

Children Exposed to Domestic Violence: **UNDERSTANDING THE COMMUNITY SERVICE RESPONSE AND NEEDS IN TEXAS**

Executive Summary

August 2021

Wood., L., McGiffert, M., Wasim, A., Hairston, D., Backes, B., Baumler, E., & Faulkner, M.

OVERVIEW

Domestic violence (DV) is a critical public health and safety concern for Texas families. Over 3.7 million Texas women have experienced sexual violence, physical violence, and/or stalking by an intimate partner in their lifetime (Smith et al, 2018). Studies show between 18-67% of child welfare cases also exhibited signs of DV (Edelson, 1999; Jouriles et al, 2008; Wood et al, 2019). Previous research in the field estimates that one in 15 children in the United

25%
of children
will witness
domestic
violence
in their
lifetime.

States have witnessed DV in the past year and one in four children will witness DV in their lifetime (Blair et al., 2015). Childhood exposure to DV can lead to negative health outcomes and risk for violence across the lifespan (Anda et al, 2006; CDC, 2019; Felitti, et al, 1998; Karlson et al., 2016). Studies show strong co-occurrences between child maltreatment and DV (Edelson, 1999; Jouriles et al, 2008), necessitating collaboration between DV-focused and child welfare agencies. Texas DV and child welfare agencies serve children exposed to DV and their survivor parents; however, little is known about family needs, service availability, and program impact.

This report summarizes the project *Children Exposed to Domestic Violence: Understanding the Community Service Response and Needs in Texas*, a collaborative evaluative assessment of practices conducted by the UTMB Center for Violence Prevention (CVP) and UT Austin Texas Institute on Child and Family Wellbeing (TXICFW) research teams in partnership with the Texas Council on Family Violence (TCFV) and the Texas Alliance on Children and Families Services (TACFS). The project focused on understanding the landscape of children's services in Texas DV agencies and the DV-specific needs for children in other community child welfare settings. This study is an expansion of the 2019 TCFV Texas State Plan, which analyzed DV service availability, system response, and subsequent gaps to meet these needs.

APPROACH

The team surveyed leaders of 65 DV agencies about the depth and breadth of their agencies' children and parenting services. The team also confidentially surveyed a diverse sample of 201 staff working with survivor parents and

children exposed to DV in Texas—27% from child welfare/child advocacy settings, 48% from DV agencies, and 24% from legal settings or other agencies. Interviews were also conducted with a diverse cross-section of 85 key informants, including 50 staff from DV agencies and statewide experts on child welfare and DV, 21 parents who are survivors of DV and had children under 18 years old, and 14 youth exposed to DV who were between 12-17 years old. Interviews were conducted in Spanish and English. Data sources were analyzed with descriptive and bivariate statistical methods and qualitative thematic analysis.

FINDINGS

Needs

Several needs were identified by parents, youth, and staff across project data. These needs included affordable, culturally responsive, trauma-informed childcare; affordable, safe housing options; support with material and financial resources; therapeutic and mental health support for children; more community-centered activities for families; civil legal services; support navigating systems such as child protective services; and parenting support.

Service Approach

Five core goals for DV service work with youth and parents emerged from the data:

	Goal 1. Family stabilization and safety
	Goal 2. Healing from trauma and adverse events
	Goal 3. Building healthy connections
	Goal 4. Prevention of future violence
	Goal 5. Advocacy and education in broader systems

Housing

Residential DV services are key to addressing the immense housing needs of children exposed to DV and their parents. The Texas DV agencies surveyed overwhelmingly offer survivor parents and children emergency shelter (84.6%), but just over half (53.8%) provide additional longer-term housing, including vouchers and transitional housing.

Childcare

Availability of quality childcare and education is critical to family health and economic stability after violence. Only 40% of DV agencies surveyed provide any form of onsite childcare and only 18.5% provide full-day, onsite childcare for some survivor parents while they work. While 55% of DV agencies offer afterschool activities and tutoring for youth in shelter, only 15% have afterschool programs for non-residential clients.

Advocacy and Counseling

Nearly all DV agencies surveyed (97%) offer some form of child advocacy services and availability of these services is across the state is rated to be sufficient. Over 78% of DV agencies participating in the survey provide children's counseling; however, demand is high and 33% of DV agencies surveyed had no dedicated children's counselors. Over 58% of DV agencies reported that they would need to increase counseling capacity for youth by at least 50% to meet demand.

Prevention

Over 95% of DV agencies surveyed have prevention services and 69.2% offer prevention programming to youth in their residential and non-residential programming. Over 57% of DV agencies reported that they would need to increase prevention services capacity for youth by at least 50% to meet demand. Only 12% of responding agencies offer early intervention home visiting programs.

Parenting

The most common parenting services in DV agencies are classes or workshops for residential and non-residential clients (65%), much of which are for CPS-involved survivor parents. Thirty-five percent of DV agencies have parenting support groups. One-on-one parent coaching is offered in 46% of agencies surveyed for shelter residents.

Services Across Developmental Spans

Services available to children varied by age. The majority (60%) of children ages 0-5 served by Texas programs in FY 2019 were served in shelter. For school-aged children (ages 6-11), the most commonly used DV agency services were after school activities and tutoring, counseling, group activities, and help with educational needs. Over 68% of adolescents (ages 12-17) served by Texas DV agencies in FY 2019 were served in non-residential services. The most common services for adolescents were counseling, peer support groups, healthy relationship classes, and in-school prevention presentations.

Services for Diverse Populations

DV agencies serve diverse populations of youth and families. When surveyed about serving special populations in the past year, service rates were highest for adolescent parents (76.7%) and youth speaking a language other than English (78.4%) and lowest for child sex trafficking survivors (55.5%) and unaccompanied minors (56.5%). Perception of preparedness was highest for serving adolescent parents and teenage males and lowest for child sex trafficking and unaccompanied minors. DV agencies report high rates of working with youth with disabilities; however, parents shared challenges navigating services and accommodations for d/Deafness, autism, dyslexia, and ADHD.

Systemic Barriers Facing Families Who Are Black, Indigenous, People of Color

Black, Indigenous, People of Color (BIPOC) survivor parents and youth exposed to DV are overrepresented in DV services and child welfare agencies. These families face systemic barriers that include higher rates of policing and CPS investigations and fewer available resources. Despite this overrepresentation, staff working in these systems and services do not reflect the populations they serve. While gaps in culturally specific services and staff diversity were noted, most staff surveyed believed that staff in their workplaces respected cultural backgrounds of clients. Staff surveyed were also aware of the need for more cultural humility in existing services and systems and more culturally rooted services that are created, led, and based in BIPOC communities.

Service Impact and Evaluation

Survivor parents and youth shared the positive impact of DV agency shelter and housing services in ending family homelessness and increasing safety. Participants shared challenges living in DV shelters, from sleeping arrangements for families and communal living to isolation from outside networks of support. Parents and youth shared the positive impacts of DV non-residential services (e.g., counseling and legal advocacy) in meeting their needs, improving their mental health, strengthening their parent-child bond, and gaining new skills for communication. Some DV agencies have robust evaluation plans for youth and parenting programming, using such methods as staff improvement teams, assessment tools, focus groups, and exit surveys, while others identified this as an area of need for support and resources.

Child Protective Services and Other Child Welfare Agencies

Overall, our study findings suggest that the relationship, collaboration, and partnership between DV agencies and child protective services (CPS) is improving from historical mistrust, lack of communication, and conflicting goals. Staff survey results indicate high levels of collaboration between the

systems, with over 77% of staff in both DV and child welfare settings reporting working with clients on joint service plans. Enhanced collaboration has brought challenges with balancing the philosophy of statute-required voluntary DV services with CPS service mandates placed on families and a burdened-focus on survivor parents rather than parents/partners who used violence. Promising collaborative practices for CPS-involved families included specialized parenting and rights classes, housing and financial assistance, comprehensive CPS advocacy and civil legal services, and services focusing on the parent/partner who used violence.

Child Advocacy Centers

Over 76% of DV and child welfare staff surveyed stated that their area's Child Advocacy Center (CAC) is conducting forensic interviews specifically for children who have witnessed DV. Over 86% of DV agency and child welfare agency staff surveyed were familiar with the CAC in their area, but only 33% of survey participants stated that their area's multidisciplinary teams (MDTs) had a member from a DV agency serving on it.

COVID-19

COVID-19 fundamentally altered the experiences of families and staff. Agency staff had to stretch and adapt resources to meet constantly changing needs. Over 73% of staff reported increased work stress since COVID-19 began. Of staff surveyed, 69% reported decreases in client family safety since COVID-19 began. Staff quickly pivoted services online during COVID-19 to continue to provide care for survivors. Of staff surveyed, there was a 68% increase in the use of video for client services during COVID-19. Reviews for virtual services were mixed, with parents viewing them more favorably than youth.

RECOMMENDATIONS

Survivor parents and their children have unique needs that merit targeted attention. From this project, we developed 10 recommendations, structured to build on existing strengths of families, DV agencies, and child welfare agencies.

- 1. Prepare for the long-term COVID-19 impacts.** Agencies will need resources to address long-term economic and mental health impacts from the pandemic.
- 2. Keep the door open to youth and families longer for continued support.** Longer service engagements are needed for some youth and families to meet complex needs.
- 3. Fill resource gaps in care through collaboration and community.** Capacity for critical services, such as childcare and counseling, can be enhanced through community collaborations.

4. **Prioritize family connection and healing.** Modalities focused on joint family activities that center relationships are needed to better facilitate connection after violence.
5. **Utilize housing as violence prevention.** More voucher and permanent housing services are urgently needed for family safety after DV.
6. **Enhance DV services for teens and other underrepresented groups.** Enhancing organizational capacity to address the needs of underrepresented and underserved youth groups, including adolescents, will better meet the needs of families and provide a more inclusive environment.
7. **Extend implementation of evidence-based practices and rigorous evaluation.** Broader implementation of evidence-based practices and evaluation of core and new services are needed to ensure programs are meeting youth and parent needs, aligning with programmatic goals, and resulting in intended positive impacts.
8. **Continue advocacy in CPS, criminal, and civil legal systems while maintaining independence.** DV agencies should continue to increase these collaborations while still maintaining strong confidentiality protections and boundaries with these systems. More avenues are needed for CPS, family courts, attorneys, and service providers to partner with survivor parents to address the complex safety concerns they and their children face.
9. **Center culturally-specific programs to address injustice.** The creation of more and greater support of existing culturally specific programs would help better meet the needs of BIPOC survivors. Focusing on the intersecting issues of poverty, racism, immigration, language access, violence from police, disability rights, and biases against youth of color—especially young men of color—and LGBTQIA communities are all important to weave into the missions of DV agencies when striving to end violence.
10. **Support DV and Child Welfare Staff.** COVID-19 brought additional stress to an already strained workforce. Additional micro- and macro-level support and increased pay is needed to secure the workforce and ensure high quality services.

Contact Information: Please contact Leila Wood at leiwood@utmb.edu with questions or inquiries.