

**Access to Services among Immigrant Survivors of Domestic Violence:**

**A Survey of Survivors and Service Providers**

2018 Texas State Plan for Domestic Violence Services

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## A Survey of Survivors and Service Providers

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## Access to Services among Immigrant Survivors of Domestic Violence:

### A Survey of Survivors and Service Providers

**“At certain points, I felt like I needed help to find some way to sustain myself, but I didn’t even know where to start looking.”**

*(Daniela)*

The Texas State Plan for Domestic Violence Services research has consistently produced a rich body of information about residential and nonresidential family violence services available in each of Texas’s 254 counties, as well as strong qualitative information about the experiences of survivors who turn to these services for assistance. However, far less is understood about the experiences of survivors who do not seek services from family violence programs. In seeking to grasp the full picture of how domestic violence survivors find ways to safety and healing, this study will explore the experiences of immigrant domestic violence survivors in Texas who have not accessed, or who have encountered barriers to accessing, the state’s family violence services. While this study focuses primarily on the survivor-identified experiences and needs of Latina immigrant survivors, it also draws from service providers serving multiple immigrant and refugee communities.

According to the United States Census Bureau ([www.migrationpolicy.org](http://www.migrationpolicy.org)), approximately 17% of those living in Texas in 2017 were born outside of the United States. Of those, 67.5% were born in Latin America (primarily Central America and Mexico), 22% in Asia, and 5.2% in Africa. In recent decades, Texas, and the U.S. Southwest more broadly, have seen an increase in the number of women escaping violence in their home countries by immigrating to the United States. Many

are survivors of gender-based violence and travel with their children. Intimate partner violence is a well-recognized and well-documented social problem and women's health issue across the globe, and an estimated 3 in 10 women are impacted by IPV, including physical violence, rape, and/or stalking by an intimate partner (Black, Basile, Breiding, Smith, Walters, Merrick, & Stevens, 2011; Ellsberg, 2006). War, conflict, displacement, and migration increase women's vulnerability to a host of manifestations of violence (Hajdukowski-Ahmed, Khanlou and Moussa, 2008).

A growing body of literature recognizes the role violence plays in motivations to migrate and transnational migration as a strategy to escape or resist violence and oppression (Salcido & Adelman, 2004; Argüelles & Rivero, 2004; Vogt, 2012). The migration process, however, poses further risks of violence, and immigrant women are vulnerable to verbal and physical abuse, sexual violence, exploitation or human trafficking, and other forms of violence on the route through Mexico to the US (Amnesty International, 2010; Infante, Idrovo, Sánchez-Domínguez, Vinhas, & González-Vázquez, 2012). Furthermore, many women face additional gender-based violence and exploitation once resettled in the United States (Argüelles & Rivero, 2004; Cook Heffron, in press). Gender inequality, social isolation, economic insecurity, legal vulnerability, and immigration status contribute to immigrant women's experiences of violence before, during, and after migration, and women face multiple barriers to safety and support, including language barriers, lack of awareness or information, fear of immigration consequences, gender role expectations, shame, and over-arching historical trauma and oppression (Frías & Angel, 2005; Levine & Peffer, 2012; Menjívar & Salcido, 2002; Raj & Silverman, 2002; Salcido & Adelman, 2004; Warrier & Rose, 2009).

For those who have experienced family violence, increased immigration enforcement and the attendant uncertainty within immigrant communities can present a barrier to seeking support from governmental and community-based services. Though the literature can offer an analysis of immigrant survivors' experiences, it does not answer the questions that would specifically allow crime victims assistance agencies, such as family violence programs, specific information to improve services and supports.

The overall purpose of this study is to document and understand the awareness, access to and use of community-based non-profit organizations for family violence services by immigrant and refugee survivors. This study used a mixed methods approach to investigate and document three primary aims:

1. to explore immigrant and refugees' knowledge and perceptions of, access to, and use of community-based family violence services;
2. to understand information and referral practices among providers outside of domestic violence programs; and
3. to make recommendations for future practice, policy, and research initiatives.

This project utilized a mixed methods approach that drew from 116 key informants, both immigrant survivors and service providers, across four research components:

- A. Original exploratory qualitative interviews with Latina immigrant survivors of domestic violence not receiving services from family violence agencies
- B. Secondary analysis of original qualitative data from Central American immigrant survivors of domestic violence, sexual assault and human trafficking in Texas
- C. Secondary analysis of original qualitative data from previously-detained immigrant survivors and service providers working with detained and previously-detained immigrant survivors in Texas
- D. Survey of providers of services to immigrant and refugee communities in Texas

This study produced large amounts of quantitative and qualitative data from both Latina immigrant survivors and the network of providers working with immigrant and refugee survivors. This report includes findings from immigrant survivor interviews related to their experiences with economic abuse and reproductive coercion, in addition to thematic findings related to:

- Survivor- and Provider-Identified Service Needs

- Housing Needs & Homelessness
- Health, Healthcare & Mental Health Needs
- Social Support
- Awareness & Information, Perception of Services
- Access & Barriers to Services

Recommendations draw directly from data collected over the course of this study and reflect both survivor-identified and provider-identified suggestions for improved strategies to address the needs of immigrant survivors of domestic violence in Texas. Recommendations emerged in relation to information and awareness of services, access to family violence programs and services, capacity and preparedness of providers, addressing survivor needs within immigrant detention, and future research.

## *Review of Literature*

### *Help-Seeking among Immigrant Survivors of Domestic Violence*

Help-seeking and access to family violence services is an important consideration for immigrants, asylum-seekers, and refugees who experience violence before, during, or after migrating and settling in a new country. Immigrant survivors have limited access to and may be less likely to seek social services or criminal justice strategies that aim to respond to survivors of abuse and violence (Menjívar & Salcido, 2002; Raj & Silverman, 2002; Warrier & Rose, 2009). Those who experience domestic violence may not report this violence or seek services for a variety of interrelated reasons. Barriers to help-seeking and access to services may include language barriers, lack of awareness or information, fear of immigration consequences, pressure to maintain traditional gender role expectations, discrimination, the impact of migration-related trauma, and contemporary immigration policies and practices (Acevedo, 2000; Bauer, Rodriguez, Quirog, and Flores-Ortiz, 2000; Dutton, Orloff, & Hass, 2000; Reina, Lohman, & Maldonado, 2014).

Simply by virtue of being newcomers to a community, lack of knowledge and awareness and limited linguistically-responsive services limit opportunities for survivors to access healthcare, housing, support services or criminal justice avenues of support or assistance (Acevedo, 2000; Bauer, Rodriguez, Quirog, and Flores-Ortiz, 2000; Lake, Snell, Gormley, Wiefek, & Lethbridge-Cejku, 2015). While immigrant survivors in the United States may have extensive knowledge of formal and informal supports in their countries of origin, they may lack awareness of the service context in the United States (Wachter & Dalpe, 2018). Survivors may also have had negative experiences finding support or services in a home country or in the United States, resulting in hesitance to continue seeking services. Importantly, systemic racism and anti-immigrant or xenophobic sentiments also serve as barriers to help seeking and access to services among immigrant survivors (Bauer, Rodriguez, Quirog, & Flores-Ortiz, 2000; Crandall et al., 2005).

Fear of deportation and/or fear of law enforcement consequences also play significant roles in help-seeking among immigrant survivors, particularly among those without legal status in the United States and among those who perceive their status as precarious (Frías & Angel, 2005; Guruge & Humphreys, 2009; Lake, Snell, Gormley, Wiefek, & Lethbridge-Cejku, 2015; Levine & Peffer, 2012). Survivors often fear that reporting crimes, seeking shelter, or requesting help will lead to their deportation, and they may not be aware of immigration legal remedies available to immigrant survivors of violence and crime (Bauer, Rodriguez, Quirog, & Flores-Ortiz, 2000; Becerra, Wagaman, Androff, Messing, & Castillo, 2017; Frías & Angel, 2005; Levine & Peffer, 2012; Salcido & Adelman, 2004). Undocumented or precarious immigration status negatively impacts survivors' likelihood of seeking formal help (Zadnik, Sabina, & Cuevas, 2016).

Help-seeking in the context of domestic violence is linked to access to social support, which may ease the negative consequences of domestic violence and promote improved mental health outcomes (Coker, Watkins, Smith, & Brandt, 2003; Sylaska & Edwards, 2014). In fact, many survivors disclose first and most often to those within their close social circle (Ansara & Hindin, 2010; Barrett, & Pierre, 2011; Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006; Sokoloff & Pearce, 2011; Sylaska & Edwards, 2014). Unfortunately, as a result of immigration and/or when families relocate in search of immigrant-friendly communities, social support networks shift and may temporarily weaken (Ayón, 2018). When family and friends offer limited social support, survivors may be more likely to seek help from formalized social service delivery systems (Guruge & Humphreys, 2009). Not surprisingly, accessibility, quality, and relevance of available services, in addition to the ways in which survivor-identified needs are recognized and valued, impacts the degree to which survivors seek help from formal systems (Kennedy et al., 2012). Survivor centered approaches aim to make space for survivor perspectives to determine service needs and goals (Goodman & Epstein, 2008; Goodman et al., 2016; Mills, 1996).

Adopting a survivor-centered approach may also be useful when addressing the needs of immigrant survivors and in helping social service systems reject commonly-held notions that immigrant survivors, in addition to their experiences and needs, are homogenous and monolithic. Challenging the dehumanizing myth of homogeneity and recognizing the complex diversity



within and across immigrant communities is a key component of working with immigrant survivors (Cook Heffron, Snyder, Wachter, Nsonwu, & Busch-Armendariz, 2016; Sabina, Cuevas, & Schally, 2015). Those working closely with immigrant communities recognize the need for both social services providers and family violence agencies to shift and evolve programming in such a way that responds to changing demographics and the ethno-cultural and linguistic needs of growing immigrant communities (Wachter, & Dalpe, 2018).

### **Immigration-related policies impacting survivors**

In addition to enduring negative impacts of historical anti-immigrant policies, several recent practices and policies are important to consider in understanding the current political landscape faced by immigrant survivors of domestic violence. These include restricted access to immigration legal remedies such as U Visas, expanded use of immigrant detention, immigrant family separation, changes to domestic violence-based asylum, delays in processing immigration-related applications, and proposed strengthening of public charge rules.

Survivors of domestic violence who have migrated to the United States for a variety of complex and interrelated reasons are often detained, sometimes with their young children, in large, locked facilities without access to legal representation or other services. Negative and enduring bio-psycho-social impacts of detention compound the violence women may have experienced before, during, and after migration (Coffey, Kaplan, Sampson, & Tucci, 2010; Robjant, Hassan, & Katona, 2009). The negative psychological impacts of detention, in addition to increased need for mental health services post-detention, are well documented in the literature (Coffey et al, 2010; Davis, 2014; Fazel & Stein, 2002; Keller, Rosenfeld, Trinh-Shevrin, Meserve, Sachs, Leviss, Singer, Smith, Wilkinson, Kim, Allden, & Ford, 2003; Robjant et al, 2009; Silove, Austin & Steel, 2007; Steel, Silove, Brooks, Momartin, Alzuhairi, & Susljik, 2006). Researchers, advocates, social service providers, and immigrant rights advocates are increasingly concerned about the negative impacts of detention, particularly in the context of recent reports of acts of harassment and violence within detention (Cantor, 2015; Cook Heffron, 2018; Cook Heffron,

Serrata, & Hurtado, 2018; UT Immigration Law Clinic, 2018; Women's Refugee Commission, 2017).

Recent “zero-tolerance” policies resulted in the separation of children from their parents after crossing the border (Chishti & Bolter, 2018). While the impact on survivors of domestic violence is yet to be determined or documented, it is undoubtedly of concern. In addition, as a result of recent decisions by the US Department of Justice, asylum for victims of gender-based violence may be more difficult to obtain and could directly impact immigrant survivors of violence seeking protection in the United States (Benner & Dickerson, 2018). Furthermore, in October 2018, the federal government published proposed rule changes to “public charge” policies, which could result in the use social welfare programs such as Medicaid, SNAP (food stamps), and some housing assistance programs counting against immigrants seeking a green card. Advocates fear that immigrants may forego needed public benefits in order to protect future immigration remedies ([www.childrensdefense.org](http://www.childrensdefense.org)). The anticipated impacts of the proposal may extend beyond green card applicants themselves, to family members of applicants. The Center for Public Policies reports that Texas, for example, is home to almost 2 million children who have at least one parent who is not a US citizen, and advocates are concerned that these children may lose access to public programs for which they lawfully qualify (<http://forabettertexas.org>).

## *Purpose & Methods*

The overall purpose of this study is to document and understand the awareness, access to and use of community-based non-profit organizations for family violence services by immigrant and refugee survivors. This study used a mixed methods approach to investigate and document three primary aims. The overall purpose of this study is to document and understand the awareness and use of the state's family violence services by immigrant and refugee survivors, with specific attention to Latina immigrant survivors. In particular, the project endeavored to investigate and document three primary aims: (1) to explore immigrant and refugees' knowledge and perceptions of, access to, and use of the community-based family violence services; 2) to understand information and referral practices among providers outside of domestic violence programs; and 3) to make recommendations for future practice, policy, and research initiatives.

This project utilized a mixed methods approach that included four components:

- A. Original exploratory qualitative approach with Latina immigrant survivors of domestic violence not receiving services from family violence agencies
- B. Secondary analysis of original qualitative data collected in a previous study with Central American immigrant survivors of domestic violence, sexual assault and human trafficking in Texas (Cook Heffron, 2018)
- C. Secondary analysis of original qualitative data collected in a previous study with previously-detained immigrant survivors and service providers working with detained and previously-detained immigrant survivors in Texas (Cook Heffron, Serrata, & Hurtado, 2018)
- D. Survey of providers of services to immigrant and refugee communities in Texas

While this study focuses primarily on the survivor-identified experiences and needs of Latina immigrant survivors, it also draws from service providers serving multiple immigrant and refugee communities. Researchers conducted in-depth, semi-structured interviews with 62 key informants in Texas. Key informants included: 1) adult Latina immigrant women and 2)

professionals working with detained and previously-detained immigrant women. Immigrant participants (originally from El Salvador, Guatemala, Honduras, Mexico and Venezuela) had experienced domestic violence, sexual assault, and/or human trafficking in their home countries and/or in the United States. Service provider participants included case managers, social workers, immigration attorneys, and mental health professionals working with immigrant survivors of domestic violence in Texas. Researchers also collected data through an online survey of service providers. The survey targeted service providers working in organizations serving a broad range of immigrant and refugee communities in Texas and included 54 respondents in the following positions: executive directors (5), attorneys and paralegals (16), program directors/coordinators (16), nurses (4), social workers/caseworkers (4), mental health professionals (2), and educators/outreach workers (2).

Table 1. Number of Research Participants by Role & Data Source

	<b>A. Interviews</b>	<b>B. Secondary Interview Data</b>	<b>C. Secondary Interview Data</b>	<b>D. Online Survey</b>	<b>Total</b>
<b>Latina immigrant survivors</b>	8	19	13	NA	40
<b>Service providers</b>	6	NA	16	54	76
<b>Total</b>	14	19	29	54	116
	62				

Researchers used semi-structured interview protocols to collect data from research participants. The interview protocol consisted of a series of demographic and open-ended questions related to experiences with abuse and violence, needs associated with those experiences, access to services and supports, and recommendations for improved practices and policy responses. Interviews lasted approximately 1 to 2 hours and were conducted in Spanish or English, based on the preference of the research participant, by a researcher with both research and direct practice experience in this topic area. Interviews took place in participants' homes, immigrant-serving

non-profit agencies, or neutral locations, depending on the stated preference of participants. Survivor interviews also included a series of scaled measures to gather information on economic abuse, reproductive coercion, and mental health symptoms. Provider surveys explored awareness of and access to family violence services, in addition to referral practices, through scaled and open-ended questions. Researchers used thematic content analysis strategies used in compiling and interpreting qualitative data and descriptive strategies for analyzing quantitative data and scaled measures.

The St. Edward's University Institutional Review Board reviewed and approved components A, C, and D of this project, and the University of Texas at Austin's Institutional Review Board approved the original research resulting in data from component B. Researchers provided all participants with information summarizing the purpose of the study, their length of participation, any risks and benefits, expectations for confidentiality, the voluntary nature of participation and contact information for the researcher. With attention to human subject protection and privacy, research participants gave informed consent verbally, and were not asked to provide their name or signature on informed consent forms. All participating immigrant women were compensated for sharing their time and expertise and were provided with contact information for hotlines and local family violence resources.

## *Findings*

This study resulted in large amounts of quantitative and qualitative data from both Latina immigrant survivors and the network of providers working with immigrant and refugee survivors. Findings presented below include findings from Latina immigrant survivor interviews (Component A of the study) related to their experiences with:

- Economic abuse
- Reproductive coercion

Findings also include thematic analysis across all stages of the study and all sources of data (Components A, B, C, and D):

- Survivor- and Provider-Identified Service Needs
- Housing Needs & Homelessness
- Health, Healthcare & Mental Health Needs
- Social Support
- Awareness & Information, Perception of Services, & Access to Services

### *Economic Abuse*

**“Every time I came from the store, my daughter and I,  
he took our money.”**

*(Mariana)*

Similar to the interviews with survivors across the other State Plan research studies, this study inquired about Latina immigrant survivors’ experiences with economic abuse, utilizing a modified version of the economic abuse scale developed by Adams, Sullivan, Bybee, & Greeson (2008). Survivor participants most frequently endorsed “do things to keep you from having money of your own” and “do things to keep you from going to your job.” For these two items, the majority of survivors reported that their abusive partners used these strategies often or quite often. It is important to note that every survivor endorsed at least one item, and all items were endorsed by at least one survivor. However, while one survivor endorsed 7 of the 8 items, no survivor endorsed every single item.

Table 2. Economic Abuse among Immigrant Survivors (Component A Participants)

<b>Scale Item</b>	<b>Number of Survivors Endorsing Item</b>	<b>Percent of Survivors Endorsing Item</b>
Do things to keep you from going to your job.	4	50%
Do things to keep you from having money of your own.	5	62.5%
Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you.	3	37.5%
Keep from having the money you needed to buy food, clothes or other necessities.	3	37.5%
Keep from having access to bank accounts.	2	25%
Pay bills late or not pay bills that were in your name or in both of your names.	3	37.5%

Build up debt under your name (like use credit card or run up phone bill)	1	12.5%
Make do work you did not want to do.	1	12.5%

Instead of their partners keeping them from working, some survivors reported that their abusive partners did not work and expected them to work, then took their earnings or incurred debt in their names. For example, Mariana<sup>1</sup> worked in a small store and learned after arriving in the United States that her husband had failed to pay the bills on the store, leaving a debt in her name. She also recounted her experience with economic abuse before leaving her home country:

Yo trabajé en mi propia cuenta, siempre. Él nunca trabajó. Yo trabajé. Mi hija de 12 años, ella desde muy pequeña, desde antes de los siete años empezó a trabajar conmigo en la tienda. Ella se quedaba en la tienda y yo me iba a vender a otro lugar. Ella dejó el estudio para ayudarme. Ella no estudió casi, pero sí sabe dar el cambio de un billete, sabe cobrar, ella sabe vender. Entonces ella es la que me ha ayudado a mí. Cada vez que yo venía de la tienda, mi hija y yo, nos quitaba el dinero. Él manejaba el dinero. Él compraba... Faltaba una... Azúcar, o huevos, él lo compraba. Yo no compraba nada. Él iba al mercado, yo me quedaba en la casa.

*I always worked. He never worked. I worked. My 12-year-old daughter, from very young, she started to work with me in the store before she was 7 seven years old. She stayed in the store and I would go out to sell things. She left her studies to help me. She have much school, but she knew how to give change, how to charge, how to sell. So she was the one who has always helped me. Every time I came from the store, my daughter and I, he took our money. He handled the money. He did the shopping ... If there was something missing ... sugar, or eggs, he bought it. I did not buy anything. He went to the market, I stayed in the house.<sup>2</sup>*

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<sup>1</sup> Pseudonyms are used throughout this report to protect research participants' identities.

<sup>2</sup> Throughout this report, verbatim quotes from participants are presented in the language used by the participant. For quotes presented in Spanish, an English-language translation follows.



Note: Survivors reported economic abuse that they experienced in the United States and in their home countries. All brief scales carry some limitations in describing context and complexity, and the economic abuse scale utilized in this study may not have adequately captured the types of economic abuse survivors experienced in contexts outside the United States, or some of the nuances of living in the United States without documentation. For example, scale items related to bank accounts, bill-paying, and credit card debt may carry different meaning in different contexts. In addition, these data may not capture coercion and abuse experienced around self-employment (making and selling food, for example).

### *Reproductive Coercion*

**“He ruined things for me. He did things so that I would not go [to school] or not achieve it. And I think that one of those things was getting me pregnant all that time.”**

*(Karla)*

Similar to the interviews with survivors across the other State Plan research studies, this study inquired about Latina immigrant survivors’ experiences with reproductive coercion, utilizing actions and behaviors listed in Table 3. Survivor participants most frequently reported having been "accused of wanting to use contraceptives or condoms to have relations with others" (by 3 participants, all reported 3 or more times). Half of the participants endorsed none of the types of reproductive coercion included in the scale. Among the types of reproductive coercion endorsed by survivors, survivors reported experiencing most items 3 or more times. In other words, if a survivor endorsed an item, it was more likely that they experienced that type of reproductive coercion multiple times.

Table 3. Reproductive Coercion among Immigrant Survivors (Component A Participants)

<b>Scale Item</b>	<b>Number of Survivors Endorsing Item</b>	<b>Percent of Survivors Endorsing Item</b>
Refused to use condoms to prevent pregnancy	2	25%
Accused of wanting to use contraceptives or condoms to have relations with others	3	37.5%
Pressured to have baby by threatening to leave or have baby with someone else	3	37.5%
Refused to use condoms to prevent STIs.	2	25%

Mariana described her partner accusing her of having another lover,

“Tomaba métodos. Yo me controlé después de mi niña. Hice un control más fuerte. Cuando él quiso que yo ya no tomaba o hiciera esos métodos... Él quiso tener otro bebé, y ya no se pudo. Yo ya no me embaracé, yo no sé por qué. Entonces él decía que para que se había casado conmigo? Me dijo, “Yo me casé con un hombre, no con una mujer, porque una mujer le da hijos al marido. No hay porqué no le va a dar hijos.” Y yo le decía, “No pues es que no sé por qué no puedo.” No sé, porque de repente yo ya no pude. Me decía que, “De plano con algún otro hombre te vas, por eso es que tú tomas esos.” Me decía, “Tú ya no vas a tomar.” Pero yo a veces, “Sí,” decía, pero había tomado. Y decía, “No, que ya te dije que no tomes. Yo ya te dije que ya no lo vas hacer. De plano tienes a tu amante, por eso no quieres tener a otro niño.””

*"I took precautions. I used birth control after my daughter. I used a stronger method. When he wanted me to no longer take or do those methods ... He wanted to have another baby, but it was not possible anymore. I could no longer get pregnant, I do not know why. Then he would say, why had he married me. He told me, "I married a man, not a woman, because a woman gives children to her husband. There is no reason not to give him children. "And I would say, "Well, I do not know why I cannot." I do not know, because all of a sudden I could not get pregnant anymore. He told me that, "You take birth control so you can go with another man." He said to me, "You're not going to take them." Sometimes I said OK, but I had already taken them. And he would say, "No, I told you not to take them, I already told you not to. You must have your lover, that's why you do not want to have another child."*

Another survivor, Karla, described her partner’s efforts to control her reproductive health, also impacting her ability to work or continue her education,

“Yo le decía, “Yo te ayudo a trabajar.” Porque él trabajaba siete días, de lunes a domingo. No tenía ningún día "off" (de descanso). Yo le decía que yo le ayudaba a trabajar, o que me ayudara, que me apoyara para yo encontrar a la escuela, y seguir continuado con mi

educación. Porque yo me gradué de "high school" (secundaria). Y él me decía que sí pero me estropeaba las cosas. Hacía cosas para que yo no fuera o para no lograrlo. Y yo pienso en mí que una de esas fue tenerme embarazada todo ese tiempo. Toda la relación me la pasé embarazada con él."

*"I used to tell him, 'I will help you to work.' Because he worked seven days a week, from Monday to Sunday. He did not have any "off" days. I told him that if I helped him to work, he help could me, that he could support me going back to school, and to continue with my education, because I graduated from high school. And he said yes but he ruined things for me. He did things so that I would not go or not achieve it. And I think that one of those things was getting me pregnant all that time. The whole relationship with him I was pregnant."*

## *Survivor-Identified and Provider-Identified Service Needs*

**“The more recent arrivals are people who are just, they just need the most intensive, full-on support.”**

***(Immigration legal services provider)***

### **Survivor-Identified Service Needs**

When asked about the most pressing unmet needs at the time of the interview, survivors identified employment, mental health services, housing, healthcare, transportation, education, and childcare as the most important.

#### ***Employment***

Of primary concern, survivors discussed their desires for better employment, better pay, and better hours. Survivors reporting difficulty finding stable work with a wage that allowed them to cover all their expenses, and many juggled more than one job at a time. In particular, survivors reported looking for better hours in order to be present with and respond to the needs of their children. For example, Mariana noted that her daughter’s needs,

“Me ha estado llorando en las noches. No sé por qué, pero ella me estaba llorando en las noches. Entonces yo siento que necesito cambiarme el trabajo para yo dedicarme el tiempo a ella. Porque donde yo trabajo a veces ponemos horas y no nos pagan. Y recibimos el mismo sueldo. A veces hasta un poquito nos bajan. Entonces necesito... Yo trabajo de 10:30 am a 10:00 pm. Y a veces no le dedico tiempo a mi niña. Entonces yo quiero trabajar de 7:00 am a 3:00 pm. Las mismas ocho... Las mismas horas, o sea más temprano, y salir más temprano, y dedicarle el tiempo a mi niña. Sacarla a un parque,

convivir con ella, porque ella está cambiando, porque... A veces le digo, "Mi hija, te vas conmigo al trabajo, mi hija tú..." Y ella ya no quiere estar conmigo."

*"She has been crying at night. I do not know why, but she is crying at night. Then I feel that I need to change my job so I can spend more time with her. Because where I work sometimes we put in hours and they do not pay us. And we receive the same pay.*

*Sometimes they even lower it a little. Then I need ... I work from 10:30 am to 10:00 pm.*

*And sometimes I do not have time to spend with my daughter. So I want to work from 7:00 am to 3:00 pm. The same eight ... The same hours, or earlier, and leave earlier, and spend time with my daughter. Take her out to a park, spend time with her, because she is changing, because ... Sometimes I say, "Mi hija, come to work with me," But she does not want to be with me anymore."*

Regardless of immigration status, not all women felt ready to work immediately upon arriving in their destination, given the trauma and violence they had recently experienced during migration. Others were unemployed or described periods without work, given barriers including not speaking English, lacking childcare and transportation to and from work, and domestic violence.

Many survivors reported that unresolved immigration status impacted employment opportunities and the ability to find stable and well-paid employment. Those working without work authorization were also vulnerable to worker exploitation. A service provider described the vulnerability of some seeking asylum in the United States. "There are people who go through the whole process never being authorized (to work) until they have asylum. That makes people very vulnerable to trafficking and crime." In fact, "without a work permit, they can work 'under the table' and do other things where yes, they're going to be exploited." In particular, survivors described housecleaning services as ripe contexts for wage abuses. Celia described her experiences working in housecleaning,

Estoy buscando trabajo. Salen a veces a uno de limpiar casas. Quedó una señora mal conmigo la vez pasada por que no me pagó. Hice el trabajo gratis. Son trabajos así como que llevan a uno sólo para que uno trabaje y no te aseguran que van a estar, sino que

esclavizan a uno, te meten presión en el trabajo y no te pagan. Busca gente así que necesitan trabajo, como sabe que uno esta ilegal aquí, sólo utilizarla, hacerle la semana o hacerle el día y ya, ya no le hablan a uno. Cuando uno le llama, cortan la llamada.

*I'm looking for work. Sometimes cleaning houses comes up. A woman let me down last time because she didn't pay me. I did the job for free. There are jobs where they take you by yourself and they don't ensure that they're going to be there, they enslave you, they know you're illegally here, they put pressure on you at work and don't pay you. They look for people like this who need work, they know you're illegally here, only use us, do the week or do the day and that's it, they don't talk to you again. When you call them they don't answer.*

Beatriz also described being taken advantage of by an employer,

Fue a trabajar limpiando casas porque pagaban en efectivo, pero la señora me estaba explotando. Yo trabajaba desde las seis de la mañana hasta la tarde, hasta que terminábamos las casas y ella solo me daba \$42 dólares, \$50, o algo así. Y hacíamos cuatro o cinco casas. Cuando a ella le pagaban eran como \$150 o \$200 dólares por casa. Entonces yo decía, “cómo es posible que esta señora esté ganando todo esto y a mí solo me paga esto?” Entonces mejor me salí. Hay muchas personas aquí que abusan de tí en este país.

*I went to work cleaning houses because they would pay in cash, but the lady was exploiting me. I would work from six in the morning until the evening, until we would finish the houses and she would only give me \$42, \$50, or something like that. And we would do four or five houses. They would pay her about \$150 or \$200 per house. So I would say, “how is it possible that this lady is making all of this [money] and she only pays me this?” So I left. There are a lot of people who take advantage of you in this country.*

For those who experienced immigrant detention, the period following release was one of precarious housing options and economic stress – a combination that may increase vulnerability to exploitation or human trafficking. The bonds survivors may be required to pay (in full) upon their release from detention, for amounts up to \$15,000, may also increase risks to human

trafficking. Many may also owe money to someone who helped them make the journey to the United States, and survivors often go further into debt to those who paid their bond. One service provider noted, “bonds make women susceptible to trafficking and peonage labor and sexual slavery,” and another stated, “If we put these people out in our country with no work authorization and owing \$10,000 or \$20,000, what is going to happen? That is a no brainer.”

Compounding debts related to immigration and paying bonds, some are required by the government to wear electronic ankle monitors upon release from detention. These monitors create significant barriers to finding employment. Employers may be suspicious about ankle monitors or not want to put other undocumented workers at risk. In addition, wearing an ankle monitors limits the wearer’s geographic range of mobility and may require that the wearer remain at home for regular checks, further impeding employment options.

Some survivors reported having received assistance related to employment, through social workers at social services agencies (for example WIC) and by following hiring signs and radio announcements for community job fairs.

### *Transportation, Education & Immigration Legal Services*

In terms of transportation, survivors reported having oriented themselves to the public transportation system and finding rides through family and friends. However, they also identified the benefits of having a personal vehicle, in terms of balancing the needs of their employment and their children. Victoria described her goal of learning to drive and the impact it would have on her family’s life,

“Mi mayor anhelo es saber manejar. Y eso es una parte también de mi gran depresión. Porque me siento como presa. Pero yo tengo el deseo, yo quiero aprender. ¿Sabe por qué quiero aprender? Porque si yo manejara, yo podría agarrar un trabajo en que yo gane más, porque ahí sólo estoy ganando \$9, más lo que me quitan del seguro. Mientras que si yo



pudiera manejar... O sea, yo me imagino manejando, yo me imagino mis planes. Voy, llevo al niño a la escuela, siete y media, entro al trabajo. Digo, a las dos que salga, dos y media, ya a las tres estoy en la escuela esperando al niño. Lo traigo y ya sigo mi rutina con él. Trabajara de lunes a viernes digo yo. Los sábados y los domingos vendiera mis comidas aquí, y me fuera a dejarla yo en carro. Ése es mi pensar que yo tengo. Yo siento en mi corazón que mi vida se mejora.”

*"My greatest wish is to know how to drive. And that is part of my great depression too. Because I feel like fenced in. But I have the desire, I want to learn. Do you know why I want to learn? Because if I could drive, I could get a job in which I earn more, because there I'm only making \$9, plus what is taken out for insurance. Whereas if I could drive ... I mean, I imagine myself driving, I imagine my plans. I go, I take my son to school, 7:30, I go to work. At 2 or 2:30 I leave, and by 3 I am at the school waiting for my son. I get him and we go about our routine. I work from Monday to Friday. On Saturdays and Sundays I could sell my meals here, and I could drop them off by car. That is my thinking. I feel in my heart that my life improve."*

Survivors also reported challenges finding time for pursuing educational goals or learning English, accessing safe and affordable childcare, affordable legal assistance, and help paying for immigration legal services and paperwork associated with adjusting immigration status. Camila described the manner in which her unmet immigration-related needs impacted her decision-making around the abuse she experienced,

“Being able to pay for the paperwork, because it was expensive when I paid for it anyway. There is a lot of people that can help, just a lot of them are paid for lawyers. I know the [immigration legal services agency] is pro-bono. That was good. I don't know if I have to pay for my immigration paperwork again or not. I don't seem to fit the set that I had to, but it's just that the immigration process is so expensive. To have to go through that and then figure out that you might have wasted a lot of money trying to do something that didn't work out is a little disconcerting. [Immigration legal services agency] may be an organization that is charitable, but you still have to pay them. I wasted money on the

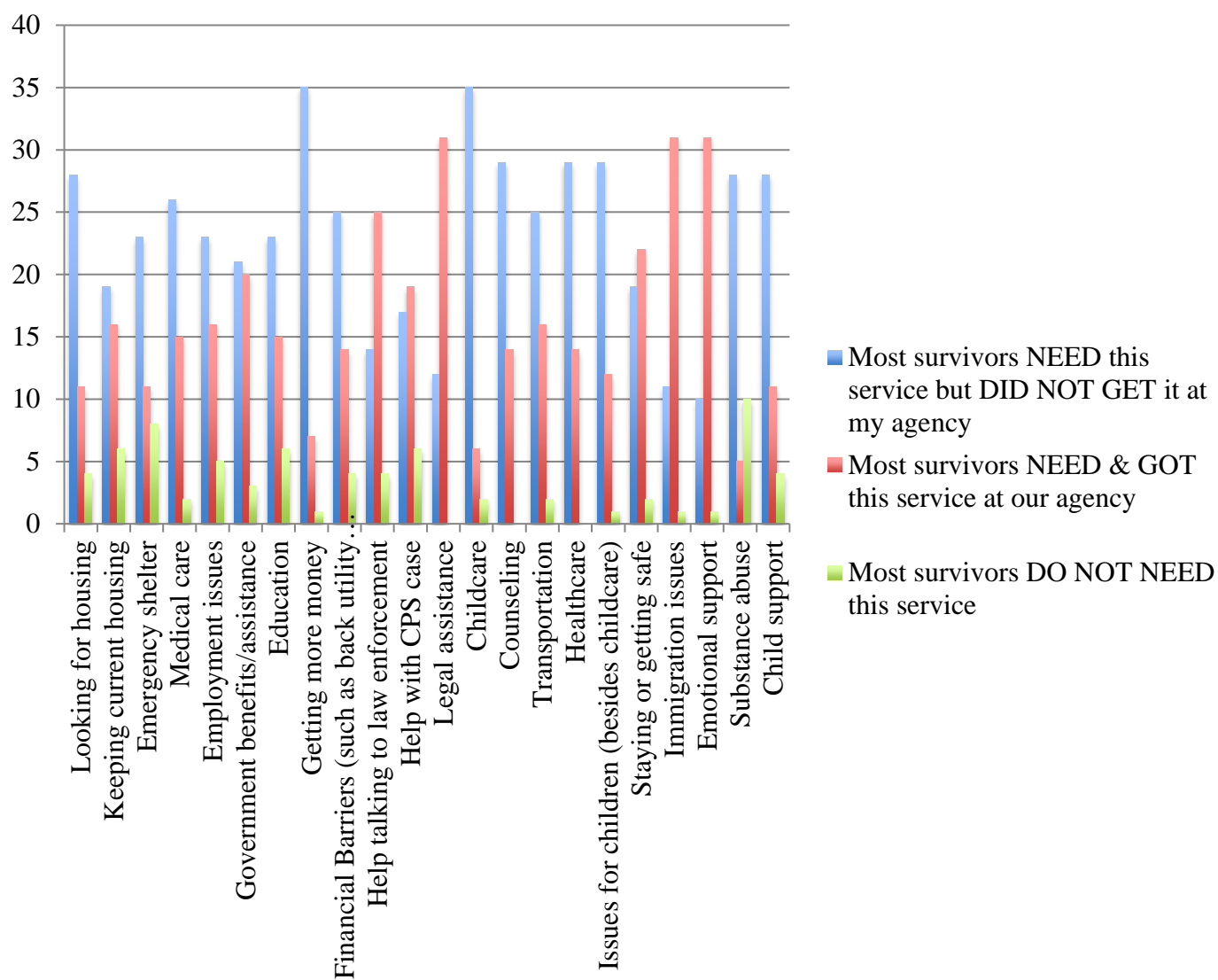
lawyer, plus I paid all of my immigration paperwork. That was a lot of money. It would be helpful if, it is so expensive, because you can't do it by yourself. That, and just more options because I qualify as a dreamer, but there is just not a lot of options for people like me out there. That's a scary thing. That sums up why I didn't decide to leave so soon. It was because I didn't think that I had any other option.”

[Service needs related to housing and homelessness, as well as and mental health and healthcare, are discussed in subsequent sections of this report.]

### **Provider-Identified Service Needs**

Through the online survey, immigration services providers (primarily immigration legal service providers and refugee social service, mental health, and health providers) reported unmet needs similar to those identified by immigrant survivors. The most-common unmet needs identified by immigration services providers mirrored those identified by survivors and included: housing, medical care and health insurance, mental health services, and childcare. Providers also noted that general financial assistance, child support, and substance abuse services are also unmet needs among immigrant survivors. The most frequently cited needs met by immigration services providers included: access to governmental benefits, legal assistance, immigration legal services, emotional support, and help talking to law enforcement.

Figure 1. Met and Unmet Survivor Needs Identified by Immigration Services Providers



### *Housing Needs & Homelessness*

**“My daughter’s dad was violent and everything. Just like the father of my son, the same. That’s the reason I had to come here – fleeing violence.”**

***(Victoria)***

Survivors identified safe, stable, and affordable housing as an important, and often unmet, need. Challenges with housing included experiencing homelessness (directly related and not directly related to domestic violence) and finding and maintaining emergency and longer-term housing.

More than half of survivors interviewed for Component A of this study reported experiencing homelessness related to domestic violence<sup>3</sup>. One survivor reported living in an abandoned house without electricity or water. Another immigrant survivor from Central America, Mariana, described finding shelter under a bridge,

“Yo dormí debajo de un puente. Yo viví casi una semana debajo de un puente. Fue cuando yo me separé de él. Y fueron dos veces cuando yo dormí en ese puente. Me recuerdo muy bien. Que era porque él me había pegado bastante. Me había sacado de la casa. Entonces me sacó de la casa a horas de la noche y yo me fui a vivir abajo del puente. Y me fui a dormir... Dos días estuve ahí. No comí, no me bañé. Entonces, en ese momento, pedí ayuda a uno de mis tíos. Y mis tíos me ayudaron.”

*"I slept under a bridge. I lived almost a week under a bridge. It was when I separated from him. It was twice that I slept on that bridge. I remember very well. That was because he had beaten me a lot. He had thrown me out of the house. He threw me out of the house at night and I went to live under the bridge. And I went to sleep ... I was there for two*

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<sup>3</sup> Less than half of respondents from Component A also reported homelessness not related to domestic violence, often experienced during migration.

*days. I did not eat, I did not bathe. Then, at that moment, I asked for help from one of my uncles. And my uncles helped me."*

Some survivors experienced abuse in their home country and did not find the housing support or other services they needed, leading them to decide to migrate in search of safety for themselves and their children. This represents an intersection of domestic violence and homelessness not often discussed as a result of unmet housing needs. Mariana also described seeking help in her home country before deciding to migrate to the United States, "le pedí ayuda a mi mamá y mi mamá a veces no me daba. No me daba y no me daba. Entonces vine yo [a los Estados Unidos]." ("I asked my mom for help and sometimes she did not help me. She did not help me and she did not help me. So I came [to the United States].") She also described the impact of child custody challenges she faced, "Porque él me quería quitar a la chiquita, a mi niña pequeña. Él me la quería quitar entonces yo tomé la decisión de que yo tenía que venir acá." ("Because he wanted to take away the little girl, my younger daughter. He wanted to take her from me, so I made the decision that I had to come here.") For some, the combined impact of domestic violence and other crimes informs the decision to migrate, as Victoria related,

"El papá de la niña era violento y todo. Igual el papá del niño, igual. Por ese motivo yo me tuve que venir para aquí. Huyendo de la violencia, y no sólo de mi ex-pareja, sino también por lo del señor ése que me mató a la niña. Porque luego de que pasó eso, él me amenazó a mí que a mí también me iba a pasar algo y al niño."

*"My daughter's dad was violent and everything. Just like the father of my son, the same. That's the reason I had to come here. Fleeing violence, and not only from my ex-partner, but also because of that man who killed my daughter. Because after that happened, he threatened me that something was going to happen to me and my son, too."*

Upon arrival in the United States, finding safe and stable living arrangements was a particularly problematic task for immigrant survivors. Some found themselves in a difficult cycle of unemployment and housing troubles. Several survivors described living temporarily in shelters available to immigrant women and children. While women found these options beneficial and

some felt safe, they were anxious to find a more stable situation. They reported that communal living was difficult and uncomfortable and they often encountered arguments with other women related to the behavior, discipline, and supervision of their own and other residents' children. Others shared space with friends or family members and in time became uncomfortable living under others' conditions. Beatriz found herself suddenly without housing after being kicked out by her roommate, "me sacaron de la casa a la una de la mañana me quedé en el frío, en la calle, en este país que no conocía nada, ni siquiera la tienda, porque nunca había salido a la calle a pasear." (*"They kicked me out of the house at one in the morning. I was in the cold, on the street, in this country where I didn't know anything, not even the store, because I had never left to go for a walk on the street."*)

In terms of seeking housing support in the United States, survivors reported not knowing where to go for help. Daniela stated,

"I don't know about the housing. I really have no clue about that. I really have no information on housing, where to get shelter, or if there's somewhere in the area that there is shelter for people without a home, or that need support to spend the night somewhere. I feel like that information I could have used in the moments that I didn't really have a place to go or was too embarrassed to reach out to my family. I would have probably sought that to get shelter, or something like that, until I could find someplace to stay, or comfortable enough to re-communicate with my parents about the situation."

Some were aware of shelters and housing supports, but did not have transportation or lived in rural settings too far from shelter. Andrea described, "yo no podía ir a algún refugio porque yo no tenía quién me llevara ahí. No podía salir por eso. Sabía de los refugios, pero no tenía la manera de llegar a ellos porque no tenía a alguien que me llevara. Donde yo vivía son como 45 millas, más o menos. Y yo no tenía quien me llevara." (*"I could not go to a shelter because I did not have anyone to take me there. I could not leave because of that. I knew about the shelters, but I did not have a way to get to them because I did not have someone to take me. Where I lived is about 45 miles, more or less. And I had no one to take me."*)

Provider survey results also revealed indicated need for support accessing available housing services. More than half of providers (28 of 43 respondents) reported that survivors need help looking for housing but did not receive that help. In particular, more than half of providers (23 of 42 respondents) reported that survivors need help with emergency shelter but did not receive it. Likewise, almost half of providers (19 of 41 respondents) reported that most survivors need help keeping current housing but did not receive that help. A legal services provider described difficulty accessing available housing services for survivors,

“I have one client who’s been in the long-term housing in [domestic violence program], but all my clients should be, because they are all poor and seriously cannot support themselves and get the treatment they need. It’s just obviously easier in some places that are cheaper to live than others. Because this client was absolutely in crisis, she was quickly taken care of, got all the services, great, but she’s just one of many. Everyone else is struggling. She can save up. She doesn’t have to pay the money on her housing, so she’s actually able to save, which is great for her, as it should be. If not housing, maybe vouchers or money to pay for housing in the private market, if it’s too expensive to build designated housing. Trafficking victims for the first year get [allowances] for different things. Why not everybody? A stipend for a year.”

In addition to lack of information and transportation challenges, survivors also identified the current immigration policies and climate as having a critical and negative impact on seeking services and assistance around housing and other needs. For example, Victoria described her decisions to not accept available assistance, for fear of losing opportunities to adjust her immigration status in the future,

“En mi país, yo siempre fui independiente. Me da como pena ir a pedir ayuda. Pero no tanto por eso si no por como están las leyes ahora. He sufrido, he sufrido, por eso he sufrido. Y me han ofrecido así ayuda, pero prefiero no aceptarlo. Sí he necesitado. Pero yo no... Por lo mismo de las leyes, por el miedo... ¿Sí me entiende? Por el miedo a que mi nombre va a estar ahí... Y eso es un miedo que yo tengo, un miedo... Por eso yo no

vido nada de nada. Sí, pero sí he necesitado muchas veces. Pero lo que hago, que trato de aguantarme mejor y... Para no molestar y no andar así, porque me da miedo.”

*"In my country, I was always independent. It makes me sad to go ask for help. But not so much for that, more for how are the laws now. I have suffered, I have suffered, I have suffered because of it. And they have offered me this help, but I prefer not to accept it. Yes I needed it. But I do not ... Because of the laws, because of fear ... Do you understand? Because of the fear that my name will be there ... And that is a fear that I have, a fear ... That's why I do not ask for anything at all. Yes, but I have needed it many times. But what I do, I try to put up with it and ... To not bother with it, because it scares me."*

An important component of unmet housing needs is apparent in the process of release from immigrant detention. Some survivors who flee domestic violence in their home country and are detained upon entering the United States do not have family or friends to receive them upon release from detention. Before being released from detention, survivors often lack information about or notice of their release. Some are suddenly released, often late at night without the resources or support to find safe lodging in the immediate term. Precarious housing options persist into the long-term for women following their release from detention. Many pay rent informally and are consequently at risk of losing housing at any time. One woman reported that despite being in the asylum-seeking process, she did not have the paperwork or documentation requested by landlords, “No podía conseguir apartamento, ya que no tengo ningún papel americano.” (*“I couldn’t get an apartment, because I didn’t have a single American document.”*)

Despite arriving in the United States with little or no local support, some survivors were able to meet and build helping relationships during migration and upon arrival in the United States. Survivors sought help from faith-based communities, immigration attorneys, and other migrating women met along the way. Mariana described her fears of homelessness after detention and how she accessed housing support from an immigrant shelter,



“Yo me vine sin nadie, sin nadie que me recibiera. No hay quien me ayuda, no hay quien nadie. No tenía donde... No tengo donde vivir. ¿Qué voy a hacer, dios mío? Yo no tengo a dónde ir, a dónde me voy, dónde me quedo... Y si me dejan salir y no me voy a dormir en la calle con la niña. Entonces, yo pedí el favor que dónde me puedo yo quedar. Porque yo a mi país no quería regresar. Pregunté en inmigración, un abogado de inmigración me mandó para acá. Hablé con el abogado que me estaba ayudando, y... “No, hay lugares donde usted puede ir. Y él habló y dijo que sí, ellos pagaron hasta el boleto de bus.”

*"I came without anyone, without anyone to receive me. There is no one who could help me, no one. I had no where ... I have nowhere to live. What am I going to do, my God? I have nowhere to go, where am I going, where I'm staying ... And if they let me out, I'm not going to sleep on the street with my daughter. So, I asked where I can stay. Because I did not want to return to my country. I asked in immigration, and an immigration lawyer sent me here. I spoke with the lawyer who was helping me, and ... "No, there are places where you can go. And he spoke and said yes, they even paid the bus ticket."*

Andrea found help from someone she worked for,

“Después de salir de la situación de donde estaba el centro de detención... Yo tenía una persona que me prestó una trailita. Hijo de una señora que yo le limpiaba a veces su casa. Estaba cerca de ella. Ella le pidió de favor a su hijo si podía hacer eso por mis hijos y yo. Y de esa manera estuve un poco de tiempo ahí, aproximadamente como dos o tres meses.”

*"After leaving the detention center... I had a person who lent me a trailer. The son of a woman whose house I sometimes cleaned. I was close to her. She asked her son if he could do that for my children and me. And that way I stayed there a little while, about two or three months."*

## *Health, Healthcare, and Mental Health Needs*

**“If you are non-Latino, non-white, and not a citizen,  
it makes it even more difficult.”**

*(Mental health services provider)*

### **Health & Healthcare Needs**

In general, survivors reported that they were in fair to good health, although half did not have access to adequate healthcare. Survivors with children reported greater ease accessing healthcare for their children than for themselves. Children may be eligible for CHIP or Medicaid, but adults struggle with the high cost of health insurance and reported being uninsured and having difficulty paying past hospital bills. Karla mentioned that, “Los niños tienen Medicaid pero yo no he sabido de un centro o algo así para mí o algo que yo pueda pagar. Porque las aseguranzas sí están muy altas.” (*“The children have Medicaid but I have not been aware of any center or clinic for me where I could pay. Because the insurance is too expensive.”*) Daniela reported that while her son had CHIP, she found alternatives to health insurance, “Whenever it comes to me, I pay out of pocket for the doctors, or I find a clinic with support, because sometimes they help out and it’s a lot cheaper than going to the doctor.”

Nonetheless, survivors identified the need for assistance applying for health insurance and navigating their own and their children’s healthcare. In recalling access to CHIP, Daniela reported receiving help from a hospital social worker, “It was the hospital that is right here. They’re the ones that pretty much helped me set up the emergency CHIP, because I really didn’t know how to apply or how to fill out the form.” Over time, however, the same survivor described learning how to continue without this help,

“Most of the time I do it on my own now. Usually the information doesn’t really change, because I don’t really do many changes since I applied, so it’s just going back, reviewing information. Make sure my salary, if it changes, I notate the changes that happen and that’s pretty much it. I usually fill out the form online. I do that through the texas.gov, or the application that they offer as well. Because I’ve had trouble going to the office. I go in, I ask for help and they tell me, ‘Oh, there’s no computer there. You can’t fill it out.’”

Celia described an example of how a seemingly small mistake can create great confusion and ultimately hinder access to much-needed services. She applied for a local health insurance program for the uninsured. When asked if she had a bank account, she mistakenly replied yes, “no sé de lo confundida que estaba traumada, un montón de cosas. No sé qué pasó. Eso confundió las cosas. Me pidieron un comprobante de banco, cosa que no tengo y nunca voy a tener.” (*“I was confused about a lot of things because I was traumatized. I don’t know what happened. That made things confusing. They asked me for a bank statement, things I don’t have and will never have.”*) Because Celia did not speak English and could not easily navigate the phone system for the health center, she could not secure a new appointment in order to explain her mistake. Consequently, she and her four-year-old son went without medical care.

Immigrant survivors also face the challenge of gaps in coverage and care after transitioning from one location to another. For example, Mariana described her difficulty following up with medical exams received while detained by immigration. Given the lack of adequate care in detention and the transition out of immigrant detention, she reported not having received assistance interpreting the results of previous medical exams,

“Me dieron un examen allá en inmigración, pero no sé qué sea, porque no sé... Mi esposo, ... Él me violó... La última vez. Entonces aquí me hicieron un examen, y ahí me salió positivos... Positivos, pero no sé qué sea. No sé... no me quisieron explicar.”

*"They gave me a test there in immigration, but I do not know what it is, because I do not know ... my husband,... He raped me ... The last time. So here they did an exam, and that's*

*where I got positive ... Positive, but I do not know what it is. I do not know ... They would not explain it to me."*

## Mental Health & Counseling

Survivors identified their unmet needs for counseling and reported experiencing depression, anxiety, and multiple symptoms consistent with post-traumatic stress. In responding to the PC-PTSD-5<sup>4</sup>, a brief, 5-item scale (Prins, Bovin, Kimerling, Kaloupek, Marx, Pless Kaiser, & Schnurr, 2015), all immigrant survivors endorsed at least one item indicative of symptoms associated with PTSD. Half of all participants endorsed every item (intrusive thoughts, avoidance behaviors, hyper-vigilance, feeling distant, and feelings of guilt). Intrusive thoughts and avoidance behaviors were endorsed by all but one survivor. Furthermore, 87.5% of respondents met the scale's criteria for probable PTSD.

Table 4. PTSD Symptoms among Immigrant Survivors (Component A Participants)

Scale Item	Number of Survivors Endorsed	Percent of Survivors Endorsed
Nightmares/intrusive thoughts	7	87.5%
Avoidance behaviors	7	87.5%
Hyper-vigilance	6	75%
Feeling distant	6	75%
Feeling guilty	4	50%

Survivors described the symptoms listed above and resulting mental healthcare needs related directly to their experiences with abuse. For example, Daniela described her emotional state,

“At the time of the abuse I felt stressed, I felt anxiety, I did feel depressed. I felt like I needed help emotionally a lot. I didn't really know where else to look for that help or

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<sup>4</sup> This scale is used to screen for indicators of probable PTSD, and is not intended as a comprehensive diagnostic tool.

support. It was constant thoughts, thinking is he going to walk in here? Will he try breaking into my house? Is he going to try calling me, or getting me to go back? I didn't know how to cope with it. There was a time when I was in the relationship that I felt like I just didn't want to go on. I feel like there's a lot of women that face that. They don't even know where to look for help. That's pretty much where the whole emotional support is needed, to make sure you give yourself validation that you're worth something. That you're not just a worthless person like this other person was telling you. That really does bring you down to a point where you don't even know how to value yourself anymore. I'm glad that I was able to go push myself and tell myself that I was worth something. That I wasn't just nothing. I wish there would have been someone there with me helping me develop that thought."

The emotional impact of having experienced abuse can be long-lasting, and survivors also described the long-term nature of their mental health needs. Daniela stated,

"He still impacts me daily. I still think back to it. I feel like even though it's in the past, I no longer want to think about it, but it always somehow comes back. When someone mentions his name, I just think about it and all the emotions hit me. Recently I have been having dreams about him at night. I just wake up at night and think why is my brain sending me this person that I just want to get out of my life. ... Especially in the beginning, whenever someone would raise their hand, I would flinch immediately, or I would just curl up in a ball."

It is important to note that survivors' mental health needs related to abuse are also intertwined with their needs relate to other experiences, stresses, and trauma in their lives. That is, survivors also described enduring persistent unmet mental health needs over long periods of time and resulting from multiple and compounding challenges, stresses, and abuse. Consistent with the literature on negative mental health impacts of immigrant detention, Mariana described her needs while detained in a context that limited her mobility, decision-making, daily activities, and sense of safety.

“Yo siento que es depresión, porque a veces sueño o siento que mi esposo ahí está o me pega. Tuve una gran crisis en inmigración, pero grande, grande, grande, grandísima. Ahí sentí que estaba mi esposo. Igualito. Un oficial. Igualito. Ay no, yo un día no salí... Lloraba en la cama. Hasta llegó una psicóloga a mi platicarme y todo. Pero ay no, era feo, feo. Ahí tomé unas medicinas. Desde que yo salí yo ya no las tomé. Así como ahorita estoy ordenando, no pienso, no pienso nada. Estoy ordenando mis flores, estoy ordenando... Ahí se me va pasando. Se me va pasando. Estoy ocupada. En cambio, si estoy yo aquí, sentada, estoy ahí... Yo pienso mucho. Por eso me dedico mejor a trabajar.”

*"I feel that it is depression, because sometimes I dream or I feel that my husband is there or he hits me. I had a big crisis in immigration, but big, big, big, very big. There I felt that my husband was there. Just like him. An official. Just like him. Oh no, One day I did not go out... I was crying in bed. A psychologist came to talk to me and everything. But oh no, it was ugly, ugly. I took some medicines. Since I left, I have not taken them anymore. Just as right now I am organizing, I do not think, I do not think anything. I'm arranging my flowers, I'm organizing. That's passing. It is passing. I'm busy. On the other hand, if I'm here, sitting down, I'm there ... I think a lot. That is why I dedicate myself to working."*

While survivors identified and articulated their need for mental health care and counseling, they also reported challenges in accessing such services. Barriers to services included lack of awareness about where and how to seek mental health services, lack of linguistically-accessible services, transportation barriers, balancing time for counseling amid multiple other commitments, and lack of service availability in rural areas. Daniela described not knowing where to go for support, “I would like to be able to know where I can look for things to help myself, if I need it. I needed either emotional support or psychological support at that point and couldn’t find it. I had to deal with everything on my own.” Others described reaching out for mental health services, only to be turned away. Hortensia, for example, tried to attend scheduled counseling sessions four times, but was turned away each time despite having an appointment. She had one or two children with her

each time, with no other childcare options, and her counselor would not see her with children. Daniela, again stated,

“I felt like I wanted counseling when I first started to cope with it, but I couldn’t get any help. I tried to speak to [the family violence program], but since I had a legal lawyer representing me for DACA, they told me that they couldn’t help me. I would have wanted to walk into an organization that would have said, “You know what, I know you have legal representation, but we’re here for emotional support, at least.” Or, someone that could provide a safety net that could make you feel like I’m going to be okay. There’s someone that I can speak to that will help me understand the situation that I’m going through. Maybe knowing other women that have gone through the same situation, or maybe something similar, would probably help cope a little more with it. Instead of having to deal with everything emotional, all the thoughts and everything just by yourself. That’s pretty much the main thing that I felt that I needed help with.”

Some survivors were able to access counseling services (often as an outcome of services their children received), and described the benefit and resulting feelings of relief and peace. For example, Andrea recalled, “desde ese momento yo me abrí con ella, en mi desesperación, y le platiqué todo a ella.” (*From that moment I opened with her, in my despair, and I told her everything.*) While services are often limited in time, Victoria described her plan to request continued services,

“Por esa parte me siento bien agradecida. Ahorita me la suspendieron, porque ya terminé. Sabía que eran 8 sesiones o 12. Pero si yo quiero yo puedo volver a pedir, pero como me está pegando otra vez la tristeza y todo eso, voy a volver a pedir las.”

*"For that I feel very grateful. Right now they stopped, because I finished. I knew there were 8 sessions or 12. But if I want, I can ask again. Since all the sadness is hitting me again, I'm going to ask for it [counseling] again."*

Nonetheless, some reported a preference for individual counseling and in-home services and dissatisfaction with the group counseling model.

“Delante de la gente yo trato de ocultar mi tristeza, entonces la consejería era en un grupo. Y yo no me... Yo nunca hablaba porque nunca me sentía... Me parece que la gente se va a reír de uno o algo. Yo sé que no es así, ¿verdad? Pero no. No me expreso delante de la gente. Nunca me han gustado las terapias así. Por ejemplo ahorita yo me siento bien, pero no sé si es la pena o no sé, que en grupo ya no me gusta hablar.”

*"In front of the people I try to hide my sadness, at that time the counseling was in a group. And I did not ... I never talked because I never felt ... I think people are going to laugh at me or something. I know it's not like that, right? But no. I do not express myself in front of other people. I have never liked therapies like that. For example right now I feel good, but I do not know if it's worth it or I do not know, that in a group I do not like to talk."*

Service providers also commented on the need for additional options and types of mental health counseling services. For some, this was about supporting and encouraging survivor choice and self-determination and better addressing the preferences and needs of survivors. While acknowledging the challenge “in a scarcity context,” one service provider recommended a “menu approach, “What would you like? Do you want to knit? Do you want to go swimming with some buddies? Do you want to have some intense trauma therapy? Whatever you are ready for.” A mental health provider reported,

“Thinking through as much as possible how you can provide family-based services, I talked to someone recently who said that the services that she received with her daughter were definitely the most helpful. They were doing creative arts together, basically. It wasn't necessarily even called family therapy, but that relationship piece was something that she really needed. Also, again, if you don't have that capacity, also trying to figure out ways in which you can also do some family work. We're talking about family violence and for us to not be providing family-based counseling services seems like a



disconnect as well, in terms of long term healing and growth and moving beyond the crisis that they have experienced.”

For others, having more options in mental health service delivery models may alleviate some of survivors’ concerns with one particular model over another. For example, one provider recommended the mixed benefits of building from models used in other settings that often service immigrant communities,

“The counter-trafficking movement has been really successful with, not so much group therapy, but just group charlas [“chats” or mini-workshops], empowerment. Bringing together survivors, but not to focus on the trauma but just, “Let’s do knitting today,” or , “Who wants to do a potluck?” Just something else. The stories end up and the bonds are made, but I do think there is this element of a little bit of the shame of having to join this group and front the thing that you’re really still processing yourself and really embarrassed about. Also, the gossip element to, it I think is real.”

In responding to her clients’ experiences with group therapy, one service provider identified potential sources of mental health counseling outside of family violence programs,

“I try to figure out what is going on in the treatment. I’ll ask my clients, “What does it look like? Who talks? How many people?” One of my clients said that it was basically meditation exercises. Which is beneficial, but that was the only thing that she was getting and she had experienced all this very extreme trauma in her home country. Again, it’s not an emergency situation. I think that was a precursor to, “When you do this, then you move on to your individual [counseling].” There was some sort of preliminary thing to see if you’ll, I don’t know, show up or not, I think. I think one of the things that has been helpful also, is looking at people’s, what medical treatment they’re getting? If people go to [a community health provider] there are alternative [services]. It’s not as DV, sexual assault informed, so that’s the trade off, but still sometimes I feel like I’ve had more success with people in getting individual treatment that they really, really need with their

medical provider, instead of the specific shelter based stuff. It's just a capacity issue. It's just availability, it seems like and it also is connected. In some ways, a lot of my clients will have children, too, so the child will go to counseling and the parent at the same medical clinic. That's convenient and useful, too."

In addition to an expanded variety of models and sources of mental health support, Camila recommended offering a variety of service delivery models, including offering counseling through telehealth models. She described the need for mental health services to be more "readily available,"

"Even if a phone call or something, because I don't have to see them in person. Sometimes it would be nice to call somebody when I'm not feeling okay or having a different way of meeting somebody without being in-person. I know that's frowned upon in therapy, but sometimes it's just I can't go but am interested in it. If they had another way of communication, I'd totally take that. Or a video chat, yes."

**"If you speak a language other than Spanish or English, I think it is pretty impossible to get counseling. I think that those individuals who don't speak Spanish or English oftentimes fall through the crack."**

***(Immigration legal services provider)***

### *Social Support*

**“I feel good here, because I see that women talk, from day to day, and that helps you. Like something inside you comes out and allows you to breathe.”**

***(Karla)***

With the understanding that many survivors rely on and turn to their social network for support, this study inquired about the strength of survivors’ social support options using open-ended qualitative questions, as well as the Social Support Survey (Holden, Lee, Hockey, Ware & Dobson, 2014; Sherbourne & Stewart, 1991). A majority of survivors reported having no one with whom they could share their fears and worries and no one to love or make them feel wanted. Half of survivors reported having no one to turn to for help if confined to bed, for a ride to the doctor, for suggestions. All survivors, however, reported having someone in their lives to do something enjoyable with at least some of the time. It is important to note that while the scale is limited in its ability to adequately capture the experiences of survivors whose social support networks may have been changed or disrupted by migration, survivors nonetheless often responded with their transnational support networks in mind.

Table 5. Social Support among Immigrant Survivors (Component A Participants)

<b>How often in your life do you have someone who could,...</b>	<b>Number of Survivors Endorsed</b>	<b>Percent of Survivors Endorsed</b>
Help if confined to bed	4	50%
Take to doctor	4	50%
Share worries and fears	3	37.5%
Turn to for suggestions	4	50%
Do something enjoyable with	8	100%
Love and make feel wanted	3	37.5%

In the context of their communities in the United States, particularly among more recent immigrants, survivors are often socially isolated. Survivors are impacted by the abuse they experienced, working to make ends meet, family separation, and a climate of fear about immigrant detention and deportation. Language also plays a role in survivors' accessing social support. A legal services provider reported that, "[Latina survivors] can still be very isolated even in a city that has a large Latino population." Olivia described the difficulty in rebuilding a network of support upon arriving in the United States, "Sin conocer nada. ¿Cómo empieza, o dónde? Sin tener... Bueno, yo en mi caso que no tengo familia y apoyo acá." *"Without knowing anything. How to start, or where? Without having ... Well, in my case, I don't have family and support here."*

Nonetheless, survivors identified available sources of social support. With family networks disrupted by migration, survivors recognized the transnational component of their social support networks, including friends and family members back home in their country of origin, who they continued to feel close to and seek support from. A legal services provider also noted the support survivors received from their role as a parent and from their children,

"I think they see their children as, "We're in this together. You're on my side." They do gain support from their children even if their children aren't saying, "Mommy, it'll be okay." Some kids do, but they gain a lot of strength from their kids, in going through it with them."

As another example of viewing children as a source of social support, Victoria described her children as a source of feeling loved and providing opportunities to do something enjoyable with,

"No, yo no... Sólo con mi hijo salgo. Mira con cuánto le doy un día alegre a mi hijo yo. Con \$15. A él encanta la pizza. Me lo llevo al "Cici." Y lo que hago... Pues me lo hago pasar por cuatro para que no me cobre. Me cobran \$10. Con \$5, le cambiamos monedas, y lo tengo jugando toda la tarde así despacito. Y ya viene viene contento con \$15. Eso hago. Él es mi compañía para todos lados, sólo él. Sólo él."

*"No, I do not ... I only go out with my son. Look with how I can give my son a happy day. With \$15. He loves pizza. I take him to Cici. And what I do ... Well, I do it after 4 so it costs less.. They charge me \$10. With \$5, we get coins, and he plays all afternoon. And he's happy on just \$15. That's what I'm doing. He is my company in every way, only him. Only him."*

In response to the potential for family support amidst the mental health impact of abuse, a mental health services provider reported that she “talked to someone recently who said that the services that she received with her daughter were definitely the most helpful.” She recommended incorporating more family-based services into domestic violence programming. “We’re talking about family violence and for us to not be providing family-based counseling services seems like a disconnect, in terms of long term healing and growth and moving beyond the crisis that they have experienced.”

Nonetheless, survivors and providers noted that while families often provide tremendous social support, survivors’ relationships with family can also be a source of blame and shame. A legal services provider, for example,

“I’ve had conversations with survivors who were blamed by family for the abuse, because they were not being good wives or that sort of thing. ‘You’re the wife. You know better than that,’ or, ‘You should be doing everything for your husband. You shouldn’t be talking back.’ They will justify the abuse, again not understanding that what is actually going on is illegal. Just trying to chalk it up to, ‘It’s a culture thing,’ or, ‘It’s just how we were raised.’”

Survivors also reported developing social support networks among other immigrant survivors met in immigrant detention or immigrant shelters. Karla reported finding solidarity and social support among other survivors in a shelter (not DV-specific) for immigrant women and children, while also struggling with the desire to, at times, find solitude,

“Aquí me siento bien porque veo que las señoras hablan, viven el día, y eso te ayuda. Como que algo dentro de ti te sale y te da como respirar bien. Y antes cuando estaba con mi amiga allá, era muy privada, nomás en el cuarto, y no quería convivir con ella. Y eso también hace que nada más uno esté pensando en las necesidades de uno. Y acá no... Acá hablas con las señoras. Sabes que tienen necesidad también, igual que tú. ‘Ah mira ellas también. Pasan por lo que yo pasé.’ Como solidaridad. Pero sí, a veces sí, mejor me prefiero encerrar y no soluciono nada. Ya encerrada, estar muy privada así... Pero no, yo creo que necesito más socializar con la gente.”

*"I feel good here, because I see that the women talk, from day to day, and that helps you. Like something inside you comes out and allows you to breathe well. And before when I was with my friend over there, it was very private, just in the room, and I did not want to room with her. And that also means that you are not thinking about anything else except your own needs. And here it is not like that ... Here you talk to the women. You know they have need it too, just you. 'Ah, look at them too. They have gone through what I went through.' Solidarity. But yes, sometimes yes, I prefer to close myself up and do not solve anything. Already closed up, being very private like that ... But no, I think I need more socializing with people."*

Zara also appreciated the opportunity to talk through her experiences in a setting of solidarity,

“de desahogarnos todo lo que pasa. Con nuestras vidas o algún sentimiento que uno ande, uno lo puede desahogar y eso me ayuda bastante. Uno también algo que tiene duda, por otra persona uno lo aclara, porque usted sabe que venimos diferentes tipos de personas, y a cada una nos pasan diferentes cosas y uno aprende de los demás. (Zara)

*To let go of everything that happens to us. With our lives or some feeling that one may carry, one can let it go and that helps me a lot. Also, if you doubt something, you clarify with others, because you know we are all different types of people and different things happen to each of us, and one can learn from others.” (Zara)*

Survivors also identified the reciprocal nature of social support. Karla noted,

“Y ahorita yo ayudo a otra muchacha con su niña, la que vive aquí. Se la estoy dejando y si la está recogiendo. Digo yo, bueno, me pongo en sus zapatos. Ya, me pongo en sus zapatos y digo, no... Porque yo también tengo mis niños y me gustaría que alguien me ayudara así con ellos. Sí, por eso le ayudo a ella también.”

*"And right now I am helping another woman with her little girl, the one who lives here. I drop them off and she picks them up. I say, well, I put myself in her shoes. Now, I put myself in her shoes and say, no ... Because I also have my children and I would like someone to help me like that with them. Yes, that's why I help her too."*

Some newly-arrived immigrant survivors, with high expectations for life in the U.S. and a sense of relief that the risks of migration were over, described being surprised and alarmed to find that risks and suffering continued. Sierra, for example, said, “piensa uno que va a tener una vida mejor, pero le pasan muchas cosas a uno.” (*“You think you’re going to have a better life, but so many things happen to you.”*) Zara also experienced moments of regret after arriving at her destination and encountering continued interpersonal violence,

“Yo decía: “Si voy a estar así de mal, mejor yo me hubiera quedado en mi país, porque mi país yo lo conozco”. Aquí yo estoy en un país que no es el mío, sin papeles, sin trabajar, sin apoyo de nadie. Yo no vengo a buscarme problemas ni a buscarle problemas a nadie, yo mejor me hubiera quedado en mi país.”

*“I said, “If I’m going to be this bad off, I was better off staying in my country, because I know my country.” Here I’m in a country that is not my own, without papers, without work, without support from anyone. I did not come looking for problems or to find problems for others, I should have stayed in my country.”*

### *Awareness, Information, & Perception of Services*

**“We can’t ignore the context of people’s home countries, depending on how recently they migrated, where domestic violence might not have been seen as something that anyone can help with, or that the government cares about, or any pieces like that. You have to normalize the idea of even asking for help, or thinking that that’s something that’s available in the first place, and then you have to make it available in lots of languages.”**

*(Mental health services provider)*

#### **Awareness & Information**

Survivors and providers discussed their awareness and perceptions of family violence services in Texas, in addition to their experiences attempting to access such services and recommendations for improved access. In terms of survivors’ awareness of services, many identified and articulated the need for support and assistance, as mentioned earlier in the description of survivor-identified service needs. Those who had knowledge and understanding of family violence agencies and related services learned of those resources through social workers working with their children, school-based services and parent support services, faith communities, law enforcement, community and county health and mental health services, refugee resettlement agencies, and family members who had lived in the United States for a longer period of time. Other sources of information included immigrant shelters and other immigrant-serving organizations, social media, Spanish-language media (television and radio), consulates, and national hotlines (for domestic violence and human trafficking). One service provider discussed the use of Spanish-language programming,

“We have seen a huge participation in Univision Facebook Live. ‘Let’s do a discussion on asylum.’ People comment with their questions. Anyway, even though it’s not



anonymous, it I think, feels anonymous to the user, because they don't have to actually look at a person. They can receive information, they can learn about even, 'This is our shelter. This is how many beds we have. This is what we look for.' It's sad that we don't have enough shelter spaces for everyone who needs. 'If you call our organization, this is what we're going to ask you and this is why. This is how.'"

However, survivors also clearly expressed a lack of awareness and information about how to access help. Survivors described their own challenges understanding existing resources and services, in addition to the lack of information and awareness among their social support network. Several survivors reported that they had never known anyone that had previously received services from a family violence agency. Andrea described the benefits of having a direct connection to someone who had information about services, "Bueno, es que las agencias y los servicios están bien. Lo que pasa con las mujeres es que necesitamos información. Información. Si conocemos alguna mujer y nos dicen." (*"Well, it's that the agencies and the services are fine. What happens with women is that we need information. Information. If we know another woman and she tells us."*) Mariana described the way information about services get shared from one survivor to another,

"Es como usted, visitar, visitar... Platicar y comentar, y comentar. Y otra comenta, y otra comenta a otra y otra comenta a otra... Y ya uno se va entendiendo de la ayuda ... que le ofrecen a uno. Conversar entre mujeres. Es como yo, ya la escuché, yo le puede a comentar a ella, ella le puede comentar a otra."

*"It's like you, visiting, visiting ... Talking and discussing, and discussing. And one person tells another, and another tells another, and another tells another ... And one begins to be aware of the help that is available. Discussing among women. It's like me, I've heard it, I can tell her about it, she can tell someone else."*

Others stated that they felt confused and disoriented or were suffering the emotional and psychological repercussions of abuse, which served as a barrier to taking in information about available services. Mariana, for example, reported, "tenía miedo, porque no sabía con quién o a

qué venía. Yo no sabía cómo era aquí, yo no sabía. Ni sabía salir allá, porque yo sentía que ya me perdía.”(*"I was afraid, because I did not know with whom or to what I was coming. I did not know what it was like here, I did not know. I could not go there, because I felt that I was getting lost."*)

Some immigrant survivors are newcomers to the United States and may lack general awareness of the social services network, expressing that, “I didn’t even know where to start looking.” Others had greater familiarity with service systems, in general, yet still expressed challenges identifying local domestic violence resources, “I tried googling organizations, but I feel like I didn’t really get that much information for organizations here. They’re more like national organizations. I felt like I don’t know how to reach out somewhere here.” Other survivors were aware of family violence agencies and the services they offered. For example, Daniela, who had lived in the United States since childhood, reported that she had grown up hearing about the local family violence agency on the news and on talk shows. She recalled that the agency “would provide help and assistance with women that have been battered” and expressed the preference for more choices of services, beyond the one family violence agency in her area,

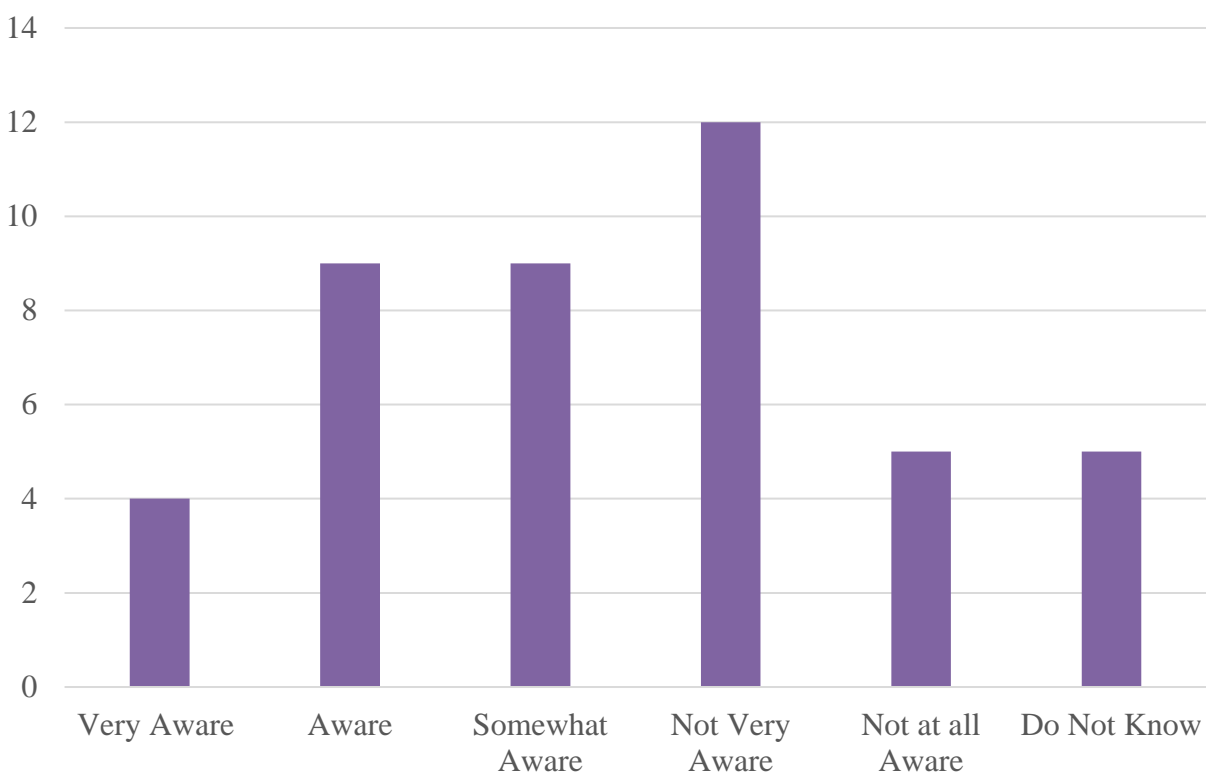
“As far as for seeking help, I feel like maybe most of the people get their information from the local news. If they could offer maybe a little more information to where you can turn to, aside from this one organization that we’re used to hearing about, that would help out other people. Having different choices, instead of just, “I can only go here and I don’t know where else to go.” Like for support groups, where you can get that emotional support if you can’t go to a psychiatrist, or something like that.”

Camila described the specific and technical type of information she needed about utilizing social services, in particular related to her status as an undocumented immigrant. She expressed a need for advice and legal consultation about repercussions of seeking services on her future immigration status,

“When I was going through the divorce, just talking to everybody, everybody was telling me that I should get a protective order against him, but nobody knew how I could do it. I had to do a whole new deal to out where I could get that from or who I could get it from or what was going on. Then there was a lot of issues with our taxes. It was just what I could do separated from him and what would be a good idea to do separated from him that wouldn’t affect me in the immigration paperwork status. Just information about how I could go about everything without it affecting me in a negative way.”

Service providers report that many immigrant survivors are not aware of the family violence agencies in their area. One provider noted, “Most have no contact with anyone and receive no services from anyone.”

Figure 2. Provider Survey: How aware are immigrant survivors of domestic violence of the family violence programs in your region?



In particular, service providers identified limited capacity, in terms of linguistic and cultural-responsiveness, as a barrier to services. Specifically related to mental health services, as well as other services, one provider reported, “If you speak a language other than Spanish or English, I think it is pretty impossible to get counseling. I think that those individuals who don't speak Spanish or English oftentimes fall through the cracks. I also think that once you get outside of [a major city], access to shelters becomes much more difficult and not even shelter, but just other resources.”

Service providers also identified the limited capacity among providers and family violence agencies to serve survivors who speak languages other than English and Spanish. One provider noted, “we’re seeing more indigenous language needs. Making sure that there is enough funding for language lines and supporting the development of indigenous community organizations.” Related to the need to accommodate a wider variety of language needs and preferences, providers also commented on the overall need for communities and family violence programs to attend to, and plan for, growing immigrant communities, in both urban and rural settings. One provider highlighted the need to “move away from a model of only Spanish and English language services, and move away from a model that uses Catholic churches as the primary or only strategy for outreach.” Another provider stated,

“I think there are incredibly underserved populations that are incredibly low income, that lack transportation, that are people of color, that are immigrants, that maybe don't get captured. [in our explorations/discussions of rural survivors’ needs]. I think that there is somewhat of blinders on when thinking about how a community has changed and not wanting to recognize some of that. Then how to increase your services to meet the needs of those individuals who you think may be just temporary people there. Our state is diversifying very quickly and it is not just Latino and white anymore. There are a lot of African immigrants coming, there are a lot of South Asian and Southeast Asian immigrants coming, and I think that services are not matched with those individuals. I think that in the next 10, 20 years there going to be much larger populations. I think it's going to be difficult to access those communities if structures aren't currently put into

place to mirror the changing of the community. Its actual meaningful access through languages, through community outreach, through understanding cultural issues that may come into play.”

In addition to language capacity, providers pointed to the need to frame information about services in ways that reflect the network of services in immigrant survivors’ countries of origin,

“We can’t ignore the context of people’s home countries, depending on how recently they migrated, where domestic violence might not have been seen as something that anyone can help with, or that the government cares about, or any pieces like that. You have to normalize the idea of even asking for help, or thinking that that’s something that’s available in the first place, and then you have to make it available in lots of languages.”

“Thinking through all the many countries that people are coming from I think that also just how you frame the topic matters, especially if we’re considering people’s backgrounds in terms of how domestic violence is viewed in their own country, or how violence is viewed. I think there needs to be a lot more conversation and discussion and thinking about how to word the issue that people are having that they might seek services for, and that that could help bridge some of that gap. In terms of language, I don’t think it’s just a matter of translation in terms of word for word what your services are. I think it’s also figuring out how the community understands the topics you’re talking about.”

Providers also noted the importance of outreach to community events and activities in which immigrant communities feel safe and have a network of trusted connections,

“We see that with, for example, the Know Your Rights clinics. A lot of them were being advertised at churches and the lawyers were not the ones telling people about them because most of them are white and not all of them speak Spanish and they do not look like the community. A lot of the times the churches themselves, some of whom maybe were even hosting the clinic, have it in a space where people feel comfortable already and

feel safe. They knew how to explain what this clinic was going to be about and why it might be relevant to their lives and they were the carriers of that message. Then there were lines out the door. Even in a time where we had heightened fear, there were lines out the door at Know Your Rights clinics. They had to cut off the lines. I don't think they could've done that if they hadn't had an array of community stakeholders invested in, "Let's talk about schools, let's talk about churches." Not always are these the places that people are plugged into but if they are plugged into not your traditional service agency, these are the places that they're going."

In addition to expanding outreach, providers also recommended ensuring that community partners have accurate information about available and safe services,

"It's just also really thinking non-traditionally about where people are finding out about your services and making sure that community members that are trusted know what your services are and know how to explain them in a way that's understandable to the community themselves and making it so your information is legible, understandable to also counselors and teachers and people who maybe have more facetime with these families in the first place. They're the ones who are probably going to do more of the explaining and they're the ones who are going to be probably more trusted also, as a person with information that is accurate and safe, also making sure what you're telling them will actually be safe."

### Perceptions of Services

Survivors' understanding and perceptions of available services varied. One survivor recalled that it took her some time to identify as someone who was experiencing domestic violence. In the past, she may not have perceived domestic violence services as applying to her situation. When Camila came to a new realization about her situation, she expressed uncertainty about eligibility for services and presumed she would not qualify,

“I would be interested in looking into them because now I’m becoming more aware of what happened and coming more to terms with it and going from there. At the same time, I’m not sure if I would qualify for them, because we just separated in February, and it has been a while. I wouldn’t mind looking into them as well because I have come to the conclusion that this did happen to me and I should look at it as at this point, I can’t exactly do this all by myself.”

Others expressed ideas about the severity of abuse. One provider reflected, “some women downplay the abuse. They would be like, “It wasn’t that bad. I feel guilty taking up space.” Camila reported that she understood services to be reserved for relationships that involve extreme physical violence,

“I think the biggest thing that I wanted to put out there was the fact that everybody is trying to, when you mention abuse in a relationship, everybody is automatically thinking the worst. They make you feel like if it’s not the worst, you can’t ask for help. Sometimes when you talk to people about abuse, they automatically want to go to hardcore abuse. Sometimes that doesn’t happen. In my case, that never really happened where it got bad to the point where I was in the hospital or called the police or anything like that. A lot of times, people will think that it wasn’t as bad as you make it seem, when in reality, any kind of abuse is bad. So if you don’t know about the programs out there, you think they’re for people that have been hospitalized... Because all these other stories of people are much more than mine. Does mine have anything to do with that? There is a lot of scrutiny when it comes to abusive relationships because people will automatically want you to have gone through the most extreme abuse, and when you didn’t, they look at you in a weird way like, “You weren’t really abused.”

Others noted a lack of awareness about eligibility related to immigration status. One service provider reported, “people assume that if they’re undocumented they’re not entitled to anything.” Others expressed fears that in order to access services, one must have engaged in a

specific legal process or order of events, or have some type of evidence of the abuse, such as a police report or law enforcement involvement. For example, Camila noted, “sometimes when you try to get help, they expect you to have done certain things, and if you didn’t, it makes it harder to get what you asked for.” She responded,

“I think it’s more I wish I would have known, because you know you can get people through abuse, but I thought I’d have to file a police report or thought I would have to have something of that nature, because I never did. It was more of I kept it to myself because I didn’t want to make a big deal out of it, and I was also scared. I wish I would have known that just because I hadn’t have gone all those extra lengths if I was still able to live my life without him.”

Others found it difficult to reach out given their fears of deportation and concern about how services may negatively impact themselves and their families. Gloria expressed the fear she felt in considering whether or not to contact the domestic violence center, “Yo vi por la tele del centro de mujeres y vieron el numero entonces, entonces con miedo, con mucho miedo porque no tenía papeles, no tenía nada. (*I saw something on TV about the women’s center and saw the number so, so with fear, with a lot of fear because I didn’t have papers, I didn’t have anything.*) One provider stated, “we can’t underestimate the fear factor in terms of immigration and the context that we’re in. People weren’t even taking their kids to school [during recent ICE raids]. If they’re not taking their kids to school, the chances that they’re also not reaching out to a domestic violence shelter are also really high.”

Alongside fears of deportation, lack of work authorization and language access may serve to compound isolation. One provider described,

“I think when you talk about immigrant populations, isolation has a lot to do with it, even if they’re from Spanish speaking countries. Because there’s a large Hispanic population here, I think people think well it’s a more of a mainstream population. But it’s not, because they think they can still be very isolated even in a city that has a large Latino



population. I think if you factor in immigration status which makes them more vulnerable, the ability to work, the ability to access other services and language that makes it much more difficult. I think if you are non-Latino, non-white, and not a citizen, it makes it even more difficult. [A large city] has a really large growing immigrant population that is not Latino as well. It's not as large as the Latino population but it is increasing and it's increasing steadily. I don't think that services are increasing in the same way to meet those needs."

As mentioned earlier, survivors reported that they feared seeking services would negatively impact their immigration case or future ability to adjust immigration status. Karla described her uncertainty about the shelter environment and weighing the decision to leave a home where her children's basic needs were met, albeit one in which she suffered abuse. Her concerns about comfort and an appropriate environment for her children kept her from engaging in shelter services at the local family violence agency, although she later accessed shelter services in an immigrant-serving organization.

"Me dijo la muchacha, 'Aquí te puedes quedar en refugio.' Pero lo que a veces uno se imagina... quién es la gente que está aquí... O sea, cuando uno tiene comodidad con esa persona, pues uno mira... Por qué era mi pensamiento también. 'No pues, él trabaja. Nos tiene bien viviendo.' Y como que me dio un temor. Dije, '¿Qué voy a hacer aquí, qué va a pasar, con qué personas van a estar acá?' Ahora que yo me encuentro en esa situación, digo yo... Bueno, personas como yo que necesitan la ayuda que ha pasado también... Pero a veces tiene uno dos formas diferentes de pensar. Una cuando estás en otro lugar cómodo, pero que está sufriendo, y pues uno dice... Los niños, uno piensa en los niños, en el bienestar de ellos. Y pues también ahorita en en este punto, que sí lo necesito, y lo necesito por el bienestar de ellos."

*"The girl told me, 'Here you can stay in the shelter.' But what one sometimes imagines ... who are the people who are here ... That is, when one has comfort with that person, then one look ... because that was my thinking too. 'No, well, he works. We are living well.' And I was afraid. I thought, 'What am I going to do here, what is going to happen, who*

*are the people that going to be here?’ Now that I am in that situation, I say ... Well, people like me who need help because of what that has happened to them too ... But sometimes you have two different ways of thinking. One, when you are in a comfortable place, but you are suffering, and then you say ... the children, you think about the children, about their well-being. And then also now at this point, that yes, I do need it [shelter], and I need it for their well-being."*

Service providers also commented on survivors’ reticence to receive public benefits, with fears of the potential negative impact on future immigration-related applications. One legal services provider discussed consequences of recent proposals to revise “public charge” rules. She said,

“There are survivors who need public benefits for them and their children, they may not qualify but their children who are citizens definitely do. They are making due without it, even though we tell them it most likely will not affect anything in terms of your application because you are a survivor. There are exceptions for survivors and they're too afraid. They're very hesitant even now to get those services even though the kids really probably need them and it could really help out. It's a little bit of convincing and I can understand their hesitancy because the rules could change at some point to not exempt survivors. Then if that does happen, what are they going to do?”

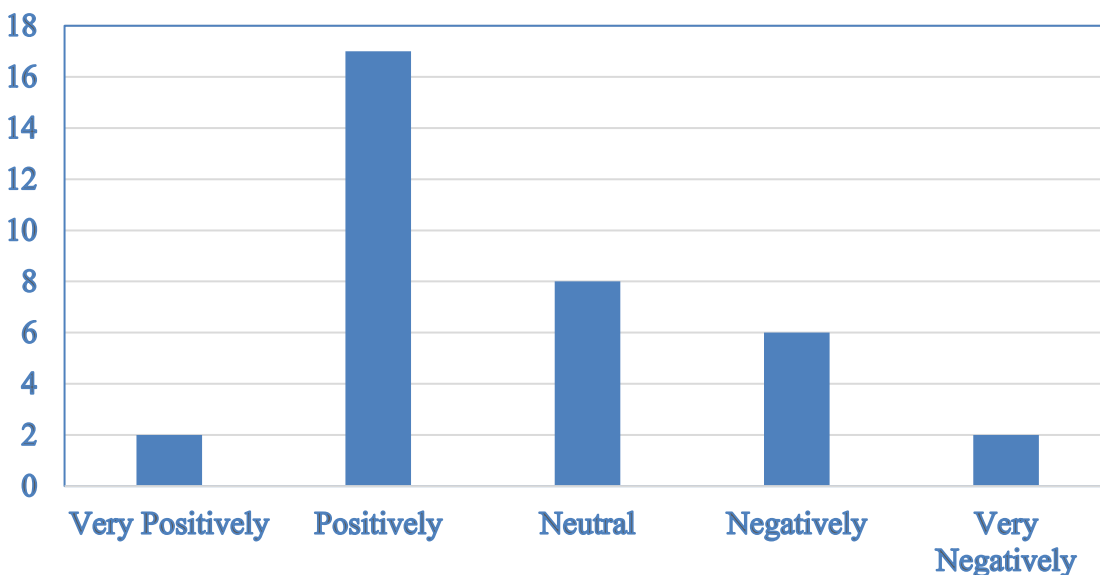
Another legal services provider recommended re-considering when and how to discuss public benefits access with survivors,

“Many of the case management service providers, one of their first things is, “What state assistance or federal assistance are you eligible for? Let’s get you into those programs.” This may already be happening, but people might just want to rethink at what point do you start with that. Is that going to scare people away or do you fill that in at a later point?”

Finally, survivors reflect general perceptions about the scope of need and availability of resources. Victoria, for example, expressed concern about asking too much of a service provider and respecting the limited capacity of the system of services. In referring to a provider she had worked with previously, she reported that, “Ya no le pido porque me da pena. Pero ella es muy linda, yo me siento bien agradecida con ella. Pero ella tiene sus límites también. No la quiero estar molestando mucho.” (*“I do not ask anymore because I feel bad. But she is very nice, I feel very grateful to her. But she has her limits too. I do not want to be bothering her very much.”*)

In addition to survivors’ perceptions of family violence services, service providers reflected on how they thought their immigrant survivor clients viewed local family violence services. The following figure reveals mixed responses, with a majority reflecting positive views of family agencies. However, almost half of providers responded that their clients view local family violence services neutrally, negatively, or very negatively. Not surprisingly, service provider also overwhelmingly reported the negative impact of current immigration policies, leading immigrant survivors to fear reporting and help-seeking.

Figure 3. Provider Survey: From your perspective, how do your clients who are immigrant survivors of domestic violence view the family violence services in your region?



Service providers responded that the following efforts may increase the appeal, and hence accessibility, of family violence services to immigrant survivors:

- Increased outreach in languages other than English and with attention to low literacy – across multiple platforms (radio, television, print) and in variety of venues (faith communities, schools, grocery stores, bus stops, legal service providers)
- Bilingual caseworkers, counselors, and availability of language interpretation
- Connection to immigrant detention centers
- Explicit explanation of services and clarity eligibility for services to undocumented individuals
- Commitment to maintain information confidential from ICE
- Increased knowledge among providers about potential impact (positive and negative) of seeking services
- Outreach to entities immigrants already trust
- Intentional relationship-building with consular office
- Building information available through 211
- Outreach and education to immigrant community leaders
- Increased housing and financial supports

**“Very explicitly put in your advertisement materials, “We don’t share your information. You don’t have to have a social security number to access our services. If you even think you might be experiencing any of this at all, call this number for a confidential conversation.” I’ve noticed, I think really, really emphasizing the piece around confidentiality and privacy and not sharing people’s information, really, really, really making that extra explicit I think is really important. Definitely people that I’ve talked to who are even already engaged in services, some of them are still just really, really, really afraid.”**

***(Mental health services provider)***

### *Access & Barriers to Services*

**“One referral that works, that can make  
the difference with everything.”**

*(Mental health services provider)*

Despite the lack of information and awareness about family violence agencies, survivors described their attempts to seek help across a variety of social services. These efforts sometimes resulted in engagement in a host of services and supports, and other times access to services was hindered or disrupted in some fashion.

#### *Disruptions & Barriers to Accessing Services*

Having the information and awareness about available services doesn't always equate to accessing and receiving services, unfortunately. One provider notes, “People learn about services in a variety of ways to include social media and word of mouth from their social circles. However, this doesn't always mean that the person will follow up with a referral to seek assistance which may prolong the time it takes to obtain the services needed.” Survivors' access to family violence services was hindered by distance and transportation (services geographically distant from survivor), inadequate referral processes that left survivors with little momentum, postponed services (wait lists), and denial of services due to ineligibility.

Barriers to services often present themselves at the very initial point of entry, which for many involves a telephone call. For some survivors who do not speak English, the lack of linguistic access disrupts their ability to engage with a service provider. Despite the fact that many organizations have bilingual workers on staff, those staff may not be available during a

survivor's initial attempts to engage with services. Even when phone services are provided in a survivor's preferred language, reaching an organization by phone can still be problematic. As Beatriz describes, "te ponen en espera, y te dicen que marque tal número, que marque este otro número." (*"The put you on hold, and they tell you to dial a number, then to dial another number."*) One provider relayed the negative experiences her clients reported,

"I've had so many conversations with people where they were so frustrated with the process that they just gave up. They're like, "I don't even want to call that shelter anymore. Give me a different shelter. Give me somewhere else to call." But there's nowhere else to call. That is the only place that you can call within your area. They already called and they had such a bad experience over the phone that they just don't want to deal with them anymore."

Service providers also offered their perspectives on immigrant survivors encountering waitlists. Legal service providers offered their perspectives on wait lists as lingering barriers to services,

"They want immediate help. They're like, "Tell me where to go right now. I need to leave right now." That is the hardest thing to try to explain to somebody who's desperate like that. That unfortunately because of the way that many domestic violence shelters are operated you might not be able to get in the same day. They might not have availability. Something that we would always have to do, is just encourage them to call. Check in. Call every day if you have to. Call every other day. Availability changes so quickly. That's just another barrier that they have to face. If this was the only opportunity they had to get on the computer or get on the phone because they're being monitored or their partner is out of the house and they never get out of the house because they're always around... It's just added layers to being able to reach out for services."

"The need is often immediate and if it's not met then, there's either not the opportunity or the ability to call every day. There just needs to be more because all the clients who I have referred to [family violence program], have never engaged there, because there was

always too much of a wait. Or they'll go for an initial consult and then they'll be told that there's going to be a wait for the next step and they'll never go back. I know their services are wonderful, but none of my clients have ever [gotten in]. People get so frustrated with the waiting period. I really do think that is a major issue structurally. There needs to be something where we are addressing that waiting period.”

“I think waitlists create a huge barrier because someone who needs more immediate help, who is put on a waitlist... Even understanding all the reasons why a waitlist happened, and why resources aren't available to everyone, or are scarce, or what have you, I think that can create a huge barrier for engaging in services. In the meantime do this other thing that will provide some sort of support or connection, or psychoeducation, or whatever piece might be useful because if you're literally in a relationship of domestic violence, or you have that support network around you, what are you doing in the meantime while you're on a waitlist?”

Camila reported being turned away from obtaining a protective order and was told, “We can't do anything because you never called the police.” Daniela described trying to contact the local family violence program in search of counseling services, and being denied,

“That was my first thing to look for was I need to see if I can get in contact with them. See if they can offer any type of support to me. I called by phone. I pretty much just googled the number for them. I called the line, the lady that answered at [family violence agency], she asked me basic questions. One of the first questions they asked me was if I had an attorney with immigration. Since I said yes, they said they couldn't offer me any assistance. She automatically told me that they would not be able to help, unless I didn't have legal representation.”

Being turned away from services can have both short-term and long-term impacts on survivors, beyond the absence of the service in question. Camila reported that being denied the opportunity to seek a protective order caused her to second-guess herself and to question the legitimacy of

the abuse she suffered. She stated, “You start to judge yourself like, “Was it really as bad as you made it seem? Do I qualify to have said that I was abused or not?”” Daniela described the impact on future help-seeking, indicating that being turned down diminished the likelihood of seeking help elsewhere,

“Any type of help I would take at that point. I had to take a chance. I felt like I did need help. That’s why I decided to call. But to be turned down, it hurt me emotionally, also. I had no idea where else to look. That was the one resource I knew.”

When initially turned away from services, survivors identified missed opportunities for referrals and connections to other community resources. For example, Camila reported feeling she was getting the run around when attempting to seek a protective order, “there were a lot of calls I had to make and they were sending it to another person or would be like, “No. We don’t do these here. I don’t know where you could get it. Try here.” When asked if the law enforcement officer connected her to supports or services in the community, Daniela replied, “No, they did not. He just offered me his card in case it ever happened again. In case I had to contact someone immediately. That’s pretty much all I got.”

Some survivors were able to find and access a family violence agency or other related service yet encountered other barriers to going forward with the services, ultimately making decisions to not engage with providers. For example, Karla described her concerns about dedicating time for herself for counseling services, “Ellos me ofrecieron ir a las pláticas. Sí quería ir pero no sé, no hice el tiempo para ir y creo que eso me hubiera ayudado un poco también.” (*They offered for me to go to the talks. I did want to go but I do not know, I did not make the time to go and I think that would have helped me a little too.*) She also described her attempts to seek services at a family violence agency and the way her own confusion and uncertainty hindered her acceptance of the services offered,

“Sí fui [a la family violence program], y me entrevisté también con una trabajadora ahí, y tuve una plática con ella. Pero yo pienso que en ese tiempo traía mucha confusión yo. Me



sentía muy confundida, no sé... No sabía qué hacer. Y sí tenía ganas de no estar más con él, porque era bien difícil poder vivir con una persona así.. ¿Cómo le voy a hacer? Yo no sabía, o sea, que uno podía ir a un refugio. Yo no sabía eso. Se me hacía difícil, ¿a dónde voy a ir con tantos niños?"

*"I did go [to the family violence program], and I also interviewed with a worker there, and I had a talk with her. But I think that at that time I was very confused. I felt very confused, I do not know ... I did not know what to do. And I did want to not be with him anymore, because it was very difficult to live with a person like that .. How am I going to do it? I did not know, that is, that you could go to a shelter. I did not know that. It was difficult for me, where could I go with so many children?"*

For others, wait lists or other timing issues resulted in survivors not going forward with available services. Andrea described learning about the family violence shelter through conversations with her child's school teacher,

“Fue en la escuela, cuando yo supe del refugio, fue por la escuela de mis niños, donde eran las maestras que empezaron a notar cambios en mi hijo mayor. Y él solamente tenía 10 años, más o menos, y empezaron a notar cosas en él. Entonces ellas me llamaron a mí. Me dijeron, “¿qué está pasando con el? Era un niño dulce, diferente, y últimamente está reprimido, está actuando de algo. Sí algo está pasando en casa, puedes decirnos.” Y fue cuando yo empecé a decirles, ¿verdad? Ellas trataron de buscar en la computadora ahí mismo en la escuela, sobre dónde había algún refugio. Solamente dijeron en una ciudad u otra, algo así. El principal dijo que no podían estar haciendo eso ellas, ayudarme, porque la escuela no quería problemas. Por eso yo me empecé a enterar acerca de ese refugio. Después que conocí a la trabajadora social, y también de éste me habló ella. Recuerdo que íbamos a ir. Me llevó al lugar. Íbamos a ver por una aplicación, algo así. Sí, pero no se realizó. Tenía que esperar un cierto tiempo con ella para... Y durante ese tiempo pasaron ya otras cosas, y ya no.”

*"It was at the school, when I learned about the shelter, it was at my children's school, where the teachers began to notice changes in my oldest son. And he was only 10 years*

*old, more or less, and they started noticing things in him. Then they called me. They told me, "What is going on with him? He was a sweet, different boy, and lately he's repressed, he's acting out. If something is happening at home, you can tell us." And that's when I started telling them, right? They tried to search the computer right there at school, about where there was a shelter. They told me about one in some city or another, something like that. The principal said that they could not do that, help me, because the school did not want problems. That's why I started learning about that shelter. After I met the social worker, and she also told me about it. I remember we were going to go. She took me there. We were going for an application, something like that. Yes, but it did not work out. I had to wait a while with her to ... And during that time other things happened, and then no."*

Service providers listed the following main challenges faced by immigrant survivors seeking services from family violence agencies (see Table 6). Providers also noted that these barriers often intersect with one another for a compounded impact.

Table 6. Provider-Identified Barriers to Services

<b>Barrier to services</b>	<b>Provider Responses</b>
Fear of negative immigration consequences	16
Lack of language access	16
Transportation barriers	15
Stigma & silence related to friends/family/cultural norms	10
Employment/Economic instability	7
Lack of information/awareness of services and rights	6
Lack of service capacity	5
Lack of time	4
Lack of childcare	4
Trauma	2

### *Gaining Access via Resource Linkage & Referral Mechanisms*

Despite the barriers to awareness of and access to family violence services and related resources, survivors described success in getting connected to a host of services. Important access points to services included immigration attorneys, family members, CPS workers, faith-based organizations, and other women met during migration or in immigrant detention. For example, Andrea described the benefit of a school social worker's effort to make referrals, "Realmente no tenía esa información. Yo no sabía muchas cosas. Por medio de la trabajadora social yo empecé a conocer las diferentes clases de ayuda que podía tener." (*"Truly, I did not have that information. I did not know many things. Through the social worker I started to learn about the different kinds of help I could have."*) She reported cold-calling a number she heard on the radio, resulting in therapeutic case management services. She stated, "Ella trabaja en una asociación de una iglesia. En el radio una vez escuché que ella tuvo una entrevista ahí. Ellas ofrecieron su número de teléfono. Fue una bendición, porque yo le llamé y ella estuvo conmigo durante seis meses." (*"She works in a church organization. One time on the radio, I heard her interviewed. They offered their phone number. It was a blessing, because I called her and she was with me for six months."*) Once connected with this trusted and beneficial support, she assumed the responsibility to share information and access with others, "yo he dado el número de teléfono de la muchacha para que otras personas que yo conozco puedan contactarla y de esa manera se enteren de los servicios." (*"I have given the girl's phone number so that other people I know can contact her and that way they can find out about the services."*)

Service providers noted the importance of "starting small," and considering less intimidating ways of approaching survivors. One provider stated that in starting with activities and contexts in which people are already embedded, such as faith communities and schools, "people feel much more comfortable. You're more approachable. You're in their comfort zone, as opposed to them having to move their comfort zone to your comfort zone." Another reflected,

“It is really about building relationships and building rapport. Not going in and immediately, “These are the services that we have,” even though that’s helpful to know, too. More, “I’m here. This is who I am. I’ll be around.” Just making your presence known.”

Having a personal connection to services facilitated access, whether it be through family members or a trusted service provider able to comprehensively describe a service and make direct, and often in-person, introductions to a specific provider. As one provider noted, “It’s so much harder to develop that trusting relationship out of nothing, if there already exists some sort of community network relationship.” Some described having a social worker, school-based personnel, or advocate to help smooth the navigation of services as useful. Gilberta said, “cuando uno va solo no lo atiende rápido, pero cuando alguien va con uno, como una trabajadora social, es rápido cuando lo atienden a uno.” (*“When you go by yourself they don’t help you quickly, but when someone goes with you, like a social worker, they help you quickly.”*) Victoria described accessing critical immigration legal services through her mother,

“Pues venimos nosotros y le pedimos ayuda a ella. “Fíjese que mi hija viene llegando y esto y esto”, le dijo mi mamá. Pero como la cosa se estaba poniendo fea cuando yo entré... Porque mucha gente entró en ese momento, que no podía. Y luego me llamó la abogada y le dijo a mi mamá, “Conozco una muy buena, déjeme y yo le digo.” Y rapidito me dijo, como a los dos días, “tengo una abogada que está interesada en su caso.””  
*“Well, we came and asked her for help.” See, my daughter is coming and this and this,” my mom said. But since things were getting ugly when I entered... Because a lot of people were coming at that time, they could not [help me]. And then the lawyer called me and told my mom, “I know a very good one, let me talk to her.” And pretty quickly, about two days later, she said “I have a lawyer who is interested in your case.”*

One service provider described the important of trust in effective referrals. In reflecting on law enforcement context, she described the benefits of referrals coming from victim witness coordinators or victims services personnel, instead of law enforcement officers. “It’s stronger for

the client. The client more often than not chooses to seek services. They build a trust relationship and then that trust relationship can be transferred to a service provider such as a [family violence program].”

While a simple list of referrals, community resources, or family violence agencies may be useful, survivors and providers acknowledged the need to take a little extra time for more intentional conversations about linkage to services. These efforts serve to address some of the barriers and misperceptions discussed earlier. Mariana described the benefit of an immigration attorney’s very hands-on referrals process as she was being released from immigrant detention,

“Yo lo pregunté, ¿qué pasaría? Yo venía huyendo de mi esposo. Entonces ellos me dijeron quién me iba a recibir, y yo le dije que nadie porque no tenía familia. Entonces ellos me ayudaron. Me dijeron, “Hay lugares donde hay unas personas inmigrantes que no tienen a dónde ir, y nosotros las ayudamos para que ellas vayan a ese lugar.” Ellos me ayudaron en eso. Ellos me pagaron el pasaje de bus para que yo viniera hasta acá [immigrant shelter]. Una señorita colaboradora aquí fue a traerme hasta la estación de bus para yo venir para acá.”

*"I asked, what would happen? I came fleeing from my husband. Then they asked me who was going to receive me, and I told them no one because I had no family. So they helped me. They said, "There are places where there are immigrants who have nowhere to go, and we help them get there." They helped me with that. They paid for the bus ticket for me to come here [immigrant shelter]. A young lady here came to get me from the bus station for me to come here."*

In terms of “starting small” and sparking a potential snowball effect, one provider noted the impact of an initial connection, whether it be to a family violence provider or another social service or legal service provider,

“I think what happens is when someone hooks up with one service, like the family resource center at the school or the [agency] for counseling, what happens is they’re

linked with someone who, hopefully, is adequate at their job and is going to find out about all the other needs that they have and is going to have way more knowledge than that person of what else is available in that city. I think that step of, “Get them into some service, some service,” because if you’re in a place where anyone’s connected at all and has an understanding at all of the landscape of services, then you have a much higher chance that they’re going to get into that domestic violence shelter that they need, or that they’re going to get the legal support that they need because someone found out about it. There’s just such a lack of knowledge I think and of transparency around how all that works, especially in big cities. I feel like people can get lost in the shuffle. One referral that works, that can make the difference with everything.””

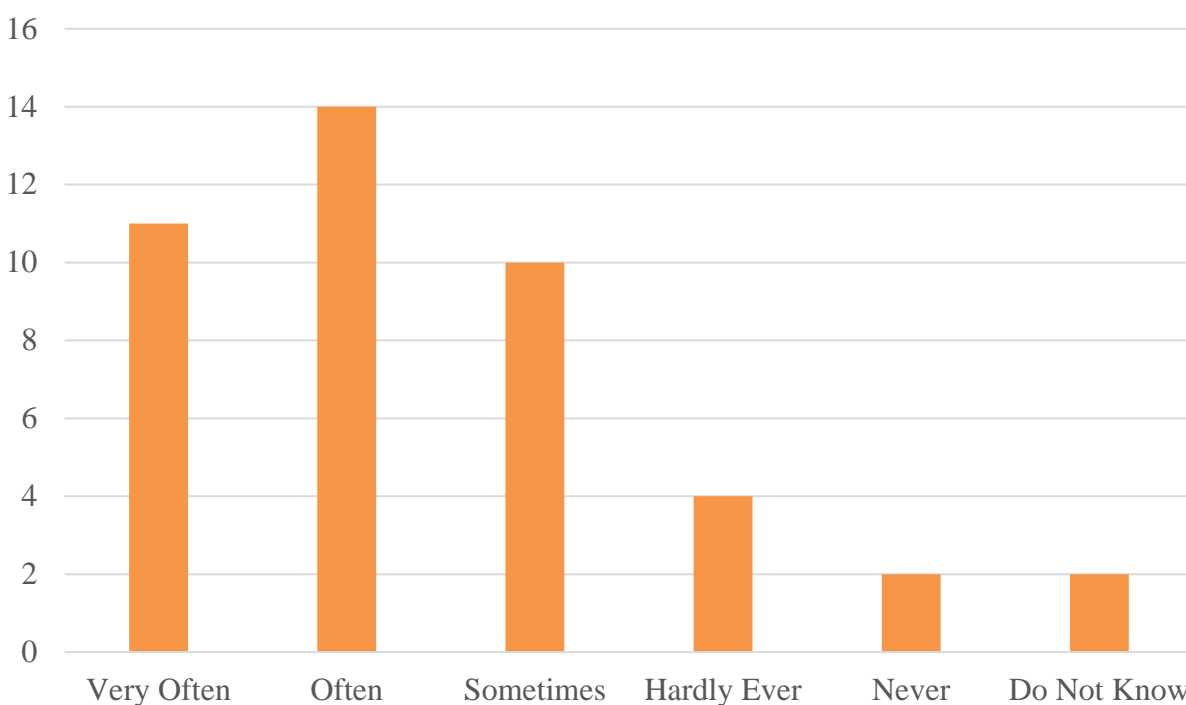
Others recommended the importance of giving immigrant survivors adequate information with a referral,

“I do think tangible referrals for resources can actually provide something that is a lot more secure and a lot more of a sure thing potentially. I think one piece, too, that we’ve tried to work on, especially now that we’ve gone to [city] and stuff, is a referral should not just be a phone number. A referral should be, “These are their hours of operation. You have to call, you have to go in, you have to set up an appointment.” How do you actually navigate that resource? What are the directions to do that? Where’s the closest one to where you actually live? It does take a little bit more time to do that but I think that step sometimes can cause people to engage better with the services because if you’re not sure and then you call on off hours or you don’t know that you need to make an appointment and then you just show up it can be a very frustrating process. Since every agency functions differently I think that some of the best referrals are made when, even if you can’t call with them at that moment, you’re at least helping them understand how to walk through it. I think that can make a huge difference. “You might have to call three times.” If I know that ahead of time maybe I’ll call three times. If I’m just given a number and no one ever answers and I’ve called twice I’m probably going to give up. What we don’t want people to do is give up before they’ve even had a chance to talk to

someone.”

When asked about their referral processes and recommendations for improved resource linking and referral mechanisms, service providers responded that they frequently refer immigrant survivor clients to local family violence services.

Figure 4. Provider Survey: How often do you refer clients who are immigrant survivors of domestic violence to family violence programs in your region?



Unfortunately, some providers reported that they may avoid making referrals if they are aware that a family violence agency is at capacity or the client faces significant barriers to getting to the agency. One provider stated, “Transportation is hard, so we don’t try much. Plus, if it’s not going to be essential to the needs at that moment, then it’s not going to be worth taking a day off of work to bus there and back.” Another provider reported, “There is no real soft referral system.

When clients have faced trauma, they have a difficult time seeking more assistance when they will have to speak of everything every time they are seeking services.”

Providers also shared insights about the barriers they themselves face in coordinating services and providing strong referrals to family violence services and other community resources:

- Lack of clear, reliable, and up-to-date information about available options and eligibility requirements
- Lack of service capacity that is linguistically and culturally-responsive
- Limited time to make high quality referrals
- Lack of clear and streamlined referral process
- Difficulty overcoming fears mentioned above
- Limited funding to increase capacity in order to meet demand
- Staff turnover



## *Recommendations for Practice, Policy and Research*

Several recommendations for practice, policy, and research emerged from this study. The following recommendations draw directly from data collected over the course of this study and reflect both survivor-identified and provider-identified suggestions for improved strategies to address the needs of immigrant survivors of domestic violence in Texas.

### **Information and Awareness**

- Increase awareness of family violence programs among immigrant and refugee communities, utilizing culturally- and linguistically-responsive information and outreach efforts and targeting contexts in which immigrants have developed safe and trusting relationships (including public schools, charter schools, know-your-rights clinics, DACA clinics, faith communities, immigration legal service providers, including pro bono and private attorneys). These efforts necessitate the explicit allocation of adequate resources.
- Improve clarity of information and information-sharing about eligibility and documentation needed to receive services.

### **Access to Family Violence Programs and Services**

- Consider opportunities to develop or expand culturally- and linguistically-responsive programming. Ensure that all service providers working with immigrant survivors have access to language line services and are trained in the use of in-person and telephonic interpretation. Develop a language access plan implemented at all survivor access points.
- Expand and improve the use of active resource linking and referrals. This includes expanding efforts to refer immigrant survivors to family violence programs (building, for example, on existing models in school-based services or within law enforcement using victim services personnel and victim witness coordinators) and providing survivors with accurate information and expectations for services.

- Consider regional strategies by which service providers can access up-to-date information about availability of services and length of waiting lists prior to making a referral, in order to give accurate information.
- Increase access to mental health services by addressing childcare, transportation, and language barriers. Explore alternatives and innovations in delivery of mental health service delivery systems (for example, home-based or telehealth services).
- Explore strategies and funding to reduce waiting lists for housing programs, mental health services, and immigration legal services.

### Capacity & Preparedness of Providers

- Increase and improve regular communication and coordination between family violence programs and immigrant-serving organizations (such as immigration legal services providers, refugee resettlement providers, culturally-specific family violence programs, and immigrant rights advocacy organizations).
- Improve information-sharing among social and legal service providers about eligibility for and types of documentation requested during intake for family violence services.
- Expand opportunities for innovative cross-training, professional development, and joint funding strategies for family violence programs, culturally-specific family violence programs, and immigrant-serving organizations.

### Addressing Survivor Needs within Immigrant Detention

- Ensure comprehensive, linguistically-responsive bio-psycho-social support services are provided for detained immigrant survivors of domestic violence and their children.
- Provide comprehensive, linguistically-responsive information about family violence services (in addition to immigration legal services, employment, housing, medical, mental health services) to detained survivors in preparation for, and following, release from detention. Build on community-based case management models and existing

networks of immigration legal service providers, immigrant rights hotlines, and family violence providers to better connect survivors to legal services and community-based support. Likewise, provide information and safety planning to detained survivors preparing for removal (deportation) regarding negotiating safe return to their countries of origin.

- Expand access to and funding support for low-cost and pro bono immigration legal service providers serving detained and previously-detained survivors of domestic violence
- Expand access to and funding support within detention to comprehensive, linguistically appropriate, trauma-informed screening for immigration relief related to violence, exploitation, and persecution.
- Ensure that those working with detained and previously-detained immigrant survivors (including governmental personnel, immigration officials, attorneys, judges, law enforcement, private contractors, and non-profit staff and volunteers) receive in-depth training on trauma, intimate partner violence, sexual violence, and human trafficking.
- Consider and implement community-based alternatives to detention and limit practices (such as bonds and electronic monitoring) that hinder access to employment, housing and safety among immigrant survivors of violence.
- End the practice of separating and detaining immigrant survivors of domestic violence and their children.
- Protect and improve access to asylum for immigrant survivors of domestic violence.

## Research

- Conduct periodic community-based needs assessments that document both persistent and new or evolving needs of multiple immigrant and refugee communities.
- Increase training, funding, and support opportunities for family violence programs to engage in community-based research and evaluation initiatives to assess services for long-standing and emerging immigrant and refugee communities.

### *Reference List*

- Acevedo, M. J. (2000). Battered immigrant Mexican women's perspectives regarding abuse and help-seeking. *Journal of Multicultural Social Work*, 8(3-4), 243-282.
- Adams, A., Sullivan, C., Bybee, D., Greeson, M. (2008). Development of the Scale of Economic Abuse. *Violence Against Women*, 14(5), 563-588.
- American Immigration Lawyer's Association (2017). The Real Alternatives to Detention. Retrieved from: <https://www.aila.org/infonet/the-real-alternatives-to-detention>
- Amnesty International (2010). Invisible victims: Migrants on the move in Mexico. London, Amnesty International Publications.
- Ansara, D. L., & Hindin, M. J. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social science & medicine*, 70(7), 1011-1018.
- Ardalan, S. (2014). Access to justice for asylum seekers: Developing an effective model of holistic asylum representation. *U. Mich. JL Reform*, 48, 1001.
- Argüelles, L. and Rivero, A.M. (1993). Gender/Sexual Orientation Violence And Transnational Migration: Conversations With Some Latinas We Think We Know. *Urban Anthropology and Studies of Cultural Systems and World Economic Development*, 22,(3/4): 259-275.
- Ayón, C. (2018). “Vivimos en Jaula de Oro”: The Impact of State-Level Legislation on Immigrant Latino Families. *Journal of Immigrant & Refugee Studies*, 16(4), 351-371.
- Ayón, C., Messing, J. T., Gurrola, M., & Valencia-Garcia, D. (2018). The oppression of Latina mothers: experiences of exploitation, violence, marginalization, cultural imperialism, and powerlessness in their everyday lives. *Violence against women*, 24(8), 879-900.
- Baker, C. K., Cook, S. L., & Norris, F. H. (2003). Domestic violence and housing problems: A contextual analysis of women's help-seeking, received informal support, and formal system response. *Violence against women*, 9(7), 754-783.
- Barrett, B. J., & Pierre, M. S. (2011). Variations in women's help seeking in response to intimate partner violence: Findings from a Canadian population-based study. *Violence against women*, 17(1), 47-70.

- Bauer, H. M., Rodriguez, M. A., Quiroga, S. S., & Flores-Ortiz, Y. G. (2000). Barriers to health care for abused Latina and Asian immigrant women. *Journal of health care for the poor and underserved, 11*(1), 33-44.
- Baumann, A. N. A., Domenech Rodríguez, M., & Parra-Cardona, J. R. (2011). Community-Based Applied Research With Latino Immigrant Families: Informing Practice and Research According to Ethical and Social Justice Principles. *Family Process, 50*(2), 132-148. doi:10.1111/j.1545-5300.2011.01351.x
- Becerra, D., Wagaman, M. A., Androff, D., Messing, J., & Castillo, J. (2017). Policing immigrants: Fear of deportations and perceptions of law enforcement and criminal justice. *Journal of Social Work, 17*(6), 715-731.
- Benner, K. & Dickerson, C. (2018). Sessions says domestic and gang violence are no longer grounds for asylum. *New York Times*. Retrieved from [nytimes.com/2018/06/11/](http://nytimes.com/2018/06/11/).
- Black, M. C., Basile, K. I., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., & Stevens, M. R. (2011). National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report, Atlanta, GA: National Center for Injury Prevention and Control, Division of Violence Prevention and Control. Center for Disease Control and Prevention.
- Blitzer, J. (2017). Why police chiefs oppose Texas's new anti-immigrant law. *The New Yorker*. Retrieved from: [www.newyorker.com](http://www.newyorker.com).
- Bridges, A. J., Karlsson, M. E., Jackson, J. C., Andrews III, A. R., & Villalobos, B. T. (2018). Barriers to and methods of help seeking for domestic violence victimization: a comparison of Hispanic and non-Hispanic white women residing in the United States. *Violence against women, 1077801218754409*.
- Brunovskis, A. and Surtees, R. (2010). Untold Stories: Biases and Selection Effects in Research with Victims of Trafficking for Sexual Exploitation. *International Migration, 48*(4): 1-37.
- Campbell, R., Sefl, T., Wasco, S., & Ahrens, C. (2004). Doing Community Research Without a Community: Creating Safe Space for Rape Survivors. *American Journal of Community Psychology, 33*(3-4), 253-261. doi:10.1023/b:ajcp.0000027010.74708.38
- Cantor, R. (2015). Hieleras (Iceboxes) in the Rio Grande Valley Sector. *American Immigration Council*. Retrieved from: <http://www.americanimmigrationcouncil.org>.

- Chishti, M. & Bolter, J. (2018). Family Separation and “Zero-Tolerance” Policies Rolled Out to Stem Unwanted Migrants, But May Face Challenges. *Migration Policy Institute*. Retrieved from: [www.migrationpolicy.org](http://www.migrationpolicy.org)
- Coffey, G. J., Kaplan, I., Sampson, R. C., & Tucci, M. M. (2010). The meaning and mental health consequences of long-term immigration detention for people seeking asylum. *Social Science & Medicine*, 70(12), 2070-2079.
- Coker, A. L., Watkins, K. W., Smith, P. H., & Brandt, H. M. (2003). Social support reduces the impact of partner violence on health: application of structural equation models. *Preventive medicine*, 37(3), 259-267.
- Cook Heffron, L. (2018). "Salía de uno y me metí en otro:" Exploring the migration-violence nexus among Central American women. *Violence against Women*.
- Cook Heffron, L., Serrata, J. V., & Hurtado, G. (2018). Latina Immigrant Women & Children's Well-Being & Access to Services After Detention. *Latino Public Policy*, 6, <https://scholar.smu.edu/latino-policy/6>
- Cook Heffron, L., Snyder, S., Wachter, K., Nsonwu, M., & Busch-Armendariz, N. (2016). “Something is missing here:” Weaving feminist theories into social work practice with refugees. In S. Wendt & N. Moulding (Eds.) *Contemporary Feminisms in Social Work Practice*. Routledge.
- Crandall, M., Senturia, K., Sullivan, M., & Shiu-Thornton, S. (2005). Latina survivors of domestic violence: Understanding through qualitative analysis. *Hispanic Health Care International*, 3(3), 179-187.
- Cuevas, C. A., Bell, K. A., & Sabina, C. (2014). Victimization, psychological distress, and help-seeking: Disentangling the relationship for Latina victims. *Psychology of violence*, 4(2), 196.
- Cuevas, C. A., Sabina, C., & Bell, K. A. (2012). The effect of acculturation and immigration on the victimization and psychological distress link in a national sample of Latino women. *Journal of interpersonal violence*, 27(8), 1428-1456.
- Davis, C. (2014). Migrant mental health, law, and detention: Impacts and alternatives. In L. Simich, & L. Andermann (Eds.), *Refuge and resilience: Promoting resilience and mental*

- health among resettled refugees and forced migrants.* (Vol. 7, pp. 211-226). New York, NY, US: Springer Science + Business Media.
- Dueweke, A. R., & Bridges, A. J. (2017). The effects of brief, passive psychoeducation on suicide literacy, stigma, and attitudes toward help-seeking among Latino immigrants living in the United States. *Stigma and Health*, 2(1), 28.
- Ellsberg, M. & Heise, L. (2002). Bearing witness: ethics in domestic violence research. *The Lancet*, 359(9317), 1599-1604.
- Ellsberg, M. C. (2006). "Violence against women: a global public health crisis." *Scandinavian Journal of Public Health*, 34(1): 1-4.
- Fazel, M. and A. Stein (2002). The mental health of refugee children. *Archives of Disease in Childhood*, 87(5): 366-370.
- Ferencik, S. & Ramirez-Hammond, R. (2013). Trauma-Informed Care: Best Practices and Protocols. Ohio Domestic Violence Network.
- Frias, S. M. and R. J. Angel (2005). The Risk of Partner Violence Among Low-Income Hispanic Subgroups. *Journal of Marriage and Family*, 67(3): 552-564.
- Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006). Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The lancet*, 368(9543), 1260-1269.
- Goodman, L. A., & Epstein, D. (2008). *Listening to battered women: A survivor-centered approach to advocacy, mental health, and justice*. American Psychological Association.
- Goodman, L. A., Thomas, K., Cattaneo, L. B., Heimel, D., Woulfe, J., & Chong, S. K. (2016). Survivor-defined practice in domestic violence work: Measure development and preliminary evidence of link to empowerment. *Journal of interpersonal violence*, 31(1), 163-185.
- Guruge, S., & Humphreys, J. (2009). Barriers affecting access to and use of formal social supports among abused immigrant women. *CJNR (Canadian Journal of Nursing Research)*, 41(3), 64-84.
- Hajdukowski-Ahmed, M., Khanlou, N. & Moussa, H. (Eds) (2008) *Not Born a Refugee Woman: Contesting Identities, Rethinking Practices*. Berghahn, New York.

- Hass, G. A., Dutton, M. A., & Orloff, L. E. (2000). Lifetime prevalence of violence against Latina immigrants: Legal and policy implications. *International Review of Victimology*, 7(1-3), 93-113.
- Holden, L., Lee, C., Hockey, Ware & Dobson. (2014). Validation of the MOS Social Support Survey 6-item (MOS-SSS-6) measure with two large population-based samples of Australian women. *Quality of Life Research*. 23(10), pp 2849–2853.
- Infante, C., Idrovo, A. J., Sanchez-Dominguez, M. S., Vinhas, S., & Gonzalez-Vazquez, T. (2012). Violence Committed Against Migrants in Transit: Experiences on the Northern Mexican Border. *Journal of Immigrant and Minority Health*, 14(3), 449-459.
- Jennings, A. (2004). Models for developing trauma-informed behavioral health systems and trauma-specific services. National Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning, Alexandria, VA.
- Keller, A. S., Rosenfeld, B., Trinh-Shevrin, C., Meserve, C., Sachs, E., Leviss, J. A., Singer, E., Smith, H., Wilkinson, J., Kim, G., Alden, K. & Ford, D. (2003). Mental health of detained asylum seekers. *Lancet*, 362 (9397), 1721–1723.
- Kennedy, A. C., Adams, A., Bybee, D., Campbell, R., Kubiak, S. P., & Sullivan, C. (2012). A model of sexually and physically victimized women's process of attaining effective formal help over time: The role of social location, context, and intervention. *American journal of community psychology*, 50(1-2), 217-228.
- Lake, C., Snell, A., Gormley, C., Wiefek, N. & Lethbridge-Cejku, F. (2015). No Más Study: Domestic Violence and Sexual Assault in the Latin@ Community. Retrieved from [https://nationallatinonetwork.org/images/files/Report\\_CASA\\_\\_F\\_revised\\_f\\_050715.pdf](https://nationallatinonetwork.org/images/files/Report_CASA__F_revised_f_050715.pdf).
- Levine, H., & Peffer, S. (2012). Quiet Casualties: An Analysis of U Non-Immigrant Status of Undocumented Immigrant Victims of Intimate Partner Violence. *International Journal of Public Administration*, 35(9), 634-642.
- Lorek, A., Ehntholt, K., Nesbitt, A., Wey, E., Githinji, C., Rossor, E., & Wickramasinghe, R. (2009). The mental and physical health difficulties of children held within a British immigration detention center: A pilot study. *Child Abuse & Neglect*, 33(9), 573-585.



- Menjívar, C. & Salcido, O. (2002). "Immigrant Women and Domestic Violence: Common Experiences in Different Countries." *Gender & Society*, 16(6): 898-920.
- Mookerjee, s., Cerulli, C., Fernandez, I., Chin, N. (2015). Do Hispanic and Non-Hispanic Women Survivors of Intimate Partner Violence Differ in Regards to Their Help-Seeking? A Qualitative Study, *Journal of Family Violence* 30(7)
- National Association of State Mental Health Program Directors (NASMHPD) (2005). Position Statement on Services and Supports to Trauma Survivors.
- National Latin@ Network (2015). The NO MAS Study: Domestic Violence and Sexual Assault in the U.S. Latin@ Community. Retrieved from: <https://nomore.org/press-release/nommas-study-pr/>.
- Postmus, J. L., McMahon, S., Silva-Martinez, E., & Warrenner, C. D. (2014). Exploring the challenges faced by Latinas experiencing intimate partner violence. *Affilia*, 29(4), 462-477.
- Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).
- Raj, A. & Silverman, J. (2002). Violence Against Immigrant Women: The Roles of Culture, Context, and Legal Immigrant Status on Intimate Partner Violence. *Violence Against Women*, 8(3), 367-398. doi: 10.1177/10778010222183107
- Reina, A. S., Lohman, B. J., & Maldonado, M. M. (2014). "He said they'd deport me" factors influencing domestic violence help-seeking practices among Latina immigrants. *Journal of Interpersonal Violence*, 29(4), 593-615.
- Robjant, K., Hassan, R., & Katona, C. (2009). Mental Health Implications of Detaining Asylum Seekers: Systematic Review. *The British Journal of Psychiatry*, 194, 306-312.
- Rodrigues, R., Husain, A, Couture-Carron, A, Orloff, L., & Ammar, N. (2018). Promoting Access to Justice for Immigrant and Limited English Proficient Crime Victims in an Age of Increased Immigration Enforcement: Initial Report from a 2017 National Survey. National Immigrant Women's Advocacy Project, American University.
- Sabina, C., Cuevas, C. A., & Lannen, E. (2014). The likelihood of Latino women to seek help in response to interpersonal victimization: An examination of individual, interpersonal and sociocultural influences. *Psychosocial Intervention*, 23(2), 95-103.

- Sabina, C., Cuevas, C. A., & Schally, J. L. (2012). Help-seeking in a national sample of victimized Latino women: The influence of victimization types. *Journal of Interpersonal Violence, 27*(1), 40-61.
- Sabina, C., Cuevas, C. A., & Schally, J. L. (2013). The effect of immigration and acculturation on victimization among a national sample of Latino women. *Cultural Diversity and Ethnic Minority Psychology, 19*(1), 13.
- Sabina, C., Cuevas, C. A., & Schally, J. L. (2015). The influence of ethnic group variation on victimization and help seeking among Latino women. *Cultural Diversity and Ethnic Minority Psychology, 21*(1), 19-30.
- Salcido, O. & Adelman, M. (2004). "He Has Me Tied with the Blessed and Damned Papers": Undocumented-Immigrant Battered Women in Phoenix, Arizona. *Human Organization, 63*(2), 162-172.
- Sherbourne, C. & Stewart, A. (1991). The MOS Social Support Survey. *Social Science and Medicine, 32*, 705–714.
- Silove, D., Austin, P. & Steel, Z. (2007). "No refuge from terror: The impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia." *Transcultural Psychiatry, 44*(3): 359-393.
- Simmons, C. A., Farrar, M., Frazer, K., & Thompson, M. J. (2011). From the voices of women: Facilitating survivor access to IPV services. *Violence against women, 17*(10), 1226-1243.
- Small Arms Survey (2015). Global burden of armed violence 2015: Every body counts. Retrieved from <http://www.genevadeclaration.org/en/measurability/global-burden-of-armed-violence/global-burden-of-armed-violence-2015.html>.
- Sokoloff, N. J., & Pearce, S. C. (2011). Intersections, immigration, and partner violence: A view from a new gateway—Baltimore, Maryland. *Women & Criminal Justice, 21*(3), 250-266.
- Steel, Z., Silove, D., Brooks, R., Momartin, S., Alzuhairi, B., & Susljik, I. N. A. (2006). Impact of immigration detention and temporary protection on the mental health of refugees. *The British Journal of Psychiatry, 188*(1), 58-64.
- Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Approach. Substance Abuse and Mental Health Services Administration, Rockville, MD.

- Sylaska, K. M., & Edwards, K. M. (2014). Disclosure of intimate partner violence to informal social support network members: A review of the literature. *Trauma, Violence, & Abuse, 15*(1), 3-21.
- United Nations (2012). *Report of the Special Rapporteur on violence against women, its causes and consequences*. Geneva, Switzerland.
- United Nations High Commissioner for Refugees (2015). *Women on the Run*. Washington, DC. Retrieved from <http://www.unhcr.org/5630f24c6.html>.
- United States Department of Homeland Security (2017). U.S. Border Patrol Total Monthly Family Unit Apprehensions by Sector (FY 2013 - FY 2017). Retrieved from: <https://www.cbp.gov/newsroom/media-resources/stats>
- UT Immigration Law Clinic (2018). *Locking Up Justice: Report to United Nations Special Rapporteur on the Human Rights of Migrants*.
- Vogt, W. A. (2012). *Ruptured journeys, ruptured lives: Central American migration, transnational violence, and hope in southern Mexico* (doctoral dissertation). University of Arizona
- Wachter, K. & Dalpe, J. (2018). *Bridging the Gaps: Addressing refugee and immigrant women's experiences with domestic violence and sexual assault*. New York, NY: International Rescue Committee.
- Warrier, S. and Rose, J. (2009). *Women, gender-based violence, and immigration. Social work with immigrants and refugees: Legal issues, clinical skills and advocacy*. F. Chang-Muy and E. P. Congress. New York, NY US, Springer Publishing Co: 235-256.
- Women's Refugee Commission (2017). *Prison for survivors: The detention of women seeking asylum in the United States*. Retrieved from [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org)
- Zadnik, E., Sabina, C., & Cuevas, C. A. (2016). Violence against Latinas: The effects of undocumented status on rates of victimization and help-seeking. *Journal of interpersonal violence, 31*(6), 1141-1153.

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## *Appendices*

- Survivor Interview Guide
- Provider Interview/Focus Group Guide
- Online Service Provider Survey

## *Immigrant Survivors Interview Guide*

### **Introduction (after having discussed informed consent form):**

Before we begin, I want to remind you that this is a confidential interview. I am not part of organizations where you may be receiving support or services. Our conversation will not affect the services you receive at all. This project is to help improve services to survivors across the state of Texas by understanding more about unmet needs. Your input as someone who has experienced domestic violence is a very important part of that process.

### **Demographics**

- What is your age (in years)?
- How would you describe your gender?
- Do you identify as transgender?
- What is your race or ethnic background?
- What is the highest level of school you have completed so far?
- Are you attending school or working on a degree right now?
- Are you currently working? If so, in what type of work? How many hours per week do you generally have work? Do you make enough to make ends meet (cover your expenses)?
- Do you have children? If so how many and what are their ages? Do they live with you?
- How would you describe your sexual orientation?
- What is your current housing status?

Next, I'd like to ask you a few questions about any experiences you may have had with homelessness in your lifetime. There are two different types of homelessness we would like to ask you about. For the first type of homelessness, I mean you are fleeing, or leaving, or attempting to flee, domestic violence or trying to do so and have no other residence and lack the resources or support networks to obtain permanent housing.

U.S. Housing and Urban Development. (n.d.). Definition of Homelessness when fleeing domestic violence. Retrieved March 21, 2018:

<https://www.hudexchange.info/resources/documents/PIT-and-DV-Partnering-With-CoCs.pdf>

Using this first definition of homelessness: How many times have you been homeless because of fleeing or attempting to flee domestic violence in your lifetime?

The second definition is a bit different and this time by homeless, I mean times when you didn't have a regular place to stay and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go. Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, in a bus or train station, or in the airport. Please do NOT include any times when you may have stayed with friends or relatives because you did not have your own place to stay.

U.S. Housing and Urban Development. (n.d.). Definition of Homelessness. Retrieved March 21, 2018:

[https://www.hudexchange.info/resources/documents/HomelessDefinition\\_Recordkeeping\\_RequirementsandCriteria.pdf](https://www.hudexchange.info/resources/documents/HomelessDefinition_Recordkeeping_RequirementsandCriteria.pdf)

How many times have you been homeless in your lifetime?

What is your primary or preferred language?

What other languages do you speak?

As of today, how well do you read English? [Scale: Not at all, Not well, Okay, Very well, Decline]

As of today, how well do you read your primary/preferred language? [Scale: Not at all, Not well, Okay, Very well, Decline]

What is your country of origin?

How many months/years have you lived in the United States?

Have you ever been detained by immigration?

- If yes, how many times?
- For how long?
- In what location/s?
- Were you detained with your children?



## Inventory of Service Needs

I am going to ask you about several issues that you might have needed support with here in the United States. For each item I ask you about, you can tell me you needed and got help with this item; if you needed help but didn't get it; if you were referred for help with this item; or if you didn't need help at all with this item. You can also skip any question you like. Have you needed or received support with:

Source: Developed by Cris Sullivan

	Don't Need	Need but DIDN'T get	Need & got	Declined to answer
Looking for housing				
Keeping current housing				
Emergency shelter				
Medical care				
Employment issues				
Government benefits or assistance				
Education				
Getting more money				
Financial Barriers such as back utility debt or eviction				
Help with law enforcement				
Help with CPS case				
Legal assistance				
Childcare				
Counseling				
Transportation				
Healthcare				
Issues for children (besides childcare)				
Staying or getting safe				
Immigration issues				
Emotional support				
Child support				
Anything else? (specify): _____				

What are your top three needs at this time?

## Awareness of & Referral to Services

Before coming in to services here to this agency (referring agency, if referred by a provider), who did you first tell about the violence/abuse you had experienced? Prompts may include: Was there anyone else who knew? Were you involved in other services or systems as a result of the violence (such as law enforcement)?

Was there a specific event or concern that led you to seek services at this agency (referral agency)? If so, what was it?

Tell me how you became aware of services at (referring agency)? How did you hear about (referring agency)?

Have you previously used services at another agency (particularly the domestic violence agency in the region)? If so, when and what services? What did you know about (domestic violence agency) before you first contacted them?

Have you heard of these specialized services for survivors of domestic violence (such as shelter, counseling, accompaniment)? If so, how did you hear about them? Prompts may include: Do you know anyone who has used domestic violence services? Would you be eligible for these services? Are these services interesting or helpful to you?

Tell me about domestic violence services in your home country and any experience you had with them.

### **Access to Services**

Have you ever tried to use services at [local/regional domestic violence agency] or any other domestic violence agencies and been unable to? Tell me more about that experience.

Tell me about a time when you wished you had more information about services or when you really needed or wanted support services.

What would need to be provided or included for you to access those services? What would make that service attractive or helpful to you?

How safe would you be in a domestic violence shelter?

Was there a time you needed help because of violence/abuse and were unable to find or get help?

Did you encounter any barriers when you tried to get help for experiences of violence/abuse?

**Barriers to Help-seeking Scale** (developed by the study team)

To what extent do you agree or disagree with the following statements about seeking help for problems in your relationship?

		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
	<b>Awareness/Knowledge of Services and How to Access</b>					
A	I know what sort of help is available in my community.					
B	I am unsure about what would happen after I reached out for help.					
C	I would be afraid that my partner might find out that I sought help.					
D	I don't know how to reach out to get help.					
	<b>Perception of Need for Services/Belief about the problem</b>					
E	Having problems in my relationship is embarrassing.					
F	I don't want people to know that I can't handle my relationship problems myself.					
G	I don't think people would believe me if I told them about my relationship problems.					
	<b>Perception of Services</b>					
H	I have had bad experiences previously seeking help for this problem.					
I	There are not local services that could help with my problem.					
J	I am concerned what my friends and family would think about my seeking help for this problem.					
	<b>Concrete Barriers to Service</b>					
K	I can't get childcare to have time to seek help for this problem.					
L	I'm too busy to seek help for this problem.					
M	It is too hard to get an appointment to get help for this problem.					
N	I don't have transportation to get to a place to get help for this problem.					
O	I am concerned that it will be too expensive to get help for this problem.					
P	I have housing challenges that make it difficult to get help for this problem.					

## **Systems Interaction**

Next I have some questions about other sources of support and services that have been useful to you.

We're also wondering about other services or agencies you have been in contact with in the last 6 months because of your experiences with violence and how helpful they may or may not have been. In the last 6 months, have you received services or been in contact with.

How helpful, if at all, were the services or government programs you received from these other agencies?

What ideas do you have about how any of these systems could better meet the needs of immigrant survivors of domestic violence? In other words, what changes would make various systems (i.e. CPS; criminal justice system; public benefits) safer for survivors or more accessible to and helpful for survivors?

You indicated earlier that you primarily speak a language other than English. How has that impacted the services you have received? Have you been able to speak with staff in the language you prefer?

Are agencies respectful of your culture and identity?

Are people from different backgrounds treated fairly by agency staff?

What are ways agencies could improve outreach to survivors in your community or survivors who share similar background or experiences to yours?

## Experiences with Violence

One goal of our study is to understand experiences people have and how that might impact their needs. I am not going to ask you in detail about the abuse or violence you experienced. However I do have a few questions about some forms of abuse.

### Economic Abuse:

Now I am going to go through a list of things some people do to hurt their partner or ex-partner financially, because these can impact people's needs. Could you tell me, to the best of your recollection, in the last 6 months, how frequently your partner (or former partner) did any of these things to you?

Adams, A., Sullivan, C., Bybee, D., Greeson, M. (2008). Development of the Scale of Economic Abuse. *Violence Against Women*, Volume 14 Number 5, 563-588.

	Never	Hardly ever	Sometimes	Often	Quite Often	Not Applicable	Declined to answer
Do things to keep you from going to your job. (1)							
Do things to keep you from having money of your own. (2)							
Take your paycheck, financial aid check, tax refund check, disability payment or other support payments from you. (3)							
Keep you from having the money you needed to buy food, clothes or other necessities. (4)							
Keep you from having access to your bank accounts. (5)							
Pay bills late or not pay bills that were in your name or in both of your names. (6)							
Build up debt under your name by doing things like use your credit card or run up the phone bill. (7)							

Are you still in contact with the partner who used violence against you? If Yes: Can you describe how? (Interviewer: Pick best fitting answer: still together; see each other during visitations or exchanges of children; living together for economic reasons; social – at parties; have mutual friends; both members of the same church or cultural community; other)

### Reproductive Coercion:

Now I am going to review a list of things that some people do to harm their partner or ex-partner related to reproductive health, because this can also affect the needs of people. Could you tell me, to the best of your memory, in the last 6 months, how often did your partner (or former partner) do any of these things to you?

	Never	One time	Twice	3-5 times	6-8 times	More than 8 times
Refused to use or prevented you from using condoms to prevent pregnancy (1)						
Accused you of wanting to use contraceptives or condoms in order to have sex with other people (2)						
Pressured you to have a baby by threatening to leave or have a baby with another person (3)						

Refused to use or prevented you from using condoms to prevent sexually transmitted infections (STIs) (4)						
--	--	--	--	--	--	--

Is the partner who used violence against you an alcoholic or problem drinker?

Does the partner who used violence against you also use illegal drugs or prescription drugs not prescribed to them? (i.e. “heroin” “uppers” or amphetamines, “meth,” speed, angel dust, cocaine, “crack,” street drugs or mixtures)?

Does the partner who used violence against you have in their possession or have access to a firearm or other weapon?

During your time in the United States so far, how has the physical abuse against you changed? (better, worse, or no change); Stalking? (better, worse, or no change); Psychological/Emotional abuse? (better, worse, or no change)

Do you have a protective order against the partner who used violence? Y / N

If Yes: Has it been violated in the last 6 months?

If Yes: For how long was your protective order issued?

Has the partner who used violence against you been convicted of a family violence charge in the United States? If Yes: Was it within the past 5 years?

### **Safety, Mental Health and Wellness**

You may be facing a variety of different challenges to safety. When I use the word safety in the next set of statements, I mean safety from physical, sexual, or emotional abuse by another person. How true are each of the statements below regarding how you think about your safety and your family's safety RIGHT NOW.

When you are responding to these statements, it is fine to think about your family's safety along with your own if that is what you usually do. (not at all true, a little true, somewhat true, very true, decline to answer)

Goodman, L., Thomas, K., Bennett Cattaneo, L., Heimel, D., Woulfe, J. and Chong, S. (2016). Survivor-Defined Practice in Domestic Violence Work: Measure Development and Preliminary Evidence of Link to Empowerment. *Journal of Interpersonal Violence*, Vol. 31(1) 163–185

I can cope with whatever challenges come at me as I work to keep safe.	
I have to give up too much to keep safe.	
I know what to do in response to threats to my safety.	
I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.)	
I know what my next steps are on the path to keeping safe.	
Working to keep safe creates (or will create) new problems for me.	
When something doesn't work to keep safe, I can try something else.	
I feel comfortable asking for help to keep safe.	
When I think about keeping safe, I have a clear sense of my goals for the next few years.	
Working to keep safe creates (or will create) new problems for people I care about.	
I feel confident in the decisions I make to keep safe.	
I have a good idea about what kinds of support for safety I can get from community programs and services.	
Community programs and services provide support I need to keep safe.	

Do you consider yourself to have a disability or disabling condition?

If YES, what is or are your disabilities?

Would you say any of these interfere with your daily functioning? Would you say not at all, a little, somewhat or very much?



Now I'd like to ask you a few questions about your health and how you're doing. In general, how would you rate your current overall physical health?

Do you have access to adequate health care for your health needs?

Do you have any mental health issues or have you been diagnosed with any mental health issues, such as depression, anxiety, or post-traumatic stress disorder? If YES, what is or are these mental health issues?

Would you say any of these interfere with your daily functioning? Would you say not at all, a little, somewhat or very much?

PTSD Scale:

Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).

In the past month, have you...

- a. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
- b. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
- c. Been constantly on guard, watchful, or easily startled?
- d. Felt numb or detached from people, activities, or your surroundings?
- e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

### **Substance Use**

Now I would like to ask some questions about alcohol and drug use. People use alcohol or drugs for a variety of reasons, and these questions help us to know how different people cope with different things in their lives. Remember that if you do not want to answer any of the questions

in the interview, we can just move on, but I just want to remind you that everything you tell me is completely confidential – just between us.

Adapted from: JA Ewing. Detecting Alcoholism. The CAGE Questionnaire. 252 (14): JAMA 1905-7. 1984.

- Do you drink alcohol? Yes/No
- Do you use drugs other than prescription medications and over-the-counter medicine?  
Yes/No/Declined to answer
- Do you ever use prescription drugs more than in the prescribed amount or frequency?
- Does this include any opioid use (Such as oxycotin, Percocet, hydrocodone, Vicodin, oxycotin, morphine, codeine, diaudid, Demerol, heroin, or something similar to these)?
- Is there anything else you would like to tell me about this?

### Social Supports

Validation Study: Holden, L., Lee, C., Hockey, Ware & Dobson. (2014). Validation of the MOS Social Support Survey 6-item (MOS-SSS-6) measure with two large population-based samples of Australian women. *Quality of Life Research*. Volume 23, Issue 10, pp 2849–2853.

Original Study: Sherbourne, C., & Stewart, A. (1991). The MOS Social Support Survey. *Social Science and Medicine*, 32, 705–714.58.

How much of the time would you say you CURRENTLY have someone in your life who could:

	None of the time	A little of the time	Some of the time	Most of the time	All of the time	Declined to answer
Help if confined to bed						
Take you to the doctor						
Share your most private worries and fears						
Turn to for suggestions about problems						
Do something enjoyable with						

Love and make you feel wanted						
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### **Concluding Questions**

One of the goals of our study is to understand what unmet needs domestic violence survivors have. Is there anything else you would like to tell me about the best ways agencies and communities can help with the unmet needs of survivors?

What are your goals for the future? How can service providers help you meet those goals?

If I have follow-up questions, is it OK for me to contact you again or set up a second interview?

Hotline numbers for support:

National Domestic Violence Hotline at 1-800-799-7233

National Human Trafficking Resource Center 1-888-373-7888

National Sexual Assault Hotline at 1-800-656-4673

## *Service Provider Interview & Focus Group Guide*

1. *Description and background of study*
2. *Informed consent and consent to audio*

### Help-Seeking

- Where do the immigrant survivors of domestic violence your agency serves access the services and supports they need (related to violence)? If not family violence agencies, where and how are their needs being met?

### Awareness

- How aware are immigrant survivors of the family violence services in your region?
- How do survivors get information about services and supports in the community?
- How do you think most immigrant survivors hear about family violence services?
- What would make these services more accessible to immigrant survivors?

### Perceptions

- How do your immigrant survivor clients view family violence services in your region? (thinking about those who have not used services and those who have)
- How safe do you think immigrant survivors of domestic violence feel seeking family violence services? (shelter and non-residential services)
- What would make these services more appealing to immigrant survivors?

### Connections

- How do survivors find/get connected to the supports or services they need?
- How do survivors get connected to the supports and services they need?
- How often do your clients who are refugee, asylee, and asylum-seeking survivors utilize the family violence services in your region?

- What information do survivors need/want before reaching out to family violence agencies?

#### Referral processes

- How do you refer refugee, asylee, and asylum-seeking survivors to family violence agencies? How does that referral process work?
- What works well, in making connections to family violence agency/ies (in terms of smooth referral for clients)?

#### Conclusion

- Is there anything you would like for me to understand that we haven't discussed yet?
- If I have other questions that I think of later, would you be willing to talk with me again?

## *Online Service Provider Survey*

### **Default Question Block**

*Help for Immigrant Survivors of Domestic Violence: A Survey of Survivors and Service Providers*

#### **Purpose of the Study**

You have been asked to participate in a research study for the Texas Council on Family Violence (TCFV) State Plan project. The study aims to document and understand the use of mainstream domestic violence services by immigrant and refugee survivors.

#### **What will you to be asked to do?**

If you agree to participate in this study, you will be asked to complete a brief online survey. The survey will take approximately 10-15 minutes of your time and will include approximately 50 study participants.

#### **What are the risks involved in this study?**

There are no foreseeable psychological, physical, social or legal risks for participants.

#### **What are the possible benefits of this study?**

You will receive no direct benefit from participating in this study; however, your participation will contribute to a better understanding of the use of mainstream domestic violence services by immigrant and refugee survivors.

#### **Do you have to participate?**

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not affect your relationship with St. Edward's University or the Texas Council on Family Violence in any way.

#### **Will there be any compensation?**

You will not receive any type of payment for participating in this study.

**What are your confidentiality or privacy protections?**

This study is confidential and no identifying information about individual participants will be collected. Moreover, the data will be coded so that individual answers to questions cannot be attributed to a specific participant. The information about agency name and the participant's title will be kept separate from all other information.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher Laurie Cook Heffron at 512/233.1413 or send an email to [lheffron@stedwards.edu](mailto:lheffron@stedwards.edu). This study has been reviewed and approved by the St. Edward's University Institutional Review Board and the study number is [lheffron-1517803382](#).

**Whom to contact with questions concerning rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Institutional Review Board by phone at 512-637-5676 or email at [irb@stedwards.edu](mailto:irb@stedwards.edu).

**Participation**

You have been informed about this study's purpose, procedures, possible benefits and risks. If you would like to participate, please click "I Agree." If you decline to participate, click "Exit."

I Agree

Exit

Thank you for participating in this brief survey for the Texas Council on Family Violence (TCFV) State Plan project. The purpose of the survey is to document and understand the use of mainstream domestic violence services by immigrant and refugee survivors. This survey is anonymous and voluntary. No information in this survey will be used to identify you as an individual.

What is your age (in years)?

How would you describe your gender?

- Female  
 Male

- Non-binary/third gender
- Prefer to self-describe as:
- Prefer not to answer

Do you identify as transgender?

What is your race or ethnic background (check all that apply)?

- African American/Black
- African
- Asian/Asian American
- Cambodian
- Chinese
- Japanese
- Korean
- Filipin@
- Indian/South Asian
- Vietnamese
- Hispanic/Latin@
- Multiracial
- Native American/American Indian
- Native Alaskan
- Native Hawaiian/Pacific Islander
- Middle Eastern
- White/Anglo-American
- Other:
- Prefer not to answer

What is the highest level of school you have completed so far?



How would you describe your sexual orientation?

- Heterosexual
- Lesbian/Gay
- Bisexual/pansexual/queer
- Questioning/unsure
- None of these describe me accurately - I identify as:
- Prefer not to answer

How long have you worked at this agency (in years)?

What is your position at the agency?

Now we are going to ask you a few questions about populations of survivors of domestic violence who are often underserved or have additional and/or specialized needs. We are going to list several populations and ask how often your agency is currently serving that population, on average, and how prepared, on the whole, your agency is to serve that population. Note: These are average estimates.

How often, on average, does your agency serve the following populations?

	Very Often	Often	Sometimes	Hardly ever	Never
Immigrant survivors of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refugee, asylee, or asylum-seeking survivors of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undocumented immigrant survivors of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Often	Often	Sometimes	Hardly ever	Never
Immigrant survivors of sex trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigrant survivors of labor trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is Spanish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is Vietnamese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is Chinese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is an indigenous Mayan language of Central America)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (other preferred language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On the whole, how well is your agency prepared to serve the following populations?

	Very Prepared	Prepared	Sometimes Prepared	A Little Prepared	Not Prepared
Immigrant survivors of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refugee, asylee, or asylum-seeking survivors of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undocumented immigrant survivors of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigrant survivors of sex trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Prepared	Prepared	Sometimes Prepared	A Little Prepared	Not Prepared
Immigrant survivors of labor trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is Spanish)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is Vietnamese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is Chinese)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (whose preferred language is an indigenous Mayan language of Central America)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survivors with Limited English Proficiency (other preferred language)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In what language/s (other than English) does your agency provide services?

Please list languages you commonly have difficulty accommodating when working with immigrant survivors of domestic violence.

Below is a chart of services and supports that immigrant survivors of domestic violence may or may not need when they seek help at your agency. In your professional

experience, please check the box that best indicates your estimation of the need for the following services at your agency:

	Most survivors NEED this service but DID NOT GET it at my agency	Most survivors NEED & GOT this service at our agency	Most survivors DO NOT NEED this service	Do not Know
Looking for housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeping current housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency shelter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government benefits/assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting more money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Barriers (such as back utility debt or eviction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help talking to law enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with CPS case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Issues for children (besides childcare)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying or getting safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anything else? (specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When you think about the immigrant survivors of domestic violence your agency serves, where do they access the services and supports they need (related to the violence they have experienced)? Aside from your agency, please list any additional sources of support your clients utilize.

How do immigrant survivors of domestic violence get connected to the supports and services they need? That is, how do they learn about and access available services and supports?

How aware are immigrant survivors of domestic violence of the mainstream domestic violence services in your region?

Very Aware    
  Aware    
  Somewhat Aware    
  Not Very Aware    
  Not at all Aware    
  Do Not Know    
  Decline to Answer

How do immigrant survivors in your area hear about the local mainstream domestic violence agencies?

From your perspective, how do your clients who are immigrant survivors of domestic violence view the mainstream domestic violence services in your region?

Very Positively  Positively  Neutral  Negatively  Very Negatively  Do Not Know  Decline to Answer

From your perspective, how often do your clients who are immigrant survivors of domestic violence utilize the mainstream domestic violence services in your region?

Very Often  Often  Sometimes  Hardly Ever  Never  Do Not Know  Decline to Answer

From your perspective, what would make the services and supports provided by domestic violence agencies more appealing and accessible to immigrant survivors?

How often do you refer clients who are immigrant survivors of domestic violence to mainstream domestic violence services in your region?

Very Often  Often  Sometimes  Hardly Ever  Never  Do Not Know  Decline to Answer

When you think about the immigrant survivors of domestic violence your agency serves (in particular those who do not use services at mainstream domestic violence agencies), what are the top 3 barriers or challenges they experience?

List the top 3 barriers or challenges you face (or your agency faces) in coordinating and providing services to immigrant survivors of domestic violence.

Is there anything else you would like to share with us about your experiences working with immigrant survivors of violence and their awareness of and access to mainstream domestic violence services? If so, please use the box below. Please remember that the information you provide is anonymous and will only be reported grouped with all other comments.

Thank you for taking the time to participate in this survey and contributing to our understanding of the use of mainstream domestic violence services by immigrant and refugee survivors.

If you or those you serve are in need of support, please consult the following hotline numbers for assistance:

National Domestic Violence Hotline at 1-800-799-7233

National Human Trafficking Hotline at 1-888-373-7888

National Sexual Assault Hotline at 1-800-656-4673

For more information about the Texas Council on Family Violence, please see [www.tcfv.org](http://www.tcfv.org).

If you have questions about this survey or are interested in participating in an in-person or telephone interview with our research staff about access to services among immigrant survivors of domestic violence, please email Laurie Cook Heffron at [lheffron@stedwards.edu](mailto:lheffron@stedwards.edu).

Click the arrow on the bottom of your screen to end the survey.