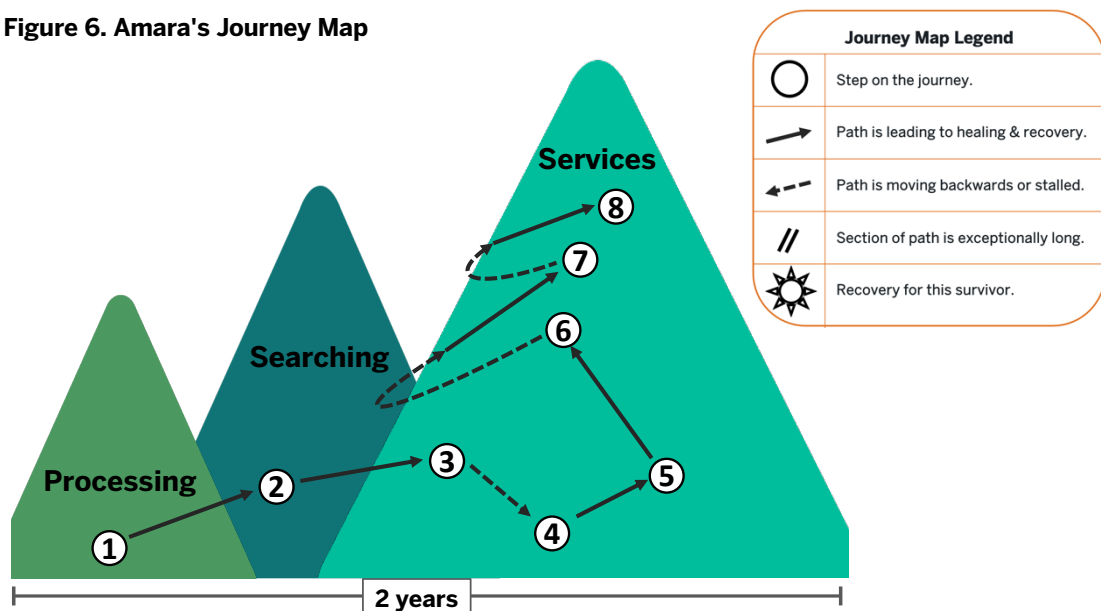
Between the no-cost therapy services she received from her RCC, support from family and friends, and her ability to take a leave of absence from work, Dawn’s healing process went very well. After some time had passed, she began to volunteer with the same RCC that had helped her, providing accompaniment services at forensic exams just as another volunteer had once accompanied her. Dawn learned from her volunteer work that other survivors often have very different help-seeking experiences than hers, particularly in their interactions with law enforcement. She said that, with many survivors and for varying reasons, law enforcement personnel *“forget that this is a victim... seeing instead somebody that they don’t understand.”* It was through these experiences that she learned that, unfortunately, she was “one of the lucky ones” compared to many other survivors who interact with the same systems and institutions.

CASE EXAMPLE #2: AMARA'S JOURNEY

Key Takeaways

- One of the most illustrative aspects of Amara's story is the decisive role an informal advocate played in quickly connecting her with services and facilitating her report to law enforcement. A similar kind of help could be provided by an advocate working for a formal service provider, but the informal advocate's association with Amara's faith community was also helpful in this instance.
- Amara was able to speed through the initial Searching phase with the help of her informal advocate.
- It is also notable that developments in Amara's criminal case against her perpetrator precipitated a need for additional therapy on two different occasions. Researchers heard about similar needs from other survivors and parents/guardians in this study.

Figure 6. Amara's Journey Map



Amara was sexually assaulted while on a first date when she was in her late 20s. Immediately after the assault, her internal processing began **(1)**. She quickly understood that she had been sexually assaulted and experienced shock, distress, and some self-blame. She extricated herself from the situation, returned home, and took a bath. The next day, she began to search for help **(2)**. *"I woke up [and] the first thing I thought about was counseling, because I had been to counseling a few times in my life....I knew the benefits of it. I was concerned [for] my mental and emotional health."* She reached out by phone to the pastor of her church, initially only seeking counseling services. Her pastor offered to send someone to her home to help her and she accepted. This helper came to her home and began to provide an informal form of both advocacy and accompaniment services **(3)**.

“The lady that was with me was amazing, so I’m thankful for her. If it hadn’t have been for her, I would have never reported it. I would’ve just figured out how to get counseling and that’s it.”

Amara and her informal advocate then tackled a series of reporting and help-seeking steps. They made quick progress and got better results due to the informal advocate’s involvement. Amara discussed with her whether or not to report her assault to law enforcement, deciding to report because she was fearful of seeing the perpetrator in public places. Amara first made a phone call to the local police department. When she told the officer who answered that her assault had taken place the day before, the officer asked her why she hadn’t reported it sooner. This was discouraging, but Amara still went to the station in person with her informal advocate and made a report to two officers. This second contact with law enforcement went better **(4)**. These officers then referred her to a hospital for a SANE exam. Her informal advocate stayed with her for the 10 hours it took to complete her exam **(5)**. The SANE initiated contact with an RCC about therapy. The informal advocate continued to stay in contact with Amara for some time after their initial contact, checking in on her every few days.

Amara initially received therapy through the RCC for a few months, stopping when she was doing better **(6)**. Months later, her perpetrator was found and arrested after being sought by law enforcement since Amara’s report. This development helped her to realize that she still had unresolved feelings about the assault and she reached out to resume therapy for a longer period of time **(7)**, stopping again when she was feeling better. Months after discontinuing therapy, a therapist from the RCC reached out to see how she was doing. The timing was perfect because Amara’s father had recently died and her sexual assault case was about to ramp up again toward a trial. She asked the therapist about reconnecting with services and was able to receive therapy services for a third time **(8)**. Amara’s three periods of therapy were with three different therapists. She reported having an excellent experience with all three, with each therapist contributing a different perspective that she found truly beneficial.

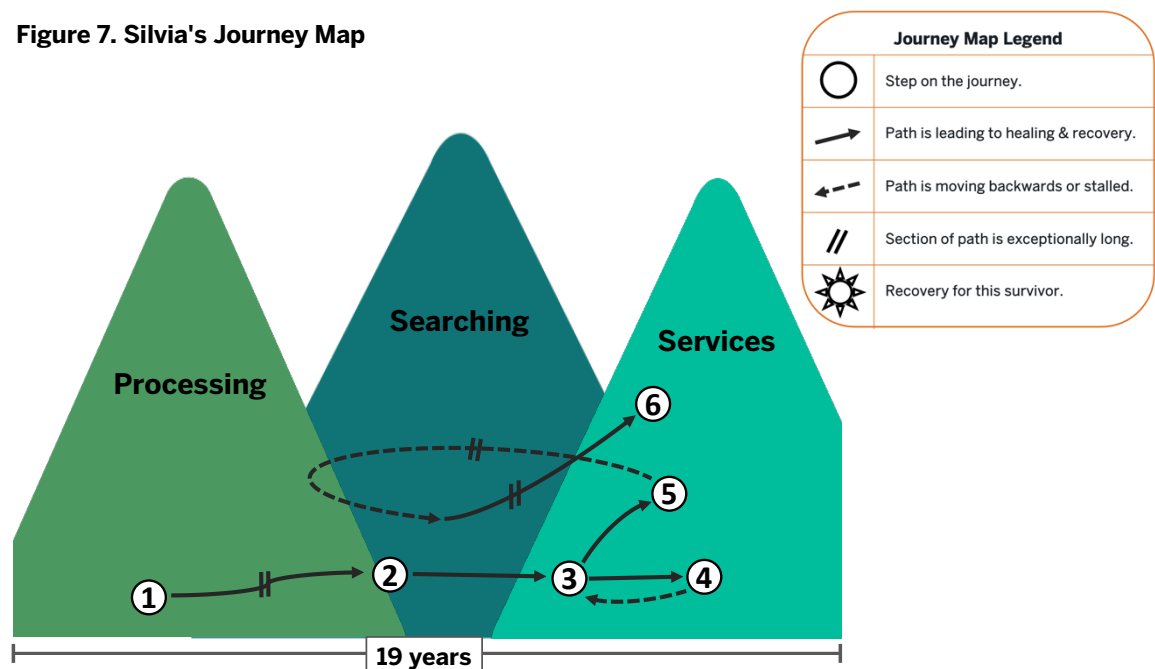
At the time of her interview, Amara had recently begun this third period of receiving therapy. Her therapy was helping her cope with the stress caused by her perpetrator’s impending trial, but she needed to make further progress before she felt her recovery journey was complete.

CASE EXAMPLE #3: SILVIA'S JOURNEY

Key Takeaways

- Silvia's fear that reporting her abuse would cause her to lose important relationships is similar to internal processing barriers faced by many other survivors of childhood sexual abuse.
- Her ineffective first round of therapy shows how crucial it is for a survivor to be invested in therapy and comfortable with the modality being used in order for it to be helpful.
- Silvia's return to the Processing stage after receiving services is a noteworthy trajectory. If services are ineffective, a survivor can end up, functionally speaking, back at square one.
- Silvia spent many years of her recovery journey in the Searching stage, trying to find answers about her depression and anxiety.

Figure 7. Silvia's Journey Map



Silvia was sexually abused by the father of her best friend beginning when she was 10 years old. The abuse continued for four years. Her abuser was a “father figure” for her when her own father was barely present and she feared losing her relationship with him and his daughter. She kept the abuse a secret **(1)** until one day at age 14. Her abuser was supposed to drive her to school that morning, but caused her to arrive late due to an instance of abuse. Silvia felt “so fed up” that, when a school secretary asked her why she was late, she answered truthfully, setting her initial help-seeking journey in motion **(2)**.

Law enforcement officers then came to Silvia's school **(3)**. At first, she tried to protect her abuser by only disclosing the one instance of sexual abuse she had already reported. She was sent to a hospital for a forensic medical examination, which she found distressing **(4)**. Soon after, she told law enforcement about the full extent of the abuse. Silvia's strongest recollection of her involvement with law enforcement is of *"having to tell your story to 20 million people,"* which was very difficult for her **(3)**. (After two years, Silvia was interviewed again by law enforcement but could recall few details of the abuse. When asked about a plea deal, she welcomed the option of keeping her abuser out of jail out of concern for her former friend. He pleaded guilty and was sentenced to 10 years' probation.)

"In retrospect, I feel like they were trying to fit me into this cookie cutter that I just didn't fit into. They had very specific steps, very specific objectives, modules...that they just wanted to put me in."

Silvia's involvement with law enforcement led to a referral for therapy services **(5)**. She did not feel ready to talk about her abuse at that time. In hindsight, she believed the approach used in her therapy was also not a good fit. She sped through the units of the therapy modality *"just so I would [be able to] stop going."*

Although she continued to be impacted greatly by the abuse, Silvia tried to push aside thoughts and feelings related to the experience following this period of therapy. Eventually, depression and anxiety symptoms caused her to seek intermittent therapy as an adult, but her abuse was not a focus in this work and it was largely ineffective. This period lasted for 10 years. Recently, she began seeing a new therapist who *"really connected a lot of things"* for her, helping her to recognize how her abuse had impacted her mental health **(6)**. For years she had internalized the initial story she'd told to law enforcement—that the abuse only occurred once—but therapy helped her to recall the four preceding years of abuse also.

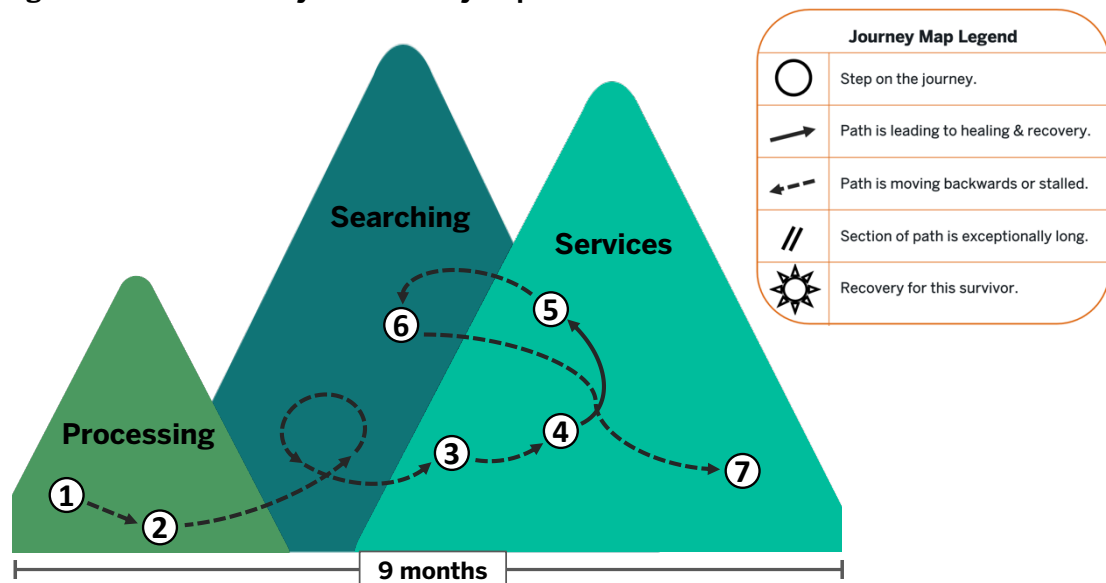
Silvia described herself as in a much better place at the time of her interview than she had been in for years, but was still working toward recovery. Unfortunately, her abuser continued to live on her street, just a few houses away from her home.

CASE EXAMPLE #4: MICHELLE AND JAYDEN'S JOURNEY

Key Takeaways

- Michelle was not the only participant in this study who described having to move out of their home to protect their child. Such relocations can put families like Michelle and Jayden's in a precarious position, especially if they've already been struggling financially.
- Michelle's difficulties accessing CVC funds and other sources of financial help were shared by many of the survivors and parents/guardians interviewed for this study. The CVC process was frequently described as lengthy, troublesome, and confusing.
- Michelle was one of many participants who was a parent of a child survivor and at the same time a survivor of childhood sexual abuse. These parents face unique challenges and need support suited to their needs. Thankfully, Jayden's CAC therapist seemed to have provided this support very effectively.

Figure 8. Michelle and Jayden's Journey Map



Jayden was sexually abused by another child, a member of his extended family, for two years. One day, Jayden's mother, Michelle, observed some concerning behavior between the two boys. Feeling that something was wrong, she asked the children what was going on and Jayden told her about the abuse **(1)**. He had been afraid that, if she learned about it, she would stop loving him. At the time, Jayden was eight and the other child was 10 years old.

While processing her son's disclosure, Michelle told a relative about the abuse; unfortunately, the relative responded with a callous, minimizing remark **(2)**. This only made Michelle more determined to do something. She called law enforcement to report the abuse,

which led to a complicated and repetitive series of conversations with officers, visits to hospitals, and interviews with CPS personnel **(3)**. Eventually, law enforcement arranged a forensic interview at a CAC **(4)**, which led to Jayden receiving CAC services.

At first, Michelle was nervous about therapy at the CAC, worrying that information about her son's abuse might be used to portray her negatively to CPS, but she soon learned to trust Jayden's therapist **(5)**. The CAC therapist helped Michelle understand how her own history of childhood sexual abuse created challenges in her relationship with her son and gave her new strategies so that she could better support him. Michelle had always been determined to break the cycle of abuse in her family; now, therapy gave her effective tools to meet that goal.

"[The CAC therapist] helped us. Not just my son. She's helped me deal with a lot of the trauma that I went through as a child [so that] I'm better equipped to help my son....Our relationship has improved a lot.... He feels comfortable with me now."

"We've just been moving around....I've downsized....so everything that we own fits inside my truck. Anytime we have to go anywhere, we just get in the car, and we're off."

For the first few months after Michelle learned about the abuse, she and Jayden continued to live with extended family in the house that had been her home since she was a child, the same home where much of the abuse had occurred. But it became increasingly clear that they could not stay. Being in that house reminded Jayden of the abuse, and Michelle realized that the relatives sharing the

home were not safe for her son to be around. Like her, many of these relatives were survivors of childhood abuse. But instead of breaking the cycle, they engaged in unhealthy coping strategies.

They left the house that had been Michelle's home for decades, leaving them homeless. Michelle was unable to work during this time due to medical issues. She tried applying for CVC along with unemployment and SNAP benefits **(6)**. While she had yet to give up on the CVC process at the time of her interview for this study, the process had dragged on for months without any benefits being granted. At the time of the interview, Michelle and Jayden had lived in five different cities in the past year and were currently sharing a one-bedroom apartment with her sister.

"There's no immediate help. Everything is a long process with paperwork and approvals and all kinds of things."

Due to the age of her son's perpetrator, Michelle was told by law enforcement that it was unlikely that her case would be pursued. In addition, forensic evidence gathered during her

son's medical forensic exam was misplaced. While Michelle had informed CPS about her suspicions that her son's perpetrator and their sibling were being abused themselves, that investigation was ended without any finding of abuse. Representatives for law enforcement and CPS did not keep Michelle apprised of developments in either case. As a result, Michelle was disillusioned with the criminal justice and child protection systems. *"It's like these cases come a dime a dozen to them" (7).*

Conclusion and Recommendations

This study focused on survivor needs (both met and unmet), service experiences, and barriers faced by survivors on their recovery journeys. While there is more that can be done to support both adult and child survivors of sexual violence on their journeys, researchers also heard how important current services are to survivors and their families as they try to piece their lives back together. The current infrastructure and support created by RCCs and CACs is vital to survivors—and the recovery journey is far bleaker without the canopy of existing advocates, therapists, SANEs, and others working so hard to deliver the best care they can. Our research gives voice, specifically a collective survivor voice, to many of the needs we anecdotally hear from professionals.

Building on the key findings presented throughout the report and from conclusions drawn from our interview data analysis, the IDVSA research team proposes a set of recommendations *to improve service availability, accessibility, and uptake* by survivors of sexual assault and abuse. These recommendations reemphasize some of the key recommendations provided in each service-specific section and offer overarching considerations. They have been developed to provide the Office of the Texas Governor’s Sexual Assault Survivor’s Task Force and its Steering Committee with data-driven policy options to improve the lives of survivors across the state. Our recommendations will also be valuable to service providers seeking to improve service offerings and approaches to better reflect survivor needs.

Increased and Streamlined Funding

With the understanding that many of the recommendations require additional funding to implement, these first recommendations specifically relate to accessing or deploying funds more efficiently or equitably to improve service access or uptake:

- Increase and target funding for therapy or counselors. Salary increases would attract more experienced therapists and reduce the burden on CACs and RCCs when low pay for therapists leads to increased staff turnover.
- Increase and target funding for advocates. Additional advocates would decrease the caseload for existing advocates, allowing for more effective and proactive support for survivors and parents/guardians of child survivors.
- Reduce barriers for survivors to access Crime Victims' Compensation benefits for therapy or counseling.

Targeted and Ongoing Training

Interview participants frequently mentioned the need for more training for professionals with whom they came in contact in their search for services. Training for RCC staff and volunteers, CAC staff, law enforcement, and hospital/clinic staff, among others, is an ongoing need to support and advance survivor recovery and healing:

- Continue training for RCC and CAC staff and volunteers providing accompaniment, especially on topics such as using a trauma-informed response, child sexual abuse, local criminal justice processes and community resources, and working with survivors and parents/guardians of child survivors from underserved communities.
- Increase availability of training for therapists and counselors on effective therapy techniques when working with sexual assault and abuse survivors.
- Increase training and information for private practice physicians and nurses regarding the care of survivors of sexual assault or abuse.
- Increase training for RCC, CAC, law enforcement, and prosecutorial staff on trauma-informed care.
- Increase training for RCC, CAC, law enforcement, and prosecutorial staff on cultural sensitivity and unconscious bias.

Building Service Capacity

Related to, but distinct from, the needs for more funding and training is building more service capacity. With increased capacity, the goal is for survivors to have access to a greater range of services—or any key services at all—in their regions through the following:

- Increase availability of forensic interviews for adult survivors, like the forensic interviews provided to child survivors through CACs.
- Increase access to accompaniment for parents/guardians of child survivors when their child is undergoing a medical forensic exam.

- Reduce long waiting lists and session limits for therapy at RCCs and CACs.
- Increase opportunities for accompaniment to be provided by someone whose cultural background or identity matches the survivor's or survivor's family.
- Increase capacity to offer prompt accompaniment to every survivor or parent/guardian of a child survivor during medical forensic exams, investigative interviews, and key court hearings and trials.
- Expand capacity for hotlines to use text and online chat features.
- Increase hotline capacity to serve specific populations (e.g., LGBTQIA + survivors, males, etc.).
- Increase availability and use of community-based clinics associated with RCCs or CACs for medical forensic exams and medical evaluations, instead of emergency departments.
- Increase availability of free, potentially walk-in, follow-up medical care for injuries or testing and treatment of sexually transmitted infections and HIV related to sexual assault or abuse victimization.
- Make therapy services available using both in-person options and online options through web-based services like Zoom to increase access and meet client needs.
- Increase availability of group therapy and peer support opportunities for both survivors and parents/guardians of child survivors.

Future Research

As noted, a limitation of this study was its inability to fully or systematically explore the experiences, needs, and recovery journeys of minoritized populations. Further research in this area would benefit all survivors, as gaining insights and building skills to support minority or underserved communities ultimately creates a strong service network for all. Our main recommendation related to future research is:

- Conduct research that either focuses specifically on minoritized populations' concerns or uses a larger-scale survey-based design that can explore correlations that would allow for additional insights into the Belonging, Inclusion, Diversity, and Equity (BIDE) dimensions of the recovery journey for survivors and parents/guardians of child survivors.

Other Key Service and System Improvements

Our final recommendations, presented next, encompass a variety of topics—from very specific and defined recommendations for certain service or system improvements that

would have a real impact for certain groups of survivors to overarching strategies to improve a single type of service or the system as a whole.

Communication, Coordination, and Partnerships

- Increase easy access to information about specialized survivor services for survivors or parents/guardians who are searching for services. This could include developing information-sharing protocols among providers around service and resource availability, working with national and state hotlines to keep resources lists updated, or ensuring law enforcement and medical professionals have the most updated information and contacts for local resources.
- Prioritize follow-up calls to survivors or parents/guardians of child survivors after medical forensic exams, law enforcement interviews, hearings, or trials.
- Prioritize check-in calls to survivors or parents/guardians of child survivors at regular intervals (e.g., every month, or at 1 month, 3 months, and 6 months).
- Increase coordination between RCC advocates and criminal justice professionals to enable advocates to help survivors stay informed about the investigation and prosecution of their cases.
- Increase the ability for adult survivors, in particular, to obtain information from law enforcement or prosecution about the status of their cases.
- Increase access to an attorney or someone with strong legal knowledge to help survivors or parents/guardians of child survivors understand what legal options are available to them.
- Improve partnerships between community mental health service providers, RCCs, and CACs to coordinate the care of survivors with mental illness.

Housing, Transportation, and Basic Needs

- Expand the CVC relocation benefit to include survivors who, while not assaulted or abused in their home, are re-traumatized by remaining in their home or community.
- Give survivors and parents/guardians of child survivors more information, especially early in the services process to connect them with basic needs support (e.g., rent assistance, utility assistance, and food).
- If basic needs support requires an application, increase assistance for survivors and parents/guardians of survivors to complete the application process (e.g., locating supporting documentation, submitting the application, and responding to requests for additional information).

- In a limited way, increase emergency shelter options for survivors of sexual assault and their families when their home is not safe because the offender is at large and knows where they live or because the survivor cannot remain in the home where they were assaulted or abused.
- Expand transitional or temporary housing programs to include survivors of sexual assault and their families.
- Increase availability of vouchers for rideshare services like Lyft and Uber.
- Increase availability of gas cards for survivors and parents/guardians of survivors.

Crisis Support

- Seek strategies to streamline the application process for CVC benefits.
- Continue, and increase when possible, promotion of hotlines through public awareness campaigns and on as many forms of media as possible.
- Ensure hotlines are answered immediately by a trained and empathetic hotline worker each time a person calls.
- Maintain specialized hotlines (e.g., suicide, rape crisis, domestic violence).

Throughout this report, we have brought forward the voices of adult survivors of sexual assault and childhood sexual abuse and the voices of parents and guardians of children who have survived sexual abuse. We have deliberately tried to broaden the range of analysis by including survivor voices from marginalized groups. The recommendations made in this report flow directly from our analysis of interview findings. We hope that policymakers and service providers, and especially survivors themselves, see the value inherent in hearing these voices. It is our hope that our findings and recommendations around service provision, gaps, and barriers can catalyze statewide efforts to more efficiently and effectively provide services to more survivors of sexual violence on their journeys to recovery.

Appendices

The following appendices are included:

- Appendix A: Acknowledgments in Full
- Appendix B: Interview Protocol: Adult Survivor of Sexual Assault
- Appendix C: Interview Protocol: Adult Sexually Abused as a Child
- Appendix D: Interview Protocol: Parent/Guardian of a Child Survivor
- Appendix E: Partner Sites
- Appendix F: Recruitment Materials
- Appendix G: Screening Tool
- Appendix H: Informed Consent

APPENDIX A: ACKNOWLEDGMENTS IN FULL

The Institute on Domestic Violence & Sexual Assault and the Bureau of Business Research project team members would like to express our deeply felt gratitude to the following individuals and organizations for their support and assistance with this project.

We first acknowledge our Texas Legislature's vision and its dedicated staff who made a bipartisan effort to bring Texas House Bill 1590 (86R) to fruition. Your vision and stewardship to serve survivors are commendable.

Secondly, the protocols used to frame our interviews with survivors benefitted from the input of many individuals, including the survivor-leaders on the Sexual Assault Survivors Task Force. We are lucky and honored to have worked alongside so many dedicated people. We offer immense thanks to those who offered critical feedback and guidance.

Being trauma-informed in all aspects of this project, including recruitment, was a centering principle. We are thankful to trusted partners who helped promulgate this opportunity to survivors in a way in which they felt safe to participate. Our most profound appreciation and thank you to members of the Sexual Assault Survivors' Task Force Survivor-Centered Working Group. Their consultation and insights helped us to create a more comprehensive interview protocol, recruit as broadly as possible, and ensure a more trauma-informed experience for survivor participants overall.

Thirdly, another special thank you goes to the network of Texas rape crisis centers and children's advocacy centers for sharing recruitment messages throughout the state as you managed the increased and varying workload resulting from the COVID-19 pandemic.

We extend our thanks to the following individuals and their organizations for their guidance on services in Texas and survey recruitment support, in alphabetical order by agency.

Abigail's Arms Cooke County Family Crisis Center

Ginger Johnson, Executive Director

Big Bend Radio

Conley Rasor, Host and Film Producer

Children's Advocacy Center of the Coastal Bend

Clarissa Mora, Executive Director

Children's Advocacy CentersTM of Texas

Justin Wood, General Counsel, Vice President of External Relations

Dallas Area Rape Crisis Center

Amy Jones, Chief Executive Officer
Ellen Kaney-Francis, Clinical Director

Hays-Caldwell Women's Center

Melissa Rodriguez, Executive Director

KAZI FM Austin

James Davis, General Manager

Mexican Consulate, Austin

Felix Herrera Herrera, Consul for Protection and Legal Affairs

Mujeres Unidas

Hilda Gracia, Sexual Assault Program Coordinator

NAACP: Austin

Nelson E. Linder, President

**Office of the Texas Governor, Public Safety Office,
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Texas Association Against Sexual Assault

Rose Luna, Chief Executive Officer

Texas Council Family Violence

Gloria Terry, Chief Executive Officer

The Refugee and Immigrant Center for Education and Legal Services

Glenaan O'Neil, Executive Director

Finally, survivors are always the grounding and centering focus of our work. Our vision is for all people to live peaceful and prosperous lives in a world free from violence. Our hope is that this research moves us, collectively, one step closer to actualizing that vision. We honor all survivors through the creation and publication of this research and hope that it will assist the state and local communities in addressing future survivor needs.

APPENDIX B: INTERVIEW PROTOCOL – ADULT SURVIVOR OF SEXUAL ASSAULT

Sexual Assault Survivor's Discussion Guide: Adult Survivors

Introduction

Hi, my name is _____. I am a researcher with The University of Texas. Thank you so much for agreeing to participate in our study.

[Ask how they are feeling and/or some conversation to help establish rapport. If the participant reports feeling anxious, let them know that discussing the informed consent information may help, you will answer all questions they may have, and that it is a priority for you that they feel comfortable and informed.]

Are you in a private space, or a space where you feel comfortable talking for about an hour?

Can you provide me with a phone number in case we are disconnected or have a technical problem?

Consent to Participate in Research

Before we get started, I'm going to go over some of the information from the Informed Consent document for the study. You should have received a copy of this document by email prior to our interview.

Did you receive the informed consent document?

If YES - I'm glad you received it.

If NO or I'M NOT SURE - OK. I'd like to send it to you. *[confirm or write down their email address and notify Susan to re-send after the interview.]*

The document goes into a lot of detail about the study. To make sure you are well informed, I'm going to go over some of the most important points from the document with you now. Any questions about your experiences won't happen until after we've reviewed the consent information together. Does that make sense?

YES [acknowledge and continue]

NO [prompt for why and answer questions]

1. *Purpose*

The purpose of this study is to learn more about sexual assault survivors' experiences. We're particularly interested in what survivors need after their experiences and how well those needs are met by the organizations and agencies that are supposed to help them.

2. *What will we talk about?*

We'll talk about your demographics (things like your age, gender, race, and ethnicity). We'll talk briefly about the sexual assault or unwanted sexual experience perpetrated against you, and then we'll look at the things that may have made it harder or easier for you to get help afterward, whether you received services, and whether your needs were met. We'll also check in with you at the end of the interview about how you felt about this process.

3. *Risks & benefits*

The only risk of participating in the interview that we foresee is the possibility that talking about topics related to sexual assault may be distressing. Please let me know if you feel distressed at any time during the interview, including at the end. We can stop at any time, take a break, and skip questions that you don't want to answer. We can provide a referral to telephone counseling if needed. *[Note: this and other references to counseling may be subject to edits based on specific processes developed with partner sites.]* With regard to benefits, you will be given a \$30 gift card for your participation. Some participants in similar interviews have also told us that they felt a sense of satisfaction in having contributed to research that has the potential to help others.

4. *Length of time*

The interview is designed to take about an hour. This is intentional. We value your time and we know that this discussion could be difficult or tiring. That being said, if you have more to say about our questions and wish to take some additional time to say what's on your mind, that is OK.

5. *Voluntary nature of interview*

Participation in this study is totally voluntary. As I said before, you can stop the interview at any time and you can refuse to answer any question. *[Note: if participant is being interviewed via video, you can also offer them the option to go off video at any time.]* If you end the interview before it is complete, we will include the responses you gave in our study unless you ask to withdraw them. Choosing not to participate or to stop your participation will not affect your relationship with The University of Texas or any organization that may have referred you for this study. You're in charge.

6. *Mandatory reporting*

As I've said, the focus of my questions will be on survivors' needs for services and other factors we have found to be related to those needs. I will not ask any questions about specific instances or details about either sexual assault of an adult or sexual assault of a child. However, if, in the process of answering my questions, you tell me about specific instances or details of the abuse, sexual or otherwise, of a child under the age of 18 that has not been previously reported, I am required by law to report this to the Department of Family and Protective Services. If you are a parent of a child who has experienced sexual abuse and have been referred to us by a CACTX agency, by law the case has already been reported to authorities. I am also required by law to make a report if you tell me that you are going to harm yourself or others.

7. *Data security & reporting*

We have a number of measures in place to maintain your confidentiality. This interview will be recorded and the recording will be transcribed—in other words, made into a written document. The resulting recording and transcript, as well as any other identifiable data about you, will be stored on password-protected servers. Only a very small group of authorized researchers will have access to them. Your interview responses will be analyzed with all the other interview responses we receive and will be summarized. We may quote something you say in our findings, but we will never associate that quote with you. Specific information you provide about any service provider organization will not be shared in an identifiable way. We will never use your name or address other than to make sure you receive your \$30 gift card, after which that contact information will be deleted from all our records.

You will not be asked to sign a consent form. You can give your consent by continuing with this interview.

Before we proceed, do you have any questions about the information I've just shared?

I have two questions before we can begin:

- **Do you consent to participate in this interview with me today?**
- **Do you consent to this interview being recorded?**

If NO to either question. I understand that you do not wish to participate in an interview today or that you do not wish for the interview to be recorded today. Can you tell me anything about why you aren't comfortable participating today?

If YES, document reason why. If participant changes their mind, continue with interview.

If NO, okay. That's fine. We won't continue with the interview. If you change your mind, please feel free to email or call us. Would you be interested in speaking with a counselor? I can connect you now or provide you with a phone number.

[Only proceed if “yes” to both]

Thank you for agreeing to participate! We can't do this work without you.

Before we begin the interview, I want to remind you that if you find this interview distressing in any way, we can connect you with a crisis counselor who can speak with you by phone. I have contact information for support and a resource directory if we need to stop during the interview and get you connected for support, or I can give it to you at the end of the interview. We can also take breaks, skip questions, or stop at any time. Just let me know what would be most helpful to you as we go through the interview.

I will check in with you throughout the interview to see how you are doing. You don't have to wait for those check-ins. I would like you to stop me if you need to or have any questions or concerns. Feel free to ask me any questions as we go through the interview. I want you to be as comfortable as possible.

Demographics

I'm going to start with some demographic questions. When we look at responses from all of our interviewees as a group, we hope to learn about how their identities and circumstances impacted their ability to get the help they needed.

1. How old are you?
2. How would you describe your gender?
3. How would you describe your sexual orientation?
4. Do you identify as transgender or nonbinary?
5. How would you describe your race and ethnicity?
6. Please tell me the highest grade you completed in school.
7. What's your current employment status?
8. Are you currently a student?

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). *Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys*. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
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Sexual Experiences

[Sexual Experiences Survey – Short Form Victimization (SES-SFV) – adapted]

The following questions are about sexual experiences that you may have had that were unwanted. Feel free to stop me at any time. I won't be asking you to discuss any details about your experience, only to give "yes" or "no" answers.

I'm going to ask you about some things that someone may have done or tried to do to you without your consent. Consent can mean different things to different people, so here are some examples of tactics that are sometimes used to do things without someone's consent. If someone used one of these methods to do something you didn't want them to do, they did not have your consent. These tactics may include:

- Telling you lies, threatening to tell lies about you, pressuring you by threatening to end the relationship or other forms of verbal pressure
- Getting angry, saying mean or critical things, or showing anger in response to you saying "no"
- Taking advantage of you when you're too drunk or out of it to stop them
- Threatening to physically harm you or someone close to you.
- Using force

I want you to keep these tactics in mind and let me know if you want me to list them again. Next, I'm going to mention some things people may have done or tried to do. Please tell me if anyone has done these things to you without your consent using any of those tactics.

This is the standard behavioral language used in the research, so just respond to whatever applies to you. Again, I just need a "yes" or "no" answer for these questions.

1. Did someone kiss you without your consent (without attempting sexual penetration)?
(yes/no)
2. Did someone fondle or rub up against the private areas of your body (lips, breast/chest, crotch, or butt)?
(yes/no)
3. Did someone remove some of your clothes without your consent (without attempting sexual penetration)?
(yes/no)

4. Did someone have oral sex with you or make you perform oral sex on them without your consent?
(yes/no)
5. Did someone put their penis, fingers, or other objects into your vagina or butt without your consent?
(yes/no)
6. Did someone *try* to have oral, anal, or vaginal sex with you without your consent?
(yes/no)

Experiences Follow-Up

Interviewer note: Take a moment at this point to determine which event you will discuss in the follow-up questions. It may be clear from the participants' responses that only one assault occurred. If so, continue with the follow-up questions. If not, ask the following:

Did the things you said “yes” to in the last set of questions happen on one occasion, or more than one?

If more than one:

I want you to take a moment and think about these events. Is there one experience that stands out as having the greatest impact on you?

Responses may include:

Yes, I can think of one right away. (It is evident to interviewer that it was “easy” for the participant to identify the incident, that it is clearly the most impactful.)

No, I need to think about which one. I’m not sure. Hmm...

There were a lot of experiences.

Participant may need some help identifying the most impactful event or pattern of events. If needed, coach them on the choice without prompting for specific details.

If yes:

I want you to focus on this event while answering the next questions.

If no:

Of all the impactful events that you experienced; I want you to focus on the most recent one while answering the next short set of questions.

7. Next, if you’re comfortable doing so, I’d like you to tell me a bit about the person who assaulted you.

[Probe gently if needed for data on offender gender, relationship to survivor, and/or multiple instances of assault]

8. How old were you at the time of the assault?
9. What county did you live in at the time of the assault?
10. In what county did the assault happen?

Immediate Needs

The next set of questions is about the types of things that you wanted or needed immediately after your experience. Just as a reminder, many of the questions I will ask are direct. I want to acknowledge and honor your experience. The purpose of these questions is to learn from you. You can take a break if needed, skip questions, or stop at any time.

11. What can you tell me about how you responded immediately after the event?
12. What did you most need or want immediately after the incident?
If needed, prompt participant to focus on needs/wants, not efforts to seek help, as this will be covered later.

Awareness & Familiarity With Resources

I want you to think back to what you knew at the time of the incident.

13. What programs, organizations, or resources were you aware of in your area for people who have had an experience or experiences like yours? *Interviewer note: we're interested in whether the participant can show they have some specific information, but it doesn't have to be an organization name. Any information they have that's specific and could help them find or contact a program or an organization for assistance is pertinent.*
14. What programs, organizations, or resources did you have specific information on or first-hand experiences with?

Potential follow-up questions:

- *How did you hear about them?*
- *Do you know someone who was helped by them?*
- *Had you ever read about, viewed information on, or visited these programs, organizations, or resources?*

Talking About the Experience & Social Support

15. How did you choose who to tell, and whether to tell anyone, about what happened to you?

Potential follow-up questions:

- *What concerns did you have about telling others what happened?*
- *Who was the first person you told?*
- *Who else did you tell?*
- *How did it go when you told someone?*
- *Did any of the people you disclosed to take any action on your behalf?*
- *Did anyone you told provide help?*
- *How much time passed between the event and when you told someone?*

If participant reports they did not disclose to anyone:

16. Did you want to tell someone? If you wanted to and didn't, what concerns or barriers prevented you from doing so?

17. Did you, or anyone you told about your experience, report your assault to the police?

Potential follow-up questions:

If no: Did you consider reporting your assault? What concerns did you have about reporting?

If yes:

- *Did you undergo a forensic exam? (And if yes: What was that experience like?)*
- *How do you feel about your experiences with the police? (or your school's Title IX office or other entity)*
- *Did reporting your assault to the police lead to any involvement with a district attorney's office? (And if yes: What was that experience like?)*

18. Share with me what your social support network looked like at the time of the incident. By this, I mean people in your life who can provide support or help in any way.

Potential follow-up questions:

- *Do you have anyone you can talk to about difficult or emotional topics?*
- *Do you have anyone you can count on when you're in need?*
- *How safe did you feel talking to the people in your life about what happened to you?*

Questions About Services

I'm going to ask you about a few different types of help that people sometimes need after an experience like yours. For each type of help I'll ask the same set of four questions 1) if you needed or wanted it, 2) if you received it and from where, and 3) if you were satisfied with that service. Then I'll ask you the 4th question that may seem silly: I'm going to ask what help you would have been able to get in a perfect world where any help you wanted was available.

Questions should be asked when applicable (e.g., no need to ask if a service was received if it was not needed, or about satisfaction if a service was not received) in a trauma-informed way. If they indicated they did not need or receive a service, still ask the "perfect world" question.

Interviewer definitions for sources of help:

- *Rape Crisis Center (or combination organization/other organization that has serving survivors of sexual assault as a primary mission)*
- *Other organization = any other organization or agency*
- *Informally = family, friends, etc.*

The first category is **Accompaniment**. This refers to things like in-person support during a medical forensic exam, at a law enforcement department or prosecutor's office.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Crisis Intervention or Hotline Services**. This means either in-person, online or phone support that is designed to reduce acute stress, begin stabilization, and assist in determining next steps.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Advocacy/Assistance**. This means assistance provided on behalf of a survivor with third parties, such as schools, employers, law enforcement, prosecutors, Crime Victims' Compensation, etc.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Therapy**. This could mean individual or group therapy, support groups, or substance use services.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Forensic or Medical Services**. This means medical forensic exams, emergency room care, or other medical care related to the assault.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Housing**. This could mean shelter or transitional housing.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Legal Services**. This means any legal services related to the assault, including immigration, divorce, child custody, protective order, or helping to assert crime victims' rights.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

[Ask what type of organization (e.g., legal services from legal aid are very different than legal services from the prosecutor's office).]

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Basic Needs**. This refers to any of the basic needs of life, including food, helping paying rent or utility bills, and clothing.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The last category is **Transportation**. This refers to any kind of help getting transportation to support services, criminal justice-related appointments, and things like that.

Did you need or want this? Would it have been helpful?

Did you receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: rape crisis center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

We're almost done with this section. But first, I want to ask if there **are any additional types of help you needed or wanted** that I haven't already mentioned and that you want to talk about.

If yes, ask source, satisfaction, degree of needs met, and perfect world questions.

How Was the Interview?

We want to improve our process every time we do an interview. I have follow-up questions for you today, but you can also provide feedback in writing or at a later time to the IDVSA email address or to the project lead, Bruce Kellison. His name and email address are included in the informed consent document.

What was it like for you having this conversation with me today?

Potential follow-up:

- *How did it feel talking about your experience today?*
- *Is there anything you would suggest we do differently in future interviews?*

If participant expresses distress or mentions an interest in seeking services in response to the interview, see italicized instructions at end for options.

Distress Planning

Include the following portion of the discussion guide regardless of whether the participant has expressed distress.

Make sure to respond to participant's answer to the "how was this experience" question and use your acknowledgement as a segue to this portion of the interview.

Thanks for sharing your impressions of the interview experience.

If participant has expressed an interest during the interview in learning more about resources that are available to them as a survivor, use the following options:

For their nearest rape crisis center, use this locator: <https://taasa.org/crisis-center-locator/>

For their nearest Child Advocacy Center, use this locator: <https://www.cactx.org/find-a-local-center>

Feel free to take a moment to look up other information for them if it can be done quickly. If the information they want is out of the ordinary and may take time to find or require consultation, offer to get back in touch with them in the next few days with additional information. Confirm what means of communication are acceptable (email, phone, or text).

If participant has not reported distress during the interview:

You haven't mentioned feeling any particular distress during the interview, but I want to take a moment to check in. Are you feeling OK? Are you experiencing any distress right now?

If no:

That's great to hear. Most of our participants don't find the interview very distressing, but it's important for me to make sure.

Continue to post-interview distress planning.

If yes:

I'm sorry to hear that. I can stay on this call with you for a while, provide you with a hotline number to speak with a counselor, or talk through some things that might help you feel better. Would one of these options help?

If no: Is there anything else that might be helpful right now?

If participant states they just need some time, offer to stay on the call and help in any way you can. If participant would like to speak to a counselor by phone, provide National Sexual Assault Hotline number: 1-888-656-HOPE (1-888-656-4673). If they want to talk through things that might help them feel better, use questions from post-interview distress planning. Referrals for services can also be made (see site locator links above) if participant wishes.

If participant has reported distress during the interview:

Note that distress should be responded to as it happens, so hopefully any breaks, skipped questions, or other means to reduce distress will already have been used and the participant will have continued to the extent they felt able to do so.

Check in about previous distress and how the participant feels at this moment. Example: “You experienced some distress when you told me about the person who sexually assaulted you. I know we handled this at the time and you continued when you were feeling better, but I just want to check in and see how you’re feeling now.”

If participant reports feeling OK at this point, let them know that you’re glad that they are doing better and proceed to post-interview distress planning.

Post-Interview Distress Planning

Sometimes, a conversation like this one can feel OK at the time, but can stir up thoughts and emotions that can result in some distress after the interview. Just to be on the safe side, I’m going to take a moment to quickly check in about what you can do if you notice you’re distressed after the interview.

As needed, elaborate on the following questions to help the participant create a plan for how they will respond if distress occurs.

Do you have anyone you can reach out to if you feel distressed, either to talk to about your feelings, or to distract you or to help in other ways? *Help from someone who is safe to talk with about their experiences is best, but help from people who can provide distraction or comfort in other ways can be important as well.*

Do you have any activities you can do that you find relaxing, comforting, or grounding? *If participant asks about grounding, you can use this definition: “Grounding” means using a strategy to help bring you back to the present moment when you’re experiencing difficult memories.*

Optional examples: describing your surroundings to yourself in detail (e.g., “I’m looking at a picture on the wall, it shows a pink flower with green leaves. I’m looking at the window, the curtains are open and I can see a tree outside.”), smelling something pleasant, drinking something hot, holding an ice cube in your hand.

If National Sexual Assault Hotline number not already provided: Would you like me to provide you with a hotline number where you can reach a counselor if you need to speak to someone? If yes, provide the National Sexual Assault Hotline number: 1-888-656-HOPE (1-888-656-4673).

If the participant expresses significant distress and states that they need to reach out to a hotline number (or something analogous such as placing a call to a therapist) immediately after the interview, confirm that they have the information and support they need and notify Susan so that this can be noted for the record.

Final Steps

Would you be interested in seeing the final report that will be created based on these interviews?

YES: How would you like to know about the findings? We can email you, call you, or you can check our website. The findings of the study should be available online by late September of this year. *Note preference and ask for any necessary contact information that has not already been provided.*

NO: Mark that participant does not want follow-up.

Thank you for talking with me today. You are welcome to contact our project leader, his information is on the consent form. We appreciate you sharing your thoughts and experiences with us today.

There's one last thing. We're trying to speak with as many survivors as we can about their experiences seeking services. If you know someone who is a Texas resident over the age of 18 who has experienced sexual assault as an adult or sexual assault as a child or who is the parent or guardian of a child who was sexually abused, we would appreciate it if you could let them know about the study. There will be a reminder of this, along with some resources for survivors, in the email you receive with your gift card link.

Thanks again for your help!

APPENDIX C: INTERVIEW PROTOCOL – ADULT SEXUALLY ABUSED AS A CHILD

Sexual Assault Survivor's Discussion Guide Adult Sexually Abused as a Child

Introduction

Hi, my name is _____. I am a researcher with The University of Texas. Thank you so much for agreeing to participate in our study.

[Ask how they are feeling and/ or some conversation to help establish rapport. If the participant reports feeling anxious, let them know that discussing the informed consent information may help, you will answer all questions they may have, and that it is a priority for you that they feel comfortable and informed.]

Are you in a private space, or a space where you feel comfortable talking for about an hour?

Can you provide me with a phone number in case we are disconnected or have a technical problem?

Consent to Participate in Research

Before we get started, I'm going to briefly go over some of the information from the Informed Consent document for the study. You should have received a copy of this document by email prior to our interview.

Did you receive the informed consent document?

If YES - I'm glad you received it.

If NO or I'M NOT SURE - OK. I'd like to send it to you. *[confirm or write down their email address and notify Susan to re-send after the interview.]*

The document goes into a lot of detail about the study. I'm going to go over some of the most important points from the document with you. To make sure you are well informed, I'm going to go over some of the most important points from the document with you now. Any questions about your experiences won't happen until after we've reviewed the consent information together. Does that make sense?

YES [acknowledge and continue]

NO [prompt for why and answer questions]

1. *Purpose*

The purpose of this study is to learn more about sexual assault and sexual abuse survivors' experiences. We're particularly interested in what survivors need after their experiences and how well those needs are met by the organizations and agencies that are supposed to help them.

2. *What will we talk about?*

We'll talk about your demographics (things like your age, gender, race, and ethnicity). We'll talk briefly about the abuse perpetrated against you, and then we'll look at the things that may have made it harder or easier for you to get help afterward, whether you received services, and whether your needs were met. We'll also check in with you at the end of the interview about how you felt about this process.

3. *Risks & benefits*

The only risk of participating in the interview that we foresee is the possibility that talking about topics related to sexual abuse may be distressing. Please let me know if you feel distressed at any time during the interview, including at the end. We can stop at any time, take a break, and skip questions that you don't want to answer. We can provide a referral to telephone counseling if needed. *[Note: this and other references to counseling may be subject to edits based on specific processes developed with partner sites.]* With regard to benefits, you will be given a \$30 gift card for your participation. Some participants in similar interviews have also told us that they felt a sense of satisfaction in having contributed to research that has the potential to help others.

4. *Length of time*

The interview is designed to take about an hour. This is intentional. We value your time and we know that this discussion could be difficult or tiring. That being said, if you have more to say about our questions and wish to take some additional time to say what's on your mind, that is OK.

5. *Voluntary nature of interview*

Participation in this study is totally voluntary. As I said before, you can stop the interview at any time and you can refuse to answer any question. *[Note: if participant is being interviewed via video, you can also offer them the option to go off video at any time.]* If you end the interview before it is complete, we will include the responses you gave in our study unless you ask to withdraw them. Choosing not to participate or to stop your participation will not affect your relationship with The University of Texas or any organization that may have referred you for this study. You're in charge.

6. *Mandatory reporting*

As I've said, the focus of my questions will be on survivors' needs for services and other factors we have found to be related to those needs. I will not ask any questions about specific instances or details about either sexual assault of an adult or sexual assault of a child. However, if, in the process of answering my questions, you tell me about specific instances or details of the abuse, sexual or otherwise, of a child under the age of 18 that has not been previously reported, I am required by law to report this to the Department of Family and Protective Services. If you are a parent of a child who has experienced sexual abuse and have been referred to us by a CACTX agency, by law the case has already been reported to authorities. I am also required by law to make a report if you tell me that you are going to harm yourself or others.

7. *Data security & reporting*

We have a number of measures in place to maintain your confidentiality. This interview will be recorded and the recording will be transcribed—in other words, made into a written document. The resulting recording and transcript, as well as any other identifiable data about you, will be stored on password-protected servers. Only a very small group of authorized researchers will have access to them. Your interview responses will be analyzed with all the other interview responses we receive and will be summarized. We may quote something you say in our findings, but we will never associate that quote with you. Specific information you provide about any service provider organization will not be shared in an identifiable way. We will never use your name or address other than to make sure you receive your \$30 gift card, after which that contact information will be deleted from all our records.

You will not be asked to sign a consent form. You can give your consent by continuing with this interview.

Before we proceed, do you have any questions about the information I've just shared?

I have two questions before we can begin:

- **Do you consent to participate in this interview with me today?**
- **Do you consent to this interview being recorded?**

If NO to either question. I understand that you do not wish to participate in an interview today or that you do not wish for the interview to be recorded today. Can you tell me anything about why you aren't comfortable participating today?

If YES, document reason why. If participant changes their mind, continue with interview.

If NO, okay. That's fine. We won't continue with the interview. If you change your mind, please feel free to email or call us. Would you be interested in speaking with a counselor? I can connect you now or provide you with a phone number.

[Only proceed if “yes” to both]

Thank you for agreeing to participate! We can't do this work without you.

Before we begin the interview, I want to remind you that if you find this interview distressing in any way, we can connect you with a crisis counselor who can speak with you by phone. I have contact information for support and a resource directory if we need to stop during the interview and get you connected for support, or I can give it to you at the end of the interview. We can also take breaks, skip questions, or stop at any time. Just let me know what would be most helpful to you as we go through the interview.

I will check in with you throughout the interview to see how you are doing. You don't have to wait for those check-ins. I would like you to stop me if you need to or have any questions or concerns. Feel free to ask me any questions as we go through the interview. I want you to be as comfortable as possible.

Demographics

I'm going to start with some demographic questions. When we look at responses from all of our interviewees as a group, we hope to learn about how their identities and circumstances impacted their ability to get the help they needed.

1. How old are you?
2. How would you describe your gender?
3. How would you describe your sexual orientation?
4. Do you identify as transgender or nonbinary?
5. How would you describe your race and ethnicity?
6. Please tell me the highest grade you completed in school.
7. What's your current employment status?
8. Are you currently a student?

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). Voices of Texas sexual assault survivors : Services, gaps, and recovery journeys. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
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Sexual Experiences

Next, I'm going to ask a question related to the abuse that you experienced. It's important for our research to ask questions using direct and specific language. I only need a "yes" or "no" answer to this question, so there's no need to speak to specific details.

1. When you were a child, did anyone ever touch or fondle you or have you touch their body in a sexual way; or did anyone attempt or actually have oral, anal, or vaginal intercourse with you when you were a child?

Experiences Follow-Up

2. If you're comfortable doing so, can you tell me a bit about the person who abused you?

If participant reports they were abused by more than one person, take a moment to ask them if one instance/period of abuse had a greater impact than another. If so, that instance/period of abuse will be discussed in this and subsequent items. If not, ask which instance/period of abuse was most recent, and that will be the instance/period discussed in this and subsequent items.

Probe gently as needed for data on offender gender, whether offender was an adult or another minor (if another minor, probe for age difference), relationship to survivor, duration of abuse.

3. About how long ago did the abuse occur?
4. How old were you at that time?
5. In what county did you live at the time of the abuse?
6. In what county did the abuse happen?

Immediate Needs

The next set of questions is about the types of things that you wanted or needed at the time of the abuse. Just as a reminder, many of the questions I will ask are direct. I want to acknowledge and honor your experience. The purpose of these questions is to learn from you. You can take a break if needed, skip questions, or stop at any time.

7. What can you tell me about how you responded immediately after the abuse?
8. What did you most need or want?

If needed, prompt participant to focus on needs/wants, not efforts to seek help, as this will be covered later.

Awareness & Familiarity with Resources

I want you to think back to what you knew at the time of the incident.

9. What programs, organizations, or people were you aware of that could have helped you? *Interviewer note: we're interested in whether the participant can show they have some specific information, but it doesn't have to be an organization name. Any information they have that's specific and could help them find or contact a program or an organization for assistance is pertinent.*

Now I want you to think about resources that you are aware of today.

10. What programs, organizations or resources are you aware of that could help an adult who was sexually abused as a child?

Potential follow-up questions:

- *How did you hear about them?*
- *Do you know someone who was helped by them?*
- *Had you ever read about, viewed information on, or visited these programs, organizations, or resources?*

Talking About the Experience & Social Support

11. As a child, how did you choose who to tell and whether to tell anyone about what happened to you?

Potential follow-up questions:

- *What concerns did you have about telling others what happened?*
- *Who was the first person you told?*
- *Who else did you tell?*
- *How did it go when you told someone?*
- *Did any of the people you disclosed to take any action on your behalf?*
- *Did anyone you told provide help?*
- *How much time passed between the event and when you told someone?*

If participant reports they did not disclose to anyone:

12. Did you want to tell someone? If you wanted to and didn't, what concerns or barriers prevented you from doing so?

13. As an adult, how have you chosen who to tell and whether to tell anyone about what happened to you?

14. Did you, or anyone you told about your experience, report the abuse to the police, child protective services (CPS), or other authority?

Potential follow-up questions:

If no: Did you consider reporting your assault? What concerns did you have about reporting?

If yes:

Did you undergo a forensic exam? (And if yes: What was that experience like?)

How do you feel about your experiences with the police or CPS?

If police were involved, did your case go to the district attorney's office? (And if yes: What was that experience like?)

15. Share with me what your social support network looked like when you were a child. By this, I mean people in your life who could provide support or help in any way.

Potential follow-up questions:

- *Did you have anyone you could talk to about difficult or emotional topics?*
- *How safe did you feel talking to the people in your life about what happened to you?*

16. Share with me what your social support network has looked like as an adult dealing with these issues. By this, I mean people in your life who could provide support or help in any way.

Potential follow-up questions:

- *Do you have anyone you could talk to about difficult or emotional topics?*
- *How safe do you feel talking to the people in your life about what happened to you?*

Questions About Services

I'm going to ask you about a few different types of help that you may or may not have received. For each type of help I'll ask the same 4 questions: 1) if you needed it, 2) if you received it and from where, and 3) if you were satisfied with that service. Then I'll ask you the 4th question that may seem silly: I'm going to ask what help you would have been able to get in a perfect world where any help you wanted was available. If I ask about a service that you were too young to receive directly but that could have been directed to an adult on your behalf, please answer accordingly.

Questions should be asked when applicable (e.g., no need to ask if a service was received if it was not needed, or about satisfaction if a service was not received) in a trauma-informed way. If they indicated they did not need or receive a service, still ask the "perfect world" question.

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
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Interviewer definitions for sources of help:

- *Children’s Advocacy Center (or combination organization/other organization that has serving survivors of child sexual abuse as a primary mission)*
- *Other organization = any other organization or agency*
- *Informally = family, friends, etc.*

The first category is **Accompaniment**. This refers to things like in-person support during a medical forensic exam, at a law enforcement department or prosecutor’s office.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children’s advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs.

In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Crisis Intervention or Hotline Services**. This means either in-person, online or phone support that is designed to reduce acute stress, begin stabilization and assist in determining next steps.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Advocacy/Assistance**. This means assistance provided on behalf of a survivor with third parties, such as schools, employers, law enforcement, prosecutors, Crime Victims' Compensation, etc.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Therapy**. This could mean individual or group therapy, support groups, or substance use services.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?
If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.
May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Forensic or Medical Services**. This means medical forensic exams, forensic interviews, emergency room care, or other medical care related to the abuse.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?
Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?
If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.
May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Housing**. This could mean shelter or transitional housing.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Legal Services**. This means any legal services related to the abuse, including immigration, divorce, child custody, protective order, or helping to assert crime victims' rights.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

[Ask what type of organization (e.g., legal services from legal aid are very different than legal services from the prosecutor's office).]

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Basic Needs**. This refers to any of the basic needs of life, including food, helping paying rent or utility bills, and clothing.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The last category is **Transportation**. This refers to any kind of help getting transportation to support services, criminal justice-related appointments, and things like that.

Did you or your family need or want this? Would it have been helpful?

Did you or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

We're almost done with this section. But first, I want to ask if there are **any additional types of help** you needed or wanted that I haven't already mentioned and that you want to talk about.

If yes, ask source, satisfaction, degree of needs met, and perfect world questions.

How Was the Interview?

We want to improve our process every time we do an interview. I have follow-up questions for you today, but you can also provide feedback in writing or at a later time to the IDVSA email address or to the project lead, Bruce Kellison. His name and email address are included in the informed consent document.

What was it like for you having this conversation with me today?

Potential follow-up:

- *How did it feel talking about your experience today?*
- *Is there anything you would suggest we do differently in future interviews?*

Distress Planning

Include the following portion of the discussion guide regardless of whether the participant has expressed distress.

Make sure to respond to participant's answer to the "how was this experience" question and use your acknowledgement as a segue to this portion of the interview.

Thanks for sharing your impressions of the interview experience.

If participant has expressed an interest during the interview in learning more about resources that are available to them as a survivor, use the following options:

For their nearest rape crisis center, use this locator: <https://taasa.org/crisis-center-locator/>

For their nearest Child Advocacy Center, use this locator: <https://www.cactx.org/find-a-local-center>

Feel free to take a moment to look up other information for them if it can be done quickly. If the information they want is out of the ordinary and may take time to find or require consultation, offer to get back in touch with them in the next few days with additional information. Confirm what means of communication are acceptable (email, phone, or text).

If participant has not reported distress during the interview:

You haven't mentioned feeling any particular distress during the interview, but I want to take a moment to check in. Are you feeling OK? Are you experiencing any distress right now?

If no:

That's great to hear. Most of our participants don't find the interview very distressing, but it's important for me to make sure.

Continue to post-interview distress planning.

If yes:

I'm sorry to hear that. I can stay on this call with you for a while, provide you with a hotline number to speak with a counselor, or talk through some things that might help you feel better. Would one of these options help? *If no:* Is there anything else that might be helpful right now?

If participant states they just need some time, offer to stay on the call and help in any way you can. If participant would like to speak to a counselor by phone, provide National Sexual Assault Hotline number: 1-888-656-HOPE (1-888-656-4673). If they want to talk through things that might help them feel better, use questions from post-interview distress planning. Referrals for services can also be made (see site locator links above) if participant wishes.

If participant has reported distress during the interview:

Note that distress should be responded to as it happens, so hopefully any breaks, skipped questions, or other means to reduce distress will already have been used and the participant will have continued to the extent they felt able to do so.

Check in about previous distress and how the participant feels at this moment. Example: "You experienced some distress when you told me about the person who sexually assaulted you. I know we handled this at the time and you continued when you were feeling better, but I just want to check in and see how you're feeling now."

If participant reports feeling OK at this point, let them know that you're glad that they are doing better and proceed to post-interview distress planning.

Post-Interview Distress Planning

Sometimes, a conversation like this one can feel OK at the time, but can stir up thoughts and emotions that can result in some distress after the interview. Just to be on the safe side, I'm going to take a moment to quickly check in about what you can do if you notice you're distressed after the interview.

As needed, elaborate on the following questions to help the participant create a plan for how they will respond if distress occurs.

Do you have anyone you can reach out to if you feel distressed, either to talk to about your feelings, or to distract you or to help in other ways? *Help from someone who is safe to talk with*

about their experiences is best, but help from people who can provide distraction or comfort in other ways can be important as well.

Do you have any activities you can do that you find relaxing, comforting, or grounding? *If participant asks about grounding, you can use this definition: “Grounding” means using a strategy to help bring you back to the present moment when you’re experiencing difficult memories.*

Optional examples: describing your surroundings to yourself in detail (e.g., “I’m looking at a picture on the wall, it shows a pink flower with green leaves. I’m looking at the window, the curtains are open and I can see a tree outside.”), smelling something pleasant, drinking something hot, holding an ice cube in your hand.

If National Sexual Assault Hotline number not already provided: Would you like me to provide you with a hotline number where you can reach a counselor if you need to speak to someone? *If yes, provide the National Sexual Assault Hotline number: 1-888-656-HOPE (1-888-656-4673).*

If the participant expresses significant distress and states that they need to reach out to a hotline number (or something analogous such as placing a call to a therapist) immediately after the interview, confirm that they have the information and support they need and notify Susan so that this can be noted for the record.

Final Steps

Would you be interested in seeing the final report that will be created based on these interviews?

YES: How would you like to know about the findings? We can email you, call you, or you can check our website. The findings of the study should be available online by late September of this year. *Note preference and ask for any necessary contact information that has not already been provided.*

NO: *Mark that participant does not want follow-up.*

Thank you for talking with me today. You are welcome to contact our project leader, his information is on the consent form. We appreciate you sharing your thoughts and experiences with us today.

There’s one last thing. We’re trying to speak with as many survivors as we can about their experiences seeking services. If you know someone who is a Texas resident over the age of 18 who has experienced sexual assault as an adult or sexual assault as a child or who is the parent or guardian of a child who was sexually abused, we would appreciate it if you could let them know about the study. There will be a reminder of this, along with some resources for survivors, in the email you receive with your gift card link.

Thanks again for your help!

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dagoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). *Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys*. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.
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APPENDIX D: INTERVIEW PROTOCOL – PARENT/GUARDIAN OF A CHILD SURVIVORS

Sexual Assault Survivor's Discussion Guide: Parents/Guardians of Child Survivors

Introduction

Hi, My name is _____. I am a researcher with The University of Texas. Thank you so much for agreeing to participate in our study.

[Ask how they are feeling and/or some other small conversation to help establish rapport. If the participant reports feeling anxious, let them know that discussing the informed consent information may help, you will answer all questions they may have, and that it is a priority for you that they feel comfortable and informed.]

Are you in a private space, or a space where you feel comfortable talking for about an hour?

Can you provide me with a phone number in case we are disconnected or have a technical problem?

Consent to Participate in Research

Before we get started, I'm going to briefly go over some of the information from the Informed Consent document for the study. You should have received a copy of this document by email prior to our interview.

Did you receive the informed consent document?

If YES - I'm glad you received it.

If NO or I'M NOT SURE - OK. I'd like to send it to you. *[confirm or write down their email address and notify Susan to re-send after the interview.]*

The document is long and goes into a lot of detail about the study. To make sure you are well informed, I'm going to go over some of the most important points from the document with you now. Any questions about the experiences you, your child, and your family have had won't happen until after we've reviewed the consent information together. Does that make sense?

YES [acknowledge and continue]

NO [prompt for why and answer questions]

1. *Purpose*

The purpose of this study is to learn more about the experiences of child survivors of sexual abuse and their parents or guardians. We're particularly interested in what survivors and their families need after their experiences and how well those needs are met by the organizations and agencies that are supposed to help them.

2. *What will we talk about?*

We'll talk about demographics that describe you and your child (things like age, gender, race, and ethnicity). We'll talk briefly about the abuse and then we'll look at the things that may have made it harder or easier to get help afterward, whether your child and your family received services, and whether your child's and your family's needs were met. We'll also check in with you at the end of the interview about how you felt about this process.

3. *Risks & benefits*

The only risk of participating in the interview that we foresee is the possibility that talking about topics related to sexual abuse may be distressing. Please let me know if you feel distressed at any time during the interview, including at the end. We can stop at any time, take a break, and skip questions that you don't want to answer. We can provide a referral to telephone counseling if needed. [Note: this and other references to counseling may be subject to edits based on specific processes developed with partner sites.] With regard to benefits, you will be given a \$30 gift card for your participation. Some participants in similar interviews have also told us that they felt a sense of satisfaction in having contributed to research that has the potential to help others.

4. *Length of time*

The interview is designed to take about an hour. This is intentional. We value your time and we know that this discussion could be difficult or tiring. That being said, if you have more to say about our questions and wish to take some additional time to say what's on your mind, that is OK.

5. *Voluntary nature of interview*

Participation in this study is totally voluntary. As I said before, you can stop the interview at any time and you can refuse to answer any question. [Note: if participant is being interviewed via video, you can also offer them the option to go off video at any time.] If you end the interview before it is complete, we will include the responses you gave in our study unless you ask to withdraw them. Choosing not to participate or to stop your participation will not affect your relationship with the University of Texas or any organization that may have referred you for this study. You're in charge.

6. *Mandatory reporting*

As I've said, the focus of my questions will be on survivors' needs for services and other factors we have found to be related to those needs. I will not ask any questions about specific instances or details about either sexual assault of an adult or sexual assault of a child. However, if, in the process of answering my questions, you tell me about specific instances or details of the abuse, sexual or otherwise, of a child under the age of 18 that has not been previously reported, I am required by law to report this to the Department of Family and Protective Services. If you are a parent of a child who has experienced sexual abuse and have been referred to us by a CACTX agency, by law the case has already been reported to authorities. I am also required by law to make a report if you tell me that you are going to harm yourself or others.

7. *Data security & reporting*

We have a number of measures in place to maintain your confidentiality. This interview will be recorded and the recording will be transcribed—in other words, made into a written document. The resulting recording and transcript, as well as any other identifiable data about you, will be stored on password-protected servers. Only a very small group of authorized researchers will have access to them. Your interview responses will be analyzed with all the other interview responses we receive and will be summarized. We may quote something you say in our findings, but we will never associate that quote with you or your child. Specific information you provide about any service provider organization will not be shared in an identifiable way. We will never use your name or address other than to make sure you receive your \$30 gift card, after which that contact information will be deleted from all our records.

You will not be asked to sign a consent form. You can give your consent by continuing with this interview.

Before we proceed, do you have any questions about the information I've just shared?

I have two questions before we can begin:

- **Do you consent to participate in this interview with me today?**
- **Do you consent to this interview being recorded?**

If NO to either question. I understand that you do not wish to participate in an interview today or that you do not wish for the interview to be recorded today. Can you tell me anything about why you aren't comfortable participating today?

If YES, document reason why. If participant changes their mind, continue with interview.

If NO, okay. That's fine. We won't continue with the interview. If you change your mind, please feel free to email or call us. Would you be interested in speaking with a counselor? I can connect you now or provide you with a phone number.

[Only proceed if “yes” to both]

Thank you for agreeing to participate! We can't do this work without you.

Before we begin the interview, I want to remind you that if you find this interview distressing in any way, we can connect you with a crisis counselor who can speak with you by phone. I have contact information for support and a resource directory if we need to stop during the interview and get you connected for support, or I can give it to you at the end of the interview. We can also take breaks, skip questions, or stop at any time. Just let me know what would be most helpful to you as we go through the interview.

I will check in with you throughout the interview to see how you are doing. You don't have to wait for those check-ins. I would like you to stop me if you need to or have any questions or concerns. Feel free to ask me any questions as we go through the interview. I want you to be as comfortable as possible.

Demographics

I'm going to start with some demographic questions. When we look at responses from all of our interviewees as a group, we hope to learn about how their identities and circumstances impacted their ability to get the help they needed.

1. How would you describe your child's gender?

2. Does your child identify as transgender or nonbinary?

[Additional terms: gender non-conforming, gender creative, gender expansive. Anticipate that the parent may not know and that's a valid response]

For reference:

- *Transgender: a person whose sense of personal identity and gender does not correspond with their birth sex. For example, when we're born, a doctor usually says that we're male or female based on what our bodies look like. Most people who were labeled male at birth turn out to actually identify as men, and most people who were labeled female at birth grow up to be women. But some people's gender identity – their innate knowledge of who they are – is different from what was initially expected when they were born. Most of these people describe themselves as transgender.*
- *Nonbinary: a person who does not identify as male or female*

3. How would you describe your child's race and ethnicity?
4. Please tell me the highest grade you completed in school.
5. What's your current employment status?
6. Are you currently a student?

Sexual Abuse Experience

Next, I'm going to ask a few questions related to the abuse that your child experienced. This may be one of the harder parts of the interview, but it's important for our understanding.

Interviewer note: Ask question 1 only if needed; if confirmation was given during screening, skip this question. You may want to acknowledge that they may have been referred to the study by a child advocacy center, and it's important to still ask this question for confirming the information for the study.

This first question is about things that may have happened to your child. It's important in our research to ask questions using specific language. This is a question about sexual abuse and uses direct language. I only need a "yes" or "no" answer to this question, so there's no need to speak to specific details.

- Did anyone ever touch or fondle your child or have them touch their body in a sexual way? Did someone attempt or actually have oral, anal, or vaginal intercourse with your child?

Experiences Follow-Up

- If you're comfortable doing so, I'd like you to tell me a bit about the person who abused your child.

If participant reports their child was abused by more than one person, take a moment to ask them if one instance/period of abuse had a greater impact than another. If so, that instance/period of abuse will be discussed in this and subsequent items. If not, ask which instance/period of abuse was most recent, and that will be the instance/period discussed in this and subsequent items.

Probe gently as needed for data on offender gender, whether offender was an adult or another minor (if another minor, probe for age difference), relationship to child, duration of abuse.

- About how long ago did the abuse occur?
- How old was your child at that time? How old is your child now?
- In what county did your child live at the time of the abuse?
- In what county did the abuse happen?

Immediate Needs

The next set of questions is about how you learned about the abuse and the types of things that you or your child wanted or needed immediately after. Just as a reminder, many of the questions I will ask are direct. I want to acknowledge and honor your experience. The purpose of these questions is to learn from you. You can take a break if needed, skip questions, or stop at any time. Just so you know, this is the last set of questions about the abuse specifically.

- How was the abuse discovered? How did you learn about the abuse? How was it disclosed?
You may want to acknowledge how difficult it must have been to make that discovery. Anticipate potential shame.
- What did you most need or want immediately after learning about the abuse?
If needed, prompt participant to focus on needs/wants, not efforts to seek help, as this will be covered later. Another prompt: Looking back, what do you think that you wanted or needed at the time?
- Do you have a sense of what your child most needed or wanted immediately after the abuse was discovered or they made an outcry?
- What were the first steps you took after you learned about the abuse?
Validate the parent at this point if possible and appropriate; this may help with the transition into questions about services.

Awareness & Familiarity With Resources

I want you to think back to what you knew when you first learned about the abuse.

- What groups or resources were you aware of in your area for child survivors of sexual abuse and their families?

Interviewer note: We're interested in whether the participant can show they have some specific information. It doesn't have to be an organization name. Any information they have that's specific and could help them find or contact an organization is pertinent. Normalize that being unaware of these services is not uncommon.

- What groups or resources did you have specific information on or first-hand experiences with?

Potential follow-up questions:

- *How did you hear about them?*
- *Do you know someone who was helped by them?*
- *Had you ever read about, viewed information on, or used these organizations or resources?*

Talking About the Experience & Social Support

- How was the process of sharing information or telling others about the abuse your child experienced? What was it like for you when you had to, or chose to, tell others?

- What concerns did you have about sharing the information?

Prompt: Did you have any other concerns about sharing information with specific people?

- Was the abuse your child experienced reported to CPS or law enforcement?

Potential follow-up questions:

If yes:

- *What was that experience like for you?*
 - *Was there a police investigation?*
 - *Did police involvement lead you to have any contact with a district attorney's office?*
 - *(If yes to DA involvement: What was that experience like?)*
 - *Was CPS involved in the case?*
-
- Share with me what your family's social support network looked like at the time when you first learned about the abuse. By this, I mean people in your life who can provide support or help in any way.
- Potential follow-up questions:*
- *Did you receive support?*
 - *Did your child receive support?*
 - *Do you have anyone you can count on when you're in need?*
 - *How safe did you feel talking to the people in your life about what happened to your child?*

Questions About Services

I'm going to ask you about a few different types of help that children and families sometimes need after an experience like yours. For each type of help I'll ask the same set of four questions: 1) if your child or others in your family needed or wanted it, 2) if your child or others in your family received it and from where, and 3) if you were satisfied with that service. Then I'll ask you the 4th question that may seem silly: I'm going to ask what help you would have been able to get in a perfect world where any help you wanted was available.

The first category is **Accompaniment**. This refers to things like in-person support during a medical forensic exam, at a law enforcement department or prosecutor's office.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Crisis Intervention or Hotline Services**. This means either in-person, online or phone support that is designed to reduce acute stress, begin stabilization, and assist in determining next steps.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Advocacy/Assistance**. This means assistance provided on behalf of a survivor with third parties, such as schools, employers, law enforcement, prosecutors, Crime Victims' Compensation, etc.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Therapy**. This could mean individual or group therapy, support groups, or substance use services.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Forensic or Medical Services**. This means medical forensic exams, emergency room care, or other medical care related to the abuse.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Housing**. This could mean shelter or transitional housing.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Legal Services**. This means any legal services related to the abuse, including immigration, divorce, child custody, protective order, or helping to assert crime victims' rights.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

[Ask what type of organization (e.g., legal services from legal aid are very different than legal services from the prosecutor's office).]

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The next category is **Basic Needs**. This refers to any of the basic needs of life, including food, helping paying rent or utility bills, and clothing.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

The last category is **Transportation**. This refers to any kind of help getting transportation to support services, criminal justice-related appointments, and things like that.

Did you, your child, or your family need or want this? Would it have been helpful?

Did you, your child, or your family receive this kind of help? If so, from what source?

Ask for specific source & type of organization when possible and make sure category is clear: children's advocacy center, other, informally, combination. If informally: Would receiving this service formally have been more helpful?

How satisfied were you with the service/s you received in this category?

- not at all satisfied
- somewhat satisfied
- mostly satisfied
- very satisfied

Try to get a specific descriptor, but if response can be coded as one of these descriptors that is acceptable.

Why?

Were any of your needs in this category not met?

If so, how did you meet those needs/cope?

My last question might sound a bit silly, but it helps us to learn more about your needs. In a perfect world, would you have wanted or benefited from any help in this area? It could be anything, big or small, realistic or totally unrealistic.

May rephrase as: Imagine if you had had a magic wand and you could have gotten any kind of help you wanted.

We're almost done with this section. But first, I want to ask if there are any additional types of help you needed or wanted that I haven't already mentioned and that you want to talk about.

If yes, ask source, satisfaction, degree of needs met, and perfect world questions.

We're almost finished, just one more section to go.

How Was the Interview?

We want to improve our process every time we do an interview. I have follow-up questions for you today, but you can also provide feedback in writing or at a later time to the IDVSA email address or to the project lead, Bruce Kellison. His name and email address are included in the informed consent document.

What was it like for you having this conversation with me today?

Potential follow-up:

- *How did it feel talking about your experiences today?*
- *Is there anything you would suggest we do differently in future interviews?*

Distress Planning

Include the following portion of the discussion guide regardless of whether the participant has expressed distress.

Make sure to respond to participants' answer to the "how was this experience" question and use your acknowledgement as a segue to this portion of the interview.

Thanks for sharing your impressions of the interview experience.

If participant has expressed an interest during the interview in learning more about resources that are available to them as a survivor, use the following options:

For their nearest rape crisis center, use this locator: <https://taasa.org/crisis-center-locator/>

For their nearest Child Advocacy Center, use this locator: <https://www.cactx.org/find-a-local-center>

Feel free to take a moment to look up other information for them if it can be done quickly. If the information they want is out of the ordinary and may take time to find or require consultation, offer to get back in touch with them in the next few days with additional information. Confirm what means of communication are acceptable (email, phone, or text).

If participant has not reported distress during the interview:

You haven't mentioned feeling any particular distress during the interview, but I want to take a moment to check in. Are you feeling OK? Are you experiencing any distress right now?

If no:

That's great to hear. Most of our participants don't find the interview very distressing, but it's important for me to make sure.

Continue to post-interview distress planning.

If yes:

I'm sorry to hear that. I can stay on this call with you for a while, provide you with a hotline number to speak with a counselor, or talk through some things that might help you feel better. Would one of these options help? If no: Is there anything else that might be helpful right now?

If participant states they just need some time, offer to stay on the call and help in any way you can. If participant would like to speak to a counselor by phone, provide National Sexual Assault Hotline number: 1-888-656-HOPE (1-888-656-4673). If they want to talk through things that might help them feel better, use questions from post-interview distress planning. Referrals for services can also be made (see site locator links above) if participant wishes.

If participant has reported distress during the interview:

Note that distress should be responded to as it happens, so hopefully any breaks, skipped questions, or other means to reduce distress will already have been used and the participant will have continued to the extent they felt able to do so.

Check in about previous distress and how the participant feels at this moment. Example: “You experienced some distress when you told me about the person who sexually assaulted you. I know we handled this at the time and you continued when you were feeling better, but I just want to check in and see how you’re feeling now.”

If participant reports feeling OK at this point, let them know that you’re glad that they are doing better and proceed to post-interview distress planning.

Post-Interview Distress Planning

Sometimes, a conversation like this one can feel OK at the time, but can stir up thoughts and emotions that can result in some distress after the interview. Just to be on the safe side, I’m going to take a moment to quickly check in about what you can do if you notice you’re distressed after the interview.

As needed, elaborate on the following questions to help the participant create a plan for how they will respond if distress occurs.

Do you have anyone you can reach out to if you feel distressed, either to talk to about your feelings, or to distract you or to help in other ways? *Help from someone who is safe to talk with about their experiences is best, but help from people who can provide distraction or comfort in other ways can be important as well.*

Do you have any activities you can do that you find relaxing, comforting, or grounding? *If participant asks about grounding, you can use this definition: “Grounding” means using a strategy to help bring you back to the present moment when you’re experiencing difficult memories.*

Optional examples: describing your surroundings to yourself in detail (e.g., “I’m looking at a picture on the wall, it shows a pink flower with green leaves. I’m looking at the window, the curtains are open and I can see a tree outside.”), smelling something pleasant, drinking something hot, holding an ice cube in your hand.

If National Sexual Assault Hotline number not already provided: Would you like me to provide you with a hotline number where you can reach a counselor if you need to speak to someone? If yes, provide the National Sexual Assault Hotline number: 1-888-656-HOPE (1-888-656-4673).

If the participant expresses significant distress and states that they need to reach out to a hotline number (or something analogous such as placing a call to a therapist) immediately after the interview, confirm that they have the information and support they need and notify Susan so that this can be noted for the record.

Final Steps

Would you be interested in seeing the final report that will be created based on these interviews?

YES: How would you like to know about the findings? We can email you, call you, or you can check our website. The findings of the study should be available online by late September of this year. *Note preference and ask for any necessary contact information that has not already been provided.*

NO: *Mark that participant does not want follow-up.*

Thank you for talking with me today. You are welcome to contact our project leader, his information is on the consent form. We appreciate you sharing your thoughts and experiences with us today.

There's one last thing. We're trying to speak with as many survivors as we can about their experiences seeking services. If you know someone who is a Texas resident over the age of 18 who has experienced sexual assault as an adult or sexual assault as a child or who is the parent or guardian of a child who was sexually abused, we would appreciate it if you could let them know about the study. There will be a reminder of this, along with some resources for survivors, in the email you receive with your gift card link.

Thanks again for your help!

APPENDIX E: PARTNER SITES

The following organizations partnered with IDVSA for study recruitment, listed alphabetically.

Abigail's Arms

Gainesville, TX

Children's Advocacy Center, Rape Crisis Center, and Family Violence Shelter

Children's Advocacy Center of the Coastal Bend

Corpus Christi, TX

Children's Advocacy Center

Dallas Area Rape Crisis Center

Dallas, TX

Rape Crisis Center

Hays-Caldwell Women's Center

San Marcos, TX

Rape Crisis Center and Family Violence Shelter

APPENDIX F. RECRUITMENT MATERIALS

The following recruitment materials are included in this section:

- Social media outreach post (English)
- Sexual assault survivor flyer (English and Spanish)
- Unwanted sexual contact flyer (English and Spanish)
- Child sexual abuse survivor flyer (English and Spanish)

**IDVSA IS CONDUCTING SURVIVOR RESEARCH
WITH SURVIVORS WHO EXPERIENCED, UNWANTED SEXUAL
CONTACT, RAPE, OR ATTEMPTED RAPE.**

WHY:
TO IMPROVE SUPPORT AND SERVICES FOR SEXUAL ASSAULT SURVIVORS IN TEXAS.

WHO:
SURVIVORS WHO ARE 18+ YEARS OLD AND LIVE IN TEXAS

WHEN:
NOW THROUGH JULY 2021

HOW:
ONE-HOUR TELEPHONE OR ONLINE INTERVIEWS

OTHER DETAILS:
PARTICIPANTS EARN A \$30.00 GIFT CARD

TO SIGN UP OR ASK QUESTIONS:
CALL: (512) 333-4354
EMAIL: IDVSA@AUSTIN.UTEXAS.EDU
VISIT: [HTTPS://SITES.UTEXAS.EDU/IDVSA/SURVIVORS-RESEARCH-STUDY/](https://sites.utexas.edu/idvsa/survivors-research-study/)

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

Have you experienced sexual assault?

Help Others **AND** Earn a \$30 Gift Card

What:

- Talk with a trained sexual assault researcher for 1 hour about:
 - services for survivors in Texas
 - needs (met and unmet)
 - how to better support survivors

Who:

- Participants should be
 - 18+ years old **and**
 - Someone who experienced, unwanted sexual contact, rape or attempted rape.

Where:

- By phone or online system like Zoom

Why:

- The information you share will improve services and support for sexual assault survivors in Texas.

To sign up or ask questions:

Call (512) 333-4354

Email ldvsa@austin.utexas.edu



<https://sites.utexas.edu/ldvsa/survivors-research-study/>

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

This study has been reviewed and approved by the University Institutional Review Board and the study number is 2020010151.

Principal Investigator
Dr. Bruce Kellison - bkellison@ic2.utexas.edu - 512.475.7813

¿Usted ha experimentado agresión sexual?

Ayude a otros **Y** gane una tarjeta de regalo de \$30

Qué:

- Hable durante una hora con una investigadora capacitada en agresión sexual acerca de:
 - servicios para sobrevivientes en Texas
 - necesidades (las que se han cumplido y las que no se han cumplido)
 - de qué manera apoyar mejor a los sobrevivientes

Quién:

- Los participantes deberán ser:
 - Mayores de 18 años **y**
 - Alguien que haya experimentado contacto sexual no deseado, violación o intento de violación.

Dónde:

- Por teléfono o en un sistema en línea como Zoom.

Por qué:

- La información que usted comparta mejorará los servicios y el apoyo para los sobrevivientes de agresión sexual en Texas.

Para inscribirse o para hacer cualquier pregunta:

Llame al (512) 333-4354

Correo electrónico
ldvsa@austin.utexas.edu



<https://sites.utexas.edu/ldvsa/estudio-de-investigacion-de-sobrevivientes/>

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

La Junta de Revisión Institucional de la Universidad ha aprobado este estudio y el número de estudio es: 2020010151.

Investigador Principal
Dr. Bruce Kellison - bkellison@ic2.utexas.edu - 512.475.7813

Have you experienced unwanted sexual contact?

Help Others **AND** Earn a \$30 Gift Card

What:

- Talk with a trained sexual assault researcher for 1 hour about:
 - services for survivors in Texas
 - needs (met and unmet)
 - how to better support survivors

Who:

- Participants should be
 - 18+ years old **and**
 - Someone who experienced, unwanted sexual contact, rape or attempted rape.

Where:

- By phone or online system like Zoom

Why:

- The information you share will improve services and support for sexual assault survivors in Texas.

To sign up or ask questions:

Call (512) 333-4354

Email dvsa@austin.utexas.edu



<https://sites.utexas.edu/dvsa/survivors-research-study/>

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

This study has been reviewed and approved by the University Institutional Review Board and the study number is 2020010151.

Principal Investigator
Dr. Bruce Kellison - bkellison@ic2.utexas.edu - 512.475.7813

¿Usted ha experimentado contacto sexual no deseado?

Ayude a otros **Y** gane una tarjeta de regalo de \$30

Qué:

- Hable durante una hora con una investigadora capacitada en agresión sexual acerca de:
 - servicios para sobrevivientes en Texas
 - necesidades (las que se han cumplido y las que no se han cumplido)
 - de qué manera apoyar mejor a los sobrevivientes

Quién:

- Los participantes deberán ser:
 - Mayores de 18 años **y**
 - Alguien que haya experimentado contacto sexual no deseado, violación o intento de violación.

Dónde:

- Por teléfono o en un sistema en línea como Zoom.

Por qué:

- La información que usted comparta mejorará los servicios y el apoyo para los sobrevivientes de agresión sexual en Texas.

Para inscribirse o para hacer cualquier pregunta:

Llame al (512) 333-4354

Correo electrónico
dvsa@austin.utexas.edu



<https://sites.utexas.edu/dvsa/estudio-de-investigacion-de-sobrevivientes/>

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

La Junta de Revisión Institucional de la Universidad ha aprobado este estudio y el número de estudio es: 2020010151.

Investigador Principal
Dr. Bruce Kellison - bkellison@ic2.utexas.edu - 512.475.7813

Have you or your child experienced child sexual abuse?

Help Others **AND** Earn a \$30 Gift Card

What:

- Talk with a trained sexual assault researcher for 1 hour about:
 - services for survivors in Texas
 - needs (met and unmet)
 - how to better support survivors

Who:

- Participants should be
- 18+ years old **and**
 - Someone who experienced child sexual abuse **or**
 - Parent/guardian of a child who experienced sexual abuse.

Where:

- By phone or online system like Zoom

Why:

- The information you share will improve services and support for sexual assault survivors in Texas.

To sign up or ask questions:

Call (512) 333-4354

Email ldvsa@austin.utexas.edu



<https://sites.utexas.edu/ldvsa/survivors-research-study/>

The University of Texas at Austin
Institute on Domestic Violence
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This study has been reviewed and approved by the University Institutional Review Board and the study number is 2020010151.
Principal Investigator
Dr. Bruce Kellison - bkellison@ic2.utexas.edu - (512) 475-7813

¿Usted o su hijo ha experimentado agresión sexual infantil?

Ayude a otros **Y** gane una tarjeta de regalo de \$30

Qué:

- Hable durante una hora con una investigadora capacitada en agresión sexual acerca de:
 - servicios para sobrevivientes en Texas
 - necesidades (las que se han cumplido y las que no se han cumplido)
 - de qué manera apoyar mejor a los sobrevivientes

Quién:

- Los participantes deberán ser:
- Ser mayores de 18 años **y**
 - Alguien que haya experimentado abuso sexual infantil
 - Padre/tutor de un niño/a que haya experimentado abuso sexual.

Dónde:

- Por teléfono o en un sistema en línea como Zoom.

Por qué:

- La información que usted comparta mejorará los servicios y el apoyo para los sobrevivientes de agresión sexual en Texas.

Para inscribirse o para hacer cualquier pregunta:

Llame al (512) 333-4354

Correo electrónico
ldvsa@austin.utexas.edu



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APPENDIX G: SCREENING TOOL

1590 Survivor Interviews Screener	
1. Introduction	Hello. My name is _____ and I'm calling from The University of Texas about a research study.
2. Confirm Identity	<p>Is this _____? (CONFIRM POTENTIAL PARTICIPANT NAME)</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> No (ASK TO SPEAK TO POTENTIAL PARTICIPANT. IF UNAVAILABLE, LEAVE PHONE NUMBER AND LET THEM KNOW YOU WILL CALL BACK ANOTHER TIME. END CALL)</p> <p>If yes:</p> <p><i>We received your information from [service provider].</i></p> <p><i>We received your voicemail/email/information through our web site.</i></p>
3. Description of Study	<p>I am calling today about a research study to better understand the needs (both met and unmet) of sexual assault survivors, adult survivors of sexual abuse, and parents/guardians of child abuse survivors. The information will be used to improve support and services for sexual assault and child sexual abuse survivors in Texas.</p> <p>My goal for this call is to see if the study is a good fit with your experience. If it is and you are interested, we can schedule a one-hour interview with a trained researcher.</p> <p>Do you have five to ten minutes to answers some questions and talk with me?</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> No (END CALL)</p>

4. Language	<p>What is your primary language?</p> <ul style="list-style-type: none"> <input type="checkbox"/> English (CONTINUE AND GO TO QUESTION #5) <input type="checkbox"/> Spanish (CONTINUE) <input type="checkbox"/> Other (END CALL) <p>If Spanish, ask:</p> <p>Are you comfortable continuing in English with me today?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (SPANISH SPEAKERS WILL BE REFERRED TO SPANISH SPEAKING RECRUITER. PROVIDE INFORMATION ON WHEN AND HOW THE SPANISH SPEAKING RECRUITER WE WILL CONTACT THEM.) <p>If Spanish and comfortable continuing in English, ask:</p> <p>What language would you prefer your interview to be in?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Spanish (CONTINUE) <input type="checkbox"/> English (CONTINUE)
5. Location	<p>What state do you live in?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Texas (CONTINUE) <input type="checkbox"/> Other location outside Texas (END CALL)
6. Age	<p>What is your age?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18 or older (CONTINUE) <input type="checkbox"/> Younger than 18 (END CALL)
7. Referral Source?	<p>How did you hear about the research study?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rape Crisis Center (SKIP TO QUESTION #13: LOCATION) <input type="checkbox"/> Children's Advocacy Center (SKIP TO QUESTION #13: LOCATION) <input type="checkbox"/> Other organization (CONTINUE) <input type="checkbox"/> Friend/acquaintance/social media (CONTINUE) <input type="checkbox"/> Other:_____ (CONTINUE) <p>If RCC or CAC: Please share the name of the site where you heard about the study.</p>

<p>8. Permission to Ask About Sexual Violence Experiences</p>	<p>I have three direct questions about your experiences with sexual violence. They are necessary for our study. You can respond by saying “yes”, “no” or “unsure.” May I ask them?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (Explore if anything would make them more comfortable. Perhaps they are on speaker or just need a minute. They also may want to END CALL at this point.)
<p>9. Adult Survivor Status</p>	<p>As an adult, have you experienced unwanted sexual contact or sexual assault?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (CONTINUE) <input type="checkbox"/> Unsure (Ask if they are comfortable discussing further. If participant is comfortable discussing further, use the modified SES-SFV questions below. <p>State beforehand: “I can ask in another way that may be clearer. Before I begin, these statements were developed for research purposes; you are the best judge of how to label your own experience. For the purpose of this study, we define sexual assault as...” and list SES-SFV behaviors.</p> <p>Modified SES-SFV questions (adult survivors) for reference:</p> <p>BEHAVIORS:</p> <ul style="list-style-type: none"> • Someone kissing you without your consent (without attempting sexual penetration)? • Someone fondling or rubbing up against the private areas of your body (lips, breast/chest, crotch or butt)? • Someone removing some of your clothes without your consent (without attempting sexual penetration)? • Someone having oral sex with you or make you perform oral sex on them without your consent? • Someone putting their penis, fingers, or other objects into your vagina or butt without your consent? <p>If participant is confused about whether they consented, refer to SES-SFV tactics. Participant can give a simple “yes” or “no” to the entire set of behavior questions.</p>

	<p>TACTICS:</p> <ul style="list-style-type: none"> • Telling you lies, threatening to tell lies about you, pressuring you by threatening to end the relationship or other forms of verbal pressure • Getting angry, saying mean or critical things, or showing anger in response to you saying “no” • Taking advantage of you when you’re too drunk or out of it to stop them • Threatening to physically harm you or someone close to you. • Using force
10. Adult Abused as a Child Status	<p>Did you experience sexual abuse as a child?</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> No (CONTINUE)</p> <p><input type="checkbox"/> Unsure (Ask if they are comfortable discussing further. If participant is comfortable discussing behavioral details, use the modified ACES question below.</p> <p>Say: “I can ask in another way that may be clearer. Before I begin these statements were developed for research purposes; you are the best judge of how to label your own experience. You can give a simple “yes” or “no” to the set of behaviors.”</p> <p>Modified ACES question for reference:</p> <ul style="list-style-type: none"> • When you were a child, did anyone ever touch or fondle you or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you when you were a child?

<p>11. Parent of Survivor Status</p>	<p>Are you the parent of a child who experienced sexual abuse?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (CLARIFY. I want to be sure I understand – neither you nor your child experienced unwanted sexual contact, sexual assault, or child sexual abuse, is that correct? If that is correct, END CALL.) <input type="checkbox"/> Unsure (Ask if they are comfortable discussing further. If participant is comfortable discussing, use the modified ACES question below. <p>Say: “I can ask in another way that may be clearer. Before I begin these statements were developed for research purposes; you are the best judge of how to label your own experience. You can give a simple “yes” or “no” to the set of behaviors.”</p> <p>Modified ACES question for reference:</p> <ul style="list-style-type: none"> • Did anyone ever touch or fondle your child or have them touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with your child?
<p>12. Which Type of Participant?</p>	<p>ONLY ASK IF POTENTIAL PARTICIPANT SAYS THEY ARE BOTH A SURVIVOR THEMSELVES AND A PARENT/GUARDIAN OF A SEXUALLY ABUSED CHILD</p> <p>We are interviewing both survivors of sexual assault themselves and parents of children who have experienced sexual abuse. Which experience would you potentially be willing to share during an interview?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Survivor of Sexual Assault/Unwanted Sexual Contact (USC) (CONTINUE) <input type="checkbox"/> Survivor of Childhood Sexual Abuse <input type="checkbox"/> Parent of Child Survivor (CONTINUE)

13. Location at Time of SA or USC	<p>Did you live in Texas at the time of the... (IF PARTICIPANT TYPE IS SA/USC) ...assault or unwanted sexual contact? (IF PARTICIPANT TYPE IS PARENT/GUARDIAN OF CHILD SA) ...abuse?</p> <p><input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> No (END CALL)</p>
14. Opportunity for Questions	<p>Thank you for answering my questions. You meet all of the guidelines for participation in the study and I'd like to schedule you for an interview. Your participation will help us learn how to improve support and services for sexual assault and child sexual abuse survivors in Texas.</p> <p>Interviews last about an hour and are conducted over Zoom or on the phone. All participants will receive a \$30 gift card as a token of our appreciation.</p> <p>Do you have any questions for me about the study?</p> <p><input type="checkbox"/> Yes (ANSWER QUESTIONS AND CONTINUE) <input type="checkbox"/> NO (CONTINUE)</p>
15. Participation	<p>Can I schedule you for an interview with one of our researchers?</p> <p><input type="checkbox"/> Yes (CONTINUE) <input type="checkbox"/> NO (Is there anything I can do that would make you feel more comfortable? Offer opportunity to schedule at a later time. If answer is still no, END CALL)</p>
16. Private/Quiet Space Reminder	<p>Thank you.</p> <p>It's important for the study that during the interview you either have a private space to talk or you are in a place where it is otherwise safe to speak freely and uninterrupted about your experiences. Please keep this in mind when deciding on a date and time that would work for you.</p>

17. Schedule Interview	<p>[Schedule interview using Smartsheet.]</p> <p>Match up the participant with an available time that works with their schedule. Let them know that if they need to cancel or reschedule they can contact the team at:</p> <p>Phone (512) 333-4354</p> <p>Email idyva@austin.utexas.edu</p> <p>(this will be in the confirmation information we send them)</p> <p>Ask them if they would like a minute to put the interview in their calendar.</p>
18. Zoom or Phone Interview format	<p>Interviews are typically conducted through Zoom. Is that possible for you?</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> NO (CONTINUE and clarify that the interview can be conducted by phone)</p>
19. Confirm Contact information	<p>This may be repetitive, but can you provide me with the best phone number and email address to reach you.</p> <p>We will not share your contact information with any other group and will only utilize it for the purposes of communicating with you about this study:</p> <ul style="list-style-type: none"> • Phone Number: _____ • Email: _____
20. Gift Card	<p>I have just a few more things to go over with you.</p> <p>After your interview, we will send you a gift card worth \$30. Can we send you the gift card electronically through email?</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> NO (CONTINUE and obtain mailing address _____)</p>
21. Informed Consent	<p>We will send you an informed consent document with detailed information about the study. If possible, please take a moment to review the document before your interview. The researcher you speak with can answer any questions you might have about this document during your interview. Would you like to receive it by email or by mail?</p> <p><input type="checkbox"/> Email (CONTINUE)</p> <p><input type="checkbox"/> Mail (CONTINUE)</p>

22. Reminder Email/Text	<p>We will send you an email reminder before your interview and a text reminder the day before your interview. Is that okay with you?</p> <p><input type="checkbox"/> Yes (CONTINUE)</p> <p><input type="checkbox"/> No (DISCUSS and CONTINUE)</p>
23. Ending the Call	<p>Do you have any questions?</p> <p><input type="checkbox"/> Yes (RESPOND TO QUESTIONS)</p> <p><input type="checkbox"/> NO (THANK CALLER AND SAY GOODBYE)</p> <p>Thank you for speaking with me today and scheduling an interview. Sharing your experiences will help us improve services for sexual assault survivors in Texas. We are grateful for your participation.</p> <p>Restate the date and time of the interview.</p>
24. Send Confirmation	<p>Send by email (or mail if necessary):</p> <ul style="list-style-type: none"> • Confirmation of interview date/time • Phone number and email if they have questions or need to reschedule/cancel • Informed consent document • Hotline number for rape crisis center • Hotline number for children's advocacy center

APPENDIX H: INFORMED CONSENT

UT Austin IRB Approved
Submission ID: 2020010151-MOD03
Date Approved: 6/29/2021

Consent to Participate in Research

Title of the Project: Texas Sexual Assault Victims Study: Services, Gaps, and Accessibility
Principal Investigator: Dr. Bruce Kellison, Co-Director, Institute on Domestic Violence and Sexual Assault, University of Texas at Austin
Study Sponsor: Office of the Texas Governor, Public Safety Office

Invitation to be Part of a Research Study

You are invited to be part of a research study. This consent form will help you in choosing whether or not to participate in the study. Feel free to ask if anything is not clear in this consent document.

What is the study about and why are we doing it?

This project will broaden our understanding of the experiences of child and adult survivors of sexual assault in Texas by learning more about sexual assault services, gaps in service availability, and accessibility of services available to victims statewide. This phase of the study will include interviews with sexual assault survivors and parents of child survivors from across the state.

What will happen if you take part in this study?

If you agree to participate in an interview, will you be asked questions on a broad range of subjects, including:

- Your demographics (like your age, gender, race and ethnicity);
- Your experiences accessing and receiving services related to sexual assault;
- Your decision to disclose, or not disclose, your experience to others;
- Your degree of awareness of services for survivors;
- Social support and relationships;
- Your needs after your experience (both met and unmet).

In some cases, the research team may ask follow-up questions related to the topics above.

How long will this study take and how many people will be in the study?

Individual interviews should take between 45 to 60 minutes. Up to 150 people will be in the study.

What risks and discomforts might you experience from being in this study?

Risks related to participation are minimal. It may be uncomfortable to discuss the topic of sexual assault. If you find the interview distressing at any point, please let your interviewer know. Only the researchers approved on this project will have access to your interview answers. Results from this research project may be made public and used for statewide planning purposes, but all of your responses will be aggregated with others' responses, and nothing will be directly attributed publicly to you.

How could you benefit from this study?

To compensate you for your time, you will receive a \$30 gift card for completing this interview. Individuals participating in the study may also feel a sense of satisfaction from knowing that the information they provide will be used to inform policy and improve access and availability of services to survivors of sexual assault.

What data will we collect from you?

As part of this study we will collect the answers to the questions stated previously.

How will we protect your information?

We will protect your information by keeping recordings and transcripts of the interviews on secure password-protected servers at the University of Texas at Austin. Your name and any other information that can directly identify you will be stored separately from the data collected as part of the project.

The interviews will not ask you for any identifiable information. You will not be asked to sign this consent form; you will consent by agreeing to participate further in the interview only after you have heard this information and discussed it with the researcher. Only trained researchers will have access to individual responses.

Information about you may be given to the following organizations:

- The study sponsor and/or representative of the sponsor
- Representatives of UT Austin and the UT Austin Institutional Review Board
- Officials of the Department of Health and Human Services

We will share your data with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers will not include information that can directly identify you.

We plan to publish the results of this study. To protect your privacy, we will not include any information that could directly identify you.

Duty to Report Harm

There are three exceptions to this promise of privacy:

1. We are studying survivors' needs for services. That will be the focus of our questions, but if you describe any previously unreported details about sexual or other abuse of a person currently under 18, we are required by law to report that to the Department of Family and Protective Services. We will not ask any questions about specific instances or details about abuse of a child under 18, but if you choose to talk to us about such an instance, we will have to report it.
2. If you are a parent of a child who has experienced sexual abuse and have been referred to us by a CACTX agency, by law the case has already been reported to authorities. But if

you describe any previously unreported details about sexual or other abuse of a person currently under 18, we are required by law to report that to the Department of Family and Protective Services. We will not ask any questions about specific instances or details about abuse of a child under 18, but if you choose to talk to us about such an instance, we will have to report it.

3. If you tell us that you are going to harm yourself or others, we are required by law to report the situation to the Department of Family and Protective Services. We will not ask any questions about your intent to harm yourself or others, but if you choose to talk to us about it, we will have to report it.

What will happen to the information we collect about you after the study is over?

Your name and other information that can directly identify you will be deleted from the research data collected as part of the project.

How will we compensate you for being part of the study?

At the end of the interview, you will be offered a \$30 gift card that can be redeemed at numerous stores.

Your Participation in this Study is Voluntary

It is up to you to decide to be in this research study. Participating in this study is voluntary. Your decision to participate will not affect your relationship with The University of Texas at Austin or any group or agency from which you receive services. You will not lose any benefits or rights you already had if you decide not to participate. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

You may decide to withdraw before this study is completed, or at any time during the interview. Your partial responses may be included in our data collection unless you specifically request to withdraw all of your responses or comments.

Contact Information for the Study Team and Questions about the Research

Prior, during, or after your participation you can contact Dr. Bruce Kellison at 512-475-7813 or send an e-mail to bkellison@ic2.utexas.edu with any questions or concerns. This study has been reviewed and approved by The University Institutional Review Board and the study number is 2020010151.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researchers, please contact the following:

The University of Texas at Austin

Institutional Review Board
Phone: 512-232-1543
Email: irb@austin.utexas.edu

Please reference study number 2020010151.

Your Consent

Before agreeing to be part of the research and beginning our interview, please be sure that you understand what the study is about. We will give you a copy of this document for your records by email or U.S. mail. If you have any questions about the study later, you can contact the study team using the information provided above.

References

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