

# A Statewide Survey of Family Violence Shelter Directors in Texas

*Lisa R. Muftić, Ph.D.*  
*Jonathan A. Grubb, Ph.D.*

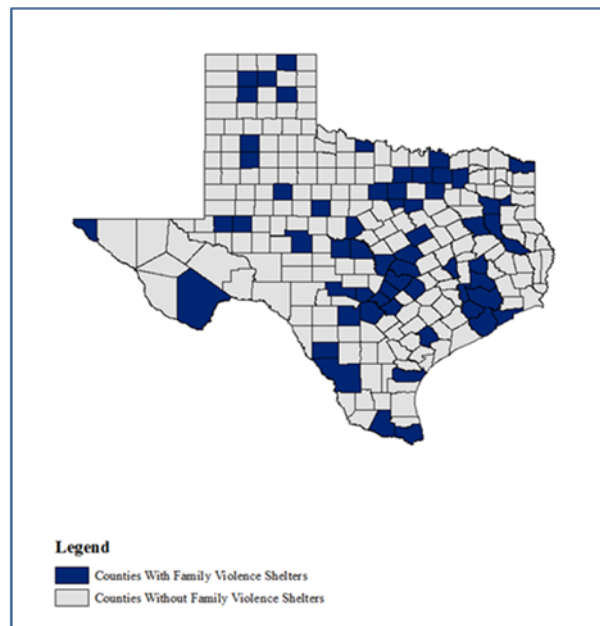
The shelter movement was born out of a dire need for places of refuge for battered women. While the original goal of the shelter was to provide immediate safe shelter for abused women in crisis situations (Murray, 1988), shelters quickly began offering services beyond lodging in response to survivors' needs, including legal and/or medical advocacy, counseling and/or support groups, and case management (Grossman, Lundy, George, & Crabtree-Nelson, 2010). Despite an abundance of scholarly attention devoted to the study of intimate partner violence (IPV) over the last few decades, very "little is known about the structure, components, and content" of services delivered to IPV survivors, particularly via shelters, or the clients they serve (Macy et al., 2009, p.360). This is unfortunate because, for many survivors, their time in a shelter may be the only opportunity they have to receive a variety of services that may facilitate their safe and permanent departure from an abusive partner. Understanding who is seeking shelter services, the availability of these services, and what barriers may impede service utilization for survivors can help advance service delivery by identifying needs of diverse populations while simultaneously working on strategies to reduce service delivery barriers.

The current report provides results from a survey of shelter directors across Texas designed to examine the types of programming services available for survivors of IPV who seek protection at a 24-hour family violence shelter. This research brief provides a summary of the results of the survey, including a description of family violence shelters in Texas and the clients they serve, as well as an examination of service delivery obstacles.

## Sample

The most expansive list of family violence shelters was found in the 2013 Statewide Directory of Family Violence Service Programs provided online by the Texas Council on Family Violence (<http://www.tcfv.org/pdf/service-directory/TCFV-Service-Directory.pdf>). To be included in this study, organizations listed in the statewide directory had to be listed as operating a 24-hour emergency shelter. In total, 81 shelters meeting this definition were identified, and directors of those shelters were contacted. Because some directors oversaw multiple shelters,

the final sample size was reduced by 10. After compiling a list of the 71 directors, the contact person at each shelter was emailed to request his/her participation in the survey along with a link to the online survey. The first, second, and final follow-up emails were sent two, four, and five weeks after the initial participation request.



**Figure 1. Geographic Representation of Family Violence Shelters by County in Texas**

In total, 46 individuals (64.8% of all directors) completed the survey.<sup>1</sup> Of the data collected from the 46 directors, useable information was available for 27 surveys (38.0% of all directors surveyed).<sup>2</sup> As depicted in Table 1, the average respondent was a college-educated female (Bachelor's degree or more) who served as an executive director of a family violence shelter and who has worked in their current position for a little less than 8 years and has worked with victims for approximately 18 years.

Variable	% or Mean(SD)	Range
<b>Age</b>	49.4 (12.7)	25-70
<b>Female</b>	100.0%	
<b>Education</b>		
High School Graduate/GED	5.3%	
Some College	26.3%	
Associate's Degree	15.8%	
Bachelor's Degree	21.1%	
Advanced Degree	31.6%	
<b>Length of Time in Current Position (years)</b>	7.6 (8.8)	1-35
<b>Length of Time Working With Victims (years)</b>	18.1 (12.0)	1-35

### Shelter Characteristics

The typical 24-hour emergency family violence shelter included in this study served areas with populations greater than 100,000, had been in operation for almost 30 years, and was staffed by approximately 19 full time staff, 8 part time staff, 5 interns, and 52 volunteers. In terms of capacity, shelters have an average of 44 beds available, with an average minimum stay of about 6 days and an average maximum stay of nearly 50 days.

Variable	% or Mean(SD)	Range
<b>Service Area Population</b>		
Less than 100,000	44.4%	
More than 100,000	55.6%	
<b>Years in Operation</b>	29.8 (6.4)	15-37
<b>Number of Beds in Facility</b>	44.4 (31.7)	6-120
<b>Length of Stay</b>		
Minimum Number of Days	6.2 (11.9)	0-30
Maximum Number of Days	49.9 (26.8)	14-90
<b>Staff Characteristics</b>		
Number of Full-Time Staff	18.5 (24.2)	2-120
Number of Part-Time Staff	7.8 (7.0)	0-30
Number of Interns	5.0 (10.2)	0-40
Number of Volunteers	51.9 (90.0)	0-380

All respondents replied that they allowed extensions for stay, with qualitative responses underscoring that extension allowances were generally on a case by case basis. The majority of respondents (66.7%) indicated that alternative lodging was provided when shelters were full. The most common alternatives reported were hotels and other shelters. Except at one location, shelters operated 365 days a year. The majority of shelters were identified as hidden (63.0%), and all but one have a security system (96.3%). All shelters follow a security protocol and have a disaster plan in place.

The Shelter . . .	
Provides extensions for stay	100.0%
Provides alternate lodging when shelter is full	66.7%
Is Available 24/7/365	96.3%
Is Hidden	63.0%
Has a security system	96.3%
Follows a security protocol	100.0%
Has a disaster plan	100.0%
Is Handicap accessible	100.0%
Stores medicine	85.2%
Dispenses medicine	46.2%
Provides materials for the hearing impaired	74.1%
Provides materials for the visually impaired	48.1%
Provides materials in Spanish	96.3%
Allows adolescent male sons	100.0%
Age restriction for adolescent male sons	37.0%
Allows survivors to use personal cell phones	81.5%
Allows visitors	44.4%
Allows pets	25.9%

A variety of different accommodations were made available for survivors by the shelter. All directors indicated that their facilities are handicap accessible. A smaller proportion of shelters store (85.2%) and dispense (46.2%) medicine. Nearly three-fourths of respondents (74.1%) indicated that materials are provided for the hearing impaired, and almost half (48.1%) reported providing materials for the visually impaired. Nearly all respondents (96.3%) indicated that materials are available in Spanish. All shelters allow adolescent male sons (with only one-third of shelters identifying an age restriction for male sons). The majority allow survivors to use personal cell phones (81.5%). To a lesser extent, shelters allow visitors (44.4%) and pets (25.9%).

### Service Provision

Family violence shelters generally offer a variety of services that are intended to support survivors as they seek safety from a violent partner. While shelters are generally recognized as being uniquely situated “in terms of knowledge, skills, and supports” to offer services to survivors, evaluation research typically does not outline specific delivery methods of these services (Macy, Giattina, Montijo, & Ermentrout, 2010, p. 1154). To gain a better understanding of the availability of critical services, directors were asked about services offered within their family violence shelters. All directors (100%) indicated that their shelter offers crisis services, legal advocacy, support groups, as well as community education and awareness. Other forms of assistance were available at agencies surveyed to varying degrees, including medical advocacy (70%), individual counseling (90%), and other services<sup>3</sup> (85%).

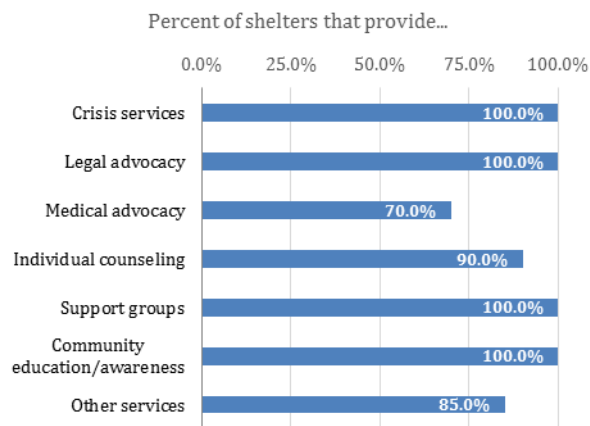


Figure 2. Percent of Shelters Providing Specific Services

When asked who is responsible for providing the aforementioned services (e.g., staff, volunteers, contract, etc.), directors reported that that shelter staff were generally responsible for providing these services. For instance, all directors surveyed reported that shelter staff provided crisis services and support groups. The vast majority of directors conveyed that shelter staff provided legal advocacy (90%), community education and awareness (95%), and other services (91%). To a lesser extent, directors stated that shelter staff provided medical advocacy (79%) and individual counseling (78%).

Roughly half of directors indicated that volunteers were used to provide crisis services (55%), medical advocacy (50%), support groups (50%), and community education/awareness (50%). Interns were used to a lesser degree but for a variety of services including crisis services (40%), legal (30%) or medical (29%) advocacy, support groups (35%), individual counseling (33%), and community education/ awareness (25%). Lastly, a few directors specified that they contract with other providers for individual counseling (28%), crisis services (15%), legal advocacy (15%), and support groups (10%).

### Survivors Assisted

The number of survivors served by the shelters in the current sample varied widely from a low of 20 to more than 1,600. On average, shelters assisted 366 survivors in 2013, the majority of whom were females and children.

Variable	Mean (SD)	Range
Survivors assisted in 2013	366.0 (398.7)	20-1,633
Male survivors in 2013	10.2 (19.6)	0-73
Number of children in 2013	186.2 (229.1)	6-877

Initial contact with survivors was generally made by the survivor directly seeking assistance (77.8%). To a lesser extent, initial contact was made following a referral from police, social services, or medical personnel.

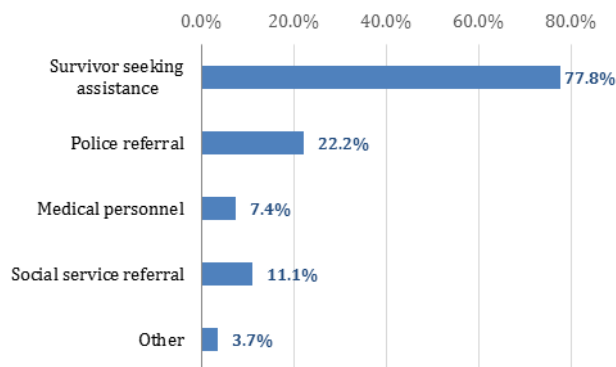


Figure 3. Source of Initial Contact

### Characteristics of Survivors

Individuals who experience IPV are a heterogeneous group. A compilation of responses from directors pertaining to characteristics of shelter clients seeking assistance over the past year provides a general profile of survivors accessing shelters. Directors reported that roughly half of survivors who sought shelter (46.4%) did so alone. Among those, 4.7% were minors. More than one-third of survivors (37.4%) had previously received shelter from the same agency, while roughly one-quarter (21.8%) of survivors had had also received services from another shelter in the past 12 months. More than one-third of survivors (37.6%) were married to their abuser, and one in ten (10.8%) were pregnant at initial intake.

Percent of survivors who...	Mean	Range
Are seeking shelter alone (without dependents)	46.4%	20-75
Of those survivors seeking shelter alone, what percentage are under the age of 18	4.7%	0-40
Have received shelter from your agency in the past 12 months	37.4%	5-100
Have received shelter from another agency in the past 12 months	21.8%	0-90
Are married to their abuser	37.6%	0-80
Are pregnant	10.8%	1-25

### Immigration and Language

Obtaining services can be especially difficult for immigrants, who cite concerns of deportation and language differences as significant impediments to service utilization (Mears & Visher, 2005). In the current survey, directors reported a relatively

small proportion of survivors (12.2%) who were not U.S. citizens and/or were not in the country legally (9.9%). Directors stated that the majority of survivors spoke English fluently (87.9%), while a smaller percentage (19.1%) spoke a language other than English.

**Table 6. Immigration and Language**

Percent of survivors who...	Mean	Range
Are from outside the U.S.	12.2%	0-30
Are in the country illegally	9.9%	0-25
Speak English fluently	87.9%	75-100
Speak a language other than English	19.1%	0-75

### Substance Abuse and Mental Illness

Research has suggested that survivors accessing family violence shelters are often at an increased risk for substance abuse (Schumacher & Holt, 2012) and mental illness (Helfrich, Fujiura, & Rutkowski-Kmitta, 2008). In the current study, directors reported that almost one-quarter of survivors seeking assistance in the previous year had issues with alcohol (23.9%), nearly one-third with drug use (32.5%), and nearly one-third with mental illness (31.3%).

**Table 7. Substance Abuse and Mental Illness**

Percent of survivors who...	Mean	Range
Have a problem with alcohol	23.9%	0-80
Have a problem with drugs	32.5%	0-85
Have a mental illness	31.3%	0-75

### Disability

Less is known about the prevalence of physical and/or intellectual disabilities among individuals in need of shelter services, despite research signifying the elevated IPV risk of this population (Hahn, McCormick, Silverman, Robinson, & Koenen, 2014; Brownridge, 2006). As depicted in Table 8, few survivors who had accessed a shelter in the past year were identified as having a physical (10.1%) and/or intellectual (13.6%) disability by the directors surveyed.

**Table 8. Disability**

Percent of survivors who...	Mean	Range
Have a physical disability	10.1%	1-25
Have an intellectual disability	13.6%	0-45

### Victimization and Safety

Survivors of domestic violence commonly have been found to experience victimization early in life (Riggs, Caulfield, & Street, 2000). Directors in the current research reported that the majority of survivors were victimized as children (54.6%). Questions were also asked about present victimization and safety issues. When survivors first arrived at the shelter, directors stated that roughly half were in imminent danger (54.3%) and about one-third (39.3%) had reported

their victimization to the police. While only 1 in 3 survivors (30.8%) had a safety plan when they came to the shelter, almost all (98.8%) had one when they left.

**Table 9. Victimization and Safety**

Percent of survivors who...	Mean	Range
As a child, were the survivor of child abuse	54.6%	24-90
Are in imminent danger	54.3%	3-100
Reported their victimization to police	39.3%	0-100
Have a safety plan when they come into the shelter	30.8%	0-100
Have a safety plan when they leave the shelter	98.8%	90-100

### Special Populations Assisted and Services Provided

It is a well-known fact that intimate partner violence does not discriminate based on race, class, sex, religion, language, and/or sexual orientation. Yet, the typical shelter client is often poor, of minority status, and with children (Rutherford & McKay, 2013). As such, less attention has been given to the atypical IPV survivor in need of shelter services. This is unfortunate as while there is a dearth of research that has explored the utilization of shelter services among special populations (e.g., women over the age of 65, male victims of domestic violence, lesbian, bisexual, gay and transgender (LGBT) persons, and victims of human trafficking), there is a definite need for provision of services for these populations (Fisher, Zink, Pabst, Regan, & Rinto, 2003; Helfrich & Simpson, 2006; Lundy & Grossman, 2009; Walters, Chen, & Breiding, 2013).

**Table 10. Special Populations**

Percent of survivors who...	Mean	Range
Are age 65 or older	4.5%	0-15
Are LGBT	4.4%	0-20
Are the suspected victim of human trafficking	2.9%	0-10

### Children

Half (50.8%) of all survivors assisted in 2013 were children. All directors (100%) acknowledge that they offer services for children. The majority of shelters administer outreach services (70%), individual interventions (90%), educational materials (80%), and support groups (50%) for survivors' children. Only a small proportion of shelters were found to provide a special facility (25%) or other services (20%) for these children.

### Older Women

Directors indicated that only a minority of survivors assisted (4.5%) were age 65 or older. Over half of the sample (60%) detailed that they provide services to women who were over 65 years of age. Of those shelters providing services to females over 65, all offer individual interventions, with the majority



also administering outreach services (58%) and support groups (50%). Less than half of shelters were found to maintain education materials (25%) and other services (17%) specifically for women over the age of 65.

### Male Survivors

For most agencies surveyed, providing shelter to male survivors is rare, with only 2.8% of all survivors assisted in 2013 being male. That being said, the overwhelming majority of directors (95%) stated that they maintain services for male survivors at their shelters. Of those shelters providing services to male survivors, over half offer outreach services (68.4%), individual interventions (100%), educational materials (57.9%), and support groups (68.4%). A minimal proportion of directors described that their shelter had a special facility or other services available for male survivors (10.5%).

### LGBT Individuals

Few survivors assisted were LGBT (4.4%). However, directors commonly identified that they provide services for LGBT individuals (94.7%). The majority of respondents indicated that their shelters offer services for LGBT individuals, including outreach services (72.2%), individual interventions (94.4%), educational materials (66.7%), and support groups (55.6%). Only a minimal proportion of shelters were found to provide special facilities (11.1%) or other services (5.6%) for LGBT individuals.

### Human Trafficking Victims

Responses suggested that victims of human trafficking (2.9%) rarely received shelter from the agencies surveyed. Should the need arise, the majority of the sample (94.4%) described that their shelter provides services to human trafficking victims. Shelters commonly offer outreach services (58.8%), individual interventions (88.2%), and educational materials (52.9%) for human trafficking victims. Only a small proportion of shelters administered support groups (35.3%), special facilities (11.8%) or other services (17.6%) for human trafficking victims.

### Barriers to Service Utilization

Finally, shelter directors were asked their view on the most significant factors that prevent survivors from seeking out needed services by incorporating measures from Murdaugh, Hunt, Sowell, and Santana (2004). These barriers were organized into multiple categories, including citizenship and language barriers (e.g., survivor cannot speak English), familial barriers (e.g., afraid that a husband or partner will find out about seeking assistance), financial barriers (e.g., lack of money, lack of transportation), service provider barriers (e.g., do not trust those who provide services), and other barriers (e.g., survivors do not know how to get help). All items were measured on a 5-point scale of 1 (not a barrier) to 5 (an important barrier).

Directors perceived familial (e.g., afraid husband/partner will find out, fear children will be taken away, fear of harm from abuser), financial (e.g., lack of transportation, no childcare, and

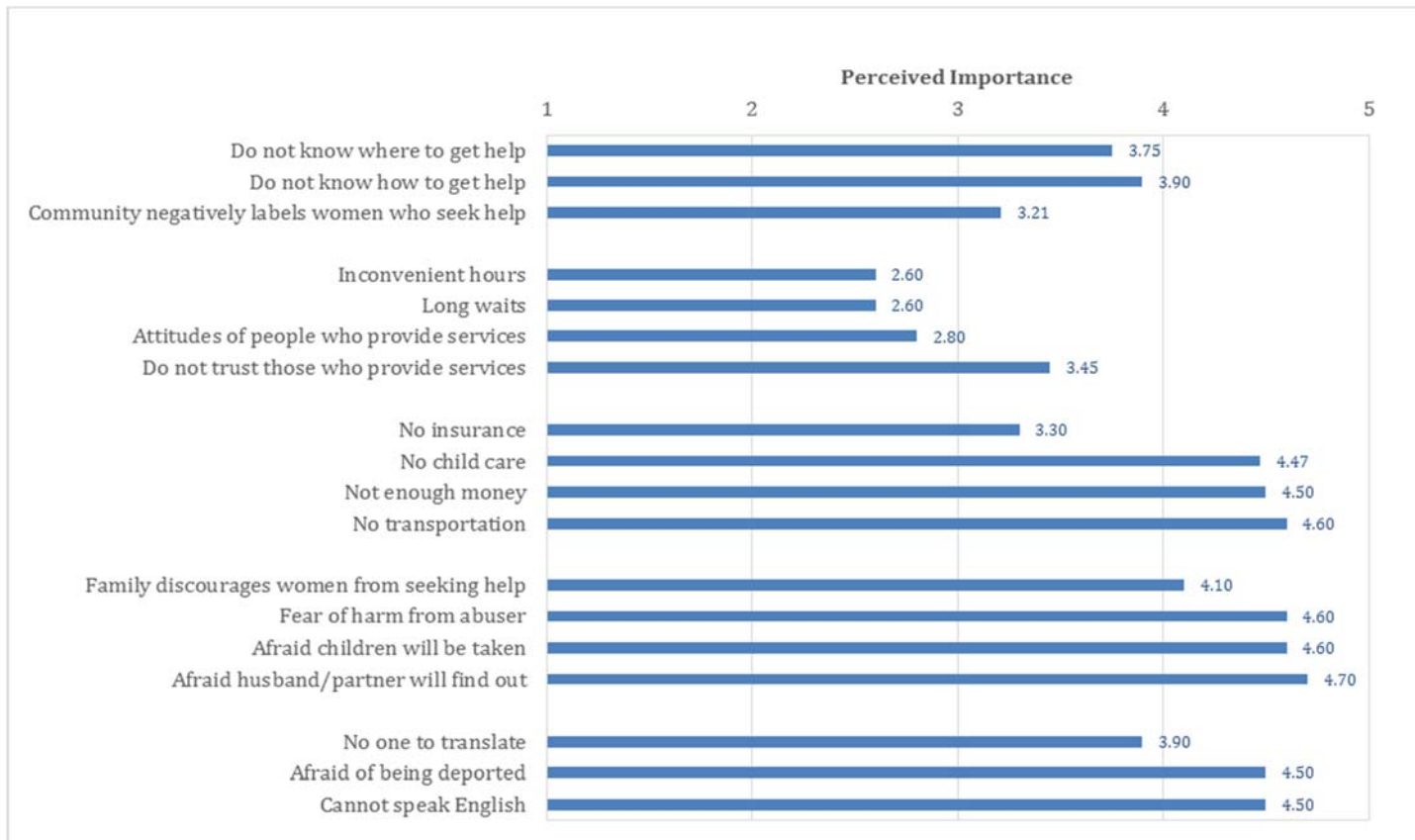


Figure 4. Perception of Barriers to Help-Seeking

not enough money), and citizenship/language barriers (e.g., afraid of being deported and cannot speak English) as being the most salient. They were less likely to view service provider barriers as being a deterrent for survivors accessing services.

## Conclusion

IPV is considered a global social problem significantly impacting the physical and mental health of survivors and their family members. A crucial component for assisting survivors of IPV centers on the identification of available services as well as barriers blocking delivery of these services. This research brief provides a first look at these issues within the state of Texas. As a whole, this study provides an important step forward in recognizing the expansiveness of services offered to a variety of underserved populations while also acknowledging that multiple barriers continue to limit survivors' utilization of shelter services.

A number of important conclusions can be drawn from this study. First, shelter directors indicated a limited number of beds available for survivors, which may result in significant constraints on how long survivors are able to stay at a shelter. A lack of beds has been described as a common yet pressing problem since the inception of the shelter movement (Grossman et al., 2010). While all of the shelters indicated that they provide alternatives when they are full, access to a shelter and the services provided there is paramount for survivors in immediate crisis. Avenues for increased funding must be explored to increase bed availability across the state.

Additionally, although a variety of core services are offered by the shelters included in this study, a greater variety of services is still needed. Not all shelters provided medical advocacy or individual counseling for survivors. In addition, qualitative responses underscore the need for assistance with transportation, child care, gaining custody of a child, and job preparedness skills.

Survivors of domestic violence are a heterogeneous group, spanning a range of different demographic characteristics, but also having backgrounds marked by experiences with substance abuse and childhood victimization. Based upon the diversity of survivors accessing shelter services, more attention should be paid to the accessibility and cultural appropriateness of shelter services.

Finally, shelter directors perceived a significant number of barriers to help-seeking that are primarily related to language, family, and finances. Historically, survivors have been viewed as having a choice as to whether they leave or remain in an abusive relationship. This dichotomy, however, downplays the many constraints survivors typically encounter when trying to leave a violent relationship and seek safety (Dunn & Powell-Williams, 2007). A better awareness of these barriers is necessary to understand not only the non-use of shelter services, but how these services may be improved to increase access for survivors.

## Endnotes

1 While surveys were emailed to the executive directors identified in the Family Violence listing, at some shelters, other executive staff completed the survey instrument. Of the respondents who indicated their job title, 61.1% listed "Executive Director," 16.7% listed "Director of Programs/Services," 11.6% listed "Residential/Program Coordinator," 5.6% listed "Family Violence Director," and 5.6% listed "Director of Advocacy." As they are all professional, executive positions, we have chosen to refer to the entire sample simply as directors.

2 Usable cases involved respondents who answered the majority of questions related to domestic violence attitudes, shelter characteristics, client profile, client characteristics, service provision, and barriers to service from the start to the end of the survey. While 46 respondents technically started the survey, 19 of these surveys were missing a substantial amount of information related to the previously highlighted areas.

3 "Other" included services such as children's advocacy, parenting classes, transitional housing, clothing voucher program, and transportation.

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## Authors:

**Lisa R. Muftić**, PhD is currently the Assistant Director of the Crime Victims' Institute and an Associate Professor in the Department of Criminal Justice & Criminology within the College of Criminal Justice at Sam Houston State University. Dr. Muftić has extensive experience in the areas of violence against women, human trafficking and the commercial sex trade, and international criminal justice issues, with special expertise regarding the situation in Bosnia and Herzegovina. Her published scholarship has appeared in well-respected refereed journals including *Justice Quarterly, Journal of Research in Crime & Delinquency, Crime & Delinquency, Violence Against Women*, and *Journal of Interpersonal Violence*.

**Jonathan A. Grubb** recently received his Ph.D. in Criminal Justice from Sam Houston State University. While at the University of Tennessee at Chattanooga, Jonathan received his master's degree in criminal justice and undergraduate degree in sociology. His current research interests include integrated criminological theory, victimological theory, attitudinal research on human trafficking, and spatiotemporal investigations of crime. He has recently published articles in *Victims & Offenders, Journal of Interpersonal Violence*, and *International Criminal Justice Review*.

## Resources

### National Coalition Against Domestic Violence (<http://www.ncadv.org/>)

The National Coalition Against Domestic Violence website seeks generally to bring attention about domestic violence to mainstream society. In addition to providing assistance to victims and other agencies in the form of programming and education, the organization provides information about coalitions against domestic violence at the state level and promotes events combatting domestic violence.

### The National Domestic Violence Hotline (<http://www.thehotline.org/>)

The National Domestic Violence Hotline website offers a variety of different services and publications related to domestic violence as well as information for survivors, family, friends, and abusive partners. The site also promotes providing 24/7 phone support and the ability to live chat with an advocate. Information for individuals that want to combat domestic violence is also available. To seek assistance through the National Domestic Violence Hotline call **1-800-799-7233**.

### Texas Council on Family Violence (<http://www.tcfv.org/>)

The Texas Council on Family Violence focuses on preventing family violence, supporting service providers, and informing policy. The website offers resources underscoring facts and statistics of family violence in Texas as well as enacted legislation and a section honoring victims of family violence. In addition, a complete list of family violence shelters in Texas is maintained by the website.

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