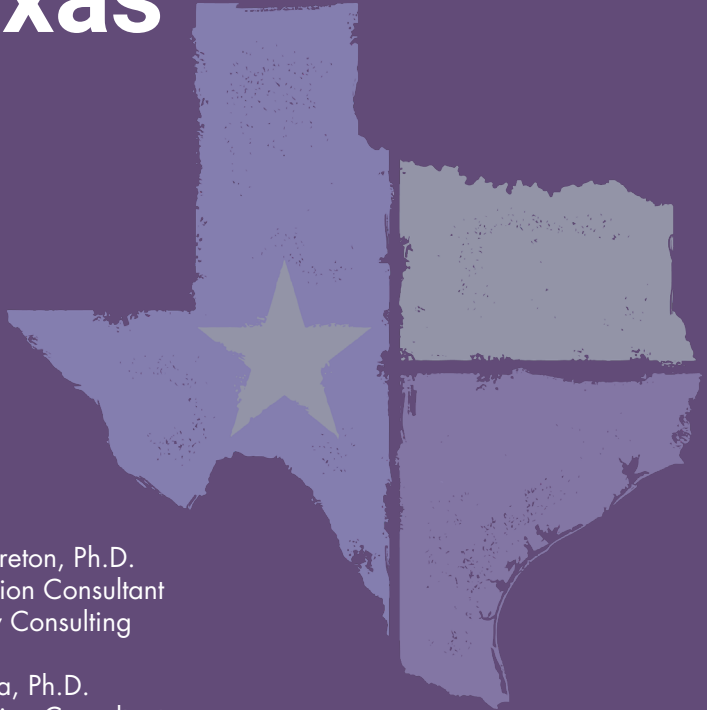# Understanding the Needs of Underserved Communities in Texas

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The TCFV team would like to extend a heartfelt thank you to all the participants of the in-person listening sessions and virtual spotlight calls. We commend you for sharing your time and expertise with us and the field and offer this report with the goal to open doors to services and connections for survivors from traditionally underserved communities and to foster inclusive services that honor their voices and recommendations.

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INTRODUCTION & LITERATURE REVIEW

In 2017, intimate partner violence (IPV)[1] programs served 71,090 people through residential and nonresidential services in the state of Texas (Texas Family Violence Program Statewide Report, 2018). According to the previous Texas State Plan, however, several individuals, particularly those from historically marginalized groups, are underserved even in areas where they make up a significant part of the population (TCFV, 2013, Update to Texas State Plan). In order to continue to understand this disconnect, this report addresses the barriers, needs, and gaps identified when serving specific populations. The research team conducted a secondary data analysis of a series of listening sessions and spotlight calls with stakeholders. Many of these stakeholders are service providers across the state of Texas who are connected to these populations.

The communities of people highlighted in this report were identified in the last Texas State Plan (survivors with mental health concerns, culturally-specific communities, LGBTQ communities, survivors from rural areas; Texas State Plan, 2012) with the addition of human trafficking survivors. The report identifies findings from the analysis of these sessions and provides recommendations for service provision and funding opportunities related to supporting these populations. The report also briefly mentions some of the underserved populations within the state of Texas that are not discussed in any of these listening sessions, but need to be engaged with further.

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1 Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner.

Underserved Communities & Intimate Partner Violence: Barriers to Help Seeking

The research consistently finds that providing support and effective referrals are part of interventions by service providers in domestic violence-related services (Macy et al., 2009). In emergency departments, for example, the most common IPV-related information distributed includes support services, shelters, and victims' services (Megison et al., 2009). Although these services are a key part in supporting survivors of intimate partner violence, there are ongoing concerns about disclosure, especially for women of color experiencing violence. Montalvo-Liendo and colleagues et al. (2009) identified several reasons that contribute or hinder survivors' ability to disclose ongoing IPV. One reason being that they were never asked about potential ongoing IPV, but the more entrenched issues had to do with concerns for their family, fear, shame, and stigma associated with disclosing ongoing abuse. This is particularly exacerbated for women from underserved communities. While some research has found that Latina and Black women report IPV incidents to the police more often, these reports were more likely related to the severity of IPV experienced by Latina and Black women (Lipsky et al., 2008). Overall, research finds that interpersonal violence has a significant impact in help-seeking behaviors. Latina women, for example, seem to underutilize domestic violence-related resources (Lipsky, Caetano, Field, & Larkin, 2006).

Underserved Communities and Intimate partner violence: Unmet Needs

Even when survivors decide to access services, there are still several under-addressed needs. Megison et al., (2009) noted that while there are some supports available for intimate partner violence survivors, there is less information distributed about legal services and victims' compensation programs. In addition, the need for housing spans across all groups seeking services, and is a scarce resource for those most in need (Clough, Draughon, Njie-Carr, Rollins, & Glass, 2013; Hernandez- Martinez, Serrata, & Huitron, 2018). Furthermore, there are significant disparities in the services related to interpersonal violence received by ethnic minorities than other groups (Lipsky et al., 2006). Some of the common barriers that minority groups experience, include limited culturally-responsive interventions and providers, financial/low income, stigma, isolation, discrimination, limited bilingual staff, and resources (Burman et al., 2004; Kastirurangan et al., 2004).

Responding to Underserved Communities

Lipsky and colleagues et al. (2008) suggests that interventions, such as screening by healthcare providers, might be effective at connecting survivors with referrals and in preventing further IPV. Additionally, increased training for service providers in crisis intervention, assessments, and effective referral practices is key to better service provision (Macy et al., 2009). This would be further effective if there were increases in collaboration among providers from different disciplines (Megison et al., 2009). Improvements in the materials, such as being readily available in other languages and considering including information on long-term support, was also identified as pivotal for survivor access (Megison et al., 2009).

In addition to more individualized services, research has found that supportive groups for women who have experienced intimate partner violence can be helpful not only in promoting social connection with others but also in learning how to seek help and resources, and enhance coping skills, as well as manage stress more effectively. For example, Morales-Campos and colleagues (2009) found that support group therapy for Latina, immigrant women was found helpful by the participants in their study. They reported that they were able to receive support, learn new coping skills, share their stories, and gain insight from other members of the group. Moreover, a growing body of literature is showing the importance for culturally-specific and trauma-informed programming (Serrata, Rodriguez, Castro, & Hernandez-Martinez, 2019).

Understanding Barriers, Needs and Responses for Selected Underserved Groups

Although the literature has started to increase our understanding of the needs of particular underrepresented groups, large knowledge gaps continue to remain. This report delves deeper into both the barriers of groups underrepresented in service-provision within Texas, as well as ways organizations within the domestic violence movement can work to increase the availability of effective services for those communities.

LGBTQ Communities

According to the National Intimate Partner and Sexual Violence Survey, individuals who identify as LGBTQ are at higher risk of intimate partner violence than people who do not (Walters et al., 2013). While the research remains limited, transgender individuals, in particular, are at a higher risk of experiencing intimate partner violence (Langenderfer-Magruder, 2014; Brown & Herman, 2015). In addition to being at higher risk of experiencing

this form of violence, the added dimensions of stigma and fear associated with their sexual orientation or gender expression as well as the homophobia and transphobia they experience when seeking services, make them less likely to seek services in mainstream intimate partner violence organizations (Goodmark, 2013; Jacobson, 2013.) Of the services that are the least utilized by the LGBTQ community, shelter and legal services remain at the top of the list. Shelters that are set up to serve primarily heterosexual women can be isolating for those that do not conform to a specific identity (Simpson et al., 2014). Furthermore, legal services including working with law enforcement or the court system can feel particularly unsafe for those that have felt marginalized by these systems (Goodmark, 2013; Eaton et al., 2008).

Culturally-Specific Communities.

Many culturally-specific communities experience similar barriers to services with some unique experiences based on identity (Burman et al., 2004; Bent-Goodley, 2005; Gillum, 2009; Cho and Kim, 2012, Serrata & Hidalgo, 2013). Black and African American survivors, Latinx survivors, and Asian-Pacific Islander survivors have reported similar experiences including, but not limited to, isolation within domestic violence shelters (Few, 2005), lack of cultural understanding among service providers (Dasgupta, 2000), fear of law enforcement and other legal processes (Lichtenstein & Johnson, 2009), and fear of immigration officials and potential deportation or family separation (Erez, 2000; Faver et al., 2007, Serrata & Hidalgo, 2013). Although the last several years have seen an increased interest in domestic violence services provided to individuals from these communities, the issues identified continue to surface within domestic violence programs.

Rural Communities

Services for domestic violence survivors in rural communities can be challenging for several reasons. With limited resources, rural programs tend to have less "bells and whistles" than their urban counterparts (Shannon et al., 2006; Eatman & Bunch, 2007). Some of the biggest barriers to services in rural communities include access to consistent mental health services (Logan et al., 2004; Shannon et al., 2006), transportation (Eastman & Bunch, 2007; TCFV, 2013), and potential social isolation in a small community (Adler, 1996; Few, 2005; Eastman et al., 2007; Krishnan et al., 2001).

Human Trafficking

Although domestic violence and human trafficking are two separate issues, they intersect in significant ways. Human trafficking victims may live in the same home as their trafficker or their trafficker may be a spouse or intimate partner (National Network to End Domestic Violence, 2017). Like intimate partner violence victims, violence within the realm of trafficking may be physical, but oftentimes emotional, financial, and mental abuse may take a predominant role (Frundt, Longhitano, & Johnson, 2017). At the same time, the needs of human trafficking victims may be distinct, and services that are not sensitive to these distinctions may not actually provide the help needed or may do more harm than good (Serrata, Hernandez-Martinez, Rodriguez & Trujillo, 2018). Barriers to services for this population may include language access and fear, which can all be exacerbated if advocates are not specifically trained in the dynamics of human trafficking and services are not flexible to their needs (Asian Pacific Institute on Gender-Based Violence, 2016).

Survivors with Mental Illness

Intimate partner violence survivors with pre-existing mental illness need special care in service provision. Domestic violence programs with limited internal capacity or external partnerships for chronic mental illness services may be able to provide only limited support to this population. Little or no access to ongoing mental health professionals may serve as a barrier for survivors initially seeking services or continuing with services (Khalifeh et al., 2015).

Using a thematic analysis, this report examines the barriers and needs of traditionally underserved populations. The researchers engaged in a secondary data analysis based on a series of stakeholder in-person listening sessions and spotlight calls. Staff from the Texas Council on Family Violence (TCFV) facilitated each group session. In total, there were seven in-person sessions or spotlight calls. The term "underserved" was used broadly and included four identity-specific groups (African American, Asian-Pacific Islander, Latinx, and LGBTQ), one victimization-specific group (Human Trafficking), one location-specific group (Rural), and one service-specific group (Mental Health). These groups were identified based on TCFV's previous State Plan findings, which indicated that more needed to be understood about these groups (TCFV, 2013). There were 59 total participants, with 36 people participating in person and 23 people on the spotlight calls. The following is a chart indicating the underserved group, and type of session.

Listening Sessions by Type of Group Represented

Underserved Group	Type of Session	Type of Group
Mental Health Stakeholder Group	In Person Listening Session	Service- Specific
African American Stakeholder Group	In-Person Listening Session	Identity- Specific
Asian-Pacific Islander Stakeholder Group	Spotlight Call	Identity-Specific
Latinx Stakeholder Group	In-Person Listening Session	Identity-Specific
LGBTQ Stakeholder Group	In-Person Listening Session/ Spotlight Call	Identity-Specific
Human Trafficking Stakeholder Group	Spotlight Call	Victimization- Specific
Rural Stakeholder Group	Spotlight Call	Location-Specific

Each in-person session followed a similar structure, participants were asked to fill out a consent form that included information on the project and explained how the information would be used. For spotlight calls, the consent was verbally received. Facilitators explained that questions would be asked to receive information about the following five research questions:
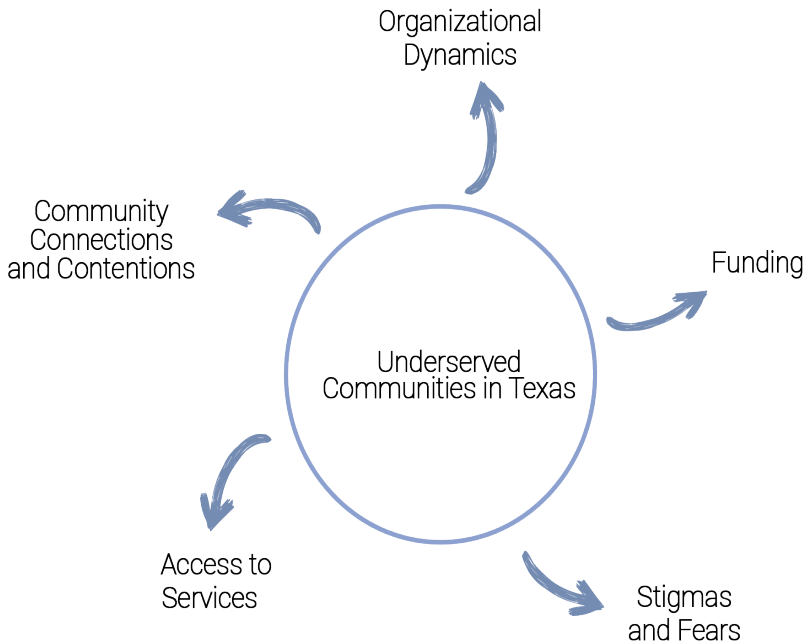
1. What could family violence programs do to enhance access to services for this community?
2. What barriers exist to services?
3. What would effective outreach to the underserved community look like?
4. What services are most needed?
5. Which key stakeholders should be involved in the design and implementation of services and outreach?

Data Analysis

The researchers engaged in a thematic analysis of the data, which included initially reading through the transcript while listening to the recording (if available) and then rereading to code each comment based on the ideas being expressed.

The themes were organized using the socio-ecological model first and then ideas were examined to combine similar thoughts between groups. This analysis resulted in five overall themes:

Organizational
Dynamics

Community
Connections
and Contentions

Funding

Underserved
Communities in Texas

Access to
Services

Stigmas
and Fears

Visualization of Themes Represented By Underserved Group

	African American	LGBTQ	Mental Health	Latinx	Rural	API	Human Trafficking
Stigmas and Fears	●	●	○	●	○	●	●
Organizational Dynamics	●	○	○	○	○	○	○
Community Connections and Contentions	○	●	○	●	○	●	○
Funding	○	○	●	○	●	○	○
Access to Services	○	○	○	●	●	●	○
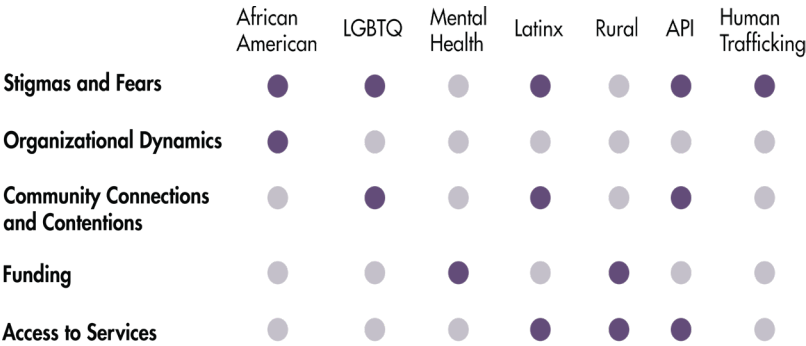
The following analysis speaks to the more universal issues that surfaced during the listening sessions. Specific barriers, gaps, and wishes from specific groups are also outlined within the sections to show the nuances and unique experiences identified.

Hot Tips for Funders

Culturally-Specific Organizations and Programming: Prioritize culturally-specific domestic violence organizations who are embedded in underrepresented communities and who identify as organizations who center the identities of the underrepresented communities they serve.

Flexible Funding: Flexible funding should be used to fund "non-traditional" survivor needs that are related to the collateral effects of violence.

Mobile, Community-Based Programming: Prioritize innovative programming that is developing and implementing best practices of community-centered work, including home visitation, peer support models, and mobile programming.

Community Collaborations: Prioritize domestic violence organizations that show a depth of relationships with other community organizations that are already embedded in the underrepresented communities they are hoping to serve.

Staffing: Incentivize programs to consider staff capacity and staff wellness

Broaden Organizational Messaging: Fund programs to develop and implement strategies for showing, in more consistent ways, how they serve different populations.

Organizational Capacity Building: Funding opportunities should be set aside to support internal organizational development.

Alternatives to Criminal Justice: Special funding opportunities should include the ability of programs to engage in planning and implementing community-led models of survivor support that may not be centered in criminal-legal remedies.

Language-Access Plans: Funding opportunities should include funding for implementation of limited English proficiency language access plans.

Hot Tips for Organization Leaders

Anti-Bias Training: will go a long way in developing readiness to support underserved communities. This includes not just cultural competency, but also addressing the barriers for services implicit in certain organizational structures.

Organizational Reflection Process: is critical for an organization to implement on a regular basis to assess how they are doing in reaching and serving their underserved communities.

Representation Matters: by increasing staff and leadership (both board and staff leaders) who are members of the underserved groups in your community increases the likelihood that the organization will be more responsive to the needs of those communities.

Faith Organizations & Law Enforcement: understand the nuances in engaging with these partners as they relate to the underserved communities you serve.

Mobile Programming: should be considered as an option to take your work to the communities who experience tremendous barriers in accessing care.

Virtual Programming: could be an option for providing support to underserved communities, especially in rural areas or large cities that are gentrifying (where underserved communities are being forced to move farther away from city centers).

Building trust: is the ultimate foundational principle for any work that organizations do with underserved communities.

Alternatives to Criminal Justice: should be considered for particular underserved communities who have been (and continue to be) tremendously harmed by criminal justice and immigration enforcement.
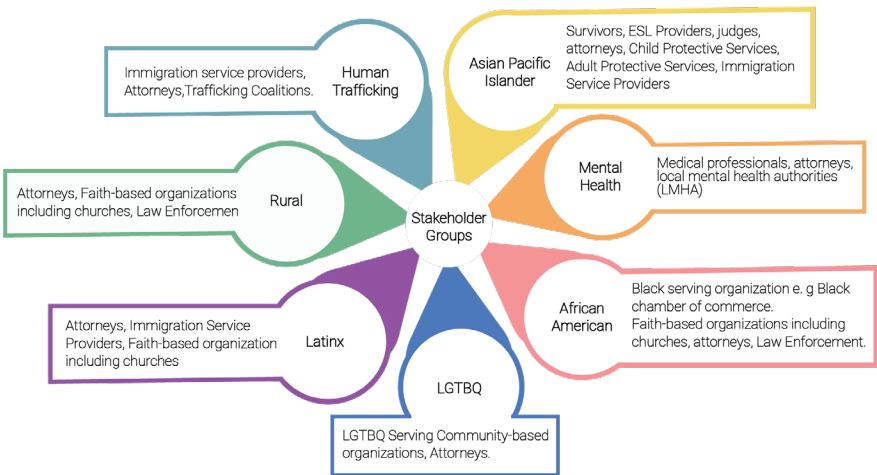
Language Access Plans: should be fully implemented into all aspects of the organizations structures.

In each group, the participants brought up the role of the local community as a supportive and necessary part of serving underrepresented groups. On the other hand, participants also discussed how, in many ways, the local community may serve as a barrier for individuals and families to seek out services.

Connections

Community Partners Identified by Stakeholder Group

Immigration service providers, Attorneys,Trafficking Coalitions. — Human Trafficking

Survivors, ESL Providers, judges, attorneys, Child Protective Services, Adult Protective Services, Immigration Service Providers — Asian Pacific Islander

Attorneys, Faith-based organizations including churches, Law Enforcemen — Rural

Medical professionals, attorneys, local mental health authorities (LMHA) — Mental Health

Stakeholder Groups

Attorneys, Immigration Service Providers, Faith-based organization including churches — Latinx

Black serving organization e. g Black chamber of commerce. Faith-based organizations including churches, attorneys, Law Enforcement. — African American

LGTBQ Serving Community-based organizations, Attorneys. — LGTBQ

Service-specific collaborations were key components to many of the group discussions. This included everything from the development of a "one-stop shop" with all the community service and law enforcement providers being present in one place, to the one-on-one relationships between those providers and domestic violence organizations. All the groups talked about the need for more direct partnerships with attorneys. The Asian-Pacific Islander, Latinx, and Human Trafficking groups spoke specifically of the need for immigration attorneys to support the unique needs of those populations and the Mental Health group prioritized increased collaboration with the medical field. Additionally, one key discussion that showed up in the LGBTQ, Mental Health, and Asian-Pacific Islander groups was the need, primarily in the bigger cities within the state, for centralized access points for survivors seeking shelter. Specifically, they discussed having centralized phone numbers so that a survivor didn't have to call each shelter separately to see if they had space. This kind of barrier is specifically difficult for people from underrepresented groups who find it challenging to reach out even once.

"We need to know and be able to send people to other parts of the community, in which they can go beyond trauma services, and actually interact with other people who may identify in ways that they identify"

- LGBT Stakeholder Group Participant -

While these professional collaborations are important, however, many of the groups talked about the downside of this professionalism, namely that seeking services at DV organizations has become a cold, impersonal experience, where there is more focus on service-provision and less focus on building and sustaining relationships that foster a feeling of "we are all in this together." While participants in the LGBTQ, African American, and Latinx groups discussed how staff who share identities with the underserved population in question can express their own vulnerabilities to build these connections, the higher priority for all stakeholder groups was on building external relationships that would make this kind of transition easier.

"I've had probably at least 100 clients over the years that will say something like "You're the first therapist that's ever gotten me."
- Mental Health Stakeholder Group Participant -

"We need to know and be able to send people to other parts of the community, in which they can go beyond trauma services, and actually interact with other people who may identify in ways that they identify"
- LGBTQ Stakeholder Group Participant -

All of the stakeholder groups emphasized engaging communities in domestic violence outreach and prevention work through participation in community events. The identity-specific groups identified culturally-specific community events as particularly important for domestic violence organizations to build solid community connections. Religious organizations were seen as pivotal for many of the groups with the African American, Latinx, and Rural stakeholders focusing primarily on Christian churches, and the Asian-Pacific Islander stakeholders emphasizing other faith communities more connected to the populations they serve. These include Muslim and Hindu religious leaders, for example. This is one way domestic violence organizations can begin to understand the unique needs of the most underrepresented groups, such as discussed in the Asian-Pacific Islander community. This sentiment was reiterated in all of the identity- specific groups, requesting that programming itself must be culturally-relevant, competent, and sensitive.

In order to serve in the most culturally-relevant way, the identity-specific groups zoomed in on the need for organizations to not assume that they have all of the expertise in house. Rather, the LGBTQ, Latinx, and Asian-Pacific Islander groups suggested more intentional and direct collaboration with culturally-specific organizations. The African American and LGBTQ groups identified the ways that domestic violence organizations can "drop the ball" after initial engagement (i.e., they show up one time and provide no follow up). This serves as a barrier because community engagement should be about ongoing relationship-building and not just one time events. Furthermore, all of the identity-specific groups expressed dismay at the ways in which within-group diversity (e.g. black immigrants vs. black Americans, Central American vs. Mexican Latinx, and Chinese vs South Asian) is neglected even as organizations claim to be serving underrepresented groups.

"If you send out a Black person, they might not be the right black person... within the Black Community because you have Africans, Caribbeans, and even with that there is different cultural understandings."
- African American Stakeholder Group Participant -

Working in community means more comprehensive services for survivors. Furthermore, several groups mentioned the intentional partnerships with peers and community leaders to meet communities where they are. This showed up in two separate ways. In terms of education and outreach, all of the groups talked about the need for organizations to prioritize building community knowledge on domestic violence and available resources. The identity-specific groups mentioned peer support as one model for culturally-relevant programming. Additionally, connecting directly with communities also means an emphasis on men's engagement for the African American group and youth engagement for all but two of the stakeholder groups (Mental Health and Human Trafficking).

Two specific kinds of community education were emphasized. First, the LGBTQ, Latinx, and Rural groups talked about the need to continue educating communities about LGBTQ and immigrant acceptance. The Rural group acknowledged that, at times, the community at-large promotes beliefs that at best devalue and at worst cause significant harm to the same underserved groups (LGBTQ and immigrant communities) the agency is trying serve. Second, the Human Trafficking group reflected on how this form of victimization is particularly unique, and educational opportunities should be focusing on understanding those characteristics that make it unique from domestic and sexual violence. Furthermore, because of its unique position, organizations working with human trafficking victims also need to continuously combat a lot of misinformation about the dynamics at play. Participants provided examples in this case of how human trafficking victims can find it difficult to access government benefits because of all the confusion about what kinds of support they are able to seek. Overall, working with underserved groups means moving beyond community outreach to a more engaged framework based on principles associated with centering communities throughout the process.

One promising practice discussed in the Human Trafficking group was using the promotora (or community health worker) model to empower community outreach workers as "trusted members of the community" to provide information and support when encountering potential victims in their homes when they go to educate on other topics. Second, in terms of actual services, the LGBTQ, Latinx, Rural, and Mental Health groups all talked about mobile programming (i.e., offering services outside of the shelter or office building) as an important aspect of community connections. The Mental Health group, in particular, discussed the need for clinicians to meet clients where they are in their communities.

"I think mobile advocacy model has a lot of potential for helping diverse communities, especially if we merge, like mobile advocacy and peer support, and peer led models, to get providers out into the community, and more integrated into different agencies, and systems, and clinics, and wherever folks are connected, and have their community. Because it kind of merges, like prevention and intervention, and community-building."
- LGBTQ Stakeholder Group Participant -

Contentions

Two particularly contentious areas of community connections that were discussed in many of the groups were faith communities and law enforcement.

"Every time, I come, you give me vouchers and I go to the thrift store and the pastor always there at the thrift store and she sees I have vouchers and she knows I came to you, and she gives me a big sermon about how I don't put my all my faith in God and I put my faith in you."
- Latinx Stakeholder Group Participant (remembering a client's response to not being back for services in six months) -

While engagement with faith communities was important to all three of the culturally-specific groups (African American, Latinx, and Asian-Pacific Islander), there was also recognition that faith communities, at times, were also culpable for the continued abuse experienced by many in the communities. Certain religious beliefs could sometimes leave little room for empowering individuals to leave abusive relationships. Furthermore, the LGBTQ community spoke about homophobia in certain religious organizations and a lack of trust in those kinds of organizations to support their needs. This presents a complicated situation for domestic violence organizations. They need to partner with faith communities to fully support those they are serving, because folks they serve are members of and active in various faith communities. At the same time, however, they need to support the development and growth of religious leaders so that those

leaders can support their constituents through these circumstances without victim blaming.

"Law enforcement are not advocates and advocates are not law enforcement... How do we work together and have that symbiotic relationship so that we can effectively have that partnership?"
- Rural Spotlight Call Participant -

"I have had police officers just say things to me or my client that felt a little culturally… insensitive and that kind of hindered their or like, you know, disrupted their trust in those systems."
- Asian-Pacific Islander Spotlight Call Participant -

The role of law enforcement was another contentious area in the majority of the groups. The identity-specific groups focused primarily on the fear that many marginalized populations have of the criminal justice system (this will be discussed further in a later section), and the rural group described the complex relationship-building that needs to occur in order to work with law enforcement as an advocate for survivors as needed. Furthermore, the Rural and Mental Health groups, in particular, grappled with the need to continue to educate law enforcement about these issues as survivors continued to be dependent on the decisions law enforcement make on their cases. This was particularly evident in the Human Trafficking group, where there were concerns about how to mitigate the continued criminalization of victims in these kinds of cases. Overall, there was considerable conversation about the extent to which domestic violence organizations have become too intertwined with law enforcement, which may at times lead to interventions that are not entirely survivor-centered. Furthermore, the knowledge that law enforcement is involved in a survivor's case may be a barrier for survivors seeking services within the organization.

Community Connections and Contentions Recommendations

1. It was clear from the lengthy discussions of community partnerships that participants in the stakeholder groups found this part of the work particularly important. Overall, there is a need for programs to move towards a more community engaged/community capacity approach to service provision (Serrata et al., 2015).

2. The analysis indicates the need for developing and implementing best practices of mobile programming and services, as has been done in other helping professions (Kirkpatrick et al., 2007). This should include training and support provided by the state coalition and partners, as well as increasing funding opportunities to support this kind of work, specifically.

3. Faith organizations (Pyles, 2007; Jones & Fowler, 2009; Wolff et al., 2001; DeHart, 2010) and law enforcement (Gover et al., 2011; Younglove et al., 2002; Lila et al., 2013) are two institutions that can become controversial partners with domestic violence organizations. Care should be taken in forging these relationships, as well as recognition of the nuances of how certain groups interact with these institutions and how it impacts service provision.

4. Domestic violence organizations are particularly interested in increasing their community outreach and prevention education as a key part of continuing comprehensive service provision. However, funding opportunities should prioritize these activities in order to increase the chances of solid, effective programming (Wolfe & Jaffe, 1999; Whitaker et al., 2006; Tharp, 2012; Noonan et al., 2009; Cornelius & Resseguie, 2007).

5. Work with underserved communities should include their input in the planning, implementation, and evaluation of the program's success. There are several organizational frameworks for doing this successfully (Serrata et al., 2015; Serrata, Macias, Rosales, Hernandez & Perilla, 2017). Organizations should be continually reflexive about this process.

THEME TWO: ORGANIZATIONAL DYNAMICS

Participants in the identity-specific groups consistently mentioned internal organizational structure and dynamics, often in the context of barriers and needs related to serving underrepresented groups.

These issues have been organized into two areas:
>   1) overall organizational structure and capabilities and
>   2) representational leadership and leadership buy-in accountability.

Organizational Structure and Capabilities

Organizational inertia ("we do it this way, because we've always done it this way") has been a barrier for building trust with many of the communities represented in the identity-specific stakeholder groups. These groups all discussed how their organizations struggle with change, including how slowly changes take place. While some of the organizations have begun to integrate new ways of working with survivors based on feedback and current information on best practices, many remain stagnant.

"You're one person in four counties, and you have to drive through all of the counties to try to get everybody's attention, and everybody to acknowledge you."
- Rural Spotlight Call Participant -

All of the groups spent significant time discussing the need for increasing staffing due to various layers of stress, as well as increasing staff capacity for working with underrepresented groups due to the shortcomings of the "business as usual" approach. Paying attention to the vicarious trauma experienced by staff was of particular concern in the Mental Health group as well as the continuing stress that accompanied these and frontline advocate positions. This stress and trauma, coupled with the low relative pay for these positions, increases the possibilities for staff turnover. Moreover, in

positions that are meant to be culturally-specific, such as bilingual (Latinx and Asian-Pacific Islander) or LGBTQ- serving staff, the level of burnout can be even more acute. They may be the only staff member tasked with working with these populations, which impacts their well-being and ability to do normal things like take a vacation, as mentioned in the Mental Health group, specifically. This can be exacerbated in rural communities where there is limited staff for larger service areas and is even more difficult when considering, as the Latinx group did, that hiring staff from the culturally-specific groups you want to serve may also mean that many of these same staff may be experiencing similar issues. Organizations must then deal with significant turnover in these kinds of positions, ultimately leaving significant gaps in services for those who need them.

"We [staff] had family members who fit the deportable list... How do you support the staff that look like the communities that are not of center?"
- Latinx Stakeholder Group Participant -

"If you're not understanding that trans clients are at a higher risk for being outside a shelter, then you don't have a great danger assessment."
- LGBTQ Stakeholder Group Participant -

The Mental Health, Asian-Pacific Islander, LGBTQ, and Human Trafficking groups all discussed the need for simple and accessible intake procedures, and all of the groups mentioned how structures, such as waitlists for mental health services, result in many not receiving the support that they need when they need it the most. Additionally, the LGBTQ, Asian-Pacific Islander, and Human Trafficking groups all mentioned the need to account for membership in underrepresented groups as increasing the overall risk assessment for a survivor when they are initially screened for services. One example, described in the LGBTQ group, is that a trans survivor will likely be at a higher risk than a middle-class white person seeking services even if they fall lower on the standardized risk assessment forms. Moreover, the traditional

risk assessments may not capture the nuances between a traditional intimate partner violence survivor and someone that may be a survivor of human trafficking. The Asian-Pacific Islander group mentioned the promising practice of taking cultural dynamics into account during risk assessments with regard to qualifying clients for rapid rehousing. For example, utilizing risk assessments that include the increased risks of experiencing higher rates of violence because of immigration status.

The domestic violence organizations represented in the stakeholder groups also discussed currently having limited bilingual and bicultural staff, as well as limited resources to support internal or external legal services. Accordingly, the need for bicultural staff was brought up in a discussion about staff increasing their knowledge on how family dynamics play out in Asian-Pacific Islander communities since familial violence may come from other family members, in addition to a spouse or intimate partner. In terms of legal services, as mentioned in the previous section, this was especially the case in the Latinx and Asian-Pacific Islander groups, who focused on issues surrounding immigration and immigration statuses, but also showed up significantly in the Human Trafficking group in terms of the need for legal support for human trafficking victims who tend to experience increased criminalization (e.g., being charged with prostitution or charged with co-occurring issues such as drug use). For the Human Trafficking group, in particular, there were many discussions about the compounding issues (e.g. drug addiction) experienced by human trafficking victims, and the need for staff to be better versed in those needs that are unique from intimate partner violence and sexual violence victims.

Representational Leadership and Leadership Buy-in/Accountability

"I think the biggest impact we can have is putting people who hold multiple marginalized identities in positions of leadership and power."
- LGBTQ Stakeholder Group Participant -

"The barrier is that the Executive Board does not look like me nor the community in which it serves."
- African American Stakeholder Group Participant -

The identity-specific groups all brought up issues of representation in organizational leadership, and it was a particularly salient topic in the African American group. Participants acknowledged that there are very limited African American women in leadership positions within the state and even fewer in executive or board leadership positions. This was particularly concerning for two reasons. First, this has meant that the African Americans that are working in organizations are not being promoted into leadership and may choose to leave the field completely if they are not being compensated fairly for their work. Second, in areas with high rates of African Americans and African American survivors, the issue of representation matters so that survivors from marginalized communities feel like they are actually coming to a place that will understand them and their needs.

"Because we aren't being promoted to higher level positions, we are deciding to get out of the field because we aren't being supported and looking at what our skill set is to be able to elevate."
- African American Stakeholder Group Participant -

"If you know people at the top of this organization share identities with you, you're 100% going to feel more able to walk into that space."
- LGBTQ Stakeholder Group Participant -

Associated with the lack of representational leadership is the lack of leadership buy-in for work that centers underrepresented populations as represented in the identity-specific groups. For the African American group, this showed up in limited support for black-centered programming, even when the community asked for it. For example, one participant spoke at length about a project that she worked on over several years that garnered

considerable community support. Eventually, one year she heard from organizational leadership that the specific work in the African American community was no longer in line with the organization's mission. Since this was a popular event, she was able to pass it on to a colleague in another organization, but her organization would never participate again. For the LGBTQ group, this showed up as subtle and not-so-subtle homophobia and bias when staff worked with the LGBTQ population, particularly trans folks.

"Like, how do we build people's strengths around their own identity, when they come to us as clients? The outreach populations we're serving don't know where they belong in most cases. We have to do more than just say, like, 'if you're gay, I'm not going to harm you."
- LGBTQ Stakeholder Group Participant -

Even for organizations that have leadership that want to be supportive, since the populations being served are not being represented in the organizations, it is still an uphill battle. So, while organizations may move towards adding gender pronouns to email signature lines to be more inclusive of the trans community, for participants in the LGBTQ group, that this is simply not enough. Additionally, if the organization has not dealt with staff, especially front-line staff biases against certain populations, updating policies to include cultural diversity, for example, may not be enough to create a welcoming environment for survivors from those groups.

"We need to have cultural competence training and be like: 'do you actually value black people as human beings?"
- African American Stakeholder Group Participant -

Several of the groups brought up the possibility that funders might pay attention to the cultural makeup of an organization's leadership when making decisions about funding organizations to work with underrepresented groups, with priority given to those organizations whose leadership is representative of those communities.

Organizational Dynamics Recommendations:

1. Comprehensive, internal capacity-building and anti-bias training within domestic violence organizations will go a long way in developing readiness to support underserved communities. This includes not just cultural competency, but also addressing the barriers for services implicit in certain organizational structures. This recommendation is focused, not just on being able to serve culturally-specific groups, but also on serving groups that may need more care, including those with mental health issues or human trafficking victims. One strategy for accomplishing this recommendation is through internal cross-training between staff, as well as external cross-training with community partners or, even more simply put, more than one staff member should be hired to work with underserved populations so that they can share the workload. Furthermore, organizations should continually and regularly review their policies, such as processes for intakes for cultural and trauma-informed considerations.

2. Representation within domestic violence organizations matters. The principle here is that any organization interested in serving underserved groups should understand the nuances within those groups. Increasing staff and leadership (both board and staff leaders) who are actually members of those groups increases the likelihood that they will be more responsive to the needs of those communities. Funding should incentivize organizations moving toward increasing representation of underrepresented groups in

leadership positions. If an organization wants to be funded to support underserved communities, their staffing should be representative of that population.

"If there's space to reward through funding programs that actively take an interest in promoting the leadership of people that represent different communities, then, all of a sudden, it's in management and Board's interest to put more attention toward that."
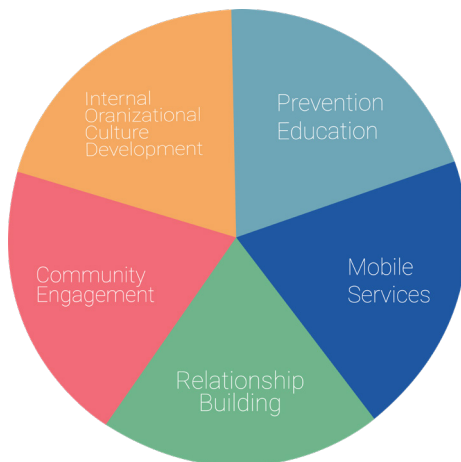*- LGBTQ Stakeholder Group Participant -*

THEME THREE: FUNDING

"We've got over a dozen volunteers in our advocacy programs who identify as queer survivors and who would be, like, more than happy to do this kind of outreach and advocacy work, if there were funding for it. Those conversations can't start without funding."
- LGBTQ Stakeholder Group Participant -

The need for additional funding to increase services came up in every listening session. All of the groups discussed the need for more funding to support an increase in crisis services, specifically. However, the identity-specific groups also focused on the need for a greater amount of funding for community relationship-building and prevention within their communities. Funding discussions occurred either from the perspective of: 1) the need for flexibility in how funding can be used and/or 2) the need to make funding opportunities more accessible to different kinds of domestic violence organizations and other community organizations that may serve intimate partner violence survivors.

Funding Priorities

Pie chart segments: Internal Organizational Culture Development, Prevention Education, Community Engagement, Mobile Services, Relationship Building

Inflexible Funding

*"Some of this is about buying pizza for the community
to bring them out there."*
- African American Stakeholder Group Participant -

All the groups cited the need for more flexibility in how they use their funding. To incentivize organizations to try things that may be more culturally-responsive, the funding should be able to support the work. For example, in the LGBTQ group, participants brought up a peer support model of service delivery, but recognized that organizations need to be able to pay people for their service. Ethically speaking, previous clients or community members should not just be expected to work for organizations for free. This is especially the case when asking individuals that are already from poorer areas to do additional work. The LGBTQ, Latinx, and Mental Health groups talked specifically about the importance of organizations being funded to plan and implement creative ways of engaging community members in a long-term, sustainable way.

*"Not everyone needs to come into a shelter. Sometimes they are just
needing to sustain what they already have, so flex funding would allow
for that instead of being so restrictive."*
- African American Stakeholder Group Participant -

While many of the groups acknowledged that there were some well and not-so-well-resourced programs for survivors, such as group counseling sessions and financial planning, they also recognized that these kinds of services may come secondary to the particular needs of the survivor seeking support. Funding that focuses primarily on these higher order services may neglect some of the more fundamental client needs that are only tangentially related to the intimate partner violence that survivors are or were experiencing (e.g., money for transportation, child care, utility bills, food and so on). This issue is explored further in the section related to access.

"Well, no, I actually need to go to work. Because it's more important that I have a house and some food for my kid than to go to this class."
-Latinx Stakeholder Group Participant (in reference to the client comment about organization services) -

Inaccessible Funding

"You actually have to diversify the funding where the black people are going... until you care about where black populations are going and acknowledge that white/black populations are leaving because of gentrification, which is a legacy of white supremacy, we will never have adequate needs met."
- African American Stakeholder Group Participant -

In many of the groups, particularly within the African American and LGBTQ groups, the topic of the accessibility of funding was a larger discussion. The African American group wanted more information on how culturally-specific funding opportunities are promoted and how organizations are chosen. They also discussed the fact that funders need to consider that as populations change geographic locations due to gentrification and other causes, the money needs to move with them. Areas that used to primarily be African American may now primarily consist of upper-middle-class white people. This is especially true within the larger cities in Texas, including Austin, Houston, and Dallas.

"Small organizations have difficulty in writing some of these larger grants and running the data that is required. If you could write in another organization that is doing better work, that is more culturally-relevant than you could be, that would be a way to get better resources to smaller organizations."
- African American Stakeholder Group Participant -

Several groups pointed out the disadvantages faced by smaller, community-based organizations when applying for funding. The LGBTQ and Rural groups talked about how requirements, like matching funds, privilege larger organizations and may disqualify smaller organizations doing more significant, community-oriented work. Furthermore, the LGBTQ, Latinx, and African American groups all referenced a need to clarify whether or not culturally-specific and LGBTQ-serving community organizations that provide domestic violence services, but are not primarily domestic violence organizations, are eligible for certain grant opportunities. The Human Trafficking group spoke about the need to increase the competence around human trafficking dynamics so that funding opportunities that are set aside for human trafficking victims will actually be useful in supporting that population. Finally, all of the identity-specific groups mentioned the need to prioritize funding organizations that are working intentionally and collaboratively with other groups that are more firmly established and embedded within underserved communities.

Funding Recommendations (See appendix for more detailed discussion)

1. Staff in domestic violence organizations recognize that they cannot always anticipate the needs of survivors. However, they do tend to implicitly understand that in order for the benefits of service provision to be sustainable, survivors must primarily have their basic needs met. Funding for domestic violence services should provide some level of autonomy for organizations to use funding for emergent or non-traditional issues that come up for survivors. These may include rental assistance, transportation, and child care.

2. In many areas, community-based organizations, who are not necessarily domestic violence organizations, may be the most positioned to provide support and services to survivors from underserved groups. Funders should be sure to promote funding opportunities so that unlikely groups and organizations are aware of them. Additionally, funding directed to domestic violence organizations specifically, should incentivize collaborations with culturally-specific or community-based organizations. This is especially important for underserved identity groups, as research is beginning to show that organizations built to respond to the needs of cultural-specific groups are effective at creating positive change for survivors (Serrata et al., 2019).

THEME FOUR: ACCESS TO SERVICES

Conversations about access to services showed up in every group discussion. Whether they used the word "access" or not, all of the groups were interested in issues associated with supporting the whole survivor, which may mean decentering crisis or mental health services and focusing on immediate needs, such as transportation and family support. There were also frequent mentions of language barriers to providing services to specific communities.

Transportation

"You can have people that know about the services, but how do they get there because the buses only come so far… If you live in the outskirts of town and don't live on that bus system, it could take you five hours to get to us."

- African American Stakeholder Group Participant -

While every group talked about transportation, this issue was most prominently discussed in the Rural, African American, and Latinx groups. Rural communities struggle with serving multiple counties that are particularly spread out and where the only form of transportation is a personal vehicle. On the other hand, the African American and Latinx groups, talked about the inaccessibility of transportation in urban areas. Although some parts of the larger cities are accessible by public transportation, there are specific pockets that are not. Furthermore, even if a survivor has a working vehicle, or the organization is in a place easily accessible by public transportation for the survivor, they may not have the funds (e.g., gas money or bus ticket money) to pay for the travel. Even when organizations are able to work around the transportation issues by using telephone or video counseling, for example, the staff still need direction on how to account for these services when they cannot get something, such as a client's signature for funding purposes.

Family-Centered Services

"We don't see things, even though we all have family in our title, like in our services, we don't always look at the family needing services. We tend to look at the survivor or the child, like childhood mental health challenges or the survivor. "We don't look at it as within this family system, these are the things that are happening and these are the services and support that family needs to survive."
-Mental Health Stakeholder Group Participant-

All of the groups, with the exception of Human Trafficking, talked about the need for an increase in family-centered services i.e. services that prioritize the family unit seeking shelter or support as opposed to the survivor only. Creating services with only the survivor in mind can be particularly ineffective in communities where, culturally, family and the collective is more important than the individual (mentioned specifically in the Latinx and Asian-Pacific Islander groups). Furthermore, many survivors may choose to remain with the person that is violent to them for many reasons, and some participants talked about the importance of services sensitive to this reality.

One barrier, in terms of family support services, is child care and, for some, pet care. Survivors may either 1) need to bring their children with them to receive services or 2) need child care so that they can attend appointments. In the case of the latter, it may be financially infeasible for survivors. Additionally, the Latinx group mentioned survivors currently in shelter may need child care in order to go to work and, while some offer some level of child care, many do not. The Rural group included the added dimension of pets to the equation. Many survivors may not want to leave their pets with their abuser or may have nowhere else to keep them. If a shelter does not have adequate ability to house or support the housing of these pets, this may cause a significant barrier for survivors seeking services.

Family-centered services also include issues with housing. The Asian-Pacific Islander, Mental Health, and Human Trafficking groups all mentioned the complexities around housing for survivors. The Asian-Pacific Islander group dreamed of culturally-specific housing or housing that is set up to support some of the unique needs of survivors from the Asian-Pacific Islander community. For example, shelters with culturally-relevant programming that emphasize community networks and cultural practices. Shelters across Texas have been developed without necessarily considering the kinds of cultural practices that are important to members of certain communities. The Mental Health group brought up the issue of housing survivors who may have more severe mental health issues and who can be ultimately disruptive to others within the space. Such survivors may also need specific kind of care that, if they are not in crisis, may not be easily accessible to them. For human trafficking survivors, they may need separation from the rest of the people in a domestic violence shelter because of their unique trauma.

Language

"All of our information is not in Spanish so it's not like we are clearly offering it to them."
- Latinx Stakeholder Group Participant -

Attention to language barriers came up in the majority of the groups in two different contexts. First, the most obvious language barrier had to do with the fact that non-English speaking survivors may find domestic violence organizations inaccessible. This was a primary concern for the Latinx and Asian-Pacific Islander groups, who both mentioned potential survivors who either recently came to the U.S. or live in communities where they did not learn English. The lack of bilingual and multilingual staff, as well as the difficulty in finding adequate translation services, may and do create barriers for survivors that would, under other circumstances, seek help from domestic violence organizations.

"Someone calls and we answer the phone, like, 'This is so-and-so from the Women's Shelter." And it's like "No, you need to remember that it is not just the Women's shelter, because we serve everyone."

- Latinx Stakeholder Group Participant -

Second, within the LGBTQ groups, a discussion of language also showed up in terms of organizations not integrating the language to work with LGBTQ populations, like using the correct pronouns or terms related to sexual orientation. Furthermore, with many organizations still carrying names and mission statements that suggest they are women's organizations, other kinds of survivors, particularly LGBTQ survivors, may not feel that there are actually services for them at those organizations. The Latinx group also mentioned this issue as a barrier for serving members of the population that are not women, including men and queer communities.

Access to Services Recommendations

1. When considering barriers to access that include issues, such as transportation and child care, various organizations have started thinking about services and programming that can be provided from a distance. It seems worth it in these cases to prioritize developing protocols and best practices for services, such as video-based interventions (Humphreys et al., 2011; Finn, 2000) and/or Facebook live sessions for education.

2. With many domestic violence organizations continuing to come up against language barriers when serving survivors, we recommend working to build organizational capacity and staffing to serve non-English speaking staff. Additionally, organizations should consider ways to build sustainable bicultural and bilingual staffing so that the burden is not on one or two staff members to serve all non-native English speakers (Whitaker et al., 2007; Bloom et al., 2009; Lee, 2013).

3. Domestic violence organizations need to begin to and continuously reflect on how their services are represented with the community and develop ways of representing the inclusiveness of their programming. Furthermore, programs should be mindful on how their services affect not just the survivor, but their families, including children (Holt et al., 2008) and pets (Ascione, 2000). Additionally, organizations should be more intentional in determining services for survivors that choose to stay in a relationship with those individuals that have caused them harm (Peled et al., 2000).

THEME FIVE: STIGMAS AND FEARS

"I think it's harder in the current climate anyway, because there's such a pronounced backlash, where within certain communities and populations, it's now super cool to just overtly be a bigot. Because you've got to MAGA [Make America Great Again] all the time… which is making it scarier for folks to reach out."
- LGBTQ Stakeholder Group Participant -

Overall, the most frequently mentioned barrier across the board was fear. Individual-level fear was associated with stigma and limited understanding of how intimate partner violence plays out. This was associated with cultural and societal notions of weakness and strength. On the systems-level, discussions about fear and the need to build trust were rooted in the historical violence experienced by the marginalized populations represented in these groups. This history, coupled with what participants identified as a resurgence over the last two years of more overt racist, nationalist, homophobic, transphobic, sexist, and victim-blaming ideas and actions, served to compound all the other issues discussed.

Stigma, Weakness, and Survivor Education

"Because we live in the same community, everybody's going to find out that I was abused."
- Latinx Stakeholder Group Participant -

"When they are coming from the home country, and you know from a culture of collectivism, they are often team thinking before calling the police or involving the law enforcement that they are going to be ostracized from the community and you know, maybe she has a younger sibling who is never going to get married if she gets the law enforcement involved."
- Asian-Pacific Islander Spotlight Call Participant -

In addition to the barriers to support that are external to a survivor and a survivor's community, the identity-specific groups talked about the individual and community dynamics involved with seeking help. The Latinx, Rural, and Asian-Pacific Islander groups all mentioned the continued lack of information about intimate partner violence, in general, and the misunderstandings in communities, especially those isolated from the larger populations, about the dynamics within violent homes and the options for survivors of that violence. This can be exacerbated in smaller communities where everyone knows everything that happens and staff and survivors may know each other outside of this context. The Asian-Pacific Islander group, in particular, talked about the stigma associated with involving systems, such as law enforcement, into what is deemed a private, family matter. Moreover, the lack of understanding about the differences and similarities between intimate partner violence and human trafficking, may shut down human trafficking victims from seeking and knowing the support they need in these kinds of organizations.

"It is different. I feel like law enforcement and prosecutors are at where we were 20, 30 years ago with domestic violence. So, there is still even more stigma, still even more victim blaming, and now there's also the potential criminal element of criminalizing the victim or the survivor."
- Human Trafficking Stakeholder Group Participant -

"I come from generations of women that just deal with it, and that's throughout the community as a whole. I feel like, if people really want to help the African American community deal with abuse or violence, you have to get past that mask."
- African American Stakeholder group Participant -

In addition to the stigma associated with intimate partner violence, more generally, several of the groups also talked about other norms that increase the stigma associated with seeking help. In the African American group, for example, participants reflected on the prevailing social norms and expectations around the strong black woman that can handle everything on her own and without complaining. This expectation causes many to not reach out when they need it. Furthermore, the Mental Health group included the additional layer associated with the stigmas around mental health issues and how that shame and isolation make it difficult for survivors with more complicated needs to reach out and then to eventually be supported if they do. This shame and isolation can be even more extreme if the survivor identifies as LGBTQ.

To combat some of the shame and isolation associated with help seeking for many of the issues that a survivor may need support with, the African American, LGBTQ, Latinx, and Rural groups all prioritized the need for domestic violence organizations to offer comprehensive educational opportunities. The Rural and Latinx groups both affirmed that the goal of these opportunities is to empower the survivors to advocate for themselves based on the tools provided. The Rural and African American groups focused primarily on areas of self-sufficiency, such as financial management and other forms of specific skill-building. The Latinx and Mental Health groups were also interested in education about the health impacts of the trauma associated with intimate partner violence and equipping clients with the ability to navigate these discussions with their health care providers. The LGBTQ group took this health education one step further, acknowledging that working with LGBTQ survivors also meant recognizing that supporting these clients means reiterating that there is nothing wrong with them and providing the tools for self-acceptance. This is a particularly difficult charge, if the staff at domestic violence programs have biases against survivors based on their sexual orientation or gender expression.

"They don't know what PTSD is, they don't know what depression is, they're having all these symptoms and they don't know how to identify them. I've seen that it's very empowering for them. I don't tell them, "Oh you have depression or you have PTSD." I just don't. I tell them I'm not a doctor, I don't diagnose. But I'll give them information, we'll go over the pamphlets, and we'll do a group. What is PTSD? What is Depression?

And then they'll self-diagnose themselves… and its empowering for them because then they can go to their doctor and say, 'I really think I have this or I'm suffering from this," or "I'm not crazy, I have PTSD because I was a victim of violence."

- Latinx Stakeholder Group Participant -

In addition to the individual fears based on preconceived notions, the process for receiving services can be dehumanizing and impersonal. The Asian-Pacific Islander and the LGBTQ groups talked about the importance of personal references for clients to feel safe. Various survivors may only seek support from these organizations if someone they know and trust lets them know it's safe. Unfortunately, in many cases, as discussed in the African American and Latinx groups, individuals may come seeking services and experience subtle or even overt discrimination because of staff biases. These same individuals may then share these experiences with folks in their communities, which, in turn, makes it more difficult for the organization to build rapport and trust within that community.

"Black women when they called in, it was a very immediate need, life or death. Was homeless. These multiple levels of trauma and then nothing was done for them. So not only are they never going to call again but they are telling everyone that they know that they can't trust what is going on."

- African American Stakeholder Group Participant -

Fear of Systems and the Need to Build Trust

"Even when I catch a break, I feel like I'm at the mercy of someone else. Great."
- Latinx Stakeholder Group Participant (discussing the unique experiences of undocumented survivors) -

"We've got a lot that come in, saying, "Oh my God. Please don't call law enforcement. Don't. They're going to judge me. They're not going to help me. They're going to make fun of me. I heard them whispering the other day when I went up there. You know that's a real fear."
- LGBTQ Stakeholder Group Participant -

Fear of systems and experiences of victim blaming by law enforcement, in particular, was embedded throughout most of the discussions in the identity-specific groups. The African American group talked about the fear of experiencing racial violence at   the hand of service providers and law enforcement. The LGBTQ group talked about   fear of being judged and not taken seriously by law enforcement and other service providers. The Latinx and Asian-Pacific Islander groups talked about fear toward   immigration status and deportation. All of these fears are based on actual harm having been committed against these groups of people, and participants   talked in   detail about the need for organizations to acknowledge this history of harm and work from that place when deciding to serve these communities of people.

"I can't tell my client, I can help you apply for a new visa, but if you don't get it   you'll get to stay here. That used to be the case, then policies changed. And now I have to say, "You might be put in removal proceedings if you don't win this, and I can't tell you're going to win because everything right now is uncertain."

- Latinx Stakeholder Group Participant -

In addition to the identity-specific group fears, the Human Trafficking and Mental Health groups talked about fear of systems as well. While the Human Trafficking group had the unique experience of survivors being afraid that they would be retaken by their trafficker, both groups also expressed the fears around the criminalization of the survivors. With the Human Trafficking group, this was expressed within discussions about the compounding issues of drug addiction and prostitution charges and with the Mental Health group, the problem was associated with the ways in which severe mental illness is sometimes interpreted as a person being violent with the only recourse other than shelter being imprisonment.

Stigmas and Fear of Systems Recommendations

1. Domestic violence organizations should think critically about how much their current work is entangled with the criminal legal system and what is lost because of this reality. Furthermore, programs should begin thinking about what it would take to implement service alternatives to criminal-legal processes. This is a complex undertaking, but it is important when working with historically marginalized communities to examine these possibilities (Cheon and Regehr 2006). One participant from the African American Stakeholder group said it best:

"I'm not saying that I am against all these different proposals, I'm just saying that in order for us to have a very measured and accurate analysis, we need to count the people that want to work outside of the system which are advocates, who want to do more restorative justice models and not involve law enforcement."
- African American Stakeholder Group Participant-

2. Domestic violence organizations should work collectively with systems around building trust in underserved communities, not only when violence occurs, but as a regular part of operations. This is a long-term process that is nevertheless essential in supporting underserved communities (Sherman, 2002; Brunson et al., 2015). Additionally, organizations should find ways to explicitly acknowledge and address survivor fears and historical traumas that may keep them from accessing services. This would go a long way in developing strong relationships with community leaders and, in turn, would impact the trust that survivors from underserved communities have in these kinds of organizations.

Understanding that the guiding definition of "underserved" was limited for this study, researchers turned to review academic literature for groups that were excluded from the operating definition. The following section provides commentary on the following sub-populations that are also considered part   of the "underserved" definition: poverty, elderly, youth, Indigenous. There are many other communities that could be included, (e.g. survivors with disabilities) but we focus here on those that have been discussed most directly in the Texas-specific literature.

Elderly

In line with the current Texas State Plan (Wood et al., 2019a, Wood et al., 2019b), domestic violence experiences and services for the elderly is becoming increasingly important within the state of Texas. In 2014, the U.S. Department of Health and Human Services reported on the prevalence of elder abuse as an emerging crisis needing particular attention. One year later, in the Texas Council on Family Violence, annual Honoring Texas Victims Report of the number of women killed during that year by an intimate partner, the coalition identified 15 women over the age of 70 that were killed by an intimate partner. While this was particularly significant in that year, when you look at the statistics from that report, between 2014 and 2017, the number of women killed over the age of 60 by an intimate partner ranges between 7.5 and 12% of the total number of women killed for any given year. This significant and consistent statistics shows the need for more information on the specific needs for older adults experiencing intimate partner violence. For example, Zink et al., (2003) discussed the ways in which older intimate partner violence survivors may have more traditional views on gender roles and marriage, which would impact their help-seeking. Furthermore, health concerns may impact an older women's decision to leave an abusive relationship (Wolf, 2000).

Poverty

According to the U.S. Census Bureau, almost 15% of Texans live in poverty. For many intimate partner violence survivors, poverty may be a compounding factor in leaving their current situation. In fact, Benson and Fox (2004) found that poverty increased the likelihood that intimate partner violence victims would be re-abused. Poverty reduces possibilities of resilience of women experiencing violence (Williams & Mickelson, 2004). Additionally, the kinds of coping mechanisms utilized by those in poverty can be distinct and cannot be separated from the violence they are experiencing (Goodman et al., 2009). Although many domestic violence organizations provide some kinds of services for low-income survivors, understanding how the poverty is actually central to the abuse and not just another thing to deal with, means more intensive conversations with survivors in poverty about their specific needs and experiences.

Youth

The 2015 National Youth Risk Behavior Survey found that a significant amount of high school students experience dating violence (12% experienced physical abuse and 16% experienced sexual abuse from a dating partner). While, some research has found that there are limited differences in the prevalence of dating violence by ethnicity (Temple, 2010), there are several studies that have identified the ways that dating violence experiences among youth intersects with their identities and being from a community that has been historically marginalized like some of the ones discussed in the report, impacts their ability to seek and find support services (Clark et al., 1994; Dank et al., 2014; Sabina et al., 2013; Ramisetty Mickler, 2006). LGBTQ youth, in particular, experience domestic violence at alarming rates, with 42.8% of lesbian, gay, or bisexual youth and 88.9% of transgender youth reporting experiencing some form of dating violence (Dank, Lachman, Zweig, & Yahner, 2014). These young people may face stigma from their families or communities based on their gender identity or expression and

sexual orientation, which creates specific barriers to help-seeking (Break the Cycle, 2016).

While this data shows a significant need for support services for young people experiencing dating violence, a limited number of domestic violence organizations within the state provide youth-specific survivor services. Although many programs engage in some level of youth outreach through prevention education, there is still a lack of resources set aside to support youth survivors that are currently in need. As with the elderly, young (particularly LGBTQ) survivors have needs that are unique to their current circumstances and a more intentional examination of those needs, such as safety and confidentiality, as well as talking to young survivors, would go a long way in supporting this population.

Indigenous Populations

According to the U.S. Census (2018), only about one percent of Texas' population is made up of individuals from indigenous populations. However, with a population of 25 million, this means that there are at least 175,000 individuals within the state of Texas who identify as American Indian. Furthermore, while this is a small group, statistics from the National Institute of Justice identify that this population is at a significant risk for intimate partner violence, with over 50% of indigenous women having experienced violence by an intimate partner in their lifetime (Rosay, 2010). In the same study, the NIJ identified roughly 38% of indigenous women and 17% of indigenous men were not able to access domestic violence services. Overall, (Wahab & Olson, 2004) there is limited information on what kinds of services are important for this population. More information needs to be gathered in regards to how domestic violence organizations located in areas with higher percentages of indigenous populations can support their unique needs.

CONCLUSION AND CONTINUING GAPS

This report outlines key take-aways from discussions with stakeholders that serve various underserved groups in the state of Texas. It suggests that organizations utilize frameworks that will be of more service to underserved communities (Serrata et al., 2015). A trauma-informed, culturally-relevant approach to serving survivors and supporting organizational staff creates possibilities for more effective and impactful experiences for those seeking support from local programs (see Serrata et al., 2019).

Many of the findings throughout this report are not new. These are longstanding challenges that continue to resurface when we examine our services as a state. The stakeholder groups and spotlight calls were one additional way of learning more about the needs and barriers to serving underserved communities. Overall, the findings point to several overarching ideas. First, community connections are important, but organizations must be intentional and culturally-relevant when attempting to work in communities at large, and recognize the complex relationships that some populations may have with systems such as law enforcement and faith institutions. Second, internal organizational dynamics matter. Specifically, an organization poised to provide the most comprehensive services to underserved groups is one whose leadership and staffing somewhat represent the demographics they hope to serve, and who has a strong organizational commitment to staff training in cultural competence and challenging biases. This also includes addressing the fear factor, which interferes with the level of trust a survivor will place in an organization seeking to provide them services. Third, funding for serving underrepresented groups should provide opportunities to "think outside of the box" and support forging new partnerships and experimenting with innovative ideas that are based on interventions derived from community processes.

Overall, this report points to the need for consistent, increased attention to those survivors most underserved throughout the state of Texas. Based on the analysis within this report and the supporting literature, these groups include the ones already highlighted, as well as additional groups, such as elderly survivors, youth survivors, indigenous survivors, and survivors in poverty. The organizations within the Texas domestic violence field, including local service programs, the statewide coalition (TCFV), and funding agencies, should continue to have ongoing conversations with survivors and staff members from underrepresented groups to capture progress, pitfalls, and concerns in real time. This will show a commitment to continuous improvement of the systems survivors must navigate, and will open the door for the implementation of more promising practices in this area.

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Funding Recommendations for Services to Underserved Communities*

Culturally-Specific Organizations and Programming: Funding opportunities should prioritize culturally-specific domestic violence organizations who are embedded in underrepresented communities and who focus on the identities of the underrepresented communities they serve (e.g., https://www.justice.gov/ovw/ page/file/1117456/download).
Mobile Programming: Funding opportunities should prioritize programs working to develop and implement best practices of mobile programming and services. This should include funding pilot programs, as well as stakeholder engagement to determine the most effective implementation strategy. Ideas for mobile programming could include, but is not limited to: 1.Utilizing a promotora (or community health worker) model of engaging community leaders to work directly within underserved communities to provide education and individualized service provision (see https://journals.sagepub.com/doi/ abs/10.1177/1540415316629681); 2.Targeted community outreach using peer support models; 3.Programming that includes in-home services.
Flex Funds: Funding should be flexible and used to fund emergent or "nontraditional" survivor needs that are related to the collateral effects of violence. These needs could include, but are not limited to, transportation support, child care, rental assistance, long-term housing assistance, bill assistance, food, job-search assistance, professional trainings or certifications, etc.

Community Collaborations: Funding opportunities should prioritize domestic violence organizations that show a depth of relationships with other community organizations that are already embedded in the underrepresented communities they are hoping to serve. Funding could be allocated to these organizations to strengthen community collaborations and build organizational capacity in order to better serve survivors.

Staffing: Funding opportunities should incentivize programs to consider staff capacity and staff wellness when requesting additional funds in order to increase the likelihood of seamless service provision and reduce the likelihood of staff turnover, burnout and vicarious trauma. In addition, increased staff well-being allows for energy and effort to create innovative programming to address the needs of survivors from underserved communities.

Broaden Organizational Messaging: Funding opportunities should address the need for programs to develop and implement strategies for showing, in more consistent ways, how they serve different populations (e.g., asking the organization to report on the ethnic-makeup of their organizational leadership and board).

Organizational Capacity Building: Funding opportunities should be set aside to support internal organizational development. This includes comprehensive readiness and training processes for serving underserved populations, as well as incentivizing organizations that have significant representation in staffing in the underserved populations they serve or are hoping to serve.

Alternatives to Criminal Justice: Special funding opportunities should include the ability of programs to engage in planning and implementing community-led models of survivor support that may not be centered in criminal-legal remedies. For example, the promotora (community health worker) model is an effective community-led model that can be used to be the capacity of community members to support survivors.

Language-Access Plans: Funding opportunities should include funding for implementation of limited english proficiency language access plans. All programs receive federal funding, however, most programs stop short in fully implementing the plans for lack of funding reasons.

Recommendations to Texas Council on Family Violence

Mobile Programming: TCFV is well-positioned to provide educational opportunities and disseminate best practices associated with this kind of programming. This could include:

1. Incorporating workshops on mobile alternatives to service provision and community engagement in conferences and institutes;
2. Developing toolkits or providing a centralized collection of resources that have already been created for easy program access.

Leadership Support: The Texas Council on Family Violence can prioritize supporting programs around leadership capacity to serve underrepresented groups in several different ways:

1. Provide structured opportunities to support local program leadership from underrepresented groups. This can include an ongoing peer group and/or specific training and networking opportunities;
2. Provide training and technical assistance for programs in culturally-relevant programming;
3. Highlight programs across the state currently implementing internal and external changes to serve underrepresented groups.

Funding Support: Smaller, newer, and more community oriented or culturally-specific programs may have excellent services but limited fundraising capacity. TCFV can offer training opportunities in grant writing and alternative funding strategies to fill this need.

Systems Advocacy: Using TCFV's long history of systems advocacy, TCFV could prioritize advocating for the needs and concerns of survivors from underrepresented groups in the systems most identified as barriers. These include law enforcement, immigration, and child protective services.

Alternatives to the Criminal-legal System: Engaging with the criminal- legal system continues to be a complex issue for survivors from many underrepresented groups. TCFV can provide support for organizations implementing innovative service models that may serve as alternatives to the criminal legal system. Additionally, TCFV could research and disseminate information related to alternative practices e.g. restorative or community justice models.