

**¿Se Habla Español?
Accessibility of Services for Spanish-Speaking Clients at Domestic
Violence Agencies**

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Executive Summary

Texas has seen a dramatic increase in the Latino population, and currently approximately one-third of Texas residents speak Spanish at home. In 2002, the National Domestic Violence Hotline received 18 percent of their Texas calls in Spanish. If nearly one-fifth of people seeking domestic violence services speak Spanish, then domestic violence agencies need to be prepared with bilingual Spanish-speaking staff. Although studies have shown a lack of bilingual staff in emergency rooms and mental health facilities, none have examined the amount of bilingual staff in domestic violence agencies. Therefore, the purpose of this survey was to determine the accessibility level of domestic violence services for monolingual Spanish-speaking people in Texas.

Both qualitative and quantitative information was sought to evaluate accessibility. Forty-five Texas domestic violence agencies were interviewed via phone. The majority supplied both residential and non-residential services. Qualitative inquiries involved demographic changes, language barrier difficulties, solutions for alleviating difficulties, and types of referrals. The percentage of bilingual staff was compared with the percentage of people in the city where the agency was located that spoke Spanish at home; it was also compared to agency statements of the percentage of monolingual Spanish-speaking clients.

Nearly forty percent of all domestic violence agencies had 10 percent or less of their paid staff (including part-time) bilingual, and only three agencies had at least half their staff bilingual. In comparison to both Census Bureau and agency statistics, nearly one-third of all domestic violence agencies were classified as poor in accessibility. In comparison to Census data alone, only 38 percent of all domestic violence agencies scored well. Agencies scored better when comparing their amount of bilingual staff to agency reported monolingual clients; 50 percent scored well. Agencies that had solely nonresidential programs had better accessibility than agencies that had both residential and nonresidential services.

Many agencies that had an adequate number of staff to serve Spanish-speaking clients still had difficulties with language barriers, although difficulties were external or related to culture. Overall, approximately two-thirds of all domestic violence agencies reported difficulties serving clients due to Spanish language barriers. The most frequently reported difficulty was bilingual staff not always available. To alleviate difficulties, most agencies suggested hiring more or simply having more bilingual staff. Although almost one-third of all agencies did not use alternative services to assist Spanish-speaking clients, many reported that they used interpreters, which equaled the amount of responses for referring clients to other shelters that were better equipped to serve Spanish-speaking clients.

Results show that overall, domestic violence agencies are not providing accessible services to monolingual Spanish speaking clients or potential clients. Simple short-term solutions are currently in place when difficulties arise. This survey showed the need to find better answers to serve monolingual clients and initiate dialogue among service providers, clients, and stakeholders regarding methods to increase accessibility. If accessibility increases, then the consequences of domestic violence would be less severe for all, and not just people who speak English.

Accessibility of Services for Spanish-Speaking Clients at Domestic Violence Programs

Introduction

Texas Council on Family Violence (TCFV) is a non-profit membership organization committed to ending domestic violence. They honor this commitment by statewide advocacy for victims, statewide community education on domestic violence issues, supporting domestic violence programs, public awareness campaigns, and the operation of the National Domestic Violence Hotline. TCFV has existed since 1978 and currently employs nearly 70 full time staff members.

The Program and Education Team (PET) represents TCFV's efforts to educate and train domestic violence program staff in Texas, community members, and any system related to domestic violence, such as the criminal justice system. PET also provides technical assistance in the forms of consultation, written materials, and program policy assessment. Lastly, PET works with state agency funders of programs that provide services to victims and perpetrators.

TCFV also supports various caucuses, networks, and ally support groups that address issues specific to diverse groups of people. One of these groups is Voces Unidas, (Voices United), a Latina caucus that meets regularly to address domestic violence issues that impact the Latina community and works with the Spanish speaking population. Two members of PET are liaisons to Voces Unidas.

Problem Statement

Texas is facing demographic changes as the population of Mexican-Americans and the increase of Spanish speaking immigrants grows. Therefore, it is becoming increasingly important to speak Spanish and provide Spanish materials in agencies that serve this population. Other barriers to accessing domestic violence social services exist besides the language barrier. Traditionally, many Mexican-Americans seek assistance from family members instead of social service agencies. Utilizing family members, their minority status resulting in oppression, and a reliance on the Spanish language discourages Latinas from seeking safety at a domestic violence program. To remove one barrier to services and increase accessibility, it is necessary to staff domestic violence shelters and programs with bilingual Spanish speaking staff.

Besides service implications, addressing specific population needs are part of the Texas Department of Human Services (DHS) Family Violence Program's rules for domestic violence programs. According to Texas Human Resource Code 54.610, the shelter center must "serve people with limited English proficiency and make every reasonable effort to serve them in their own language; and have and follow written procedures for the access and delivery of services to people with limited English proficiency" (2002). It is important for shelter centers to follow this code in order to remain compliant with DHS and receive funding. Results would help PET provide appropriate information and technical assistance to domestic violence residential and

non-residential agencies. Voces Unidas and TCFV's public policy team could use the project's results to advocate and discuss current service accessibility for Latina women and children.

Focus Questions

1. Does the percentage of bilingual Spanish-speaking staff equal the percentage of the Spanish-speaking population of the community served?
2. Overall, how well does Texas provide accessible services to Spanish-speaking survivors of domestic violence?

Stakeholder Involvement

The project was presented to the TCFV leadership team for approval and suggestions. The PET, especially department members who assist domestic violence programs and identify as Latino/a, was continually consulted for feedback regarding purpose and design. Results of the report were presented to PET individually and TCFV staff as a whole. Due to time and logistic constraints, no other stakeholders, such as DHS, TCFV members, and survivors of domestic violence, were involved directly with this project.

Literature Review

Scope of the Problem

Demographic Changes

Latinos, also referred to as Hispanics, refer to people who speak Spanish as their native tongue or have cultural roots in Latin American. Latino is used to describe the people as a group or a male person; Latina refers to a female person. Besides origination in the U.S., Latinos and Hispanics come from a variety of countries, such as Mexico, Puerto Rico, Argentina, Spain, Brazil, Cuba, Costa Rica, Colombia, Venezuela, and the Dominican Republic (Gusman, 1997). In this report, the word Latina is used most often because the clients involved are usually female, and Hispanic is used interchangeably at times.

Between 1980 and 2000, the national Hispanic population more than doubled (Hobbs & Stoops, 2002, p. 1). Currently, 12.5 percent of the U.S. population is Hispanic or Latino (US Census Bureau, 2000c). In fact, there are more Latinos in the U.S. than in many Latin American countries (Baker, Parker, Williams, Coates, & Pitkin, 1996). Due to its shared border with Mexico, Texas has the second-largest population of Latinos (32%), and most are Mexican-American (US Census Bureau, 2000b). Many border cities are currently facing a minority-majority population, in which reside more Latinos than Anglos. With the increase in the Latino population comes an increase in the number of people speaking Spanish; some Latinos speak Spanish in addition to English, some primarily speak English, and some primarily speak Spanish. This report focuses on those who primarily speak Spanish. Nationally, 11 percent of people age five or over speak Spanish at home, but in Texas, the state where people speak Spanish at home the most, the number is more than double the nation's at 28 percent (U.S. Census Bureau, 2001b). Of Texans who speak Spanish at home, 12 percent speak English "less than very well" (Census Bureau, 2000a).

English language abilities vary among studies of the Latino population, but most find poor English language abilities. Kanel found that among a group of Mexican-American working poor, only 20 percent believed their English level was good (2002, p.78). This group was compared to Hispanic college students, who nearly all reported a good English speaking level. At a Los Angeles hospital, of the patients that spoke Spanish as their native language, only eight percent rated their English speaking capabilities as good or very good, and 60 percent rated it as poor or nonexistent (Baker et al., 1996, p.786). Another study, in which almost all parents at a health clinic were born outside of the U.S., found that nearly 75 percent of parents rated their English language abilities as either poor or absent; even more parents (88%) were most comfortable speaking Spanish (Flores, Abreu, Olivar, & Kastner, 1998, p.1119). Data regarding Spanish speakers and social services can be found from the National Domestic Violence Hotline (NDVH). NDVH reported that of all documented calls in 2002, almost eight percent spoke Spanish on the call (2002b). Similar to Census data, NDVH's Texas numbers are larger than the nation's for people speaking Spanish. In Texas, 30 percent of documented callers were Hispanic, and 18 percent of calls were in Spanish (NDVH). This means that over half of the Hispanic callers in Texas spoke about domestic violence in Spanish.

Communicating in English in the U.S. for those who prefer or are only able to speak Spanish is difficult for both practical and emotional reasons. In a country where English is by far the preferred method of communication, a person with limited English proficiency encounters many difficulties in everyday life. One only needs to imagine living in a world where the only time your language is spoken is at home or in your specific community. In addition, monolingual and bilingual Spanish-speakers find that they are more comfortable and can express more emotions while speaking Spanish (Litvan, 1994). Over half of bilingual Hispanics prefer Spanish instead of English, not only for the translation, but also for the cultural language style (Davis, 1997, p.62). Says one bank teller, 'A lot of our customers speak English, and they do understand it, but their comfort level is in Spanish,' (Litvan, 1994, p.49). If speaking Spanish is important for people to be comfortable at a bank and increases dialogue about emotions, it is even more important when seeking services from a domestic violence program.

The awareness of demographic changes, cultural barriers to seeking services, and underserved client populations have created a trend for social service agencies to outreach to these populations. TCFV is not alone in this endeavor; a public awareness campaign was launched bilingually and as a result, the NDVH saw a 93 percent increase in Spanish calls since the campaign (TCFV, 2003, p.1). It is important for those organizing outreach campaigns to ensure that accessible services are ready with bilingual staff for an increase in Spanish speaking clients.

Scope of Spanish-speaking Bilingual Employees

Except for NDVH statistics, it is difficult to find studies comparing the amount of bilingual clients to Spanish-speaking staff in the domestic violence field. However, the lack of Spanish-speaking bilingual employees and the benefit of having them has been found in banks, journalism, emergency rooms, and mental health services. For-profit organizations, especially those that provide vital services, such as transportation, telecommunication, and banks, typically have more bilingual employees. Banks have recently staffed more Spanish-speaking bilingual workers and most ATMs and phone lines have Spanish options. After noting Spanish-speaking residents increasing at its location, one bank hired 25 bilingual workers of its 200 total employees (Litvan, 1994).

Numbers of Spanish speaking staff increase in organizations that reach a greater amount of people. Sixty to seventy percent of reporters at ABC and Fox in Palm Springs, California, can conduct an interview in Spanish (Whitney, 2002, p.12). AirTouch Cellular in Los Angeles provides products and services in Spanish, and advertises on Spanish Television and radio stations where appropriate (Davis, 1997). The Executive Vice President of Gulf California Broadcast Co. said, "In the US in the 21st century, I believe we should all speak two languages. I think journalists would be very wise to speak some Spanish and understand Hispanic culture," (Whitney, 2002, p.12).

Hospitals have had trouble staffing enough bilingual Spanish-speaking employees and interpreters for their emergency rooms, which has resulted in adverse consequences. At one ER, only one full time Spanish-speaking interpreter was available, although 40 percent of patients spoke Spanish as their first language (Baker et al., 1996, p.784). Roughly one-third of monolingual patients did not receive an interpreter when the ER doctor had poor Spanish; the majority of these patients (87%) believed an interpreter should have been used (Baker et al., p.783). Monolingual patients who received a Spanish-speaking doctor had better compliance with follow-up appointments and medication use than those who did not. One patient overdosed her medication due to not understanding the prescription in English. Similarly, monolingual parents at a health clinic whose medical staff did not speak Spanish reported that the language barrier resulted in poor medical care, misdiagnoses, and incorrect prescriptions (Flores et al., 1998). These same parents also cited language as the single greatest barrier for acquiring their children's health care, and less than half had health insurance for their children (Flores et al.). Another health care study found that over five million children who are eligible for Medicaid are not receiving it because of language barriers; researchers inferred this when seventy-five percent of non-enrolled eligible Hispanic parents preferred Spanish for an interview ("Language Barrier," 2000, p.7).

Mental health therapists, low-skilled Hispanic workers, and Hispanic college students seem to agree that there are not enough Spanish speaking counselors for Spanish speaking clients. However, Kanel found that low-skilled Hispanic workers are not as concerned about finding Spanish speaking therapists than Hispanic college students and mental health therapists (2002). This may be due to cultural differences regarding seeking help outside one's family and church. Despite these differences, more Hispanics are using the mental health system, and more are expected to use it (Kanel, p.75). Once a client overcomes these cultural norms, a client who knows some English may be more concerned with pronouncing words and using English correctly than disclosing information and expressing emotion, thus deterring the social work helping process (Santiago-Rivera, 1995).

Mental health is the closest to the domestic violence field that one can find studies on accessibility levels for Spanish speakers. Unfortunately, because of the battered women's movement's newness and funding situation, there is little documentation in the domestic violence field of Spanish-speaking client and worker ratios. Bilingual services vary with each city, and the informal consensus is that there is an unequal distribution between clients and workers. According to a TCFV staff person, domestic violence program personnel sometimes use the NDVH Spanish-speaking bilingual operators for translation purposes, which prevents other from receiving the direct services that the hotline exists for (personal communication, January 17, 2003). Gusman states that although many social service agencies recruit bilingual staff, the "demand is far greater than the supply," (1997, p. 37). In a book written for Latinas in abusive relationships, the reader is warned, "They [the shelter] may not take you if you don't speak English," (Zambrano, 1985, p.181).

Scope of Domestic Violence among Latinos

Although it is difficult to find statistics regarding bilingual Spanish-speaking staff and clients in the domestic violence field, data are available that documents the rates of domestic

violence among Latinos. Domestic violence knows no race, age, class, geographic area, sexual orientation, or ethnicity; however, the majority of survivors of domestic violence are women. Kantor (1990), Loya, Mercy, and Associates (1985), and Straus and Smith (1990) found that rates of domestic violence, including wife assault, are higher in Hispanic families than in Anglo families (as cited in Jasinski, Askigian, & Kantor, 1997). Reports state that Hispanics have a 23 percent rate of spousal violence, compared with 15 percent for Whites, and that the violence is twice as severe as Whites; however, these differences were speculated to be due to the combined effects of socioeconomic factors and age, and not particularly ethnicity (Caetano, Schafer, Clark, Cunradi, & Raspberry, 2000, p.31). After surveying random Latinas in a Southern Californian community, most said their typical problems were family issues, such as parenting issues, marital discord, domestic violence, and divorce (Kanel, 2002). In the same community, mental health therapists reported that over one-third of their Spanish-speaking clients presented issues of domestic violence in their first session; depression was the only more frequent issue (Kanel, p. 85).

Other factors that correlate with family violence are more common among the Latino population than Anglo population, which may explain their increased violence rates. Latinos have higher rates of poverty, drinking, and unemployment than Anglos, and all these factors plus immigration status have been found to increase the risk of wife abuse (Jasinski et al., 1997). Among Hispanic husbands, work stress was associated with increased levels of both drinking alcohol and spousal abuse, but with Anglo husbands, work stress was related to increased drinking but not spousal abuse (Jasinski, et al.). It is important to note that drinking and employment factors do not cause violence and are never an excuse for violence. In 1993, Anderson found that the rate of battering was highest among undocumented or conditional resident Latinas who married U.S. citizens or legal permanent residents (Van Hightower, Gorton, & DeMoss, 2000). In 1997, Pinn and Chunko found that low-income women and those who live in isolated conditions (including those who do not speak English) are at the highest risk for all types of violence. Although these issues are present, low-income, minority women are less likely to access domestic violence services than those who are not minorities and have higher levels of income (Pinn and Chunko). Although Latinas seek help from family, clergy, and friends more often than Anglo Americans, only one-third of surveyed Latina participants said they would not seek help from either a family therapist or a psychologist (Kanel, 2002, p. 89).

Theoretical Causes for Problem

The research showing that Spanish-speakers have equal or higher rates of domestic violence as English-speakers and will seek social services, that Spanish-speakers are prevalent and growing, and that bilingual worker shortages exist in health and mental health agencies, raises the importance of assessing the percentages of Spanish-speaking bilingual staff at domestic violence agencies, exploring theories to explain low percentages, and developing solutions to resolving shortages. The problem discussed in this report is defined as the expectation, based on healthcare and mental health data, and hearsay in the domestic violence field, that domestic violence agencies are not equipped to provide accessible services to monolingual Spanish-speakers. Three causes for this problem have been theorized and supported by research, including the oppression of Latinos, the importance of the English language, and domestic violence agency conditions.

Oppression of Latinos

Although many U.S. citizens do not like to admit it, people who are not Anglo American are oppressed. Latinos are not exempt from the list of minorities oppressed. This can be seen in the rates of poverty, education, income levels, segregation, and incarceration, which are all more detrimental for Latinos than Anglo Americans (McLemore, Romo, & Baker, 2001). If Latinos are not seen as equal, then efforts to serve them equally will not be supported by stakeholders. Before supporting the effort to provide equal service, stakeholders must acknowledge the unequal distribution of services and its adverse affects on Latinos. Many may implicitly or explicitly possess some of the following prejudices: Latinos have immigrated to our country by the thousands, “taken” our (low-paying) jobs, and bore many children; therefore, they should be thankful for the opportunity to live and work here, and are less worthy to receive social services paid by U.S. citizen tax dollars. If these prejudices are present in our society, Latinos receive additional abuse from the public when experiencing domestic violence. In addition, if she does not speak English, services available for others are extremely less accessible. Because of her ethnicity, providing accessible services is less important.

Importance of English Language

In the United States, the English language is honored above all others. This is different from European countries and Canada, in which it is not uncommon for children to grow up bilingual, and to see multilingual public signs. Currently, bilingualism is becoming more important in Texas, which hopefully may spread to other states in the U.S. This is due to an increased awareness of the importance of Latino votes; as proof, the most recent Texas governor’s debate was in Spanish. Although changes are occurring for the better, much progress is needed for Spanish language inclusion.

Part of our nation’s emphasis on the English language is rooted in history and oppression. Because language is directly tied with culture, learning the dominant culture’s language helps minorities assimilate into the dominant culture and suppresses their original culture. Language has been used in the past and currently to impose U.S. values on minorities who often have different cultural values. Historically, the U.S. taught immigrant and First Nation children English and did not allow them to speak their native language. Some of these same principles are visible among people today. According to Newt Gringrich, “Allowing bilingualism to grow is very dangerous,” (Guerena & Erazo, 1996, p.77). The executive director of ProEnglish said, “We as Americans are paying for the failure of immigrants to learn English,” (Lum, 2002, p.30). Institutionally, controversy has erupted over providing Spanish materials in public libraries and having bilingual education in public schools (Guerena & Erazo, 1996; Schrag, 1998). These statements and examples imply that bilingualism is detrimental, instead of being necessary for all U.S. residents to survive optimally in life.

The emphasis on the importance of the English language creates the message that all U.S. residents should speak English; consequently, the provision of Spanish speaking employees and Spanish written materials has not held priority. This attitude has been manageable until recent changes in demographics, but still, the responsibility for better communication is continually

placed on those who do not speak English well, instead of those who do not speak Spanish well, regardless of other factors. This rationale has been demonstrated in various sectors.

For example, the foodservice industry is training its monolingual workers to speak English in order to employ them at positions that require higher levels of English proficiency (Matsumoto, 2001). Industries pay \$2,500 for a six-month course and include it as part of their training costs. Results include less turnover and greater participation in benefits, including health care. This option, especially because the employee does not pay it, benefits monolingual workers, but it also keeps English as priority for language and helps employers keep people who will work for low wages.

According to Baker et al., the most encouraged solution to language barriers between patients and medical personnel is to have people with low English proficiency learn English; however, this solution is the least realistic (1996). Baker et al. found that for people to learn English, classes must have Spanish reading materials provided, which usually does not occur. Paradoxically, those who want to learn or teach a language other than English are not valued either. Lum found that university foreign language professors earn half the amount law professors earn and equal the amount drama and music professors earn (2002, p.31). In conclusion, it appears that society is not concerned with people who have low English proficiency.

Domestic Violence Agencies

Conditions related to the nature of domestic violence programs that cause low accessibility for monolingual clients have not been discussed fully in literature, but speculations can still be made. Domestic violence programs, which are often non-profit, may not have the money to recruit bilingual workers, especially if those workers are not available in their local community. If bilingual staff are found, they usually request higher salaries than those who are not bilingual. Teaching employees Spanish and hiring interpreters is also expensive; a luxury many domestic violence programs cannot afford.

Another reason agencies may not be concerned with employing bilingual staff is that shelters are usually already full (Barnett, Miller-Perrin, & Perrin, 1997; Zambrano, 1985). This is due to the lack of battered women shelters compared to the amount of battered women seeking safety. The 2002 TCFV state plan found that Texas shelter beds, along with other services needed, was a gap in services provided versus services needed. Compared with other social services, battered women shelters emerged much later; thus, they do not have full public recognition as a necessary service to fund. In 1979, Texas shelters received state funding for the first time; at that time there were only six (TCFV, 2002b). Domestic violence is still a taboo topic filled with many myths; our nation does not like to support women who may return to a battering husband or may appear to be breaking up the family. If a program has already reached capacity, there is no reason to serve a population when there is no money or space for them.

Methods to Alleviate Problem

Due to the nature of domestic violence agencies, an increase in the Latino population, the prevalence of domestic violence among Latinos, and the emphasis on the English language, agencies will encounter difficulties providing accessible services to monolingual Spanish-speaking clients. Various agencies utilize interpreters, written materials, recruitment, language training, and ally groups with some success. Their application to domestic violence agencies is worth considering, especially because language barriers have not been addressed adequately in the domestic violence field. In considering these alternatives, the National Research Council, after examining bilingual issues in education, suggested that “rather than choosing a one-size-fits-all program, the key issue should be identifying those components, backed by solid research findings, that will work in a specific community,” (Schrag, 1998, p.14).

Interpreters

Interpreters, though often the first thought solution, are not the optimal alternative for domestic violence programs. Interpreters can be expensive, especially for a non-profit agency. Volunteers, perhaps students seeking experience in the domestic violence field, could be recruited for interpretive services, but greater problems exist than interpreters’ expense (Baker et al., 1996). Because of the personal and traumatic aspects of domestic violence, it may be uncomfortable for a woman to recant her partner’s abuse through an interpreter. Additionally, confidentiality may be breached, but even if it is upheld, the woman may know the interpreter if she resides in a small town. Interpreting also takes time and does not replace the benefits of a social worker assisting a client in her own language. If the interpreter does not have the same cultural background, or is not a good interpreter, words could get lost in the interpreting and specific cultural meaning may not be communicated.

Problems, along with some success, when using interpreters have been found in physical and mental health settings. In one emergency room, patients thought that interpreters had helped them understand their diagnosis and treatment, but it was later found that the use of an interpreter did not improve understanding (Baker et al., 1996). In the mental health field, some researchers find interpreters improve communication, and some find they result in inadequate translations (Baker et al., 1996; Santiago-Rivera, 1995). To alleviate translation problems and lessen the expense of hiring an interpreter, agencies can purchase translation software. *Instant Language 2000* permits a person to talk in English to the computer; then the computer instantly repeats it in a different language (“Instant Language,” 1999). The software costs \$40, but agencies must also purchase a sound card and microphone for each computer, and the computer must have a CD Rom, 32 MB RAM, and 8 MB hard-disk space. Domestic violence programs would benefit from considering this alternative; perhaps computer corporations could donate the equipment for good press. However, it is still not the most optimal alternative.

Written Materials

If bilingual Spanish-speaking staff or interpreters are not available, the least an agency can do, besides referring, is to provide materials in Spanish. Hiring an interpreter at one time to

translate documents is less costly than always having an interpreter available. Agency services and policies, intake forms, posted notices, and referral information should be provided in Spanish. The Housing Opportunities Commission in Maryland published a 35 page handbook written in various languages that addresses common concerns for residents, translates urgent requests, provides listings for translation help, emergency numbers, and other services, and includes pictures to assist in understanding (Jones & Siegel, 1993). TCFV provides literature written in Spanish for Latina survivors of domestic violence and for advocates that many shelters use, but it is not as thorough as the Maryland publication; shelters also need Spanish material that relates to their individual community resources and needs.

Recruitment

Recruiting bilingual Spanish speakers for all positions is necessary to obtain employers; if a job seeker does not know that her bilingual capabilities are desired, she may not apply (Flores et al., 1998). Agencies could target Spanish-speaking communities by placing ads in Spanish or Latina focused newspapers and on Spanish radio shows. This costs the agency, but is better than turning clients away due to a language barrier. Litvan suggests contacting minority professional and interest groups such as the National Black MBA Association because they usually maintain resume databases (1994). In addition, state welfare agencies may be able to help, because of their access to people who are unemployed (Litvan). Domestic violence programs must be willing to train bilingual applicants, instead of only hiring those who have appropriate experience and knowledge. Despite recruitment and training strategies, recruiting bilingual staff is ineffective if they do not exist in the labor pool. Additionally, due to high turnover in the domestic violence field, an agency may not have time to wait for a bilingual applicant.

Foreign Language Training

Perhaps the highest costing alternative is training current staff Spanish. This can be done via courses or software, and is becoming increasingly popular for those in retail, government, or corporate jobs (Lum, 2002). Baker et al. states, "Native English speakers who are planning to practice in areas of the U.S. where Spanish is commonly spoken should be strongly encouraged to learn Spanish, and Spanish classes should be taught in the hospital to facilitate class participation," (1996, p.786). At hospitals, additional pay is given to staff that demonstrate conversational proficiency in medical Spanish, and the Los Angeles County Department of Health Services gives bonuses to employees who pass a language test (Baker et al., 1996). Language training is risky for domestic violence agencies to provide, because with this new marketable skill, employees may find higher paying jobs elsewhere or expect more pay at their present agency. To alleviate these obstacles, agencies could have employees sign contracts verifying they will not leave or provide special benefits. Perhaps language instructors could be persuaded to perform the training for a lower cost because it is done for charity. A grant could be written specifically for language training, and teachers could receive publicity for training. Other issues around language must be examined, such as the level of Spanish necessary for working in domestic violence, and the importance of cultural knowledge.

Language training does not apply to current employees only. Future employees are learning Spanish at community colleges and universities in preparation for work. From 1986 to 1998, community college courses specializing in occupational Spanish doubled (Lum, 2002, p. 28). The medical field has prioritized Spanish more than other fields; according to one medical professional, “It’s not the time to say, ‘I’m not going to speak to you in Spanish,’” (Lum, p. 28). At the University of Texas at Austin, nursing students are required to take a basic Spanish course designed for health care workers (Lum). Social work programs, the profession that educates many future domestic violence employees, are beginning to offer social work Spanish classes. However, these classes are not required, are usually only offered as an elective, and students usually must often have some Spanish proficiency to ensure enrollment. If educational programs prepared students to work with limited English speaking populations, then agencies would have less difficulty finding bilingual workers.

Ally Groups

An alternative that is not as direct as alleviating the problem as other options is partnering with ally groups. This option has been suggested by health and business professionals, and has also been used with success in acquiring bilingual materials for libraries. (Flores et al., 1998; Guereña & Erazo, 1996; Litvan, 1994). Ally groups, such as Texas-based Voces Unidas, can advocate by communicating to agencies and stakeholders the importance of providing domestic violence services in Spanish. They also can be used for recruitment and training purposes (Flores et al., 1998). Perhaps an ally group could exist specifically for interpretive services. These allies would have knowledge of both domestic violence and various Latino cultures, and would be on call in various communities to assist clients at domestic violence programs where current staff are not able to serve them. However, ally groups are usually low funded and may not focus on such specific objectives as domestic violence.

Mandates

All programs receiving federal funds, such as those who are involved with Medicare and Medicaid, are required to provide bilingual services (Lum, 2002). DHS has mandated all domestic violence programs to serve clients with limited English proficiency (LEP) (TDHS, 2002). Despite these mandates, it is suspected that clients are not receiving the same quality of service that those who speak English are. The mandate to serve LEP clients is only one of many state codes; unless the agency shows noncompliance with several codes is their funding in jeopardy. Therefore, it is unlikely for a program to be penalized by DHS for not serving LEP clients. Other routes to penalizing are not likely either, because LEP clients probably would not have money for a lawsuit nor be aware of advocacy groups that can assist. A woman may not have time to contact an advocate and go through a lengthy legal process. It is a very difficult decision to leave her intimate partner already.

Alternatives Dictated to Spanish-speaking Latinas

To understand what monolingual Spanish-speakers must do if bilingual staff are not available or alternatives are not in place, Zambrano lists a variety of options specifically for

monolingual Latina survivors of domestic violence (1985, p.218-219). Latinas are suggested to start with the phone book and call battered women services and ask them if any staff speak Spanish. If no Spanish speaking staff are found, Latinas are directed to call migrant or refugee services because there is more of a chance that a Spanish-speaking worker may be employed there. Zambrano also suggests asking bilingual counselors for referrals, asking a friend to interpret (although this is not favored), and asking church members for referrals if the survivor attends a Spanish-speaking church. These suggestions reflect the extra effort monolingual Latinas make in dangerous situations that need urgent attention. Instead, it should be the agency's responsibility to alleviate these extra efforts in order to provide services without bias in accessibility, but if the agency does not have the resources to provide equal access, then other stakeholders must get involved.

First, stakeholders must be made aware of unequal inaccessibility. The percentage of bilingual staff compared with the demographics of the community, the amount of difficulties agencies encounter serving monolingual clients, and their current use of various alternatives are unknown in Texas domestic violence programs; therefore, this survey set out to provide this information and improve accessibility to monolingual Latinas.

Methodology

Survey Participants

Residential Agencies

Residential agencies for this survey, hereon called shelters, are alternative living environments for adults and children seeking safety from an abusive relationship. Not all women who seek services from a residential program use the shelter; many only use nonresidential services the agency also provides. According to the DHS Family Violence Program Provider Manual, shelters financially supported by DHS must be public or private nonprofit and operate 24 hours a day to provide the following: temporary housing, a hotline, emergency medical care, emergency transportation, legal assistance, education arrangements for children, employment services, individual and group counseling, and a referral system (2002). Shelters also cooperate with criminal justice officials, provide community education, and utilize volunteers. Most shelters are listed in the TCFV 2002 Domestic Violence Service Directory. Texas shelters in this survey are only those receiving funding from DHS. Those not funded by DHS were not contacted for two reasons. First, TCFV works with overwhelmingly more DHS funded shelters than non-DHS funded shelters; secondly, those not funded by DHS are not state mandated to provide services to clients with limited English proficiency.

All but one of the seventy-two DHS funded residential agencies distributed across all areas of Texas were contacted in alphabetical order by city for the survey. Contacts at the agencies were either bilingual case managers, program directors, or executive directors. Sixty-two percent of the shelters provided information for the survey. Ten of them were located in a rural city (2.5%), 23 were located in an urban cluster (52%), and 11 were located in an urban area (25%). Census Bureau 2002 Urban and Rural Classification data was used to determine if a

city where the main shelter was located in was considered an urban cluster, urban area or rural. According to the U.S. Census Bureau, an urban city is densely settled territory that consists of *core census block groups that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per mile* (2000d). Because few shelters are located in cities that are not considered urban, for analytical purposes, urban clusters (UC) were determined different than urban areas (UA). Examples of Texas cities located in an urban area according to the Census Bureau include Austin, Houston, San Antonio, and Dallas. Urban cluster classified cities are most frequent, and include Fort Stockton, Nacogdoches, and Huntsville.

Seven shelters also have satellite shelters that provide the same services as the parent shelter, but are located in a different city than the parent shelter. Five of these shelters completed the survey for their satellite shelter. Four satellite shelters were located in rural cities, and two were located in rural cities.

Non-Residential Agencies

Non-residential agencies provide similar services to adults and children involved with domestic violence as shelters, except they do not have a 24-hour hotline or provide shelter. Instead, if needed, they refer survivors to shelters and medical services. All eight DHS funded non-residential agencies not connected to a DHS funded shelter were contacted in alphabetical order by city for the survey. Out of these Texas non-residential DHS funded programs, seven responded. Those responded were located in four urban clusters, three urban areas, and none in rural areas.

Survey Tool

Spanish Speaker Questionnaire

The questionnaire was developed in collaboration with the PET to answer the focus questions of the current survey project. It has never been used before, and is not based on any known measurement tools; therefore, except for face validity, its validity and reliability are unknown. The structured interview questions are:

1. Approximately how many staff members currently work at your family violence shelter? How many staff members currently work at your nonresidential program/s? How many volunteers do you have? Are your nonresidential programs located in the same city as the shelter? If not, what city/ies? (If agency has satellite shelter, repeat question for satellite shelter).
2. Has the agency seen any demographic changes in your community over the last several years? If yes, what type of changes have you seen? For example, a greater/lesser amount of what ethnic groups?
3. Over the past year, approximately what percentage of your clients or potential clients were monolingual Spanish speakers?

4. What could TCFV provide to you to help serve Spanish-speaking clients?
5. When providing services at your family violence shelter, how many bilingual staff members speak Spanish well enough to have a lengthy conversation with a client? many can read and write Spanish fluently? For staff who are bilingual, what positions do they hold? FT or PT? Paid or volunteer? (Repeat same questions for nonresidential program/s and possibly satellite shelter).
6. Does your shelter have written materials in Spanish (i.e., agency forms, domestic violence information, posted notices)? (Repeat for nonresidential program/s and possibly satellite shelter).
7. Has your shelter (including possible satellite shelter) or nonresidential program ever encountered difficulties when providing services to clients due to Spanish language barriers? If yes, please specify if shelter, nonresidential program, or both. How can these difficulties be alleviated?
8. If appropriate services are not currently accessible for clients who primarily speak Spanish, what alternative services do you refer to or provide?

Variables Measured

Accessibility

Accessibility was defined as *the extent to which the structural and organizational arrangements facilitate participation in the program* (Rossi, Freeman, and Mark, 1999, p.190). This survey focused on whether or not domestic violence programs encourage, regardless of intent, differential use of services by not providing adequate services to Spanish-speaking clients. Accessible services for Spanish speaking clients are those that Spanish-speaking clients can access as easily as English-speaking clients. The degree of accessibility was measured by questions 5, 6, and 7 on the *Spanish Speaker Questionnaire*.

Bilingualism

For this report, bilingual described a person who comprehends both Spanish and English. Degrees of comprehension and communication of a non-native language vary; therefore, question 5 on the *Spanish Speaker Questionnaire*, specified “well enough to have a lengthy conversation with a client”. Due to the nature of services provided in domestic violence programs, this specification was believed to equal the interaction one would have while serving any client adequately. Because speaking is not the only method of communication, question 5 measured staff capability of reading and writing in Spanish.

Staff Members

Staff members included paid full or part time workers at the domestic violence program. The total estimated number of staff members was measured with question 1 on the *Spanish Speaker Questionnaire*. The amount of staff and their positions were measured separately for each shelter, each shelter's non-residential program, each shelter's satellite shelter (if applicable), and each stand-alone non-residential program. Volunteers were considered separate than staff because they have no salary and are not as permanent or consistent.

Monolingual Clients

Spanish speaking monolingual clients are individuals who speak Spanish as their native language, regardless of ethnicity, and who cannot access services from individuals who only speak English. To determine accessibility more accurately, the classification of client was broadened to potential clients to include those who contacted the agency, but may not have received services. Question number 3 on the *Spanish Speaker Questionnaire* requested the approximate percentage of monolingual clients or potential clients for any family violence services.

Coverage

Coverage is defined as *the extent to which a program reaches its intended target population* (Rossi, Freeman, and Mark, 1999, p.190). For this report, it was assumed that the target population for a domestic violence program is any individual in an abusive intimate partner relationship. If a Spanish-speaking person that fits this description is not able to access services, then a bias in coverage occurs. In order to assess the level of potential bias, the number of Spanish-speaking individuals in the city where the program exists must be measured. Because domestic violence is not predicted by any demographic or characteristic except gender, it was assumed that all Spanish-speaking individuals in the community were potential clients. U.S. Census Bureau 2000 statistics provided percentages of those who spoke Spanish at home for each Texas city that had a domestic violence program surveyed for this project.

Alternatives

Two questions, numbers 7 and 8, focused on alternatives. Number 7 prompted agencies to describe how difficulties with language barriers could be alleviated, and number 8 was asked to see what agencies are currently doing when they confront difficulties.

Data Collection Procedures

Following descriptive design, the Spanish Speaker Questionnaire was used when telephoning residential and non-residential agencies. According to respondent request, two

questionnaires were faxed to the agency, and one was emailed. Although the surveyor was the conductor of the project, she was not familiar with specific programs and personnel involved. Therefore, she holds little personal ties to each program that sometimes bias the recording of interview answers. Upon first contact with the agency, the surveyor introduced herself as a University of Texas graduate social work student intern at TCFV. She requested to speak with a designated person to answer questions about serving Spanish-speaking clients. Before administering the Spanish Speaker Questionnaire, the surveyor stated that any employee or agency name recorded would be for data tracking and technical assistance purposes only, and not included in the final report. No agency representative requested confidentiality in writing, but if the questionnaire was emailed or faxed, the surveyor included a signed confidentiality statement that read:

This is to verify that the agency or interviewee name recorded on the 2003 Spanish Speaker Questionnaire is for data tracking and technical assistance purposes only and will not be shared outside of the Program and Education Team of Texas Council on Family Violence. No agency or personnel names will be recorded in the final Spanish Speaker Accessibility Report.

The survey was conducted at TCFV between the business hours of March 18, 2003 and April 8, 2003. Each questionnaire lasted 5 to 15 minutes, depending on the length of the responses. The surveyor made every attempt to have most of the questionnaire completed by one person, which occurred for the majority of the questionnaires. The date called, contact person/s, agency name, and city were recorded.

Data Analysis Plan

Bilingual Staff Compared with Spanish-Speaking Clients

The total number of bilingual staff, including full and part time, but not volunteers, was divided by the total number of staff in each agency overall. Bilingual volunteers were not considered because they are at the agency for less hours than regular staff, and are not a consistent reliable source for clients. However, the percentage of bilingual volunteers was calculated to determine the magnitude of their effect. The mean and SD for bilingual staff percentage was calculated of all agencies overall. Each agency percentage of bilingual staff was used to determine how well the staff compared with city census data and reported percentage of monolingual clients or potential clients.

For comparison to census data, the U.S. Census Bureau 2000 Population and Housing Report by Texas city was used. This Census questionnaire had two items related to language. The first was *Language Spoken at Home*. The percentage of people aged 5 years and over that spoke a language different than English, in this case, Spanish, in their home according to the city the agency was located in was used. This percentage was chosen instead of the 2000 Census question regarding how well people who spoke Spanish at home spoke English. Because the Census only reported those who “spoke English less than very well”, meaning, if someone answered “well”, they would be included in this figure, this data was not considered an accurate measure for monolingual clients. It was determined that it was easier to compare the percentage

of people who spoke Spanish at home, because that is what they are at least most comfortable speaking, and are likely to seek out services where they can be most comfortable in. It is also easier to assume that if the percentage of bilingual staff matched the percentage of people that spoke Spanish at home, then the agency would be easily accessible to these clients, or even more so because these clients may speak English as well. The Census data was compared to the agency reported data of monolingual clients to examine how close the numbers reflected each other.

To determine how accessible each agency was to Spanish speaking clients in the city they were based in, three statements were used; either well, fair, or poor. Well meant the percentage of bilingual staff was equal to or greater than the percentage of people in the city that spoke Spanish at home. An agency was determined to offer fair access if the percentage of bilingual staff was at least half the percentage of people who spoke Spanish at home. If the percentage of bilingual staff was less than half that of the percentage of people speaking Spanish at home, the agency was determined poor in its access to Spanish-speaking clients. In other words, if a Spanish-speaking client walked into an agency that was determined well, then they would have as much chance as an English speaking person would to speak with someone in their own language. In an agency determined fair, for every bilingual staff member, there would be no more than two Spanish-speaking clients. In an agency determined poor, there would be more than two Spanish-Speaking clients per bilingual staff members. These same ratios were used to categorize the level of accessibility according to the agency interviewee reported percentage of monolingual clients or potential clients.

Reading and Writing Spanish

The number of all bilingual staff and volunteers, full or part time, was divided by the total number of all agency staff and volunteers to get the percentage of staff who could read and write Spanish. The range, mean, and SD was calculated for all responding agencies. Because this is not as crucial to assisting clients as speaking Spanish, this was considered an added strength of the agency that increased the agency's accessibility to Spanish-speaking clients. These staff were available for translating agency documents into Spanish and reading any information written by clients.

Qualitative Data

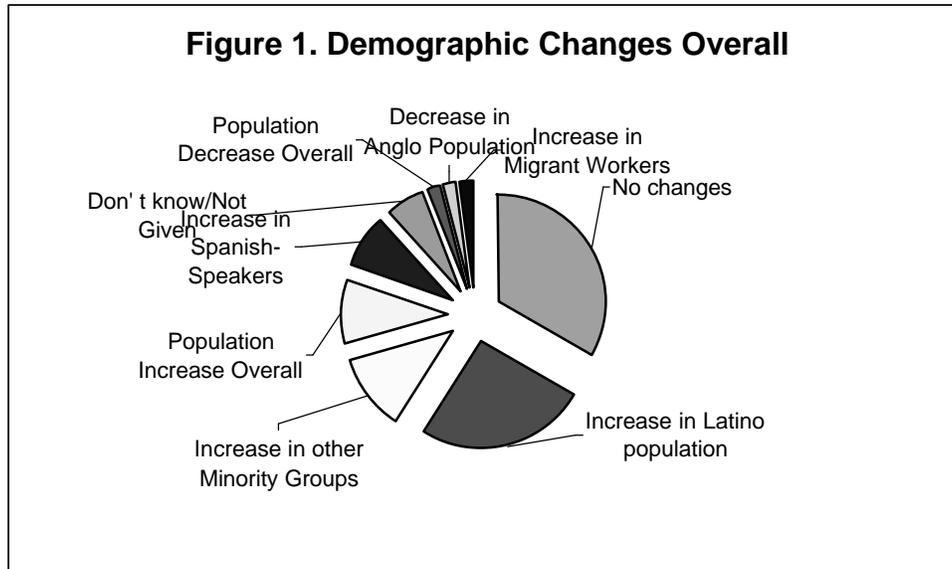
Common themes from qualitative survey answers were identified, ranked, and analyzed to help determine accessibility. Percentages were calculated as well, and comparisons were made between residential and non-residential agencies.

Results

Demographic Changes

Of all residential and nonresidential domestic violence agencies, the most frequent demographic change was no change at all (33%). The second most frequent answer was an increase in Latino population (25%). An increase in other minority groups, such as African

Americans, was the third frequent answer (12%), followed closely by a population increase overall (10%), and an increase in Spanish Speakers (8%). Among agencies located in an urban area, the two most frequent answers were an increase in the Latino population, and no change at all. The majority of agencies located in an urban cluster reported no demographic changes (38%), an increase in the Latino population (19%), a population increase overall (19%), and an increase in Spanish Speakers (12%). For agencies in a rural area, three saw increases in the Latino population, two saw no changes, and one reported an increase in other minority groups. Please see figure 1 and table 1 for more information.



Demographic Changes Overall	Urban Cluster		Urban Area	Rural
	Total	Percent	Total	Total
No changes	17	33%	10	2
Increase in Latino population	13	25%	5	3
Increase in other Minority Groups	6	12%	2	1
Population Increase Overall	5	10%	5	0
Increase in Spanish-Speakers	4	8%	3	0
Don't know/Not Given	3	6%	0	1
Population Decrease Overall	1	2%	1	0
Decrease in Anglo Population	1	2%	0	0
Increase in Migrant Workers	1	2%	0	0
Total Responses	51		26	7

Bilingual Staff and Volunteers

The overall mean percentage of paid full time and part time bilingual staff at both residential and nonresidential agencies was 22 percent, SD = 3% (see table 2). This mean did not vary much according to shelters only. One-third of the agencies had part time bilingual staff in either residential or nonresidential roles. Of all shelters with bilingual staff, 57 percent had all

of their bilingual staff full time. Only nine percent had an equal amount of full time and part time bilingual staff. Full time staff represented 67 to 75 percent of all bilingual paid staff for twenty percent of the agencies. Four agencies had no bilingual staff at all; two of these four did have bilingual volunteers. For staff and volunteers that could read and write Spanish, $M = 14\%$, $SD = 2\%$ (see table 2).

	Bilingual Paid Staff Overall	Bilingual Paid Staff at Shelters	Staff and Volunteers that Read and Write Spanish Overall
Mean	22%	20%	14%
Standard Deviation	3%	3%	2%
Median	14%	13%	11%
Mode	0%	13%	8%
Minimum	0%	0%	0%
Maximum	100%	100%	53%
n	45	38	41

Full time paid bilingual shelter staff performed more residential duties than nonresidential duties. Twenty-six percent of bilingual staff performed only residential duties, twenty-three percent of agencies had an equal amount of staff in residential or nonresidential duties, and only eleven percent of full time paid bilingual staff performed only nonresidential services.

Twenty-five (56%) agencies had bilingual volunteers. Of these agencies, 11 had more bilingual volunteers than bilingual staff. Seven of these ten had 1-2 more bilingual volunteers than staff; the remaining had 4-7 more, and two agencies had no bilingual staff but did have bilingual volunteers.

Seventeen (38%) of all agencies had ten percent or less of all staff bilingual. Only one of these 17 was non-residential. Of the 16 shelters that had their bilingual staff percentage at ten percent or less, three included agencies that had satellite shelters (urban/rural category was determined by main shelter), two were rural (10 total rural shelters), eight were in an urban cluster (23 total UC shelters), and six were in an urban area (11 total UA shelters).

Accessibility

Of the 37 residential or nonresidential agencies categorized as well, fair, or poor according to Census data, 38 percent scored well, 35 percent scored fair, and 27 percent scored poor. Of 30 shelters, 40 percent scored fair, and those that were determined well or fair were both 30 percent (see table 3).

Of the 38 residential or nonresidential agencies categorized as well, fair, or poor according to monolingual clients, 50 percent scored well, 29 percent scored poor, and 21 percent

scored fair. Of 31 shelters, 42 percent scored well, 32 percent scored poor, and 26 percent scored fair (see table 4).

Table 3. Accessibility Level According to Census Data			Table 4. Accessibility Level According to Monolingual Clients		
Level	Overall Percentage	Shelters Only Percentage	Level	Overall Percentage	Shelters Only Percentage
Well	38%	30%	Well	50%	42%
Fair	35%	40%	Fair	21%	26%
Poor	27%	30%	Poor	29%	32%

The percentage of monolingual clients in comparison to the Census Bureau’s report of Spanish spoken at home varied by 6-72 points. A ten point or less difference occurred 20 times, an 11-30 point difference occurred seven times, and a 31-72 point difference occurred five times.

Difficulties

Approximately two-thirds (64%) of all agencies reported difficulties serving clients because of Spanish language barriers. Over half (53%) of shelters reported difficulties in both residential and nonresidential programs, and a little less than half (40%) of shelters reported no difficulties. If difficulties occurred only in one program, it was residential (8%). No residential agency had difficulties in their nonresidential program. Five out of seven non-residential agencies reported difficulties.

The most frequent type of difficulty reported by far was bilingual staff not always available, but this difficulty was for shelters only. Other frequent difficulties included criminal justice agencies not speaking Spanish nor providing interpreters, cultural misunderstandings, and other services, such as housing and employment, being too difficult to find for the Spanish-speaking population (see table 5). Hiring bilingual staff was the most frequent response to alleviate difficulties, followed by having more Spanish-speaking staff but not specifying how to achieve this objective, cultural knowledge, and teaching current staff Spanish. Please see table 6 for a complete list of alleviations.

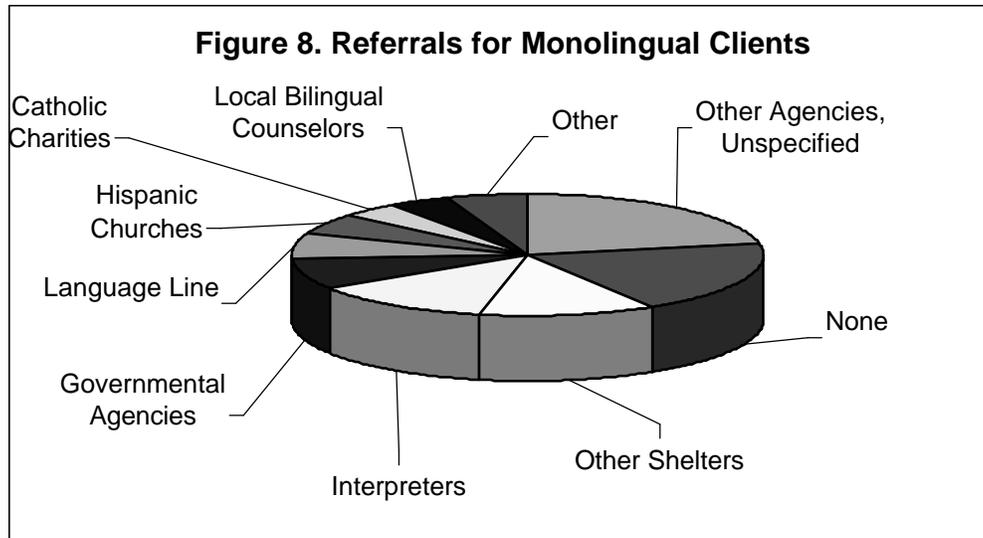
Table 5. Difficulties Reported by Agencies	
Types of Difficulties	Frequency
Bilingual staff not always available	13 (shelters only)
Criminal justice agencies do not speak Spanish nor provide interpreters	5 (4 shelters, 1NR)
Cultural misunderstandings	4 (3 shelters, 1 NR)
Other services difficult to find	4 (shelters only)
Bilingual staff spend time translating for own agency and other agencies	3 (shelters only)
No counselors speak Spanish	2 (shelters only)
Lack of interpreters	1 (NR only)
Undocumented clients	1 (shelter)
No Spanish speakers at other agencies	1 (shelter)
Bilingualism/Multiculturalism not priority in agency	1 (shelter)
Difficulties translating in client session	1 (shelter)

NR = Non-residential

Table 6. Methods to Alleviate Difficulties	
Method	Frequency
Hire Bilingual Staff	7 (shelters)
More Spanish-speaking staff, unspecified	6 (shelters)
Cultural Knowledge	5 (shelters)
Current Staff Learn Spanish	5 (4 shelters, 1 NR)
All Staff Speak Spanish	3 (2 shelters, 1 NR)
External System Changes	3 (2 shelters, 1 NR)
Train Spanish Speakers	1 (shelter)
More Money Available for Bilingual Staff	1 (shelter)

Alternative Services

Of all agencies, 14 stated that they did not use alternative services for Spanish-speaking clients. Unspecified other agencies were reported 15 times as referrals. Referrals to other shelters that had more Spanish speaking staff or targeted Hispanics or refugees were reported nine times. An equal number of agencies used interpreters. Governmental agencies were reported as referrals six times, the Language Line five times, and Hispanic churches four times. Please see figure 2 for a complete breakdown of alternative services.



Discussion and Implications

Limitations

Before discussing the implications of the results, it is important to mention the limitations of the survey. Limitations include self-report, questionnaire misunderstandings, and Census Bureau Data fallacies. First, most data was self-reported, which may not be entirely accurate because of the tendency to report more favorable than unfavorable data, especially because culture and service accessibility are sensitive issues. Self-reporting also affected monolingual client data, because a rough estimate was provided by only one person in the agency, instead of agency recorded client data.

Questions two and three may have been misunderstood. While conducting the interviews, it was apparent that some understood Question two as demographic changes of people served, and not the entire community. For example, someone would answer, “We are serving a lot more people here that speak Spanish.” In answer to this statement, the interviewer would probe, “But what about the community overall, are you seeing any changes?” and the answer to this would often be, “No.” The question was not clarified with those who did not specify area of changes.

Despite misinterpretations, the community that the agency sees walk through their door reflects the community overall. It is also unclear if all respondents understood what monolingual clients meant. One woman called back with the data and stated the number of Hispanic clients they served, and after re-direction, the number was quite less.

The 2002 Census Bureau questionnaires are distributed in English, and a Spanish questionnaire is mailed by request only. It seems unlikely that a person would spend time requesting a Spanish questionnaire, therefore, the Census probably over samples people who speak English. This is a problem for this survey because the focus is on people with Limited-English Proficiency. The questionnaires are relatively simple, and it is likely that at least one person in a Spanish-speaking home can read English, however, it is good to keep this in mind when making conclusions. Furthermore, Census data was gathered by city only, when many shelters serve an entire county or several counties. Although these limitations exist, the focus questions of this report are worth discussion and analysis.

Demographic Changes

As a background frame of reference, it is useful to examine demographic changes in agencies' communities and their awareness of it, because knowledge of community demographics impacts recruitment of bilingual staff. Surprisingly, the most common statement about demographic changes was that there were no changes, which contradicts Census Bureau statistics. Agencies reported an increase in the Latino or Hispanic population, which matches current demographic statistics. An increase in other minority groups was a common answer as well; implying that agencies may face cultural barriers and other marginalized, underserved populations should be considered. A population increase overall was noted, especially in urban cluster areas, but not in rural areas. Therefore, agencies will probably be receiving more clients, and should take the hiring opportunity to recruit bilingual staff. Finally, an increase in people that speak Spanish was acknowledged by some agencies as well, which solidifies importance for this report and matches current statistics.

Accessibility

For Texas overall, the level of domestic violence agency accessibility to people who mainly speak Spanish depends on the measure used, but no measures convey adequate accessibility. There were not enough respondents in each geographic area to determine any differences between agencies located in urban clusters, urban areas, or rural areas. If one examines bilingual staff overall, there is about a one in five chance that a Spanish-speaking client will encounter a Spanish-speaking staff-member. Nearly forty percent of all agencies have ten percent or less of their paid staff bilingual. Part-time staff are included in these figures, thus, they are inflated. The level of accessibility for Spanish-speaking clients is far less than English-speaking clients who are guaranteed to find an English speaking person; therefore, a bias in accessibility exists. The numbers decrease when examining the number of bilingual staff and volunteers who can read and write Spanish as well, meaning there is less people who can translate agency forms into Spanish or read Spanish documents. Fortunately, all agencies reported they had written material in Spanish, such as forms, posted notices, and domestic violence information, although some confessed they merely had a Spanish agency brochure.

If one compares the amount of bilingual staff to the number of people who speak Spanish at home in the city where the agency is located, the level of accessibility is not as bad as examining bilingual staff alone, but it is still not optimal. The overall ratings are distributed fairly even between well, fair, and poor, with poor being the least frequent of these ratings. However, there is only a slightly higher amount of agencies scoring well over fair. This means that it is almost just as likely for a client to arrive at an agency where he or she finds twice as many Spanish-speaking clients than bilingual staff as he or she may find an equal number of Spanish-speaking clients to bilingual staff. Accessibility is lower when non-residential agencies are pulled from the results. For shelters alone, the most common score was fair and well scores were as frequent as poor scores.

Although the amount of poor scores was the same when bilingual staff were compared to either agency reports of monolingual clients or Census data, more agencies scored well when using agency reports. In other words, agencies were more accessible to Spanish speaking clients when defining targeted clients as agencies' self-reported monolingual client percentages. This makes sense because the Census data only tracked people who spoke Spanish at home; there are probably less people that are monolingual Spanish speakers. Another item to consider is the level of recruitment. If agencies do not have many bilingual staff, then outreach to monolingual Spanish speakers are less likely, thus, percentages of monolingual clients are lower.

Overall, it is clear that there are not enough bilingual staff to serve Spanish speaking clients, and therefore; domestic violence services are not equally accessible, which confirms the general assessments made by people in the domestic violence field. In other fields, although the methodology is different, the results stating a lack of bilingual staff is consistent with emergency rooms and mental health centers, and inconsistent with journalists (Baker et al., 1996; Kanel, 2002; Whitney, 2002). However, the consequences may be more adverse for domestic violence agencies because they are funded less, are newer, smaller, and are more controversial than other mental and physical health agencies. At least one agency mentioned that funding was a problem for having an adequate number of bilingual staff.

Difficulties

Another way to determine the accessibility level of services for Spanish speaking clients is to examine difficulties agencies encounter when serving them. Overall, more agencies experienced difficulties than those who did not, and if difficulties occurred at shelters, they almost always occurred in both residential and non-residential programs. Because only three agencies had at least half of their staff bilingual, it was surprising that over one-third reported no difficulties due to language barriers. Perhaps agencies have learned how to handle clients who speak a language different than the majority of staff.

Because of low counts per category, accessibility scores could not predict whether or not agencies had difficulties, but general conclusions are worth noting. Most agencies with poor accessibility scores reported difficulties (13 out of 17), but half of the agencies who had at least one well score still had difficulties. Even if agencies scored well for both measures, three still

had difficulties. Perhaps this is because of external difficulties, such as the reported lack of Spanish speakers in the criminal justice system, that the agency cannot control.

Overwhelmingly, the most frequently reported difficulty of all agencies was that bilingual staff were not always available. Because shelters have hotlines that are available 24 hours a day, and residential staff must be on site overnight and on the weekends, it is more difficult for them to provide bilingual staff than other social service agencies. Therefore, it is understandable that no nonresidential agencies reported that bilingual staff were not always available, because they are open less hours. The complaint that bilingual staff are not always available is congruent with the conclusion that a lack of staff exists when applying both Census and agency reported demographic data. Bilingual staff that are available are spread thin; another commonly reported difficulty was that bilingual staff spent extra time away from clients translating documents and traveling to other locations to assist Spanish-speakers. Bilingual staff also reported that they translated for other agencies besides their employer, and were called at home if needed. With the added work and stress on bilingual staff, they are probably not providing high quality services, and are more likely to burn out.

Another reported difficulty was cultural misunderstanding. Speaking the same language as clients does not automatically provide optimal services; the culture must be learned as well. Likewise, language is a first step, but someone may not be willing to learn the language if they do not appreciate the culture. Because language ties with culture, many agencies are critical of using interpreters who may know the language but not the cultural relevance and cues that make the language meaningful. Indeed, when agencies reported the number of bilingual staff, some stated that bilingual staff were Hispanic as well, implying that minority representation was just as important as language. These findings are similar to research that discusses the importance of culture when serving minority populations (Davis, 1997; Gusman, 2000).

Many respondents thought of simple, short-term solutions to alleviate their reported difficulties, but most of their answers did not reveal the complexity of the situation, such as money, politics, the labor market, and prejudices. To alleviate difficulties, not surprisingly, many stated that more Spanish-speaking or bilingual staff were needed. Not all respondents commented on how to acquire more Spanish speaking staff, but slightly more suggested hiring bilingual staff than teaching current staff Spanish. The next most frequent response besides more Spanish speaking staff was increase cultural knowledge, but none elaborated on methods to do this. Three respondents stated that all staff should speak Spanish, and the same number thought changes in external systems would alleviate difficulties.

Although research is mixed as to who should claim responsibility for language barriers, all domestic violence agencies placed responsibility on the English speakers for alleviating difficulties. If someone is experiencing domestic violence, it is unrealistic and inhumane to suggest that they must first learn English before receiving assistance. Some domestic violence personnel stated that all staff should speak Spanish, which is similar to comments found in the literature (Baker et al., 1996; Lum, 2002; Whitney, 2002). The solutions agencies reported matched the literature; for example, interpreters were used often, although they were not the preferred method, as research cautions (Baker et al.). The solution of training staff Spanish, which, as Lum reported, is becoming more popular in colleges, was reported by agencies as well.

Technology was a solution found in the research, but only one agency used technology to alleviate language barriers. Perhaps this agency could be interviewed further to learn how technology works in their program, how affordable it is, and if they recommend it to other agencies.

Alternative Services

If there is a shortage of bilingual staff, it is important to know what happens to these clients who cannot receive help from the domestic violence agency they contact. Many agencies listed alternative services that they provide for clients when the domestic violence agency could not serve them adequately, and some reported they never referred. Of those that referred, many stated that they provided referrals to other agencies, but did not name the agencies specifically. Those that named agencies specifically used other shelters more frequently than any other agency. Domestic violence agencies that did not have many bilingual staff referred Spanish-speaking clients to shelters that had bilingual staff or targeted Hispanics or refugees. It is good that shelters are aware of each other's resources, but these referrals raise concern for several reasons. First, agencies are not solving their own accessibility difficulties if they re-direct clients elsewhere. Second, it is not for sure whether or not clients will follow-up with the referral, because cultural barriers and differences are already in place that prevent a Latina woman from seeking help from a shelter. The lack of assistance found at one shelter may prevent her from asking for help again. Clients who decide to travel to a different shelter and community will face transportation difficulties, may not be comfortable in the new location, and may lose their social support available in the former community. Lastly, shelters used as referrals may be overloaded with clients and additional work is placed on already overworked bilingual staff.

Many other types of referrals or alternative services were reportedly provided to monolingual clients. Interpreters were a very frequent response, although many agencies stated that it was not their preferred method of serving clients. Only five agencies used the AT&T language line; perhaps more awareness is needed about this service. Governmental agencies were used as referral systems; this may not be the best resource because of all the documentation required to receive services and bureaucratization may make clients more vulnerable. One of these governmental referrals was to the INS; it is unclear how much they know about domestic violence and raises concern for deportation. Religious organizations, such as Hispanic churches and Catholic Charities were common referrals. Although churches are a great influence on this population, caution is advised in using them because they often hold principles that may hamper instead of help domestic violence survivors, such as upholding the sacrament of marriage. Only a couple agencies utilized ally groups, specifically, the Political Asylum Project of Austin and Texas Rural Legal Aid. It is important to educate agencies about these groups and others that can help Spanish-speaking clients.

Conclusions and Recommendations

Although flaws existed in the methodology, this survey was a great start towards acknowledging the inequality in accessibility of domestic violence services for monolingual Spanish speaking clients. With more time and money, a rigorous study could be performed to alleviate any doubts others may have about the lack of equal access to services, and examine any differences in rural, urban cluster, or urban areas. Instead of using census data and self-reports, polls could be conducted for the areas domestic violence agencies serve regarding English language capabilities, and agencies could track their monolingual clients. If agencies tracked their monolingual clients, they would be more aware of their low level of accessibility, and more inclined to hire more bilingual workers. It is also important to examine pay scales for bilingual staff; if they are not being paid for their extra work and skill, then it raises another problem to solve. Further research could also examine the client perspective of accessibility; including determining whether cultural or language barriers are more destructive in preventing Latinas from seeking help, and exploring Latina's solutions to language barriers. It should not solely up to researchers, policy makers, and agencies to determine the best solution to demographic changes and family violence. For researchers, policy makers, and agencies to become more active in addressing these problems, however, it would be best for further research to focus on the consequences of unequal accessibility in domestic violence services. Speculation that violence will continue and more women and children will be adversely affected is not enough.

Many solutions to the problem of low accessibility are apparent already. At a minimum, this report should be available to people advocating for better services for domestic violence victims and to domestic violence agencies in Texas. An information packet should be given to agencies listing resources that may help them serve Spanish-speaking clients or provide Spanish-speaking staff. Agencies that have provide an equal level of accessibility to Spanish-speaking clients should be contacted for suggestions. It is also important for Spanish-speaking survivors to know the difficulties they may encounter when seeking help, although they should not be discouraged from seeking services. Policy makers should create an initiative that would provide restricted funds for teaching staff Spanish, hiring more bilingual workers, or ensuring that current bilingual staff are paid adequately. It is not enough for DHS to mandate agencies to serve clients with limited English proficiency; if this mandate is important it needs to be supported by funds. If health and human service agencies elsewhere provide incentives for personnel to learn Spanish, Texas should follow their lead. Similarly, if nursing schools require student to learn basic Spanish, social service schools should follow their lead. Although not the ideal solution, AT&T's language line and software companies could be convinced to provide interpretive services free to domestic violence agencies, in exchange for good press.

Lastly, it is important to note that language barriers involve more than Spanish-English barriers. Spanish was chosen for this report because it is the most popular language other than English in the U.S. and Texas. However, our nation is becoming more and more diverse, and the inclusion of all languages should be respected. If services are not accessible for clients who speak the most popular foreign language, people who speak a language other than Spanish or English are likely to find even less accessible services.

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