


STUDY LED BY

Dr. Quenette L. Walton, LCSW
QLWALTON Consulting, LLC



IN PARTNERSHIP WITH

Texas Council on Family Violence (TCFV)



EFFORTS TO SUPPORT UNDERSERVED SURVIVORS IN TEXAS

Executive Summary

Written By

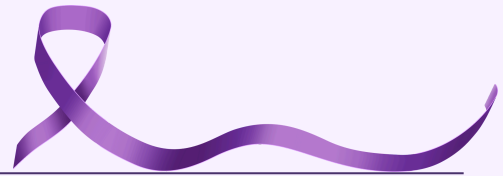
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ABOUT US



Quenette L. Walton,
PhD, LCSW

Principal
Investigator

Dr. Walton is an Associate Professor, Associate Dean, and Humana Endowed Chair at the University of Houston in the Graduate College of Social Work. She uses qualitative research to understand mental health disparities, social class, gender, and race among middle class Black women. She's also a consultant for ALSO's OVV Underserved grant program.



Olubunmi Oyewuwo,
PhD, LMSW

Research
Consultant

Dr. Oyewuwo is associate professor of social work at Northeastern Illinois University. Her research agenda focuses on improving the health and well-being outcomes of women, as well as Black, Muslim, and immigrant communities. She supported the project in data collection, analysis, and dissemination.



Alexandra N. Hood,
PhD, MSW

Research
Associate

Dr. Hood is a MSW Lecturer at MSU Denver and an Independent Research Consultant. Dr. Hood work is rooted in a deep commitment to racial and gender equity, with a focus on the experiences of Black and mixed-race girls and other historically marginalized groups. She supported data collection, data analysis, and dissemination.



Goals

- To learn and uplift community practices that are promising to support underserved communities.
- To gather valuable insights that underscore the resilience of underserved populations in Texas.
- To honor and uplift the unique strengths of underserved communities, ensuring their voices shape the future of family violence services in Texas.
- To uplift community voices and expertise in what is working well to support survivors of intimate partner violence from underserved communities.



Objectives

- 1** Document promising community-based practices that support underserved survivors in Texas with an emphasis on approaches that enhance safety, healing, and resilience.
- 2** Conduct individual interviews and focus groups with a diverse range of survivors and providers to gather first-hand insights about resilience strategies and barriers faced by underserved survivors across Texas.
- 3** Develop and disseminate a community-informed report with key recommendations that highlights the unique strengths, lived experiences, and priorities of underserved communities, ensuring these voices inform the design and delivery of future family violence services in Texas.



Research Questions



PRIMARY RESEARCH QUESTION: Which practices are promising in supporting underserved individuals and communities when seeking and engaging in IPV/GBV services in Texas?

SUPPORTING RESEARCH QUESTION: How do survivors from underserved communities forge resilience and support as they navigate intimate partner violence?

SUPPORTING RESEARCH QUESTION: What service models are rooted in community work to offer support to survivors of intimate partner violence?

SUPPORTING RESEARCH QUESTION: What practices support healthy communities that can foster prevention efforts pertaining to intimate partner violence?

SUPPORTING RESEARCH QUESTION: How do demographic, community factors, and system interventions influence the experience of survivors from underserved communities?

SUPPORTING RESEARCH QUESTION: What are common referrals to other community services that may be more culturally appropriate or accessible to survivors in underserved communities?

Timeline

Tentative start date was 8/24/2024.

However, the official kick off meeting with TCFV and QLWALTON Consulting, LLC research team regarding project overview, timeline, and deliverables was 9/25/2024.

**August 24, 2025
Project Start Date**

Team received IRB approval from BRANY IRB Services (a community based IRB located in NYC).

**Feb/March
Project IRB Approval**

Research team conducted individual interviews, focus groups, and held CAB meetings while simultaneously conducting data analysis for deliverables.

**March to August 2025
Project Data Collection
& Analysis**

Official end date for project and all deliverables submitted to TCFV.

**September 30,
2025
Project End Date**





WHAT DID WE KNOW?

Stressors related to discrimination and oppression are significant barriers for underserved individuals and communities in accessing effective and population-relevant IPV/GBV services (Crisp et al., 2018; Oyewuwo-Gassikia, 2016, 2019).

In Muslim communities, diverse cultural and religious practices can create challenges in assessing and understanding survivors' needs (Crisp et al., 2018; Oyewuwo-Gassikia, 2016, 2019).

In Orthodox Jewish communities, reluctance to report IPV/GBV should not be mistaken for a lack of abuse; women may suffer silently due to religious norms discouraging disclosure (Jankovits, 2019).

The gap in services for underserved IPV/GBV survivors reflects deep-seated inequalities in accessing and receiving quality care (Brereton et al., 2019; TCFV, 2013, 2018).



Emerging practice models call for reimagining current IPV service delivery within an intersectional feminist, trauma-informed framework (Kulkarni, 2018).

These approaches have the potential to transform IPV services and narrow service gaps if organizations can embed key elements into program design, implementation and evaluation processes (Kulkarni, 2018).

Survivors from historically marginalized groups, rural areas, LGBTQ communities, and those with mental health concerns continue to face unmet needs, including lack of legal support, housing, and culturally responsive care (Cuevas & Cudmore, 2017; Hulley et al., 2023).

Women in poverty experience more GBV and are less likely to receive help, due to harmful assumptions that they are less affected or less in need of support (Cheek et al., 2023).

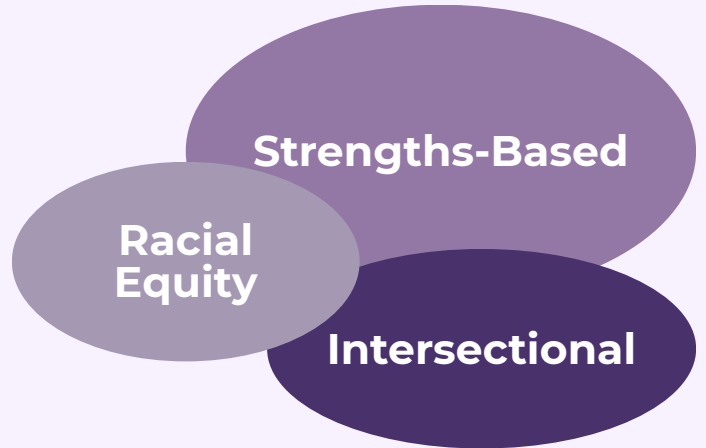
Programs must be reimagined to emphasize power sharing, authentic survivor-advocate relationships, individualized services, and robust systems advocacy, carried out with intentionality across all levels of practice (Kulkarni, 2018).

Recommendations for moving the IPV field forward include: expanding survivors' roles/input; strengthening funding streams and organizational commitment to anti-oppressive, survivor-defined, trauma-informed services; forging cross-sector advocacy relationships; and building knowledge through research and evaluation (Kulkarni, 2018).

FRAMEWORK & METHODS

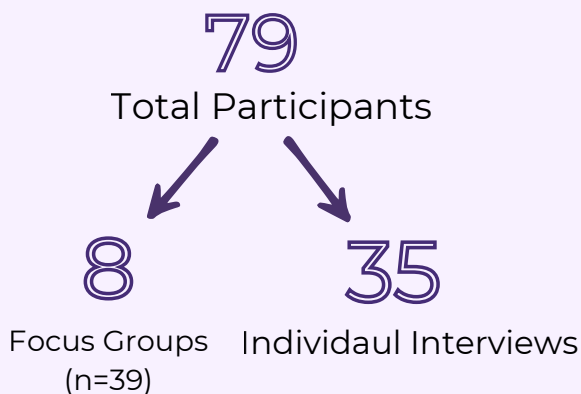


Guiding Frameworks



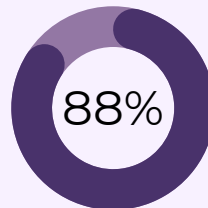
What We Did

Utilizing three frameworks to guide our work we sought to document promising community-based practices that support underserved survivors in Texas with an emphasis on approaches that enhance safety, healing, and resilience.

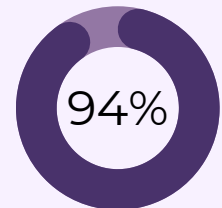


Overall Sample Characteristics

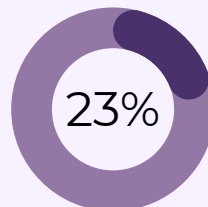
Age Range: 21 to 69 (avg. = 41)



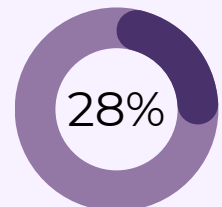
Female



Heterosexual



Islam/Muslim

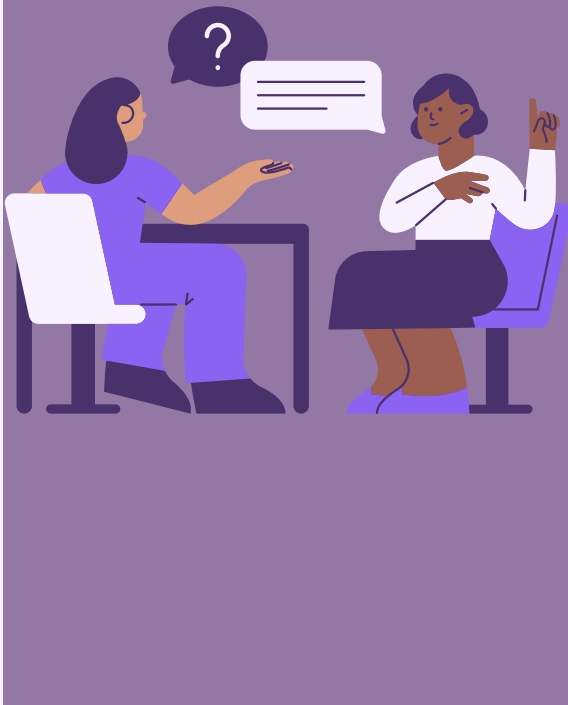


Graduate Degree

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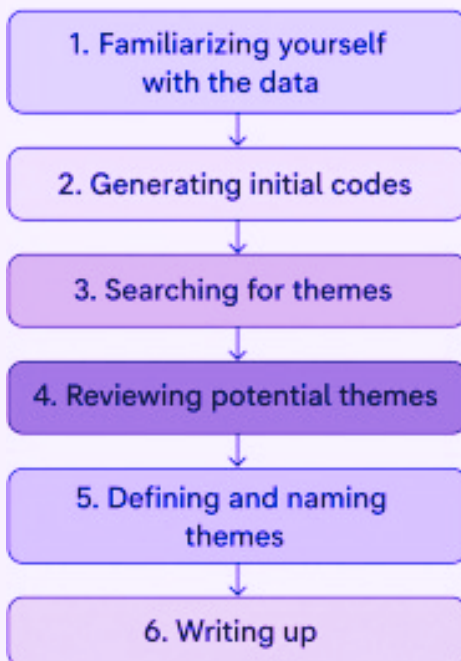
Data Collection

- Data was collected from underserved survivors, advocates, community leaders/key stakeholders, and practitioners was collected in two ways:
 - a. Individual interviews with underserved survivors, advocates, community leaders/key stakeholders, and practitioners,
 - b. Focus group discussions with underserved survivors, advocates, community leaders/key stakeholders, and practitioners, and
 - c. A demographic survey.



Data Analysis

Steps of Thematic Analysis (Braun & Clarke, 2006)



Compensation

\$75

Individuals

\$250

Community Advisory
Board Members

This study was approved by the Institutional Review Board for Human Subjects Protection at BRANY Services.



Findings

For this study, findings are reported in aggregate form. As such, findings from focus groups (N = 39) are reported collectively and findings from individual interviews (N = 35) are reported altogether.

Focus groups themes coalesced around five themes: (1) key barriers, (2) culturally tailored support, (3) trauma informed trust building, (4) shared lived experiences/shared understanding, and (5) flexible programming.

Individual interviews findings centered on seven themes: (1) "We just show up," (2) "It's more family; It's more than an institution," (3) training and qualifications of the workers, (4) IPV/GBV ecosystem, (5) warm, guided handoff, (6) shared lived experiences/shared understanding, and (6) representation matters .

Together the focus group and individual interview data highlighted key overlapping areas that contributed to ***promising practices*** when working with underserved communities:

**Agencies Responses
to Structural
Limitations**

**Shared Lived
Experiences/Shared
Understanding**

Trust

Cultral Attunement

Trauma Informed

Findings: Focus Group

Theme 1: Key Barriers

Focus group participants consistently emphasized that access to services was hindered by a range of challenges. The majority of the challenges focus group participants identified were related to language access, transportation, financial insecurity, lack of culturally responsive services, and limited awareness of available resources. These barriers not only prevented survivors from seeking help but also created challenges for service providers attempting to reach and support survivors in underserved communities effectively.

PRACTICAL & LOGISTICAL BARRIERS

referred to the tangible, everyday obstacles that prevented underserved survivors from accessing support services. These barriers focused on child care, transportation, scheduling, and personal care attendants.

“So one thing, as you’ve heard, that childcare, transportation, housing is obviously the, you know, top priorities, as with any other DV agency:” (Advocate)

COMMUNICATION & INFORMATION BARRIERS


emphasized the obstacles that prevented underserved survivors from receiving, understanding, or acting on critical information about available services and support available to them when they needed services. Communication and information barriers focused on language access, outreach and awareness, and inaccessible entry points (e.g., procedural barriers to accessing services).

“Language is a big one. Language is a huge one, because even within our agency, I think they speak, like, 75 people speak, like, 75 different languages, but even amongst that, like, there are so many languages in this world.” (Advocate)

LEGAL & STRUCTURAL BARRIERS

highlighted systemic and institutional obstacles that limited underserved survivors’ ability to access justice, protection, and immigration-related support services when they needed such services. Legal and structural barriers centered on areas that focused on legal services/legal advocacy and immigration support services.

“Challenges with legal needs, you know, whether it’s immigration or family law or whatever it is. And, you know, I know our own staff has run thin on that, and so, I... we’ve recommended to places like Legal Aid and things like that, but again, that’s a process, and it’s not able to get everybody, what they need. So, that I feel is a gap, too.” (Advocate)



Findings: Focus Group

Theme 1: Key Barriers

HEALTH RELATED BARRIERS

were noted around various physical and mental health challenges that limited an underserved survivor's ability to access or engage with supportive services. Health related barriers were noted in concerns about physical health, mental health, and access to care for underserved survivors.

"Medical is huge. I think that that's a lot where we have clients that have a history, already have, a history of whatever, you know, any... either mental health or actual physical health needs that they need, not only for themselves, but for their children, especially." (Advocate)

Like the many key barriers underserved survivors faced, focus group participants also highlighted critical structural barriers agencies faced when trying to meet the needs of underserved survivors. Barriers for agencies fell along four important dimensions: (1) lack of funding, (2) unrestricted funding, (3) jurisdictional constraints, and (4) poor compensation.

LACK OF FUNDING


was defined as a critical barrier that limited the capacity of agencies to provide comprehensive, accessible, and culturally responsive services to underserved survivors.

"We cannot... we cannot also provide that kind of comprehensive, like, oh, you know, we have a legal team here, that would be great if we have a legal team here, right? Go for that, and then, like, we have all this, like, housing with a lot of, like, shelter here. That would be great if we are able to do that, but just due to all the funding and everything, this can definitely be the big one. And a lot... some of the clients might end up going back." (Advocate)

UNRESTRICTED FUNDING

referred to the flexible financial resources that agencies could allocate based on evolving needs and priorities of their agency and survivors.

"Trying to get educated when you're at such a young age, but not having the money and funds to do that and we cannot support that with our funding." (Advocate)



Findings: Focus Group

Theme 1: Key Barriers

Like the many key barriers underserved survivors faced, focus group participants also highlighted critical structural barriers agencies faced when trying to meet the needs of underserved survivors. Barriers for agencies fell along four important dimensions: (1) lack of funding, (2) unrestricted funding, (3) jurisdictional constraints, and (4) poor compensation.

JURISDICTIONAL CONSTRAINTS

focused on the limitations imposed by geographic, legal, and administrative boundaries that restricted agencies' ability to provide consistent and comprehensive services to underserved survivors regardless of their locations within the state of Texas.

"...We get many calls from people that are seeking services we offer, but are not eligible because they're not a survivor. So there's, like, so many things that we're dealing with outside of our service area." (Advocate)

POOR COMPENSATION

drew attention to the inadequate wages and benefits provided to staff working in many agencies, which sometimes significantly impacts the quality and sustainability of services for underserved survivors.

"A lot of them don't make a lot of money, a lot of them work more than one job, a lot of them are experiencing domestic violence and sexual assault themselves, and so the information is helpful." (Advocate)

Why This Theme Matters

This theme, key barriers, matters for underserved survivors and agencies because it shows how their concerns were not isolated, were compounded, and intersected. What might be a single challenge for one survivor becomes five for another due to their intersecting identities and needs. As such, when we talk about promising practices we have to note the barriers advocates, practitioners, and community leaders/key stakeholders have to contend with in order to employ the promising practices they use for their survivors even if it means the providers have to do a lot. Essentially, as one practitioner noted, "the barriers are not simply additive—they multiply." Underserved communities who are meeting the needs of their underserved survivors employ promising practices that are rooted in their response to the key barriers.

Findings: Focus Group

Theme 2: Culturally Tailored Support

Given the barriers outlined in theme one for the underserved survivors, advocates, community leaders/key stakeholders, and practitioners, focus group participants noted several promising practices to address the barriers. Thus, the first promising practice focus group participants highlighted that met the needs of underserved survivors, advocates, community leaders/key stakeholders, and practitioners was culturally tailored support. Culturally tailored support focused on creating services that honored, respected, and reflected the cultural identities, traditions, languages, and lived experiences of their survivors. Given what focus group participants shared, there were five (5) key dimensions of culturally tailored support.

LANGUAGE ACCESS

was a vitally important component of culturally tailored support, as focus group participants noted that with the appropriate language access (e.g., services offered in survivors' preferred language; availability of trained interpreters or bilingual staff) agencies could effectively communicate with and serve underserved survivors who spoke languages other than English.

"The variety of different languages. I mean, in our... I'm grateful that our organization is able to have, I think, Arabic and Urdu speakers and counselors."
(Advocate)

CULTURAL RELEVANCE


emphasized the intentional integration of underserved survivors' cultural values, traditions, and community practices into the design and delivery of services and recognized that healing and safety were deeply influenced by cultural identity and lived experience.

"I think another one is, like, hair products. This is one thing that I... my... at the hill that I always die on, is, like, they need textured hair products. And sometimes we get donations, but it's not for textured hair products, and textured hair products are so expensive." (Advocate)

REPRESENTATION

referred to the intentional inclusion of staff, advocates, and leadership who reflected the diverse identities and lived experiences of the underserved communities they serve.

"It's not something we can deliver if we're not taking care of our people, and I would say in a culturally specific org, finding people who are from the community, with lived experience, all those different layers of experience is, like... and to retain those people because they're so unique...is even more valuable." (Advocate)



Findings: Focus Group

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COMMUNITY-SPECIFIC APPROACHES

highlighted how agencies designed and delivered services that were deeply rooted in the cultural, spiritual, and social practices of the underserved communities being served.

“When we have the events, when we have, like, different foods and things available, I have noticed that when we have, like, either banh mis or, like, other things, at our larger scale events, like, people are definitely drawn to, like, making sure they’re nourished during the time that they’re there....”

ACCESSIBILITY & INCLUSION

referenced the intentional design and delivery of services that removed barriers and actively welcomed survivors from underserved communities in a thoughtful manner.

“Yeah, and our hotline has, ... we have interpreters, so I think reiterating the language access, I think, is huge for accessibility, and also wanting to reiterate, like, the trust building, because I think what my colleague was mentioning with the cultural stigma...that we have to make our services accessible.” (Advocate)

Why This Theme Matters

Culturally tailored support is critically important when addressing promising practices for underserved survivors in Texas because it directly responds to the complex and intersecting barriers underserved survivors face. In fact, focus group participants shared that the services they provided and that survivors received were often adapted to meet the specific cultural, linguistic, spiritual, and community needs of their survivors. Instead of expecting underserved survivors to fit into a “one-size-fits-all” model, the services they offered met survivors where they were at and in ways that affirmed their identity and reduced barriers to care.

Findings: Focus Group

Theme 3: Trauma Informed Trust Building

A second promising practice focus group participants highlighted was trauma informed trust building. For the focus group participants in this study, trauma informed trust building was both a philosophy and a set of practices that focused on creating safety, consistency, and respect so survivors feel heard, believed, and empowered. The focus group shared their understanding about how trauma from abuse damaged their underserved survivors' ability to trust and how every interaction in the DV services they provided must be intentional in repairing and rebuilding that trust for their survivors. In fact, focus group participants shared that their form of trauma informed trust building meant using a survivor-centered, trauma-aware approach where they acknowledged the impact of their survivor's trauma, while simultaneously working to reduce the risk of their re-traumatization, and actively foster environments where their survivors felt safe enough to engage in services and relationships.

BUILDING TRUST THROUGH DEEP UNDERSTANDING

highlighted the fact that providers recognized historical mistrust of systems and built services in partnership with community-based organizations survivors already trusted

*"A deep understanding that we have as a team is of trauma-informed care, and the specific traumatic experiences that the LGBTQ community experiences, you know, such as, you know, religious trauma, or, like, you know, a long history of family trauma, childhood trauma, so I think just us understanding that and offering a 1000% non-judgmental space."
(Advocate)*

SAFETY

referred to the intentional creation and maintenance of environments where undeserved survivors felt physically, emotionally, and culturally secure. Agencies prioritized safety across all service settings, including advocacy programs and counseling sessions.

"We're not your abuser, this is a safe place." (Advocate)

TRANSPARENCY & CONSISTENCY

emphasized the practice of clearly communicating processes, policies, and expectations to underserved survivors in order to foster trust and emotional safety.

"But I think transparency, we've met with law enforcement, with the city council, all of them talking about what our mission is and how that we're really not going to deviate from it to do our work. We're going to take everybody that comes into our shelter, or comes to our education center, and we're not going to ask any questions that you tell us that we have to ask. We are clear and consistent about what we do and who we help." (Advocate)

Findings: Focus Group

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COLLABORATION & CHOICE

highlighted the fact that providers recognized historical mistrust of systems and built services in partnership with community-based organizations survivors already trusted

"And I know that's also why many of our clients will, they're receiving services for longer because there's so many dots that have to be connected before you can even get to a point where it can be like, okay, well, this is the pathway that I wanna be on, right? This is what justice is gonna look like for me." (Advocate)

EMPOWERMENT

was centered on the practice of recognizing and uplifting the inherent strengths, resilience, and survival strategies of underserved survivors.

"...it also helps to... Validate their experience because some of these women are so scared, and they're feeling weak not making them feel, like, accepting that from them, and not making them feel like, oh, I should be stronger, or I should have done this, or I should have done that, so....just accepting their experience is important." (Advocate)

Findings: Focus Group

Theme 3: Trauma Informed Trust Building

CULTURAL HUMILITY & RESPONSIVENESS

involved recognizing how underserved survivors' culture, identity, and historical experiences shaped their perceptions of safety, trust, and healing.

"And I would notice when... when I tell them that it's okay, I would notice that they would...trust, and they would come to me, even if they did something wrong, they would come and they would say, I did this wrong, I'm so sorry, like, so that's something that I have noticed, is not to blame them for, for things that... or not to yell at them, or not to raise their voice, or things that just happen sometimes. Yes, and I would just say, just learn from it, and just, it's okay, you know? This is... this is... this is a safe place." (Advocate)

Why This Theme Matters

Trauma-informed trust building was an essential promising practice for underserved survivors because it acknowledges how trauma from abuse and systemic inequities could deeply damage an underserved survivor's ability to trust others and engage in support services. For underserved survivors, who often face layers of marginalization and historical mistrust of systems, rebuilding trust requires more than offering services, it demands a survivor-centered, trauma-aware approach grounded in safety, transparency, and respect. By creating environments where underserved survivors feel physically, emotionally, and culturally secure, providers could begin to repair the harm caused by past trauma. Through practices such as deep understanding, consistency, collaboration, and cultural humility, advocates demonstrate that survivors' voices matter and that their experiences will be met with nonjudgmental acceptance. Ultimately, trauma-informed trust building empowers underserved survivors to reclaim agency, foster healing relationships, and lay the foundation for meaningful engagement and long-term recovery.

Findings: Focus Group

Theme 4: Shared Lived Experiences/Shared Understanding

A third promising practice centered on shared lived experiences/shared understanding among the focus group participants. For focus group participants shared lived experiences and shared understanding meant that survivors got to feel more comfortable and feel understood when staff shared their language, culture, or religious background. Specifically, focus group participants shared that they noticed survivors felt more comfortable when the staff truly understood domestic violence in general, but domestic violence in relation to the survivor's racial, ethnic, cultural, religious background. Essentially shared lived experiences and shared understanding described approaches that moved beyond professional expertise alone and truly centered the voices and realities of survivors themselves. Below are the key dimensions of shared lived experiences/shared understanding.

A COLLECTIVE RECOGNITION OF SURVIVORS' REALITIES


referred to the intentional and coordinated acknowledgment of the diverse lived experiences of underserved survivors by all individuals and entities involved in IPV/GBV service provision. It emphasized a shared commitment among staff, organizational systems, and community partners to validate, honor, and integrate underserved survivors' realities (e.g., cultural, historical, socio-economic) into every aspect of service delivery.

"It's a sigh of relief to see a queer person of color... even over the phone, something brings them in" when referencing the importance of shared lived experiences/shared understanding." (Advocate)

STAFF TRAINING(S)

focused on equipping all providers including direct service advocates with comprehensive training in trauma-informed and culturally responsive approaches. The goal is to ensure that every point of contact within a DV agency reflects an understanding of the complex realities survivors face, particularly those from underserved communities.

"Trainings that me and my colleague provide, one major factor that we focus on is, like, push and pull factors. So when we think of the cycle of abuse that, you know, we're all taught, there's the four stages of, the first stage. Of just, like, ... The threats happening? The first stage is the tension is building. The tension is building, yeah, I just need to know the wording. So the first is tension is building, then the incident happens, and then you go into this, three and four stages of a honeymoon period, where the abuser is trying to, you know, like, get the survivor to stay in the relationship, and so there's that safety period before an incident occurs again." (Advocate)



Findings: Focus Group

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COMMON LANGUAGE

centered on the intentional use of survivor-centered, non-judgmental language across all levels of the IPV/GBV service ecosystem, including staff, systems, and community partners.

"I think the shared language and definitely coming from the same background definitely helps, right? So you, you know, you can relate a little more to their background, to their preferences and how to basically, like my colleague was saying, deal with them." (Advocate)

AGENCY POLICY ALIGNMENT

was about the intentional coordination of policies, procedures, and communication standards across IPV/GBV agencies and partner organizations to ensure survivors encounter consistent, affirming, and trauma-informed support.

"So if we don't know each other, then how are we saying that we are an extended family? And claim that our clients are saying that are X, our agency is an extended family. We have to be a family and have that rapport within ourselves, right? Before we practice that outward, right? So all the cultural competency that needs, and if we are saying we are inclusive, we have to be inclusive in our staff as well." (Advocate)

Findings: Focus Group

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INTENTIONAL COMMUNITY PARTNERSHIPS

focused on building and sustaining collaborative relationships between IPV/GBV agencies and underserved community organizations that were grounded in a shared understanding of systemic barriers faced by survivors. These partnerships were intentionally designed to support survivors holistically by addressing not only immediate safety needs but also long-term healing, stability, and empowerment.

"...And then I try to relay those partnerships to our organization, or connect them, so that we have additional resources, and partnerships for, like my colleague said, right? We don't... we can't do 100%, like, every single thing, so then we need good partnerships in the community to be able to resource clients to, or send them to, or share with them, to continue to, you know, support them in different ways. And so I think community partnerships is huge." (Advocate)

Why This Theme Matters

Shared lived experiences/shared understanding emerged as a critical and promising practice for supporting underserved survivors of IPV/GBV because this practice reflects a collective recognition of survivors' realities as an intentional and coordinated effort by staff, organizations, and community partners to validate and integrate the diverse cultural, historical, and socio-economic experiences of survivors into every aspect of service delivery. Having shared lived experiences/shared understanding for many underserved survivors fostered trust and safety, particularly when survivors saw themselves reflected in their providers. Through staff training providers learned how to approach each survivor with empathy, humility, and a commitment to preserving dignity. Their practices were consistently rooted in non-judgmental, survivor-centered communication to make sure the underserved survivors they served felt understood across all points of contact.

Findings: Focus Group

Theme 5: Flexible Funding

A final promising practice highlighted the importance of having flexible programming.. Flexible programming prioritized survivor autonomy, cultural relevance, and agencies' rapid response to the urgent needs of their underserved survivors. For many during the focus groups, flexible programming centered on delivering services in a way that was responsive to the diverse, changing, and often unpredictable needs of underserved survivors rather than expecting underserved survivors to fit into rigid program rules or schedules. For many advocates, practitioners, and community members flexible programming included five key dimensions.

ADAPTABLE SUPPORT OPTIONS


centered on offering underserved survivors multiple, accessible pathways to support (e.g., hotlines, walk-ins, online platforms, referrals through trusted community partners, etc.) so they could engage with services in ways that best fit their circumstances. It also included providing support outside of traditional 9–5 office hours, recognizing that safety concerns and underserved survivor needs did not adhere to standard schedules.

“Well, and I actually, with... I do holistic healing classes, for individuals with IDD. And so, like I said, transportation is a huge issue. I've been able to, which we've never done before, do a virtual class. So... we accommodate them.”
(Advocate)

INDIVIDUALIZED SERVICES

emphasized tailoring support plans to reflect each underserved survivor's unique circumstances, including parenting responsibilities, immigration status, disability, cultural background, and other lived experiences. Rather than applying a standardized IPV/GBV model, agencies empowered underserved survivors to define their own goals, timelines, and pathways to healing and engagement in services.

“So most of our clients. We see it's word of mouth. People come. People know about us. They refer us. We get a lot of referrals from mainstream organizations, the police, the hospital, the doctors, we we get all those referrals. And of course, you know, like my colleagues said cross-reference. Right? If there's, you know, a client who's in Austin, you know the abuser is in Austin. She moved to Houston because of family, etc. Then both of our organizations are involved. Right? So then, we cross, refer, and we help the clients. (Advocate)”



Findings: Focus Group

Theme 5: Flexible Funding

A final promising practice highlighted the importance of having flexible programming.. Flexible programming prioritized survivor autonomy, cultural relevance, and agencies' rapid response to the urgent needs of their underserved survivors. For many during the focus groups, flexible programming centered on delivering services in a way that was responsive to the diverse, changing, and often unpredictable needs of underserved survivors rather than expecting underserved survivors to fit into rigid program rules or schedules. For many advocates, practitioners, and community members flexible programming included five key dimensions.

LOW-BARRIER & SURVIVOR-CENTERED

programming intentionally removed systemic and procedural obstacles that often prevented underserved survivors from accessing support. Agencies reduced rigid eligibility requirements, minimized intake paperwork, and eliminated arbitrary time limits that could discourage help-seeking. Underserved survivors were met where they were at (e.g., emotionally, physically, and financially) and without judgment.

"They also... we also told them, like, you don't have to, come to individual therapy to go to group. You don't have to, you know, having a group, and then, like, it's not... there's never a requirement to attend one or other. It's more about, like, at your current stage, what do you need the most?" (Advocate)

HOLISTIC & EVOLVING SERVICES

was about offering comprehensive and adaptable support that evolves alongside underserved survivors' changing needs. Some agencies provided wraparound services such as transportation and flexible housing to try to address the full spectrum of underserved survivors' realities. Programming was designed to shift over time, moving from immediate crisis response to long-term healing, empowerment, and stability.

"That's that's how exhaustive our all of our work is like we have to make sure of all the safety components we have to make sure the logistical component we have to share. Make sure, before and after the court hearings that the counselors see them. The counselors meet them. So there's a you know, after the there's a debrief before the you know, hearing they are, you know they are prepared. So the counselors are making sure that they also counsel in on top of the case management that the case, you know the workers or the case managers do so. It is. It is actually an extensive for each and every client is an extensive work that goes on hand in hand with the service. You know the caseworker and the you know the counselor, and you know, I being in the legal, you know, it's we all have to work together in a coherently to give that service in a holistic way, to the to the to the client. and my colleague named everything that we all do." (Advocate)

Findings: Focus Group

Theme 5: Flexible Funding

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CULTURAL & CONTEXTUAL REPRESENTATION

recognized that underserved survivors' experiences of domestic violence, as well as their pathways to healing were shaped by cultural traditions, language, community norms, individual identities etc. Agencies intentionally designed services that adapted to these realities.

"I think it is evident from our mission statement that we are culturally specific agency. And we understand. So it is not only, you know, having advocates that speak the languages, but also the advocates who understand the culture right, and to that point we are open to everyone." (Advocate)

Why This Theme Matters

It is important to have flexible programming for underserved survivors of IPV/GBV because underserved survivors' needs are often diverse, complex, and change over time. Rigid program rules or schedules can unintentionally exclude those whose lives are shaped by barriers such as unstable housing, childcare responsibilities, employment constraints, immigration concerns, or health challenges. By contrast, flexible programming, such as drop-in services, mobile advocacy, virtual or after-hours options, and adaptable eligibility criteria, recognizes and prioritizes the realities and unpredictability of survivors' circumstances. This approach places the responsibility on systems and providers to adapt to underserved survivors, not the other way around. Flexible programming also communicates trust, respect, and cultural humility, which are essential for engagement and safety. Ultimately, flexibility enhances access, retention, and empowerment, ensuring that services are survivor-centered and equitable rather than one-size-fits-all.

Findings: Individual Interviews

Theme 1: “We Just Show Up”

With the individual interviews one promising practice survivors and advocates shared is “we just show up.” “We just show up” captured the power of presence—the act of being there for survivors in moments of crisis, vulnerability, or uncertainty. It reflected how providers, regardless of organizational size or resources, created safety and trust simply by being available, responsive, and human. This theme was not about perfect systems or elaborate interventions, it was about meeting survivors where they were, offering compassionate first contact, and showing up consistently with empathy and care. Below are the four key dimensions of “we just show up.”

IMMEDIATE RESPONSIVENESS

was about underserved survivors describing being welcomed without hesitation, even after disclosing traumatic experiences

“I explained ... that I was kidnapped and I was beaten up for 8 h, and you know my whole story. So, he automatically told me to come in the next day, and I came in, and my experience was good. It was, I mean, I felt safe, you know” (Survivor)

COMPASSIONATE FIRST CONTACT

focused on underserved survivors noting that initial phone calls were met with warmth and encouragement.

“Before they end the phone conversation, they always send you off with... ‘be safe, you got this.’” (Survivor)

CONSISTENCY AND PRESENCE

highlighted how underserved survivors valued providers who didn’t rush them or acted distracted when working with them.

“They talk to us real calm, you know.... I’ve never seen my counselor upset. She just. She’s awesome.... If you were to know you, you’d know how you know you feel comfortable.” (Survivor)

RELATIONAL ENGAGEMENT OVER BUREAUCRACY

highlighted how advocates emphasized the importance of the intake processes that prioritized education, prevention, and connection—not just paperwork

“Being culturally specific to us means being flexible...leaving that sort of rigid professionalism...at the door. Being a lot more person to person, being sisterly, you know, being kind of like an extended family...” (Advocate)

Findings: Individual Interviews

Theme 1: “We Just Show Up”

Why This Theme Matters

A promising practice in supporting survivors was in how agencies “showed up” for them. This was apparent through the entire process: the initial hotline call, intake, receipt of services, and even in the connection to services. In a system that is sometimes unclear or difficult to access, “we just show up” meant being responsive through/in the midst of crisis, timely care with careful attention, meeting survivors where they are, and tending to the individual needs of survivors. These actions build trust that sustains the relationship and supports survivors in their journey.



Findings: Individual Interviews

Theme 2: “It’s Family; It’s More Than an Institution”

Relatedly, a second promising practice that emerged from individual interviews is that underserved survivors and advocates spoke of the welcoming nature of agencies that is essential to supporting underserved survivors. “It’s family, it’s more than an institution” speaks to the ways in which services were offered that felt personable, personal, understanding, and deeply supportive. Essentially, advocates and other agency staff provided care in the way one cares for a loved family member. There was empathy and understanding, and it was personalized to what each individual needed. There was an understanding that it was more than one needing to get back on their feet, there was an understanding that they may need to be guided through that process, without judgement, recognizing that their experiences of trauma also were a burden in their navigation of independence and well-being. It wasn’t hand holding, it was empowerment through compassionate care.

This theme reflected how survivors and advocates experienced certain agencies not as cold, bureaucratic systems, but as warm, relational spaces that felt like family. Survivors described these agencies as places where they were welcomed, understood, and supported holistically not just as clients, but as people navigating trauma, healing, and rebuilding. This theme was ultimately about compassionate care that guided survivors through their healing journey with empathy, patience, and personalized support.

WELCOMING ENVIRONMENT

focused on underserved survivors feeling emotionally safe and embraced.

“And it’s okay. And like, if all you get done is that someone drank tea and talked to you and trust you enough to come back tomorrow, and you didn’t get any paperwork done.... as far as the client is concerned, like that’s a win.” (Advocate)

PERSONALIZED NON-JUDGEMENTAL SUPPORT

focused on services were tailored to individual needs, without shame or pressure.

“They made me feel heard, and they made me feel like I had somebody, and that’s always a good feeling to have, especially when you’re coming from somewhere where you don’t feel like you have anybody. And the only person that you did have was abusive. So it’s just a great feeling to have when you know somebody’s there, and they actually care about your feelings.” (Survivor)

Findings: Individual Interviews

Theme 2: “It’s Family; It’s More Than an Institution”

EMPOWERMENT THROUGH COMPASSIONATE CARE

centered on how survivors were guided—not pushed—toward independence

“They, you know, just ended up being supportive through everything, giving me different resources. ‘Hey? Like you know, your daughter should go to ... therapy. Your daughter should do this’, but they didn’t judge me. They instead, they helped me, and walk with me every step of the way.”
(Survivor)

AUTHENTICITY AND GENUINE CONNECTION


focused on advocates who emphasized care that went beyond protocol.

“I think what they... what this agency in particular, I think what they get right is they provide services through, like, in an authentic manner, and with genuine care, and I think that shows in their outcomes as well.”
(Advocate)

Why This Theme Matters

Underserved survivors often face isolation, stigma, and systemic barriers that make accessing support feel daunting or even unsafe.

In this context, feeling “at home” in a service setting can be transformative. When survivors encounter relational care—where staff are emotionally present, culturally attuned, and genuinely invested—it builds trust, fosters healing, and helps survivors feel seen, heard, and valued. This theme captures how organizations create spaces that feel safe, inclusive, and inviting from the moment survivors engage. Survivors describe these environments as places where they can be their authentic selves, where their voices matter, and where they are treated with dignity and respect—not just as clients, but as whole people.



Findings: Individual Interviews

Theme 3: Training and Qualifications of the Workers

A third promising practice emphasized the importance of having staff who were not only professionally trained but also emotionally attuned, trauma-informed, and culturally responsive. Underserved survivors consistently shared that the quality of care they received was directly tied to the qualifications, empathy, and lived or learned experience of the workers supporting them.

FORMAL EDUCATION AND PROFESSIONAL CREDENTIALS

focused on underserved survivors expressing a desire for staff to have formal training—such as degrees in social work—because such education equipped them with foundational knowledge in empathy, systems navigation, and trauma-informed care.

“The person should have patience ...when you are working in a domestic violence agency. So the person should be a social worker... [They] should have a degree of social worker. So in that social worker, the people learns about patience ...” (Survivor)

TRAUMA-INFORMED AND WHOLE-PERSON CARE

highlighted how underserved survivors valued providers who could see beyond the immediate crisis and address the full spectrum of their needs, including past trauma, mental health, and childhood experiences.

“[My therapist] saw me as a whole. They didn't gear it towards the domestic violence. They were more focused on me getting better for me because I have a lot of on top of the [domestic violence]. It was like a lot of other things that I needed to address and to take care of backing towards my childhood, and so they had specific tailored therapist there.” (Survivor)

EMPATHY AND RELATIONAL COMPETENCE

drew attention to how underserved survivors needed staff who were emotionally intelligent, patient, and capable of building trust through genuine connection—not just task completion.

“You guys need to, you know, be trauma informed to understand that... versus going into a meeting with somebody and laying out 5 steps they need to do, and saying, ‘Here's a checklist’... [Instead] try to understand who we are as a person and make a connection.” (Survivor)

Findings: Individual Interviews

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LIVED OR LEARNED EXPERIENCE

centered on underserved survivors noting that effective support often came from staff who either had lived experience with IPV/GBV or have undergone meaningful training that allowed them to deeply understand underserved survivors' realities.

"Yes, a certain deal of being able to help somebody comes from experience, but that experience can either be lived or learned... I think that okay, there needs to be some training." (Survivor)

PRACTICAL KNOWLEDGE AND RESOURCE NAVIGATION

focused on underserved survivors appreciating when staff could guide them through unfamiliar systems (e.g., public benefits, legal aid, etc.) with clarity and patience.

"They had every single thing that we needed in place to kind of help us put our lives back together from housing, and, you know, counseling, counseling was the biggest thing that we needed." (Survivor)

Why This Theme Matters

Underserved survivors often faced complex, layered challenges. Staff who are trained, trauma-informed, and culturally responsive are better equipped to meet survivors where they are—emotionally, practically, and relationally. This theme reinforces that qualifications are not just about credentials—they are about the ability to build trust, offer holistic care, and navigate systems with survivors, not for them.

Findings: Individual Interviews

Theme 4: The IPV/GBV Ecosystem

A fourth promising practice focused on understanding the IPV/GBV ecosystem. This theme highlighted the interconnected web of formal and informal supports that underserved survivors relied on to navigate healing, safety, and stability. Survivors did not experience services in isolation—they moved through a network of agencies, community spaces, peer groups, and informal supports that collectively shaped their experiences.

The IPV/GBV ecosystem includes:

- Formal services like therapy, housing, and legal aid.
- Informal supports like mosques, peer groups, and community centers.
- Relational spaces where survivors receive guidance, validation, and practical help.

In addition to what is noted above, this theme emphasized the importance of warm, guided handoffs—not just referrals, but intentional transitions between services that feel safe, supported, and coordinated.

HOLISTIC, FAMILY-CENTERED SERVICES

centered on underserved survivors receiving support for themselves and their children.

“They assigned my kids with an advocate. So, my kids, they go to the Advocate once a week, and then I also have a [child] that has ADHD. So she just started counseling.” (Survivor)

COMMUNITY INTEGRATION

focused on underserved survivors benefiting from proximity to schools, clubs, and culturally relevant spaces.

“They have a Boys and Girls Club across the street... it ended up working out perfectly.” (Survivor)

Findings: Individual Interviews

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PEER SUPPORT AND SURVIVOR-LED INSIGHT

highlighted how underserved survivor groups offered raw, authentic advice that shaped decision-making

“But I got a lot of insight from the people in that group based on their decision making when they went through it, and it provided me like a stronger basis for my own decision. If that makes sense, you know, for example, one girl and and they they're that group is unfiltered, but in a productive way, if that makes sense. So I do want to note that it's very raw and authentic. So, for example, when I pose that question to the group. I got responses that probably would have never been shared anywhere else” (Survivor)

INFORMAL SUPPORT NETWORKS

focused on community spaces like mosques and community members to serve as first points of contact for underserved survivors

“I also do think it's important to point out, too, like, besides the agencies, like, the formal agencies... the mosques also are kind of an informal, support center. They're not domestic violence agencies... but I do feel like those are, like, community ... centered places that Muslim Americans ... tend to go to as ... a first place often...when they're impacted by IPV or DV.” (Advocate)

Findings: Individual Interviews

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Why This Theme Matters

What is essential is not only that this ecosystem exists, but that survivors are able to navigate it. The interconnectedness of systems within the system—from shelters and legal aid to healthcare providers and community-based organizations—can be a powerful support structure. However, this system is often precarious, fragmented, and impacted by shifting political and funding landscapes. As such, survivors frequently encounter barriers when attempting to access services independently. Understanding the ecosystem is promising, but what's essential is the warm, guided handoff. This means that coordination and relational continuity are not optional—they are central to effective service delivery. This insight leads directly into the next theme: Warm, Guided Handoffs as a critical mechanism for ensuring continuity of care and survivor-centered support.

Findings: Individual Interviews

Theme #5: Warm, Guided Handoff

A fifth promising theme was warm, guided handoff. This theme highlighted the importance of intentional, relational transitions between services. Underserved survivors and advocates described how a 'warm handoff'—where someone is guided, not just referred—can build trust, reduce retraumatization, and ensure continuity of care. This theme emerged from reflections on navigating fragmented systems and the emotional toll of unsupported transitions.

RELATIONAL CONTINUITY

referred to underserved survivors emphasizing the importance of being accompanied through transitions—not just referred. A warm handoff meant someone stayed with them through the process.

"They didn't just give me a number. They called with me, stayed on the line, and made sure I got through." (Survivor)

TRUST-BUILDING THROUGH TRANSITIONS

noted how underserved survivors built trust when providers followed through and ensured the next step felt safe and supported.

"It's scary to go from one place to another. When someone walks with you, it feels like they care." (Survivor)

AVOIDING FRAGMENTATION

described how fragmented systems could retraumatize underserved survivors.

"I had to tell my story over and over again. If they had just talked to each other, it would've saved me so much pain." (Survivor)

INTENTIONAL COORDINATION

highlighted how advocates and underserved survivors alike stressed that coordination between services must be intentional—not left to chance or paperwork.

"We do a lot of community reach with other departments. Like, we worked a little bit with the Texas Department of Parks and Wildlife. I didn't know this until I started working with them, but apparently a lot of survivors also go there in an attempt to get away from their situations, and I'm like, that makes sense. So they reached out to us asking for training on how to deal with survivors and survivors with disabilities, and I was like, oh my gosh, all of these connections that you wouldn't have thought of before." (Advocate)

Findings: Individual Interviews

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CULTURALLY AND EMOTIONALLY RESPONSIVE HANDOFFS

highlighted how survivors valued when transitions were handled with cultural humility and emotional sensitivity, especially for those from underserved communities.

“They understood where I was coming from. That made all the difference when I had to go somewhere new.” (Survivor)

Why This Theme Matters

What is essential is not only that this ecosystem exists, but that survivors are able to navigate it. The interconnectedness of systems within the system—from shelters and legal aid to healthcare providers and community-based organizations—can be a powerful support structure. However, this system is often precarious, fragmented, and impacted by shifting political and funding landscapes. As such, survivors frequently encounter barriers when attempting to access services independently. Understanding the ecosystem is promising, but what's essential is the warm, guided handoff. This means that coordination and relational continuity are not optional—they are central to effective service delivery. This insight leads directly into the next theme: Warm, Guided Handoffs as a critical mechanism for ensuring continuity of care and survivor-centered support.

Findings: Individual Interviews

Theme 6: Shared Lived Experiences/Shared Understanding

A sixth promising practice explored the power of shared experiences and mutual understanding in fostering healing, trust, and connection among underserved survivors. Underserved survivors emphasized how being supported by individuals who had lived through similar experiences or who deeply understood their realities created a sense of safety, validation, and belonging.

PEER CONNECTION AND VALIDATION

noted how underserved survivors felt seen and heard when they connected with others who had experienced similar challenges, fostering mutual support and emotional safety.

"It was good to hear from other people who had been through it. It made me feel like I wasn't alone." (Survivor)

TRUST THROUGH SHARED EXPERIENCE

was about trust being built more easily when underserved survivors engaged with staff or peers who had lived experience and created a foundation for open dialogue and healing.

"She understood me because she had been there herself. I didn't have to explain everything." (Survivor)

CULTURAL AND CONTEXTUAL UNDERSTANDING

showed how underserved survivors valued support from individuals who understood their cultural background and the specific contexts of their experiences.

"I think it's important to know that we have a community that we can be our authentic self in. I feel like it's important to know that we have a voice, and it's not being ignored. I feel like it's important that no matter how big or how little, each voice is just as important as the next." (Survivor)

Findings: Individual Interviews

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EMPOWERMENT THROUGH STORY SHARING

referred to the sharing of personal stories to help underserved survivors reclaim their voice and feel empowered, while also offering guidance to others in similar situations.

"I think it's important to know that we have a community that we can be our authentic selves. I feel like it's important to know that we have a voice, and it's not being ignored. I feel like it's important that no matter how big or how little, each voice is just as important as the next." (Survivor)

RELATIONAL CONTINUITY AND EMOTIONAL SAFETY

was about consistent relationships with empathetic individuals who understood how underserved survivor realities contributed to emotional safety and long-term healing.

"Honestly, success looks like these... this population being pleased with the services that they've received." (Advocate)

Why This Theme Matters

Shared experiences and mutual understanding are foundational to survivor-centered care. They reduce isolation, build trust, and create relational spaces where survivors feel safe, validated, and empowered. This theme highlights that healing is not just about services—it's about connection.

Findings: Individual Interviews

Theme 7: Representation Matters

The final promising practice is a theme that emphasizes the importance of cultural, linguistic, and experiential representation among staff and service providers. For underserved survivors representation mattered. In fact, underserved survivors consistently shared that seeing themselves reflected in the people who supported them, whether through shared language, cultural background, or lived experience, enhanced trust, safety, and the overall effectiveness of services.

CULTURAL AND LINGUISTIC REPRESENTATION

focused on underserved survivors feeling more understood and supported when staff shared their cultural background or spoke their language.

“They speak my language and understand my culture—it made me feel safe.” (Survivor)

SHARED LIVED EXPERIENCE

highlighted how underserved survivors valued providers who had personally experienced IPV/GBV or similar challenges, as it fostered empathy and connection.

“She had been through it too, and that made all the difference in how she helped me.” (Survivor)

COMMUNITY-BASED HIRING

reflected the importance of hiring staff from the communities being served to ensure services were grounded in local realities and cultural norms.

“They hired people from our neighborhood—people who get it.” (Survivor)

LANGUAGE ACCESS AND MULTILINGUAL SERVICES

described the importance of providing services in multiple languages in order to remove barriers and affirm the dignity of non-English-speaking underserved survivors.

“I didn’t have to explain everything in broken English—they had someone who spoke my language.” (Survivor)

Findings: Individual Interviews

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CULTURALLY RESPONSIVE SERVICE DELIVERY

ocused on training staff who understood and respected cultural differences in order to improve service delivery and underserved survivor outcomes. This dimension paid particular attention to the fact that staff knew how to work with people who knew how to work with the population because they were of the population. Staff were effective not just because of training, but because they were of the population they served. In fact, their cultural alignment and lived experience allowed them to deliver services in ways that felt authentic, respectful, and deeply informed.

"If they hadn't reached out to us, you know, they would have had a really hard time coping with one of the survivors that came towards them, because she, I believe, was deaf or hard of hearing. So they weren't really sure how to interact with her in a way that, like, helped. I'm glad that we were able to provide those tips and tricks and training to them, because otherwise that survivor could have had a completely different experience. It could have been isolating, it could have been dangerous." (Advocate)

Why This Theme Matters

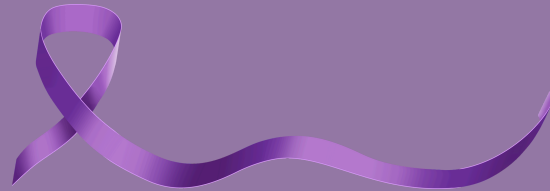
Representation was not just symbolic, it was foundational to trust, safety, and effective care. When survivors saw themselves reflected in staff, they were more likely to engage, disclose, and heal. This theme reinforced the need for intentional hiring, training, and service design that centered cultural and experiential representation.



IPV/GBV Barriers and Unmet Needs for Select Underserved Communities

- Men
 - Non-Binary individuals
 - Trans individuals
 - Undocumented individuals
 - Parents with minors
 - Individuals with a personal care attendant
 - Single women with no children
 - Individuals with a serious mental illness
-

Recommendations



Create a FIPSA list of underserved communities, using the underserved definition, and the specific groups' barriers (e.g, undocumented communities) to ensure their needs are intentionally being met

Create an underserved team within TCFV to ensure the needs of underserved communities are addressed

Create more emergency infrastructure services (e.g., benefits, housing, medical and mental health services, child care, basic needs support)

Engage in early education to break the cycle of violence

Offer state sponsored mobile IPV/GBV services with a 24/7 crisis response team(s)

Create a Policy, Outreach, and Research (POR) Team for underserved groups (state, county, geographical, regional teams to influence state policies etc.)



Promising practices identified in this study (i.e., trauma-informed trust building, culturally tailored support, shared lived experiences, flexible programming, and community-rooted service delivery) offer critical insights into how systems can evolve to better meet underserved survivors' needs. These practices highlight the importance of centering survivors' voices, fostering authentic relationships, and creating service environments grounded in dignity, consistency, and empowerment. Moreover, the study's guiding frameworks (i.e., strengths-based, intersectional, and racial equity lenses) demonstrate that effective IPV/GBV responses must not only address individual experiences of violence but also challenge the broader systems that sustain inequity.

In moving forward, Texas has the opportunity to serve as a model for how trauma-informed, intersectional, and community-driven approaches can transform IPV/GBV services and ensure that every underserved survivor, regardless of identity or circumstance, has access to the safety, support, and the healing they deserve.

CONCLUSION

This research underscores that addressing intimate partner violence (IPV)/ gender-based violence (GBV) among underserved communities in Texas requires more than programmatic reform, it demands systemic transformation. The findings from this study reveal that while underserved survivors across diverse communities share experiences of resilience and strength, they continue to confront intersecting barriers rooted in discrimination, cultural invisibility, poverty, and systemic inequities. Underserved survivors' experiences are shaped by complex intersections of identity, including religion, gender, sexuality, immigration status, disability, and socioeconomic status, all of which influence their access to safety, justice, and healing. Despite decades of progress in IPV/GBV services, persistent service gaps such as inadequate culturally responsive care, limited trauma-informed approaches, and structural exclusion, continue to perpetuate harm and mistrust within underserved populations.



For policymakers, practitioners, and advocates, these findings call for a reimagining of IPV/GBV service ecosystems that are inclusive, coordinated, and culturally attuned. Equitable funding, intentional cross-sector collaboration, and survivor-led program design are essential to building a sustainable infrastructure of care.

When survivors' voices guide policy and practice, when their cultures are honored, and when systems are accountable to principles of equity and justice, safety becomes not just an outcome but a shared commitment.

STUDY LED BY

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IN PARTNERSHIP WITH

Texas Council on Family Violence (TCFV)



EFFORTS TO SUPPORT UNDERSERVED SURVIVORS IN TEXAS

Executive Summary

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