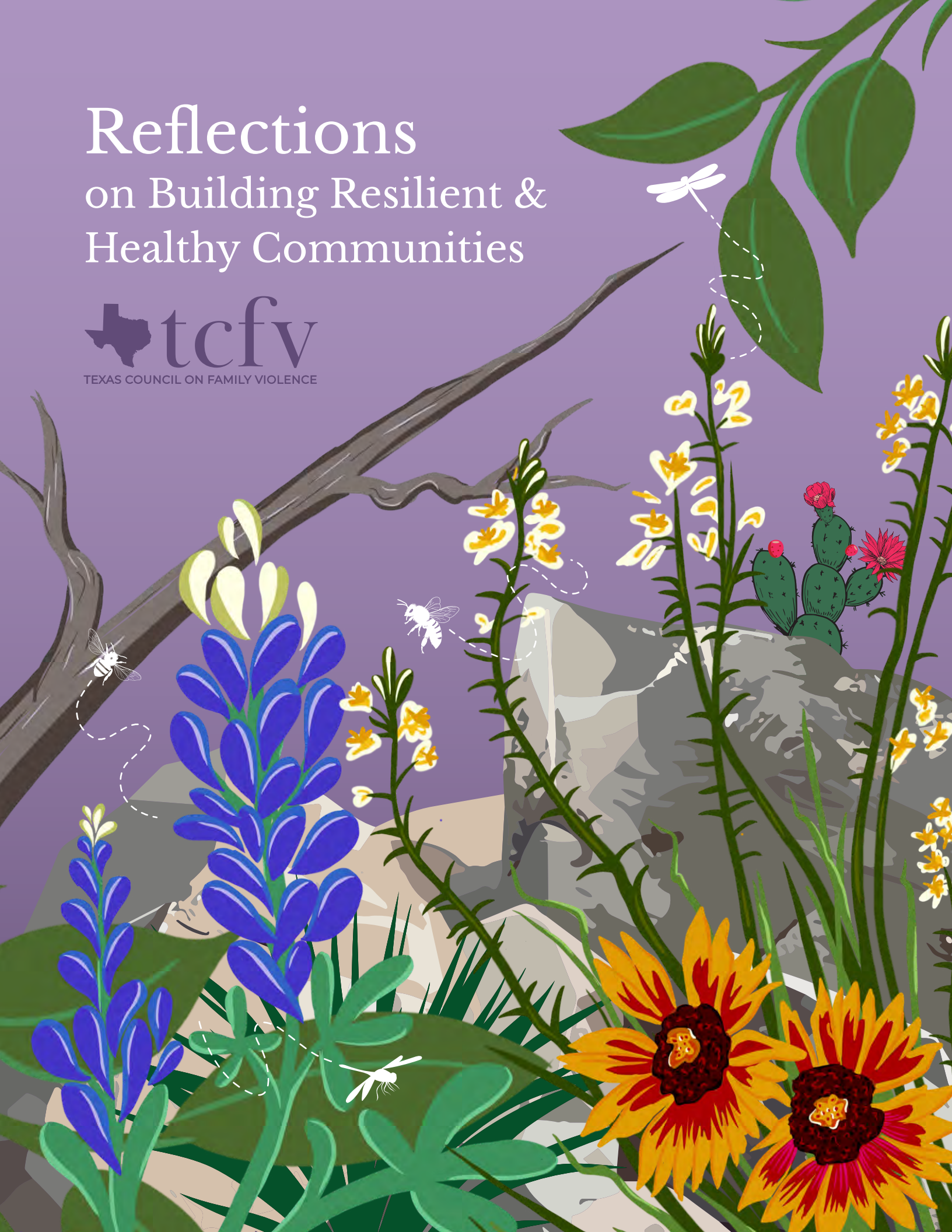
Reflections
on Building Resilient & Healthy Communities

tcfv
TEXAS COUNCIL ON FAMILY VIOLENCE



The Texas Council on Family Violence extends its heartfelt gratitude to everyone who participated in the 2025 Health Summit. Your time and expertise transformed the gathering into a moment of reflection, learning, and plans for the future.

Thank you for your continued partnership and trust in TCFV, and for allowing us to share your stories to inspire and activate change. This report reflects your experiences, hopes, and vision for the future.

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TEXAS COUNCIL ON FAMILY VIOLENCE

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Executive Summary

The 2025 Health Summit brought together more than fifty family violence program leaders, advocates, and health partners from across Texas to explore the intersection of health and domestic violence.

PURPOSE

The Summit was convened to strengthen the field's capacity to address the health and wellness of survivors and advocates, with a focus on health-related crises. Building on lessons learned during the COVID-19 pandemic, participants examined how systems can better support survivors, staff, and communities through an integrated public health approach.

PARTICIPANTS

Participants represented a broad cross-section of Texas: rural and urban service providers, culturally specific organizations, state partners, and advocates from every region alongside representatives from state agencies such as the Health and Human Services Commission and the Office of the Governor.

PROCESS

Over two days, participants engaged in five structured focus groups, each exploring a distinct aspect of health, equity, and organizational readiness. The insights in this report emerged from these discussions.

The focus groups took place within a broader learning experience designed to ground and enrich participants' reflections. Ahead of the Summit, attendees received a pre-recorded webinar, *"A Shock to the System: Strategies for Victim Service Providers to Effectively Respond to Disasters,"* which offered shared context for the conversations.

During the in-person Summit, participants also engaged in an interactive and engaging schedule of learning sessions, including the keynote, *"Disaster-Proofing Compassion: Building Systems that Hold Both Crisis and Care,"* workshops on *"The Future is Funded: Strategic Giving for Systemic Change," "Virtual Services Post-COVID,"* and *"Program Spotlight: Parkland + Mosaic MedVan Partnership,"* and an interactive exercise, *"Choose Your Own Adventure: Responding to an Infectious Disease Outbreak in a Shelter."*

KEY THEMES AND INSIGHTS

The table below summarizes the five key themes that emerged across the focus groups. Each "Insight" reflects participants' words and experiences.

THEME	INSIGHT
Resilience and Adaptation	*We had to get creative overnight. What started as survival became innovation.*
Workforce Wellness and Sustainability	*When staff are not well or experiencing compassion fatigue/burnout, the whole system feels it.*
Public Health Integration and Leadership	*DV programs never shut down... we were first responders, even if no one called us that.*
Equity in Health Access	*Survivors heal when care reflects their culture, language, and community.*
Preparedness and Coordination	*Preparedness can't live on paper; it has to live with everyone.*

RECOMMENDATIONS

- Recognize domestic violence programs as essential health infrastructure
- Center survivor health and wellness in everyday advocacy
- Formalize communication and coordination systems
- Develop regional rapid response teams
- Build workforce wellness and organizational resilience
- Invest in workforce wellness supports
- Strengthen equity and cultural partnerships
- Sustain direct support funding for survivors
- Strengthen regional peer networks
- Sustain shared learning and accountability



"It taught us we are resilient."

PARTICIPATION SNAPSHOT

Participants

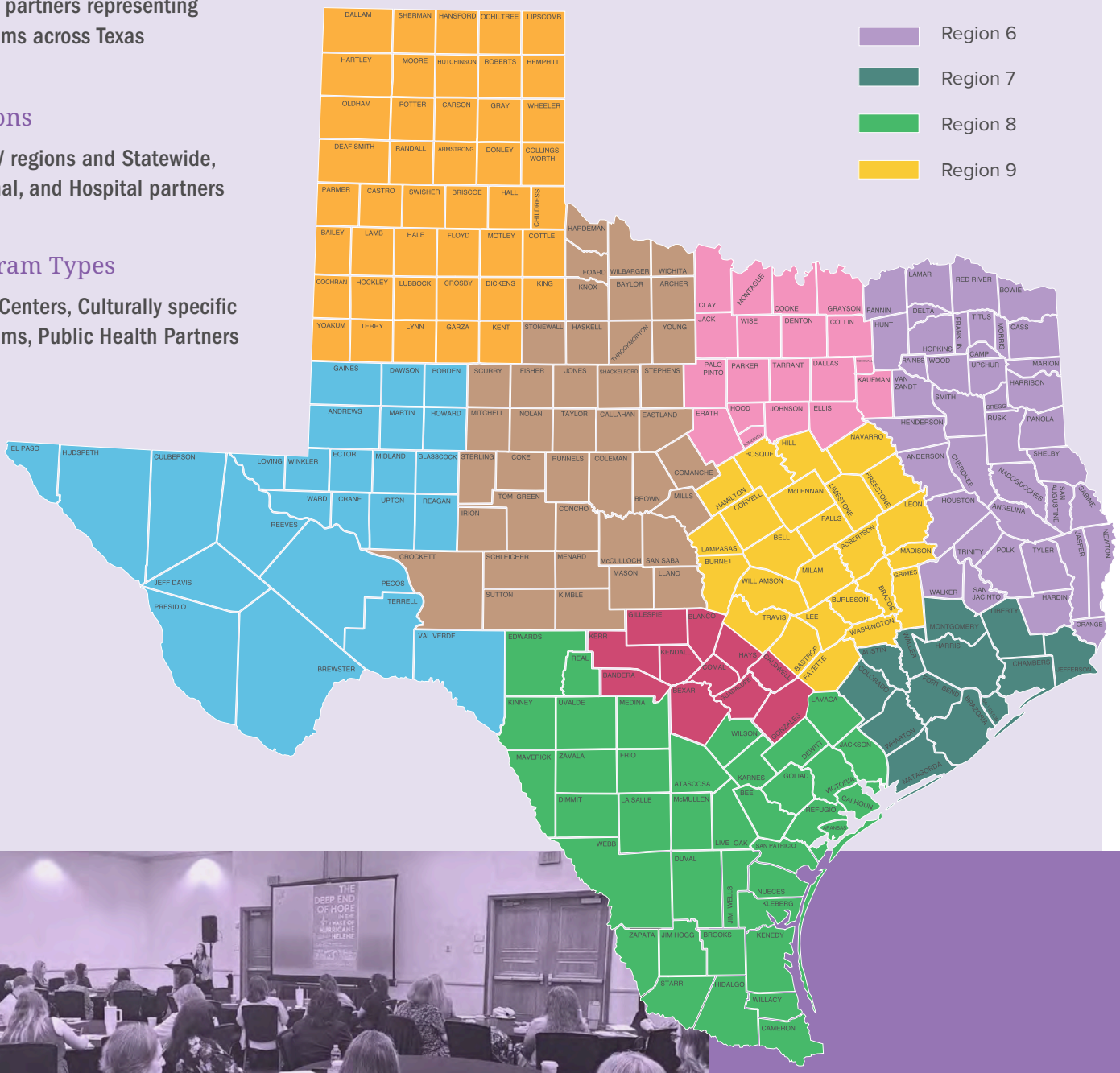
58 advocates, leaders, and health partners representing programs across Texas

Regions

9 TCFV regions and Statewide, National, and Hospital partners

Program Types

Crisis Centers, Culturally specific Programs, Public Health Partners





The Health Summit was held July 29–30, 2025 in San Antonio, Texas.

Introduction

The 2025 Health Summit was convened to explore how family violence programs across Texas are navigating the evolving intersection between health and family violence. In the wake of a global pandemic and ongoing systemic inequities, the Summit provided an opportunity for reflection and a chance to reimagine what resilience, health, and safety mean for survivors and the professionals who support them.

The Health Summit was designed in alignment with the American Rescue Plan (ARP) funding awarded to domestic violence providers across Texas. This initiative emphasized strengthening the field's capacity to respond to health-related crises, particularly those amplified by the COVID-19 pandemic.

Each session centered on urgent, real-world issues that continue to shape the movement:

- How do we sustain compassion through crisis?
- How do we ensure survivor health is as central to advocacy as safety?
- What do safety and connection look like when services go virtual?
- How do we invest in people and systems that sustain the work?
- What can we learn from mobile health partnerships?
- How do we make critical decisions in real time when a health emergency unfolds?

> *"We just have to breathe and get ready for the next wave."*

Focus groups were intentionally integrated as a tool for debriefing, gathering insights, and identifying strategies to strengthen the field's readiness for the future.

DATA COLLECTION OVERVIEW

TCFV applied a participatory qualitative approach to ensure that findings authentically reflect the experiences of programs across Texas. Over two days, participants engaged in five structured focus groups, each exploring a distinct aspect of health, equity, and organizational readiness.

Session notes and quotes were recorded to capture participants' perspectives.

To close the Summit, participants engaged in a 25/10 Crowd Sourcing activity, adapted from the Liberating Structures model, which invited participants to propose and rank bold, actionable ideas for the year ahead.

The discussions were analyzed to identify key themes and emerging trends, which informed the recommendations presented in this report.

THEMATIC FINDINGS

Theme 1: Resilience and Rapid Adaptation

Programs across Texas demonstrated extraordinary adaptability under pressure. Faced with unprecedented disruptions and limited resources, programs had to improvise new systems overnight. Programs transformed hotels into shelters, created hybrid advocacy models, and maintained connections through virtual tools. While this adaptation showcased creativity and commitment, it also revealed how much of that flexibility was driven by crisis rather than by sustainable infrastructure.

Theme 1: Resilience and Rapid Adaptation

INSIGHTS FROM THE FIELD

Early pandemic months were marked by confusion, fear, and disorientation. While still rebalancing their own organizations, advocates worked diligently to maintain safety amid mixed messages from public health officials and rampant disinformation on social media and other news sources.

"There was nothing in place... no one knew how to navigate it."

Programs improvised housing, created hybrid advocacy models, and used hotels as temporary shelters to maintain safety. Program staff went to extraordinary lengths to keep services operating in crisis conditions.

"Some staff stayed at a hotel for 8 months."

"Super 7 staff stayed at the shelter for 45 days straight to keep it running."

Technology became both a lifeline and a barrier. Programs recognized the necessity of virtual advocacy, whether expanding approaches they were already utilizing or rapidly adopting new ones in response to the crisis, many with little time to prepare. While virtual services opened up new possibilities, programs also confronted deep digital divides. Survivors often joined calls from cars or places where privacy was limited, while staff navigated weak internet connections, unfamiliar platforms, and limited training.

"Had been discussing services virtually and by phone prior to COVID, but immediately had to pivot."

Rural programs faced intensified isolation and logistical barriers from food shortages to a lack of PPE, which reinforced disparities in state support.

"We felt like an island to ourselves."

Family violence centers, long in need of funding for vital bridge supports, like housing and daily essentials, found the infusion of American Rescue Plan (ARP) and the Pandemic Emergency Assistance Fund (PEAF) to be life-changing for both survivors and staff. Funds not only enabled an infusion of resources for direct client assistance and health support for survivors, but also created a new stream of funding for the wellness of this workforce. As it was a vital source of relief, the funding ending due to its temporary nature has been devastating.

"ARP was a lifeline, and losing it is critical."

"All our dreams were fulfilled, and now the rug is being pulled out from under us."

OPPORTUNITIES

- **Standardize flexibility.** Protect rapid adaptation as a core capability by embedding trauma-informed practices into policies, decision-making, and day-to-day operations.
- **Invest in digital accessibility.** Access to secure technology is a basic condition of safety and service delivery.
- **Fund resilience.** Invest in long-term, flexible funding streams that support direct survivor assistance, workforce wellness, and the infrastructure programs need to remain adaptable beyond crisis conditions.

THEMATIC FINDINGS

Theme 2: Workforce Wellness and Sustainability

The health of the workforce is inextricably linked to the well-being of survivors: when advocates thrive, so do survivors and the systems that support them. Participants spoke candidly about burnout, grief, and the ongoing emotional cost of crisis work.

Discussions revealed that while self-care is often encouraged, holistic wellness is still out of reach for this vital workforce. Systemic care through equitable pay, rest, mental health support, and trauma-informed supervision is what sustains people.

Theme 2: Workforce Wellness and Sustainability

INSIGHTS FROM THE FIELD

Staff described how leadership expectations often clashed with their realities.

"Leadership was still expecting normal operations despite staff experiencing personal loss."

Participants shared profound fatigue from years of sustained crisis response. Participants described a cumulative strain shaped not only by the COVID-19 pandemic but by repeated statewide emergencies from Hurricane Harvey and Winter Storm Uri to Central Texas floods, wildfires, and periods of social upheaval. These overlapping crises have pushed staff to operate in prolonged states of urgency, often without time or resources to recover.

"The aftershock is hitting now."

"If staff are not okay, how can we expect them to be able to help clients?"

"Could the public health emergency be the mental health of our staff?"

Existing wellness efforts felt insufficient.

"The way we healed from burnout before; those things don't work now."

"Still feeling like in a never-ending crisis."

Staff want to normalize rest and process time as indicators of organizational health.

"There hasn't been a break to be able to define our role... we've been in crisis mode."

OPPORTUNITIES

- **Build trauma-informed leadership.** Equip leaders to center staff wellbeing in supervision and decision-making.
- **Prioritize retention.** Recognize equitable pay, flexible time off, and trauma-informed supervision as violence prevention strategies.
- **Develop an organization-wide wellness plan.** Establish trauma-informed policies and a structured plan to support staff wellness.
- **Advocate for secondary trauma resources.** Ensure staff have ongoing access to trauma-responsive support systems that help them process and recover from the emotional impact of the work.

THEMATIC FINDINGS

Theme 3: Public Health Integration and Leadership

Domestic violence programs are essential components of Texas's public health ecosystem. Their experience in crisis response, trauma care, and prevention positions them as natural partners in statewide health planning and emergency response. Yet, the pandemic revealed that these programs are not consistently recognized within formal public health systems. Participants described both the isolation and missed connections that resulted from this exclusion, as well as the opportunities to build stronger, more integrated partnerships.

Theme 3: Public Health Integration and Leadership

INSIGHTS FROM THE FIELD

Direct service domestic violence organizations function as first responders and as such merit access to vaccines, emergency funding and critical supplies.

"We were treated like we weren't essential even though we never shut down."

"We need to be seen as part of the health system, not separate from it."

"Domestic Violence IS a public health emergency and agencies should be considered first responders."

Many programs lacked connections with local health departments and were excluded from resource distribution. Others struggled with misinformation, inconsistent state guidance, and limited access to PPE.

"If you nurture those relationships in one emergency, they will stay and follow you to the next."

"Be more proactive than reactive in public health emergencies."

Participants praised TCFV's facilitation and information-sharing during the pandemic and urged the coalition to formalize those communication networks.

"We really look to TCFV for guidance."

"I loved how TCFV's prevention team acted, set up an organized space for DV organizations to communicate and stay connected as much as possible, during the COVID pandemic."

OPPORTUNITIES

- **Integrate DV into public health planning.** Advocate for DV program inclusion in all state and local emergency planning.
- **Strengthen health partnerships.** Build sustainable collaborations with hospitals, clinics, and local health departments to improve coordination and communication before crises arise.
- **Leverage TCFV's convening power.** Formalize TCFV's role as a statewide conduit between the DV field and public health systems to nurture lasting collaborations.

THEMATIC FINDINGS

Theme 4: Health Equity and Access to Health Care

Health equity remains one of the most urgent challenges facing domestic violence programs. Participants described health equity in practical, everyday terms: ensuring every survivor has an opportunity to heal by removing the barriers that make care more difficult to access. They emphasized that meeting survivors' medical, mental health, and emotional needs is inseparable from safety planning, advocacy, and long-term healing, and that programs need the resources and partnerships to center health as a core component of all services.

Yet, even with this clear framework, many programs continue to face systemic barriers. In rural regions, the absence of OB/GYN coverage, mental health resources, and reliable transportation compounds survivors' isolation. Across the state, misinformation, disinformation, and systemic inequities further limit access to care within survivor communities and the institutions meant to serve them.

Theme 4: Health Equity and Access to Health Care

INSIGHTS FROM THE FIELD

Programs serving survivors with the highest barriers (e.g., immigrant survivors, survivors in rural areas, and survivors from non-English-speaking communities) described persistent barriers to care.

"People think if they don't have papers, they can't get care."

"Didn't feel considered or remembered."

Advocates expressed confusion and concern about the laws recently passed regarding access to reproductive health care, which have resulted in fear and uncertainty around offering comprehensive information to survivors.

"Many survivors talk about repro coercion, so having Plan B can alleviate a lot of fear."

Participants emphasized that culturally grounded healing practices must be recognized, validated, and funded alongside clinical care. They described how mainstream medical models often fall short of meeting survivors' holistic needs, especially when providers lack trauma training or cultural context. The pandemic magnified racialized harm, unequal treatment, and long-standing distrust of institutions. Participants called for culturally responsive health education and ongoing learning within DV systems to better understand and reduce inequities in care.

"Health providers don't get real trauma training, and also Western models of medicine aren't sufficient to address holistic health."

"We're trying to address systemic racism, realizing we're a system connected to systems."

"Government didn't believe it was a virus – primarily people of color dying."

OPPORTUNITIES

- **Support culturally specific groups.** Foster caucuses and working groups that advance inclusive policies and elevate community-based care models.
- **Expand access through partnerships.** Strengthen trauma-informed and culturally responsive health and mental health services, particularly in rural and underserved areas.
- **Disseminate Texas-specific guidance.** Create guidance and materials that reflect local contexts, laws, and community realities while countering misinformation.
- **Advance language and cultural justice.** Ensure services are linguistically accessible, equitable, and grounded in the cultural strengths of the communities they serve.
- **Promote collaboration to improve care for survivors of all backgrounds.** Encourage DV programs and community partners to reflect on how survivors' racial and cultural identities shape their experiences and strengthen practices that reduce barriers.

THEMATIC FINDINGS

Theme 5: Preparedness and Coordination

Readiness must be practiced, shared, and embedded in daily operations. Participants described how even well-intentioned plans fell short when communication broke down or staff weren't equipped to act. Many programs had disaster plans on paper, but few knew where to find them or how to implement them. The result was confusion, duplication, and burnout at every level.

Advocates stressed that preparedness requires coordination. Programs need clear roles, regular communication, and statewide systems that connect them to reliable, vetted information. Participants emphasized that TCFV is uniquely positioned to fill this role by creating a centralized information hub that can facilitate communication among member programs and support readiness for hybrid and remote service models that have become essential in crisis response.

They also called for ongoing reflection and recovery after crises, noting that while leadership check-ins and problem-solving meetings were essential during emergencies, those spaces often disappeared once stability returned. Sustaining infrastructure between crises will help build a stronger statewide network.

Theme 5: Preparedness and Coordination

INSIGHTS FROM THE FIELD

Many programs had disaster plans, but few staff knew where to find them or how to activate them. Participants emphasized that effective emergency response depends on leadership that routinely practices these plans, builds in regular intervals for review, and ensures staff know exactly what to do when a crisis hits. They also described how organizational leaders often worked with limited information while making in-the-moment decisions to keep survivors and staff safe. This experience highlighted the need for clearer communication channels, stronger coordination, and shared access to essential information during emergencies.

"Emergency management coordination is a must that wasn't there before."

"Empowering all staff so information was readily available."

Participants described the chaos that results from unclear roles and the absence of structured emergency protocols.

"You can manage the crisis or the crisis will manage you."

Participants expressed a need for a statewide, TCFV-managed hub to share templates, guidance, and vetted information.

"We need to know who's at the table, and who we can call."

"Collaborating with each other through the listserv became a lifeline."

Advocates emphasized the importance of structured debriefs in allowing the field time to integrate lessons into practice.

"Time to take a breath and be more intentional about what is sustainable."

"I just realized I still haven't processed it."

OPPORTUNITIES

- **Create a centralized communication hub.** Establish a permanent TCFV-managed platform for vetted guidance, resource templates, and real-time coordination during crises.
- **Develop regional rapid response teams.** Build the infrastructure needed for regional teams that can support programs during crises and help ensure continuity of care.
- **Strengthen peer networks.** Build regional collaboration channels for support and shared problem-solving.
- **Support hybrid readiness.** Provide guidance and tools for delivering safe, effective hybrid and virtual services as part of standard emergency preparedness.

Recommendations and Next Steps

CORE RECOMMENDATIONS

The following recommendations synthesize findings across all themes and translate participants' insights into actionable next steps. They reflect what programs across Texas identified as most needed to sustain survivor-centered care, strengthen coordination across systems, and build a resilient public health and domestic violence infrastructure that endures beyond crisis.

1. **Appropriately recognize domestic violence organizations as essential health infrastructure.** Domestic violence agencies must be interwoven into local, state and federal public health and emergency planning and response frameworks.

2. **Center survivor health and wellness in everyday advocacy.** Prioritize survivor health across all service models by ensuring DV programs are fully integrated into statewide health preparedness, response, and recovery efforts.

3. **Formalize communication and coordination systems.** Establish a permanent, TCFV-led communication infrastructure to share vetted information, emergency guidance, and best practices across programs and partners.

4. **Develop regional rapid response teams.** Invest in mobile advocacy infrastructure that can temporarily support programs during crises to ensure continuity of services.

5. **Build workforce wellness and organizational resilience.** Develop statewide standards for staff wellness, trauma-informed leadership, and equitable pay structures that sustain those serving on the front lines.

6. **Invest in workforce wellness supports.** Ensure consistent, flexible funding for trauma-informed wellness practices, staff wellness resources, and organizational support systems.

7. **Strengthen equity and cultural partnerships.** Invest in culturally specific and rural organizations to expand equitable access to health and safety resources through language access, culturally responsive training, and culturally grounded care.

8. **Sustain direct support funding for survivors.** Secure ongoing resources for crisis assistance, health access, and material support that reinforce survivor safety and stability.

9. **Strengthen regional peer networks.** Facilitate regional networks that foster peer learning, shared problem-solving, and sustained connections across organizations.

10. **Sustain shared learning and accountability.** Continue convenings such as the Health Summit and host regional gatherings to reflect, share lessons, and track progress toward equitable, coordinated systems.

BOLD IDEAS FOR THE NEXT 12 MONTHS

As a final reflection, participants were asked to share bold ideas that could radically improve services and preparedness within the next year. The ideas that follow are presented in their own words and reflect the tenacity, hope, and belief in what's possible when attention and intention align.

What is one bold idea doable within the next 12 months that would radically improve services and preparedness when the next health emergency occurs?

- Design a comprehensive disaster management template that can be made available to individual shelters to help with their plans.
- TCFV starting an ongoing working group of EDs or Program Directors that is focused on Public health concerns that produces fact sheets, best practices, and draft policies and procedures that are available to DV organizations on something like Coalition Manager, so we can easily pull them if needed. This group would also be advisors and advocates to other programs and outside entities.
- Create a think tank or working group that can create emergency plans for pandemic and natural disaster protocols.
- In 12 months:
    1. Write a detailed preparedness plan for confronting a health crisis (not the two-page plan that exists).
    2. Reach out to existing staff.
    3. Make training part of onboarding for new staff.
    4. Create lists for each staff's specific jobs and tasks.
    5. Make sure they know where it is.
- Bring a multidisciplinary team together to create a crisis protocol. TCFV facilitates at the state level, creating templates and structure for local DV's to implement locally.
- Find funding to develop a statewide crisis response team that supports programs and liaises with public health offices.
- Bring survivors, folks receiving services, and community partners into the planning.
- Emergency Health Crisis Guideline – Preparedness Sheet
- Ensure that the staff who do this work statewide are classified as emergency responders so they have access to supports and supplies needed for health and safety when the next health emergency occurs.
- Strategically integrating within the emergency preparedness crisis response teams (both statewide & community-based) and have similar talking points and direction to ensure DV agencies are included in city and stateside response plans and funding. & include survivors in these groups.
- Run a preparedness drill for all staff (hotline, necessary staff, ability to isolate, etc.)
- Ensure that all programs have solidified a relationship with local emergency management teams and a seat at the table for preparedness and response strategy sessions.

Conclusion

Texas is no stranger to crisis. From Hurricane Harvey to Winter Storm Uri to the COVID 19 pandemic, programs have continually adapted, often with little more than determination and ingenuity. Each disaster has revealed both the strength of our movement and the fragility of our systems. Programs have shown up and carried their communities through every emergency. However, there has been no pause between one crisis and the next, and the fatigue is visible. It cannot be ignored.

During the height of the pandemic, TCFV used the majority of our CARES funding to invest in a pilot collaboration with Dr. Jeff Temple and Dr. Leila Wood to better understand the impact of COVID 19 on domestic violence organizations. That partnership grounded our response in research at a time of uncertainty. Their study, *Short-Term Health and Safety Outcomes Associated With Digital Hotline Use at Interpersonal Violence-Focused Agencies,*[1] documented the health and safety outcomes connected to digital hotline services and helped illuminate how agencies were rapidly shifting service delivery to meet survivor needs. In addition to advancing research, Drs. Temple and Wood provided virtual counseling to domestic violence advocates who were, frankly, burnt out from the relentless demands of the pandemic. Their support helped contextualize the climate of that difficult period and underscored the human toll on the workforce.

The time for temporary fixes has passed. The call from the field is clear: invest in the infrastructure, workforce, and partnerships that make this care possible. Build systems that protect the people and the programs doing the work.

The work ahead is to transform survival into sustainability, and sustainability into thriving. This is how we honor the lessons learned, the people who keep showing up, and the survivors we serve.

1 Temple et al., 2025, https://journals.sagepub.com/doi/full/10.1177/00469580251381991

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Appendix: Focus Group Overview

FOCUS GROUP GOALS

- Discussing experiences and ideas related to the intersection of health and gender-based violence.
- Exploring five different focus areas to help us navigate this intersection better and more collaboratively in the future.

FOCUS GROUP OBJECTIVES

- Reflect & think critically about COVID and our agencies' responses
- Creatively prompt discussions around readiness and future planning
- Not to have exact solutions or to respond to specific TA issues.

FOCUS GROUP TOPICS & PRIMARY QUESTIONS

Group 1: **Reflect on COVID's Impact on the Local and Organizational Levels**

Primary Question: *Looking back over the past five years, how did the COVID-19 pandemic initially impact your organization and the survivors you serve, and how have those impacts evolved over time?*

Group 2: **Assessing and Addressing the Health Needs of Survivors Through Everyday Services**

Primary Question: *How does your program assess survivors' health needs? What services do you currently offer to address these needs? (Consider when talking about health services: medical, vision, dental, mental health, reproductive health, etc.)*

Group 3: **Exploring Family Violence Programs' Roles and Responsibilities in Public Health Emergencies**

Primary Question: *Reflecting on your experiences over the last five years, what do you see as family violence programs' roles and responsibilities in public health emergencies, and how have these roles evolved over time?*

Group 4: **Identifying Strategies and Preparedness Plans in Response to Future Health Crises**

Primary Question: *What strategies, policies, and preparedness plans do you think family violence programs need to develop or enhance to respond more effectively to future public health crises?*

Group 5: **Informing TCFV's Role in Providing Leadership and Support Before, During, and After a Public Health Crisis**

Primary Question: *How can TCFV best support local programs effectively before, during, and after a public health crisis? Outside of an emergency or crisis, how can TCFV better support programs in addressing the health needs of survivors?*



Texas Council on Family Violence promotes safe and healthy relationships by supporting service providers, facilitating strategic prevention efforts, and creating opportunities for freedom from domestic violence.

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TEXAS COUNCIL ON FAMILY VIOLENCE

INDIVIDUALLY WE POWER CHANGE.
TOGETHER WE POWER A MOVEMENT.