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The Reported Availability of U.S. Domestic Violence Services to Victims Who Vary by Immigration Status, Primary Language, and Disability

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This article is the second of a two-part series that investigates the reported availability of domestic violence (DV) services for individuals in traditionally underserved populations. This specific article focuses on immigrants, individuals with limited English language skills, and individuals with disabilities. The sample consisted of 213 DV agency directors from across the nation who responded about the availability of services in their agencies in several different domains: housing, legal, counseling/mental health, education, transportation, and outreach services. The results indicate a fairly high level of services across the board, especially with regard to serving immigrants, individuals with limited English language skills, and individuals with disabilities. Services for individuals with hearing impairments and undocumented immigrants were less available. Recommendations for practice and future research are discussed.

KEYWORDS: partner violence; underserved populations; immigration; disability

The national call to bring attention and recognition to battered women began in the 1970s. One of the most successful and enduring outcomes of this movement was the rise of social service agencies that focused on and provided aid to female victims of intimate partner violence (IPV). In the early days of this movement, these services primarily included shelters for women and their children who were fleeing abusive husbands/partners, and hotlines to assist with crisis situations (Shepard & Pence, 1999).

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By the 1980s and 1990s, domestic violence (DV) agencies became institutionalized across the United States and were funded through both private and public means. As of 2005, there were more than 2,000 DV agencies in the United States, most of which are members of the National Coalition Against Domestic Violence (Hines & Malley-Morrison, 2005) and many of which now offer a wide range of services to victims. In our first article on the reported availability of DV services to underrepresented populations (Hines & Douglas, 2011), we assessed the availability of services to IPV victims who vary by age, gender, and sexual orientation. We found that, independent of sexual orientation, services were less available to adolescents and men. In this second article, we assess the availability of DV services to additional underrepresented populations: immigrants, individuals who cannot speak English, and individuals with disabilities.

Services Provided by Domestic Violence Agencies

The most typical service provided by DV agencies is shelter services; agencies that are unable to house IPV victims can often offer victims hotel vouchers or placements in safe homes (placements in the homes of private residents). These temporary services are designed to aid IPV victims and their children in escaping an abusive relationship. In addition, agencies can offer transitional housing, which allows a victim to become self-sufficient over time. DV agencies can also offer a wide range of legal services, including assistance with filing a restraining order, victim advocacy and case management, pro bono legal services, divorce and child custody services, and legal assistance for undocumented immigrants. DV agencies are often able to provide additional services, including emergency transportation, and educational and employment services. Counseling and mental health services for victims are typically available in many DV agencies and can include support groups, mental health counseling in individual or group settings, and rape or sexual assault counseling. Finally, agencies may also engage in outreach efforts to potential IPV victims (Glass, Rollins, & Bloom, 2009; Hines & Malley-Morrison, 2005). Agencies differ greatly in their ability to provide services to all individuals who are in need (Brabeck & Guzmán, 2009; Cramer & Plummer, 2009; Hines & Douglas, 2011; Slayter, 2009). The purpose of this article is to explore the comprehensiveness of the DV services that exist and identify gaps in service delivery to victims who vary by immigration status, English language proficiency, and disability status.

Immigrant Intimate Partner Violence Victims and Victims With Limited English

Research has examined the difficult position that undocumented immigrants, in particular, face who are also victims of IPV (Earner, 2010; Lee, 2007; Salcido & Adelman, 2004; Vidales, 2010). Undocumented immigrants are often reluctant to seek assistance for IPV victimization because they fear challenges to their immigration status and/or deportation (Earner; Salcido & Adelman; Vidales). In

addition, immigrants in general may have differing views on what constitutes IPV and its level of acceptability in their culture (Malley-Morrison & Hines, 2004). Further, they are often unfamiliar with laws that might protect them and may be unaware of how to seek help for IPV victimization (Vidales). One study found that among recent immigrants who were also IPV victims, only 31% sought help from the social service sector, compared with 53% of nonimmigrants (Hyman, Forte, Du Mont, Romans, & Cohen, 2006). This speaks to the importance of conducting outreach with immigrant populations and being able to educate victims about IPV (Congress & Brownell, 2007; Cramer & Plummer, 2009; Shibusawa & Yick, 2007; Sullivan, Senturia, Negash, Shiu-Thornton, & Giday, 2005).

A significant barrier to immigrant IPV victims receiving help at DV agencies is not being proficient in English (Shim & Nelson-Becker, 2009). Research has found that 32% of Latina American and 17% of Asian American IPV victims who seek help at DV agencies need assistance with English language proficiency, compared with only 0.02% of Euro Americans, 0.1% of African Americans, and 2.5% of American Indians (Grossman & Lundy, 2007). Others have also highlighted the need for assistance with English language or for service providers who can translate into English (Brabeck & Guzmán, 2009; Shim & Nelson-Becker). Few, if any, studies have examined the ability of DV agencies to provide services to individuals who are immigrants and the ability of agencies to provide a range of services to those who cannot speak English. We will address such concerns in this article. We will also explore what agency and city/state characteristics are related to the availability of services, which remains unexplored within the literature on DV services.

Intimate Partner Violence Victims With Disabilities

A growing body of research addresses the unique concerns of IPV victims who also have disabilities and how their service needs are unique from individuals without disabilities. This area of research is vitally important, considering that Denver's Domestic Violence Initiative found that 40% of women with disabilities who sought their services had been disabled as a direct result of IPV (National Center on Elder Abuse, 1998). A recent study of a racially/ethnically diverse sample of disabled women compared IPV experiences of women with disabilities in comparison to women without disabilities. This study found that women with disabilities were more than one-and-a-half times more likely to be the recipient of physical IPV and three times more likely to be the target of threats of physical IPV (Slayter, 2009). Others have estimated that more than half of women with disabilities have been the victim of IPV at some time in their lives (Milberger et al., 2002). A study that examined clients of DV agencies by race found that disability rates ranged from 0.5% (for African Americans) to 5.3% (for American Indians; Grossman & Lundy, 2007).

DV agency clients with disabilities face a wide range of health challenges, including orthopedic injuries, multiple sclerosis, diabetes with complications, amputations, paraplegia, renal failure, and complications associated with stroke

(Copel, 2006). Milberger and colleagues (2002) discuss the precarious position in which this places individuals with disabilities because they are often physically and financially dependent on others for their survival, which can make obtaining help much more difficult. Because of such barriers, women with disabilities may experience a longer duration of IPV than women without disabilities (Young, Nosek, Howland, Chanpong, & Rintala, 1997).

IPV victims also face other physical and mental health challenges that might need to be addressed by the DV agency. For example, women who experience IPV are more likely to report that they have poorer general health, more health concerns, and higher levels of depression (Bonomi, Anderson, Rivara, & Thompson, 2007). Other research has found that women who are in the process of leaving violent partners are more likely to have mental health concerns (Alsaker, Moen, & Kristoffersen, 2008) and are often in need of treatment for problems, including sleep disorders, chronic back pain, hypertension, gastrointestinal problems, and sexually transmitted diseases (Wilson, Silberberg, Brown, & Yaggy, 2007). All of these physical and mental health issues and barriers point toward the importance of DV agencies being able to provide medical and mental health care to victims who seek housing services.

Limited work has been conducted on the accessibility of DV agency services to individuals who have physical, sensory, and mental health disabilities and are also IPV victims. One study surveyed programs delivering abuse-related services nationwide and found that the average number of women with a physical, mental, or sensory disability served during the previous year was 20 (Center for Research on Women With Disabilities, 2000). However, the number of female clients with disabilities varied considerably across programs, from 0 to more than 12,000. The most common type of disability was a mental health disability; the least common was a sensory disability. On average, 21% of the women served by the IPV programs had a mental illness, 10% had a physical disability, 7% were mentally retarded or otherwise developmentally disabled, and 5% had a visual or hearing impairment. The most common service provided to the women with disabilities was accessible shelter or referral to an accessible safe house or hotel room (83%).

A more recent, but also more limited, study of 72 DV agencies in North Carolina identified some gaps in services for female IPV victims with physical and sensory disabilities (Chang et al., 2003). Most agencies (69%) reported serving IPV victims with a physical disability or mobility impairment. Almost all DV agencies in this sample reported that they were able to meet the needs of individuals with physical disabilities. Programs also reported very high rates of meeting basic services, providing access to facilities, collaborating with community providers, and providing effective outreach. Only 59% of agencies, however, reported being able to provide adequate transportation to individuals with physical disabilities. With regard to individuals with sensory disabilities, 38% of the agencies reported working with victims who have hearing impairments and 24% providing services to victims with visual impairments. Of all agencies, 16% reported having trouble communicating with individuals

who have such challenges. Communication was a service area in which agencies consistently rated themselves less favorably, as compared to other areas.

In our study, we examine the accessibility of DV services among agencies across the nation and their ability to provide medical services for those who have an existing health or mental health condition. We also examine the ability of DV agencies to serve individuals with physical or sensory disabilities. Finally, we explore what agency and city/state characteristics are related to the availability of services.

Current Article

As noted, this article is the second in a two-part series about the reported availability of services that are provided by DV agencies to traditionally underserved populations. In this article, we attempt to address several gaps in the literature by systematically assessing the extent to which DV agencies can provide services to populations that have experienced barriers to services in the past: immigrants, individuals who do not speak English, and individuals with disabilities. Thus, we address the following research questions:

1. What are the reported availability of DV services to the following groups of individuals?
   a. Immigrants
   b. Individuals who do not speak English
   c. Individuals who have physical, mental, or sensory disabilities (including providing medical and mental health services)
2. Do agency or state characteristics have an impact on the reported availability of services? Previous research documents a relationship between state characteristics and existing programs and policies (Baron & Straus, 1989; Barrilleaux & Bernick, 2003; Burr, Mutchler, & Warren, 2005; Douglas & Cunningham, 2008; Linksy & Straus, 1986; Vélez, Campos-Holland, & Arndt, 2008; Zimmerman, 1988, 1991). Our first article from this study found a relationship between agency and state characteristics and the availability of services for IPV victims (Hines & Douglas, 2011). Inclusion of these variables allows us to understand the context in which services are (or are not) provided to victims.

METHODS

Sample

A random sample of 371 DV agencies was selected from the 1,980 agencies listed in the *2004 National Directory of Domestic Violence Programs* published by the National Coalition Against Domestic Violence. This sample constituted almost 20% of the agencies in the directory; the size of the sample was determined by previous research

(Schaefer & Dillman, 1998) and the amount of time that could be allocated to this unfunded study. Each DV agency was telephoned by an undergraduate or graduate research assistant and asked for the name of the program director and his or her e-mail address. We then used this information to recruit participants via e-mail to participate in our study. Using the methods of Dillman (2000), we invited DV agency directors to participate in our Internet study on multiple occasions. We e-mailed all program directors an initial recruitment letter, and 1 week later, all received a thank you/reminder e-mail; 5 weeks after the initial recruitment, we e-mailed those participants who had not yet responded; 4 months later, we tried again to increase response rates by having a graduate research assistant call those who had not yet participated. A small number of participants (fewer than 20) completed the survey via the telephone; those we were unable to reach via telephone received a final e-mail from us encouraging them to participate. Data collection took place between January and August 2008.

Program directors who responded to the recruitment e-mail were directed to a webpage on Zoomerang.com that explained the details of the study, their rights as participants, and their ability to decline to participate or to skip any questions they did not wish to answer. All procedures for this study were approved by a board of ethics at Bridgewater State University. In total, 213 DV agencies participated; the response rate was 57.4%.

The sample consisted of 213 DV agencies from 47 U.S. states; 16.9% of the sample was from the Northeast, 33.8% from the South, 25.4% from the Midwest, and 23.9% from the West. When asked if there were any services they would like to provide but could not because of service barriers, 112 (52.6%) indicated there were. Among the services mentioned, 5 (4.5%) indicated they would like to provide medical services for clients, 3 (2.7%) services for individuals with disabilities, 20 (17.9%) services for victims with substance abuse/mental health concerns, and 11 (9.8%) indicated that they would like to provide services in languages other than English.

DV agencies reported that a median of 1,000 IPV victims contact them annually and that they provide direct services to a median of 800 victims. The DV agencies had been in operation for a mean of 24.2 years; they had a median of 14 paid staff and 19.5 volunteer staff. Almost half (47%) of the DV agencies stated that they received federal funding; the DV agencies reported that their median annual budget was $638,000.

Measures

We developed the instrument for use in this study and based it on a review of the literature on the availability of services for underserved victims of IPV. Several program directors who work for DV agencies that specialize in underserved populations gave suggestions about content and questions and helped to pretest the instrument. The questionnaire asked about various victim services that are commonly offered by DV agencies: (a) housing (shelter, transitional housing, safe home, and

hotel vouchers), (b) legal services (victim advocacy services, pro bono legal aid, assistance with divorce and/or child custody cases, assistance with obtaining restraining orders, and services for undocumented immigration issues—e.g., to attain refugee status as DV victims), (c) victim mental health/counseling services (group counseling, individual counseling, nonresidential support groups, and rape or sexual assault services), and (d) additional services, including transportation, outreach, and education. For each of these services, we first asked program directors if their agency was able to provide this particular service. For those who responded yes, we asked for which of the following victim populations they were able to provide their existing services: (a) adolescent female victims, (b) senior female victims (age 65 years or older), (c) lesbian victims, (d) male-to-female transgendered victims, (e) female-to-male transgendered victims, (f) adult male victims, (g) adolescent male victims, (h) male senior victims, and (i) gay male victims. These populations were the focus of our first article using this data set (Hines & Douglas, 2011) and are not addressed in our current article.

For each of these services, we also asked about the ability to serve immigrant victims and victims who have limited English proficiency, and individuals with disabilities, including physical, mental health, sight, and auditory impairments. We also examined the extent to which DV agencies were able to provide medical and mental health services to victims with existing conditions and to those who were being housed by DV agencies. These populations are the focus of the current article. We refer to all of these groups of victims as "underserved populations"; because as noted in our literature review, previous research has found that individuals from these groups often have difficulty in gaining access to DV services.

Finally, we asked DV agency program directors for descriptive information about their agencies, including the city and state of the agency, the number of victims that they serve each year, the size of the agency budget, if they receive federal funding, the number of years of operation, and the number of paid staff and volunteers.

We also used existing data to examine the potential relationship between state/regional characteristics and the availability of services to these underserved groups. From the U.S. Census Bureau, we gathered the 2007 population of the city in which the agency was located, 2007 household median income of the state in which the agency was located, and the percentage of the state population that was college educated. The percentage of state legislators who were women in 2008 was garnered from the Center for American Women and Politics. The degree of liberalism for each state came from a 2003 CBS/*New York Times* national poll of political ideology, available at http://php.indiana.edu/~wright1/. The year 2003 was the year that was closest to when our data was collected. Previous research has demonstrated that state characteristics, including political ideology, predict the provision of services for members of individual states (Baron & Straus, 1989; Barrilleaux & Bernick, 2003; Burr et al., 2005; Douglas & Cunningham, 2008; Linksy & Straus, 1986; Vélez et al., 2008; Zimmerman, 1988, 1991). State characteristics are an approximate measure of the context in which DV agencies operate.

RESULTS

We asked DV agencies to indicate the number of victims who contacted them in the past year and requested services, by population. Those that are relevant to this article include services provided to a median number of immigrant victims ($M = 12$), victims who cannot speak English ($M = 9$), victims with a physical disability ($M = 12$), victims with a mental health disability ($M = 59$), and victims with a sensory disability ($M = 2$). Given that DV agencies are contacted by a median of 1,000 victims overall each year, this means that on average, 1.2% of their potential clients are immigrants, 0.9% cannot speak English, 1.2% have a physical disability, 5.9% have a mental health disability, and 0.2% have a sensory disability.

In addition, prior to asking the DV agency whether they were able to provide a given service to the underserved population in question, we asked them if they were able to provide that service at all. Among housing services, shelter services were the most common (80.2%), followed by hotel vouchers (60.1%), transitional housing (32.7%), and safe homes (9.9%). Overall, 95.6% of the agencies offered some type of victim counseling service, with 31.3% offering group mental health counseling, 39.7% individual mental health counseling, 88.7% nonresidential support groups, and 60.1% rape or sexual assault services. Most agencies (86.9%) indicated that they offered any type of legal services, with 79.8% offering assistance filing restraining orders, 46.0% offering legal help in divorce or child custody cases, 83.1% offering victim advocacy services, and 28.2% offering pro bono legal services to financially needy victims. Finally, 77.5% of agencies offered emergency local transportation services to IPV victims, 92.5% indicated they engaged in outreach, 16.4% offered employment services, and 34.7% offered educational services.

Victims Who Are Immigrants and Who Have Limited English Skills

We asked DV agencies about their ability to provide legal services specifically for undocumented immigration issues (e.g., obtaining refugee status as an IPV victim). As shown in Table 1, less than half (49.2%) of the DV agencies that provide legal services are able to provide legal services specific for undocumented immigration issues. Bivariate analyses showed that the following variables were associated with the DV agencies' ability to provide legal services specific to undocumented immigration issues: percentage of city in poverty ($r = .19, p < .01$), percentage of city that is White ($r = -.14$, $p < .05$), percentage of city that is college educated ($r = -.15$, $p < .05$), number of paid staff ($r = .16$, $p < .05$), agencies located in the Northeast ($r = -.16$, $p < .05$), and agencies located in the South ($r = .17, p < .05$).

All of these significant bivariate predictors were entered into a logistic regression equation predicting ability to provide legal services specific to undocumented immigration issues, and nonsignificant variables were removed one by one until only significant predictors remained. As shown in Table 2, agencies that were able to provide legal services specifically for undocumented immigration issues were located outside of the Northeast and were housed in cities with higher levels of poverty. DV agencies

TABLE 1. Domestic Violence Services Available for Victims by Population Type

Type of Service	Services for Immigrants and Those With Limited English Skills	Signing Services for Hearing Impairment	Accessible for Physical Disability
Counseling services (n = 195)	80.5	65.1	98.5
Educational services (n = 74)	73.0	63.9	98.7
Employment services (n = 35)	74.3	63.6	97.0
Housing: hotel vouchers (n = 128)	21.1	8.6	99.2
Housing: safe home (n = 21)	47.6	35.0	57.9
Housing: shelter (n = 172)	93.5	74.4	85.7
Housing: transitional housing (n = 68)	83.8	73.8	71.6
Legal services for non-English speakers (n = 185)	84.3	69.2	97.8
Legal services for undocumented immigration issues (n = 185)	49.2	†	†
Outreach for immigrants (n = 197)	62.4	†	†
Outreach materials to non-English speakers (n = 197)	75.6	†	†
Transportation services (n = 155)	†	†	87.7

†Question was not asked for this population.

located in the Northeast were 60% less likely to provide legal services for undocumented immigration issues than DV agencies located in other regions of the nation. Moreover, for each additional percentage of the population living in poverty in the city, which housed the DV agencies, the odds that the agency would provide legal services for undocumented immigration issues increased by 16%.

Table 1 also shows that in general, most agencies are able to provide English translation services to victims who do not speak English. This was especially true for shelters, transitional housing, legal services, counseling, employment, and educational services. In each of these instances, at least 73% of the agencies were able to provide translation assistance for the specified services that they offered in general. DV agencies were less able to offer translation services when providing a victim with housing in a safe home (47.6% of the agencies that offered this service) or a hotel voucher (21.1% of the agencies that offered this service). The results also indicated that although 92.5% (n = 197) of DV agencies overall indicated they engaged in outreach,

TABLE 2. Summary Statistics for Ordinal Regression Predicting Availability of DV Services

Variable	*B*	*SE*	Wald	Odds Ratio
Services available for immigrants and individuals with limited English skills				
Legal services for undocumented immigration issues ($\chi^2[2] = 2.86, p < .01$; 7.9% of variance explained)				
Percentage of city in poverty	0.15	0.06	6.64**	1.16
Region: Northeast	−0.92	0.42	4.87*	0.40
Legal services translators ($\chi^2[2] = 36.90, p < .001$; 46.6% of variance explained)				
Agency budget[a]	0.52	0.18	8.39**	1.69
Number of volunteer staff	0.10	0.04	5.69*	1.11
Counseling services translators ($\chi^2[1] = 12.32, p < .001$; 10.5% of variance explained)				
Number of volunteer staff	0.03	0.01	5.42*	1.03
Transitional housing translators ($\chi^2[1] = 8.08, p < .01$; 19.9% of variance explained)				
Region: Midwest	−2.08	0.74	7.88**	.13
Outreach to immigrants ($\chi^2[1] = 8.98, p < .01$; 6.8% of variance explained)				
Percentage of city in poverty	0.22	0.08	8.22**	1.24
Outreach materials to non-English speakers ($\chi^2[2] = 27.37, p < .001$; 31.0% of variance explained)				
Percentage of population White	−0.06	0.03	4.21*	0.95
Number of minority victims who contact them	0.01	0.002	5.92*	1.01
Accessibility for individuals with hearing impairment				
Counseling services ($\chi^2[1] = 3.66, p = .06$), Nagelkerke $R^2 = .027$				
Number of paid staff	0.02	0.01	3.19†	1.02
Education services ($\chi^2[2] = 8.16$), Nagelkerke $R^2 = .153$				
Region:West	−1.14	0.58	3.87*	0.32
City population where agency located[a]	−0.17	0.10	3.01†	0.84
Hotel housing service ($\chi^2[2] = 9.73, p = .008$), Nagelkerke $R^2 = .183$				
Region: South	1.56	0.76	4.24*	4.74
Number victims served[b]	0.25	0.11	5.33*	1.28
Legal services ($\chi^2[1] = 4.74, p = .03$), Nagelkerke $R^2 = .039$				
Number of paid staff	0.02	0.01	3.81*	1.02
Shelter services ($\chi^2[1] = 3.91, p = .05$), Nagelkerke $R^2 = .034$				
Region: South	0.74	0.38	3.70*	2.10
Transitional housing ($\chi^2[2] = 8.95, p = .01$), Nagelkerke $R^2 = .227$				
Agency budget[a]	0.09	0.05	3.77*	1.09
Region: South	1.73	0.89	3.77*	5.61

(continued)

TABLE 2. ***(continued)***

Variable	*B*	*SE*	Wald	Odds Ratio
Accessibility for individuals with physical disabilities				
Shelter services ($\chi^2[2] = 10.32, p = .006$), Nagelkerke $R^2 = .157$				
Agency budget[a]	0.11	0.06	3.61^	1.11
Region: South	1.54	0.80	3.73*	4.68
Transportation services ($\chi^2[2] = 8.60, p = .01$) Nagelkerke $R^2 = .105$				
Household income for state[b]	0.69	0.34	4.13*	0.50
Victims served[c]	−0.11	0.07	2.69^	0.89
Availability of medical doctor to assist with existing medical conditions				
Shelter services ($\chi^2[2] = 14.97, p = .001$), Nagelkerke $R^2 = .265$				
Number victims contacted agency w/ Sensory disability	−0.16	0.08	4.28*	0.85
Receives federal funding	−1.64	0.60	7.49**	0.20
Transitional housing ($\chi^2[2] = 7.47, p = .02$), Nagelkerke $R^2 = .092$				
Female legislators in state: percentage	0.06	0.03	3.61†	1.06
Region: Northeast	1.13	0.57	3.86*	3.09
Availability of mental health professional to assist with existing conditions				
Hotel voucher services ($\chi^2[2] = 6.70, p = .04$), Nagelkerke $R^2 = .079$				
Region: South	−0.77	0.45	2.89†	0.47
Years in operation	−0.06	0.03	3.62†	0.95
Shelter services ($\chi^2[1] = 5.65, p = .02$), Nagelkerke $R^2 = .044$				
Region: West	0.86	0.37	5.44*	2.37
Accessibility for any disability group				
Outreach services ($\chi^2[1] = 6.40, p < .01$), Nagelkerke $R^2 = .05$				
Region: Midwest	0.99	0.41	5.73*	2.69

[a]Variable was divided by 100,000 before analyses were conducted.
[b]Variable was divided by 10,000 before analyses were conducted.
[c]Variable was divided by 1,000 before analyses were conducted.
†$p \leq .10$. *$p \leq .05$. **$p \leq .01$.

only 62.4% ($n = 123$) of these agencies reach out specifically to immigrants, but 75.6% ($n = 149$) reach out to non-English speakers.

We performed a series of bivariate correlations to investigate the agency and state/regional variables that are related to the DV agencies' ability to provide translation services for IPV victims who are limited in their English proficiency. These analyses were not performed for safe homes ($n = 21$) and employment services ($n = 35$) for any of the analyses in this article because of limited sample size for those services. For all other services, there were several significant correlations. Specifically, for hotel vouchers, both the number of illegal immigrants in the city ($r = .23, p < .05$) and

the number of victims served by the DV agency who did not speak English ($r = .27$, $p < .05$) were significantly correlated with the ability to provide translators. The percentage of the city in poverty ($r = .25, p < .05$), the percentage of the city that was White ($r = -.24, p < .05$), agencies located in the South ($r = .32, p < .01$), and agencies located in the Midwest ($r = -.38, p < .01$) were all correlated with the ability to provide translators for transitional housing services. The ability to provide translators for legal services and counseling services was correlated with same variables, specifically the number of victims who contacted the agency ($r = .19, p < .05$; $r = .18$, $p < .05$, respectively), the number of years the agency existed ($r = .19, p < .05$; $r = .17$, $p < .05$, respectively), the number of paid staff ($r = .22, p < .01$; $r = .16, p < .05$, respectively), the number of volunteers ($r = .15, p < .05$; $r = .16, p < .05$, respectively), and the agency's budget ($r = .25, p < .01$; $r = .21, p < .01$, respectively). Finally, the agencies' ability to provide translators for their educational services was correlated with the city's population in 2007 ($r = -.24, p < .05$).

Logistic regressions were then performed with the ability to provide translators for each type of service as the dependent variables, and the previously mentioned variables as predictors. Table 2 presents the final regression equations with only significant predictors remaining. As shown, several DV agency and state/regional characteristics are related to the reported availability of services for individuals who do not speak English. This particular service appears to be, in part, dependent on the agency, the victims who contact the agencies, and characteristics of the agency's sociogeographic location. For example, DV agencies that have more volunteer staff are more able to provide translation for counseling and legal services. Specifically, for each additional volunteer staff member, a DV agency is 3% more likely to be able to offer translation for counseling services and 11% more likely to offer translation for legal services. The agency's budget also had a significant impact on the agency's ability to provide translation for legal services: For each additional $100,000 in an agency's budget, the ability to offer a translator for legal services increased 69%. Finally, with regard to transitional housing services, DV agencies in the Midwest were 87% less likely to provide translation services for this type of housing.

On a bivariate level, the following variables predicted outreach services to immigrants: median family income ($r = -.16, p < .05$), percentage of city in poverty ($r = .22, p < .01$), number of illegal immigrants in the city ($r = .16, p < .05$), and agencies located in the South ($r = .16, p < .05$). Outreach to non-English speakers was correlated with the percentage of the city that is White ($r = -.24, p < .01$), the percentage of the city that is Asian ($r = .16, p < .05$), the percentage of the city that is foreign-born ($r = .18, p < .05$), the number of victims who contacted the agency ($r = .15, p < .05$), the number of minority victims who contact the agency ($r = .26$, $p < .01$), the number of paid staff ($r = .17, p < .05$), and the agency's budget ($r = .20$, $p < .05$).

When all variables were entered into a logistic regression equation and nonsignificant predictors were removed, only percentage of city in poverty remained as a significant predictor. Specifically, each additional percentage of the population living

in poverty in the city, which houses the DV agency, was associated with a 24% increase in the odds that an agency would perform outreach to immigrant victims. Outreach to non-English-speaking IPV victims was related to a state's racial composition, with each 1-unit increase in the percentage of the population identifying as White related to a 5% decrease in an agency's outreach services to non-English-speaking victims. Having more minorities contact an agency was positively related to outreach for this population: For each additional minority victim who contacted the agency, it was 1% more likely to provide outreach to non-English speakers.

Services for Individuals With Disabilities

Accessibility for Individuals With Hearing Impairment. Table 1 displays the percentage of DV agencies that were able to offer signing services, by type of service, to individuals with hearing impairments. The results indicate that there is a significant range in the availability of signing services. Among housing services, DV agencies are most able to provide signing services in shelters (74.4%) and transitional housing (73.8%). They are much less likely to provide this service to victims staying in safe homes (35%) and using hotel vouchers (8.6%). A modest majority of DV agencies are able to provide signing for other types of services, including legal (70.9%), counseling (65.1%), and educational (63.9%) services.

At the bivariate level, several variables were significantly associated with DV agencies being able to provide services to individuals with hearing impairments. Agencies with more paid staff were more likely to provide signing along with their counseling services ($r = .13, p < .07$). Agencies located in smaller cities/towns ($r = -.24, p < .05$), in the western region of the United States ($r = -.21, p < .10$), and those serving fewer victims in a given year ($r = -.21, p < .10$) were more likely to provide signing with their educational services. Agencies in the South ($r = .22, p < .05$) and agencies serving more victims ($r = .26, p < .01$) were more likely to provide signing services when supplying victims with hotel vouchers. Those with more paid staff were more likely to provide signing along with their legal services ($r = .15, p < .05$) and agencies located in the South were also more likely to provide signing services for hearing impaired victims in their shelters ($r = .15, p < .05$). Agencies that are located in regions that are less liberal ($r = -.28, p < .05$), are located in the South ($r = .31, p = .01$), and have a higher operating budget ($r = .26, p < .10$) are more able to provide signing services to hearing impaired victims living in transitional housing.

The variables that were significant at the bivariate level were entered into multivariate analyses. Table 2 shows the summary statistics for parsimonious logistic regression analyses predicting accessibility of DV services to individuals with hearing impairments. Most common among these predictors were the number of agency staff and the region of the country in which the agencies were located. There was a trend toward having higher levels of staff being associated with an increased ability to offering signing during counseling services: for each additional staff member employed by a DV agency, the ability to offer this service increases

by 2%. These findings were replicated, but at the significance level of $p \leq .05$, for legal services. For each additional person on staff, a DV agency is 2% more likely to offer signing for legal services. The ability to provide signing services for victims seeking educational services was related to the location of the DV agency—both by region and by size. DV agencies in the western region of the United States were 68% less likely to provide signing during educational services, and for each additional 100,000 in population, DV agencies were 16% less likely to offer signing during educational services ($p < .10$).

Housing services were also related to the region in which a DV agency is located, as well as agency characteristics. DV agencies in the Southern region of the United States were almost 5 times ($OR = 4.74$) more likely than DV agencies from other regions of the nation to provide signing services when victims used a hotel voucher for emergency housing. Similarly, DV agencies in the South were more than twice as likely ($OR = 2.10$) to provide signing services in a shelter setting and more than 5 1/2 times ($OR = 5.61$) more likely than DV agencies in other regions of the nation to provide signing services with when clients use transitional housing. Finally, the provision of signing services by DV agencies providing housing services was also related to agency characteristics. DV agencies that serve a higher number of victims were more likely to provide signing services. For every additional 1,000 victims that an agency served, its ability to provide signing services when clients use a hotel voucher increased by 28%. With regard to transitional housing, agencies with larger budgets were more able to provide signing services. For each additional $100,000 in an agency's budget, the odds that it could provide signing services when clients used transitional housing increased by 9%.

Accessibility for Individuals With Physical Disabilities. Most DV agencies were able to offer services to victims with physical limitations. Table 1 shows that the large majority of DV agencies are able to offer services for seven of the nine services assessed: counseling, education, employment, legal, and transportation services, as well as hotel vouchers and shelter services. In each of these instances, the reported availability of services provided by DV agencies ranged from 85.7% to 99.5%. Safe homes (57.9%) and transitional housing (71.6%) were less accessible to victims with physical disabilities.

At the bivariate level, agencies located in the South ($r = .16, p < .05$), that served more victims ($r = .18, p < .05$), with larger operating budgets, ($r = .17, p < .10$), and with more paid staff ($r = .18, p < .05$) were more likely to offer shelter services that were handicapped accessible. Those located in states with lower levels of median household income ($r = -.17, p < .05$), but that service more victims ($r = .22, p < .01$), were more likely to provide transportation services that were accessible to individuals with a physical disability. Also, agencies located in the North were less able to provide vouchers to hotels that would be accessible to individuals with a physical disability ($r = -.24, p < .01$). Finally, agencies with more paid staff were more likely to provide counseling services that were accessible to individuals with physical disabilities ($r = .13, p < .10$).

The multivariate analyses conducted on these variables are displayed in Table 2 and show that state, regional, and agency characteristics predicted three services for individuals with a physical disability: shelter services and transportation services. Having physically accessible shelter services was related to agency budget and region of the nation. A trend toward significance ($\leq$.10) indicates that for each additional $100,000 in an agency's budget, a DV agency is 11% more likely to provide shelter services that are accessible by individuals with physical limitations. Also, DV agencies in the South were more than 4.5 times ($OR = 4.68$) more likely to offer physically accessible shelter services, as compared with DV agencies in other regions of the United States. The ability to provide transportation services to individuals with physical limitations was negatively related to state-level household income and number of victims served. Each additional $10,000 in a state's median household income was associated with a 50% decline an agency's ability to offer transportation services to victims with physical limitations. In addition, there was a trend toward significance ($p \leq .10$) with regard to number of victims served and the accessibility of transportation services. For each additional 1,000 victims that an agency served, its ability to provide accessible transportation services was decreased by 11%.

Availability of Medical Doctors to Assist With Preexisting Medical Conditions. We inquired if DV agencies were able to provide victims with medical services for existing conditions at each of the different types of housing services: hotel vouchers, safe home, shelter services, and transitional housing. In general, a minority of DV agencies could provide medical services to victims. About half (50.0%) of DV agencies could provide medical services in their safe homes. In all other instances, about one quarter of DV agencies could provide medical services while housing victims: hotel vouchers (23.5%), shelters (28.2%), and transitional housing (25.8%).

State characteristics, region of the nation, and agency characteristics were related to the availability of medical services when agencies housed victims. At the bivariate level, agencies that were located in the Midwest were less likely to provide medical services within shelter settings to individuals with preexisting medical conditions ($r = -.15$, $p = .05$), but agencies in the West were more able to do so ($r = .16$, $p < .05$). Agencies that had been existing for a fewer number of years ($r = -.15$, $p < .10$) and that did not receive federal funds ($r = -.22$, $p < .01$) were also less likely to provide medical services within a shelter setting. Agencies that were located in the North were more likely to provide medical services to individuals with preexisting conditions while they were living in transitional housing ($r = .21$, $p = .10$). Finally, agencies that were located in states with a higher proportion of female legislators ($r = .18$, $p = .05$), a higher proportion of college-educated residents ($r = .15$, $p < .10$), and that were in the North ($r = .19$, $p < .05$), as opposed to the South ($r = -.17$, $p < .10$), were more likely to provide medical services to individuals using hotel vouchers and who have preexisting medical conditions.

Logistic regressions were then performed with the availability of medical services at the different types of housing services as the dependent variables, and the sig-

nificant correlates in the bivariate analyses as the predictor variables displayed in Table 2. We found that DV agencies that received federal funding were 80% less likely to report that medical services were available to clients using the agency's shelter services. In addition, for each additional victim with a sensory disability who contacted the agency, the agency was 15% less likely to have medical services available at their shelters. Finally, the provision of medical services at transitional housing sites was related to the percentage of female legislators in office in a given state and to region of the nation. There was a trend toward significance ($p \leq .10$) such that for each 1-unit increase in the percentage of women who comprise state legislatures, there was a 6% increase in the reported availability of medical services at transitional housing sites. Moreover, DV agencies in the Northeast were more than three times as likely ($OR = 3.09$) to report being able to provide medical services to victims living in transitional housing.

Availability of Mental Health Professionals to Assist With Preexisting Mental Health Problems. As with the questions pertaining to the availability of medical services, we asked agency directors about the availability of mental health professionals to assist IPV victims who have preexisting mental health conditions and who are being housed by the agency in some form: hotel vouchers, safe home, shelter services, and transitional housing. DV agencies were able to provide more mental health than medical services to victims who have preexisting conditions. About half of safe homes (50.0%), shelters (48.5%), and transitional housing services (44.6%) were able to provide mental health services to victims. Such services, however, were only available to about one third (35.0%) of victims using hotel vouchers.

We found that both agency characteristics and region predicted the availability of mental health services to victims with preexisting conditions. Agencies that were located in states where a higher proportion of the legislators were female ($r = .18$, $p < .05$), that had been in operation for fewer years ($r = -.16, p < .10$), and that were located in the West ($r = .18, p < .05$), but not in the South ($r = -.16, p < .10$), were more likely to provide mental health services to individuals using hotel vouchers who also had preexisting mental health conditions. Similarly, agencies that were located in the West ($r = .18, p < .05$) and in states with a higher proportion of legislators who were female ($r = .13, p < .10$) were more likely to provide mental health services to victims with preexisting conditions while they resided in the agency's shelter. Finally, agencies that had more volunteer staff were also more likely to provide mental health services to victims living in transitional housing who had preexisting services ($r = .26, p < .05$).

Logistic regression analyses were then performed on the agencies' ability to provide mental health services for victims with preexisting mental health conditions at their housing facilities. Specifically, there was a trend toward significance ($p \leq .10$) with regard to providing mental health services to those using hotel vouchers for temporary housing. States that were in the South and agencies that had been in operation for a longer period of time were less likely to provide mental health services to

victims with existing conditions who were staying in hotels. Specifically, DV agencies in the South were 53% less likely, as compared with DV agencies in other regions of the nation, and for each additional year that a DV agency was in operation, it was 5% less likely to provide this service to victims. Agencies in the western region of the country were 2.37 times as likely to be able to provide mental health services to victims with preexisting conditions using shelter services.

Accessibility for Any Disability Group. Our question pertaining to outreach services simply asked DV agency directors if their services were available to "a victim with any kind of disability." The overwhelming majority of agencies, at 89.7%, indicated that they did. Bivariate analyses showed that agencies located in the Midwest were more likely to provide outreach for any member of a disability group ($r = .19$, $p < .01$); agencies in the West, however, were less likely to provide educational services to individuals with any type of disability ($r = -.34$, $p = .05$). When entered into a logistic regression, region remained as a significant predictor of outreach services, with DV agencies in the Midwest 2.69 times as likely to provide outreach services that targeted victims with disabilities.

DISCUSSION

The purpose of this article was to explore the availability of DV services to populations of victims that are traditionally underserved: immigrants and individuals who have limited English proficiency and individuals with disabilities. This article is the second in a two-part series that addresses the reported availability of DV services for many populations that previous research has found to be underserved (Brabeck & Guzmán, 2009; Chang et al., 2003; Grossman & Lundy, 2007). We found a relatively high to moderately high level of services available to the traditionally underserved populations that we addressed in this article. Moreover, we found that both DV agency and city/state characteristics are often related to the availability of these services.

Clients Served and Availability of Services

We found that DV agencies do not receive requests for services from many individuals who come from the populations that we study in this article. Using median as the measure of central tendency, agencies were contacted by a low of 2 individuals with sensory disabilities to a high of 59 individuals with mental health disabilities; this represents 0.2%–5.9% of all victims who contact them.

Of the populations assessed in this article, services are most available for individuals with physical impairments. There is also a relatively high level of services for individuals who do not speak English and signing services are available to at least two thirds of DV agencies in most service areas. Accessibility and translation (both English and signing) services are least available at locations that are usually "off-site" for the DV agencies—that is, safe homes and hotels—places over which the

DV agency has little control. For the remaining services, most of which are within the DV agencies' control, accessibility and translation services were much more readily available. The relatively high level of services available for individuals with physical or sensory limitations is likely related to the high visibility of the Americans with Disabilities Act (ADA) that was passed in 1990 and reauthorized in 2008 (Department of Justice, 2010). This piece of U.S. federal legislation makes it necessary to, among other things, make services and education available to all Americans, regardless of level of ability or accessibility.

The results of our analyses indicate, however, that the ADA has been more successful in making accommodations in DV agencies for individuals who have more visible forms of disabilities (i.e., physical) and less successful in providing for individuals who have hearing impairments. Although accessibility for physical disabilities was available by 85% or more of the DV agencies for most of the services they offered, roughly only two thirds to three quarters of DV agencies are able to provide signing services to IPV victims. This could be caused by the relative expertise needed to put such accommodations in place. To make a service accessible to someone with a physical disability, an agency would need a one-time investment to build ramps, widen doorways, and/or make other structural changes; however, for there to be signing services for the hearing impaired, an agency would need to make a long-term investment in hiring an employee with signing translation skills or in using a signing translation service. Such expertise may not be in their immediate area, and even if such services are locally available, the severe budgetary constraints many agencies experience may make such services economically unfeasible, particularly given that on average, the DV agencies receive very few calls from people with sensory disabilities. Nonetheless, it should be emphasized that most agencies offer signing translation for their "on-site" services.

In addition, the ability to provide English-language translation services was also quite widely available across DV agencies. It seemed that the biggest barriers to providing such services was staff and budgetary, as would be expected, because English-language translators are an additional expense through either a regular staff or contract position. The data also suggests that English-language translators were more available in areas that potentially needed them most—that is, areas with more racially and socioeconomically diverse populations. Perhaps other DV agencies do not offer such translation services because there is no perceived need for them.

What were less available were legal services that were specific for undocumented immigration issues and outreach services. The former is available at less than half of agencies that provide legal services and is more widely available in socioeconomically diverse communities and outside of the Northeast. Why these services are less available in the Northeast is puzzling, especially considering that this area of the country is not immune to undocumented immigration (Hoefer, Rytina, & Campbell, 2007); however, these findings do point toward the need for DV agencies to increase their legal offerings to include such issues, especially because the Violence Against Women Act does allow for IPV victims who are undocumented to apply for refugee

status (Leroe-Muñoz & Roohparvar, 2007; Ingram et al., 2010). Moreover, the fact that outreach to immigrant communities and communities with limited English proficiency is also not widely available is troubling, especially given that major barriers to immigrants and non-English-speaking IPV victims include language barriers, not knowing that services are available to them, and not understanding the laws (Shim & Nelson-Becker, 2009; Vidales, 2010). It is not surprising that such outreach is more widespread in ethnically and socioeconomically diverse communities, but recommend that it become a more common practice to ensure that immigrant and non-English-speaking IPV victims know that help is available to them.

Relationship of Agency and City/State Characteristics to Ability to Serve

We found fairly strong and consistent relationships between agency and city/state characteristics and the provision of services in this article. For example, the results indicated that with regard to agency characteristics, in general, agencies that had more paid or volunteer staff, had higher budgets, and served more victims were able to provide more services to the populations that we assessed. This was true for English translation services, availability of services for victims with hearing impairments, and housing services for victims with physical disabilities. This would seem to suggest that agencies that are better staffed and well funded can provide more services.

However, there were some exceptions to these findings. Agencies serving more victims were less likely to provide transportation services to victims with physical disabilities, perhaps because these agencies focus their resources on providing services to a larger client base and thus are less able to provide transportation to those with physical limitations. DV agencies that were contacted by more victims with sensory disabilities and receiving federal funding resulted in shelters not being as able to provide victims with medical assistance for existing conditions. It is difficult to know the exact reason for this, but it may be related to the allocation of scarce resources. DV agencies that receive federal funds may be more likely to be in compliance with the ADA and thus receive more requests for support from individuals with disabilities. Serving this population may be more expensive and may make the services that they provide less comprehensive. Finally, being in operation longer was associated with fewer mental health services for victims with existing mental health problems. This could be caused by the fact that older agencies may be more likely to adhere to a model of DV that asserts that claiming that DV victims suffer from mental health problems pathologizes and implicitly blames the victim for the abuse (see Walker, 2009, for a discussion of the feminist critique of battered women's mental health issues), whereas newer agencies may have adopted a framework, which emphasizes that, whether preexisting or a consequence of the trauma, a substantial portion of women who experience IPV also have mental health concerns (Alsaker et al., 2008; Bonomi et al., 2007; Wilson et al., 2007).

The region of the nation in which the DV agency was located was a significant predictor of services in 11 of the 19 models presented in Table 2. Overall, the findings

were inconsistent; for example, in one instance, being located in the West increased the provision of services (availability of mental health services in shelters) and in another, decreased the likelihood that an agency would offer signing for those with hearing impairments seeking education services. The one consistent finding among region of the nation was being located in the South. In 4 of the 11 models in which region was a significant predictor of services, being in the South increased the likelihood that services would be offered: signing services for those using hotel vouchers, shelter services, and transitional housing and accessibility for those seeking shelter services who also have a physical disability. It is unclear why the South would emerge as a leader in this regard. There are no high concentrations of individuals with hearing impairments in the South (U.S. Department of Health & Human Services, 2010), and this region has been traditionally known for providing fewer social services for those in need (Linksy & Straus, 1986; Zimmerman, 1988). The South does, however, have more individuals with physical impairments (U.S. Department of Health & Human Services). Region of the nation and the characteristics that accompany those regions that may influence the availability of certain services is an area for future study.

We found several associations between the reported availability of services and city/state characteristics. In general, cities with higher levels of poverty had an increased availability of services (i.e., legal services specific to undocumented immigrants, outreach to immigrants). Fewer services were available in cities that were more populous (signing services for educational services), states with higher levels of income (transportation services), and regions with fewer Whites (outreach to non-English speakers). Other research has found that racial diversity is associated with expanded social services (Vélez et al., 2008) because the groups that would be impacted by the availability of these services may more likely settle and live in such areas. We are just beginning to understand how social and economic contexts of where DV agencies are located can affect the availability of services. This, too, is an area for future research.

Availability of Services Versus Appropriateness and Quality of the Services

In our first article on this topic, we discussed the potential tension between DV agency directors stating that services are available for many of the underserved populations addressed in this study, and the reality of what happens when an underserved victim actually contacts the agency with a request for services. For example, in the current context, what happens when a victim with a physical disability actually does need to gain access to an agency that is located on the second floor with no elevator available, or when a deaf victim actually does seek to participate in a support group for victims of sexual assault? This issue—reported versus actual availability of services—has been more thoroughly discussed with regard to gender and sexual orientation and not the populations that we studied in the current article. For example, Helfrich and Simpson (2006) interviewed several DV agency staff members in the Boston area about their provision of services to lesbians. The authors noted that although the staff

members were willing and open to providing their services to lesbians, their training in doing so was lacking. We do not know the extent to which there are parallels in service delivery and quality for victims who present with physical, sensory, and language limitations. Moreover, agency directors' self-reported willingness to help these underserved populations may not be reflected in their staff members' behavior, and we do not know whether any services actually provided were sensitive to the unique needs of the populations that we addressed here. The service providers in Helfrich and Simpson's study recommended that institutional policies needed to be written and enforced that stressed inclusion, staff competency (with an emphasis on training), and staff accountability. We might add to these recommendations the importance of collaboration with other providers and advocacy groups who are likely skilled at working with the underserved populations that we addressed here.

Limitations and Future Research

Although this study presents valuable information on the availability of DV agency services to various populations of traditionally underserved victims, there are several limitations that need to be addressed in future research. For example, we do not know whether in comparison to the agencies that responded to our survey, the agencies that did not were more or less likely to make their services available to underserved populations. It is possible that those that did respond had particular reasons for doing so; they may have a special interest in providing such services in the future or a special interest in focusing on more traditional populations. That said, more work needs to be done to understand why certain agencies cannot or do not make their existing services available to certain populations.

We were able to conclude that various agency characteristics and city/state characteristics are related to the reported availability of services. In the future, researchers may want to determine if the values and ideological orientation of individual agencies is potentially related to which populations it is able to, or decides to serve. If we can understand the barriers that these agencies have to making their services available to all potential victims, we can work to ensure that all IPV victims, regardless of citizenship status, English proficiency, and disability status, have the services they need available to them. Finally, as noted, the data in this study come from DV agency directors who are not necessarily the individuals who conduct outreach, answer crisis calls, or meet victims at the door. Thus, we cannot guarantee the consistency in responses between directors and frontline staff, and future research should aim to investigate whether the results found here would be replicated with a sample of frontline staff.

Conclusions and Recommendations

In this study, we assessed the availability of DV services for individuals from specific underserved populations: immigrants, individuals with limited skills in English,

and individuals with disabilities. The findings are more encouraging than we presented in our first article (on gender, sexual orientation, and age) in this two-part series. In general, services to the populations assessed in our current article are available without too many restrictions. However, English language translation in certain housing situations (hotels and safe homes), legal services for undocumented immigrants, and outreach for all immigrants were reported as being less available than the other services that we assessed. There is a very high level of services available for victims with a physical disability (with the exception of safe homes) and a small-to-modest majority of DV agencies report being able to provide services to individuals with hearing impairments. Research that investigates the availability of services for traditionally underserved populations is in its infancy, and this article contributes to this literature on services for DV. In the future, researchers may want to assess the availability of services to individuals with visual impairments and how the values and ideology of an agency potentially influence all types of services that are available. Finally, we recommend that, to the greatest extent possible, DV agencies increase their outreach to victims from traditionally underserved populations, and that if they do not already do so, work in collaboration with existing organizations and advocates who work with the underserved populations addressed in this article.

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