

UH Institute for Research on Women, Gender & Sexuality

Report to the Community  
on the Houston Area Domestic Violence Providers Study  
& Initial Local DV Data Aggregation

February 2023

Elizabeth Gregory, PhD, Zachary Hough, M.Econ, Itzel Martinez, M.Ed.

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This report is based on individual qualitative interviews and follow-up group discussions with leaders of area Domestic Violence [DV] service organizations. In addition, in the Supplement we share initial DV service-provider and DV homicide data from our ongoing UH-IRWGS Houston Area DV Data Aggregation Project. The data document a high level of violence and a doubling of IPV homicides in the Houston region over the past 3 years. The study recommends significant community investment in DV infrastructure to turn that tide.

We thank the Harris County Sheriff's Office, the Houston Police Department, and the DV service providers noted for sharing relevant data. Special thanks to the leaders who participated in the study for their thoughtful engagement and generosity of time and spirit.

Participants:

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- Christina Allen, CEO, **FamilyTime: Crisis & Counseling Center**
- Barbie Brashear, Executive Director, **Harris County DV Coordinating Council**
- Josh Brown, Chief Programs Officer, **Fort Bend Women's Center**
- Carvana Cloud, JD, Founder & Executive Director, **The Empowered Survivor & Co-Founder DART America, LLC [IO]**
- Maisha Colter, CEO, **Aid to Victims of Domestic Abuse**
- Sonia Corrales, Deputy CEO, **Houston Area Women's Center**
- Vita Goodell, CEO, **Fort Bend Women's Center**
- Bibi Khan, President, **An-Nisa Hope Center**
- Rachna Khare, Executive Director, **DAYA, Inc.**
- Kathy Latz, Grants Writer, **Montgomery County Women's Center**
- Abeer Monem, Sr. Director of Housing & Innovative Services, **HCDVCC**
- Alicia Nuzzie, Director of Harris County DVHRT Initiative, **HCDVCC**
- Q. Olivia Rivers, Executive Director, **The Bridge over Troubled Waters**
- Brenda Sykes, CEO, **Bay Area Turning Point**
- Dr. Conte Terrell, CEO, **Fresh Spirit Wellness Center**
- Emilee Whitehurst, CEO, **Houston Area Women's Center**

Terminology: **Domestic Violence** [DV] refers to abusive behavior in a relationship, including toward an intimate partner, other family members, roommates, etc. **Intimate Partner Violence** [IPV], a subset of DV, specifies violence toward an intimate partner, current or former, including married and unmarried cohabitators, girlfriends/boyfriends, and people in dating or casual relationships. The term Family Violence [FV] is used in national crime statistics and is equivalent to DV. Some providers also assist victims of Sexual Assault/Sex Trafficking [SA], which often also includes DV.

## UH IRWGS DV Providers Study – Report to the Community – February 2023

### Overview

The network of Domestic Violence [DV] service providers in the Houston region build and deliver a safety net for Houstonians and their children fleeing violence, underwritten by a mixture of philanthropic, federal and state dollars. But they're underfunded relative to need, and cannot meet demand for shelter or nonresidential services, nor can they address the underlying causes of that demand.

The high volume of people experiencing DV in this region links directly to the state's low level of family support infrastructure, the lack of affordable housing and the low wages earned by Texas women.<sup>1</sup> *People dependent on others, especially those with children, become more vulnerable to violence at the hands of those they depend upon.*<sup>2</sup> This is true at any income level, but is particularly true for those at low incomes. Since higher-income women may be able to leave when things get grim and still keep themselves and their children housed, they are less likely to utilize shelters than more economically precarious women.

The recent IPV assault by the (now former) UT basketball coach and the January DV cases involving a house set fire with the family inside and decapitation of a young immigrant bride indicate that violence is rampant, across ranks.

The Covid emergency raised the level of domestic violence in the Houston area. And per HPD and HCSO data, identified Intimate Partner Violence **[IPV] homicides continued to rise after the lockdown ended—doubling** in their combined jurisdictions **between 2019 and 2022, rising from 32/year to 64/year** over that period. Calls requesting shelter and nonresidential safety planning assistance also continued to rise in 2022. Throughout the period, DV calls for service to both police forces have remained high, though they have declined somewhat since 2020 (this data is not sortable by IPV - more detail to follow when available). [See Supplement.]

While these data indicate that the problem is serious, they do not account for the full experience of DV in the region, since many individuals affected by violence don't call, doubting there's a better alternative available long term. This is hinted at by the high proportion of DV homicide victims who have no record of having reached out to a shelter for help previous to their demise, suggesting that those who do reach out may access resources that help them evade such outcomes. Making services more widely available and known would assist in lowering the DV assault and murder rates.<sup>3</sup>

Though Houston's DV service providers were already strapped before the pandemic, since its onset and in the face of multiplying demand they have stepped up services, helped by Covid

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<sup>1</sup>DV spans genders, but the large majority of cases involve a male perpetrator and a female victim. See the current UH IRWGS Annual Report for details on women's wages in Harris County.

<sup>2</sup>Cf. Anna Aizer, "The Gender Wage Gap & Domestic Violence," *American Economic Review* 100 (9/2010): 1847–59.

<sup>3</sup> The HCDVCC DV Death Review Team finds that most DV homicide victims had no record of prior contact with DV services: only 1 of 72 cases studied was so identified (though only the largest providers were checked).

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Emergency federal funds. Before these funds are gone, the community can prepare for the long haul by strengthening its DV infrastructure.

Apart from expanded funding for direct services, **this report articulates a different need that can be a game changer for Houston area DV response.** Local DV Service Providers identified it as problematic that each operates on its own, creating inefficiencies at all levels: operational redundancies, inconsistent standards, a lack of unified voice on DV, limited pooled data, and an inability to see beyond addressing the immediate needs of those seeking aid. Each one develops and provides services, raises funds, and submits grant compliance separately. Each collects data only as limited time and resources permit, and what data is collected has not previously been combined to provide a full regional picture.

**A coordination infrastructure, with administrative staff based both centrally** at the Coordinating Council **and in the agencies,** would enable DV service providers to operate and strategize collaboratively. The group could restructure as needed: maintaining status as separate entities, to continue to focus on their individual mandates, local concerns and specific cultural issues, while also working, and in some cases raising funds, together.

This **significant strategic investment** will allow providers to **analyze and reframe their services and policies, deliver those services more effectively, work with agencies** across the community to **address the causes of violence** in our region, **raise more funds, expand services and advocate for regional policy change** as needed. This can **turn the tide on DV assaults and homicides,** and improve the lives of victims, their children, and also of perpetrators, many of whom have been victimized previously. **Improved victim service delivery** along with a **community violence prevention focus** will benefit all Houstonians.

Though the Harris County DV Coordinating Council (HCDVCC - not a county agency) provides essential services on the DV housing, community training, and law enforcement review fronts, they too are underfunded and currently can supply only a portion of the coordination needed.

Specifically, the collaborative needs **an Operations Manager, a Researcher/Evaluator, a Communications Coordinator, and a Grant Writer,** based in the HCDVCC. In addition, **expanded staffing** is needed within provider organizations to carry out collaborative initiatives. **An investment of \$1,000,000/ year** for this purpose for at least five years would be transformative. A smaller initial infrastructure investment will get change underway; but working by half measures to combat DV as has long been the case here will not enable the real change needed. Over time, grant funding will increase, to cover costs.

## WHAT THEY DO REGULARLY

### The DV Service Provider Multiverse: *Building the safety net*

The *wide array of services* each **shelter** provides to the community includes:

- **Shelter/Emergency Supportive Housing, food & other necessities** for survivors and their children fleeing violence
- **Services for Clients in Shelter**
  - case management/trauma therapy/childcare/job help/transport/etc.
- **Services for Nonresidential Clients** – safety planning – and all services above
- **Hotline** – triaging shelter, safety planning & diverse informational calls
- **Continued Services for Clients upon Exit** from Shelter
  - housing placement / counselling / job help / connections to legal & other services
- **Medical Assistance** – connections to TBI & other medical services
- **Community Outreach / Education**
  - public awareness campaigns about DV – for potential clients & the community
  - anti-violence classes in schools, churches, colleges, billboards ...
  - advocacy to prevent violence by addressing its causes, like poverty, weapons etc.
- **Staff management & retention** – training & support for staff; burn-out management; pay equity struggles in a highly underpaid field; trauma awareness / management
- **Police and Court interactions** – DVHRT/DART collaborations as well as connections to legal help with Protection Orders, prosecutions, etc.
- **Data gathering**, analysis and reporting about level of demand, client experience & needs, services provided, etc.
- **Civic rules & grants compliance & reporting** – often onerous and unfunded
- **Expanding shelter/ housing:** funding, design & construction
- **Fundraising** – also requires time & effort – to support all the services above, via
  - *Federal, state and foundation grant applications*, compliance, and reporting
    - These grants require much documentation, often duplicative, but they often do not include funds to pay for staff to do the documentation.
  - *Events*                      • *Thrift Stores*
  - *Work w HCDVCC / HUD / Coalition for the Homeless* on housing for clients
  - *Work w the City & County* on federal pass-through funds [ARPA, CARES, etc.]

**Nonresidential DV Programs** provide most of these services, apart from direct shelter—and they often also find clients housing. Several have a specific cultural connection to their clients.

Each shelter and nonresidential program provides enormous service to the whole community.

## WHAT THEY'VE INNOVATED RECENTLY

### Some Recent Provider Innovations, ~~local & national~~

– many spurred by Covid, others in development pre-pandemic

- **Bed Shares App** – one hotline call/survivor, instead of many, when optimized
- **DV High Risk Teams / DART** – collaborations between police & shelters to get people to provider services when officers encounter DV in calls for service.
- **Remote Services/Remote Work** – counselling / safety planning / case management ...
- **Mobile Advocacy/Navigation** –
  - driving clients to appointments, etc.
  - meeting with clients where they feel comfortable, in the community
  - assisting clients to navigate service systems (legal, jobs, counselling, etc.)
- **Flexible Funding** – through Federal \$ - for ad hoc expenses
- **Chat & Text Hotlines** – in addition to phone options
- **Hotel Stays** – when shelters are full.
  - now via Federal CARES/ARPA \$ - new funding sources needed for long term
- **Diversion Dollars** – pay friends/family to offer space to survivors, instead of shelters
- **Reductions in “carceral” rules** in shelters, less grim appearance, etc.

### Further Innovations to explore

- Relocating offenders rather than their families
- Expanding the Child Tax Credit, childcare & Medicaid to lessen dependency on abusers
- More help for perpetrators,<sup>4</sup> to lessen violence, along with punishment for harms done
- Centralized victim services locations
- IPV option on officers' handhelds to track incidence ... and much more ...

Some of these changes have been modelled by outside innovators, some have been generated internally by one or several of the providers.

*“We started a high-risk team where the officers will call our shelter with the victim, if they determine that they're in high danger [based on] a lethality assessment ... That has changed the makeup of our clients because we're getting more people who are in more dangerous situations. ... [Very few] women who need a shelter actually call. They think “Oh well, it'll get better.” ... There's all those psychological reasons for it: the trauma reasons, the financial reasons ... When you have a third party in law enforcement telling you “You're in danger, hon. Sit down here, call with me,” I think it helps them to get over that hurdle of “Yeah, maybe I am being abused, maybe I do need it to stop.”*

—**Vita Goodell**, Fort Bend Women's Center

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<sup>4</sup> Audra J. Bowlus and Shannon Seitz, “Domestic Violence, Employment and Divorce,” *International Economic Review* 47:4 (Nov. 2006): 1113-1149.

Shelter/Emergency Supportive Housing

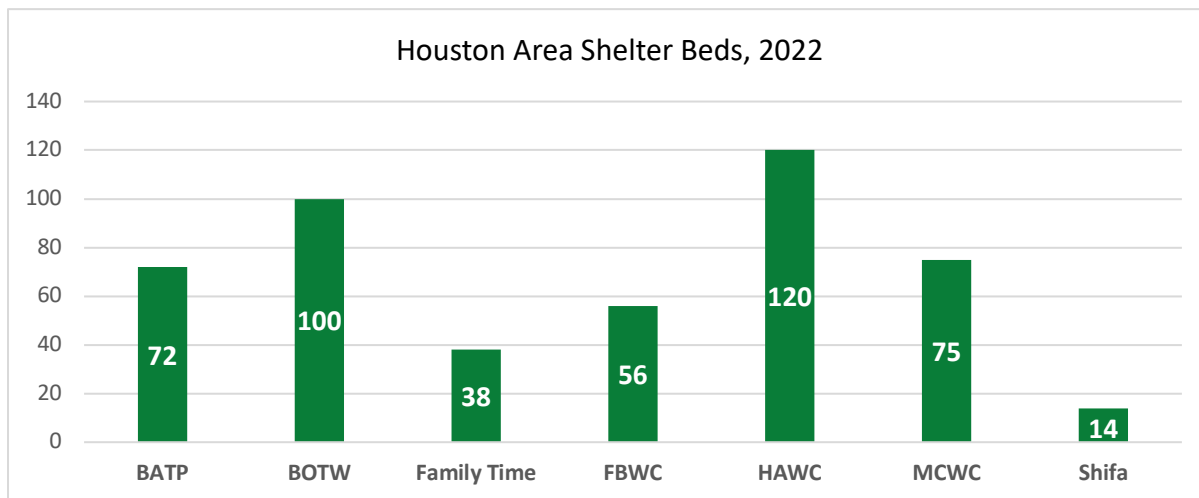


Figure 1. Source: UH-IRWGS

Available Beds

Currently, there are **330** shelter beds in Harris County (pop. 4.7Million) and 475 in the region including adjacent counties—vs **New York City**, for example, which has less than 2 times the population (8.4Million) but 10 times as many beds, at **3500+**.

During Covid outbreaks, shelters have experienced reductions in bed availability due to social distancing, sometimes balanced out or expanded by hotel access. **With an average household size for each survivor of 1.7 (HAWC, 2022), that means that at best roughly 194 women and their children are being housed in Harris County shelters at any one time. Many more are helped through nonresidential services, offered both through shelters and nonresidential agencies.**

Two Houston area shelters (HAWC & Fort Bend Women’s Center) are **currently building new facilities to expand capacity (by 309 beds in the next two years)<sup>5</sup>** – and they and others also use options like hotels and expanded alternative housing when funding is available, to augment their offerings to those in need.

While social service providers would prefer to deemphasize shelters and focus on putting survivors directly into transitional housing with case management, the reality is that sufficient housing is not currently available to meet need, and shelters still offer an important service. Both approaches are needed.

<sup>5</sup> HAWC’s new facility will accommodate 360 (up from 120) and Fort Bend Women’s Center’s new building will accommodate 125 (up from 56), which would raise the local number to 784, from 475. Both new facilities will offer single family studios with kitchens, to avoid the discomfort of sharing spaces with strangers.

Transportation

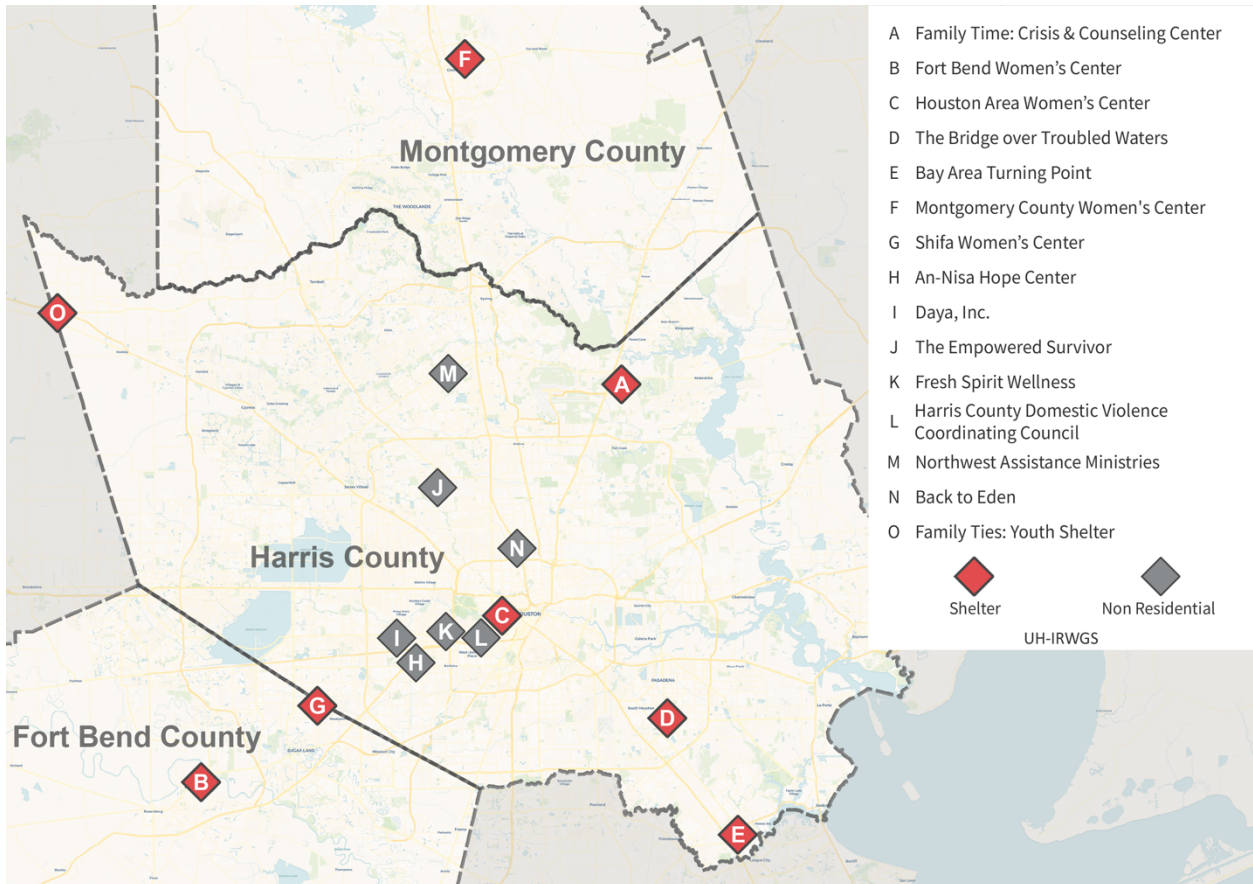


Figure 2. Source: UH-IRWGS

As the map in Figure 2 demonstrates, residents of huge swaths of the Houston area have far to go to reach a shelter. This creates problems for those without cars or money for an Uber.

Once a hotline call determines that a shelter bed is available, the next step frequently involves a discussion of whether and how the caller could get to it. Some form of **ride share credit** for those heading to shelters would be a boon for many. **If shelters were more prevalent**, walking or biking to refuge would be more of a possibility.

Housing Queue

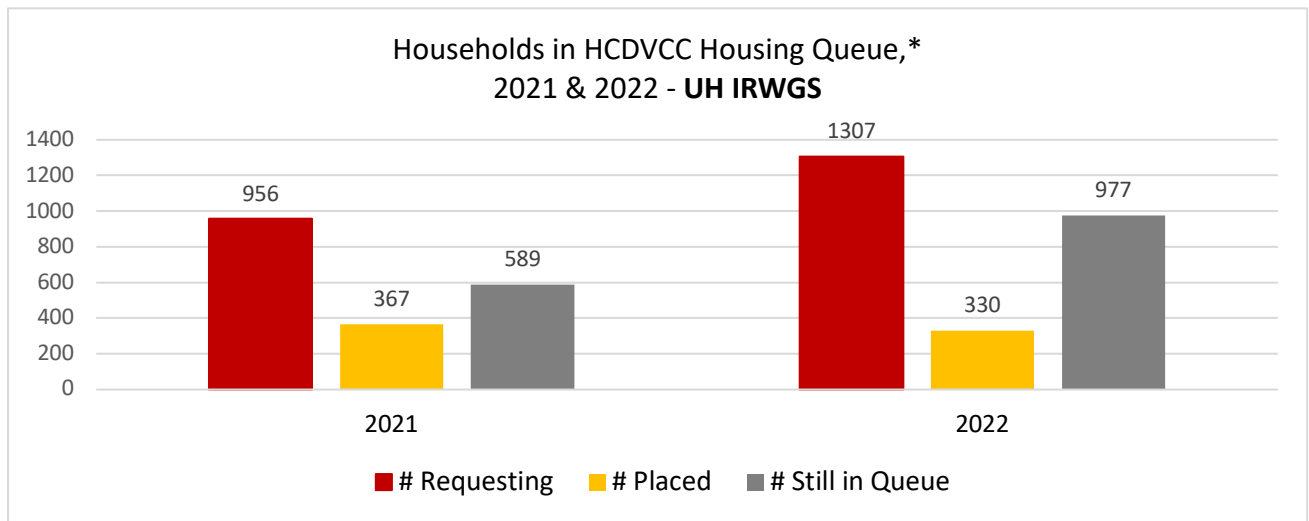


Figure 3. Source: Data supplied by HCDVCC, analyzed by UH IRWGS. \*Each year includes only new referrals, not carryovers. Some duplications in applications may occur.

HCDVCC, in collaboration with the DV providers, runs a coordinated access housing queue and places survivors and their families in affordable housing – either permanent or of limited duration – often with case managers to assist with accessing needed services. Their place on the list is based on their scores on the Eligibility, Placement and Prioritization Assessment [EPPA]. Those with documented disabilities (including mental health, PTSD, as well as physical disabilities) have access to Permanent Supportive Housing, when it is available. Others may access shorter term Rapid Rehousing, when available.

The average household in the queue includes 3 individuals. The number of households (generally mother and children) requesting housing increased from 956 in 2021 (roughly 2868 individuals) to 1307 in 2022 (about 3921 individuals), not including carryover; and the number placed decreased slightly from 367 in 2021 (roughly 1101 individuals) to 330 in 2022 (about 990 individuals). The number of households still in queue at the end of the year increased, not including carry over, from 589 in 2021 (roughly 1767 individuals) to about 977 in 2022 (2931 individuals).

The funding for this housing comes from various federal and other sources, and the housing stock includes area apartments as well as transitional housing units maintained by two shelters.



## Background to the Collaborative

**Historically, regional agencies have cooperated, but not really collaborated much, due to:**

- Perception of competition for limited funds.
- Distrust of giving up control of own universe in context of low reliable support.
- Too busy to figure out how a collaboration might work.
- Different approaches to service provision.

**But collaboration has been increasing over the past few years, via the HCDVCC and other shared efforts.**

- Coordinated Housing Access – joint queue
- Bed Share App – updated at least twice a day, by some shelters
- HCDVCC Steering Committee – meets monthly to share updates
- Work with UH IRWGS to expand data gathering and collaborative planning

**In the Providers Study Forum, the group determined that now is the moment to work together more consistently to:**

- **advocate together** for support for DV survivors and to address the causes of violence
- **eliminate redundancies**, saving time & resources & delivering more direct services
- **build trust among agencies**, through ongoing positive experience with collaboration
- **gather data collectively for the region**, getting a fuller picture of local needs
- **explore joint fundraising**, in addition to separate streams (to increase funding overall)
- **innovate together**, sharing best practices and collaborating to improve services

*A centralized approach ... could be more cost effective and more time efficient. I'm not married to one way of doing anything. ...I think we have to evolve. And what that evolution looks like I don't really know, but I think we just have to all decide, "Hey, let's take a look at how we can do things differently."*

— **Brenda Sykes**, Bay Area Turning Point

*I have been thirsty for 10 years for this coalition to have a united voice. Instead of us struggling individually, ... if we have this team and this voice, I think more people will listen to us.*

— **Bibi Khan**, An-Nisa

**The collaborative will establish its operating structure and the new position descriptions through a strategic planning process**, including the voices, insights, and concerns of providers and of survivors, in dialogue with the community. **The HCDVCC would conduct a parallel strategic planning process** around including the collaborative's voices in their structure.

**It's time for the DV service providers in the Houston region to speak with one voice!**

- to convey the extent of the need here
- to engage the community in recognizing the roots of violence—in poverty, child responsibility, sexism, dependency, inequitable education, etc.
- **and in** more robustly addressing both the effects and causes of violence.

**WHAT THEY CAN DO TOGETHER**

**Additional funding to staff the collaborative steering committee would enable all regional DV Providers to:**

- expand & pool **data gathering & analysis** (anonymized)
- use that data to **inform policy, programs and services**
- **share that data with the public** consistently, to raise awareness
- **conduct regular evaluations** of services, to improve them
- **expand client services**, to meet more of demand & to avoid revolving doors
- **build trust and cooperation** within the collaborative & with other social service agencies who also work with DV survivors
- **centralize some services**, as appropriate
- **review & assess the current regional DV service network** relative to other service networks across the state and the nation
- research and develop collaborative **best practices and shared standards**
- **raise more funds**, more efficiently—with ~~shared~~ pooled data and some joint applications
- **prepare compliance reports more efficiently**, including with joint applications
- **expand research and advocacy projects** to lessen violence
- **work with judiciary** to address DV prosecution in an informed and consistent manner
- **expand assistance to fledgling DV service providers**
- **expand community education/violence reduction projects**
- **share data and policy insights** with the **Texas Council on Family Violence** and **major city DV networks** across the US
- **further develop regional DV infrastructure** to best serve the community

**Community Advocacy and Communication**

**Expanded collaborative staffing would free up leadership to focus on advocacy**, inform leaders' advocacy with better data, and **improve information sharing** with the community.

*A lot of this is about ... having a strategic communications orientation so that everybody knows what's happening, and we're on the same page.*

*—Emilee Whitehurst, HAWC*

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### *Shared Advocacy Example (based on HAWC initiative)*

These are example items only, not the Advocacy agenda of the collaborative

#### ***Houston Action Plan to Address Intimate Partner / Family Violence & Save Lives – 2021 (condensed)***

- Enforce Local Gun Safety Laws
  - Removing guns from abusers saves lives
- Increase safety for survivors
  - Fund and Implement Citywide Domestic Abuse Response Team [DART]
  - Locate family violence support services in multi-service centers
  - Ensure all survivors are provided an advocate at the 280<sup>th</sup> Protective Order Court
- Fund safety on demand for survivors, address turn-away numbers (expand Hotel access)
- Improve Accountability for offenders
  - Educate Judges on domestic violence
  - Arrest offenders for violating a protective order and gun possession laws
  - Support survivors to stay engaged with a victim-centered approach
  - Prosecute offenders in a timely manner
- Advance violence prevention framework
  - Partner with and train local media
  - Train all multi-service center workers in a skills-based curriculum to help recognize, respond and refer
- Community-wide public information campaign

*If people had access to healthcare, and they knew they would be able to feed their families and keep a roof over their heads, we would address a lot of problems. We want safe communities, healthy caring families, and loving relationships, and ... it's appropriate ... to be talking about that in an expansive way ... because it's all connected. [We're] trying to ... integrate those things, such that we can lead in a common-sense way around what we know is going to be required to reduce the homicide rate for women and children.*

—**Emilee Whitehurst**, HAWC

In many respects, violence is systemic, not personal, though people are responsible for their actions. Advocacy for a stronger family support infrastructure—including affordable **childcare, equitable education, affordable good housing, healthcare, and decent wages** for women workers—would lower women’s dependency and lessen their vulnerability to domestic violence. At the same time, it would lessen partners’ stresses and likelihood to become violent.

*There was just a jury trial, where a jury decided that in many cases it's okay to throw the woman to the ground if she's misbehaving. Which speaks clearly to me of misogyny and paternalistic viewpoints, and the myths of where women's places are in society... you don't know who's on the jury really, right?*

—**Barbie Brashear**, HCDVCC

## Parallel Changes

Such transformations would build on the positive changes that Providers have already been developing over the past several years. Among those are **several parallel changes that emerged** across multiple agencies, separately:

### Longer stays in shelter

- To prepare survivors to be better able to stand on their own when they leave.
- This also increases the turn-away rate, but with the aim to reduce returns and so to reduce turn-away in the long run.
- Providers reported 45-, 60-, 90- and 120-day average stays.
- Very different from the 1990s – when the average stay was roughly 7 days.
- Shelters have had to alter their service provision to meet the very different needs of today.

*“Most of our clients stay with us longer now ... and what we're seeing is it appears that the longterm outcomes are better for them when they have more time. They used to be ... told ‘You're here for 30 days, and if you need an extension you can request one, it's not guaranteed,’ And so clients started sharing that the minute they got to the shelter they began to worry about ‘What am I gonna do when my 30 days is up? ... I've only got 4 weeks to figure out where I'm gonna go’ ... That just really wasn't realistic in most cases. ... [Now] more of them are ... exiting to their own apartments ... versus before a lot of times they were exiting to stay with the friend, and sometimes we just don't know if that friend is really the abuser, or not.”*

— **Christina Allen**, FamilyTime

**Nonresidential providers** have an **even longer working commitment** to clients – 1 year roughly (6 months, 1 year, 2 years mentioned), to help clients get situated for economic solvency and readiness to move forward.

- Services provided include Counselling, Housing, Jobs/Economics, Education as needed, Legal Assistance, Childcare, Transportation, etc.

*“I have a girl that's doing an MA - she has 60 hours more to do. So I told her, ... ‘I just need you to go full time, get that done, get your test done, and we'll take care of you.’ So empowering them to do better, to have a better career, get social skills, interact better with their children. There's so many different parts of empowerment - parenting classes, you know ... let me say empowerment has a lot of parts.”*

— **Bibi Khan**, An-Nisa

**Moving into the Community** – services not solely shelter based

- Nonresidential agencies have delivered services in communities all along
- HAWC is building satellites in community centers around town
- The Bridge is building satellites as well

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- DVHRT/DART<sup>6</sup> teams involve direct links between law enforcement & shelters

*The big challenges to getting services to people are:*

- *Letting them know [about our services]; they don't know that we exist.*
- *Lack of transportation to get to us ... they were always asking us to come to see them.*
- *Lack of trust, because everybody thinks [reaching out means] "I gotta have police involved. ... it's about me pressing charges against him, or her, and I don't really want to do that." Or "I have a warrant and so if I go and file, ... they're gonna arrest me."*

—**Carvana Cloud**, *The Empowered Survivor*

### Dealing with Staff Burn Out

While all industries have faced pandemic staffing challenges, DV staff have to deal with trauma – both that of clients and their own—either direct or secondary trauma from their work in shelter, and/or recollections of primary trauma past, since many shelter staff are survivors. And much of the work cannot be done remotely.

*"The burnout is very real. The intensity of the violence that was coming through because of Covid was very real. The resources, the scarcity, you know. I mean resources just weren't available, period. And so **constantly having to think out of the box of ways to be able to provide support and safety I think takes a toll after a while.** I think that's where we are now—just trying to figure out best ways we can support one another ... so that we can continue to do the work."*

—**Alicia Nuzzie**, HCDVCC

*"We gave everybody a \$500 take home bonus, a \$6,000 to \$10,000, increase in pay, and then **we allow way more flexibility**—we've adopted the ideology "**we're making sure we're taking care of the staff so staff could take care of the clients.**" And so we're having to open up our lenses on how to do this work. ... We created a **sunshine committee** that's dedicated to empowering staff, and they do little things throughout the month to make people feel good. **We just have to shift away from the grit of the work.**"*

— **Brenda Sykes**, Bay Area Turning Point

*"Yes, it's been a HUGE challenge - in all capital letters, with about 25 exclamation points behind it. It has been **unbelievable how difficult it has been to fill positions.** How long it's taken us to fill positions and then how much turnover there has been once we fill the positions."*

—**Christina Allen**, FamilyTime

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<sup>6</sup> DV High Risk Teams and Domestic Abuse Response Teams offer DV survivors encountered in calls for service options for immediate departure to a shelter or other care, as well as information on resources. DVHRT programs involve an on-site lethality assessment.

## Demographics

### Lesbian & Trans Women in Shelter

Lesbians and Trans women are also subject to DV, but there is limited data on lesbian and Trans clients in the shelters.<sup>7</sup> In 2022, HAWC intakes show that 7.57% of clients identified as non-straight (lesbian, bisexual, gay or queer), with 14.5% of respondents not answering the sexuality question. More data and analysis will be developed in coming reports.

One shelter director reported having several Trans women clients during the pandemic:

*“We saw an increase in requests for services from Trans women. Throughout the pandemic we probably have had about 4, if not more, Trans women living on our shelter ... We had 2 Trans women here at the exact same time. ...*

*Prior to Covid we had this amazing client ... she really helped us see how we could better serve and accommodate them. And so then, when we had this recent influx during Covid of Trans women, we were more prepared, and they were well received by other clients as well as the staff.*

*[This client] would come down and say, “Hey, you notice, like some of the ladies upstairs they refuse to call me SHE.” And so we actually called a house meeting and ... had a little crash course on pronouns. [That it] doesn't matter how they're presenting, if someone asked to be called a specific name or specific pronoun, we will respect that. ... and we were always able to make those announcements and just share those things in a very healthy, loving way.”*

**—Q. Olivia Rivers, TBOTW**

### Shelter Client Race/Ethnicity

While domestic violence occurs in all communities and income levels, providers report higher levels of White, Asian and Hispanic women seeking nonresidential services. The Houston area shelter population tends to be comprised disproportionately of Black women. For example, Figure 4 provides data from one shelter that serves people from across the region.

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<sup>7</sup> The Montrose Center provides nonresidential shelter assistance to LGBTQ clients as needed but are not a DV provider in the main. They are participating in a separate UH IRWGS study.

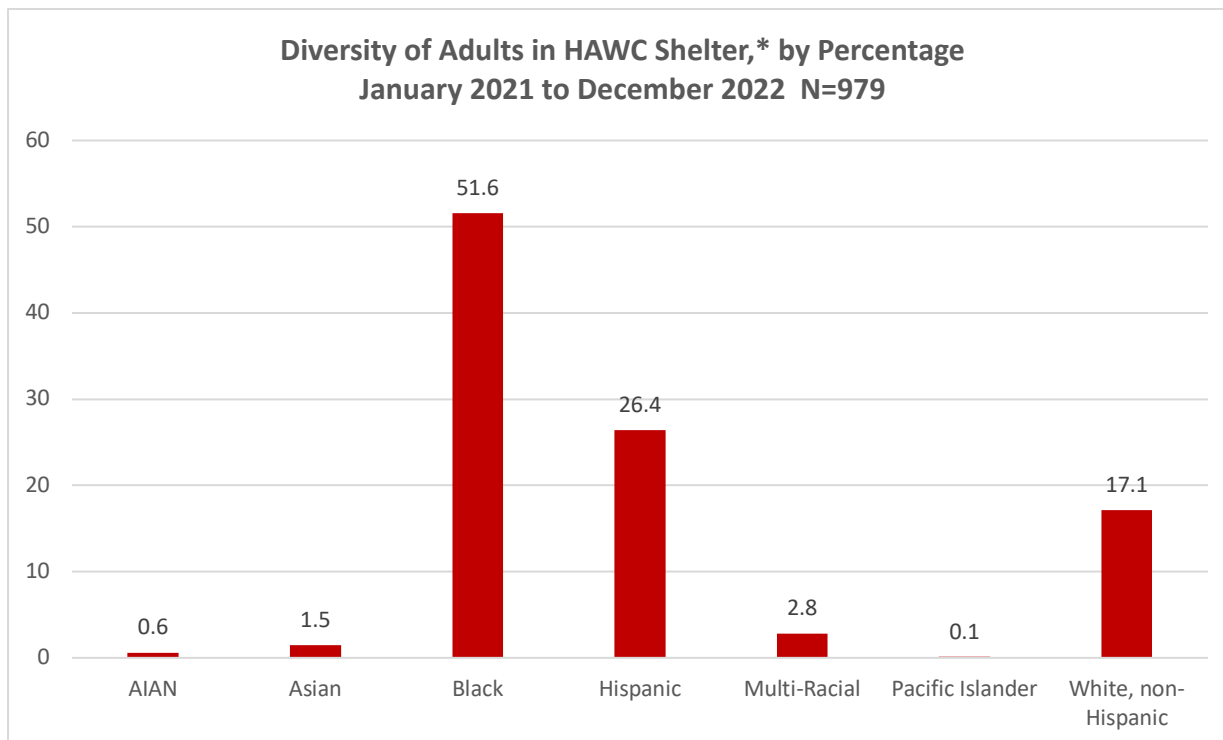


Figure 4. Source: Data shared by HAWC, analyzed by UH IRWGS.

\*Includes adults in Shelter & Safe Harbor hotel program. Excludes instances missing this data point.

Compare that to the race/ethnicity breakdown of Harris County women overall:  
 8.0% NH **Asian**; 19.8% NH **Black**; 39.3% **Hispanic**; 29.8% NH **White** (ACS 2021)

High poverty rates in Texas among Black and Hispanic populations (double that among Asian and White populations), along with lack of good affordable housing, the state’s failure to expand Medicaid, underinvestment in education and other services, mass incarceration especially of Black men, can lead to violence and to vulnerability among women, especially women with children.

The data suggest

- that when they need to flee, Black women in economic precarity have fewer resources for assistance from family or friends or their own funds, so more go to shelters.
- that they may face more violence because their abusers have fewer opportunities.
- that women's lower ability to leave violence due to poverty and lack of a resource network in itself makes violence more likely (DV is a crime of opportunity).
- that while Hispanic and other immigrant women in economic precarity, particularly undocumented women, may also be subject to violence, they may fear deportation or other negative outcome if they go to a shelter.

*[Often] people don't access services ... because their partners tell them “If you call the police or if you report me, they’re going to deport you.” [So we work to let people know] that if you are*

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*undocumented there are some legal remedies for you ... to stay in this country legally, without having to stay in a violent situation.*  
—**Local Shelter Leader**

Other factors that may contribute to women of color’s disproportionate representation in shelters and to disproportionate violence:

- Cultural distrust – of police, of social service providers, etc. as not reliable/ not sympathetic, may lead women not to seek services until things become unbearable.
- Lack of information about both nonresidential services and shelter services / lack of communications.
- Asian and Muslim survivors often prefer culturally specific providers like DAYA and An-Nisa – where they may have other non-shelter housing options. Their client demographics skew South Asian and Middle Eastern (see below).
- Immigrant women may be less out and about in the community and less familiar with help options. They may fear deportation if undocumented, which makes them more vulnerable to violence.

Representation varies by the community each agency reaches out to, with some, like DAYA and An-Nisa (both nonresidential), serving specific cultural communities.

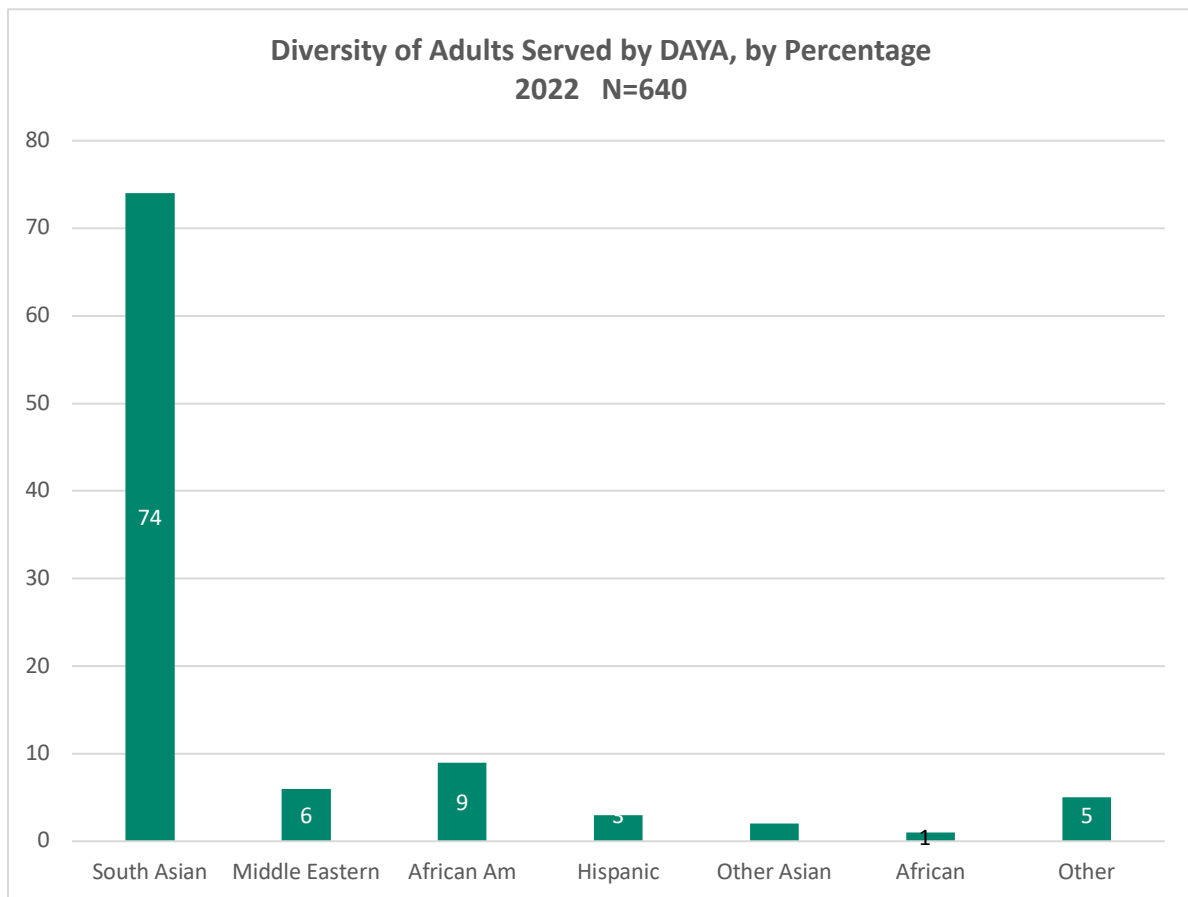


Figure 5. Source: Data shared by DAYA, analyzed by UH-IRWGS.



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But even these patterns are sometimes subject to change:

*“We've been surprised to see an unexpected and significant increase in African American and Black survivors that have called us seeking services and saying that they've tried a myriad of other places and weren't able to get help. I think a lot of that is because there's a lot of cultural similarities, including pressures from faith communities to stay with abusers, abuse from extended family members, and in that there is a rightful hesitation and fear of involving law enforcement in communities of color and in immigrant communities.”*

—*Rachna Khare, DAYA*

While DV affects people in all class positions and it's important to make this clear and to make services available to all, it is also essential to reach out to those who are most likely to be harmed and to have limited resources to deal with that harm. As Kimberlé Crenshaw emphasized thirty years back, “the political interests of women of color are obscured and sometimes jeopardized by political strategies that ignore or suppress intersectional issues.” When she attempted to access data about rates of violence from the LA Police Department

[a] representative explained that one reason the statistics were not released was that domestic violence activists both within and outside the Department **feared that statistics** reflecting the extent of domestic violence in minority communities **might** be selectively interpreted and publicized so as to **undermine long-term efforts to force the Department to address domestic violence as a serious problem**. I was told that activists were worried that these statistics might permit opponents to dismiss domestic violence as a minority problem and, therefore, not deserving of aggressive action.

The informant also claimed that representatives from various minority communities opposed the release of these statistics. **They were concerned, apparently, that the data would unfairly represent black and brown communities as unusually violent**, potentially reinforcing stereotypes that might be used in attempts to justify oppressive police tactics and other discriminatory practices.<sup>8</sup>

In other words, activists feared that if women of color were noted to be at particular risk, racism would cause society not to address the problem, which was itself rooted in a history of systemic racism, as well as in the culture-wide historical context of male power over women. As a result, information was suppressed

that could have facilitated attempts to confront the problem of domestic violence in communities of color. ... Where information about violence in minority communities is not available, domestic violence is unlikely to be addressed as a serious issue.<sup>9</sup>

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<sup>8</sup> Kimberlé Crenshaw, “Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color,” *Stanford Law Review* (July 1991): 1252-53, 1256.

<sup>9</sup> *Ibid.*

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This report aims to highlight the need to better address domestic violence across Houston communities—through direct supply of services adequate to move people to safety for the long term, including and especially to those in greatest need, and through wider consideration of and intervention in the systems that create this need, in order to end it.

### Race Dynamics in Leadership

Among the twelve Provider agencies that participated, representing most of the area shelters, eight have women of color directors (several of them new to their positions), and others have women of color in leadership positions. This represents an ongoing change in the DV scene.

Those in the study emphasized the need for women of color in leadership, including boards, and in all ranks within organizations, in order

- to change the face of the shelter movement & reassure survivors of color that they will be recognized & well treated in shelter and in nonresidential programs—so more survivors will reach out.
- to focus attention on the ongoing harm women of color are experiencing and on addressing that harm across our region.
- to “be real” with the police and the community, based on experience with racism.
- to introduce big picture issues around the causes of violence and the need for wider change that past leadership has not raised or endorsed (perhaps in fear of alienating donors) & create a context of change in which White leaders can raise these points too. Such as:
  - Not assuming the status quo must remain so, bringing new perspectives to the DV movement.
  - Seeking equity in shelter pay across Admin and Service Delivery Staff.
  - Valuing a Black shelter worker’s claims equally to those of a White client.
  - Hiring more Black nonresidential services workers, to engage more women of color in accessing those services.
  - Doing more outreach in communities instead of expecting clients to come to providers.

They noted that while women of color leaders with new approaches have been welcomed in some sectors, some have encountered backlash from those invested in old ways of doing things, including some police, board members, donors, populace, etc.

They and all DV service providers need the sustained support and engagement of the community as they innovate collaboratively to address the ongoing DV crisis here and the needs of all those affected by DV.

## Conclusion

There is much to be gained from a major community investment in a centralized DV collaborative infrastructure that expands and reorganizes administration in order to both

- expand and improve the services available to DV survivors ~~here now~~
- and prevent gender-based violence, before it happens, by positively transforming the harmful systems that currently promote it.

As proposed, this infrastructure will be led by domestic violence service providers, informed by survivor input, in dialogue with leaders from across the community focused on violence prevention and gender equity. The goal will be to engage the community in innovating and expanding assistance to those in need across the region, based on analysis of reliable local data, and learning from methodologies in use nationally as well as those developed here. Leaders from the worlds of affordable housing, social services, health care, law enforcement and adjudication, victim services, education, etc., will be engaged.

Though this change will require significant start-up costs, the infrastructure thus created will increase ability to bring in more federal and other external funds down the line.

*Local funders and civic entities are invited to explore supporting this transformative initiative.*

**SUPPLEMENT**  
**INITIAL LOCAL DV DATA AGGREGATION**

Along with the findings from the Providers Study, this report presents some initial regional DV data, in order to begin to give the community a view of the need here, documenting a story that has gone largely untold to date. This analysis is ongoing and future reports will provide more detail and include data from more DV service providers and police departments.

Much more investment in data gathering and analysis is needed, to inform appropriate response/resource investment. The UH IRWGS has been working with shelter data managers to facilitate, refine and analyze the data stream and will continue to work with the expanded collaborative staff. The shelter/nonresidential and law enforcement data shared here is gathered by the agencies noted; UH IRWGS has analyzed and charted it. Due to the complexities of community-based data, there may be inaccuracies in some particulars, but the trends should be informative.

Terminology: As noted, Family Violence [FV] is used in national crime statistics and overlaps with Domestic Violence [DV]. Intimate Partner Violence [IPV] is a subset of FV/DV and refers to violence between intimate partners, current and former, of all sexualities. Nonfamily may also be subject to FV if they cross its path.

**DV Data**

Though complete data on DV experience in the region cannot be tracked because many experiencing it do not report, trends in the current DV crisis can be visualized through homicide data, DV calls to service to the police, and calls to shelters. The two charts immediately below indicate the rise in DV-related calls to two area shelters since the start of Covid. The third line in each chart indicates the pattern of calls at one shelter from 2019 through the present.

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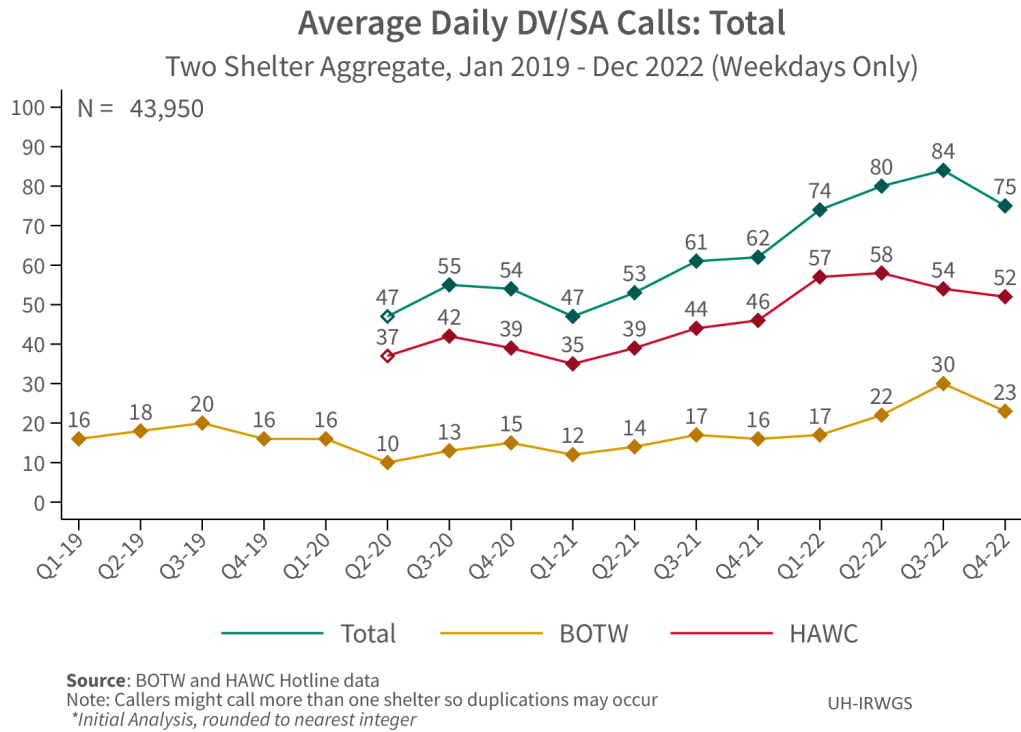


Figure S-1. Source: Data collected and shared by the Bridge over Troubled Waters and Houston Area Women’s Center and analyzed by UH IRWGS.

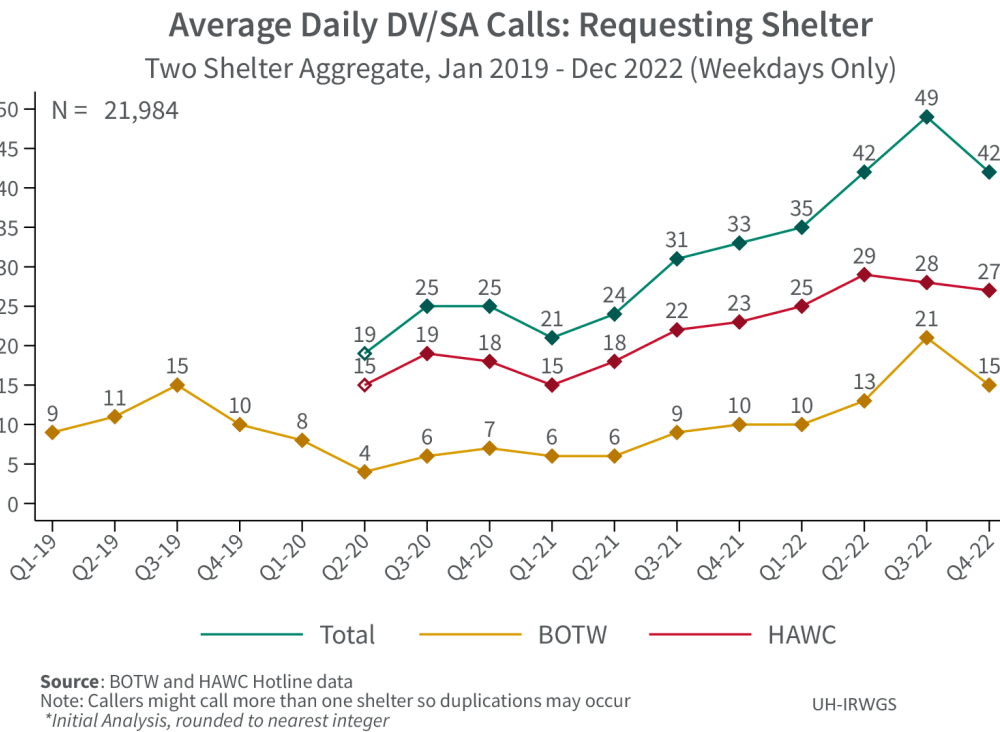


Figure S-2. Source: Data collected and shared by the Bridge over Troubled Waters and Houston Area Women’s Center and analyzed by UH IRWGS.

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Those lines document the decline in calls that occurred across shelters during the pandemic, related to survivors both being locked in with abusers and in fear of catching Covid in a shelter. That decline is followed by a rise in requests for shelter back to the pre-pandemic level, to above or equal to what it was prior. HAWC saw a major rise in calls in Q1-22, while the Bridge saw a similar rise in Q3-22. While lower in Q4-22, both shelters' call levels remain high.

### Family Violence [FV] and Intimate Partner Violence [IPV] Homicide Data

The indications of rising domestic violence in the shelter call data are seconded in the homicide data. Across 2019-2022, 251 HPD homicides were attributed to Family Violence, of which at least 122 seem clearly IPV, the remaining 129 being other forms of FV. During the same period the HCSO documented 80 IPV homicides. Among the HPD IPV homicides, **70% of victims were female**, and 30% were male; while among the 105 **perpetrators** whose sex was identified, **80% were male** and 20% were female (percentages are rounded; HCSO details to come). A small number involved conflict between current and ex partners of a third person.

DATA SOURCES: The homicide charts below reflect data as collected and identified by the Houston Police Department as FV and by the Harris County Sheriff's Office as IPV, based on the known relationship between perpetrator and victim. The two agencies have provided varying amount of detail in their data. HCSO data is utilized in Figure S-3 and HPD data is utilized in charts S-3 through S-8. UH-IRWGS has sorted the HPD data into IPV and Other/Non-IPV FV, based on relationship or ancillary factors (like a double murder including a person not in the relationship). Their FV and IPV identification processes have not been verified by UH IRWGS but are presumed fairly accurate re the relations indicated, and perhaps conservative in the number identified as IPV. Third parties killed in an FV/IPV shooting may also be included in the count of FV/IPV homicides. Police Department efforts to improve their data collection on FV and IPV should be adequately funded, to identify and address the high rates of violence against women in our region.

Harris County has 83 police departments, so the charts here don't convey a full picture of violence in this region. We are working to expand our sources to include data from other incorporated towns and from neighboring counties, which have different demographic patterns.

Figure S-3 combines data on IPV homicides from both the Houston Police Department [HPD] and the Harris County Sheriff's Office [HCSO]. Based on their data, we find that IPV homicides in this region have doubled over the past three years, from 32 per year to 64.

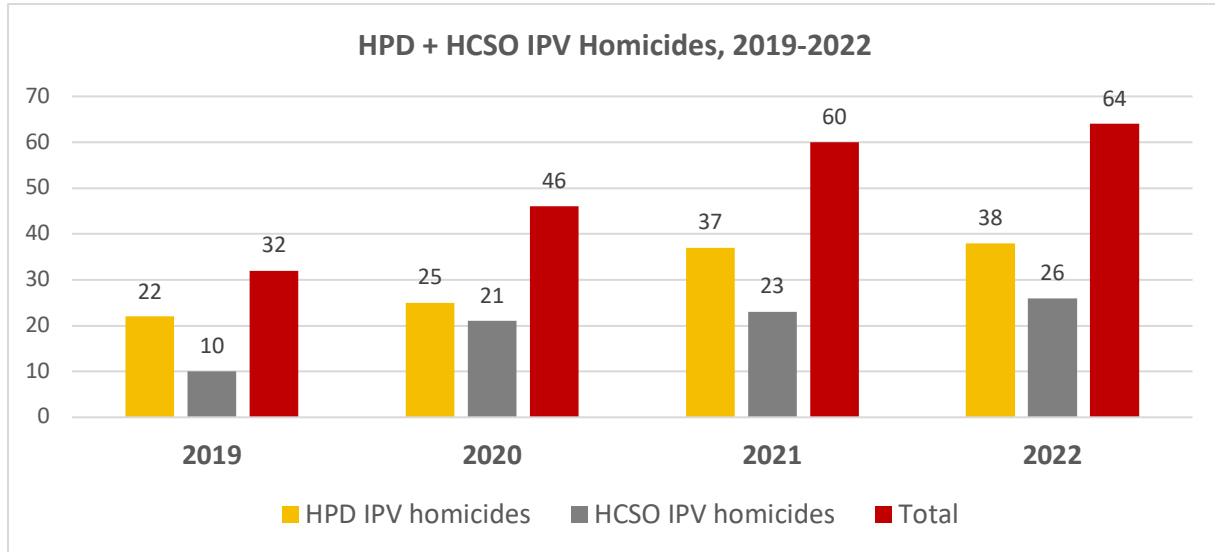


Figure S-3. Sources: Data provided by HPD and HCSO, analyzed and combined by UH-IRWGS.

Homicides identifiable as IPV within the two largest regional police departments increased in both, with the rate of increase higher in the unincorporated regions of Harris County served by the Harris County Sheriff’s Office (160% increase) than in HPD’s jurisdiction (73% increase), though the HPD numbers of deaths are higher. This chart does not include IPV homicides that occurred in other incorporated cities and towns in Harris County or in neighboring counties.

In the Covid context, both IPV and non-IPV FV (rose across the board (see Fig. S-4). While HPD **homicides overall increased by 68%** between 2019 and 2021, **HPD FV homicides overall increased by 84%** over that period: 2019-**44** (22 IPV/22 non-IPV), 2020-**60** (25/35), 2021-**81** (37/44). In **2022, both overall and FV homicides fell**, but **IPV homicides continued to rise (from 37 to 38)**—making up **46%** of identified HPD FV homicides in **2021** and **58%** in **2022**. All perpetrator suicides for whom sex was stated were men.

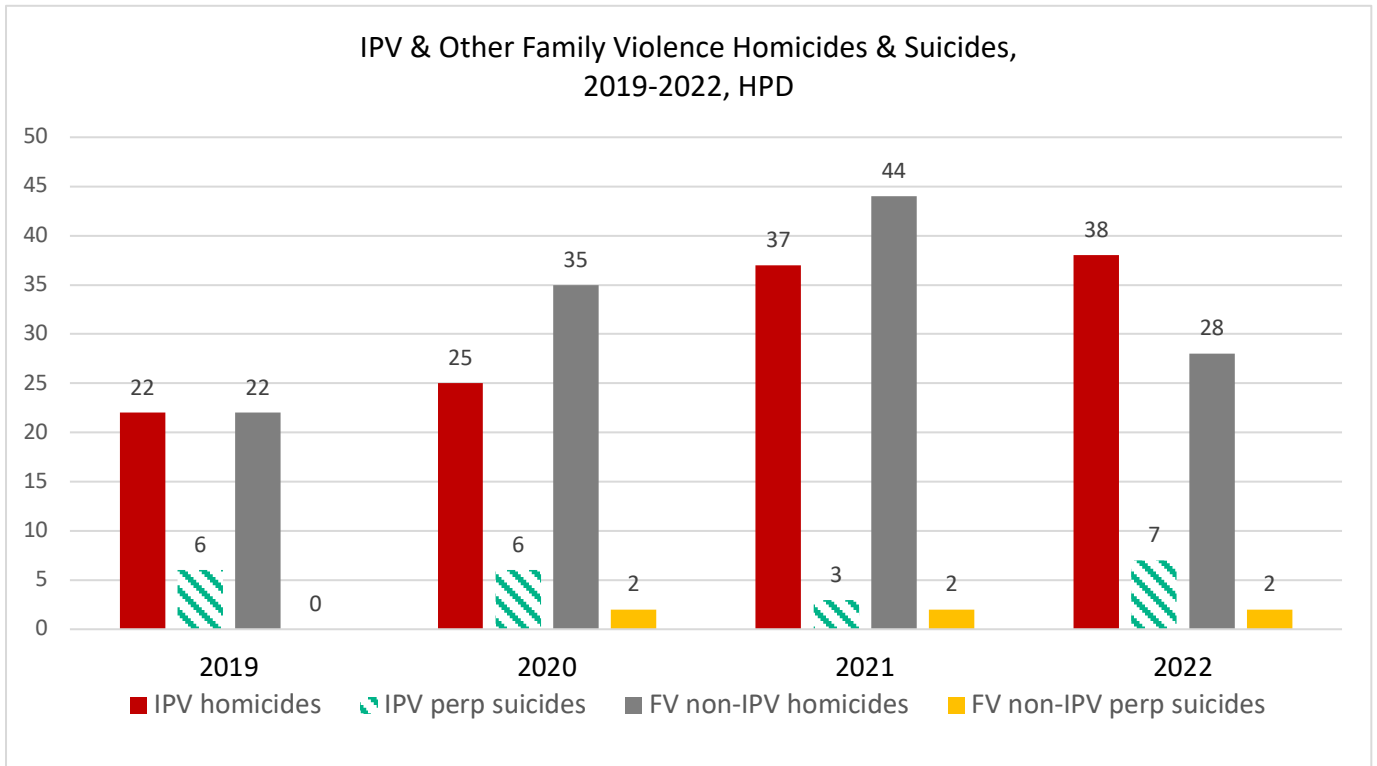


Figure S-4. Source: Data provided by HPD, analyzed by UH-IRWGS.

The gender and race/ethnicity analysis of IPV homicide victims in Figure S-5 shows a 129% greater incidence of female over male victims, and a disproportionate presence of Black women victims, similar to what Crenshaw described (see discussion in report). Black women made up 52% of female IPV homicide victims though they comprise only 20% of Harris County women.

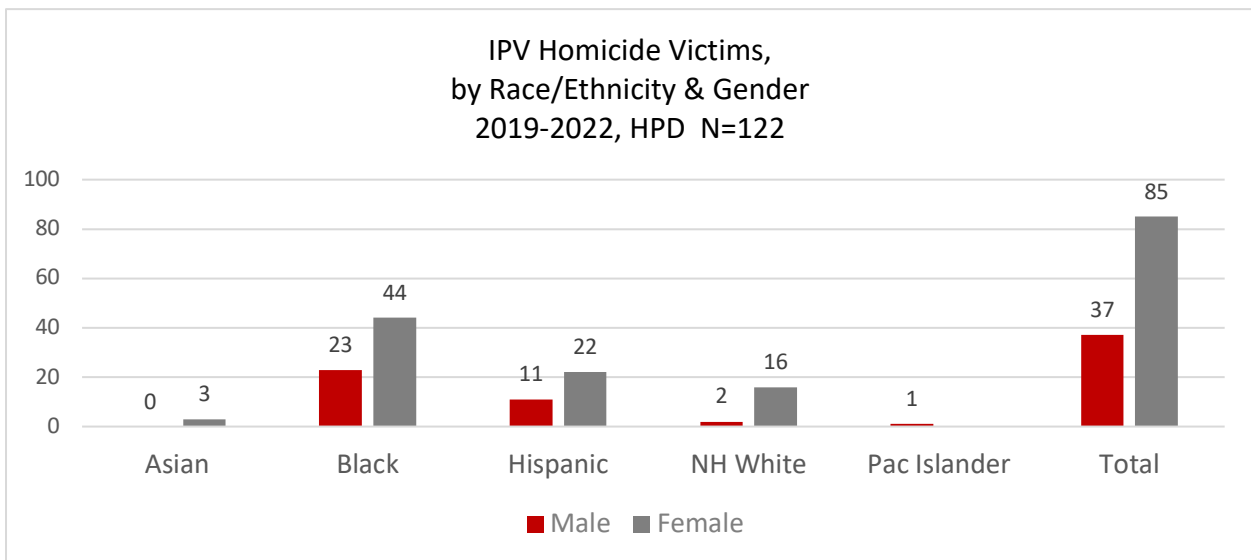


Figure S-5. Source: Data provided by HPD, analyzed by UH-IRWGS.



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The data on IPV homicides where the sex of the perpetrator is identified (N=105) suggests that 7 occurred within same sex relationships—3 female, and 4 male.

While women are the majority of IPV homicide victims, men were the majority of victims of other forms of FV, among Blacks, Hispanics, and non-Hispanic Whites (Figure S-6), and the majority of victims of FV overall. Of the total 251 FV victims identified from 2019 to 2022 by HPD, 119 were female and 132 were male. While the numbers indicate that women suffer disproportionately as victims of IPV, men also face high levels of FV here, often from other male family members. (Of the 218 FV homicides in which the sex of the perpetrators was stated, 15% were female, 85% male).

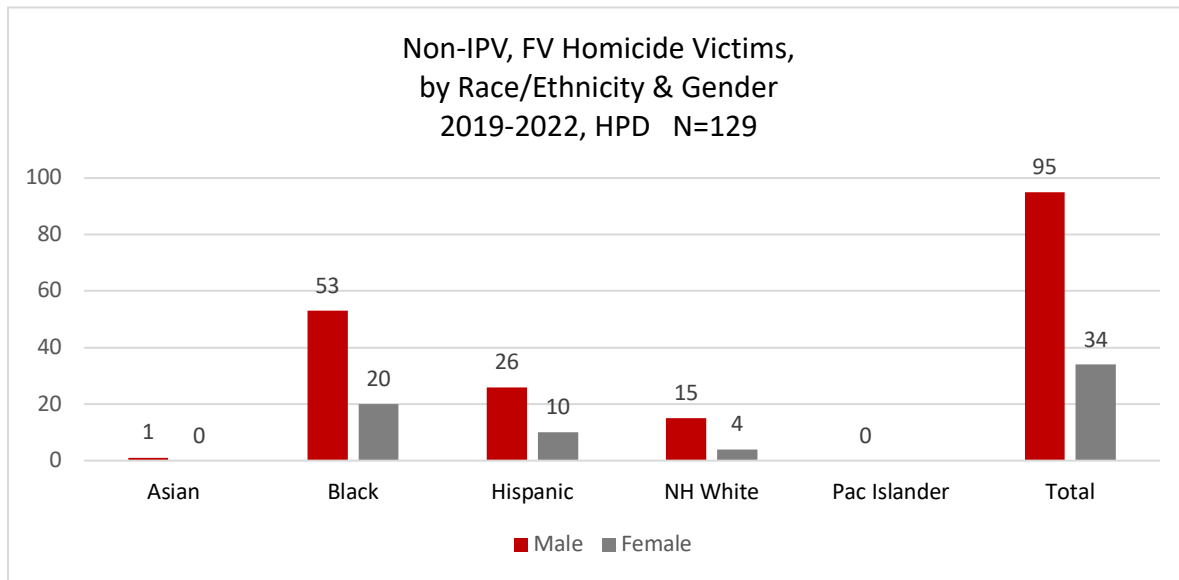


Figure S-6. Source: Data provided by HPD, analyzed by UH-IRWGS.

Figure S-7 breaks out the HPD data by weapon/injury. Guns accounted for 73% (89 out of 122) of identified IPV deaths over 2019-2022.

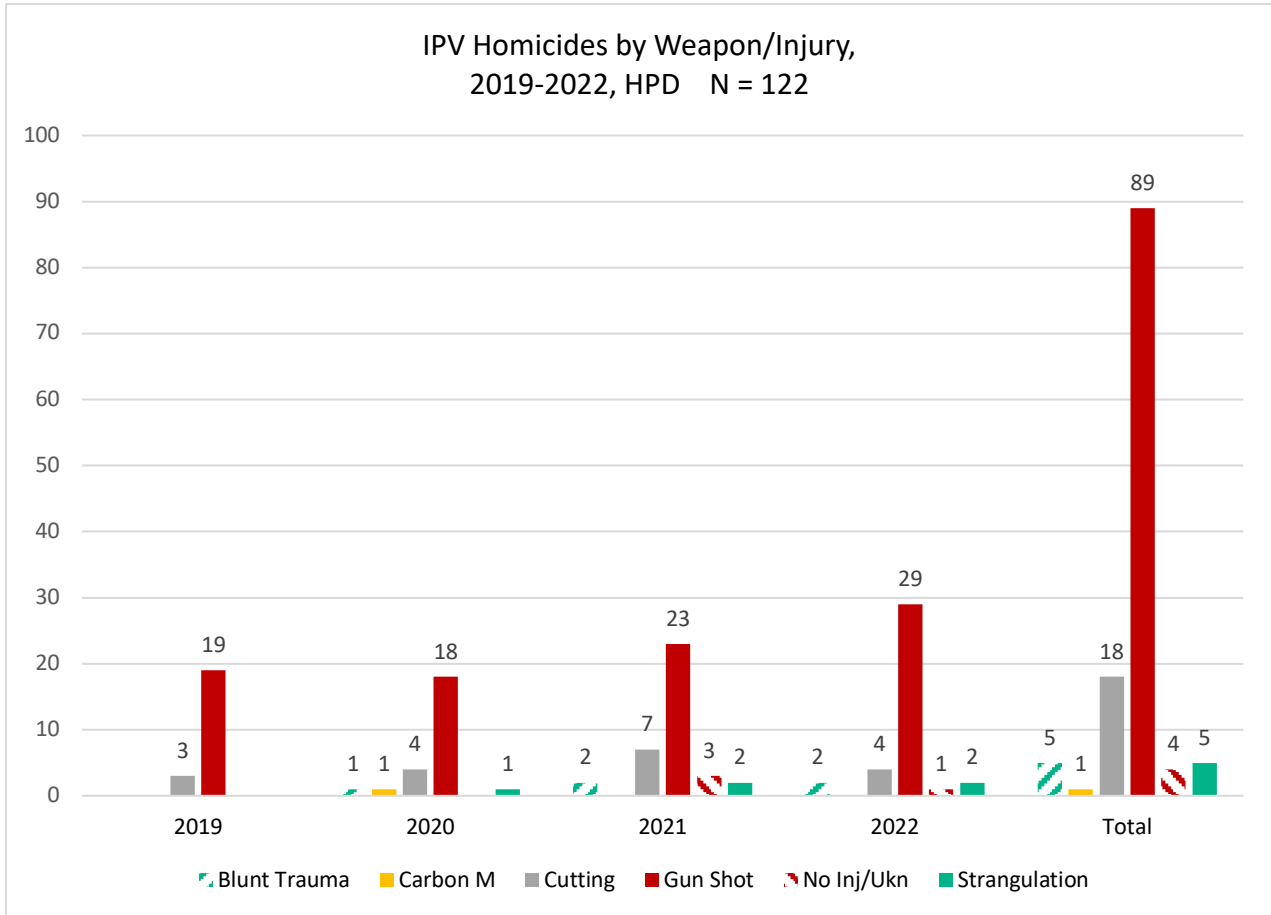


Figure S-7. Source: Data provided by HPD, analyzed by UH-IRWGS.

Permit-less carry went into effect in Texas in September 2021 and not coincidentally between 2020 and 2022 the number of IPV homicides committed with a gun in HPD data increased by 61% (from 18 to 29), while the overall number of IPV homicides increased by 52% (from 25 to 38). While other factors may play in, the easy availability of guns puts many women at risk for homicide, as well as for terroristic threats of homicide within IPV situations.

FV overall saw a rise in gun homicides starting in 2020 (see Figure S-8), and notably, while the number of FV homicides fell in 2022 along with overall homicides, the number of FV deaths by gunshot actually rose in 2022 (from 48 to 49). The FV declines were in the numbers of deaths by other means.

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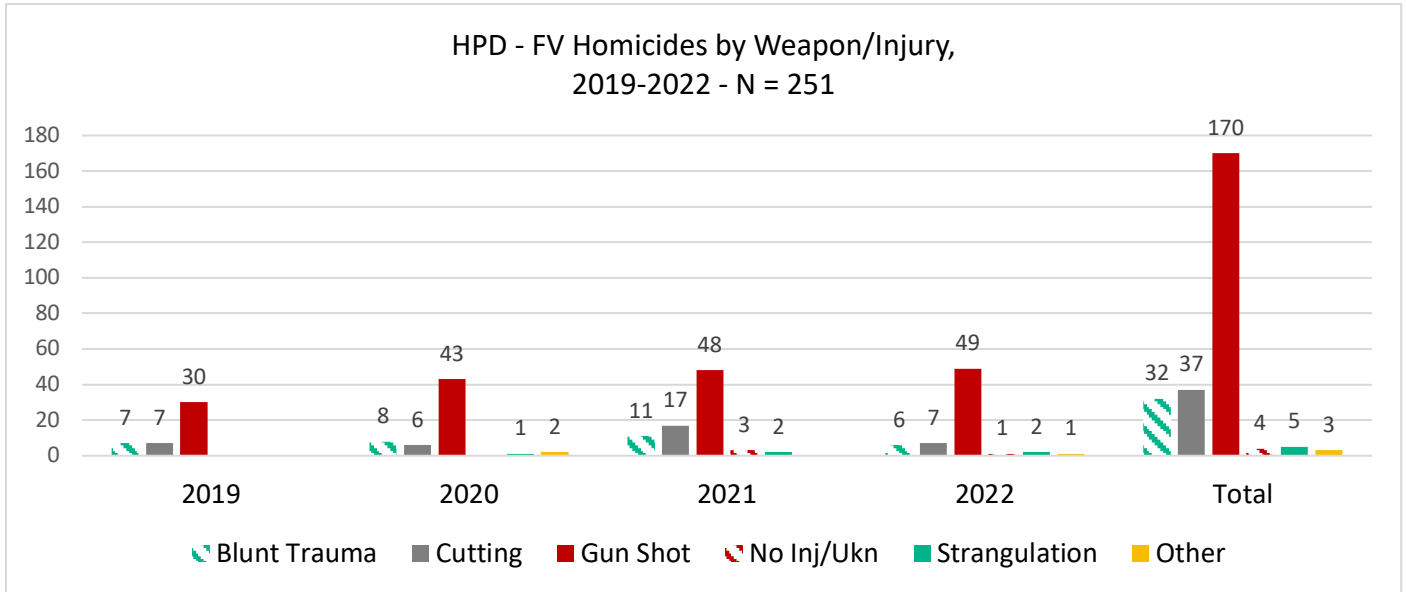


Figure S-8. Data provided by HPD, analyzed by UH-IRWGS.

Homicides are the tip of the DV iceberg – but their sharp increase over the past three years points to the underlying stresses and high rates of abuse in the community, as well as the effects of loosened-access gun laws. Overall DV calls for service have fallen since 2020 in both HPD and HCSO, but numbers remain high: HPD received between **25,000 to 27,000 calls for service** around DV for 2019-2021. This data is not sortable by IPV, so we don’t know if there is an effect similar to that in the homicide data differentiating IPV and non-IPV outcomes. We have not received complete 2022 data, but it looks on track to decline to roughly 24,000 in 2022. The high numbers in this realm also indicate big problems in the Houston region. And, again, many people dealing with DV and IPV see no likelihood that things will improve if they call, and so do not.

Community efforts to lower rates of domestic violence here will require multiple levels of action. Expanded outreach to inform survivors about, and provide them with, available aid is a first step. But to make real change that step must be followed up by expanded resources that go much beyond what is currently available in the way of housing, employment and family support infrastructure (childcare, trauma therapy, etc.) for middle- and lower-income Houstonians. And all Houstonians need protection from gun violence by reasonable gun-access laws. Such expansions of service will assist survivors and their children, as well as the wider community of which they are a part.

The regional DV data shared here is a beginning of a larger DV data aggregation project. Future reports will further document the extent of need here, to inform response to both the violence in our community and its causes.

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### Thanks:

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To all members of the HCDVCC DV Steering Committee for sharing their knowledge and perspectives and for their tireless work to help survivors and to end gender-based violence.

To all those at HCSO and HPD, HAWC, the Bridge over Troubled Waters, HCDVCC, and DAYA, who assisted with accessing the data cited herein.

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HAWC, Client Race/Ethnicity data, 2021-2022.

HCDVCC, Housing Queue Placement summary data, 2021-2022, and Death Review summary.

HCSO, IPV Homicide data and FV Calls for Service, 2019-2022.

HPD, FV Homicide data and FV Calls for Service, 2019-2022

UH-IRGWS, Individual confidential qualitative interviews with 16 DV service provider leaders, and two group follow-up discussions.

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