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The Harris County Health and Relationship Study

BRIEF REPORT

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Contents

Project Overview

The COVID-19 (Coronavirus) pandemic brought unprecedented challenges globally, nationally, and state-wide, with especially deep impacts in Harris County to the safety, stability and wellness of residents. With over 350,201 cases and 3,292 deaths as of March 1st 2021, Harris County was among the hardest hit Texas counties (Harris County, 2021). COVID-19 deaths in Harris County have disproportionally impacted Hispanic and Black communities, which mirrors patterns throughout the U.S. Across the country, there have been higher hospitalization rates, higher death rates, and lower vaccination rates for communities of color (Riley & Menash; Parks, 2021). Additionally, from the onset of the COVID-19 pandemic, there has been a greater economic toll on Black and Hispanic communities throughout the nation, including in Harris County (Olin, 2020). Along with staggering economic impacts, the COVID-19 pandemic has contributed to an increase of interpersonal violence, domestic violence (DV), child maltreatment, and sexual assault. Domestic violence, already a cause of community health disparities, disproportionally impacts vulnerable communities and creates economic and health challenges across the lifespan. Early reports indicate that during the pandemic there were more DV-related calls to law enforcement (Boserup, 2020; Picquero et al., 2020), increased DV-related calls to hotlines (Freidman, 2020; National Domestic Violence Hotline, 2020), and more severe DV, sexual assault, and child maltreatment cases. Other research has shown an increase in domestic violence occurrences in residential settings but fewer arrests. This disparity highlights the increased need for a diverse set of resources being available to help victims coping with and trying to leave dangerous residential settings during stay-at-home orders (McLay, 2020). Further, staff at DV-focused agencies report decreases in survivor safety and increases in violent acts associated with increased lethality, such as job loss, use of firearms, and isolation (Wood et al., 2020). Indeed, Texas Uniform Crime Report data from the first 6 months of the pandemic shows a 41% increase in firearms present when police responded to DV-related calls from the previous 6 months (Texas Department of Public Safety, 2020). Given the strong relationship between DV, housing and economic instability, mental health impacts, and substance misuse, the COVID-19 pandemic has been a perfect storm of risk factors for intensified DV impacts for Harris County residents. While we have early indicators from police reports and DV-focused staff on the impacts of COVID-19 on the safety, stability, and wellness of Harris County residents, we have not heard directly from those most impacted – DV survivors, DV offenders (partners using violence), and those at high-risk for DV victimization and offending. In Fall 2020, The Center for Violence Prevention (CVP) at the University of Texas Medical Branch (UTMB) partnered with the Harris County Domestic Violence Coordinating Council (HCDVCC) to examine the experiences of Harris County residents impacted by DV.

The goals of the **Harris County Health and Relationship Study** (HCHR) were to 1) understand the impact of COVID-19 on DV and other types of harm and 2) assess needs and service experiences to enhance Harris County community service responses to DV to improve community recovery, safety, and wellness. Surveys were conducted with 446 Harris County residents and follow-up interviews were done with 48 survey participants. Results provide critical information about addressing the needs and experiences of people impacted by DV during the COVID-19 pandemic.

Project Focus

The project focused on Harris County residents, 18 or older, who had experienced or perpetrated DV in the past 12 months or were considered at-risk for DV victimization or offending.[1] The UTMB CVP study team collaboratively developed survey and interview tools with HCDVCC (see measures chart in appendices). UTMB and HCDVCC partnered with Harris County agencies serving DV survivors and partners using violence, medical practices, and social services agencies providing economic, housing, mental health, and substance misuse treatment to promote the study with potential eligible participants. The study was advertised in print and electronic forms as the "Harris County Health and Relationship Study." The HCHR study assessed topics such as housing, economics, domestic violence and sexual assault experiences, safety strategies used, and formal and informal support needs. We measured six forms of domestic violence, including 1) physical DV (e.g., hitting, punching, beating up); 2) sexual DV (e.g., forced sex by intimate partner); 3) psychological DV (e.g., threats, name calling, controlling behavior); 4) economic DV (e.g., preventing work); 5) reproductive coercion (e.g., refusing condom use) and 6) forced labor by a partner. Participants were asked about experiences during their lifetime, during the past year, and during the COVID-19 pandemic.[2] The survey was offered in an online format via the Qualtrics survey program and took on average 35-40 minutes to complete. Initial questions assessed eligibility; participants who met criteria were invited to complete the full survey. The survey was confidential and all questions past the eligibility assessment were voluntary. A $50 gift card was provided within 7 days for participants with a valid email who completed the full survey. The survey could only be taken once. At the end of the survey, participants were asked to provide contact information if they were willing to participate in further surveys or follow-up interviews. The follow up interview protocol involved open-ended questions and took on average 30-60 minutes. An additional $50 gift card was provided within 7 days to participants who completed the interview. The survey and interviews were offered in English and Spanish.

Study Promotion

All study protocols were reviewed and approved by the UTMB Institutional Review Board (IRB). The survey and interview tools included questions about demographics, experiences with DV and sexual assault in the last 12 months, finances, health and mental health, social support, experiences with COVID-19, housing, needs, relationships, and substance misuse. Established, valid, and reliable measures used in similar studies were used to assess domestic violence, health and mental health, and other study focuses. The survey was promoted through over 20 Harris County non-profits including DV-focused agencies, Batterer Intervention and Prevention Programs (BIPPs), maternal health care clinics, and general social service agencies. Study materials were distributed to potential participants through community partners via email, print, and social media. Promotion and recruitment materials included a study overview, confidentiality information, study team contacts, and a survey link. The UTMB CVP team provided community partners with project overviews, promotional messages with imbedded survey links to share, and held zoom meetings to discuss the project. HCDVCC did outreach to community partners for study input, recruitment of sites, and assessment of community data needs. The survey was

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[1] Participants were asked eligibility questions to determine if they met study criteria. Eligibility questions included whether they were 18 or older, a Harris County residence, past year romantic relationship, and four questions assessing behavior that may meet criteria for domestic violence victimization and/or offending, (e.g., *In the last 12 months, not including horseplay or joking around, I threatened to hurt a current or former romantic partner.* And, *In the last 12 months, not including horseplay or joking around, a romantic partner threatened to hurt me and I thought I might really get hurt.)*

[2] Participants were provided the reference date of March 13th, 2020, the day a state of emergency was established in Texas, to mark the beginning of the COVID-19 pandemic.

fielded from December 4th to January 26th and interviews were conducted from December 11th through February 8th. [3] Participants could take the survey on their computer, tablet, or smart phone. Potential interviewees, who had indicated interest on their survey, were contacted by UTMB staff to determine if they were interested in doing an interview. The UTMB CVP team worked to recruit interview participants from a variety of survey referral sources. Interviews were conducted between December 14th 2020 and February 12th 2021 via phone or zoom and recorded with participant permission.

Confidentiality and Safety

Safety protocols were implemented that aligned with standard human subjects' protections and the World Health Organization (WHO) guidance on domestic violence and COVID-19 (WHO, 2020). The study was advertised as a relationship survey rather than a domestic violence survey to reduce safety risks from being seen taking a "domestic violence" survey. A consent form outlined the study, include confidentiality protections, potential risks, and benefits. Major exceptions to confidentiality included child abuse and neglect and elderly abuse disclosure. Community resources were provided in the consent form and at the end of the study. Completed surveys were monitored for signs of distress or child abuse, neglect, or threat outcries. Participants were encouraged to take the survey alone, apart from others in their house. Participants could start and stop the survey at their own discretion and had two weeks to complete the survey. All questions were voluntary, and participants could skip survey or interview questions without penalty. Participants for interviews were asked to share safe and preferred contact methods. All interviews were conducted by UTMB CVP team members trained in trauma-informed interview techniques and experience working with both DV survivors and partners using violence. UTMB CVP team members also referred to the study as the Harris County Health and Relationship study when reaching out to potential interviewees as a further safety precaution. A Gulf Coast region resource sheet was given to interview participants upon request as needs arose in the context of the interview. There was no evidence that data collection for this protect comprised participant safety and/or caused distress. Several participants expressed benefits from participating.

Data analysis

A total of 446 surveys were administered and 48 interviews conducted. Survey and interview data were analyzed by UTMB CVP researchers and reviewed with HCDVCC. Statistical analysis included descriptive, bivariate, and multivariate analysis. Interviews were transcribed and analyzed using thematic analysis methods (Braun & Clarke, 2006) to understand participant experiences during the COVID-19 pandemic in Harris County and resultant needs. Consultants with expertise in criminal justice and DV, partner violence, and substance misuse, contributed to study design and analysis.

[3] The survey was open from January 4th to 26th by invitation to agencies where recruitment targets had not yet been met.

HCHR Findings

Table 1: HCHR Survey Referral Source and Commissioner Precinct Residence

	Total Sample n = 446	
	n	**%**
Referral Source		
DV Agency	244	54.7
Community/Social Media	120	26.9
Social Service/Medical/Criminal Justice Agency	66	14.8
Batterer Intervention/Probation Program	16	3.6
County Commissioner Precinct		
Outside of Precincts	5	1.1
Precinct 1	115	25.8
Precinct 2	96	21.5
Precinct 3	63	14.1
Precinct 4	67	15.0
More than one Precinct	100	22.4

Demographic Information about HCHR Participants

All participants who took the HCHR survey had either experienced past 12-month DV, perpetrated behaviors meeting criteria for DV, or were considered highly at-risk for experiencing DV based on eligibility questions[1]. Over half (54.7%) of participants were recruited from agencies working with people who had experienced DV and 26.9% were referred through social media or word of mouth (e.g., Next Door, family, or friends). All Harris County Commissioner Precincts were well represented in the sample. Precinct 1 had the most participants (25.3%) and Precinct 3 the least (14.1%) though 22.4% of participants lived in a zip code captured by more than one precinct. A strong majority of participants in the survey were female-identified (77.8%), racially and ethnically diverse (43.3% Hispanic/Latina/o; 33.2% Black) and largely identified as heterosexual (78.3%). Notably, 30.3% of participants were emerging adults. See table two for more about the survey sample demographics.

Table 2: HCHR Survey Participant Demographics

	Total Sample = 446	
	n	**%**
Gender		
Female	347	77.8
Male	85	19.1
Transgender	6	1.3
Non-binary	6	1.3
Other	2	0.4
Ethnicity		
White/Anglo American	206	46.2
African American/Black	148	33.2
Other Race	46	10.3
Asian American/Pacific Islander	19	4.3
Native American/American Indian/Indigenous	15	3.4
Middle Eastern	6	1.3
African	5	1.1
Hispanic		
Yes	193	43.3
No	244	54.7
Unknown	9	2.0
Sexual Orientation		
Heterosexual/Straight	349	78.3
Bisexual/pansexual/queer	45	10.1
Questioning/None	42	9.4
Lesbian/Gay	24	5.4
Age		
18-25	135	30.3
26-35	173	38.8
36-45	87	19.5
46 and Over	51	11.5
Relationship Status		
Single	147	33.0
Dating/Hooking Up	116	26.0
Married/Partnered	108	24.2
Co-Parenting/ Divorced/Separated	24	5.4

Forty-eight people were recruited for a follow-up interview, including 27 people who had used domestic violence related services. See table 3 for more about interview participants.

Table 3: Interview Participant Demographics

	Interview Sample n = 48	
	n	**%**
Gender		
Female	42	87.5
Male	3	6.3
Additional Gender	3	6.3
Race/ethnicity		
Hispanic/Latinx	20	35.4
Black (non-Hispanic)	15	31.3
White	10	20.8
Multiracial	3	6.3
Interview Language		
English	44	91.7
Spanish	4	8.3
Currently in Domestic Violence or Sexual Assault Services?		
Yes	27	56.3
No	21	43.8
Age		
Range: 19 to 67		
Mean = 37.4		
Median = 34.5		
SD = 12.6		

Housing and Economics

The majority (67%) of the 446 HCHR survey participants had incomes under $1000 a month. Over 41% were unemployed and seeking work. The most frequent current housing situation was apartment or house (53.6%), followed by staying with a family member (25.1%). Just over half had consistent access to reliable transportation (52.2%). See table 4 for more information.

Table 4: Housing and Economics

	Total Sample n = 446	
	n	**%**
Current Monthly Income		
Less than $500	160	36.0
$501-$100	138	31.1
$1001-$2000	72	16.2
$2001-$3000	34	7.7
$3001-$4000	21	4.7
$4001-$5000	8	1.8
$5001 or more	11	2.5
Current Employment		
Unemployed, looking	184	41.7
Full Time/ 40 hours	105	23.8
Part Time/ Seasonally	99	22.4
Unemployed, not looking	53	12.0
Current Housing		
Own/ Rent by myself or with partner	239	53.6
Staying/living with a family member	112	25.1
Domestic violence emergency shelter	36	8.1
Domestic violence housing program (TH/PSH)	30	6.7
Home/apartment/condo using a time-limited housing voucher	16	3.6
Other+	13	2.8
Education		
High school graduate or GED	165	37.0
Some college/vocational training/ Assoc.	135	30.3
8th grade or less/Some HS	81	18.2
Bachelor's degree	51	11.4
Advanced degree (Masters, PhD, JD, etc.)	14	3.1
Currently have reliable transportation		
Yes	222	52.2
Sometimes	102	24.0
No	101	23.8
Lifetime homelessness		
Never	113	25.3
Once	133	29.8
2-3 times	133	29.8
4-6 times	45	10.1
More than 6 times	22	4.9

Other includes the categories, Other emergency shelter or transitional housing; Substance abuse treatment facility or detox center; Hotel/motel paid for without emergency shelter voucher; Outside/Abandoned building or structure; and Other.

Current Health and Mental Health Issues

Depression was a significant issue for HCHR survey participants—51.6% reported symptoms indicating probable moderate to severe depression. Critically, nearly 64% of the sample indicated symptoms aligned with probable post-traumatic stress disorder (PTSD). Just over 21% indicated past 6-month suicidal thoughts, and 3.4% had attempted suicide in the past 6 months. More than 40% of the sample indicated probable traumatic brain injury (TBI) and the source of head injury for 76% of these participants was an intimate partner. The average social support score for participants was 2.5, indicating fair to good levels of support. See table 5 for more information.

Table 5: Health and Mental Health

	Total Sample = 446	
	n	**%**
Current Health Status		
Excellent/Very Good	128	28.9
Good	156	35.2
Fair	124	28.0
Poor	35	7.9
Positive Traumatic Brain Injury Screen	182	40.8
Depression		
None	88	20.9
Mild	116	27.5
Moderate/Moderate Severe	168	39.8
Severe	50	11.8
PTSD		
Probable PTSD	265	63.7
No	151	36.3
Suicidal thoughts in the last 6 months		
No	332	78.5
Yes	91	21.5
Suicide attempts		
I have never attempted suicide	322	72.7
I have attempted suicide, but it was more than 6 months ago	106	23.9
I have attempted suicide in the past 6 months	15	3.4
Adverse Childhood Experience (ACE) Score		
Mean: 6.6		
Social Support Index +		
n = 423		
Mean: 2.57		
Range: 1 to 4		

+ The social support index is calculated as the mean of a 6-question inventory with a scale from 1) none of the time, 2) a little of the time, 3) some of the time, 4) all of the time.

As an extension of understanding current health and wellness of Harris County residents, we asked questions to assess substance use and misuse. Over 35% of HCHR survey participants were at moderate to high risk for hazardous alcohol use, like pattern binge drinking. Participants using cannabis had the highest level of increase of all substance use reported on since COVID-19 began (44% reporting increases). See table 6 for more information on substance misuse and HCHR survey participants.

Table 6: Substance Use and Misuse

	Total Sample = 446	
	n	**%**
Hazardous alcohol use		
Low	283	64.2
Moderate	92	20.9
High	39	8.8
Severe	27	6.1
Frequency of use asked among those reporting any use		
Cannabis Use (n=122)		
Monthly use or more	81	18.2
Increased since COVID began	54	44.6
Sedative Use (n=36)		
Monthly use or more	22	5.1
Increased since COVID began	15	41.7
Synthetic Cannabis Use (n=27)		
Monthly use or more	14	3.2
Increased since COVID began	5	18.5
Cocaine Use (n=25)		
Monthly use or more	18	4.1
Increased use since COVID began	7	28.0

Domestic Violence and Sexual Assault Experiences and COVID-19

We assessed the impact of COVID-19 on experiences of domestic violence by examining 1) Past year experiences of DV 2) Past year severity of DV 3) Perceptions of the impact of COVID-19 on DV experiences. The HCHR survey measured six forms of domestic violence including 1) physical DV (e.g., hitting, punching, beating up); 2) sexual DV (e.g., forced sex by intimate partner); 3) psychological DV (e.g., threats, name calling, controlling behavior); 4) economic DV (e.g., preventing work); 5) reproductive coercion (e.g., refusing condom use) and 6) forced labor by a partner. Past 12-month experiences of DV ranged from 83.4% for psychological violence to 23.4% forced work by their intimate partner. Of those reporting physical DV, participants reported, on average, 16.37 incidents in the past year. A strong majority of participants (74.9%) were assaulted by male-identified partners. Most (71.8%) DV survivors experienced at least two or more types of DV in the past year, and 15% experienced all six types. The majority (51.7%) of participants who experienced physical DV reported an increase since the COVID-19 pandemic began and 6.5% reported that physical violence began during COVID-19. Over 23%

of participants reporting DV victimization were threatened with a gun by their intimate partner; and 11.8% had been threatened with a gun by an intimate partner since COVID-19 began.

Table 7: Domestic Violence

	Total Sample Size n = 446	
	n	**%**
Victimization in the last 12 months		
Psychological	362	83.4
Physical	295	68.6
Economic abuse	190	44.3
Reproductive coercion	132	30.9
Sexual	122	28.4
Forced work by partner	100	23.4
Perpetrator Gender		
Male	332	74.9
Female	103	23.3
Other +	8	1.7
Number of victimization types endorsed		
2 or more types endorsed	303	71.8
3 or more types endorsed	203	48.1
4 or more types endorsed	140	33.2
5 or more types endorsed	94	22.3
6 or more types endorsed	62	15.1
Current relationship status		
Single	147	33.0
Dating/Hooking Up	116	26.0
Married/Partnered	108	24.2
Co-Parenting/ Divorced/Separated	24	5.4
Risk factors		
Current/former abusive partner is alcoholic or problem drinker	131	33.0
Current/former abusive partner has access to a gun	122	28.8
Current/former abusive partner is a drug user	120	28.2
Have protective order against abusive partner	68	15.9
Since the COVID-19 pandemic began, these experiences have…		
Happened more often	152	51.7
Happened about the same	66	22.4
Happened less often	57	19.4
Did not experience these things before COVID-19 began	19	6.5

+ Other includes, transgender, non-binary, third-gender, and "prefer to self-describe as".

Table 8: Domestic Violence Victimization Frequency

	Frequency of incidents in the last 12 months				
	n	**Mean**	**SD**	**Range**	**Median**
Psychological	357	13.10	11.73	1 to 40	9
Physical	287	16.37	17.94	1 to 80	8
Economic abuse	189	10.67	10.98	1 to 40	5
Reproductive coercion	132	7.98	7.51	1 to 20	4
Sexual	122	5.89	5.88	1 to 20	5
Forced work by partner	100	7.32	7.36	1 to 20	4

Sexual Assault

We also asked HCHR survey participants about sexual assault experiences, including unwanted sexual touching and forced penetration. In the previous 12 months, 16.6% of participants had experienced unwanted, coerced, or forced vaginal, oral, or anal penetration and 11.9% reported unwanted sexual touching or grabbing. The majority of participants reporting sexual violence were assaulted by males (79%) and 68.7% were assaulted by a current/former intimate partner.

Table 9: Sexual Assault

	Past 12 months			Since COVID-19*	
	n	**%**		**n**	**%**
Sexual Assault Experiences					
Used physical force to have vaginal, anal, or oral sex	37	8.3		28	75.7
Fondled or grabbed	53	11.9		39	75.0
Condom refusal	42	9.4		37	74.0
Made a person have sex when drunk/high/passed out	31	7.0		31	73.8
Pressured into having vaginal, oral, or anal sex	51	11.4		19	67.9
Relationship to perpetrator					
Former romantic partner	46	47.9			
Current romantic partner	20	20.8			
Friend	10	10.4			
Acquaintance	10	10.4			
Stranger	8	8.3			
Family member	2	2.1			
Gender of perpetrator					
Male	79	79.0			
Female	18	18.0			
Other	3	3.0			

**Percentage based on past year sexual assaults.*

Interview themes related to domestic violence and sexual assault experiences during COVID-19 included:

- **COVID-19-related stress increased severity and frequency of domestic violence.** Interview participants repeatedly described the ways the pandemic and related stress increased domestic violence. For many participants, the extended exposure to intimate partners from stay-at-home orders, job loss, and health concerns increased the severity and frequency of violence. One participant shared their experience:

  > It definitely escalated... I've been through it to the point where I was choked 'til I passed out. You know, I had migraines from being punched in the head. I've had numerous hospital visits, with my pregnancy being induced because of the abuse. I shouldn't take myself or my kids through that.

- **Economic situations kept people in violent relationships with few options.** The lack of childcare and available jobs kept many interview participants dependent on an abusive partner for shelter and food. Without a way to work, and with reduced public services available, many had to stay or return to violent partners. One interview participant described their experience:

  > It's been awful, lemme tell you. It's like one thing on top of another, and then you find yourself having to go back to the person that you don't want to be with. You know what I'm saying? Especially if you don't have money. It's not good.

  Another participant explained how the pandemic impacted their safety.

  > There has been abuse in that relationship for a few years now, but because he wasn't able to work due to the pandemic, it got a lot worse since he was always at home. That's all he wanted to do was be physically abusive, emotionally abusive, mentally abusive, verbally. It was a toll with him before the pandemic, but it really took more of a toll once he was at home constantly

- **The pandemic was a breaking and break out point for survivors.** For some interview participants, the increased violence and relationship stress brought from the pandemic provided an opportunity to seek new avenues of support to leave the relationship. Several participants shared they sought support after violence increased during COVID-19, as indicated by this interview participant:

  > It was also the breaking point for me to say like, 'We have to get out of this situation.' It's when I broke from our abuser and I moved into a domestic violence shelter. I stayed there through quarantine. I still have not gone back to work, so for us, it really affected my financial situation. I already wasn't the breadwinner in the family anyways.

  Another participant explained,

  > Actually, this pandemic—I know it's not—for a lot of people, it's not the best thing that could've happened, but for me, this is the best thing that could've happened because it actually gave me an opportunity to get away from a situation that I was in that I no longer wanted to be in.

Table 10: Safety Strategies

	Yes, since COVID-19 began			Yes, in the last 12 months but before COVID-19			Yes, have used this strategy but not in the last 12 months	
	n	**%**		**n**	**%**		**n**	**%**
Safety strategies for those who endorsed any of the 6 victimization scales (n=382)								
Leave home	170	44.5		67	17.5		66	17.3
Stay in another room	167	43.7		72	18.8		62	16.2
Use social media to connect	158	41.4		62	16.2		63	16.5
Do things to keep the peace	155	40.6		72	18.8		59	15.4
Isolate yourself from friends/family	131	34.3		72	18.8		57	14.9
Encourage partner to use counseling	129	33.8		67	17.5		50	13.1
Change social media accounts	116	30.4		66	17.3		45	11.8
Ask friends and family to help	105	27.5		48	12.6		50	13.1
Ask friends/family to talk to partner	90	23.6		55	14.4		43	11.3
Safety apps	76	19.9		38	9.9		32	8.4
Remove substances from the house	70	18.3		46	12.0		44	11.5
Call law enforcement	68	17.8		40	10.5		59	15.4
Support from church group	60	15.7		46	12.0		45	11.8
Use a hotline	59	15.4		38	9.9		34	8.9
Use public locations for custody	48	12.6		34	8.9		24	6.3
Safety Strategies for those who experienced physical violence perpetration (n=319)								
Leave home	148	46.5		60	18.9		58	18.2
Stay in another room	136	44.3		65	21.2		59	19.2
Use social media to connect	137	43.4		55	17.4		51	16.1
Do things to keep the peace	136	42.8		66	20.8		57	17.9
Encourage partner to use counseling	116	36.9		56	17.8		47	15.0
Isolate yourself from friends/family	115	36.5		63	20.0		58	18.4
Change social media accounts	103	32.6		62	19.6		45	14.2
Ask friends and family to help	97	30.6		45	14.2		48	15.1
Ask friends/family to talk to partner	83	26.3		50	15.8		40	12.7
Use public locations for custody	49	23.3		33	15.7		21	10.0
Safety apps	72	22.9		36	11.4		30	9.5
Remove substances from the house	67	21.2		45	14.2		40	12.7
Call law enforcement	64	20.4		39	12.4		56	17.8
Use a hotline	55	17.5		35	11.1		38	12.1
Support from church group	55	17.4		44	13.9		41	13.0

Services and Needs Related to Relationship Experiences

We asked survey participants what types of services and supports they utilized because of experiences in their relationship. Participants reported accessing friends (33.5%), family (31.2%), and domestic violence or sexual assault (16.6) agencies most often for experiences related to their relationship. See table 11.

Table 11: Needs Because of Relationship

Did you get help from or have you been involved with any of the following as result of things happening in your primary romantic relationship in the last 12 months?										
	Yes, since COVID-19 began			Yes, in the last 12 months but before COVID-19			Tried to use these services in the last 12 months but was not able to access		I did not try to use these services	
	n	%		n	%		n	%	n	%
Friend	138	33.5		61	14.8		80	19.4	133	32.3
Family	130	31.2		58	13.9		66	15.8	163	39.1
Social worker	70	17.1		36	8.8		43	10.5	260	63.6
DV/SA agency	69	16.6		32	7.7		31	7.5	283	68.2
Law enforcement	68	16.2		42	10.0		79	18.9	230	54.9
Doctor or nurse	52	12.6		41	9.9		66	16.0	254	61.5
Other romantic partner	48	11.7		32	7.8		47	11.5	283	69.0
Hotline	48	11.6		39	9.4		25	6.1	301	72.9
CPS	21	5.1		22	5.4		25	6.1	342	83.4
Other	15	4.4		21	6.1		18	5.2	289	84.3

When you spoke to the following, how helpful was it to you?										
	Helpful			A little helpful			A little unhelpful		Unhelpful	
	n	%		n	%		n	%	n	%
Social worker	85	58.2		39	26.7		12	8.2	10	6.8
DV/SA agency	75	57.3		31	23.7		11	8.4	14	10.7
Family	140	56.7		63	25.5		19	7.7	25	10.1
Friend	154	55.4		96	34.5		17	6.1	11	4.0
Hotline	52	46.8		33	29.7		13	11.7	13	11.7
Doctor or nurse	68	43.9		54	34.8		18	11.6	15	9.7
Law enforcement	63	34.1		53	28.6		31	16.8	38	20.5
Other romantic partner	40	31.7		37	29.4		16	12.7	33	26.2
Other	13	31.7		13	31.7		8	19.5	7	17.1
CPS	18	27.3		25	37.9		5	7.6	18	27.3

The Impact of COVID-19

Children and Family

Over 61% of HCHR participants had children, 5.6% were currently pregnant, and of those with children, 89% had minor children. Of those needing childcare, only 30.5% had regular access.

The main themes about the impact COVID-19 on children and parents from interview participants were:

- **Parents are gravely concerned with keeping their children safe.** Child safety and preserving parent health to care for children was the primary motivator of family decisions. Participants were concerned about keeping children safe from COVID-19 ***and*** abusive partners, staying healthy to care for their children, and the lack of school or social interaction for kids. One participant expressed the challenges of keeping her children safe from the pandemic.

  > The oldest, he understands. The baby not so much. It really doesn't matter to him. My oldest, yeah, he knows he can't go with certain people. I know he gets tired of stayin' in the house a lot or he wants to go outside and I'm like, "No, because ya'll like to touch stuff that people don't wash every day." They can only play in the house or on the balcony.

  Another participant talked about her concerns for their children's safety from her abusive partner during the pandemic.

  > Whenever I left him, I mean, he threatened to kill me. He threatened to kill the kids. He's threatened us with a gun before. He's a big guy and he flies off the handle. He's really angry that I took my power back and that I said like, "No more." He has never made it here where we live yet.

- **Without childcare, family support, or school, it is virtually impossible for parents to work**. Job opportunities for parents, especially those with young children, were severely limited without schools and childcare, as an interview participant described:

  > Then my kids not being able to go to school really affects me being able to work, being able to just—at this point, I'm a single parent, and I'm also dealing with domestic violence issues at the same time. Yeah. It was difficult financially, just as far as having support because there was no school. They couldn't go to daycare. It was just a lot goin' on.

- **Parents are under extreme stress with limited supports**. Parents interviewed reported experiencing stress related to having their children at home without additional support, especially in helping children with school. One interview participant shared

  > As far as the school, them bein' at home with the virtual learning, it is a mess, tryin' to work with them and doin' the online schoolin' with no help. It does not get accomplished quite well.

  This stress impacted parent mental health. Another parent added:

  > I'm more irritated, more irritable. I'm really aggravated, 'cause I didn't get a break before, but now it just makes it worse, because they're always in my face. They're always fighting. It just makes it hard

  Parents were frequently operating in isolation due to social distancing and COVID-19 concerns. Interviewees that had previously relied on friends and family for parenting support and childcare were unable to access those supports.

- **Parents concerned about children's mental health concerns.** Across interviews, parents expressed concern about the stress of the pandemic on child mental health, especially for adolescents. Parents observed behavioral issues, depressive symptoms, and suicidal ideation in their children – often attributed to the stress of online school, the lack of peer interaction, and the impact of trauma. Among HCHR participants, many had children who had witnessed

domestic violence, experienced family homelessness, and had existing mental health concerns, which were exacerbated by the pandemic. Parent interviewees reported little in the way of a safety net to support child mental health. One parent explained, "*he gets irritated. I mean he's only in first grade. He definitely needs the hands-on, especially because he has ADHD. It's really stressful*."

- **Domestic violence created safety problems for families.** Safety concerns included needing to rely on the partner using violence for childcare, trying to find safe childcare while hiding from a violent partner, finding affordable and safe housing in order to leave the relationship, and struggling to find a safe, public location for custody exchanges with schools and libraries closed. Participants struggled with abusive partners use of children to hurt the family. One interviewee cautioned: *"When you're dealing with an abuser, they'll go through anyone anyway anyhow to get to you. Anyway that they feel that they are trying to hurt you, they'll do it. Sometimes, unfortunately, it's the child that they'll use."*

Table 12: COVID-19 Impacts

	Pre-COVID			Post-COVID (current)	
	n	**%**		**n**	**%**
Employment					
Full Time/40 hours	242	54.3		105	23.8
Part Time/Seasonally	98	22.0		99	22.4
Unemployed not looking	38	8.6		53	12.0
Unemployed looking	68	15.2		184	41.7
Health					
Excellent/Very Good/Good	348	81.2		269	62.6
Fair/Poor	81	18.9		161	37.4
Tested for COVID					
Yes				234	52.6
No				195	43.8
Have been tested but don't have results				16	3.6
Tested positive for COVID					
No				388	87.0
Yes				40	9.0
Have been tested but don't have results				18	4.0
COVID Changes					
Increased Frustration/Boredom				334	77.0
Increase in Sleep Problems				324	73.6
Increased Time on Screens				321	73.0
Increase in Mental Health Symptoms				322	72.9
Increased Loneliness				306	70.2
Increased Family Contact				250	56.8
Increase in Difficulty Accessing MH treatment				181	41.2
Increased Drug/Alcohol Use				114	26.2
Experienced homelessness since COVID					
Yes				187	56.2
No				146	43.8

Impact of COVID-19 on Work and Housing

Along with consequences from DV, COVID-19 created substantial economic and health impacts for the HCHR study participants. There was 30.5% reduction in full time work for participants after the

pandemic began. Critically, 56% of HCHR survey participants experienced homelessness since the COVID-19 pandemic began-and 60% of study participants with minor children experienced homelessness during COVID-19. See table 12 for more information. Themes from interview participants related to housing and work included:

- **Job loss created a "cascade" of problems:** Follow-up interviews with participants expanded understanding of COVID-19 impacts. Virtually every person interviewed reported personal, familial job loss, or hours reductions. Job loss frequently led to a cascade of other impacts, as one interview participant described.

> I lost my job. I lost my apartment. I don't want to say I lost my apartment. It's just that I—I was somewhere I didn't want to be, but I didn't have nowhere else to go. Then I had a baby, so I just couldn't think about myself. I had to think about him. I know I just can't be anywhere with him.

Interview participants shared a lack of resources to begin to address financial concerns. One participant observed "*They say you have to rob Peter to pay Paul; but I don't know Peter and I don't know Paul*."

- **Essential workers kept working without protections.** Those interviewed who did not lose their job typically were in roles considered essential – working in factories, childcare, and medical fields. Those in essential roles described problems securing childcare, and fears about getting COVID-19. As one participant noted: "*going to work was the scary part*."
- **Partner job loss led to increased relationship conflict- and domestic violence.** Across interviews, domestic violence survivors repeatedly referenced how their partner's job loss created more risk for abuse. Job loss intensified economic stress, substance misuse, and other risk factors that increased domestic violence frequency and severity. One participant described the situation:

> Well, it had my husband workin' from home. He's already really aggressive and mean, so the abuse escalated, and he ended up in jail. Me and my daughter ended up homeless for a while. Then, he had continuous family violence charges on him, which ended up me gettin' a lifetime restrainin' order against him for stalking and domestic violence.

- **Domestic violence prevented workforce reentry.** Domestic violence experiences kept participants out of the workforce before the pandemic, and several found it hard to break back in. One interview participant shared their experiences:

> I've always been working prior, but I was in an abusive relationship where pretty much I was held hostage so I was not able to work. Since being out, I've been lookin' for work, but it's a lotta remote—they have a lotta remote job offerings. I'm not really having a computer to access really at the time that they want me to use it.

- **Homelessness was largely due to domestic violence and job loss.** Interview participants who experienced homelessness during COVID-19 overwhelmingly attributed housing loss to fleeing a violent relationship and the combination of job loss and increased violence. Some participants reported losing their job and having to re-engage with a violent partner to have housing.

> Well, we had left from there for a little bit, and then when—we were staying in a hotel. Then, when we got sick, we came back home with him. Then, he was one taking care of—taking care of the bills and stuff.

Significant Health Impacts of COVID-19

There was a 18.6% decrease in excellent to good physical health status among participants ($p<0.001$). While only 9% of the sample had been diagnosed with COVID-19 at the time of the survey, those who got COVID-19 or had a sick family member experienced heightened negative economic and health consequences. Among those who did get COVID-19, interviews revealed that several were infected by

their intimate partner-and in some cases, purposefully. Over 72% and 73% respectively experienced increased mental health symptoms and sleep disturbances. Notably, 41% had difficulty accessing mental health services and 26.2% increased their drug and alcohol use. See table 12 for more information about COVID-19 impacts on survey participants. Interview themes related to COVID-19 and mental health are:

- **COVID-19 had significant negative physical and mental health impacts on HCHR study participants**. One of the most repeated themes among interview participants was the increases in negative mental health impacts, such as depression and anxiety, during COVID-19. Participants struggled with trauma symptoms from abuse experiences and mental health stress from the pandemic. One interview participant explained how the pandemic exacerbated existing stressors this way, "*stress settles into things that already exist & amplified things*." Another shared their experience:

  > My main concern would probably be—I—I'm—I don't think I have asthma anymore. I do have panic attacks sometimes, and I can't really calm myself down. I have insomnia. I can't sleep whenever I really want to. Then, basically, it's just the whole anxiety thing. Sometimes, I just can't breathe, and I feel like I'm closed in. I'm claustrophobic

- **Social isolation made mental health concerns much worse.** One of the most profound impacts of the pandemic for study participants was the social isolation and the lack of support. Missing friends and family, separation from older relatives, and for those out of work, a lack of colleagues, all contributed to increased feelings of depression, loneliness, and anxiety. One interview participant shared how the pandemic shaped their social situation. "*I don't have a network around me to share fears -- I don't have that at all -- I don't have that -- the pandemic made it worse -- when major things happen you don't have anyone."* Another interviewee shared:

  > I just would hope that Texas would open their doors or open their minds and hearts to understand that there are a lot of us out here that are in desperate need, even beyond just financially. Just to have that moral support or have more of the social interaction, even if it was virtually to check up on people that don't have anybody else, that don't have family, that don't have the financial means to seek counseling or anything like that. I think it would benefit people greatly to just even have someone check in on them once in a while.

  Another participant explained how the pandemic had impacted their mental health.

  > I feel some days like right now that I'm talkin' to you,I'm gettin' a little emotional. Yeah. I feel some days that I just wanna give up, that some days I just try to pray that that it just ends and we go back to normal living. I feel for all the people that are losin'their homes.

- **Drug and alcohol use increased for some participants.** Some interview participants reported increased drinking, owing to pandemic-related stress and trauma. An interview participant said: "*The drinking has become quite often. I should reduce that. I still need to find recovery options for getting over being a victim.*"

Impact of COVID-19 and Racism

HCHR participants identifying as Black and Hispanic experienced disproportionately negative impacts from the COVID-19 pandemic. Compared to White survey participants, Black participants had over 16% more job loss and Hispanic/Latino had the second most job losses. Black participants, followed by Hispanic participants, had the highest rates of sexual DV and Black participants had the highest rates of physical DV, 72.9% vs 67.2 for White participants. See table 13.

Table 13: COVID-19 Impacts by Race/Ethnicity

	Overall		Black		White		Hispanic	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Changes to job status due to COVID-19 pandemic								
Lost my job	176	39.7	72	48.6	65	31.9	79	41.6
Hours reduced	92	20.8	33	22.3	45	22.1	34	17.9
Job has not changed	68	15.3	15	10.1	39	19.1	27	14.2
Not working pre-COVID	50	11.3	14	9.5	22	10.8	23	12.1
Furloughed	16	3.6	6	4.1	9	4.4	9	4.7
Got a job with less pay	13	2.9	3	2	8	3.9	8	4.2
Other	13	2.9	1	0.7	8	3.9	4	2.1
Got a job	8	1.8	2	1.4	6	2.9	3	1.6
Got a better paying job	7	1.6	2	1.4	2	1	3	1.6
Current health status								
Excellent	56	12.6	26	17.7	19	9.3	15	7.8
Very good	72	16.3	15	10.2	34	16.7	35	18.1
Good	156	35.2	52	35.4	77	37.7	73	37.8
Fair	124	28.0	41	27.9	60	29.4	53	27.5
Poor	35	7.9	13	8.8	14	6.9	17	8.8
Health status prior to COVID								
Excellent	65	14.7	28	19.0	23	11.3	21	10.9
Very good	118	26.7	32	21.8	58	28.6	51	26.6
Good	171	38.7	52	35.4	88	43.3	82	42.7
Fair	66	14.9	23	15.6	27	13.3	31	16.1
Poor	22	5.0	12	8.2	7	3.4	7	3.6
DV victimization experiences in the last 12 months								
Psychological	362	83.4	125	86.2	171	85.1	142	75.5
Physical	295	68.6	105	72.9	133	67.2	121	65.1
Economic abuse	190	44.3	73	50.7	83	42.1	81	43.3
Coercive control	152	35.5	64	44.8	59	30.1	52	28.7
Reproductive coercion	132	30.9	57	39.3	49	25	59	31.9
Sexual	122	28.4	57	39.3	44	22.4	47	25.1
Forced labor	100	23.4	44	30.6	37	18.8	38	20.5

Note. Race and ethnicity categories are not mutually exclusive.

Services and Support Needs and Experiences During COVID-19

All HCHR survey participants were asked about general services and support needed in the past year and since the COVID-19 pandemic began. The most common support sought was friends/family (39.2%), followed by food assistance (33.6%). Rental assistance (15.6%) and housing support (13.3%) were reportedly the most commonly *un*available services needed. The most helpful supports from participants who got help were housing (53.7%) and homelessness services (50.6%). Notably, 30.8% had accessed mental health service since COVID-19 began, and 20.8% had tried, but been unable, to access mental health services. The most common barriers to accessing mental health services were affordability (53.3% of those unable to access services) and access to an appointment. See table 14 for more details.

Common themes around service access for interview participants included:

- **Lack of access to services.** Interview participants frequently referenced the lack of services available, due to closures, delays, and availability during the pandemic. Closed offices, difficulty accessing virtual services, and reduced capacity because of social distancing created many closed doors. "*Every place that I called, with the pandemic, no one was accepting—with the pandemic, no one is taking any new person in, and so none of the shelters doors—the doors was closed. They wasn't taking anyone in."* Another interviewee shared *"I called every psychiatrist within a few miles who was on my health plan. To this day, I still have not heard back from one of them."*
- **Fresh and specialty-diet friendly food was hard to find.** When food banks and food assistance programs were available, the quality of food reported by interview participants was particularly poor, especially for those with specialty diets. A lack of fresh produce and meat products made it particular difficult for those with Diabetes and similar dietary needs.
- **Difficult-to navigate websites, waitlist, programs.** Several participants reported confusion about how to use websites and navigate program waitlists to get their needs met. Difficulties signing up for rental assistance and employment programs were a common theme, as well as competing information about who qualified and how many times resources could be used. Participants also discussed challenges with getting and keeping unemployment benefits. The reduced workforce in some non-profits, with the increased demand, made accessing programs very difficult especially for interview participants lacking technology literacy.
- **Stimulus and cash assistance programs were literally lifesaving.** Participants survived not only the pandemic, but domestic violence, because of cash assistance. Many participants referenced the role of federal aid from the CARES Act, such as stimulus checks and unemployment benefits for freelance workers, and Harris County specific aid, such as the Baker Ripley rental assistance program, in helping them leave violent relationships by paying for housing, resolving debt in order to get housing, or giving them funds to buy food and supplies. One participant shared they did with their stimulus:

  > My rent deposit. Oh, it was so—cause my rent, by the time I pay my rent and electricity, I only have a few dollars left. That made it so that I was actually able to keep up with the rent and not fall behind. It really has helped tremendously. Both of those stimulus's came after I cut off that relationship, so I got to use them on bills and myself.

Similarly, rental help, unemployment, and student loan payment moratoriums, and other forms of cash relief brought security and safety to families.

Table 14: Help Sought During COVID-19

In the last 12 months, have you received services, or tried to use services, received support, or been involved with any of the following to meet your needs?

	Yes, since COVID-19 began		Yes, in the last 12 months but before COVID-19		I tried to use these services or support in the last 12 months but was not able to access them		I did not try to use these services	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Friends or family	169	39.2	83	19.3	26	6.0	153	35.5
Food assistance	147	33.6	52	11.9	42	9.6	196	44.9
Rental assistance	93	21.4	30	6.9	68	15.6	244	56.1
Church assistance	88	20.4	53	12.3	39	9.0	251	58.2
Housing services	60	14.2	37	8.8	56	13.3	269	63.7
Law enforcement	60	14.2	30	7.1	30	7.1	304	71.7
Social worker	60	13.9	27	6.3	38	8.8	307	71.1
Homeless shelter	58	13.7	30	7.1	26	6.1	309	73.0
Legal services	40	9.5	20	4.7	27	6.4	335	79.4
Court system	37	8.7	25	5.9	26	6.1	338	79.3
Other	22	6.6	12	3.6	7	2.1	291	87.7
Substance use	23	5.4	24	5.6	19	4.4	361	84.5
APS	23	5.4	18	4.2	21	4.9	364	85.4
Immigration services	20	4.7	12	2.8	24	5.7	367	86.8
CPS	20	4.7	18	4.2	16	3.8	370	87.3

Table 15: Service Experiences

How helpful were the agencies you used or individuals who provided you with support?

	Not at all		A little		Somewhat		Very much or a lot	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Friends or family	17	6.8	52	20.9	62	24.9	118	47.4
Food assistance	8	4.1	45	23.0	50	25.5	93	47.4
Rental assistance	19	16.0	29	24.4	34	28.6	37	31.1
Church assistance	9	6.5	26	18.7	46	33.1	58	41.7
Housing services	10	10.5	18	18.9	16	16.8	51	53.7
Law enforcement	11	12.4	24	27.0	38	42.7	16	18.0
Social worker	6	7.2	16	19.3	25	30.1	36	43.4
Homeless shelter	7	8.2	19	22.4	16	18.8	43	50.6
Legal services	12	20.3	13	22.0	18	30.5	16	27.1
Court system	13	21.0	18	29.0	16	25.8	15	24.2
Other	8	28.6	9	32.1	7	25.0	4	14.3
Substance use	10	21.3	10	21.3	15	31.9	12	25.5
APS	6	15.0	12	30.0	14	35.0	8	20.0
Immigration services	2	6.7	6	20.0	12	40.0	10	33.3
CPS	5	13.9	10	27.8	10	27.8	11	30.6

Domestic Violence Service Experiences

30.5% of participants reported past year DV-related service use and 12% reported being unable to access DV services since the COVID-19 pandemic began. Of participants not using DV services, the most reported reasons included not needing the services (36.7%); being too embarrassed to reach out (23.7%) and not knowing the services existed (23.3%). The most commonly used services were emergency shelter, hotline/chatline, and counseling services. Housing programs had the longest wait with 92.8% of those using the services (n= 30) reported a wait of a week or more, with 50% waiting more than a month. Over 41% of counseling service users (n=60) also reported a wait of a week or more. Hotline and emergency shelter had the reported shortest wait times, though of emergency shelter users (n= 60), 41.3% waited a week or more for shelter. Participants had overwhelmingly positive ratings of Harris County domestic violence related services. Of DV service users, 71% reported a decrease of violence or harm since using services. Over 88% indicated services met needs, and over 89% reported staff were there when the needed them.

Table 16: Domestic Violence and Sexual Assault Agency Service Use

	n	%
Currently using, or in the last 12 months have used, services at any domestic violence or sexual assault program	130	30.5
Tried to use services at any domestic violence or sexual assault agency services but was unable to since the COVID-19 pandemic began	55	12.3
Reason for not seeking services in the last 12 months		
Did not need the services	104	36.7
Was too embarrassed to contact the services	67	23.7
Did not know about the services	66	23.3
Was concerned for their privacy	33	11.7
Did not think these services help people with my problems	30	10.6
Was afraid to contact these services	24	8.5
Was concerned for their safety	16	5.7
Did not want to leave their home	16	5.7
Did not know how to seek help from these services	15	5.3
Heard negative things about the services	14	4.9
Was afraid of contracting COVID-19 from these services	10	3.5
Other reason	9	3.2
Services used by participants who used services (n=130)		
Emergency shelter	61	13.7
Hotline/chat	60	13.5
Counseling services	60	13.5
Advocacy/case management	41	11.4
Transitional or permanent supportive housing	32	7.2
Financial help	31	7.0
Housing voucher	27	6.1
Children's services	23	5.2
Legal advocacy	22	4.9
Educational services	11	2.5
Other	5	1.1

Themes from interview participants who used domestic violence/sexual assault community and criminal justice services included:

- **Domestic violence/ sexual assault services provided a critical lifeline.** Interview participants had overwhelming positive things to say about domestic violence services. One participant expressed that "*I couldn't ask for anything more. I'm pretty grateful -feelin' pretty grateful*" and another that services had "*been very, very helpful and supportive*". Housing vouchers, cash assistance, emergency shelter, and counseling were interviewee-identified as the most impactful. Interview participants were especially appreciative of the emotional and resource support from their case manager (advocate). One person shared their experience in a community-based program.

  > Oh, my God, they're amazing. They're amazing here. I have a really good caseworker, and right away, she helped me apply for stuff and told me to look for a good—try to get this job. She got me this job that I'm at currently, except that when the holidays came, we didn't work. It was okay. I made it through 'cause I'm here.

  Another participant described their experiences in services.

  > Oh, it's great. It's helped me so much. They've helped me connect to a lot of resources as far as, like I said, my mental health state. They was able to get me in within 24 hours to get me help with that. I've been put on several housing lists through them to get help with housing. They've gave so many clothes. They help with all things for babies even the adults. They're very supportive

- **Health concerns kept some participants from seeking help from DV services.** Several interviewees who chose not to use domestic violence community services avoided shelter and other in-person support because of fears of contracting COVID-19. One interviewee said:

  > I didn't wanna go to a shelter and catch COVID. There was some part of him that knew it and played it, but I was trapped here. I couldn't do anything, and I didn't have any money for a month, and I mean no money. I didn't have anything. Literally, if he wouldn't put food on the table, I wouldn't have eaten.

- **Long waits for shelter, counseling, and housing vouchers diminished community domestic violence program impact.** Many interview participants experienced a wait for domestic violence related services, particularly housing vouchers and emergency shelter. Waiting for housing caused several participants to live with violent partners or family members, or in unsafe conditions.

- **Law enforcement and the courts, when accessible, provide immediate safety support.** Several interview participants had positive experiences with criminal justice agencies. "*Actually, everybody has been so helpful. The DA's office and everybody—they just put it all together and got me a court date*." Participants comfortable with reaching to law enforcement did so when they had safety concerns. Police helped to increase participant safety, connect to resources, and hold abusive partners accountable. One interview described police as:

  > Very supportive, very supportive. After they took him to jail, they made sure I got to a place I—because actually, the place was in his name—the apartment was in his name, so I didn't want to stay there, so they made sure that I got to a place that can assist me in getting into a shelter.

  Another participant described how Child Protective Services helped involve police to get them to safety,

  > Actually, the day that I left, I actually called CPS on him. When they came with the investigator—because he was abusing me and my child was in the home, I called. The investigator that came out, she talked to me. She sat me down, and we discussed

> everything. The very next day I was there. I was still staying there. She left me at the apartment. The very next day, she came with the police. They had us pack up all my stuff and I've been gone ever since."

Some participants, however, explained concerns that they had regarding contacting law enforcement.

> I just feel like—our police system doesn't work for us too well. We have to make them work for us. You can't let them use your situation and be biased. You have to make them understand the significance of your situation and let them know that you're being abused, not just call the police and let it just go. You have to push it 'cause it won't stop.

Another participant explained how they had attempted to reach out to law enforcement for support and did not get help.

> I called the police at 11:30 p.m. at night. They didn't come 'til 8:00 a.m. or 9:00 a.m. the next morning. He was already gone to work. I ended up just going to the room with my daughter and just locking the bedroom door and just staying in there with her. He stayed on the couch. He ended up passing out on the couch…Then, about 8:00 or 9:00, I got—there was someone knocking on the door. It was police. I was like, "Wow." I said, "I could've dead by now."

- **Online court provided reduced stress for survivors seeking civil legal remedies.** Several interview participants were engaged in civil legal remedies, such as divorce, custody, or protective orders. Participants thar were able to engage in legal proceeding involving their abusive partners over Zoom strongly preferred the virtual format. The online court proceeding reduced anxiety and increased safety by reducing exposure to safety concerns created by in-person meetings. One interviewee shared her experience:

  > I did the protective order through Zoom, so they loaned me a laptop with a camera. I was able to do that in the court setting. The judge granted me a two-year protective order…They helped me with everything. I was like, "You're so awesome 'cause I wouldn't know what to do.

- **Virtual services get mixed reviews.** Participants were undecided about virtual services- for some participants, video and phone offered an increased opportunity to access a range of services not typically available because of work, transportation, and other access barriers, such as lack of adequate technology. However, others found virtual services to be confusing, in-personal or ineffective.

Table 17: Domestic Violence Agency Service Experiences (n=130)

	n	%
Staff at the agency treated me fairly.		
Very true	86	72.3
Somewhat true	26	21.8
A little true	5	4.2
Not true	2	1.7
I felt connected to staff at the agency.		
Very true	74	58.3
Somewhat true	38	29.9
A little true	9	7.1
Not true	6	4.7
Staff made me feel like I had to meet with them		
Very true	34	26.8
Somewhat true	29	22.8
A little true	47	37.0
Not true	17	13.4
Staff was available when I needed them		
Very true	71	55.9
Somewhat true	43	33.9
A little true	8	6.3
Not true	5	3.9
Staff provided me with resources and referrals when I needed them		
Very true	67	53.2
Somewhat true	45	35.7
A little true	11	8.7
Not true	3	2.4
The services available met my needs		
Very true	76	59.8
Somewhat true	37	29.1
A little true	8	6.3
Not true	6	4.7
Since I started using services the harm in my life has…		
Increased	14	11.1
Decreased	90	71.4
Stayed the same	22	17.5

Recommendations

Harris County residents, especially those who have experienced domestic violence, sexual assault, and other types of trauma and harm, have been significantly, and negatively impacted by the COVID-19 pandemic. Participants of color have experienced intensified impacts from the "dual pandemics" of racism and COVID-19. Economic and mental health impacts compounded stress from domestic violence and sexual assault experiences. A reduced social network from abuse and social distancing, limited community resources from increased demands, and lack of familiarity with virtual services made it hard to obtain help. Despite the incredible challenges, participants navigated safety concerns, economic hardship, housing insecurity, and mental health needs for themselves, their children, and extended family. However, additional community support are needed to recover from the COVID-19 pandemic and, now, winter storm Uri. As a result of HCHR study findings, we make the following recommendations for supporting Harris County individuals and families impacted by domestic violence and sexual assault, and the community and criminal justice agencies working with survivors, their children, and partners using violence and abusive tactics.

1. Prioritize cash assistance and housing vouchers. Housing, for many domestic violence survivors, is the key to safety and stability – and a primary reason for staying with an abusive partner. It is particularly concerning that 56% of HCHR survey participants experienced homelessness during the COVID-19 pandemic. Homelessness has significant long-term health and financial impacts. Housing vouchers are a critical component to helping survivors recover from COVID-19. By providing housing, and cash assistance for basic needs, families can focus on health and mental health needs, further stabilizing and recovering from the impacts of DV and COVID-19. Given the long-term nature of the economic recovery of the pandemic, to the extent possible, time-limits on housing vouchers, such as rapid rehousing programs, should be extended and cash assistance should be offered on a repeated basis. Investments in permanent supportive housing for DV survivors will help to stabilize particularly vulnerable survivors experiencing chronic health conditions.
2. Continuously offer free and/or affordable childcare for work, school, and health respite. The lack of childcare availability severely impacted the stability of both parents and children. Only 30% of participants who need childcare had consistent access to it, the impact of which was reported in interviews as harmful to the economic stability and mental health of families. Childcare offers protective benefits for families exposed to trauma like domestic violence, and supports positive child development. Parents, in particular single parents, cannot work without relying on other family members or friends- not an option for many during the pandemic. The isolation and safety concerns inherent with domestic violence mean that support may not be available – or may be detrimental. Likewise, parents with mental and physical health concerns need childcare to attend to their needs to support their children. Access to childcare benefits the economic stability and safety of individual families, and the greater community.
3. Center racial justice in domestic violence and sexual assault work. Among HCHR study participants, those who identified as Black and Hispanic experienced heightened risk for domestic violence and negative COVID-19 economic impacts, underscoring our need to center racial justice in violence work. Centering racial justice goes beyond acknowledging the role and toll of racism. Investing in culturally specific programs, hiring and retaining advocates who identify as people of color for domestic violence and related services, and collaborating with both time and resources to provide cross training and services with racial justice organizations are all steps to better address the trio of domestic violence, COVID-19, and racism. Further, those working with survivors of violence should be cautious about relying on law enforcement as the only crisis safety response. Safety planning approaches can center racial justice by

broadening emergency response referrals to medical and community centers, and the use of informal supports.

4. Invest in health and mental health. COVID-19 and domestic violence experiences compounded mental health concerns for HCHR participants, with over 51% experiencing at least moderate depression and 64% indicating probable PTSD. Parents report that their children- especially their teenagers- are having increased negative behavior and mental health symptoms. The mental health impacts of both domestic violence experiences and COVID-19 necessitate a comprehensive and high-quality community response to provide evidence-based therapies that are culturally relevant in an accessible format. Specialty treatment is needed for traumatic brain injury- a concern for over 40% of this sample. The decreased physical health quality from COVID-19 and the high average ACE score of 6.6 across the sample indicates the need for more access to health care services. As such, Harris County entities should address physical and mental health needs of domestic violence and other trauma survivors by increasing access to free therapy services, reducing waitlists, increasing TBI specialists, and providing extended services to complex trauma survivors. Further, the lack of infrastructure to provide free quality mental health services to at-risk teens exposed to domestic violence should be addressed immediately.
5. Increase service access by enhancing domestic violence and sexual assault agency capacity. Wait times, lack of resources, and diminished staffing contributed to a lack of needs met for Harris County domestic violence survivors during the pandemic. Increased funding and operational support are needed for domestic violence, sexual assault, and collaborative programs, such as mental health and substance misuse counseling, to better meet community demands. There is a particular need for more case management, counseling, mobile advocacy, and emergency response staff to address crisis needs, help locate housing and material supports, and provide high-quality trauma counseling. Investments in these services, especially when coupled with increased access to housing vouchers and cash assistance, will provide a vital safety net for vulnerable families, addressing material and support needs with trauma-informed care. Participants suggested innovative ways of reaching people such as drive through and virtual free crisis counseling services for all Harris County adults and children.
6. Use technology to increase access to community support and criminal justice remedies. During stay-at-home orders, some survivors sheltering in place with abusive partners were not able to audibly access services. Using chat and text technology for advocacy services provides a means for people to seek services without communicating audibly. The Houston Area Women's Center (HAWC)[4] has begun providing chat services on their hotline. The use of video technology, such as Zoom, allowed domestic violence survivors to access services in new ways without fear of physically seeing their abusive partner. The continued use of digital formats may allow more survivors of violence to seek protective orders, divorces, and custody support – all critical civil legal remedies. Further, the addition of virtual civil legal clinics, such as those offered by the Texas Advocacy Project,[5] offers a means for survivors to access legal aid for which there would typically be a waitlist or other access barriers. Further expanding the use of technology as tool to increase capacity and make services safer and more survivor-center will enhance the availability of supports to Harris County residents. With the increases in technological use, there also must be increases in access to technology for those survivors and their children most impacted, including the provision of more tablets, chrome books and other devices, low cost or free access to Wi-Fi, and more training on how to use technology to seek help and support.

[4] Houston Area Women's Center (HAWC) https://hawc.org/
[5] Texas Advocacy Project (TAP) https://www.texasadvocacyproject.org/

7. Support friends, family, and social networks to help survivors. The HCHR study highlighted the preference of DV survivors to access friends and family to help increase safety, and the strong role of these informal supports for those impacted by domestic violence and other types of harm. Material and emotional support to friends and families supporting domestic violence survivors offers the opportunity for agencies to extend their service reach and impact. Community education, beginning with relationship education in middle and high school, is needed on a more comprehensive and widespread platform in Harris County to better prepare friends and family to support survivors in their lives, plan for safety, and refer to resources.
8. Continue to assess pandemic impacts and efficacy of programs for DV and sexual assault survivors. A comprehensive COVID-19 recovery program and policy plan should include evaluation of services to understand which approaches are more impactful for DV survivors and their children. This includes programmatic evaluation of housing vouchers, cash stimulus, and domestic violence/sexual assault services, and cross sector research with racial justice, substance misuse, immigration, criminal justice, and mental health providers. Research such as the HCHR project should continue to examine the longitudinal impacts of the COVID-19 pandemic, and now Winter Storm Uri, on the economic, housing, health and safety of Harris County residents. Engagement in research and evaluation will improve programs, ensure use of evidence-based practices, and help prepare for future disasters and emergencies.

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Appendices

Appendix A: Brief List of Referring Agencies

Referral Agencies for The Harris County Health and Relationship Study
Aid to Victims of Domestic Abuse (AVDA)
AVDA Batterer Intervention and Prevention Program (BIPP)
Bay Area Turning Point
The Bridge over Troubled Waters
Council on Recovery
Council on Recovery Healthy Women Houston
Daya
Family Time Crisis and Counseling Center
Focusing Families
Fort Bend Women's Center
Katy Christian Ministries
Montgomery County Women's' Center
Harris County District Attorney's Office
Harris County Domestic Violence Coordinating Council (HCDVCC)
Harris County Probation Department
Houston Area Women's Center (HAWC)
The Montrose Center
Northwest Assistance Ministries
Pure Justice
Regional Maternal Child Health Program (RMCHP) UTMB @ Pasadena
Shifa Women's Center
Other

Appendix B: Brief Survey Measure Chart

Construct	Scale Name	Description	Sample Items	Citation
Partner Violence Scale	Hamby et al Partner Violence Scale	Questions screening for experiences of partner violence	"In the last 12 months, not including horseplay or joking around, a romantic partner pushed, grabbed or shook me."	Adapted from, Hamby, S. (2013). The Partner Victimization Scale. Sewanee, TN: Life Paths Research Program. doi: 10.13140/RG.2.1.1319.4405
Head injury screening	HELPS Brain Injury Screening tool	Screen and assess experiences of head injury and severity	"Did you ever lose consciousness because of a head injury? If yes: For how long?"	Picard, M., Scarisbrick, D., & Paluck R. (1991) HELPS brain injury screening tool. New York: International Center for the Disabled, TBI-NET, US Department of Education, Rehabilitation Services Administration.
Adverse Childhood Experiences	Original ACE Inventory	Questions to determine experiences with child abuse and neglect	"While you were growing up during your first 18 years of life, did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you?"	Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., … Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258.
Overall Physical Health	Item from SF-36	Single item measuring overall physical health	"In general, how would you rate your overall physical health?"	Ware, J.E., Kosinski, M., Dewey, J.E., & Gandek, B. (2000). *SF-36 health survey manual and interpretation guide.* London: Quality Metric Inc.
Depression	Patient Health Questionnaire (PHQ-9)	Number of days participant has experienced depression symptoms in previous two weeks	"How often have you felt… • Little interest or pleasure in doing things • Feeling down, depressed, or hopeless"	Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine, 16*(9), 606-613.

Post-traumatic Stress Disorder	Trauma Screening Questionnaire	Whether participant experienced PTSD symptoms in the past month	"Had nightmares about the event(s) or thought about the event(s) when you did not want to?" "Been constantly on guard, watchful, or easily startled?"	Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G, Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) [Measurement instrument]. Retrieved from https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp
Alcohol consumption	AUDIT-C	Brief screening tool used to identify alcohol misuse	How often did you have a drink containing alcohol in the past year?	Bush K, Kivlahan DR, McDonell MB, et al (1998). The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Arch Intern Med. 158:1789-95.
Conflict Tactics Scale	CTS2 Conflict Tactics Scale Revised- Short Version	Tool to measure how much intimate partners use psychological or physical behaviors with each other	How often did this happen in the past 12 months?: I destroyed something belonging to my partner or threatened to hit my partner	Straus, M. & Douglas, E.M. (2004). A short form of the revised conflict tactics scales, and typologies for severity and mutuality. *Violence and Victims, (19)*5. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.260.1114&rep=rep1&type=pdf
Economic coercion		Questions used to assess experiences with economic abuse	My partner did this to me did things to keep me from my job.	Adapted from, Adams, A., Sullivan, C., Bybee, D., Greeson, M. (2008). Development of the Scale of Economic Abuse. Violence Against Women, Volume 14 Number 5, 563-588.
Reproductive coercion		Questions used to assess experiences with reproductive abuse	My partner refused to use a condom or removed a condom during sex.	Adapted from, Miller, E., McCauley, H., Tancredi, D., Decker, M., Anderson, H., Silverman, J. (2014). Recent reproductive coercion and unintended pregnancy among female family planning clients. Contraception, Volume 89, 122–128.

Coercive control	Adaptation of the from Kennedy, Bybee, McCauley, & Prock, 2018	Measure of coercive control including context of physical IPV	Did he "Say you had to do what he wanted because you were his girlfriend?" "Threaten to hurt someone you loved unless you did what he wanted?"	Adapted from: Kennedy, A. C., Bybee, D., McCauley, H. L., & Prock, K. A. (2018). Young Women's Intimate Partner Violence Victimization Patterns Across Multiple Relationships. Psychology of Women Quarterly, 42(4), 430–444. https://doi.org/10.1177/0361684318795880
Risk assessment and experiences with violence	New Jersey Assessment of Domestic Violence Risk and Impact (NJADVRI)	Questions adapted from DV risk assessment tool to determine severity of risk	"Is this person an alcoholic or problem drinker?" "Does this person have in their possession or have access to a firearm or other weapon?"	Postmus, J. L., Hetling, A., Johnson, L., Steiner, J., Lin, H., & Holcomb, S. (2017). New Jersey assessment of domestic violence risk and impact (NJADVRI). Retrieved: https://socialwork.rutgers.edu/centers/center-violence-against-women-and-children/research-and-evaluation/assessing-domestic-violence-under-family-violence-option-fvo
Reasons for Violence		Measure to determine why or what led to violence between partners	Reason for violence: To protect yourself. To get back at your partner or to get revenge for being hit first.	Stuart, G. L., Moore, T. M., Hellmuth, J. C., Ramsey, S. E., & Kahler, C. W. (2006). Reasons for Intimate Partner Violence Perpetration Among Arrested Women. Violence Against Women, 12(7), 609–621. https://doi.org/10.1177/1077801206290173
Sexual assault experiences	Sexual Experiences Survey	Adaptation of short survey to determine experiences with sexual assault crimes	Has a person used physical force or threats of physical harm to make you have vaginal, anal or oral sex? (By vaginal sex we mean that if female: a man or boy put his penis in your vagina)	Koss, M.P., Abbey, A., Campbell, R., Cook, S; Norris, J., Testa, C., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. Psychology of Women Quarterly, 31, 357-370.

Social Support	Medical Outcomes Study Social Support Survey (MOS-SSS-6)	Participant's current access to social support	"How much of the time would you say you currently have someone in your life who could… • Help if confined to bed • Do something enjoyable with"	Holden, L., Lee, C., Hockey, R., Ware, R.S., & Dobson, A.J. (2014). Validation of the MOS Social Support Survey 6-item (MOS-SSS-6) measure with two large population-based samples of Australian women. *Quality of Life Research, 23*(10), 2849-2853.
Demographics	N/A	Participant demographics, including age, race, language, gender, sexual orientation, education, military experience	"How old are you?" "What is your race or ethnic background?"	N/A

Appendix C: HCHR Follow Up Interview Questions

The following questions are about your needs and experiences since the CORONAVIRUS (COVID-19) PANDEMIC began (around March 13, 2020)

1. **What as the COVID-19 pandemic been like for you and your family?**
2. **How has your work and financial situation been affected by the Coronavirus pandemic?**
3. **How has your personal health been affected by the Coronavirus pandemic?**
4. **How has your housing been impacted by the COVID-19 pandemic?**
5. **Have you been a romantic relationship during the pandemic*?***
6. **Did you have any safety concerns related to people you live with during the Coronavirus Pandemic?**
7. **Have you experienced any increases in threats, harm or abuse from family members or other people in your life during the Coronavirus Pandemic?**

Health

8. **In general, how is your overall physical health? What are your main physical health concerns?**
9. **Now I'd like to ask you a few questions about your mental health and how you're doing. In general, how is your overall mental health? What are your main mental health concerns?**
10. **Social support is what we get from people around us. What are some of your main support needs?**
11. **Are you a parent? (If yes) How has COVID-19 impacted your children?**
12. **How has your safety from violence, threats, stalking or abuse changed since the coronavirus pandemic began?**
13. **Have you experienced any increases in threats, harm or abuse from family members or other people in your life during the Coronavirus Pandemic?**
14. **What strategies have you used to improve your safety from violence, threats, stalking or abuse during the Coronavirus pandemic?**
15. **Since the Coronavirus pandemic began, have you sought services from a domestic violence agency, rape crisis center or child-focused agency in Harris County?**
16. **Would resources or help would have help improve your safety from violence, threats, stalking, or abuse during the coronavirus pandemic?**

Service Experience

17. **What kinds of services have you used in Harris County? This may be housing, health, counseling, substance abuse services.**
18. **What have your experiences with these services been like?**
19. **Did you try to use services during the COVID-19 pandemic, but were unable to?**
20. **Since the Coronavirus pandemic, have you had any virtual counseling, advocacy or case management sessions through chat, text or video from any agencies in Harris County?**

Closing

21. **Is there anything else you would like to share about how the Coronavirus Pandemic has impacted your personal wellbeing and relationships?**
22. **What are some of your main needs right now?**