

TRAUMA RECOVERY CENTERS

Addressing the Needs of
Underserved Crime Survivors
in Texas

Recommendations to Texas Policymakers

National Alliance of Trauma Recovery Centers
July 2020

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About the organization.

The mission of the National Alliance of Trauma Recovery Centers is to advocate and increase access to trauma-informed, quality care for all people impacted by violence. The vision of the Alliance is to imagine a world where every survivor of violence gets the help they need to heal.

1 IN **10** RECEIVE ASSISTANCE



ONLY ABOUT ONE IN 10 PEOPLE WHO SURVIVE A VIOLENT CRIME RECEIVE DIRECT ASSISTANCE FROM A VICTIM SERVICE AGENCY.

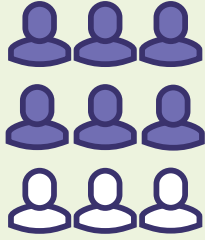
EXECUTIVE SUMMARY

Survivors of violent crime face many barriers to healing along their journey to recovery. Experiencing interpersonal violence, such as a physical or sexual assault, or a gunshot wound or stabbing, can cause devastating, lifelong psychological and/or physical consequences, especially if the survivor does not receive timely and effective support services. Unaddressed trauma can lead to chronic emotional distress, relationship problems, and self-medicating through increased alcohol or drug use, all of which can lead to challenges with maintaining employment or housing. Lives frequently begin to unravel. Untreated trauma has costly consequences for the survivor, their family, and the larger community.

Research conducted in Texas shows that few crime survivors receive the support they need to heal, and to move past the trauma they experienced: *four out of ten Texans have been a victim of a crime in the past 10 years*, but among those impacted by violence, less than one in ten received victims compensation. About half of crime survivors felt either “not at all supported” by the criminal justice system, or only slightly supported.

The Trauma Recovery Center (TRC) model was developed to address the needs of underserved crime survivors—people who often face the biggest barriers to accessing healing services. The TRC model is specifically designed to reach those who have fallen through the cracks of traditional support services.

TRCs have established a track record of addressing the needs of crime survivors who are traditionally underserved, such as people experiencing street violence, younger victims, people who are homeless, LGBTQ+ victims, and communities of color. Findings from a four-year randomized clinical trial and subsequent research have demonstrated this model to be both treatment- and cost-effective.



2/3RDS OF TRC CLIENTS FROM THE FIRST TRC ARE FROM COMMUNITIES OF COLOR

TRCs have shown that they are:

Addressing the needs of underserved crime survivors. The oldest and most established TRCs report addressing the needs of clients who are largely low income, from communities of color, and who face significant barriers to accessing other victim services. For example, about two thirds of TRC clients in San Francisco, and 85 percent of those served by the Long Beach TRC, are from communities of color.

Serving victims impacted by multiple crimes, who have multiple needs, and providing multiple services to help survivors heal. As crime survivors navigate the process of healing from trauma, TRCs help them make connections to safer housing, medical care and treatment services, and provide crime survivors assistance

in accessing additional key services. TRCs help crime survivors return to work sooner, and navigate the criminal justice system more effectively.

Providing culturally relevant services. Some of the new TRC are embedded in community-based organizations that have unique competencies in recruiting staff from the neighborhoods most impacted by violence, and all TRCs use a cultural humility approach so that diverse communities of crime survivors can be respectfully and effectively served.

TRCs are demonstrating that they are succeeding in addressing the needs of a vulnerable community of crime survivors, and people served by the model report big improvements in health and well-being.



TRCs CONNECT PEOPLE TO SAFER HOUSING, MEDICAL CARE AND TREATMENT.



MORE THAN 9 OUT OF 10 CLIENTS FELT BETTER EMOTIONALLY AFTER BEING SERVED BY A TRC.

When someone is served by a TRC, the data show that they are *more likely* to:

See improvements in mental health and quality of life: Twice as many clients served by a TRC used mental health services, compared with victims who received usual care, and when patients self-rated their functioning at the end of TRC treatment, more than 9 out of 10 people said treatment helped them feel better emotionally. Treatment outcome data show that TRC clients' PTSD symptoms decrease by as much as 38 percent, and symptoms of depression decline by more than half. TRC clients report experiencing less physical pain, and report increased quality of life and improved sleep quality following their treatment.

Apply for victim compensation: TRC services *significantly reduce disparities* in the number of victims compensation applications filed by crime survivors who are younger, have less education, face housing challenges, or are homeless. For example, with TRC services, people with less than a high school education are four times as likely to apply for victim compensation, virtually eliminating disparity related to lower education level.

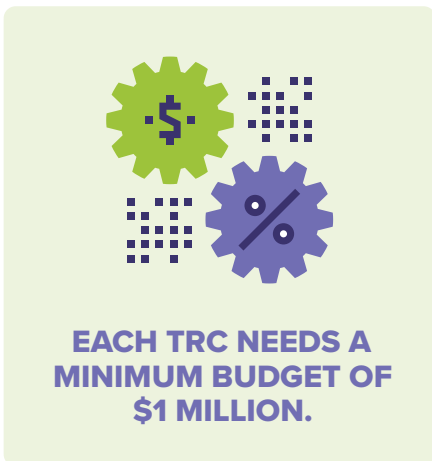
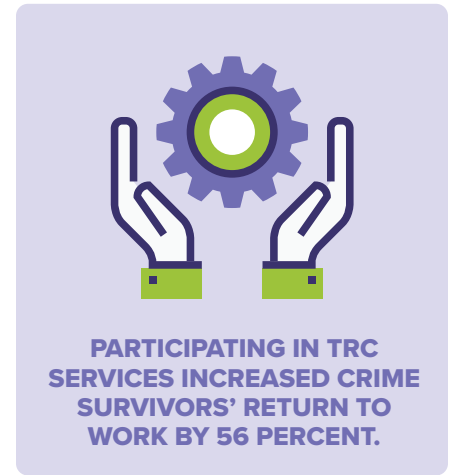
Return to work: Participating in TRC services increased crime survivors' return to work by more than half (56 percent), compared to clients receiving usual care.

Cooperate with law enforcement to solve crimes: TRC clients were 44 percent more likely to cooperate with a District Attorney to solve crimes than clients receiving usual care. Among sexual assault victims, clients served by a TRC were 69 percent more likely to file a police report than those served by usual care. TRCs also train hundreds of law enforcement officials every year in trauma-informed approaches.

Receive more comprehensive services, delivered in a more cost-effective way:

Each hour of TRC care costs about a third less than usual care. The cost-effectiveness of the model is all the more noteworthy because TRCs provide a wider range of services than fee-for-service care, including case management that can leverage other existing resources.

With additional support, the TRC model would be able to serve an even larger number of crime survivors across the state, thereby increasing the number of clients served from the thousands to the hundreds of thousands each year.



To expand the reach and effectiveness of TRCs, policymakers should:

Ensure each TRC has, minimally, a budget of \$1 million. As TRCs have grown to other states, and the cost-effectiveness of the model has been established, lawmakers have recognized the need to fund the work at a level that supports the model to succeed, and some states have allocated a minimum of \$1 million for each new TRC.

Designate state funding to support technical assistance to new TRCs.

TRCs are obligated by law to meet a dozen core requirements that define the model, and differentiate it from usual care.

Knowing how to meet these requirements can

be a challenge for any organization new to implementing this work, particularly for small, community-based nonprofit organizations. Funds should be available for technical assistance to support new TRCs so that all have the guidance and resources they need to effectively replicate the model, and can leverage existing state investment in successful outcomes.

Prioritize placement of TRCs in underserved parts of the state, including areas with high incidents of human trafficking. Texas has worked hard to fund and support efforts to stop human trafficking. Identification and extraction of trafficked individuals is only the first step. Providing survivors with the appropriate continuum of trauma-informed services is the next part. TRCs provide a place for survivors to obtain these services and engage with law enforcement on their terms and in their time.



INTRODUCTION: THE CRISIS OF UNADDRESSED TRAUMA

Despite crime rates still being at some of the lowest levels in decades, millions of Americans experience violence every year, and few receive any help recovering from the trauma.

The most recent data show that, in 2018, 3.3 million people were victims of violent crime, and there were 6 million violent crimes recorded.¹ As many as one in four people have been a victim of crime in the past 10 years, and roughly half of those have been the victim of a violent crime.² The data show that victims of violent crime are four times as likely to be repeat crime victims of four or more crimes, and that more than one-third of victims of violent crime have been repeatedly victimized.³

People who survive a violent crime can face devastating, lifelong consequences from this traumatic event. Unaddressed, this trauma can lead to emotional problems, addiction, challenges returning to work or staying housed, and can ultimately lead to someone being revictimized, which has costly consequences for the individual and the community.

The literature shows that:

- **About half of those who experience trauma will have resulting psychological or social difficulties** akin to post-traumatic stress disorder—with symptoms that can include nightmares, insomnia, fear, anger and depression—unless they are given some form of effective treatment.⁴
- A study published by the National Institute of Justice (NIJ) found that **violent crime victimization results in medical and mental health care expenses, lost productivity, and property damage, and in intangible costs of approximately \$330 billion** because of reduced quality of life, pain and suffering. Victims pay approximately \$44 billion out-of-pocket annually in tangible costs, and employers, insurers, and government programs pay the remaining costs directly through reimbursement or indirectly through lost revenues.⁵
- Looking at the estimates of the cost of violent crime a different way, NIJ found that **violent crime causes 3 percent of U.S. medical spending and 14 percent of injury-related medical spending**, results in wage losses equivalent to 1 percent of American earnings and causes a 1.7 percent decline in a measure of American's quality of life.⁶
- **Violent crime is a significant factor in usage of mental health care.** As much as 10 to 20 percent of mental health care expenditures in the United States may be attributable to crime, primarily for victims treated as a result of their victimization.⁷

Despite the huge costs to the individual and the community when trauma caused by violent crime goes unaddressed, most crime survivors do not get the support they need to heal. Only one of every five crime survivors is aware that victim restitution funds exist, and only about 1 in 10 received assistance from a victim-service agency. This already low number drops when the crime is unreported—and more than half of all violent crimes are not.⁸

The gap between the vast numbers of people who experience violence and how few people receive help following the crime is even greater among communities of color. Over the past four decades, the risk for serious violence has been 1.5 to 2 times greater for African Americans than whites, and 1.2 to 1.5 times greater for Hispanics than whites. Despite experiencing higher rates of violence, people of color are less likely to receive services and support after experiencing violence.⁹

The Trauma Recovery Center Model

The Trauma Recovery Center (TRC) model was designed to reach survivors of violent crime who are unlikely to engage in mainstream mental health or social services. The TRC model comprises a number of key elements:

TRC staff help crime survivors navigate and streamline the process of applying for and receiving compensation: staff members help crime survivors identify and overcome other barriers to services and provide coordinated care that includes mental health, physical health, and psychosocial and legal services.



Assertive outreach
and engagement to engage crime survivors in services.



Proven approaches
to address crime survivor needs, like evidence-based psychotherapy that targets specific symptoms.

Clinical case management

to address survivors' basic needs (medical, legal, financial, housing) and coordination of care across systems.



A mission to respond both to victims of crimes that are underserved

(such as community violence) and to people who face challenges in accessing usual care, such as low-income people and those who are young, homeless or from communities of color.

DESIGNED TO MEET THE NEEDS OF UNDERSERVED CRIME SURVIVORS.

As first steps were being taken to develop the TRC model, researchers collected data on the existing barriers crime survivors faced in accessing victims compensation, and studied the results from a demonstration project that tested the approach. The data collected showed a big gap in the victims' services continuum of care.

- **Victim service dollars were not necessarily being used to serve survivors of all types of crimes.** The federal Victims of Crime Act dollars that are distributed by some states support domestic violence shelters, rape crisis centers and child abuse treatment. These funds were not, however, necessarily directed to survivors of community violence, shootings, or other types of crimes that disproportionately impact communities of color. TRCs sought to fill this void.
- **Traditional models of mental health services were too limited to meet diverse needs.** Survivors of crime do not have uniform needs. Some survivors might feel shame at having been victimized by crime. Others may be troubled by a perceived stigma that they associate with seeking mental health services. Still others may have practical needs, such as retaining housing, that take precedence over seeking help for emotional healing. But the type of care most crime survivors access—50-minute, office-based psychotherapy sessions—is not designed to address individualized needs. Many traditional mental health clinicians provide little if any case management assistance with navigating health and legal systems, and some have little, if any, specialized training in evidence-based, trauma-specific treatment approaches that address the specific needs of crime survivors.¹⁰
- **Young survivors, low-income survivors, homeless survivors, and survivors from communities of color faced the biggest challenges in getting support.** The research shows that survivors of female gender and/or white ethnicity are more likely to be treated for trauma-related disorders than males and people of color.¹¹ This is a paradox and policy challenge, because crime survivor surveys and data on victimization have shown that crime survivors are disproportionately young, low-income, and from communities of color.¹² The literature also shows that in usual care, survivors with less than a high school education are half as likely to file claims for victim compensation resources than survivors with a high school education or more, and that homeless people are four times less likely to file claims than survivors with housing. In addition, crime survivors younger than 35 are two and a half times less likely to file a claim compared to survivors age 35 or older.¹³

CARMEN: RETURNING TO WORK AND REBUILDING A LIFE.

When a drive-by shooting killed her 26-year-old daughter and left her son and two-year-old grandson with serious injuries, Carmen (not her real name) was overwhelmed by the sudden and violent loss. Daily panic attacks made it impossible for her to drive; painful, intrusive images of her daughter's death prevented her from sleeping.

At the same time she was struggling with trauma and bereavement, Carmen, a 48-year-old Mexican American, also became the sole caregiver for five children: her daughter's three kids and two of her own. She had to quit her jobs as a salesclerk and as a part-time waitress to care for her expanded family.

When Trauma Recovery Center (TRC) clinicians first met Carmen, she was afraid to leave the house and was keeping her children and grandchildren at home, too. The clinicians began making home visits, assessing the children for treatment and getting them back in school. Next, TRC staff helped Carmen apply for Victim Compensation Program benefits and Section 8 housing so she could move her expanded family into a bigger house. They assisted Carmen with immediate concerns, including helping her secure a donated SUV to replace her daughter's car, which had been impounded for evidence, so she could take all her kids to school and to their therapy and medical appointments. TRC staff also helped Carmen address long-term priorities, including helping her get legal custody of her grandchildren and supporting her as she worked with the police on her daughter's homicide case. Carmen's TRC team even fundraised for new clothes and Christmas toys for the children.

Heartbroken by her daughter's murder but determined to stay strong for the kids, Carmen found relief in therapy, where she could fully grieve and talk about her sadness, anger and despair. TRC staff also helped Carmen reconnect with her church and arranged for childcare support and meal assistance. Eventually, the TRC helped Carmen and her family relocate to a new community, where they got a fresh start in a house with a yard and a school within walking distance. After a year in treatment, she recently returned to work as a sales clerk.

The TRC's comprehensive approach—combining assertive outreach, trauma-focused psychotherapy, case management and close coordination amongst medical, law enforcement and social service agencies — was vital to Carmen's ability to deal with the practical implications and emotional turmoil of a horrific, life-changing event.



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Figure 1 contrasts how TRCs were developed to specifically address the diverse needs of crime survivors who were not being successfully served by the existing continuum of care, and how the TRC model is different than usual care.

FIGURE 1:

WHAT A SURVIVOR RECEIVES FROM...



...USUAL CARE

...A TRAUMA RECOVERY CENTER



A 50-minute psychotherapy session	Comprehensive mental health services that include: crisis intervention, individual and group treatment, family work, and medication support services
Office visits	Services in someone's home, school, provider's office, District Attorney's office, and other settings
Access to a limited group of multilingual practitioners	Multilingual staff who work from a cultural humility approach, who may be from the communities most crime survivors are from, and provide culturally relevant services
Providers focused on serving survivors of specific crimes, or that provide a specific service (e.g., a shelter)	Providers whose mission, training and services target all crime survivors, particularly those from underserved communities
Generalized treatment that may not have been proven effective, or that may lack a certain evidence-based standard	Treatment that is evidence-based and proven to address specific challenges a crime survivor might have
Services designed to focus on one part of the healing process (psychotherapy)	Full range of support services in addition to psychotherapy, including case management services designed to help a survivor through multiple processes (from filling out forms to interacting with law enforcement, employers, housing providers and the health system)
Services that may be limited to one person working with the survivor	Support from a multidisciplinary team that can address multiple needs
Services that cost the survivor about \$100 per unit of service	Services that cost survivors about \$67 per unit of service (34 percent less than regular care)

Source: Adapted from *The UC San Francisco Trauma Recovery Center Manual: A Model for Removing Barriers to Care and Transforming Services for Survivors of Violent Crime*, 2017. Promise of the Sun Press. Available online at: <http://traumarecoverycenter.org/trc-manual/>

In short, while all victims of violence face challenges in getting the support they need to address their trauma, these challenges are particularly acute in the communities TRCs were specifically designed to serve.

Meeting an early test: the TRC pilot outcomes.

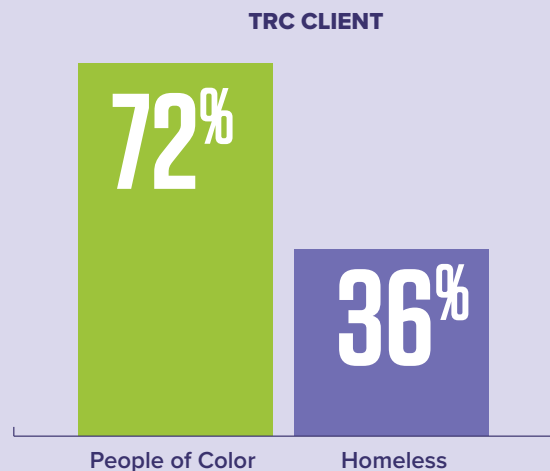
When lawmakers backed the development of the TRC model, they requested that the initial pilot at the University of California, San Francisco complete a randomized control study to show the efficacy of their services. That study showed that the model was reaching victims who are traditionally underserved.¹⁴

- **The TRCs’ assertive outreach to urban crime survivors diminished gender and ethnic disparities.**¹⁵ As Figure 2 illustrates, of the 541 crime survivors enrolled in the study, 72 percent were people of color and 36 percent were homeless. Also, more than half lived below the poverty line.
- **The TRC model was reaching a survivor community that has been impacted by multiple crimes.** Ninety-one percent of trial participants were *polyvictims* meaning they had experienced an average of three broadly defined types of crimes over their lifetime, in addition to at least one other non-crime-related trauma (e.g., natural disaster, accident, combat or life-threatening illness).¹⁶
- **The TRC model reached a survivor community that needed multiple services to heal.** Seven out of 10 of those served needed assistance obtaining food, safe housing, financial entitlements, medical services, employment and/or assistance working with police and other agencies.¹⁷

FIGURE 2:

Nearly three-quarters of clients served by the TRC demonstration project were people of color and 36 percent were homeless.

Alvirez, J., et al. (2008). Which low-income urban crime victims use trauma-focused case management and psychotherapy services? *Journal of Loss and Trauma*, 13:288-302.



Expansion, with a clear focus.

With the demonstration project showing that the TRC model was successfully addressing the needs of underserved victims, lawmakers further refined the model’s mission.

In 2013, California Senate Bill 71 directed the California Victim Compensation Board to award and administer grants to develop additional TRCs in California. The following year, Proposition 47 directed that 10 percent of prison and jail spending savings resulting from sentencing changes be spent to further increase funding for additional TRCs. In 2017, when Assembly Bill 1384 created statewide standards for TRCs and laid out minimum requirements and best practices, it specifically stated that TRCs should “*provide outreach and services to crime victims who typically are unable to access traditional services.*”

TRCs HAVE BEEN INSTITUTED ACROSS THE COUNTRY.

Some of the new TRCs are associated with universities or hospitals. Most are embedded in community-based organizations that have unique competencies in recruiting staff from the neighborhoods most impacted by crime and violence.

The model has also been replicated in Illinois, Iowa, and Ohio, and is being replicated in New Jersey and Georgia. This year, there will be 35 TRCs nationwide.

Where are Trauma Recovery Centers located?

Trauma Recovery Centers are located in California, Iowa, Illinois and Ohio.

Outcomes from the Columbus, Ohio Trauma Recovery Center

In addition, with the support of then-Attorney General and now Governor Mike DeWine of Ohio, TRCs have been established in nine locations in Ohio.

Since 2017, the Ohio State University STAR Trauma Recovery Center (TRC) in Columbus, Ohio has been providing personalized therapy and been support for survivors, and is one of nine TRCs in Ohio.

The STAR TRC *has served 2,000 clients* that:

- Experienced the types of violence that generally are outside the domains of traditional victims' service providers (such as gun violence, 6.8 percent of clients, or assault, 23 percent of clients).
- Were part of a vulnerable population, including 36 percent who were economically disadvantaged, 6 percent who were individuals with a disability. More than half of STAR TRC clients had a pre-existing mental health issue.
- Were more likely to be from communities of color (47 percent), in a city that is majority Caucasian.





MARY: HELP FOR A FAMILY TO RECOVER FROM VIOLENCE.



If I could just put it on a big billboard — we need more Trauma Recovery Centers. They have really touched my family, and I can't thank them enough on how they're helping and continue to help me.

In March 2018, Mary's son, Raymon, was murdered in West Stockton. The loss of a beloved son, brother, father, and uncle devastated Mary's close-knit family. At the mortuary, Mary's pastor gave her the number of a contact at Fathers and Families of San Joaquin, which runs a TRC in Stockton. She also heard about the TRC from friends who were clients of the center.

Mary reached out to the TRC and was immediately taken in. At the time, Mary had applied for victim's compensation and been denied. The TRC helped overturn the denial, and Mary was reimbursed for the costs of her son's cremation.

Mary also began weekly sessions with a counselor that following week. While clients in traditional victim services programs typically receive a dozen sessions, Mary has been seeing her counselor for

the past year and a half.

"I can call her any time, night or day," Mary says of her counselor. "As a matter of fact, my grandson called her at 3 in the morning, talking about committing suicide. She was able to talk him off the ledge."

Understanding that Mary's path to healing includes her family's healing, Mary's counselor and the TRC also support her whole family. The TRC helped one of Mary's granddaughters, who is now in culinary school, with her college applications, secured employment for another granddaughter and provided Mary's disabled, expectant niece with baby goods. The TRC staff "came out in numbers" during Mary's son's candlelight vigil and balloon release.

Along with individual sessions, Mary participates in acupuncture and massage services, a bi-monthly women's group therapy, and healing circles where participants who are both survivors and people who've harmed share their stories with one another. To Mary, sharing her story and listening to others has been "a blessing."

Mary also attends crime survivor-related events through the TRC and speaks on panels on behalf of the center, which she says is part of the healing process for her.

Today, Mary is spreading the word about the TRC to other survivors in her community. She has introduced several people from her community to the TRC.

"If I could just put it on a big billboard — we need more Trauma Recovery Centers. They have really touched my family, and I can't thank them enough on how they're helping and continue to help me."

REPORTING BETTER OUTCOMES FOR CLIENTS.

TRCs are showing significant progress in addressing the core needs of people who have experienced trauma. Compared with crime survivors served by usual care, people served by TRCs experience bigger improvements in mental and overall health, and are more likely return to work after a crime. Homeless people or individuals in precarious housing were more likely to get the services they needed from TRCs compared to those who received usual care.

The information reported in this brief comes from:

- The randomized control trial from the first TRC from 2001-2005;
- Data on the 10,000 clients that have been served by the first TRC since 2001;
- Data from the second-oldest TRC and information reported from other TRCs.

More connections to mental health, and improved health

Two in three crime survivors reported experiencing anxiety, stress, and difficulty with sleeping after the crime incident.¹⁸ When someone is repeatedly victimized, they are more likely to suffer higher levels of depression, anxiety, sleep disorders and symptoms related to post-traumatic stress disorder (PTSD).¹⁹

As Figure 3 shows, nearly twice as many clients served by a TRC (71 percent) used mental health services compared with victims served by usual care (38 percent). Victims of sexual assault who were TRC clients were more than ten times as likely to access mental health follow-up services (71 percent) compared to those served by usual care (6 percent).²⁰ When patients self-rated their functioning at the end of TRC treatment, more than 9 out of 10 people said treatment helped them feel better emotionally.

A crime survivor being served by a TRC may receive assistance navigating the health system, which can include help with everything from getting the right medication to connecting with the right professional to address physical harm, addiction, and health needs.

Between the time they entered a TRC and their 16th session of treatment—a period of time which is often a target point for the client and clinician to review progress and decide whether treatment is complete—a sample of 261 TRC clients, experienced an average of a:

- **38 percent decrease in PTSD symptoms;**
- **52 percent decrease in depression symptoms;**
- **12 percent reduction in physical pain;**
- **16 percent increased measurement in quality of life;**
- **20 percent improvement measurement in the quality of their sleep.**²¹

Of those survivors with alcohol or substance abuse problems, by the end of treatment, 88 percent reported improvements in dealing with those problems.²²

When patients self-rated their functioning at the end of treatment, more than 9 out of 10 said treatment helped them cope better with medical problems, 93 percent had improvements in day-to-day functioning, and ninety-five percent reported that TRC services helped them feel better emotionally.²³

More clients returning to work.

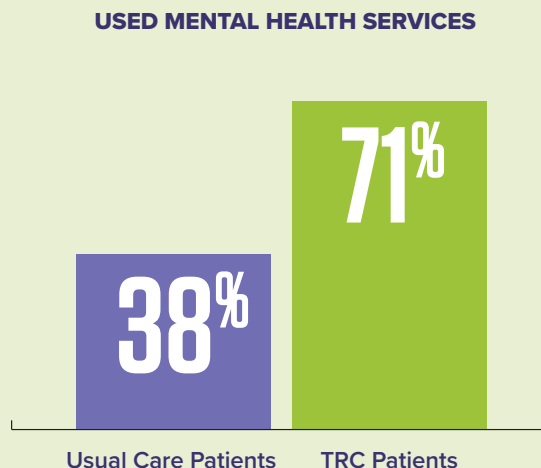
Among crime survivors surveyed, one in four said they missed work as a result of the crime incidents. In addition to the lost property and wages survivors experience, and medical expenses that must be paid, billions of dollars are drained from the economy when crime survivors needs go unaddressed.²⁴

As part of the overall range of services provided to crime survivors, TRCs work with clients to help them to return to work. Compared to victims who are not receiving TRC services, TRCs increased crime survivors return to work by 56 percent (See Figure 4).²⁵

By helping survivors return to work, TRCs help people to avoid bankruptcy, retain their housing, and keep their medical insurance, ensuring that fewer taxpayer dollars will need to be spent on unemployment insurance and public disability payments.²⁶

FIGURE 3:

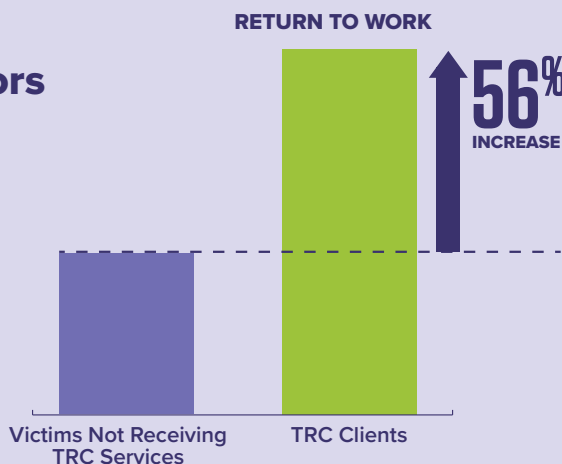
TRC clients are nearly twice as likely to use mental health services



Boccellari, A., et al. (2007). *California State Crime Victims' Services: Do They Meet the Mental Health Needs of Disadvantaged Crime Victims?* Report to the California Program on Access to Care, California Policy Research Center. University of California; *The UCSF Trauma Recovery Center Model: Removing Barriers to Care and Transforming Services for Survivors of Violent Crime.* (2017). *Promise of the Sun Press.* Available online at: <http://traumarecoverycenter.org/trc-manual/>

FIGURE 4:

The TRC increased crime survivors return to work by 56 percent.



Okin, R., et al. (2007). *Recommendations to the State of California Victim Compensation Program based on findings from the UCSF Trauma Recovery Center Demonstration Model Program* (p. 6). University of California, San Francisco.

TRCs HELP ADDRESS CRIME SURVIVORS' NEEDS OUTSIDE THE JUSTICE SYSTEM, AND WORK WITH THE JUSTICE SYSTEM.



If a crime isn't reported to law enforcement, it can mean the crime survivor may not receive the help and support they need to recover and heal. National data indicate that survivors frequently do not report crime to the authorities: more than half of violent crimes go unreported (54 percent).²⁷

TRCs address crime survivors' needs outside of the traditional justice system processes—processes that repeated surveys have shown fail to provide the healing services someone needs to move past trauma.

Using a survivor-centered approach, TRCs play a role as a conduit between someone struggling with trauma and how they navigate justice system processes to receive help, and work with the justice system to solve crimes, and reduce community harm.

TRC staff can help their clients through the process of reporting the crime to law enforcement, can accompany a crime survivor to court, and can support a crime survivor through the U visa process if they are undocumented. TRC staff can also help crime survivors communicate with the District Attorney's office, and can work with them to manage stress and anxiety to help them to participate in the criminal justice process. With the client's permission, a clinician may consult with the police or the District Attorney's office in order to help bridge any communication issues and help increase cooperation with law enforcement. TRC staff also link clients with assistance filing restraining orders as needed and provide relevant documentation.²⁸

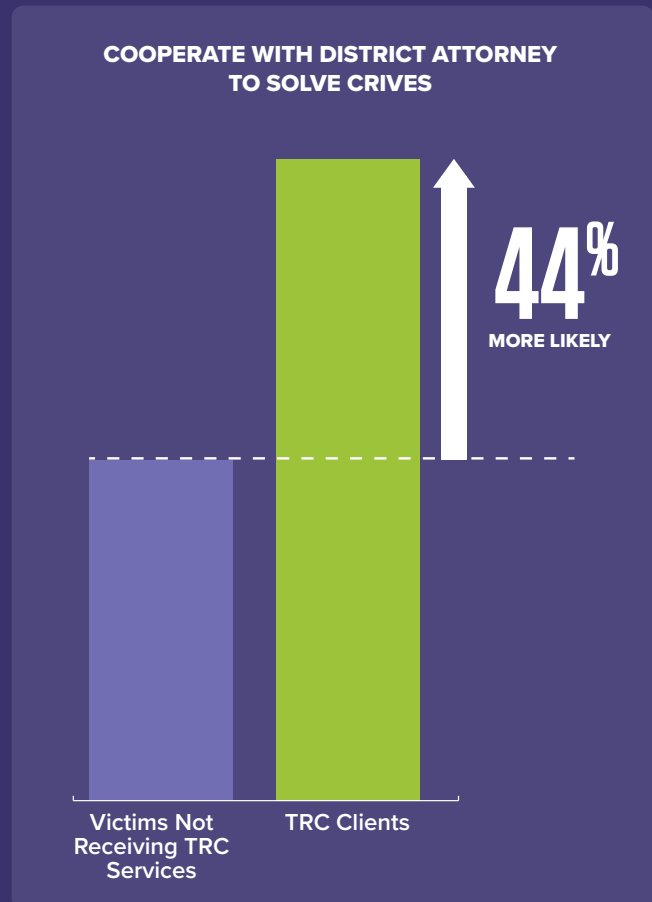
Compared with usual services, TRC clients were 44 percent more likely to cooperate with the District Attorney to solve crimes.²⁹ Among sexual assault victims, clients served by a TRC are 69 percent more likely to file a police report.³⁰

TRCs are helping train law enforcement to work more effectively with victims, and are partnering

where appropriate to help solve local public safety challenges.

In 2018, the Long Beach TRC trained over 617 law enforcement officials, including people in judicial agencies, the police department, the city prosecutor's office, and the Los Angeles District Attorneys office. Stockton TRC staff also trained law enforcement on trauma and culturally rooted services, and in 2017, had more intensive collaboration with the Chief of Police to address the needs of a family victimized by a drive-by shooting.³¹

When the Stockton Police Department announced that the crime rate had dropped 40 percent in the city, it acknowledged the TRCs efforts along with other community-based organizations in helping reduce crime.³²



More homeless crime survivors connected to treatment.

People who are homeless have been found to face considerably higher rates of victimization than the general population and those in poverty.³³ The homeless are also subject to disproportionate rates of distinct categories of common crime, including assault, robbery, and theft.³⁴ Homeless crime survivors are among the hardest populations to serve because of the all the challenges someone without secure housing might face in accessing government services, treatment and medical care.

The TRC model, in statute, is specifically directed to help address the needs of homeless crime survivors. The case management model works with clients to arrange for stable, safe housing.

Data from the initial TRC demonstration project showed that, compared with crime survivors served by usual care, being served by a TRC led to a 41 percent reduction in homelessness.³⁵ More recent data from the Long Beach TRC found that among clients who reported experiencing unstable housing at intake (47 individuals) or who were homeless (27 individuals), all 74 successfully received therapeutic services and were offered case management. About half of these individuals who had housing challenges accepted referrals for emergency, transitional or permanent housing, and about a third of that group reported being successfully housed by the end of their treatment period.³⁶

TRCs are more cost-effective than usual care.

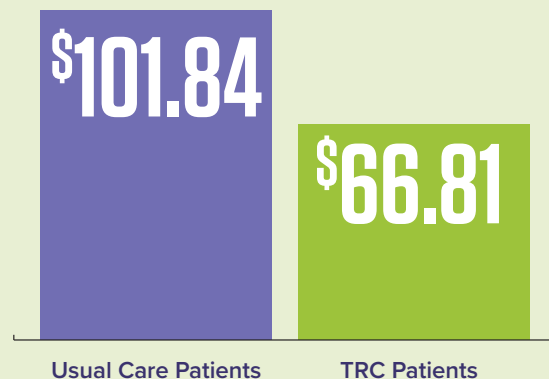
TRC services are more cost-effective than the care crime survivors might receive elsewhere. As Figure 6 shows, each hour of TRC care costs 34 percent less than traditional services (\$66.81 per unit of TRC care, compared to \$101.84 per unit of fee-for-service care). The cost effectiveness of the model is all the more noteworthy because the TRC model provides a wider range of services than fee-for-service care, including case management that can leverage other federal and state funding streams.³⁷

FIGURE 6:

TRCs cost about a third less than usual care.

The UCSF Trauma Recovery Center Model: Removing Barriers to Care and Transforming Services for Survivors of Violent Crime. (2017). Promise of the Sun Press. Available on-line at: <http://traumarecoverycenter.org/trc-manual/>

COST PER UNIT FEE FOR SERVICE PROVIDERS



LINDA: OVERCOMING TRAUMA AND NAVIGATING RELAPSE.

When trauma runs deep, the approach to recovery must run deep, too. This was the case with Linda (not her real name), a 47-year-old African American who was first referred to a Trauma Recovery Center after being treated for sexual assault.

TRC clinicians learned that Linda, a mother of four adult children and the primary caregiver of two infant grandchildren, had an extensive history of trauma, including two previous sexual assaults, physical and sexual abuse as a child, and a homelife wracked with domestic violence. She began using marijuana, alcohol and cocaine in high school, which led to crack cocaine use as an adult.

At the time of her intake, Linda was suffering from significant post-trauma anxiety and clinical depression—including passive thoughts of suicide. Initially, Linda expressed doubts about entering treatment. She had been referred for services after one of her previous sexual assaults but hadn't followed through because she felt unworthy of help. She was also convinced no one would believe she had been raped.

But this time was different. Linda wanted to heal. Her family was behind her and she wanted to be there for her grandchildren. "I want to know why this keeps happening to me," she said. In the first three months of TRC services, Linda attended only four appointments. She relapsed after being physically assaulted by a former partner. Her clinician responded with concerted outreach—phone calls, letters, and home visits. Slowly but surely, Linda began benefiting from the clinician's nonjudgmental, harm-reduction approach. She started meeting with a psychiatrist and taking an antidepressant—medicine that she had previously resisted for fear that it would stigmatize her as "crazy." Her depressive symptoms began to diminish. She got clean.

Seven months into her treatment, Linda was diagnosed with ovarian cancer, which steeled her resolve to get well. She began attending TRC Seeking Safety group, which combines therapy for PTSD and substance abuse. After Linda's cancer surgery and court date, her TRC clinician provided support to help her stay sober and stabilize her life, from troubleshooting overdue bills and landlord issues to assisting her with obtaining Supplemental Security Income.

By the nine-month mark, Linda's sense of self-worth had transformed. "I'm beginning to see a change in myself," Linda said. "Before I was keeping clean for my grandchildren... Now it's for me. I want to see how much I can grow."

“

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REDUCING DISPARITIES IN ACCESS

In addition to showing better outcomes for individuals in their care, TRCs are also fulfilling their mission by reaching crime survivors who are typically unable to access traditional services. Data from established TRCs show that they serve clients of color at higher rates, reduce disparities in access to victim compensation for survivors who are young, homeless and who have less education, and are focused on serving survivors of a wider set of crimes.

TRCs serve clients of color at higher rates.

Between 2001 and 2018, the San Francisco TRC served about 10,000 crime survivors. Of the 9,000 whose race and ethnicity are known, about two thirds were from communities of color.³⁸ In a city where African Americans make up about 5 percent of residents, more than 20 percent of TRC clients over the period were African American.

The TRC in Long Beach shows similar success in serving crime survivors of color. Between 2017 and 2018 it served 923 crime survivors (698 of whom were new clients). In a community where the majority of residents are white, 85 percent of TRC clients were from communities of color.³⁹

TRCs reduce disparities in access to victim compensation for survivors who are young, homeless and who have less education.

Only about 1 in 10 crime survivors recovering from violence receives direct assistance from a victim services agency. The TRC model has been shown to significantly help clients through the process of completing victim compensation applications. Compared to usual care, TRC clients are nearly three times more likely to file a claim than are crime survivors served through usual care.⁴⁰

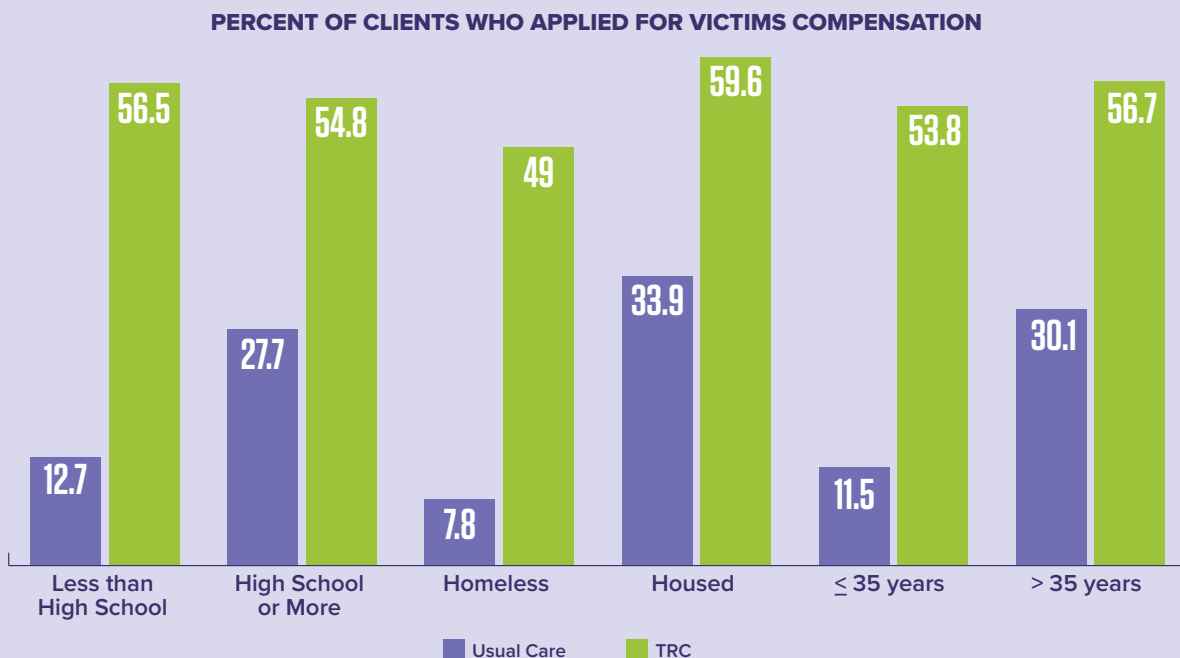
People who are homeless, young and who have less education are more likely to face challenges navigating the victims' compensation system, and to successfully submitting an application. Without extensive outreach, disadvantaged and young crime survivors are less likely to file applications.

A study of the data captured by the first TRC shows the disparities that can exist based on survivors' age, education and housing status were dramatically reduced if that person is served by a TRC.⁴¹

- Educational disparities eliminated:** When served by TRC, people with high school or more education were twice as likely to file victim compensation applications when compared to usual care (55 percent versus 28 percent). In a similar vein, TRC clients with less than a high school education were almost four times more likely to file a victim compensation application than those receiving usual care (56 percent versus 13 percent), as illustrated in Figure 7.
- Age disparities nearly eliminated:** For crime survivors age 35 or younger, more than half (54 percent) filed victim compensation applications when compared to only 12 percent in usual care. Similarly more than half of crime victims over 35 who received TRC services filed for victim compensation entitlements, compared to about one third of survivors in usual care (58 percent versus 30 percent), see Figure 7.
- Housing and homeless disparities reduced:** When served by usual care, less than 1 in 10 crime survivors who were homeless applied for victim compensation, compared to almost half of survivors receiving TRC services (8 percent versus 49 percent). As shown in Figure 7, only a third of housed usual care survivors filed for entitlements when compared to more than half of TRC clients (34 percent versus 60 percent).

FIGURE 7:

Being served by a TRC dramatically reduced disparities in crime survivors applying for victims compensation.



Alvidrez, J., Shumway, M., Boccellari, A., Green, J., Kelly, V., & Merrill, G. (2008). Reduction of state victim compensation disparities in disadvantaged crime victims through active outreach and assistance: A randomized trial. *American Journal of Public Health*, 98(5), 882-888. doi: 10.2105/ajph.2007.113639.

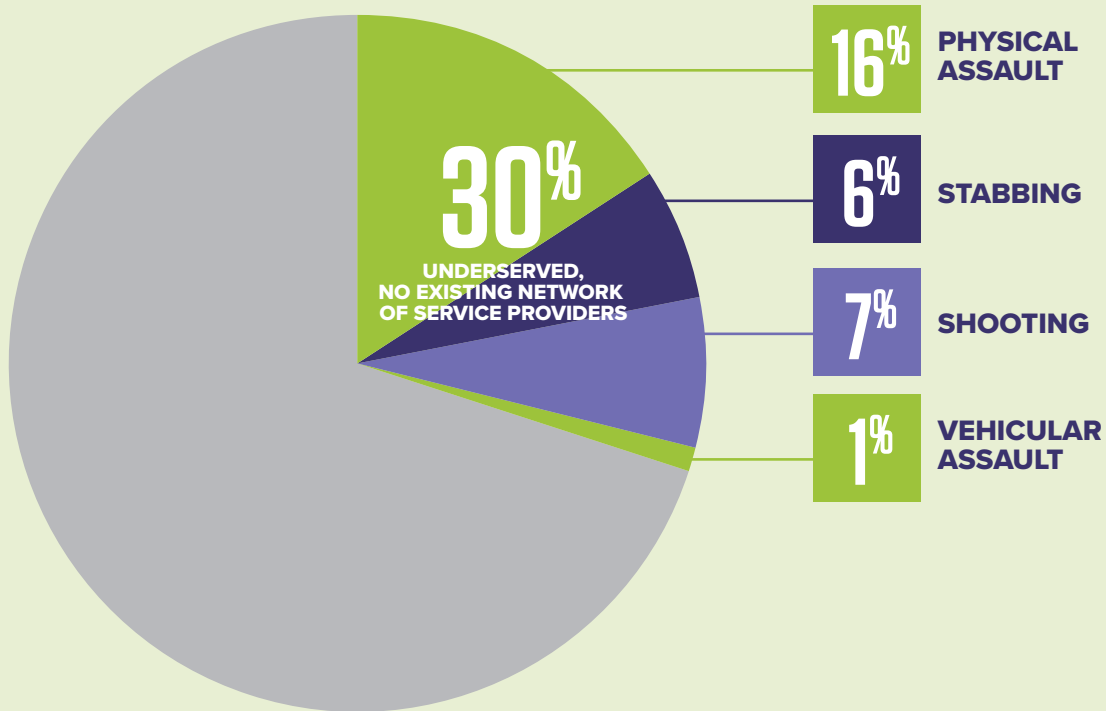
TRCs served survivors of a wider variety of crimes.

As shown earlier, the TRC model was established to fill a gap: In some states with TRCs, federal dollars spent on victims services were directed to domestic violence shelters, rape crisis centers, and agencies that address child abuse. There were no designated funds for other crime survivors, particularly for family members of homicide or for community violence and shootings, which disproportionately impact people of color.

Since it opened in 2001, the TRC has served about 7,000 survivors of sexual assault and about 1,000 victims of domestic violence—categories of crime that do have a statewide network of providers. But about 4,000 people served by the first TRC were survivors of physical assault (1,966 clients), shootings (875 clients), stabbings (875 clients) and vehicular assaults—crimes that are traditionally underserved, and do not have preexisting network of service providers. Overall, about a third of the crime survivors served by the model were victims of crimes that are less likely to be addressed by the existing network of service providers that focus on particular crimes. See Figure 8, below.

FIGURE 8:

About a third of clients from the first TRC were from crime categories that are underserved, and do not have an existing network of service providers.



Metz, S. (2018). *UCSF Trauma Recovery: Removing Barriers to Care*. [Invited Presentation.] California Victim Compensation Board Trauma Recovery Center Symposium, Sacramento, CA.

GAURI: STAFF THAT CAN ADDRESS DIVERSE NEEDS.

When you walk through the door of the Stockton Trauma Recovery Center (STRC) run by Fathers and Families of San Joaquin, you're offered coffee or tea. The scent of eucalyptus is in the air. When a clinician greets you, you might have already met her once before, at the hospital where you were recovering, or at your own home. You'll learn that the clinician, like you, speaks Spanish and comes from an immigrant family. Chances are, she's a recovering trauma survivor herself. You let yourself breathe.

Creating this healing environment, according to Gauri, the center's program manager, is the "big work that we do."

STRC provides free mental health and case management, reaching communities often marginalized from traditional victims services. The staff uses a social justice lens—acknowledging the histories, specific challenges and resiliencies of communities they serve, and offering culturally rooting therapeutic practices, *La Cultura Cura*, including healing circles and support groups.

Gauri points to the story of Ana [not her real name] as an example of the TRC's unique approach. Ana had been severely abused by her husband. At one point, he'd held her at gunpoint. As an undocumented person, Ana had feared seeking help. But at the center, for the first time in her life, she opened up about her trauma, including the guilt she felt after her partner killed himself. In addition to therapy, the staff identified and connected Ana to the wraparound services she needed, including food vouchers.

"We look at the whole person, the whole family. Not just the person who's walking in, but also everything that they're missing. Because that's going to have an impact on their healing journey. With Ana, we were able to do a lot of good work with her—a lot of self-esteem work. She was able to heal to the point where she was able to start a new relationship after so many years of not allowing that for herself because she felt she was not good enough."

When Gauri started working at STRC in 2015, she was the only clinician. The budget was so tight she had to hunt in thrift stores to furnish the therapy rooms. Then as now, there's a long wait list and not enough funding to hire more clinicians and open the satellite offices that the community urgently needs.

"We're serving people who will never typically say, 'You know what, I need healing services,'" Gauri says. "Being able to break that cycle—it's amazing. That's what keeps me here."



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RECOMMENDATIONS

From their inception, TRCs have been working to fill a gap in the victims' services continuum. Lawmakers have backed the model because of its established track record in addressing the needs of crime survivors who are young, homeless, impacted by violent crime or street crime and who are largely from communities of color.

With additional support, the TRC model would be able to serve an even larger number of crime survivors across the state, growing the number of clients served from the thousands to the hundreds of thousands each year. To achieve this, lawmakers should take the following steps:



Ensure each TRC has, minimally, a budget of \$1 million

Some TRCs have an annual budget of \$400,000. Including general and administrative costs and salaries, \$400,000 might cover the salaries and benefits of four employees at a TRC. But along with paying for staff and administrative costs, TRCs provide upfront services to support survivors with hotel vouchers, copays for their medication, and transportation. Running a TRC requires being able to train and retain the staff for an infrastructure that can pay for crime survivors' expenses through complicated state and federal funding stream reimbursement processes. Scarce resources make it harder for TRCs to successfully work with clients who have multiple needs, and complicated trauma and medical histories. As TRCs have expanded nationwide, lawmakers have recognized the need to fund the work at the level so that model can succeed, and have allocated \$1 million in funding for each of their TRCs. Other states should follow suit. A higher level of funding TRCs is justified because of the overall higher cost of delivering services in this state and because, in the long term, TRCs can save taxpayers money by helping someone return to work, pay taxes, remain housed, and more fully contribute to the economy.

Prioritize placement of TRCs in underserved parts of the state, including areas with high incidents of human trafficking. Texas has worked hard to fund and support efforts to stop human trafficking. Identification and extraction of trafficked individuals is only the first step. Providing survivors with the appropriate continuum of trauma-informed services is the next part. TRCs provide a place for survivors to obtain these services and engage with law enforcement on their terms and in their time.

CONCLUSION

While still relatively new, the TRC model has demonstrated a unique capacity to reach underserved crime survivors and to elicit better outcomes than currently available alternatives. TRCs meet an existing, hard-to-serve need that is squarely within the mandate of the victims services agencies in most states—and one that has been overlooked for too long.

Despite this attractive record, however, there is still need for additional investments in this model—not only to expand it to scale across the state, but also to equip each TRC to meet the needs of its immediate community, adapt the model to new environments and populations, and to ensure that each program has the resources it needs to faithfully adhere to the TRC model. In committing to support this promising new form of support for its crime victims, this state can take a step forward to fulfill its commitment to healing its communities, and making recovery from violence possible for all of its residents.

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