



THE UNIVERSITY OF TEXAS AT ARLINGTON

**School of Social Work**

# Understanding the Needs of Non-service Seeking Survivors:

## A Final Report for the Texas Council on Family Violence

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Table of Contents



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## Introduction

*Prevalence of IPV*

Over 5 million Texans have experienced intimate partner violence[1] (IPV) in their lifetimes (Busch-Armedariz, Heffron, & Bohman, 2011). This number includes over three million women and two million men. In Texas, 1 in 3 people will experience IPV in their lifetime, and IPV homicide is a major issue, with 136 women killed by a male intimate partner in 2017 (Texas Council on Family Violence [TCFV], 2018). Statewide, IPV services provide help to over 70,000 Texans yearly (TCFV, 2018). The vast size and diverse population of the state create unique challenges for service providers seeking to meet the complex needs of individuals and families dealing with IPV.

*Service Access*

Effective services have been developed to address the impacts of violence and support survivors in seeking safety. However not all survivors of IPV access those services. Estimates of the rate of accessing services to deal with IPV vary. Some estimates suggest that up to 75% of those who have experienced IPV seek informal (family, friends) or formal (shelter, police) help to deal with their experiences (Kaukinen 2004; Sabina & Ho, 2014). In one study, Kaukinen (2004) found that over half of those who sought help for dealing with IPV did so from a family member or friends, while 1/3 reported to police or law enforcement, and less than 25% sought help from medical or psychiatric services. In a study of a random sample of individuals enrolled in a specific health plan in the United States, 36% of those reporting IPV had sought medical care while 19% sought legal services to address their experiences of IPV (Duterte, Bonomi,

[1] While we mostly use the term "intimate partner violence" to refer to the dynamics of power and control in intimate relationships which are the subject of the current study, because policies and programs vary in their usage, the terms 'family violence' and 'domestic violence' also appear in this report. They are being used interchangeably. Further, individuals who have experienced IPV use a range of terms. We tend to use the term 'survivor,' although that may be interchanged with 'victim' or 'client' in certain cases.

Kenric, Schiff, Thompson, & Rivara, 2008). Those who reported exposure to more severe violence, those who were currently married, and those who did not think their children had witnessed violence were less likely to seek services (Duterte et al., 2008). Among a random sample of Canadians, 80.5% of women and 57.1% of men who reported experiencing IPV had disclosed their experiences to at least one informal support (i.e., friends, family), however far fewer had sought formal supports (Ansara & Hindin, 2010). Among women, 11% sought assistance from IPV shelter or transitional housing programs, 14.3% sought help from a crisis center or hotline, and 7.6% sought help from victim's services, while 47.2% sought help from health providers (doctors, nurses, counselors) (Ansara & Hindin, 2010). Among men, 22% sought help from a health professional, while 3.8% sought help from a crisis center (Ansara & Hindin, 2010).

Survivors have a range of places to turn to address their experiences of violence. Data demonstrate that they often seek assistance from multiple sources over time and may be more likely to approach informal or ancillary helpers[2] prior to engaging formalized IPV service providers (Hart & Klein, 2013; Moe, 2007; Morrison, Luchok, Richter, & Parra-Medina, 2006). Informal support can come in a variety of forms, including access to specific tangible resources (e.g., financial, transportation, or housing help), emotional support and having a sense of connectedness and belonging to others, and 'appraisal support,' which deals with having access to good advice and encouragement (Payne et al., 2012).

Scholars have found that access to these forms of social support can decrease the negative impacts of IPV and enhance the resilience and long-term outcomes of survivors (Kaukinen,

[2] This report will use the terms 'helpers,' 'community helpers,' or 'ancillary helpers' to refer to non-IPV specific services providers who may come into contact with survivors as they deal with the challenges of life. Examples include (but are not limited to) medical and legal professionals, CPS or welfare workers, or clergy and community leaders.

2014; McNally & Newman, 1999; Voth Schrag & Edmond, 2018). For survivors, increased social support is linked to increased help-seeking as well as decreases in a range of negative outcomes (Coker et al. 2002; Dougé et al. 2014; Kamimura et al. 2013; Van Wyk et al. 2003). However, research concerning how social support is linked with economic hardship (a potentially key survivor outcome) is somewhat conflicted. Several studies have evaluated the potentially moderating effect of social support on the link between economic hardship and psychological distress, but these studies have not found significant results (Kingston 2013; Manuel et al. 2012; Ayala-Nunes et al. 2018). However, Simmons et al. (2007) found that social support was a strong indicator of economic well-being in low income mothers and in a qualitative study exploring economic abuse and unemployment a key theme that emerged noted the impact of the loss of support from their colleagues negatively impacted survivors' overall sense of wellbeing (Ulmestig & Eriksson 2017). Finally, in a recent study of non-service seeking survivors, significant interactions between levels of social support and extent of economic abuse on the extent of economic hardship experienced by women were observed. For those at high levels of economic abuse, social support had less influence on their level of economic hardship than those who reported low levels of economic abuse (Voth Schrag, Ravi, & Robinson, 2018).

Survivors have also shared about their preferences for how accessing services should feel, and how they would like to be able to access them. In an investigation of the preferences of urban youth survivors, participants emphasized the qualities they look for in a formal support system, including empathetic staff, a comfortable and confidential environment, and a preference for working with agencies that were engaged in the community and had a strong reputation within their community (Martin, Houston, Mmari, & Decker, 2012).

The decision to seek help for experiences of intimate partner violence is influenced by factors at the individual, interpersonal, and sociocultural level (Liang, Goodman, Tummala-Narra, & Weintraub, 2005; Mookerjee, Cerulli, Ferandez, & Chin, 205). Liang and colleagues (2005)[3] developed a helpful model for understanding the influences and decision-making process of survivors of IPV, illustrated in Figure 1. This model recognizes the fact that these individual, family, and sociocultural dynamics influence and shape each step of the help-seeking process, as survivors develop an understanding of exactly what the 'problem' is, make a decision to seek help for that problem, and considered what entity (individual, agency) to seek help from.

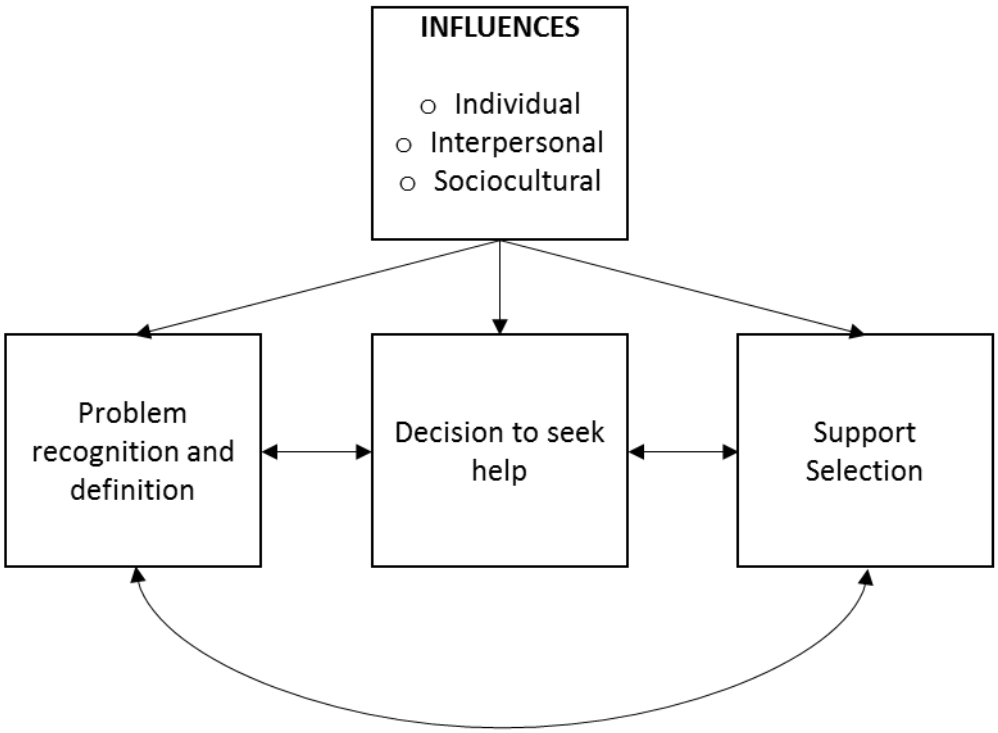



Figure 1. Liang et al's (2005) Model of Help-Seeking and Change for Survivors of IPV

*Barriers to Seeking Help*

[3] The work of Liang and colleagues (2005) provides important theoretical framing for anyone seeking to engage in this work, and is highly recommended.

Survivors point to a range of social barriers that stand in the way of their access to resources, including barriers created by their abusive partners (e.g., jealousy, minimization, intimidation, and threats), fear for family members- both the consequences for family members (e.g., the impact of a shelter stay on children) and the potential negative reaction of family members, and anticipated negative reactions from communities or peers (Dunlop et al., 2005; Hart & Klein, 2013). Survivors also report experiencing shame or feeling stigma related to facing IPV and wanting to keep experiences quiet to protect themselves and their partner/family from negative social, emotional, immigration/status, or economic consequences (Fry, 2001). Fugate and colleagues (2005) also note that some survivors may avoid seeking help because they feel that working with service providers will necessitate them ending or leaving a relationship over which they have mixed feelings (Fugate et al., 2005). Along with social barriers, survivors have identified challenges including a lack of knowledge related to services availability or eligibility, and logical barriers, including cost, child care, issues with transportation, the timing of services, or the location of services (Bauer et al., 2000; Fry, 2001; Fugate et al., 2005; Lewis et al., 2005 Hart & Klein, 2013).

Survivors may seek help only once, as negative first experiences may discourage future interactions with service providers, or survivors may explore multiple options and routes for obtaining needed assistance in the face of coercive control and minimization (Morrison, Luchok, Richter, & Parra-Medina, 2006). Critically, survivors often reach out not with a focus on leaving an abusive partner, but on coping with or strategizing around their experiences of violence, and they may not disclose the violence they are experiencing in the course of looking for help in dealing with other related dynamics (Beeble, Bybee, & Sullivan, 2010; Dunlop, Beaulaurier, Seff, Newman, Malik, & Fuster, 2005; Moe, 2007). Seeking and receiving help for experiences

of IPV, including help from family, peers, and formal services, has been linked to decreased negative post-trauma outcomes for survivors and an increase in overall well-being (Folger & Wright, 2013).

Knowledge of available services is a critical component for survivors accessing resources. Studies have demonstrated that many survivors only learn about the availability of civil protective orders from police or other criminal justice system workers after they or a third party make a domestic disturbance/911 call related to the violence (Logan, Shannon, Walker, & Faragher, 2006). Similarly, a study of shelter residents revealed that nearly a quarter only found out about the existence of the shelter two days prior to shelter entry, and another 26% found out about it within the month previous to shelter entry (Lyon, Lane, & Menard, 2008). Knowledge of service availability is one component influencing survivor's decision making around accessing services. Practices or messages of the service agencies or providers also influence the decisions of survivors related to seeking and staying engaged with services or programs. Survivors who perceive that providers expect them to end their relationships, reside in specific locations (e.g., shelters), cooperate with specific other services (e.g., criminal justice), or participate in religiously based programming may choose to forgo services from such institutions or individuals (Dunlop et al., 2005). Similarly, structural barriers within service agencies, such as requirements related to income eligibility or sobriety, or lack of accessibility related to language, disability, or identity can all create insurmountable barriers for survivors in search of help (Hart & Klein, 2013; Hilton, Harris, Rice, Lang, Cormier, & Lines, 2004; Moe, 2007; Moe & Bell, 2004).

## Methods

*Project Approach & Research Questions*

Evaluations which only consider the voices of those who have sought IPV services miss the voices and experiences of survivors who may have a great deal to teach us related to their need for and attempts to access important supports in the face of violence and coercive control. In an effort to bring the voices of these survivors into the TCFV State Plan, interviews were conducted with IPV survivors who had never sought IPV services, or who had left IPV services before fully engaging. With the help of medical and ancillary service providers, non-service engaged survivors of IPV were recruited for semi-structured interviews focused on their perceptions of need for services, reasons for seeking/not seeking services, and hopes and desires for future service experiences. This report describes the methods of and findings from these interviews, before discussing the implications for service providers who seek to support Texan survivors. The driving research question for the study asked: Why are some Texan survivors of IPV not accessing family violence center services? To understand this dynamic, the study explores questions including: What systems are survivors who are not service engaged already interacting with, and are there avenues for support within those contexts? What are barriers and facilitators to service access for these survivors? and What services do survivors who are not currently engaged with family violence services want?

*Study Procedures.*

From May to November 2018, in collaboration with TCFV staff, members of the research team have reached out to medical and ancillary (e.g., nursing, midwifery, medical affiliated substance treatment, etc.) service providers and provider groups to invite participation in the

recruitment of survivors for this project.[4] The majority of participating providers are affiliated with two major hospital systems and one clinic in the Dallas/Fort Worth Area (The John Peter Smith Hospital System, UT Southwestern, and the Urban Inter Tribal Center of Texas). These providers serve patients from across North Texas, and specific energy was put into recruiting providers who saw patients in both urban and rural settings in the North Texas area. Additionally, providers from across the state were engaged through the participation of the Texas Academy of Family Physicians.

Survivors of IPV who are not currently service-engaged are a hidden population who are uniquely difficult to identify and safety recruit for research[5]. Both passive and active recruitment strategies were employed to reach the hidden population of survivors who have not/are not currently seeking IPV services from family violence service providers. Active recruitment included over 15 visits to group programing at both UT Southwestern and John Peter Smith hospitals by team members to share about the study and invite participation, as well as the provision of detailed recruitment scripts to key providers to use in one-on-one interactions with patients they thought may be appropriate for the study[6]. English and Spanish language posters

[4] It is interesting to note that the study team had much better luck getting specialty medical providers to agree to participate in recruitment than general medical providers (e.g., family practice doctors, hospitalists, internal medicine, general practitioners, etc.). The most actively engaged providers were in fields that might be more likely to address IPV as a matter of course, like OB/GYN, substance use/mental health, or they worked at clinics for special populations with high rates of IPV (e.g., the Urban Inter Tribal Center, a birth and women's center).

[5] There are a number of reasons for this, including the fact that many consider being an IPV survivor to be a stigmatized identity, providers across various social systems including health care often fail to screen for abuse, and individuals may choose not to disclose experiences of abuse even when providers do screen. Disclosure comes with a number of risks to survivors, including the risk of escalating violence, not being believed, or facing stigma or shaming. For these reasons, great care was taken in creating recruitment systems that protected survivors. For example, we choose not to require a disclosure of abuse to be in included in the study, and chose to structure recruitment so that survivors ultimately reached out to the team (after receiving materials, being talked to by a medical professional, or being in a group where recruitment occurred) to express interest. Some of these strategies limited the number of participants who ultimately enrolled in the study, but ensured that the safety of all participants was centered at every step of the process.

[6] The Principle Investigator also made multiple trips to each recruitment location to work with staff related to site specific concerns, address recruitment challenges, and liaise with new and continuing recruitment partners. Recruitment materials were developed to be site and population specific. Points of contact at each location were

were also distributed and displayed in common areas (including waiting rooms, restrooms, and community bulletin boards) across sites with information about the study and contact information for the study team. Written material related to study participation was also provided to providers to share with specific clients. After a potential participant indicated interest by reaching out to the study team, they were contacted by a team member and provided with additional background information and completed a documented verbal informed consent process. Depending on the location from which they were recruited (not all locations could provide confidential interviewing space for the study period), participants were given the choice of participating in-person or over the phone. Interviews were scheduled at a time of the participant's choice.

*Human Subjects Review and Confidentiality*

The institutional review board of the University of Texas at Arlington approved all study procedures prior to the beginning of data collection. Limited identifying information was collected to reduce the risk of breach of confidentiality, and the team obtained a waiver of documented informed consent, as well as a waiver for the collection of certain identifying information to further ameliorate this risk. Participants were given a wide range of choices regarding the times and places at which they could participate to maximize their options for safe participation, and all interviews occurred in private spaces within health care or similar environments, or over the phone.

identified and a significant amount of time was spent coordinating and building relationships with those individuals to facilitate the process.

*Data Collection*

All interviewers for this project were masters or PhD level social workers with social work practice experience with survivors or families facing IPV, and all were supervised by a PhD level researcher with 15 years' experience in IPV service research and practice.[7] Two available interviewers were native Spanish speakers[8], who were supervised by the study principle investigator and a co-investigator who is PhD level researcher with previous research experience with survivors of teen dating violence, and who is a native Spanish speaker. Participants received a small incentive ($20 gift card to their choice of certain stores) as a "thank you" for their time and participation. Gift cards were provided in person, by mail, or by e-mail depending on the preference of the participant.

After gaining verbal informed consent and explicit permission to audio tape the interview, study team members audio recorded interviews and then transcribed them word for word, before uploading de-identified quantitative data into an online database system for cleaning and analysis. All audio files were immediately deleted from recording devices after being uploaded to an encrypted and password protected server. If a participant declined audio recording, interviewers were trained to conduct the interview, recording exactly responses to the quantitative/close ended questions, while documenting to the best of their ability the general themes and any key words or phrases used in response to open ended questions. While any

[7] All team members were also trained in a set of protocols in the case that a participant indicated that they were in immediate or on-going danger due to IPV, which included the ability to provide location specific referrals and information at the conclusion of the interview as called for. Any such situation was then to be immediately staffed with the study PI, who was responsible for determining if other steps were necessary. No such events occurred during the course of the study.

[8] These interviewers were available and participated in the study, however no interviews to this point have been conducted in Spanish, as all responding participants (even those whose main language is Spanish and who responded to Spanish language recruitment materials) preferred to be interviewed in English. Recruitment of Spanish speakers is ongoing and will continue as long as possible.

quotations or data gained in these interviews are not used as examples in the current report, they may contribute to the development of the general themes that are presented. Interviews lasted between 30 minutes and 1 hour, and because no identifying data was associated with individual interviews, no follow-up was possible.

*Measures*

In collaboration with TCFV staff and other research team members, an interview protocol was developed which includes standardized measures of key domains and open-ended questions with accompanying prompts. This protocol was coordinated with the other study research teams to ensure as much comparability across samples as possible, and aimed to be as short as possible while still obtaining key information in order to reduce participant burden and limit the risk to participants. The interview guide was put through a process of forward and backward translation by a team of native Spanish speakers, who were available to conduct and translate interviews in Spanish for interested participants. The interview alternated between close-ended quantitative scales and open-ended questions in order to collect key validated measures along with thick, descriptive data from each participant while keeping the interview flowing as seamlessly as possible. The final English and Spanish interview guides with citations for key measures are available in Appendices A & B.

The following are key quantitative measures included in the interview protocol.

*Intimate Partner Violence.* The Composite Abuse Scale (CAS; Ford-Gilboe et al., 2016). The CAS is a 15-item measure that includes behaviorally based items spanning a range of physical, sexual, and psychological forms of IPV, with prompts such as “hit me with a fist or object, kicked or bit me,” “kept me from seeing or talking to my family or friends,” and “kept me from

having access to a job, money, or financial resources." The CAS has been validated in multiple community-based samples, with reliability coefficient alphas ranging in the .80-.90 region for physical, sexual, and psychological subscales (Ford-Gilboe et al,. 2016). In the current study, the CAS is used to screen participants for lifetime IPV experiences and reported dichotomously (ever yes/no) for each behavior.

*Economic Abuse.* Adapted from the Scale of Economic Abuse (SEA; Adams et al., 2008). The Scale of Economic Abuse assesses economically coercive and controlling tactics within intimate relationships in the past six months. The current survey adapted the SEA, using seven items to tap such behaviors, including "do things to keep you from going to your job" and "keep you from having the money you needed to buy food, clothes, or other necessities." In the current study, economic abuse items are reported dichotomously (yes/no) for each behavior.

*Safety related empowerment*. Empowerment related to seeking and maintain safety from IPV was measured using the Measure of Victim Empowerment Related to Safety (MOVERS), developed by Goodman and colleagues (2016). It includes 13 items such as "I have to give up too much to keep safe," and "I feel comfortable asking for help to keep safe," measured from 0 (not at all true) to 3 (very true).

*Barriers to seeking help.* The team developed a set of items to tap into potential barriers to seeking formal help for relationship problems, loosely based on the work of Mansfield, Addis, and Coutenay (2005). Items fell into the categories of 'awareness/knowledge of services and how to access,' for example "I know what sort of help is available in my community", 'perception of needs and beliefs about the problem,' for example "having problems in my relationship is embarrassing", 'perceptions of services,' for example "I have had bad experiences previously seeking help for this problem' and 'concreate barriers to service,' for example, "I can't get

childcare to have time to seek help for this problem." A five-item response set (strongly disagree to strongly agree) was used.

*Availability of informal supports.* (Social Support Survey; Holden et al., 2014). Access to informal social support is measured using the MOS Social Support Survey, which was validated by Holden and colleagues (2014). It is measured from none of the time (1) to all of the time (5), and includes six items such as "How much of the time would you say you currently have someone in your life who could help if confined to bed" or "share you most private worries and fears."

*Post-Traumatic Stress Disorder* (PC-PTSD-5; Prins et al., 2015). Post-traumatic stress disorder (PTSD) is measured using the primary care PTSD screen for DSM-5, validated by Prins and colleagues (2015). It assesses the impact of traumatic experiences over the past month, and it includes five yes/no questions related to specific PTSD symptoms, including "had nightmares about the event(s) or thought about the event(s) when you did not want to." Responding 'yes' to four of five questions is considered a positive screen for PTSD (Prins et al., 2015).

*Analysis*

Because of the small sample size and focus on open-ended questions, quantitative analysis will be constrained to predominantly descriptive statistics, as well as some bivariate analysis to provide some insight into the interplay between key individual factors and survivor experiences. Bivariate analyses, which could lead to small individual cell sizes and risk exposing an individual identity, will not be reported. Qualitative data are presented by theme, which were developed collaboratively through a process of inductive and deductive coding by a team of three researchers who are trained in qualitative methods as well as knowledgeable about

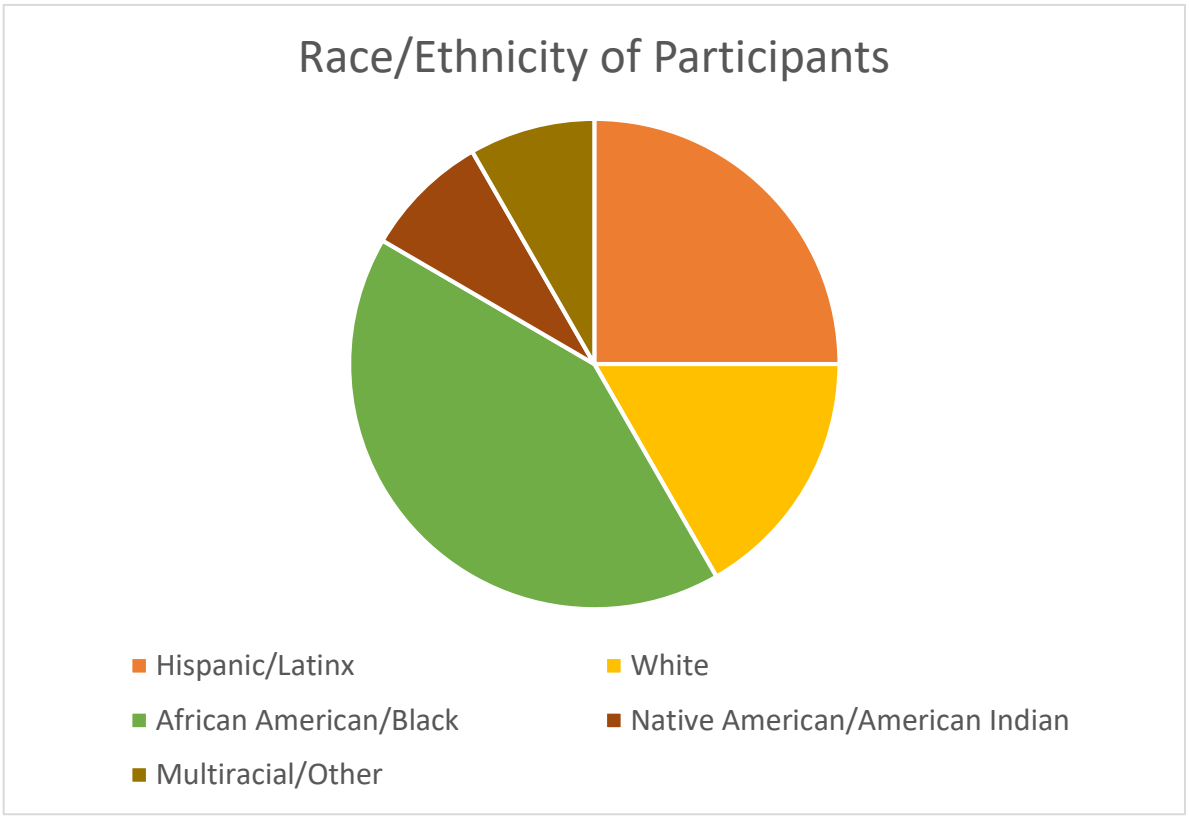
IPV survivors and services (Padgett, 2008). Each theme is headed by two titles- the first is a summation developed by the research team and the second is a short direct quotation from a survivor about that theme. Triangulation between quantitative and qualitative data (looking for continuity or discontinuity between data streams) was employed by the study team and these points of convergence and divergence between data streams are addressed at length in the discussion section. Going forward, triangulation between these data and those collected by other teams working on the State Plan project will be an important point for developing final meanings (Padgett, 2008). Interview transcripts were reviewed in their entirety and exemplar quotations were identified to support the identified themes. In order to maximize the inclusion of survivor voices to the greatest extent possible, quotations are left in the exact words of the participant and notations are made where slight alternations were necessary for narrative flow. Additional information that may shed light on a quotation or theme was only include if it did not jeopardize the anonymity of the participant. In some cases, extremely insightful quotations are left out of the report because they reveal to much about the participant's identity. In these cases, other quotations which illustrate the same or similar points have been used instead.

*Participants*

Study participants ($N$ = 36) came from diverse backgrounds, and provided an important first look at the experiences and needs of Texans who have stayed predominantly outside of the IPV service sector[9]. Participants were eligible for the study if they were at least 18 years old and

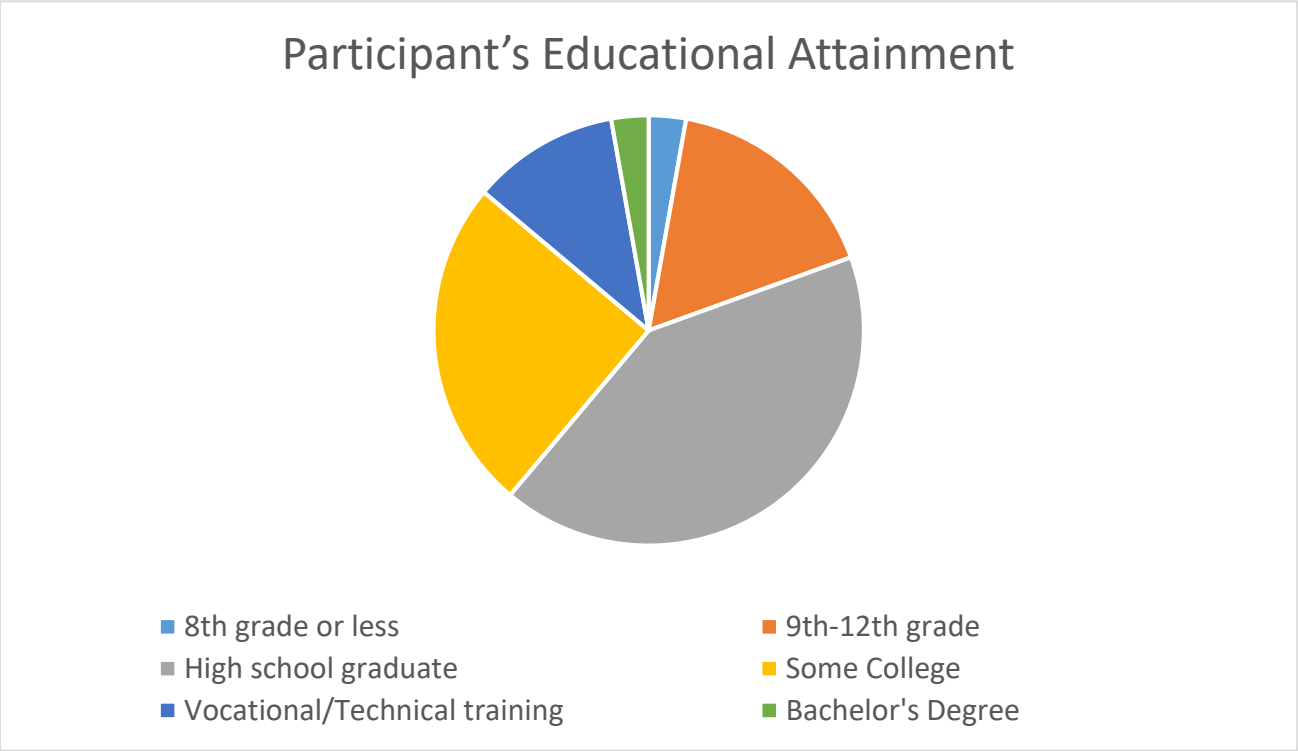
[9] We state 'predominantly' because a number of participants in the current study did have passing (1 or 2) interactions with IPV services. In each case, these interactions were short term- a session or two of therapy or a few nights to a week or two of shelter at the most- and often ended by the participant for a range of reasons which are discussed in the findings. The key eligibility criteria for participation was not having no history of IPV service engagement, but not being currently engaged and being identified through engagement with a different service system (e.g., health care, ancillary services).

felt comfortable completing an interview in English or Spanish[10]. See Table 1 for a description of study participants. The sample was racially diverse, including 41.7% African American and 25% Latinx identified participants. While the sample predominantly comprises women, two men participated as research subjects and shared about experiencing abuse in their intimate relationships. Because of the small number of participants and the risk of identifying individuals, quantitative differences by gender, sexual orientation, and race will not be reported. However given literature that groups face specific barriers to service access, this is an important area for future work.

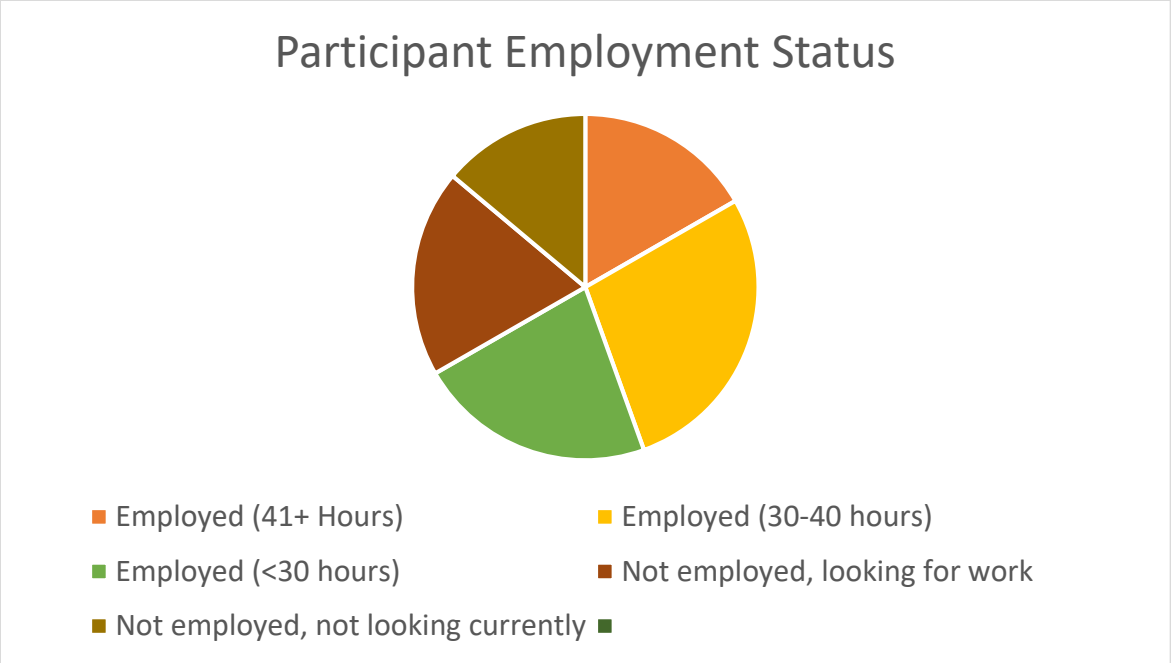



[10] The study team deliberately decided not to include a self-identification as an IPV survivor as an inclusion criteria for a number of reasons: 1) individuals may experience coercive control or other aspects of violence without identifying as a survivor of IPV, 2) framing the study as only for survivors could jeopardize the safety of a survivor if their partner discovered their participation, 3) providers were assisting in recruiting participants who they felt would have helpful information to share, and written materials identified the study as research related to 'services for relationship problems', and 4) we were interested both in survivor experiences and the experiences of those who have walked with survivors (family/friends). We found that nearly every participant either disclosed a personal history of IPV or disclosed having close relationships with survivors, and all provided insightful feedback. The interview guide included a set of behaviorally based IPV victimization questions, which were used to frame the discussion of IPV both quantitatively and qualitatively.

Educational attainment among participants ranged from less than 9th grade to college graduates, with the majority having a high school degree or having completed some college.




The sample was also very connected to employment, with over 75% working or looking for work and the majority working at least 30 hours, with a large number working more than full time (41+ hours/week).




The current sample includes participants in a range of current housing situations, with most living in their own rental or staying with family. Notably, all participants had children.

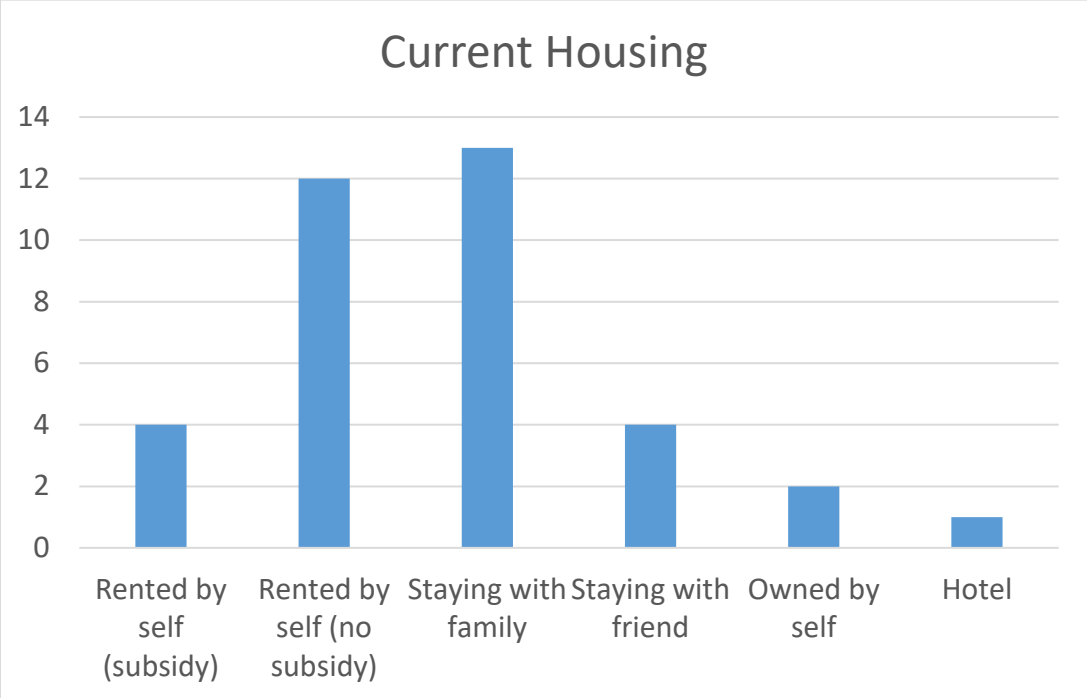


**Table 1**. *Participants Demographics (n= 36)*

| | **Mean /Range** | **% (n)** |
|---|---|---|
| Age | 27.6 (18-48) | |
| Racial Identity: | | |
| Hispanic/Latinx | | 25.0% (9) |
| White | | 16.7% (6) |
| African American | | 41.7% (15) |
| Native American/American Indian | | 8.3% (3) |
| Multiracial/Other | | 8.3% (3) |
| Gender Identity: | | |
| Female | | 94.4% (34) |
| Male | | 5.6% (2) |
| Educational Attainment: | | |
| 8th grade or less | | 2.8% (1) |
| Between 9th-12th grade | | 16.7% (6) |
| High school graduate | | 41.7% (15) |
| Some college | | 25% (9) |
| Vocational/technical school | | 11.1% (4) |
| Bachelor's degree | | 2.8% (1) |
| Number of children in home: | 2.5 (1-6) | |
| Currently attending school/working on a degree: | | 13.9% (5) |
| Employment Status: | | |
| Employed, 41 or more hours | | 16.7% (6) |
| Employed, 30-40 hours | | 27.8% (10) |
| Employed, less than 30 hours | | 22.2% (8) |
| Not employed, looking for work | | 19.4% (7) |
| Not employed, not looking | | 13.9% (5) |
| Sexual Orientation: | | |
| Heterosexual | | 94.4% (34) |
| Other (bi-sexual, 'none of these describe me') | | 5.56 (2) |
| Current Housing: | | |
| Rented by self with subsidy | | 11.1% (4) |
| Rented by self without subsidy | | 33.3% (12) |
| Staying with family | | 36.1% (13) |
| Staying with friend | | 11.1% (4) |
| Owned by self | | 5.6% (2) |
| Hotel | | 2.8% (1) |
| Primary Language: | | |
| English | | 91.7% (33) |
| Spanish | | 8.3% (3) |

## Findings

### *Quantitative Findings*

*Experiences of Violence.* To contextualize the subsequent findings, we begin by presenting some of the most noteworthy data regarding the exposure of this sample to forms of IPV (see Table 2). Importantly, 66% of participants initially endorsed having been afraid of an intimate partner in the past, and over 70% reported having experienced at least one of the 15 abusive behaviors queried, with substantial rates for experiencing both physical and non-physical forms of violence. Those who did not endorse a personal history of abusive relationships witnessed IPV as children and/or had close friends/family members who they have walked with through IPV experiences. Of those who reported that their partner had exhibited abusive behaviors, 35% reported that their partner had access to weapons, while 31% reported that their partner had been convicted of a family violence charge in the past. All participants (regardless of their report of experiencing other forms of IPV) were asked about their exposure to economically abusive tactics by a partner in the past six months. Over 40% reported that a partner "Did things to keep you from having money of your own," with over 30% endorsing that their partners did things to keep them from going to their job, keep them from having money to buy necessities, and paid bills late or not at all that were in the participants name. Finally, a quarter of participants had at least one experience of homelessness due to domestic violence during their lifetime.

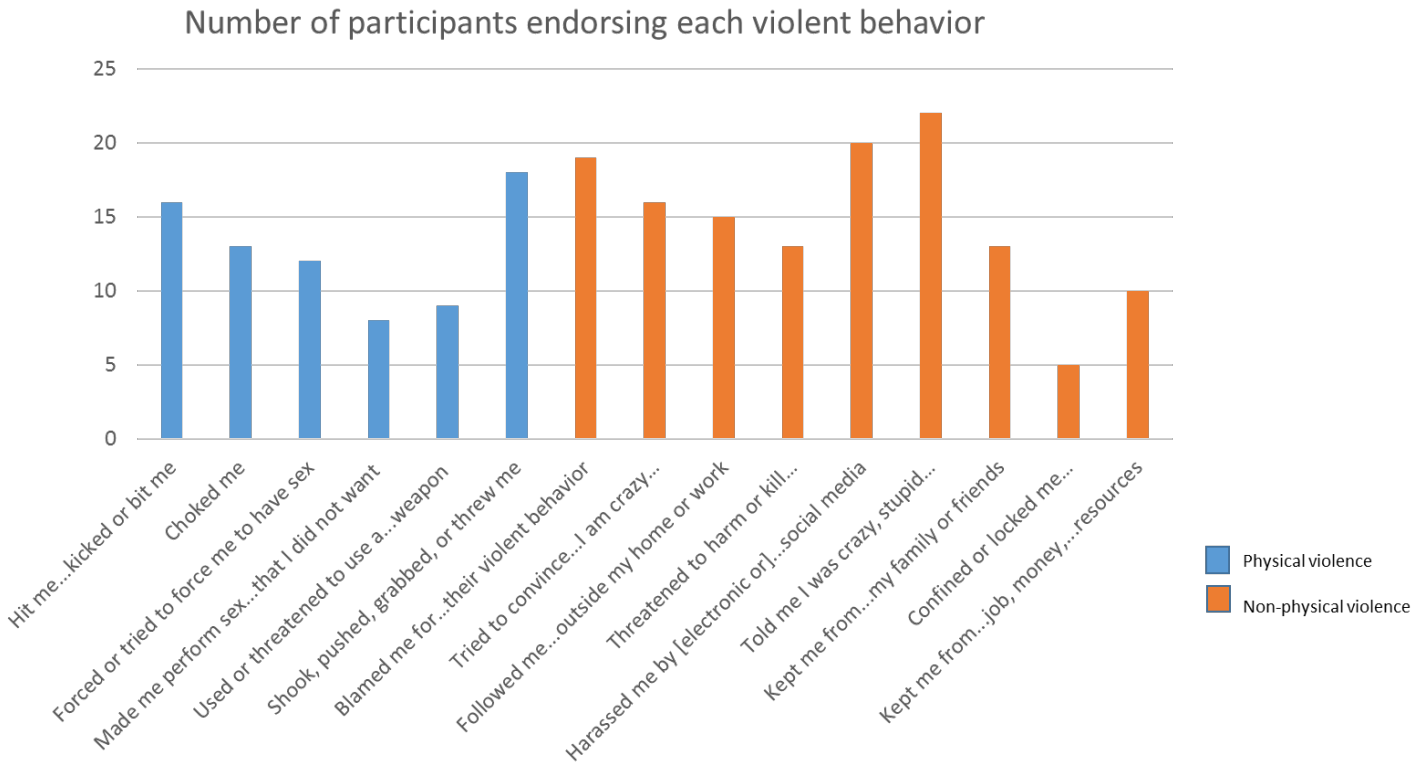

Number of participants endorsing each violent behavior
25
20
15
10
5
0
Hit me…kicked or bit me
Choked me
Forced or tried to force me to have sex
Made me perform sex…that I did not want
Used or threatened to use a…weapon
Shook, pushed, grabbed, or threw me
Blamed me for…their violent behavior
Tried to convince…I am crazy…
Followed me…outside my home or work
Threatened to harm or kill…
Harassed me by [electronic or]…social media
Told me I was crazy, stupid…
Kept me from…my family or friends
Confined or locked me…
Kept me from…job, money,…resources
Physical violence
Non-physical violence

**Table 2.** *Participant reported IPV experiences (lifetime)*

| | **% (n)** |
|---|---|
| Ever been afraid of a partner[11] | 65.6% (21) |
| Experienced specific IPV behaviors from a current or former partner[12] | |
| Blamed me for causing their violent behavior | 59.4% (19) |
| Shook, pushed, grabbed, or threw me | 56.3% (18) |
| Tried to convince [family/friends] that I am crazy, or tried to turn them against me | 50.0% (16) |
| Used or threatened to use a knife or gun or other weapon to harm me | 28.1% (9) |
| Made me perform sex acts that I did not want to perform | 25.0% (8) |
| Followed me or hung around outside my home or work | 46.9% (15) |
| Threatened to harm or kill me or someone close to me | 40.6% (13) |
| Choked me | 40.6% (13) |
| Forced or tried to force me to have sex | 37.5% (12) |
| Harassed me by phone, text, email, or using social media | 62.5% (20) |
| Told me I was crazy, stupid, or not good enough | 68.8% (22) |
| Hit me with a fist or object, kicked or bit me | 50.0% (16) |
| Kept me from seeing or talking to my family or friends | 40.6% (13) |
| Confined or locked me in a room or other space | 15.6% (5) |
| Kept me from having access to a job, money, or financial resources | 31.3% (10) |
| Experienced at least one of the above behaviors: | 72.2% (26) |
| Does the partner who used violence/coercion against you have access to weapons?[13] | |
| Yes | 34.6% (9) |
| No | 57.7% (15) |
| Don't know | 7.7% (2) |
| Experienced economically abusive behaviors in the past 6 months[14] | |
| Do things to keep you from going to your job | 32.4% (11) |
| Do things to keep you from having money of your own | 44.1% (15) |
| Take your paycheck, financial aid check, tax refund check, disability payment… | 29.4% (10) |
| Keep you from having the money…to buy food, clothes, or other necessities. | 35.3% (12) |
| Keep you from having access to your bank accounts | 8.8% (3) |
| Pay bills late or not pay bills that were in your name or in both of your names | 35.3% (12) |
| Build up debt under your name by…use your credit card or run up the phone bill | 20.6% (7) |
| Has [that partner] been convicted of a family violence charge? | |
| Yes | 30.8% (8) |
| No | 65.4% (17) |
| Don't know | 3.8% (1) |
| Number of times homeless due to IPV[15] | |
| 0 | 75% (27) |

[11] *n* for lifetime and specific forms of violence/control is out of 32 because 4 participants declined to answer these questions, which could be due to feeling unsafe disclosing IPV experiences
[12] These items comprise the Composite Abuse Scale (Ford-Gilboe et al., 2016)
[13] Access to weapons and family violence charge % are out of 26 who reported forms of violence
[14] Out of 34 participants who answered these questions (adapted from Adams et al., 2008)
[15] Out of all 36 participants

| | |
|---|---|
| 1 | 5.6% (2) |
| 2 | 8.3% (3) |
| 3 | 5.6% (2) |
| 4 | 0% (0) |
| 5 or more | 5.6% (2) |

Among those who reported experiencing abusive behaviors (*n* = 26), 30.8% (*n* = 8) reported that their abusive partner also used illegal drugs, and 30.8% (*n* = 8, some but not all of the same 8 as used illegal drugs) also reported that their partners were alcoholic, or a problem drinker. Thirteen of the 26 participants reported that their partner had been convicted of any felony charge, with five of those within the past five years.

Participants who indicated experiencing at least one abusive behavior (*n* = 26) were asked a series of questions about the challenges they may face in working towards safety (see Table 3). Participants reported confidence in their ability to cope with challenges related to safety (mean = 3.7), and in knowing the next steps towards safety (mean = 3.8). They had slightly less confidence in knowing what supports are available for safety in their community (mean = 3.4) and feeling comfortable asking for help related to safety (mean = 3.3). Overall participants were more confident in their own decision making than they were in the ability of the community to provide help and support in their efforts to become and stay safe from IPV.

**Table 3.** *Participant empowerment related to safety*[16] *(1=not at all true to 4=very true)*

(Goodman et al., 2016)

| | **Mean** |
|---|---|
| I can cope with whatever challenges come to me as I work to keep safe. | 3.7 |
| I have to give up too much to keep safe. | 1.6 |
| I know what to do in response to threats to my safety. | 3.7 |
| 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.) | 3.4 |
| I know what my next steps are on a path to keeping safe. | 3.8 |
| Working to keep safe creates (or will create) new problems for me. | 1.7 |
| When something doesn't work to keep safe, I can try something else. | 3.8 |
| I feel comfortable asking for help to keep safe. | 3.3 |
| When I think about keeping safe, I have a clear sense of my goals for the next few years. | 3.4 |
| Working to keep safe creates (or will create) new problems for people I care about. | 1.8 |
| I feel confident in the decisions I make to keep safe. | 3.9 |
| I have a good idea about what kinds of support for safety I can get from community programs and services. | 3.4 |
| Community programs and services provide support I need to keep safe. | 3.4 |

*Systems Involvement and Help-seeking.* All participants were asked about their engagement with various service systems over the past six months, as well as their perceptions of the helpfulness of these services (see Table 4). Only those participants who indicated that they had come into contact with a particular service system were asked about their perceptions of helpfulness, which was measured on a likert type scale ranging from 1 (not at all helpful) to 4 (very helpful). Areas of frequent engagement included CPS (see footnote) and counseling/psychiatric services. Housing and substance use programs also had a sizeable number of involved participants. Six participants indicated some interaction with domestic violence service agencies in the past six months, although qualitative follow-up questions indicated in most cases that these were short-term engagements. Participants rated faith

[16] Among the 26 participants who indicated experiences of domestic violence

community groups, counseling/psychiatric assistance, and the criminal justice system most highly, although these ratings are all from very small samples and should be taken with caution.

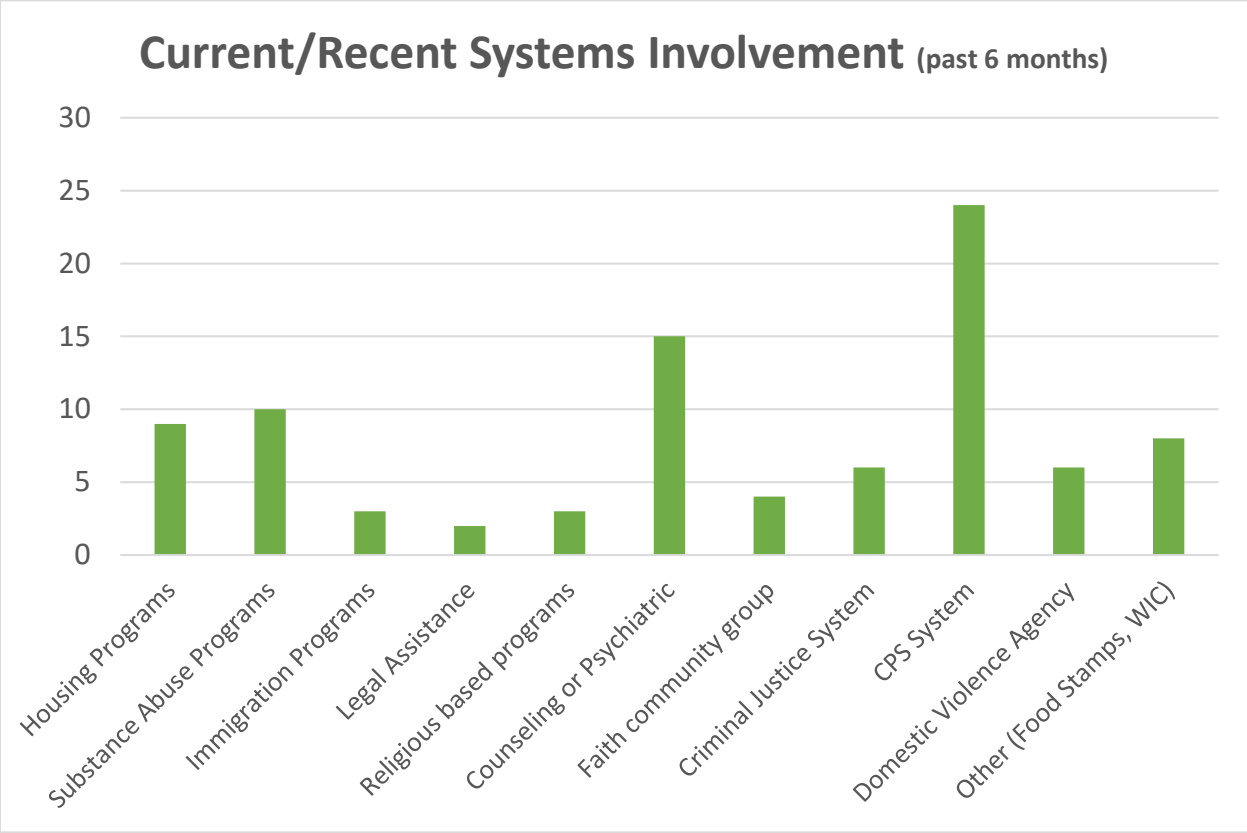


**Table 4**

*Current/recent systems: perceived helpfulness (past 6 months)*

| | **Mean perceived Helpfulness for involved individuals** |
|---|---|
| Housing Programs | 2.7 |
| Substance Abuse Programs | 2.9 |
| Immigration Programs[17] | n/a |
| Legal Assistance | 2.0 |
| Religious based programs | n/a |
| Counseling or Psychiatric assistance | 3.7 |
| Faith community group[18] | 3.5 |
| Criminal Justice System | 4.0 |
| CPS System[19] | 2.8 |
| Domestic Violence Agency | 2.5 |
| Other (Food Stamps, WIC) | 3.5 |

In order to understand the challenges and opportunities faced by those seeking help for relationship challenges in Texas, participants were asked a series of questions about potential barriers to seeking help (see Table 5). Participants endorsed service barriers related to perception of needs/beliefs about the problem most strongly, including statements such as "I don't want people to know that I can't handle my relationship problems myself" and "Having problems in my relationship is embarrassing." Several participants also endorsed issues related to concrete barriers, including childcare (mean = 2.4) and fears related to service cost (mean= 2.7). Fewer participants identified barriers related with services access or awareness. Participants generally report that they feel aware of services that are available in their

[17] All participants who used immigration services and participated in religious programs declined to comment when asked

[18] Difference between faith community group and religious based programs: religious based programs are defined as organizations or programs affiliated with religious groups (e.g., Catholic Charities), faith community groups are defined as groups or communities affiliated with a faith community (e.g., members of a congregation)

[19] This is high because one partner program received referrals from CPS

community, with a mean score of 3.7 corresponding to the answer of "agree" with the statement "I know what sort of help is available in my community." Bivariate analysis was conducted to assess any differences in perceived barriers to help-seeking between individuals who reported feeling scared of their partner and others, however no differences were observed in this small sample.

**Table 5.** *Barriers to Help-seeking Scale Item Means*

| | **Mean (1 = Strongly Disagree, 5 = Strongly Agree)** |
|---|---|
| **Awareness/Knowledge of Services and How to Access** | |
| I know what sort of help is available in my community[20] | 3.7 |
| I am unsure about what would happen after I reached out for help | 2.7 |
| I would be afraid that my partner might find out that I sought help | 2.2 |
| I don't know how to reach out to get help | 2.1 |
| **Awareness of services subscale mean** | **2.1** |
| **Perception of Need for Services/Belief about the Problem** | |
| Having problems in my relationship is embarrassing | 3.3 |
| I don't want people to know that I can't handle my relationship problems myself | 2.8 |
| I don't think people would believe me if I told them about my relationship problems | 2.3 |
| **Belief about the problem subscale mean** | **2.8** |
| **Perception of Services** | |
| I have had bad experiences previously seeking help for this problem | 2.3 |
| There are not local services that could help with my problem | 2.1 |
| I am concerned what my friends and family would think about my seeking help for this problem | 2.2 |
| **Perception of services subscale mean** | **2.2** |
| **Concrete Barriers to Service** | |
| I can't get childcare to have time to seek help for this problem | 2.4 |
| I'm too busy to seek help for this problem | 2.2 |
| It is too hard to get an appointment to get help for this problem | 2.3 |
| I don't have transportation to get to a place to get help for this problem | 2.1 |
| I am concerned that it will be too expensive to get help for this problem | 2.7 |
| I have housing challenges that make it difficult to get help for this problem | 2.2 |
| **Concrete barriers substance mean** | **2.3** |

[20] Reverse coded for subscale score

Along with formal supports, participants were asked about the social support available to them in their contexts (Holden, Lee, Hockey, Ware, & Dobson, 2014). Across the board, participants indicated high levels of social support, particularly related to the belonging subdomain of social support (having access to someone to do things with and love) (see Table 6). This was true of participants who reported feeling scared of their partner and those who did not report fear of their partner.

**Table 6.** *Access to Social Support Scale Means (Holden et al., 2014)*

| **How much of the time would you say you currently have someone in your life who could…** | **Mean (1 = none of the time, 5 = all of the time)** |
|---|---|
| Help if you were confined to bed | 3.7 |
| Take you to the doctor | 3.9 |
| Share your most private worries and fears | 3.8 |
| Turn to for suggestions about problems | 4.1 |
| Do something enjoyable with | 4.2 |
| Love and make you feel wanted | 4.3 |

*Health and Mental Health.* Participants completed a short PTSD screening tool, the Primary Care PTSD Screen for DSM-5 (Prins et al., 2015). Eight participants had scores above the clinical cutoff which indicates a positive screen for current PTSD symptomology. Participants were asked if they considered themselves to have a disability or disabling condition. Four participants indicated that they considered themselves to have mental health challenges, while one identified a physical or mobility disability and four indicated other forms of disability (when asked to specify, these often fell into the category of mental health challenges). When asked specifically about diagnosis related to mental health, a greater number of participants indicated a history of or current mental health issues, including depression, anxiety, PTSD, and Bipolar disorder (see Table 7). When asked about access to physical and mental health care, 23

of 36 (63.9%) reported currently having adequate access to care. This should be considered in light of the fact that participants were recruited from health care settings, so those with the most extreme barriers to accessing health care are likely unrepresented.

**Table 7.** *Self-reported mental health challenges (unduplicated)*

| **Have you been diagnosed with any mental health issues?** | ***n*** |
|---|---|
| Depression | 7 |
| Anxiety | 6 |
| PTSD | 4 |
| Bipolar Disorder | 5 |
| Schizophrenia | 0 |
| Autism Spectrum Disorder | 0 |
| Other | 1 |

*Qualitative Findings*

Qualitative analyses identified a number of overarching themes which represent areas of broad consensus among study participants. While not every participant spoke to every theme, each theme represents the perspectives and understandings of a number of study participants. Broadly, these themes reflect 1) the impact of negative initial experiences with service providers; 2) emotional or perceptual issues surrounding IPV and help-seeking; 3) issues related to access; 4) the need for all helpers to be prepared to support survivors; and 5) appreciation for what is already being done. They are presented within an ecological systems framework, with themes grouped by level, including: 1) themes related to social service systems interactions and desires, 2) culture and contextual issues, 3) interpersonal themes, and 1) themes related to individual beliefs and perspectives.

### *Social Service System Themes*

**Difficult Initial Systems Interactions / "They can't help me right now"[21]**

A robust theme emerged where in survivors shared stories of negative or challenging initial interactions with service providers (both family violence service providers and other social service providers or community helpers). These interactions had the consequence of discouraging future efforts at seeking support, and potentially re-traumatizing the survivor or exposing the survivor to further stigma and shame related to IPV.

Several survivors have identified feeling stymied by initial interactions with potential helpers, especially police and CPS. They report beginning to disclose aspects of their IPV experiences, and even hoping that these potential helpers will 'reach back' to them, but not receiving a response that invites them into systems. One survivor puts it this way, "*Sometimes*

[21] Each theme is headed using the title developed by the research team followed by a short summation in the words of a survivor. All italicized words throughout this section represent quotations from study participants.

*with me, I would reach out for support but I would get scared or nervous and shut down and I would be like 'never mind' and then that was it. They would leave it alone. No one would try to get me to open up to get more help".* Another stated,

SURVIVORS SPEAK:

*"I would reach out for support but I would get scared or nervous and shut down and I would be like 'never mind' and then that was it. They would leave it alone. No one would try to get me to open up to get more help."*

*I went actually down to the, I don't know, wherever you file a restraining order at. I went down there and talked to them and tried to put a restraining order on him and they told me that as long as he is not sending me bodily threats, they can't put a restraining order on him. So, if he is just blowing up my phone she said that I could just make police reports over and over and then finally it will add up to a harassment report or something, but they couldn't put a restraining order on him for that…I just gave up and at the time I felt that it couldn't be helped. I could not get anyone to put a restraining order on him. I just gave up. I didn't even want to deal with it.*

One survivor summed up a number of such experiences, both with IPV services and other helpers, stating,

*"I did [seek help] once, the time that I was homeless, and they blamed it on me. Yep or when they blame you for it. And blame you for rape or abuse. [They said] I shouldn't have put myself or my kids in that situation. With the rape it was their story didn't match your story so we are not pressing charges. For the rape it was the detective on the case [who said that], never knew his name. And the other one it was, the police officer took my statement at the hospital and then the same thing when I called [AGENCY NAME REDACTED], which is a domestic violence shelter."*

A number of survivors also shared that difficult interactions with representatives from the criminal justice system made them less likely to seek formal supports for fear of potential ramifications. One survivor shared that the courts allowed her partner to discover her new location, making her less likely to cooperate in the future. She stated, *"When we were going through courts that's how he got the address again you know, like are you serious, like you know that we stressed about what we were going through in the courts and the courts still, I don't know if they literally gave it to them or if he snuck and got it or but I know it was through the court system."* A different survivor reflected a view that the police often failed to provide the

assistance that would make a difference in her IPV situation, stating *"We are kind of just expected to report it when it happens and then up and leave where we stay at, with friends or family and move somewhere else when instead they should be removing the person that is doing the violence, take them somewhere else."*

SURVIVORS SPEAK:

*"So when I reached out to a shelter and there was a waiting list, with my lack of support that was my only option and they can't help me right now maybe it is just meant for me to be in this situation so I just stayed where I was at."*

Specifically, with those who had reached out to IPV service agencies, a theme emerged around a barrier related to an inability to meet the first need the survivor presented with, causing a disconnect which disrupted the possibility of future interactions. One survivor shared that she was unable to get the help she needed [legal assistance] without disclosing more about the situation than she wanted to, leading her to hold off on seeking additional help until later in the relationship. Others spoke of the impact of an initial inability to access shelter on their service use trajectory. One survivor stated, *"So when I reached out to a shelter and there was a waiting list, with my lack of support that was my only option and they can't help me right now maybe it is just meant for me to be in this situation so I just stayed where I was at. I don't really know. I just feel like if they had more options available instead of just saying "there's a waiting list right now" or "we are unable to help you". They didn't give any other resources, that was just it."* Another stated *"[T]hey took the statement from the police officer and they took my statement and then they put me in a waiting room with other girls until there was a bed available and I was thinking why do I have to sit here and wait for a bed when my bed is available so I just walked out and came home."*

Finally, one survivor shared that she did not continue to engage with a homeless shelter that she sought out due to IPV because in her first interaction with an agency, she experienced sexual abuse from a counselor.

**Minimization from service providers/"It's not very important to them":** As illustrated in the last theme, some participants had an internal sense that they could manage on their own. Others received that message from the actions, words, or inaction of service providers. This theme particularly came up with survivors talking about attempts to discuss IPV experiences with Child Welfare service providers. One participant stated: *"Um, I mean just with CPS. I feel like they could try a little harder. You kinda tell them situations and then they are like "ok" and then just over look it. It's not very important to them. I'm not sure about in every county or just the one that I am dealing with."* Others talked of frustration that services were not readily offered after they took the risk of disclosing experiences of abuse to a service provider. Reflecting on a CPS worker, one participant stated: "*I would ask her for information and she would take a whole day or a couple days to respond because she would say that she is busy doing something else…I had to wait a month or two to get the information from her."* In a different system interaction, one survivor noted that she felt like her safety did not matter once her partner was arrested, and that she was told IPV services were only for those who were in 'immediate danger' She stated: *"when he got arrested, my safety wasn't a concern anymore because he was out of the picture…I probably wouldn't receive assistance compared to someone who was in a more unsafe situation."*

SURVIVORS SPEAK:

*"she would say that she is busy doing something else…I had to wait a month or two to get the information from her"*

**Unaware of services/"I wouldn't even know".** A number of participants shared that they simply did not know about what services exist in the community, or how they would go about accessing them if they wanted to. In response to one interview question, a participant said: "*Programs that I know about? I really don't know of any.*" Another stated: "*Just shelters really. And I do know most shelters will tell you about counseling and other things.*" One survivor reflected on what she does know about, stating: "*Honestly the only place that I would know to go is my grandmother.*" Interestingly, several participants indicated that they had a sense of what services might be available in their communities (usually shelters and hotlines) but did not know local specifics. For example, one stated: "*I wouldn't even know a hotline to call if there is one.*" Along similar lines, a number of participants were aware of services but did not know what they would do to access them, with one responding "*No, but I am trying to, but it is kind of hard because I don't know how to do it*" when asked if she had considered reaching out to an IPV service agency.

SURVIVORS SPEAK:

*"I am trying, but it is kind of hard because I don't know how to do it."*

**What I Need: logistical help and tangible services/"not enough support in that sense":** When asked to reflect on how IPV service agencies (or community helpers more broadly) could support them in dealing with the challenges raised by abuse in their lives, participants often spoke of logistical or tangible help. One survivor talked about the challenge of navigating social service systems and lamented the lack of accessibility particularly for low-income folks, stating: "*It was overwhelming sometimes. Filling out the paperwork and sometimes not having a computer or sometimes a printer at home going back and forth to [agency] and not having more than one place to access everything I needed to access and not being able to access what I*

*needed there. Not enough support in that sense."* Another survivor noted that a major wish she has would be for people to give her the right information- to get her to the place that can actually help, rather than giving her inaccurate or dated information. She said "*Nobody really wants to be thrown from place to place. So, I would say being that person who is going to support them and transition them to the right person to the right facility, the right book, or paper or whatever it is. Just help them.*" Other participants provided very practical lists of the most important resources that could support them in living safe lives in the community, which often featured things like transportation, housing, childcare, and economic opportunities.

SURVIVORS SPEAK:

*"Transition them to the right person, to the right facility, the right book, or paper or whatever it is. Just help them."*

**What I Need: Follow up, compassion, and a response/ "Just follow up":** Survivors reported that they disclosed experiences of IPV to a range of service systems (police, CPS, health care), but that they often felt unheard, or as if their IPV experience was not a priority in the face of competing system goals. One survivor summed up the words of many well when she stated: *"For one, in my situation whenever I did reach out for help the place that I did go, it would have been nice if they would have talked to me and not just...Ok, when you are talking to someone who has been abused, they come out and say it right away because it is hard for us to trust that person just yet or to let it out. We still might be embarrassed about it. So, maybe talk to them a little bit longer and that way maybe you can get to what is going on in their life, not just "here's this. Go look for it."* Many survivors shared a sense that, if these systems were better able to address IPV, they would be safer. Several telling quotations from several different survivors about different service sectors follow:

[Regarding social service and health providers] *I mean, to me I feel that maybe they could push a little harder. Sometimes with me, I would reach out for support, but I would get scared or nervous and shut down and I would be like "never mind" and then that was it. They would leave it alone. No one would try to get me to open up to get more help. I just feel like certain services or counseling when people come to them, if they understood that they get scared sometimes because they don't know what is going to happen, they should do a little bit more to continue to help you so you can open up to accept that you need the help.*

[Regarding police] *They can um, I think, let me just think briefly on it. Um, I'd say, they can get more involved when it seems like a domestic violence situation. I know not everyone wants law enforcement in their business, but if there are clues that it is leading to domestic violence they should get involved very quickly. It could be arguing in public. I say if you see a couple arguing and you are law enforcement you should just step to the scene and quickly ask "Is everything alright?" Just make sure to watch that couple and see how they are reacting.*

[Regarding police] *Um, well, just you know, that's a hard one. Oh. Really, just intervene, stop, communicate, see what is going on. Listen to the stories at least you know and trying to get the bottom line down and get the story down pat.*

[Regarding the justice system] *Getting to the situation and stopping the situation before it escalates before it gets too far. I feel like justice and the police system, when someone is really dealing with the situation like that and they call the office and they call the police officer , I feel like they need to be taken more seriously because there are a lot of domestic violence cases that*

SURVIVORS SPEAK:

*"I would reach out for support, but I would get scared or nervous and shut down and I would be like "never mind" and then that was it. They would leave it alone. No one would try to get me to open up to get more help."*

*have been fatal, you know what I'm saying? The fact that the police did not come in on time or they ignored the phone call thinking it wasn't that serious when it really was.*

[Regarding all helpers]. *I would say just follow up. Actually listen to them and take it more seriously than what I feel like it is being tooken. Somebody reached out and you should have followed up, but never did, follow up and see how they are doing.*

[Regarding CPS] *Um, at least acknowledge would be one thing. Instead of just kind of taking it and saying "ok" and brushing it under the rug.* Also, regarding CPS, a participant noted that survivors often feel like they are being forced to go searching for services, which can be dangerous in the face of safety concerns. She said, *"They tell us there is a lot of services out there that would help us but they don't, they won't take us, they kind of want us to get there on our own and a lot of people don't have a way to get there… and a lot of them are threatened in their home to where they can't even leave their home to go get help"*

**Social services help / "Keep doing what you are doing:"** A final theme that emerged from these data indicates that many participants had positive perceptions of formal sources of support, both in IPV services and other settings. Speaking of a friend's experience, one participant stated, *"they stayed at a really great shelter for a while like a safe house kind of and they had a great experience there like while they were there they felt so loved and taken care of but they couldn't stay there forever."* Another stated that CPS provided helpful guidance in accessing domestic violence counseling, ending with *"Um, I would say I think they are doing what they need to do."* One participant, describing an IPV service program she has been engaged with in the past, stated *"they give people the actual help they*

SURVIVORS SPEAK:

*"They give people the actual help they need to get away."*

*need to get away and help them to get reestablished to a safer, new environment or position."*

### *Cultural and Contextual Themes*

**Breaking the silence / "come to find out…there are a lot of us who have gone through it"**

An accompanying theme which relates to stigma and shame emerged as well, the idea that an important role of survivors, IPV service providers and other helpers is in talking about and educating the public to IPV to break down stigma. One survivor talked about how hearing others' stories impacts her, stating, *"I think another way that could help is public speaking. When you hear others talking about what they have gone through and you have gone through the same thing and they were able to get through it and I can too. It makes you feel almost a little special because before you felt ashamed going through all this and you thought you never would and someone who looks so normal say "I was abused too". Ok, I can talk to others about this too."* Another shared how learning more about IPV and available services might have impacted her, stating, *"Definitely, make it more aware. It's ok if you are being abused to go look for a place where you can get help. I don't really see that a lot of places here or in the community that I live in Texas. I don't see a lot of places for abuse victims.* [Interviewer: You don't see that it is visible anywhere?] *[participant:] No, and that would be nice because I think that there are a lot of women who have been abused and that is something like me, myself after going through what I did and then talking about it now and learning about that. I come to find out that just about half of the girls or 8 out of 10 have been abused. There are a lot of us who have gone through it."*

SURVIVORS SPEAK:

*"When you hear others talking about what they have gone through and you have gone through the same thing and they were able to get through it and I can too."*

**Latinx specific theme: we just don't talk about it / "it's hard when families are involved:**

One theme that emerged specifically among participants who identified at Latinx relates to the idea of familismo[22], a culturally transmitted sense of duty towards family members which encourages managing difficulties within family units (Fuchsel, 2013). When asked about reasons for seeking services, participants shared reflections about the potential impact of that choice on their familial bonds. One participant made this explicit, stating: **"***Being of Hispanic culture, we can't just [*seek services*], it's hard when families are involved because you feel like you are attached to this person and you can't let go.*" She further explained that, when she did reach out, it was to someone so far outside of her and her family's social circle, she said: "*The person I told was an ex coworker. I say stranger because at the time she was a stranger.*"

SURVIVORS SPEAK:

*"You feel like you are attached to this person, and you can't let go."*

**Challenges of living in a rural area/"Maybe it's harder":** For those survivors who currently or formerly resided in rural areas in Texas, geographically or culturally specific challenges to seeing service came up. First, one survivor reflected on the challenge of small social networks and the risk to confidentiality and safety, stating: *"Just 'cause it is smaller. Maybe it's harder because you know everyone. If you are speaking out about it 'so and so' might find out about it. Like I said, abused victims don't like to talk about it because it is so shameful, but it's really not our fault, but we*

SURVIVORS SPEAK:

*"It was very isolating."*

[22] See Fuchesl (2013) for a more detailed discussion of Familismo as it relates to IPV and sexual abuse among Latinx women

*feel like it is."* In a slightly different vein, one survivor talked about how isolation from IPV is compounded in rural areas, making service access even more difficult in the face of dual isolations. She stated: "*It was very isolating. There were months and months when I didn't have any contact with anyone."* Another survivor talked about the difference between her experience and those of others, noting that she simply had ready access to fewer services and resources. She stated: *"I had heard of other people they had a bit more communication with them and they had more resources like Medicaid, but on my end, in my personal experience, I didn't get any of that and yeah. I lived in a rural area and I think that was also a factor for me to find those services.*

### *Interpersonal Themes*

**Fear of creating more problems / "I didn't want to get anyone in trouble"**

A fear of further disrupting their lives and families was another frequent theme surrounding survivor's choices when thinking about interacting with services. One survivor put it succinctly, "[*Interviewer]: What kept you from reaching out? [Participant]: I didn't want to get anyone in trouble or being alone, which in the end I am alone anyways (laughs).*" Another stated, *"[People are] scared of getting someone in trouble or themselves in trouble, losing their kids, maybe losing family members. Things like that."* Part of this fear was often rooted in expanding the number and roles of 'professionals' involved in their case, risking increased surveillance and additional logistics. One participant stated: *"It may open a can of worms that gets more people involved than you want to be involved."*

SURVIVORS SPEAK:

*"scared of getting someone in trouble, or themselves in trouble, losing their kids, maybe losing family members.."*

**Informal supports are critical / "They just comforted me"**

SURVIVORS SPEAK:

*"They talked to me and protected me. They just comforted me. They gave me a shoulder to cry on and someone I could trust."*

Survivors shared that often the most important providers of help in the face of IPV were informal supports, including family members and friends. One survivor had developed a sort-of support group within her friendships. She shared, *"Friends who I have found have gone through similar situations as I have, have provided a listening ear. We made a small group to get together and talk about it."* Others reflected on the fact that the closeness of a family relationship (mothers and fathers, particularly) can sometimes break down some of the fear related to disclosing experiences of IPV. One survivor shared that her family would *"empathize with what happened to me and a few people knew what that person was like before I got with them and tried to warn me about it (but of course I didn't listen). They talked to me and protected me. They just comforted me. They gave me a shoulder to cry on and someone I could trust. Confidentiality."*

### *Individual Themes*

**Stigma and shame related to IPV/"I felt fear about what other people may think"**

A number of survivors reflected on feelings of stigma or shame related to experiencing IPV, both internal feelings of self-blame and actual or feared social stigma or shaming. These reflections were also often accompanied by reflections that hinted at feeling undeserving of help or support because of their role in the relationship violence. One participant stated, *"No, I never tried. I always made myself guilty like I always thought that I was guilty and I had to do something to change to prove him I love him and everything, but I never got to do it…I always*

*felt like I wasn't doing enough to prove to him that I wasn't cheating on him."* Another survivor stated, *"Sometimes it's really hard for a woman to that she is being abused. Sometimes, well in my case, I felt guilty about it and thought it was ok or that I deserved it."* Similarly, a different survivor shared, *"I just couldn't tell anyone. I don't know I felt shame. Shameful. It wasn't until I got out of the relationship that I did go look for help for some sort of counseling because I needed to let it out. Because I hadn't told anyone. I did go to [name's agency] here in our town, but they only provided me with numbers of people to call and that is as far as it got. Because like I said he was abusive when I was dating him. I was just so naïve and young and didn't know how to get out of it."* Along similar lines, survivors reflected on anxiety related to how they might be perceived for seeking help, for example, one stated, *"[I felt] Fear about what other people think. Once you say mental health issues (laughs), they think you are crazy and that is not always the case (laughs)...just fear about what other people would feel or say."*

SURVIVORS SPEAK:

*"Fear about what other people think. Once you say mental health issues… they think you are crazy…Just fear about what other people would feel or say."*

Related to fear surrounding IPV situation, survivors also shared anxiety about seeking services because of how their partners might respond, and the potential threat to their safety. One stated, *"I did not because I was scared of what he may do and he was in such denial that he was abusive I would tell him look you are doing this and this to me and to the day he is still like "what? I never did that to you." And I don't bring it up because I have forgiven him and I have let go of him but you can still tell he is in denial of that. But no, during this time, that I was with him I never looked for, never called the police. I never went to anyone else just because I was scared."*

**Feeling able to manage/"I can handle it"**

For some participants, their reasoning for not seeking services, when they knew them to be available, was a feeling that they were equipped and capable of dealing with the challenges and risks of navigating their relationship on their own. Reflections also included the observation that opening their families to additional social service systems invites additional intrusions, and they value their ability to cope on their own and/or with their informal support networks. For example, one survivor stated: *"I just think he was in his depressed mode so my daughter was 2 year old 2 or 3 at the time and I just saved up my money and I left. Me and my friend and I told her what I was going through and we both saved up and we got an apartment for both of us and I left."* Another stated: *"I don't want to open up a rainstorm over something I can handle it in house."* Others felt that the abuse they were experiencing *"wasn't that serious"* and/or that it *"wasn't a continual thing,"* and that they could manage on their own. Similar to this, one survivor shared that, in her experience, violence was not serious enough because it always seemed to improve over the course of a day. She said, *"Just that it would always get better before the day was over or I wouldn't look too much on it after it happened."*

SURVIVORS SPEAK:

*"I don't want to open up a rainstorm over something I can handle it in house."*

## Summary

The goal of this study was to, as best as possible, highlight the voices and experiences of Texan survivors of intimate partner violence who are not engaged in traditional IPV services, or who have had only limited engagement with such services. These data provide a number of important insights that begin to bring the voices of these survivors into the conversation. By pulling both quantitative and qualitative strands of data together, insights which can help to address three key questions and point to opportunities for enhancing the service system for Texan survivors begin to emerge. The key questions (*What systems are survivors already interacting with and are there avenues for support within those context; what are barriers and facilitators to service access for these survivors;* and *what services do these survivors want?*) are each addressed in turn.

*What systems are survivors already interacting with and are there avenues for support within those context?*

Study participants had significant strengths in their informal social networks. Quantitatively, they demonstrated high levels of social support, particularly with regard to having individuals in their networks who provided them with a feeling of love and belonging. They also shared specific stories of how friends and family provided space for emotional support, processing the relationship, and direct assistance in addressing the consequences of violence. These relationships provide an important opportunity for IPV service providers to support those who will support survivors- providing education, resources, and skills to family members, friends, and co-workers throughout Texas who are often the first to learn of the experiences of Texan survivors. Developing the skills of bystanders (especially friends and family) to support and safely intervene while increasing the reach of agencies through greater

awareness within social networks could provide a critical strategy for expanding the reach and impact of anti-violence work.

While participants were recruited through health settings, the role of health care providers in addressing IPV rarely came up over the course of interviews. Tellingly, the most engaged health care practitioners tended to be specialists in areas where there might be higher rates of IPV (OBGYN, substance use, mental health etc.), suggesting that targeted approaches to engagement may have more success than general appeals to health care settings. It should also be noted that participants reported that they were in overall good health, and many identified as past survivors of violence (i.e., violence is not on-going), which may be less likely to trigger a positive IPV screen in a health care setting.

In the current sample, participants had frequent contact with the Child Welfare system (CPS). While some participants had positive experiences, particularly with specific CPS mandated services or classes, a remarkably strong theme emerged related to a sense that, in their attention to the well-being of the child, CPS was missing an opportunity to enhance the safety and security of the whole family. For those survivors who made attempts to disclose the violence they were experiencing to CPS officials, a strong sense that these disclosures were 'swept under the rug' or 'left alone' in favor of quick fixes.

Several participants had recent involvement with the criminal justice system, including police and legal assistance programs. Participants expressed frustration at the way that law enforcement often is unable to act, such when not enough evidence supports a claim or the actions of an abusive partner, while deeply coercive and controlling, do not break the law. This opens an opportunity for dialog related to the roles and abilities of law enforcement, as well as the opportunity to help officers find other strategies for support survivors when justice system

responses are not available. The criminal justice system also has an opportunity to enhance their implementation of effective IPV screening interventions and support officials throughout the system (from first responders through the court system) in treating disclosures of IPV with care and attention.

After CPS, participants were most likely to be engaged in mental health and substance use services. These treatment programs, which were generally appreciated by participants, provide opportunities to reach survivors as they are dealing with many of the co-morbid challenges of an abusive relationship. In this context, it is important for service providers and others to recognize that the fear of being stigmatized or shamed for experiencing IPV is very deeply held by many survivors, and that labels like 'crazy' are often used by abusive individuals to enhance their power and control. Destigmatizing IPV and destigmatizing mental health and substance challenges must go hand in hand to support survivors living at the intersections of these life challenges.

Housing programs were a final system that many survivors had engaged in the past six months. This is particularly noteworthy given that 25% of the sample had experienced at least one lifetime instance of homelessness due to IPV, and nearly 20% had experienced more than one instance of homelessness due to IPV. In discussion with survivors, examples of the sorts of informal supports provided by family and friends often included things like providing a temporary place to stay or assisting with transportation to address housing challenges. Notably, this is also an area that survivors highlighted when asked what services would they like that they have a hard time accessing. Survivors discussed emergency shelter being unavailable when needed, as well as a desire for access to the sort of stable, safe, and affordable housing that would allow them to focus on other aspects of life after IPV.

*What are barriers and facilitators to service access for these survivors?*

One of the most striking barriers to accessing services identified by these participants was the impact of having a negative first service seeking interaction with a "helper." This could be in the form of malicious behavior (as in the extreme example of the survivor who was sexually abused by a staff person, or more common examples of survivors who felt dismissed by those to whom they disclosed experiences of violence). Alternately, initial interactions could create barriers simply because they did not meet the need of the survivor at the time, as in the case of survivors who reached out to IPV shelters only to find that the shelter was full and the waiting list for other services was long. In the face of these challenges, many survivors expressed feelings like the survivor who said she "*just walked out and came home*." This theme is extended by another key idea emerging from the qualitative data, which reflects survivors' experiences of minimization from service providers, who (intentionally or unintentionally) expressed to survivors the view that the survivors were not in need of help and can handle the consequences of IPV on their own.

Consistent with literature from survivors who have sought IPV services in the past, many survivors talked about the barriers created by stigma, shame, and fear of disclosure. This was a strong theme in the qualitative data, with survivors sharing feelings of guilt, fear of what others would think and fear of the potential consequences for themselves, their families, and their relationships. This also aligns with the quantitative findings in the Barriers to Help-seeking scale. While survivors generally reported that they felt able to seek help as needed, the statement "I don't want people to know that I can't handle my relationship problems myself" was endorsed more strongly than most. Unique to Latinx participants, a theme also emerged related to fear of

the impact of disclosure or seeking services on their families and how that might upend their responsibilities to their families.

Qualitative and quantitative data were somewhat at odds on the issue of awareness of IPV services. Qualitatively, several participants indicated they just did not know about available services in their community, or what they would do to access them. However, quantitatively participants strongly endorsed the statement "I know what sort of help is available in my community." Tellingly, they also indicated that they were often "unsure about what would happen after I reached out for help," which may reflect some of the uncertainty captured in the qualitative data, particularly given expressed fears that engagement with services may have unwanted consequences (such as needing to leave a home or relationship).

Survivors living in more rural areas of the state also identified barriers unique to their social contexts or geographic locations. These included tight knit social networks posing a danger to receiving confidential services, the compounding impact of geographic isolation on the isolation imposed by an abusive partner, and a lack of easily accessible IPV services.

Participants also spoke of barriers created by lack of key resources. Quantitatively, challenges with child care and fear related to the cost of services rose to the top, while in open-ended discussions, barriers identified included challenges with transportation, housing, child care, and cost. Participants also spoke of the need to balance competing demands with the time available in the day to meet each one, requiring tradeoffs between meeting needs related to IPV and other life domains.

Survivors also highlighted a number of facilitators and strengths related to help-seeking. Quantitatively, there was only moderate endorsement of experiencing concreate barriers to service, and they reflected a strong knowledge of services available in their community. They

also shared that positive interactions with providers and having friends and family who benefited from services both provided strong motivation to engage with services providers form across domains. A number of participants specifically called out appreciation for the IPV service sector and the work of advocates in agencies, reflecting an appreciation for the work even if they have not chosen to engage with it in the past, and indicating a potential openness to engage in the future if the need were to arise.

*What services do survivors want?*

Participants were clear than an important role for IPV service providers and other helpers is to engage in IPV education, prevention, and awareness efforts. By increasingly making it feel safer and less stigmatized to talk about IPV, these efforts can break down barriers and help survivors feel more confident reaching out to formal and informal supports. Survivors shared wishes for the sorts of basic supports and logical help navigating systems and resources that make dealing with not just IPV, but many life challenges, more manageable. Survivors also shared that sometimes what they want is to be allowed to manage on their own using their informal networks. These messages were also captured to some extent in the quantitative data related to safety empowerment, in which survivors reflected a high level of agreement with statements like "I can cope with whatever challenges come to me as I work to keep safe" or "I know what my next steps are on a path to keeping safe." Survivors have many strengths that make them their own best advocates, and this theme reflects that.

One of the most striking and resonant themes emerging form the survivor voices captured over the course of this project was a final request of and for service providers: "just follow up, compassionately." When survivors, especially those who have not previously taken the step of engaging with community helpers take the anxiety producing step of beginning to disclose

histories of violence they are asking for understanding, follow up, and some sort of response. They shared that they often feel scared and may not be forthcoming with information. They hope that helpers will keep asking. As one survivor shared "*Sometimes with me, I would reach out for support but I would get scared or nervous and shut down and I would be like "never mind" and then that was it. They would leave it alone. No one would try to get me to open up to get more help. I just feel like certain services or counseling when people come to them, if they understood that they get scared sometimes because they don't know what is going to happen, they should do a little bit more to continue to help you so you can open up to accept that you need the help."* Survivors sometimes want to be able to tell their story and they do not want to fear punishment or further trauma to themselves or family in the aftermath of disclosure.

*Limitations*

The most important limitation of this project is its overall scope. While participants are racially diverse and represent a range of ages, the small *N* limits our ability to understand within group differences. Future work exploring the experiences, needs, and perceptions of survivors from key groups (Latinx, Native American , and African American survivors, LGBTQIA survivors, survivors with disabilities and more) with more robust within group samples is needed. Any attempt to draw deep meaning from these quantitative data alone is discouraged. Instead, they should be used to supplement and triangulate against the richer qualitative findings, as well as to provide additional context for the quantitative findings of the other research teams. These data will be best utilized as part of the broader State Plan effort. Further, while providers from across the state were recruited to participate in the study, participants are mostly from across North Texas, limiting the ability of these data to speak to the social service environment or specific needs of survivors in other regions of the state. We are appreciative of the way that

TCFV structured these complimentary projects, knowing that other teams' data will allow the overall State Plan to understand dynamics facing other regions and speak to other groups of survivors in a more nuanced way.

*Areas for Research*

Future research can enhance our understanding of the barriers and facilitators to accessing services for Texan survivors by targeting underserved or difficult to access populations who are known to experience unique challenges in and opportunities in the face of IPV. This includes survivors of color, immigrant survivors, non-female identified survivors, LGBQ survivors, those living in rural areas, and those with co-occurring challenges, including survivors who have a disability and those with mental health, substance, or physical health challenges. Culturally and contextually relevant services are critical to meeting the needs of survivors, and as such, understanding the key factors that enhance the acceptability and appropriateness of services for survivors should be a continual effort.

The survivors interviewed in the current study pointed to a few key areas for research and systems change to enhance the response of services to Texan survivors. First, there is a clear need for research and evaluation to understand how, under what circumstances, and in what ways survivors first disclose IPV to formal helping systems (especially medical professionals, CPS, and criminal justice system representatives). Many survivors shared about a sense that these systems were not open to receiving an IPV disclosure- that they would ignore, discourage, sweep under the run, or fail to follow up when a survivor began to hint at a possible IPV situation. This poses a serious danger, as initial experiences can set the tone for everything that comes after. Future research should explore this from the perspective of survivors- to understand what responses would build confidence and invite collaboration towards safety rather than shut down

or shame. Work should also seek to understand how providers are navigating these moments- particularly those providers outside of family violence service agencies. Many medical settings have implemented Universal screening protocols, but more needs to be known regarding the extent to which these are being implemented with fidelity, their efficacy across settings, and how survivors are being supported and linked to services. For providers across systems, questions include what they feel they do well, what strategies they use, and what makes them uncomfortable or nervous when they are receiving a disclosure. It is important to understand providers experiences, including their current training, and what would encourage them to "keep going" when someone seems like they might be preparing to disclose, rather than seeming relived if someone they are interacting with appears to be backing away from such a moment. With a sense of these dynamics, there is then room to develop and study specific strategies to help providers do better.

Survivors are saying that they want to be able to receive help (and especially accurate information) in whatever system they are engaged with. This raises questions related to the best strategies for family violence service agencies to work alongside a range of systems, including CPS, criminal justice, housing, and religious groups. Future research in and between systems could point to common implementation strategies as well as key pitfalls and barriers.

The insights provided by these survivors also point to the potential benefit of working to develop the skills of all bystanders- particularly informal supports like friends, family, and coworkers, to support and safely intervene with those around them. Future research could develop and test safe strategies for empowering communities to serve as first responders and provide key (and effective) linkages to family violence services could overcome many of the challenges in relying on formal services to be the point of entry.

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# APPENDIX A

**INTERVIEW ID:_____**

**INTERVIEW LOCATION:_____**

**INTERVIEW START TIME:_____**

**INTERVIEW END TIME:_____**

**Preamble:**

Thank you so much for agreeing to participate. I am going to be asking you questions about your experiences, services you have received and services that you might need. These questions are part of statewide effort to understand the unmet needs of domestic violence survivors. You do not need to identify as a survivor of domestic violence to participate in this study.

Before we begin, I wanted to remind you that this is a confidential interview and you can skip any question you like. I am not part of this program and I will not share your answers with staff. Your answers will not affect the services you receive at all. This project is to help improve services across the state of Texas by understanding more about unmet needs. Your input is a very important part of that process.

1. Age (in years):_____

2. How would you describe your gender? (INTERVIEWER: DO NOT READ OPTIONS but can clarify what is meant by gender as needed)

| | |
|---|---|
| Female | 1 |
| Male | 2 |
| Non-binary/third gender | 3 |
| Prefer to self-describe as: | 4 |
| Declined to answer | 99 |

3. Do you identify as transgender?

| | |
|---|---|
| Yes | 4. 1 |
| No | 5. 0 |
| Declined to answer | 6. 99 |

4. What is your race or ethnic background? (Check all that apply)

| | |
|---|---|
| African American/Black | 1 |
| African | 2 |
| Asian/Asian American | 3 |
| Cambodian | 4 |
| Chinese | 5 |
| Japanese | 6 |
| Korean | 7 |
| Filipin@ | 8 |
| Indian/South Asian | 9 |
| Vietnamese | 10 |
| Hispanic/Latin@ | 11 |

| | |
|---|---|
| Multiracial | 12 |
| Native American/American Indian | 13 |
| Native Alaskan | |
| Native Hawaiian/Pacific Islander | 14 |
| Middle Eastern | 15 |
| White/Anglo-American | 16 |
| Other: _____ | 17 |
| Declined to answer | 99 |

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

| | |
|---|---|
| 8th grade or less | 1 |
| Between 9th - 12th grade | 2 |
| High school graduate | 3 |
| GED | 4 |
| Vocational school/training certificate | 5 |
| Some college | 6 |
| Associate's degree | 7 |
| Bachelor's degree | 8 |
| Advanced degree | 9 |
| Declined to answer | 99 |

6. Are you attending school or working on a degree right now?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

7. What is your employment status?

| | |
|---|---|
| Employed, working 41 of more hours per week | 1 |
| Employed working 30-40 hours per week | 2 |
| Employed working less than 30 hours per week | 3 |
| Employed seasonally | 4 |
| Not employed, looking for work | 5 |
| Not employed, NOT looking for work | 6 |
| Retired | 7 |
| Disabled, not able to work | 8 |
| Declined to answer | 99 |

8. Do you have children?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

8.a If YES: how many? What are their ages?

List Children's Ages:_____

9. How would you describe your sexual orientation? [Interviewer instructions: do not read these options]

| | |
|---|---|
| Heterosexual | 1 |
| Lesbian/Gay | 2 |
| Bisexual/pansexual/queer | 3 |
| Questioning/unsure | 4 |
| None of these describe me accurately - I identify as: | 5 |
| Declined to answer | 99 |

10. Can you tell me what your current housing status is?:
    1. Emergency shelter
        a. If yes: Where did you live before shelter?_____
    2. Transitional housing
        a. If yes: where did you live before transitional housing?_____
    3. Rental by client, with housing subsidy
    4. Rental by client, without subsidy
    5. Staying/living with a family member
    6. Staying/living with a friend
    7. Owned by client
    8. Foster care home or group home
    9. Hospital (non-psychiatric)
    10. Hotel/motel paid for without emergency shelter voucher
    11. Jail, prison, or juvenile detention facility
    12. Permanent housing for formerly homeless persons (such as SHP, RRH, etc.)
    13. Place not meant for habitation (i.e. vehicle, abandoned building, etc.)
    14. Psychiatric hospital or other psychiatric facility
    15. Substance abuse treatment facility or detox center
    16. Other:_____
    17. Refused to answer

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.

11. 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***? [INTERVIEWER: IF PARTICIPANT IS CURRENTLY HOMELESS, MAKE SURE TO INCLUDE IN YOUR COUNT.]

    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

| | |
|---|---|
| Never | 0 |
| Once | 1 |
| Twice | 2 |
| Three times | 3 |
| Four times | 4 |
| Five or more times | 5 |
| Don't Know | 77 |
| Declined to Answer | 99 |

12. 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_RecordkeepingRequirementsandCriteria.pdf

How many times have you been homeless ***in your lifetime***? [INTERVIEWER: IF CURRENTLY HOMELESS MAKE SURE TO INCLUDE IN YOUR COUNT.]

| | |
|---|---|
| Never | 0 |
| Once | 1 |
| Twice | 2 |
| Three times | 3 |
| Four times | 4 |
| Five or more times | 5 |
| Don't Know | 77 |
| Declined to Answer | 99 |

13. What is your primary language?

| | |
|---|---|
| English | 1 |
| Spanish | 2 |
| Chinese | 3 |
| Urdu | 4 |
| Vietnamese | 5 |
| Arabic | 6 |
| French | 7 |
| Tagalog | 8 |
| Russian | 9 |
| Alaskan Native (Please specify: _____) | 10 |
| Other (Please specify: _____) | 11 |
| Declined to answer | 99 |

14. As of today, how well do you read English?

| | |
|---|---|
| Not at all | 0 |
| Not well | 1 |
| Okay | 2 |
| Very Well | 3 |
| Declined to Answer | 99 |

**Experiences with Violence**

One goal of our study is to understand experiences people have and how that might impact their needs. To help us understand, I am going to ask about your experiences with partners who might have used violence or abuse in your relationship.

15. 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 (0) | Hardly ever (1) | Some-times (2) | Often (3) | Quite Often (4) | N/A (88) | Decline (99) |
|---|---|---|---|---|---|---|---|
| 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) | | | | | | | |

16. Composite Abuse Scale Revised-Short Form (Ford-Gilboe et al., 2016)

These Questions ask about your experiences in adult intimate relationships. By adult intimate relationships, we mean a current or former spouse, partner, boyfriend/girlfriend for longer than one month.

16.S.A Have you ever been in an adult intimate relationship (Since you were 16 years of age)?

| | | |
|---|---|---|
| | Yes | 1 |
| GO TO QUESTION Q30→ | No | 0 |
| GO TO QUESTION Q30→ | Declined to answer | 99 |

16.S.B Are you currently in a relationship?

| | | |
|---|---|---|
| | Yes | 1 |
| GO TO QUESTION 16.S.D→ | No | 0 |
| GO TO QUESTION 16.S.D→ | Declined to answer | 99 |

16.S.C Are you currently afraid of your partner?

| | | |
|---|---|---|
| GO TO QUESTION 16.1→ | Yes | 1 |
| | No | 0 |
| GO TO QUESTION 16.1→ | Declined to answer | 99 |

16.S.D Have you ever been afraid of any partner?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

We would like to know if you experienced any of the actions listed below from ANY current or former partner or partners. If it ever happened to you, please tell us how often it usually happened in the past 12 months.

| 16 | My partner(s): | Has this ever happened to you? | | If YES: How often did it happen in the past 12 months? | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | NO | YES | Not in the past 12 mo | Once | A few times | Monthly | Weekly | Almost/ Daily |
| 1 | Blamed me for causing their violent behavior | | | | | | | | |
| 2 | Shook, pushed, grabbed, or threw me | | | | | | | | |
| 3 | Tried to convince my family, children, or friends that I am crazy, or tried to turn them against me | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | Used or threatened to use a knife or gun or other weapon to harm me | | | | | | | | |
| 5 | Made me perform sex acts that I did not want to perform | | | | | | | | |
| 6 | Followed me or hung around outside my home or work | | | | | | | | |
| 7 | Threatened to harm or kill me or someone close to me | | | | | | | | |
| 8 | Choked me | | | | | | | | |
| 9 | Forced or tried to force me to have sex | | | | | | | | |
| 10 | Harassed me by phone, text, email, or using social media | | | | | | | | |
| 11 | Told me I was crazy, stupid, or not good enough | | | | | | | | |
| 12 | Hit me with a fist or object, kicked or bit me | | | | | | | | |
| 13 | Kept me from seeing or talking to my family or friends | | | | | | | | |
| 14 | Confined or locked me in a room or other space | | | | | | | | |
| 15 | Kept me from having access to a job, money, or financial resources | | | | | | | | |

<ANSWERING ANY OF THE PREVIOUS ITEMS (16.S.C, 16.S.D., or any of 16_1-16_15) AFFIRMATIVELY TRIGGERS THE FOLLOWING QUESTIONS. OTHERWISE, CONTINUE TO **QUESTION 30**>

17. Are you still in contact with your partner who used violence or abuse against you?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

18. If Yes: Can you describe how? (Interviewer: Pick best fitting answer).

| | |
|---|---|
| Still Together | 0 |
| See each other during visitations or exchanges of children | 1 |
| Living together for economic reasons | 2 |
| Social interactions- have mutual friends, etc. | 3 |
| Both members of the same church or cultural community | 4 |
| Other (Fill In):_____ | 5 |
| Declined to answer | 99 |

**Accessing Services**

One of the goals of this research is to understand the experiences of people who have faced some sort of violence from a former or current romantic partner or family member, and about their use of social services. We can skip any questions you don't want to answer.

19. Who have you told about the violence you have experienced?

    *Potential Prompts (To be asked if needed)*

    a. Who was the first person you told?

    b. Were you involved in other services or systems as a result of the violence (like law enforcement or CPS)?

20. Have you previously used services at any domestic violence program?

    c. If so, when and what services?

21. Have you ever tried to use services at any other domestic violence agencies and been unable to?

22. Is your partner who used violence against you an alcoholic or problem drinker?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Don't know | 77 |
| Declined to answer | 99 |

23. Does your 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)?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Don't know | 77 |
| Declined to answer | 99 |

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

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Don't know | 77 |
| Declined to answer | 99 |

| | |
|---|---|
| Previously, gun removed. | |

25. In the last 6 months, has the abuse against you gotten...

| | |
|---|---|
| Better | 2 |
| Worse | 0 |
| No change | 1 |
| Never experienced | 8 |
| Declined to answer | 99 |

26. Do you have a protective order against the partner who used violence?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

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

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

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

Length of time in months:_____

27. Has your partner who used violence against you been convicted of a family violence charge?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Don't know | 77 |
| Declined to answer | 99 |

**If Yes**: Was it within the past 5 years?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

28. Has your partner who used violence against you been convicted of any felony charge?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Don't know | 77 |
| Declined to answer | 99 |

**If Yes**: Was it within the past 5 years?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

29. 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.

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

| | |
|---|---|
| Not at all true | 0 |
| A little true | 1 |
| Somewhat true | 2 |
| Very true | 3 |
| Declined to Answer | 99 |

| | | |
|---|---|---|
| a. | I can cope with whatever challenges come at me as I work to keep safe. | |
| b. | I have to give up too much to keep safe. | |
| c. | I know what to do in response to threats to my safety. | |
| d. | 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.) | |
| e. | I know what my next steps are on the path to keeping safe. | |
| f. | Working to keep safe creates (or will create) new problems for me. | |
| g. | When something doesn't work to keep safe, I can try something else. | |
| h. | I feel comfortable asking for help to keep safe. | |
| i. | When I think about keeping safe, I have a clear sense of my goals for the next few years. | |
| j. | Working to keep safe creates (or will create) new problems for people I care about. | |
| k. | I feel confident in the decisions I make to keep safe. | |

| | | |
|---|---|---|
| l. | I have a good idea about what kinds of support for safety I can get from community programs and services. | |
| m. | Community programs and services provide support I need to keep safe. | |

**Systems Interaction**

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

| | | Yes (1) | No (0) | Decline to Answer (99) | If Yes: Name of Agency/Program |
|---|---|---|---|---|---|
| a. | A housing program | | | | |
| b. | Substance abuse program | | | | |
| c. | Program helping w immigration issues | | | | |
| d. | Program providing legal help | | | | |
| e. | Religious-based program | | | | |
| f. | Counseling/therapy/psychiatric | | | | |
| g. | Faith Community group | | | | |
| h. | Criminal Justice system | | | | |
| i. | CPS system | | | | |
| j. | Domestic violence agency | | | | |
| k. | Other (specify) | | | | |

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

| | | Not at all (0)<br>A Little (1)<br>Somewhat (2)<br>Very Much or a lot (3)<br>Declined to Answer (99) |
|---|---|---|
| a. | A housing program | |
| b. | Substance abuse program | |
| c. | Program helping with immigration issues | |
| d. | Program providing legal help | |
| e. | Religious-based program | |
| f. | Counseling/therapy/psychiatric | |
| g. | Faith Community group | |
| h. | Criminal Justice system | |
| i. | CPS system | |

| | | |
|---|---|---|
| j. | Domestic violence agency | |
| k. | Other (specify) | |

**32.** What ideas do you have about how any of these agencies (courts, police, CPS) could do to better meet the needs of survivors of domestic violence?

**33.** What services to help survivors of domestic violence are you aware of?

**34.** Where would you go if you felt you needing help for a relationship problem like domestic violence?

35. **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 |
|---|---|---|---|---|---|---|
| | **Awareness/Knowledge of Services and How to Access** | | | | | |
| 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 | | | | | |
| | **Perception of Need for Services/Belief about the problem** | | | | | |
| 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 | | | | | |
| | **Perception of Services** | | | | | |
| 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 | | | | | |

| | Concrete Barriers to Service | | | | | |
|---|---|---|---|---|---|---|
| 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 | | | | | |

**Mental Health and Wellness**

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

| | | |
|---|---|---|
| | Yes | 1 |
| SKIP TO 38 → | No | 0 |
| | I don't know | 77 |
| SKIP TO 38 → | Declined to answer | 99 |

37. If YES, what is or are your disabilities? [INTERVIEWER: Do not read the options and please check all that apply]

| | | Yes (1) | No (0) | De-clined (99) |
|---|---|---|---|---|
| A | Developmental Disability | | | |
| B | Intellectual Disability | | | |
| C | Traumatic Brain Injury (TBI) | | | |
| D | Blind or Visually Impaired | | | |
| E | Deaf or hard of Hearing | | | |
| F | Physical or Mobility Disability | | | |
| G | Chronic Medical Condition | | | |
| H | Environmental/Chemical Sensitivity | | | |
| I | Other, please specify: _____ | | | |

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

| | |
|---|---|
| Not at all | 0 |
| A little | 1 |

| | |
|---|---|
| Somewhat | 2 |
| Very much | 3 |
| Declined to answer | 99 |

39. Can you tell me, in your own words, what services or programs could do to help you address any of these issues or provide you with needed accommodations?

40. 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? [INTERVIEWERS, READ THE RESPONSE OPTIONS ALOUD.] Would you say:

| | |
|---|---|
| Poor | 0 |
| Fair | 1 |
| Good | 2 |
| Very Good | 3 |
| Excellent | 4 |
| I don't know | 77 |
| Declined to answer | 99 |

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

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

**42.** 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?

| | | |
|---|---|---|
| | Yes | 1 |
| SKIP TO 44→ | No | 0 |
| SKIP TO 44→ | Declined to answer | 99 |

43. If YES, what is or are these mental health issues? [INTERVIEWER: please check all that apply]

| | | Yes (1) | No (0) | Declined to answer (99) |
|---|---|---|---|---|
| A | Depression | | | |
| B | Anxiety | | | |
| C | PTSD | | | |
| D | Bipolar disorder | | | |
| E | Schizophrenia | | | |

| | | | | |
|---|---|---|---|---|
| F | Autism spectrum disorder | | | |
| G | Other, please specify: _____ | | | |

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

| | |
|---|---|
| Not at all | 0 |
| A little | 1 |
| Somewhat | 2 |
| Very much | 3 |
| Declined to answer | 99 |

45. Can you tell me, in your own words, what services or programs could do, if anything, to help you address any of these issues or provide you with needed accommodations? [open ended]

**46. 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).

The following questions are about traumatic, painful, or scary things you may have experienced in your life. 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?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

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)?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

c. Been constantly on guard, watchful, or easily startled?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

d. Felt numb or detached from people, activities, or your surroundings?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

e. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

| | |
|---|---|
| Yes | 1 |
| No | 0 |
| Declined to answer | 99 |

**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.

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

| | | **None of the time (1)** | **A little of the time (2)** | **Some of the time (3)** | **Most of the time (4)** | **All of the time (5)** | **Declined to answer (99)** |
|---|---|---|---|---|---|---|---|
| A | Help if confined to bed | | | | | | |
| B | Take you to the doctor | | | | | | |
| C | Share your most private worries and fears | | | | | | |
| D | Turn to for suggestions about problems | | | | | | |
| E | Do something enjoyable with | | | | | | |
| F | Love and make you feel wanted | | | | | | |

48. IF IPV SCREEN = POSITIVE: Are there people who have provided support to you related to abuse or safety concerns?

    PROMPTS: What have they done? Are there other things they could have done that might have helped?

**Goals and Needs (Concluding Questions)**

49. IF IPV SCREEN = POSITIVE AND SURVIVOR INDICATED THEY ARE WORKING OR IN SCHOOL: How have your experiences with abuse or violence influenced you at [WORK/SCHOOL]? Are there things your [WORKPLACE/SCHOOL] could do to help you meet your [EMPLOYMENT/EDUCATIONAL] goals? Are there things other (programs, services, informal supports) could do to help you meet your goals?

50. What are your goals for the future? How could a program or service help you meet those goals?

51. IF IPV SCREEN = POSITIVE: 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?

52. IF IPV SCREEN = NEGATIVE. One of the goals of this study is to understand what unmet needs domestic violence survivors have. How do you think you would respond if you found yourself in a domestic violence situation? Are there programs or services you would turn to for help? Are there people in your life you would turn to for help? 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?

# APPENDIX B

**INTERVIEW ID:_____**

**INTERVIEW LOCATION:_____**

**INTERVIEW START TIME:_____**

**INTERVIEW END TIME:_____**

**Preámbulo:**

Muchas gracias por aceptar participar en este estudio. Le estaré haciendo preguntas acerca de su experiencia en sus relaciones de pareja, los servicios que ha recibido, y los servicios que pudiera necesitar. Las preguntas son parte del esfuerzo estatal por comprender las necesidades sin satisfacer de los(as) sobrevivientes de violencia doméstica. Para participar en esta entrevista no es necesario que usted se identifique como un(a) sobreviviente de violencia doméstica.

Antes de comenzar, quiero informarle que esta es una entrevista confidencial. No laboro, ni tengo relaciones con el personal de la agencia, por lo que no compartiré sus respuestas con el personal. Sus respuestas no afectarán los servicios que recibe en la agencia, por lo que usted puede negarse a responder cualquiera de las preguntas. El propósito de este proyecto es ayudar a mejorar los servicios que se ofrecen a los(as) sobrevivientes de violencia doméstica en el estado de Texas, a través del estudio de las necesidades que no se han podido satisfacer. Su participación en este estudio es una parte importante de ese proceso.

7. Edad (en años):_____

8. ¿Cuál es su género? (Entrevistador/a: NO LEA LAS CATEGORÍAS DE RESPUESTA, pero si es necesario, puede clarificar la definición de género)

| | |
|---|---|
| Mujer | 1 |
| Hombre | 2 |
| No-binario/tercer género | 3 |
| Prefiere describirse como: | 4 |
| Se niega a responder | 99 |

9. ¿Usted se identifica cómo transgénero?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

53. ¿Cuál es su raza u origen étnico? (Marque todas las opciones que apliquen)

| | |
|---|---|
| Afroamericano(a)/Negro(a) | 1 |
| Africano(a) | 2 |
| Asiático(a)/Asiático(a) Americano(a) | 3 |
| Camboyano(a) | 4 |
| Chino(a) | 5 |
| Japonés(a) | 6 |
| coreano(a) | 7 |
| Filipino(a) | 8 |
| Indio/Asiático(a) del Sur | 9 |

| | |
|---|---|
| Vietnamita | 10 |
| Hispano(a)/Latino(a) | 11 |
| Multi-racial | 12 |
| Nativo(a) Americano(a)/Indio(a) Americano(a) | 13 |
| Indígena del Alaska | |
| Nativo(a) de Hawái/Isleño(a) del Pacífico | 14 |
| Medioriental | 15 |
| Blanco(a)/Anglo-Americano(a) | 16 |
| Otro: _____ | 17 |
| Se niega a responder | 99 |

54. ¿Cuál es el nivel de educación más alto que usted ha alcanzado?

| | |
|---|---|
| Octavo grado o menos | 1 |
| Entre noveno – duodécimo grado | 2 |
| Graduado(a) de la escuela secundaria | 3 |
| GED | 4 |
| Escuela vocacional/Certificado de formación técnica | 5 |
| Alguna educación superior | 6 |
| Grado asociado | 7 |
| Licenciatura/pregrado/bachillerato | 8 |
| Grado avanzado/posgrado | 9 |
| Se niega a responder | 99 |

55. ¿Actualmente está asistiendo a la escuela o estudiando para obtener un título?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

56. ¿Cuál es su situación laboral en este momento?

| | |
|---|---|
| Empleado(a), trabajando 41 horas o más semanales | 1 |
| Empleado(a), trabajando 30-40 horas semanales | 2 |
| Empleado(a), trabajando menos de 30 horas semanales | 3 |
| Empleado(a) estacional | 4 |
| Desempleado(a), buscando trabajo | 5 |
| Desempleado(a), SIN buscar trabajo | 6 |
| Jubilado(a) | 7 |
| Discapacitado(a), no puedo trabajar | 8 |
| Se niega a responder | 99 |

57. ¿Usted tiene hijos(as)?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

8.a Si su contestación es sí, diga cuantos(as)? _____

8b. ¿Cuáles son las edades de sus hijos(as)?

Hijo 1:_____
Hijo 2:_____
Hijo 3:_____
Hijo 4:_____
Hijo 5:_____
Hijo 6:_____
Hijo 7:_____
Hijos adicionales:_____

58. ¿Cuál es su orientación sexual? Entrevistador/a: NO LEA LAS CATEGORÍAS DE RESPUESTA.

| | |
|---|---|
| Heterosexual | 1 |
| Lesbiana/Gay | 2 |
| Bisexual/pansexual/queer | 3 |
| Indeterminado/Indeciso | 4 |
| Ninguna de las anteriores me describe correctamente: | 5 |
| Se niega a responder | 99 |

59. ¿Dónde reside en la actualidad? Entrevistador/a: ELIJA LA MEJOR RESPUESTA

18. Refugio de emergencia
    a. Si su contestación es sí, ¿Cuál era su lugar de residencia anterior?_____
19. Vivienda transicional
    a. Si su contestación es sí: ¿Cuál era su lugar de residencia anterior?_____
20. Alquiler por cliente, con subsidio de vivienda
21. Alquiler por cliente, sin subsidio de vivienda
22. Alojarse/vivir con un miembro de la familia
23. Alojarse/vivir con un(a) amigo(a)
24. Propiedad del cliente
25. Hogar de crianza u hogar de grupo
26. Hospital (no psiquiátrico)
27. Hotel/motel pagado sin voucher de refugio de emergencia
28. Cárcel, prisión, o centro de detención juvenil

29. Vivienda permanente para personas sin hogar (como SHP, RRH, etc.)
30. Lugar no destinado para habitarlo (ejemplo: vehículo, edificio abandonado, etc.)
31. Hospital psiquiátrico u otra facilidad psiquiátrica
32. Centro de tratamiento para abuso de sustancias o centro de desintoxicación
33. Otro:_____
34. Se niega a responder

A continuación, le estaré haciendo algunas preguntas relacionadas a cualquier experiencia que usted haya podido tener con la falta de vivienda en su vida. Hay dos tipos de experiencias que pueden vivir las personas sin hogar. La primera experiencia, son aquellas personas que huyen o intentan huir de la violencia doméstica pero no tienen un lugar alterno en donde vivir, y carecen de apoyos o recursos para obtener una vivienda permanente.

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

11. Utilizando esta primera definición de personas sin hogar, ¿Cuántas veces en su vida ha estado sin hogar porque ha huido o ha intentado huir de la violencia doméstica? ENTREVISTADOR(A): SI EL/LA SOBREVIVIENTE SE ENCUENTRA ACTUALMENTE SIN HOGAR, ASEGÚRESE DE INCLUIRLO EN SU CONTEO.

| | |
|---|---|
| Nunca | 0 |
| Una vez | 1 |
| Dos veces | 2 |
| Tres veces | 3 |
| Cuatro veces | 4 |
| Cinco veces o más | 5 |
| No sabe | 77 |
| Se niega a responder | 99 |

12. La segunda experiencia que puede vivir una persona sin hogar es diferente a la anterior. La segunda experiencia se refiere a aquella ocasiones en las que no tuvo un lugar habitual donde alojarse y vivía en un refugio para personas sin hogar o en una institución temporera. Las personas sin hogar también pueden vivir en lugares que habitualmente no se utilizan como vivienda, tales como, un vehículo, un edificio abandonado, una estación de trenes, o un

aeropuerto. Por favor, NO incluya ocasiones en las que se haya quedado con amigos o familiares porque no tenía un lugar propio donde alojarse.

U.S. Housing and Urban Development. (n.d.). Definition of Homelessness. Retrieved March 21, 2018: https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Utilizando esta segunda definición de personas sin hogar, ¿Cuántas veces en su vida a estado sin hogar? ENTREVISTADOR/A: SI EL/LA SOBREVIVIENTE SE ENCUENTRA ACTUALMENTE SIN HOGAR, ASEGÚRESE DE INCLUIRLO EN SU CONTEO.

| | |
|---|---|
| Nunca | 0 |
| Una vez | 1 |
| Dos veces | 2 |
| Tres veces | 3 |
| Cuatro veces | 4 |
| Cinco veces o más | 5 |
| No se | 77 |
| Se niega a responder | 99 |

13. ¿Cuál es su idioma principal?

| | |
|---|---|
| Inglés | 1 |
| Español | 2 |
| Chino | 3 |
| Urdu | 4 |
| Vietnamita | 5 |
| Árabe | 6 |
| Francés | 7 |
| Tagalo | 8 |
| Ruso | 9 |
| Lengua nativa de Alaska (Por favor especifique): _____) | 10 |
| Otro (Por favor especifique: _____) | 11 |
| Se niega a responder | 99 |

14. Al día de hoy, ¿cuán bien lee en inglés?

| | |
|---|---|
| No puedo leer en inglés | 0 |
| No muy bien | 1 |
| Bien | 2 |
| Muy bien | 3 |
| Se niega a responder | 99 |

**Experiencias de violencia**

Uno de los objetivos de este estudio es comprender las experiencias que las personas tienen, y cómo esas experiencias pueden afectar sus necesidades. Para ayudarnos a comprender estas experiencias y necesidades, le voy a preguntar acerca de experiencias pasadas en las que su pareja o ex pareja incurrió en comportamientos violentos o abusivos en la relación.

15. Ahora voy a presentarle una lista de comportamientos en los que incurre una persona para perjudicar financieramente a su pareja o ex pareja, ya que estos pueden afectar las necesidades de las personas. Me podría decir, según sus mejores recuerdos, con cuanta frecuencia su pareja o ex pareja ha incurrido en alguno de los siguientes comportamientos en los **últimos 6 meses.**

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.

| | Nunca (0) | Casi nunca (1) | A veces (2) | Con frecuencia (3) | Con mucha frecuencia (4) | No aplica (88) | Se niega a responder (99) |
|---|---|---|---|---|---|---|---|
| Hace cosas para evitar que usted vaya al trabajo. (1) | | | | | | | |
| Hace cosas para evitar que usted tenga su propio dinero. (2) | | | | | | | |
| Toma su cheque de pago, cheque de ayuda financiera, cheque de reembolso de impuestos, pago por discapacidad u otros pagos que usted recibe. (3) | | | | | | | |
| Evita que usted tenga dinero para comprar comida, ropa u otros artículos de necesidad. (4) | | | | | | | |
| Evita que usted tenga acceso a su cuenta de banco. (5) | | | | | | | |
| Paga las facturas tarde o no paga las facturas que estaban a su nombre o a nombre de ambos. (6) | | | | | | | |
| Acumula deudas a su nombre haciendo uso de sus tarjetas de crédito o agota la cuenta de teléfono. (7) | | | | | | | |

Composite Abuse Scale Revised-Short Form (Ford-Gilboe et al., 2016)

16. A continuación le estaré haciendo algunas preguntas sobre sus experiencias con las relaciones íntimas en la adultez. Con relaciones íntimas adultas nos referimos a si tiene o ha tenido un esposo(a), pareja, o novio(a) por más de un mes.

16.S.A ¿Alguna vez ha estado en una relación íntima adulta (A partir de los 16 años)?

| | | |
|---|---|---|
| | Sí | 1 |
| PASAR A LA PREGUNTA 30→ | No | 0 |
| PASAR A LA PREGUNTA 30→ | Se niega a responder | 99 |

16.S.B ¿Actualmente está en una relación?

| | | |
|---|---|---|
| | Sí | 1 |
| PASAR A LA PREGUNTA 16.S.D→ | No | 0 |
| PASAR A LA PREGUNTA16.S.D→ | Se niega a responder | 99 |

16.S.C ¿Actualmente le tiene miedo a su pareja?

| | | |
|---|---|---|
| PASAR A LA PREGUNTA 16.1→ | Sí | 1 |
| | No | 0 |
| PASAR A LA PREGUNTA16.1→ | Se niega a responder | 99 |

16.S.D ¿Alguna vez le ha tenido miedo a alguna de sus parejas?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

16.1 A continuación, nos gustaría conocer si ha experimentado algunos de los siguientes comportamientos o acciones por parte de su pareja actual o ex parejas. Si alguna vez lo(s) ha experimentado, por favor infórmenos la frecuencia con la que lo(s) ha experimentado en los pasados 12 meses.

| 16 | Mi pareja(s): | ¿Alguna vez has experimentado estos comportamientos o acciones? | | SI LA CONTESTACIÓN ES SI: ¿Con cuanta frecuencia ha experimentado estos comportamientos o acciones en los pasados 12 meses? | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | NO | SI | No en los pasados 12 meses | Una vez | Unas cuantas veces | Mensual | Semanal | Casi a diario |
| 1 | Me ha culpado por causar su comportamiento violento | | | | | | | | |
| 2 | Me sacudió, empujó, agarró, o me arrojó | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | Intentó convencer a mi familia, hijos(as), y amigos(as) de que estaba loco(a), o intentó ponerlos en mi contra | | | | | | | | |
| 4 | Utilizó o amenazó con utilizar un cuchillo, pistola, u otra arma para hacerme daño | | | | | | | | |
| 5 | Me hizo hacer actos sexuales que no yo no deseaba hacer | | | | | | | | |
| 6 | Me siguió o se quedó merodeando a las afueras de mi lugar de trabajo o de mi hogar | | | | | | | | |
| 7 | Amenazó con hacerme daño o matarme, o hacerle daño o matar a alguna persona cercana a mi | | | | | | | | |
| 8 | Intentó asfixiarme o estrangularme | | | | | | | | |
| 9 | Me obligó o intentó obligarme a tener relaciones sexuales | | | | | | | | |
| 10 | Me acosó por teléfono, mensaje de texto, correo electrónico, o a través de las redes sociales | | | | | | | | |
| 11 | Me dijo que estoy loco(a), y que soy estúpido(a), y no lo suficientemente bueno (a) | | | | | | | | |
| 12 | Me golpeó con su puño o con un objeto, me pateó, o me mordió | | | | | | | | |
| 13 | Me prohibía ver o hablar con mis familiares y amigos(as) | | | | | | | | |
| 14 | Me confinó o encerró en una habitación o en otro espacio | | | | | | | | |
| 15 | No me permitía tener acceso a trabajo, dinero, o recursos económicos | | | | | | | | |

<DAR UNA CONTESTACIÓN AFIRMATIVA A CUALQUIERA DE LAS PREMISAS ANTERIORES (16.S.C, 16.S.D., o cualquiera de 16_1-16_15) DA LUGAR A LAS SIGUIENTES PREGUNTAS. DE LO CONTRARIO, PASE A LA PREGUNTA **30**>

17. ¿Todavía está en contacto con la pareja que fue violenta o abusiva con usted?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

18. Si la contestación es Sí: ¿Puede describir cómo? (ENTREVISTADOR/A: Selecciona la mejor contestación).

| | |
|---|---|
| Aún están juntos | 0 |
| Se ven durante visitas o intercambio de los(as) hijos(as) | 1 |
| Viven juntos por razones económicas | 2 |
| Social: en fiestas; tienen amigos(as) en común | 3 |
| Ambos miembros de la misma iglesia o comunidad cultural | 4 |
| Otro:_____ | 5 |
| Se niega a responder | 99 |

**Acceso a los Servicios**

Uno de los propósitos de este estudio es comprender las experiencias vividas por las personas que han enfrentado la violencia por parte de parejas actuales o pasadas, o miembros de su familia, así como los servicios sociales que han utilizado para enfrentar estas experiencias de violencia. Podemos saltar cualquier pregunta que no desee contestar.

19. ¿A quiénes le ha contado acerca de los incidentes de violencia que ha vivido?

*Preguntas de Sondeo (Solo a ser preguntadas cuando sea necesario)*

d. ¿A quién fue la primera persona que le contó?

e. Como resultado de la violencia, ¿has estado involucrado con algún servicio o sistema (Por ejemplo, agencias de orden público o policiaca)?

20. ¿En el pasado ha utilizado algún servicio ofrecido por programas de violencia doméstica?

f. Si la contestación es sí, ¿cuándo y que tipo de servicios?

21. En el pasado, ¿ha intentado utilizar los servicios de otras agencias de violencia doméstica y no ha podido?

22. ¿La pareja que utilizó la violencia contra usted es un alcohólico o tiene problemas con el consumo de alcohol?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| No se | 77 |
| Se niega a responder | 99 |

23. ¿La pareja que utilizó la violencia contra usted consume drogas ilegales o medicamentos recetados que no han sido prescritos para él/ella? (Es decir “heroína” “estimulantes”, anfetaminas, “metanfetaminas,” , “polvo de ángel”, “cocaína”, “crack,” mezclas u otras drogas)?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| No se | 77 |
| Se niega a responder | 99 |

24. ¿La pareja que utilizó la violencia contra usted tiene en su posesión o tienen acceso a un arma de fuego u otra arma?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| No se | 77 |
| Se niega a responder | 99 |
| Antes, el arma ha sido removida | |

25. En los últimos 6 meses, el abuso hacia usted ha...

| | |
|---|---|
| Mejorado | 2 |
| Empeorado | 0 |
| No ha cambiado | 1 |
| Nunca han abusado de mi | 8 |
| Se niega a responder | 99 |

26. ¿Tiene una orden de protección contra la pareja que utilizó la violencia contra usted?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

**Si la contestación es Sí**: ¿La orden de protección ha sido violada en los últimos 6 meses?

| | |
|---|---|
| Sí | 1 |

| | |
|---|---|
| No | 0 |
| Se niega a responder | 99 |

**Si la contestación es Sí**: ¿Por cuánto tiempo se emitió su orden de protección?

Periodo de tiempo (en meses):_____

27. ¿La pareja que utilizó la violencia contra usted ha sido condenado(a) por el delito de violencia familiar?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| No se | 77 |
| Se niega a responder | 99 |

**Si la contestación es Sí**: ¿Ocurrió en los últimos 5 años?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

28. ¿La pareja que utilizó la violencia contra usted ha sido convicto(a) por un delito grave?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| No se | 77 |
| Se niega a responder | 99 |

**Si la contestación es Sí**: ¿Ocurrió en los últimos 5 años?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

29. Usted puede estar experimentando una serie de amenazas a su seguridad. Cuando me escuche utilizar la palabra ***seguridad*** en las premisas que leeré a continuación, me refiero a

sentirse seguro(a) de no ser abusado física, sexual, y emocionalmente por otra persona. A continuación, usted contestará cuan cierta son las premisas en relación a cómo usted piensa **EN LA ACTUALIDAD** acerca del estado de su seguridad y la de su familia**.** Cuando responda a estas premisas, está permitido que usted piense acerca de la seguridad de su familia, a la misma vez que piensa sobre su seguridad (si eso es lo que usted acostumbra a hacer).

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

| | |
|---|---|
| Totalmente falso | 0 |
| Un poco cierto | 1 |
| Algo cierto | 2 |
| Muy cierto | 3 |
| Se niega a responder | 99 |

| | | |
|---|---|---|
| a. | Puedo enfrentar cualquier amenaza, a la vez que busco como garantizar mi seguridad. | |
| b. | He tenido que sacrificar mucho para garantizar mi seguridad. | |
| c. | Se que tengo que hacer en respuesta a amenazas a mi seguridad. | |
| d. | Tengo una buena noción de los apoyos que puedo obtener a través de personas en mi comunidad (amigos, familia, vecinos, feligreses, etc.) para mantenerme seguro(a). | |
| e. | Conozco los pasos que debo dar o seguir con el propósito de garantizar mi seguridad. | |
| f. | Buscar formas de garantizar mi seguridad me causa o podría causarme nuevos problemas. | |
| g. | Cuando una estrategia para garantizar mi seguridad no funciona, puedo intentar usar otra estrategia. | |
| h. | Me siento cómodo(a) pidiendo ayuda para garantizar mi seguridad. | |
| i. | Cuando pienso en garantizar mi seguridad, tengo una visión clara de mis metas en los próximos años. | |
| j. | Buscar formas de garantizar mi seguridad causa o puede causarle problemas a la gente que quiero. | |
| k. | Me siento seguro(a) de las decisiones que he tomado para garantizar mi seguridad. | |
| l. | Tengo una buena noción de los apoyos que puedo obtener a través de programas y servicios comunitarios para garantizar mi seguridad. | |
| m. | Los programas y servicios comunitarios proveen el apoyo necesario para garantizar mi seguridad. | |

**Interacción con los Sistemas**

30. Como parte de este estudio también deseamos saber sobre el contacto que ha tenido con otros servicios o agencias en los últimos 6 meses, y que tan útiles pueden o no haber sido. En los últimos 6 meses, ha recibido servicios o ha estado en contacto con:

| | | Sí (1) | No (0) | Se niega a responder (99) | Sí la contestación es sí: Nombre del programa o agencia |
|---|---|---|---|---|---|
| a. | Programa de vivienda | | | | |
| b. | Programa de abuso de sustancias | | | | |
| c. | Programa de ayuda problemas de migración | | | | |
| d. | Programa de asistencia legal | | | | |
| e. | Programa afiliado a una organización de base de fe | | | | |
| f. | Consejería/terapia/psiquiatría | | | | |
| g. | Grupo comunitario de base de fe | | | | |
| h. | Sistema de justicia criminal | | | | |
| i. | Sistema CPS | | | | |
| j. | Agencia violencia doméstica | | | | |
| k. | Otro (especifique) | | | | |

31. ¿Qué tan útiles fueron, si acaso, los servicios o programas gubernamentales que recibió de esas otras agencias?

| | | No mucho (0)<br>Un poco (1)<br>Mas o menos (2)<br>Mucho o bastante(3)<br>Se niega a responder (99) |
|---|---|---|
| a. | Programa de vivienda | |
| b. | Programa de abuso de sustancias | |
| c. | Programa de ayuda problemas de migración | |
| d. | Programa de asistencia legal | |
| e. | Programa afiliado a una organización de base de fe | |
| f. | Consejería/terapia/psiquiatría | |
| g. | Grupo comunitario de base de fe | |
| h. | Sistema de justicia criminal | |
| i. | Sistema CPS | |
| j. | Agencia violencia doméstica | |
| k. | Otro (especifique) | |

32. ¿De qué manera cree que estas agencias (Tribunales, policía, CPS), podrían satisfacer mejor las necesidades de los(as) sobrevivientes de violencia doméstica.

33. ¿Cuáles de los servicios que se ofrecen para ayudar a las víctimas de violencia doméstica conoce?

34. ¿Á que lugar iría si sintiera la necesidad de buscar ayuda para problemas en las relaciones de pareja, tales como la violencia doméstica?

35. **Escala Obstáculos para Buscar Ayuda** (Desarrollado por el Equipo de Investigación)

¿Hasta que grado usted esta de acuerdo o en desacuerdo con las siguientes premisas relacionadas a la búsqueda de ayuda para los problemas que experimenta en su relación de pareja?

| | | Muy en Desacuerdo | En Desacuerdo | Ni en Acuerdo ni en Desacuerdo | De Acuerdo | Muy en Acuerdo |
|---|---|---|---|---|---|---|
| | **Conocimiento Sobre los Servicios y Cómo Accederlos** | | | | | |
| A | Conozco que tipos de ayuda hay disponible en mi comunidad | | | | | |
| B | No estoy seguro(a) de lo que sucedería una vez solicite ayuda | | | | | |
| C | Me daría miedo que mi pareja descubriera que solicité ayuda | | | | | |
| D | No se como solicitar ayuda | | | | | |
| | **Percepción de la Necesidad de Servicios/Creencias sobre el problema** | | | | | |
| E | Tener problemas en mi relación de pareja es vergonzoso | | | | | |
| F | No quiero que otras personas sepan que no puedo manejar los problemas en mi relación | | | | | |
| G | No creo que otras personas me crean si les cuento que tengo problemas en mi relación de pareja | | | | | |
| | **Percepción de los Servicios** | | | | | |
| H | Tuve experiencias negativas en el pasado cando busqué ayuda para este problema | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| I | No hay servicios en mi comunidad que puedan ayudar a resolver mi problema | | | | | |
| J | Me preocupa lo que mis amistades y familiares pudieran pensar sobre mi decisión de buscar ayuda para este problema | | | | | |
| | **Obstáculos Específicos a Servicios** | | | | | |
| K | No tengo quien cuide a mis hijos(as) y por eso no tengo el tiempo para buscar ayuda para este problema | | | | | |
| L | Estoy muy ocupado(a) para buscar ayuda para este problema | | | | | |
| M | Es muy difícil obtener una cita para que le ayuden a uno(a) con este problema | | | | | |
| N | No tengo transporte para llegar a los lugares donde ofrecen ayuda | | | | | |
| O | Me preocupa que buscar ayudar para este problema sea muy costoso | | | | | |
| P | Tengo algunos problemas de vivienda que dificultan que pueda buscar ayuda para este problema | | | | | |

**Salud Mental y Bienestar**

36. ¿Considera usted que tiene una discapacidad física o alguna condición que le incapacita?

| | | |
|---|---|---|
| | Sí | 1 |
| PASAR A LA PREGUNTA 38 → | No | 0 |
| | No se | 77 |
| PASAR A LA PREGUNTA 38 → | Se niega a responder | 99 |

37. Si la contestación es Sí, ¿cuál es o cuáles son sus discapacidades? [ENTREVISTADOR/A: No lea las categorías de respuesta y marque todas las que apliquen]

| | | Sí (1) | No (0) | Se niega a responder (99) |
|---|---|---|---|---|
| A | Discapacidades del desarrollo | | | |
| B | Discapacidad intelectual | | | |
| C | Lesión cerebral traumática | | | |
| D | Ceguera o con discapacidad visual | | | |
| E | Sordera o con problemas auditivos | | | |
| F | Discapacidad física o de movimiento | | | |
| G | Condición de salud crónica | | | |
| H | Sensibilidad ambiental/química | | | |
| I | Otro, por favor especifique: _____ | | | |

38. ¿Diría que alguna de estas condiciones o discapacidades interfieren con su desempeño diario? ¿Diría que no interfieren de ningún modo, interfieren un poco, algo o mucho?

| | |
|---|---|
| De ningún modo | 0 |
| Un poco | 1 |
| Algo | 2 |
| Mucho | 3 |
| Se niega a responder | 99 |

39. ¿Podría decirme en sus propias palabras, que servicios o programas le ayudarían a atender algunas de las condiciones o limitaciones identificadas anteriormente, o a proveer los acomodos razonables?

40. A continuación le estaré haciendo algunas preguntas sobre su salud y cómo usted se siente. En general, ¿cómo calificaría su estado de salud? [ENTREVISTADOR/A, LEA LAS CATEGORÍAS DE RESPUESTA EN VOZ ALTA.] Usted diría que:

| | |
|---|---|
| Malo | 0 |
| Regular | 1 |
| Bueno | 2 |
| Muy bueno | 3 |
| Excelente | 4 |
| No se | 77 |
| Se niega a responder | 99 |

41. ¿Tiene acceso a una atención médica adecuada para sus necesidades de salud?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

42. ¿Tiene problemas de salud mental o ha sido diagnosticado(a) con un trastorno de salud mental, tales como, depresión, ansiedad, o estrés post-traumático?

| | | |
|---|---|---|
| | Sí | 1 |
| PASAR A LA PREGUNTA 44→ | No | 0 |
| PASAR A LA PREGUNTA 44→ | Se niega a responder | 99 |

43. Si la contestación es Sí, ¿cuál es o cuáles son esas condiciones de salud mental? [ENTREVISTADOR/a: Marque todas las que apliquen]

| | | Sí (1) | No (0) | Se niega a responder (99) |
|---|---|---|---|---|
| A | Depresión | | | |
| B | Ansiedad | | | |
| C | Estrés post-traumático (PTSD) | | | |
| D | Trastorno de bipolaridad | | | |
| E | Esquizofrenia | | | |
| F | Trastorno espectro autista | | | |
| G | Otro, por favor especifique: _____ | | | |

44. ¿Usted diría que algunas de estas condiciones interfieren con su desempeño diario? Usted diría que no interfieren de ningún modo, interfieren un poco, algo o mucho?

| | |
|---|---|
| De ningún modo | 0 |
| Un poco | 1 |
| Algo | 2 |
| Mucho | 3 |
| Se niega a responder | 99 |

45. ¿Podría decirme en sus propias palabras, que servicios o programas le ayudarían a atender algunos de estos problemas o condiciones identificadas anteriormente, o a proveer los acomodos razonables? [pregunta abierta]

46. **ESCALA EPT(PTSD):**

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).

Las siguientes preguntas están relacionadas a eventos traumáticos, dolorosos, o cosas que le han causado miedo en su vida. Durante el mes pasado, usted ha…

f. ¿Tenido pesadillas sobre el evento(s) o ha tenido pensamientos no deseados sobre el evento(s)?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

g. ¿Intentado no pensar acerca del evento(s) o fue más allá de lo posible para evitar situaciones que le recordaran el evento(s)?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

h. ¿Estado constantemente en vela, a la defensiva, o se sobresalta con facilidad?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

i. ¿Sentido insensibilizado o que se distancia de las personas, actividades, o de su entorno?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

j. ¿Sentido culpable o que no puede parar de echarle la culpa del evento o los problemas que ha causado el evento, a usted o a otras personas?

| | |
|---|---|
| Sí | 1 |
| No | 0 |
| Se niega a responder | 99 |

**Apoyos Sociales**

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.

47. Actualmente, ¿Con cuanta frecuencia puede decir que tiene alguien en su vida que podría: (sin incluir personal de la agencia)

| | | **Nunca(1)** | **Pocas veces (2)** | **Algunas veces (3)** | **La mayor parte del tiempo(4)** | **Todo el tiempo (5)** | **Se niega a responder (99)** |
|---|---|---|---|---|---|---|---|
| A | Ayudarle si está postrado en cama | | | | | | |
| B | Llevarle al médico | | | | | | |
| C | Compartirle sus preocupaciones y miedos | | | | | | |
| D | Pedirle sugerencias acerca de sus problemas | | | | | | |
| E | Hacer algo agradable con usted | | | | | | |
| F | Amarle y hacerle sentir querido | | | | | | |

48. SI EVALUACIÓN VIOLENCIA PAREJA (SCREEN) = POSITIVA: ¿Hay personas que le han brindado apoyo relacionado al abuso o problemas de seguridad?

INSTRUCCIONES: ¿Qué han hecho? ¿Hay algo que hubieran podido hacer y que le hubiera ayudado?

**Metas y Necesidades (Preguntas Finales)**

49. SI LA EVALUACION VIOLENCIA PAREJA (SCREEN) = POSITIVA Y EL/LA SOBREVIVIENTE INDICA QUE TRABAJA O ASISTE A LA ESCUELA/UNIVERSIDAD]: ¿Cómo sus experiencias con el abuso o la violencia han influido su [TRABAJO/ESTUDIOS]?: ¿Cree que su [LUGAR DE TRABAJO/ESCUELA] puede tomar acciones que puedan ayudarle a usted a lograr sus metas [LABORALES/EDUCATIVAS]? ¿Cree que hay otras cosas (programas, servicios, apoyos informales) que pudieran hacerse para ayudarle a lograr sus metas?

50. ¿Cuáles son sus metas para el futuro? ¿De que manera los servicios o programas pudieran ayudarle a lograr sus metas?

51. SI EVALUACION VIOLENCIA PAREJA (SCREEN) = POSITIVA: Uno de los objetivos de este estudio es comprender las necesidades sin satisfacer de los y las sobrevivientes de violencia doméstica. ¿Hay algo que quisiera compartir conmigo acerca de cuáles cree son las mejores formas en las que las agencias y comunidades pudieran ayudar a satisfacer esas necesidades?

52. SI EVALUACION VIOLENCIA PAREJA (SCREEN)= NEGATIVA. Uno de los objetivos de este estudio es comprender las necesidades sin satisfacer de los y las sobrevivientes de violencia doméstica. ¿Cómo crees que reaccionaría si se encontrara en una situación de violencia doméstica? ¿Hay programas o servicios a los que pudiera recurrir en caso de necesitar ayuda? ¿Hay personas en su vida a las que pudiera recurrir en caso de necesitar ayuda?¿Hay algo que quisiera compartir conmigo acerca de cuáles cree son las mejores formas en las que las agencias y comunidades pudieran ayudar a satisfacer esas necesidades?