2021 Needs Assessment of Victims/Survivors of Crime and Victim Service Providers
Prepared for the Massachusetts Office for Victim Assistance

Final Report, September 2023

Acknowledgments

The authors would like to thank the Massachusetts Office for Victim Assistance (MOVA) staff for their commitment to leveraging the perspectives of victims/survivors and their families and providers across the state to inform funding decisions and the ongoing guidance and support to the project. In addition, we would like to extend a special thank you to the many service providers and victims/survivors who participated in this needs assessment and provided critical feedback to help inform victim services across Massachusetts. It was time intensive during an incredibly challenging time, and your insights drove the recommendations for the path ahead.

Foreword

After engaging in an extensive strategic planning process during 2019-2020, MOVA sought new ways to enhance support for victims/survivors in Massachusetts and to help elevate their voices in all variety of matters directly affecting them. In order to know best how we might achieve this, we needed to hear directly from victims and survivors across the Commonwealth and from the array of providers dedicated to serving them—both those connected to MOVA in some way, as well as those not previously connected. We were eager to: (1) learn where progress had been made toward addressing gaps and recommendations from the last study (2014); (2) gain insights into the current status of victim services in Massachusetts; and (3) discover emerging concerns for both survivors and providers. To accomplish this, we once again engaged ICF to help us assess the victim services landscape in Massachusetts.

We're pleased to report that consistent with our strategic plan, MOVA and the Massachusetts victim services community, have made progress in a number of areas, such as increased support for historically under-served populations of victims/survivors (e.g., LGBTQIA+, Limited English Proficiency, diverse geographic regions). Perhaps MOVA's most significant contribution to this effort was at the end of 2022, we dedicated nearly $2.4M over two years to culturally-specific victim services programs in western Massachusetts. Another notable area of progress has been increased training and technical assistance opportunities for service providers. Utilizing a variety of formats (e.g., in-person, remote learning), during calendar years 2021 and 2022, MOVA planned and facilitated more than 80 trainings attended by nearly 5000 participants. MOVA is committed to expanding support in these areas as well as in other identified priority areas and for identified populations of victims/survivors revealed as part of this process.

The unintentional timing of this current assessment coinciding with the Covid pandemic, presented unique and challenging circumstances for everyone involved. We're aware the pandemic itself posed extraordinary and unique challenges for service providers and for victims/survivors themselves. Additionally, the timing prolonged the process of the assessment and likely also influenced some of its findings. We appreciate ICF's perseverance in this undertaking but mostly we're exceedingly grateful to the broad array of providers and victims/survivors from across the Commonwealth, who generously contributed their time and experiences to inform this study. Notwithstanding the progress we continue to make, we know there's always more to be done and we're excited to do the work together with our stakeholders and supporters.

> Liam Lowney, Executive Director
> Massachusetts Office for Victim Assistance
> September 2023

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Chapter 1. Introduction

On behalf of the Massachusetts Office for Victim Assistance (MOVA), ICF Incorporated, LLC (ICF) conducted a comprehensive, statewide needs assessment with victim service providers and victims of crime. The purpose of the needs assessment was to (1) determine the current extent and nature of victimization across the Commonwealth, (2) identify current gaps and strengths in service delivery for victims of crime, (3) assess progress in addressing recommendations from the 2014 needs assessment study, and (4) evaluate existing performance and outcome data to inform future procurements (Lowry et al., 2015).

This needs assessment comprises two core components: a survey of service providers and allied professionals and focus groups with victims and survivors of crime and their families. This report provides an in-depth view of the findings across these efforts and offers recommendations regarding areas for service improvement and sustainability throughout the Commonwealth.

Chapter 2. Background

Massachusetts Demographics and Geography

The U.S Census estimated 7,029,917 people were living in the state of Massachusetts in 2020 (U.S. Census Bureau, 2021). The age of the population showed common trends with the U.S. average, with 80.6% of the state's population being age 18 or older in comparison to the national percentage of 77.9% (U.S. Census Bureau, 2021). The state's education level also followed the nation between 2015 and 2019, with 90.8% of the population age 25 and older obtaining a high school diploma or higher, compared to 88.0% at the national level (U.S. Census Bureau, n.d.). Similarly, between 2015 and 2019, 43.7% of the Massachusetts population held a bachelor's degree or higher as opposed to 32.1% of the U.S. population (U.S. Census Bureau, n.d.). The per capita income between 2015 and 2019 in Massachusetts was $43,761, greater than the U.S. population at $34,103 (U.S. Census Bureau, n.d.). The percentage of individuals in poverty between 2015 and 2019 was 9.4%, compared to the national level of 11.4% (U.S. Census Bureau, n.d.).

The population of Massachusetts represents a variety of races and ethnicities. As of 2020, 69.6% of the state's population identified as white, while 61.6% of the U.S. population identified as white (U.S. Census Bureau, 2021). Massachusetts is less diverse than the United States, with 7.0% of the population identifying as Black or African American and 0.3% as American Indian or Alaska Native, in comparison to the national levels of 12.4% and 1.1%, respectively (U.S. Census Bureau, 2021). However, the state has a slightly higher percentage of the population who identifies as Asian at 7.2%, compared to 6.0% of the U.S. population who identifies as Asian (U.S. Census Bureau, 2021). Compared to the national population at 10.2%, about 8.7% of the Massachusetts population identifies as two or more races (U.S. Census Bureau, 2021). Massachusetts has a lower Hispanic and Latino population, with 12.6% compared to the national makeup of 18.7% (U.S. Census Bureau, 2021). The table below provides the demographic information for Massachusetts and the United States.

Table 2-1. Massachusetts Demographics

Category	Sub-Category	Massachusetts	United States
Age (2020)[1]	Under 18	19.4%	22.1%
	18+	80.6%	77.9%
Education (2015–2019)[2]	High School Graduate or Higher, Percent of Persons 25 Years+	90.8%	88.0%
	Bachelor's Degree or Higher, Percent of Persons 25 Years+	43.7%	32.1%
Income (2015–2019)[2]	Per Capita Income in Past 12 Months (2019 Dollars)	$43,761	$34,103
	Median Household Income (2019 Dollars)	$81,215	$62,843
	Percent of Persons in Poverty	9.4%	11.4%
Race/Ethnicity[1]	White Alone	69.6%	61.6%
	Black or African American Alone	7.0%	12.4%
	American Indian or Alaska Native Alone	0.3%	1.1%
	Asian Alone	7.2%	6.0%
	Native Hawaiian or Other Pacific Islander Alone	0.0%	0.2%
	Two or More Races	8.7%	10.2%
	Hispanic or Latino	12.6%	18.7%
Population[1]	Total	7,029,917	331,449,281

Massachusetts has a surface area of 10,555 square miles and an average of 839.4 people per square mile, making it the third most densely populated state in the United States (World Population Review, 2022). The state is composed of 14 counties, with widely varying population densities. The Eastern part of Massachusetts is primarily urban, while the Western part of the state is more rural. The following counties have 500 or more people per square mile: Hampden, Worcester, Middlesex, Essex, Norfolk, Bristol, Plymouth, and Barnstable (U.S. Census Bureau, 2021).

[1] U.S. Census Bureau. (2021). *Massachusetts: 2020 Census: Massachusetts Population Grew 7.4% to Over 7 million From 2010 to 2020.* https://www.census.gov/library/stories/state-by-state/massachusetts-population-change-between-census-decade.html.
[2] U.S. Census Bureau. (n.d.c.). *QuickFacts: Massachusetts; United States.* https://www.census.gov/quickfacts/fact/table/MA,US/POP010220.

Dukes County has approximately 200 people per square mile, and Nantucket County has approximately 309 per square mile (U.S. Census Bureau, 2021). There is a lower population density in Hampshire County, having approximately 308 people per square mile, and Franklin and Berkshire Counties having between 100 and 199.9 people per square mile (U.S. Census Bureau, 2021). These metrics help illustrate the population density across the state in order to facilitate the potential to better see the geographic need for and accessibility to services, or the lack thereof.

Table 2-2. Massachusetts Geography: People per Square Mile by County

County	People per Square Mile
Barnstable	500+
Bristol	500+
Essex	500+
Hampden	500+
Middlesex	500+
Norfolk	500+
Plymouth	500+
Suffolk	500+
Worcester	500+
Nantucket	~309
Hampshire	~308
Dukes	~200
Berkshire	100–199.9
Franklin	100–199.9

National Victimization Rates

To provide an overview of reported victimization, crime rates are presented for the United States and more specifically the Commonwealth. The overall rate of violent victimization for the United States was measured per 1,000 persons age 12 or older. Crimes that fall under violent victimization are rape/sexual assault, robbery, aggravated assault, and simple assault. In 2016, the overall rate of violent victimization was 19.7 (Bureau of Justice Statistics, 2016). The rate rose to 20.6 in 2017, rising again to 23.2 in 2018 (Bureau of Justice Statistics, 2017, 2018). In 2019, the rate fell to 21.0, seeing a further decrease to 16.4 in 2020 (Bureau of Justice Statistics, 2019, 2020).

Violent victimization categories were also measured per 1,000 persons age 12 or older. The crime rate for rape/sexual assault was 1.1 in 2016 (Bureau of Justice Statistics, 2016). The rate increased to 1.4 in 2017 and rose again to 2.7 in 2018 (Bureau of Justice Statistics, 2017, 2018). However, the rate fell to 1.7 in 2019, and decreased again to 1.2 in 2020 (Bureau of Justice Statistics, 2019, 2020). In 2016, the crime rate for robbery was 1.7, increasing to 2.3 in 2017 (Bureau of Justice Statistics, 2016, 2017). However, the crime rate fell to 2.1 in 2018, and saw a further decrease in 2019 to 1.9 and in 2020 to 1.6 (Bureau of Justice Statistics, 2018, 2019, 2020).

Aggravated assault saw a rate of 3.8 in 2016 (Bureau of Justice Statistics, 2016). The rate for this crime was steady for the next few years. In 2017, the rate was 3.6 but increased back to 3.8 in 2018 (Bureau of Justice Statistics, 2017, 2018). Marginally decreasing to 3.7 in 2019, the rate further declined to 2.9 in 2020 (Bureau of Justice Statistics, 2019, 2020). The crime rate for simple assault was 13.1 in 2016, with 2017 seeing a similar rate of 13.3 (Bureau of Justice Statistics, 2016, 2017). The rate increased to 14.6 in 2018 but began falling in 2019 to 13.7 (Bureau of Justice Statistics, 2018, 2019). Seeing a large decrease, 2020's rate was 10.7 (Bureau of Justice Statistics, 2020).

Throughout the years, the victim-offender relationships of these violent victimizations varied, which were calculated per 1,000 persons age 12 or older. In 2016, the rate for instances where the victim and offender were intimate partners was 2.2 (Bureau of Justice Statistics, 2016). This rate increased to 2.4 in 2017 and saw a further increase in 2018 to 3.1 (Bureau of Justice Statistics, 2017, 2018). However, the rate decreased to 2.5 in 2019 and again to 1.7 in 2020 (Bureau of Justice Statistics, 2019, 2020). For crimes where the offender was categorized as "other relative," the 2016 rate was 1.7, increasing to 2.1 in 2017 (Bureau of Justice Statistics, 2016, 2020). In 2018, the rate was 1.8 and stayed relatively consistent with 2019 seeing a rate of 1.7 (Bureau of Justice Statistics, 2018, 2019). However, crimes where the offender was a different relative decreased to 1.3 in 2020 (Bureau of Justice Statistics, 2020). In 2016, the rate for crimes where the offender was a well-known or casual acquaintance was 6.4 (Bureau of Justice Statistics, 2016). For the next 3 years, this rate remained comparable, with 2017 and 2018's rate being 6.6 (Bureau of Justice Statistics, 2017, 2018). In 2019, this rate declined slightly to 6.5 and saw a further decline to 4.8 in 2020 (Bureau of Justice Statistics, 2019, 2020).

The 2016 rate for instances when the victim was a stranger was 7.7, decreasing to 7.5 in 2017 (Bureau of Justice Statistics, 2016, 2017). In 2018, the rate rose to 9.1, but fell again to 8.1 in 2019 (Bureau of Justice Statistics, 2018, 2019). In 2020, the rate for offenders who were strangers decreased again to 7.1 (Bureau of Justice Statistics, 2020). However, some victims were unaware of their relationship to the offender. For these occasions, the rate was 0.8 in 2016 and rose slightly to 1.0 in 2017 (Bureau of Justice Statistics, 2016, 2017). Both 2018 and 2019's rate for this category was 1.4, but 2020 saw a decrease to 0.7 (Bureau of Justice Statistics, 2018, 2019, 2020). Some victims did not know the number of offenders, impacting the knowledge of the victim-offender relationship. In 2016 and 2017 for this category, the rate was 0.9 (Bureau of Justice Statistics, 2016, 2017). This rate increased to 1.3 in 2018 and decreased to 0.7 in 2019 (Bureau of Justice Statistics, 2018, 2019). In 2020, the rate remained similar at 0.8 (Bureau of Justice Statistics, 2020).

Many factors impact the probability a victim may report the crime to the police. Rates of reporting to the police for overall violent victimizations were measured by the percent of respondents who marked each answer to whether they reported the victimization to the police. Answers included yes, no, and don't know.

In 2016, 43.9% of respondents reported the victimization, 54.8% did not, and 1.1% responded with don't know (Bureau of Justice Statistics, 2016). In 2017, the percent of respondents who did report their victimization rose to 44.9%. 53.1% did not, while 1.5% did not know whether they reported it (Bureau of Justice Statistics, 2017). In 2018, 42.6% of respondents did report the victimization, while 55.4% did not, and 1.3% of respondents did not know (Bureau of Justice Statistics, 2018). In 2019, the percentage of respondents who reported their victimization fell again to 40.9%, with 57.4% not reporting their crime, and 1.3% who did not know (Bureau of Justice Statistics, 2019). The percentage of respondents who did report their victimization decreased slightly to 40.2% in 2020 (Bureau of Justice Statistics, 2020). During this year, 57.7% did not report their crime and 1.9% did not know (Bureau of Justice Statistics, 2020).

Victims of crime may be more hesitant to seek victim services or have a more difficult time accessing these services due to the type of crime they experienced. Victim service use was measured by the rate of respondents who had used these services after their victimization per 1,000 persons age 12 or older. 2016 saw a rate of 1.8 for all victims of violent crime who answered that they used victim services (Bureau of Justice Statistics, 2016). This rate decreased to 1.7 in 2017 but rose to 2.5 in 2018 (Bureau of Justice Statistics, 2017, 2018). However, this rate decreased again to 1.6 in 2019 and even further to 1.0 in 2020 nationally (Bureau of Justice Statistics, 2019, 2020).

Massachusetts Victimization Rates

Over a 6-year period, the number of *reported* crimes in Massachusetts continued to decline until 2020, when there was an uptick, followed by a decrease in 2021 to rates consistent with prior years. In 2016, 229,396 crimes were reported to the police (Massachusetts State Police, 2017). This number decreased by 5.5% in 2017 and 8.0% in 2018 (Massachusetts State Police, 2018, 2019). The number of reported crimes remained fairly consistent in 2019 with a slight increase of 0.9% and then a spike was recorded in 2020, increase by 24.7%, and rates decreasing by 11.3% in 2021 (Massachusetts State Police, 2020, 2021).

From 2016 to 2021, all offenses for crimes against property remained the category of crime with the highest rate (Massachusetts State Police, 2016, 2017, 2018, 2019, 2020, 2021). Increasing and decreasing along with the overall crime rate over the years, the number of crimes against property stood at 150,430 in 2016 but rose 11.5% in 2020 (Massachusetts State Police, 2016, 2020). Crimes against society had the smallest recorded number out of each category from 2016 to 2020 (Massachusetts State Police, 2016, 2017, 2018, 2019, 2020). In 2016, 14,250 crimes against society were documented (Massachusetts State Police, 2016). Crimes against society continued to decrease over the next 2 years, with 2018 offenses decreasing by 7.5% (Massachusetts State Police, 2017, 2018). However, this number rose over the following 2 years, increasing by 3.9% in 2020 (Massachusetts State Police, 2019, 2020). Murder, sex offenses, assault, human trafficking, and kidnapping/abduction are categorized as crimes against person offenses.

Crimes against person, the second highest crime rate of the three categories, saw its lowest number of crimes over the past 5 years in 2018 with 61,935 offenses (Massachusetts State Police, 2018). In 2016, the number of offenses for crimes against person was tallied at 64,685 (Massachusetts State Police, 2016). By 2020, this number increased by 8.4% (Massachusetts State Police, 2020). The graphics and tables below provide a breakdown of the overall number of crimes and overall crime rate by year.

Figure 2-1. Overall Number of Reported Crimes by Year, Massachusetts
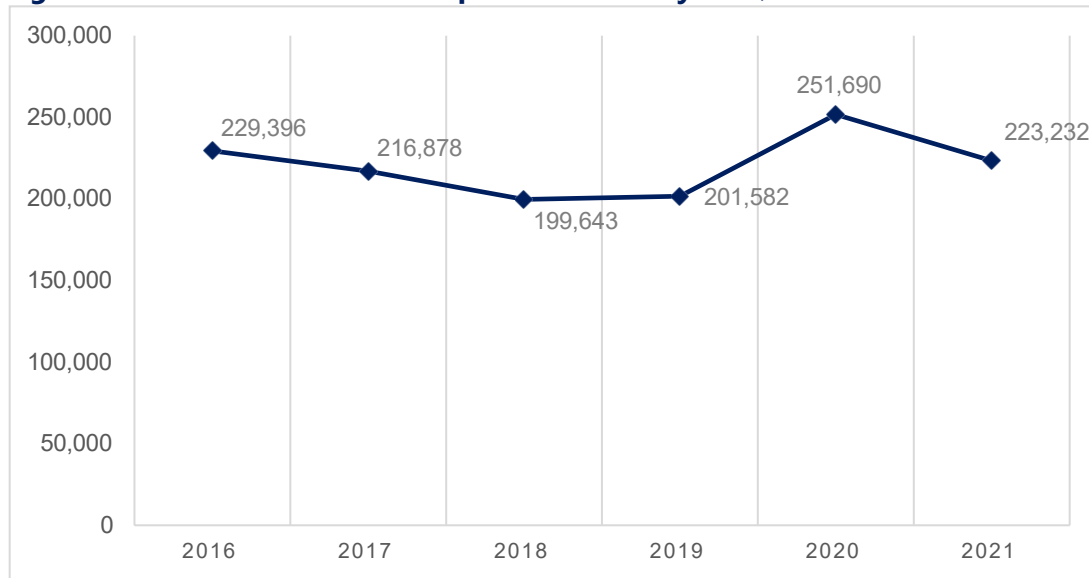
Table 2-3. Overall Reported Crime Rate by Year, Massachusetts

Year	Crime Rate
2016	3,368 per 100,000
2017	3,161 per 100,000
2018	2,892 per 100,000
2019	2,924 per 100,000
2020	3,648 per 100,000
2021	3,238 per 100,000

Murder, sex offenses, assault, human trafficking, and kidnapping/abduction are categorized as crimes against person offenses. Of the 64,685 crimes against person offenses in 2016, 93 murders and 3,451 sex offenses were reported (Massachusetts State Police, 2016). The Massachusetts State Police also reported 60,640 assault offenses during this year. 2016 data accounted for 3 cases of human trafficking and 498 kidnapping/abduction cases (Massachusetts State Police, 2016).

In 2017, there was a 20.4% increase in murder offenses and a 6.7% increase in sex offenses. However, assault offenses decreased to 58,609 (Massachusetts State Police, 2017). Human trafficking offenses increased to 28 instances recorded, along with kidnapping/ abduction, which increased to 519.

In all, these crimes against person offenses totaled 62,949 in 2017, a 2.7% decrease from the previous year (Massachusetts State Police, 2017). The table below provides a breakdown of the crimes against person offenses by year.

Table 2-4. Crimes Against Person Offenses by Year, Massachusetts

Crimes Against Person Offense	2016	2017	2018	2019	2020
Murder	93	112	82	127	167
Sex Offenses	3,451	3,681	4,008	4,019	3,534
Assault	60,640	58,609	57,234	59,582	65,854
Human Trafficking	3	28	44	28	29
Kidnapping/Abduction	498	519	567	591	503

In 2018, murder offenses decreased to 82 and sex offenses increased to 4,008 (Massachusetts State Police, 2018). Assault offenses decreased to 57,234, while both human trafficking and kidnapping/abduction offenses increased from the prior year by 57.1% and 9.2%, respectively (Massachusetts State Police, 2018). All crimes against person offenses, besides human trafficking, increased in 2019 (Massachusetts State Police, 2019). Murder offenses increased by 54.9% and sex offenses by 0.3% from 2018. Assault offenses also increased, with 59,582 accounted for in 2019. However, human trafficking offenses decreased by 36.4%. In 2019, kidnapping/abduction cases increased to 591 (Massachusetts State Police, 2019).

Most crimes against person offenses also increased from 2019 to 2020 (Massachusetts State Police, 2019, 2020). Murder offenses increased by 31.5% and sex offenses decreased by 12.1% (Massachusetts State Police, 2020). Assault cases also saw a jump with 65,854 offenses, compared to 59,582 in 2019. Human trafficking offenses saw an increase of 3.6%, while kidnapping/abduction offenses decreased to 503 (Massachusetts State Police, 2020). Providing resources for victims of crime is a growing demand. With expanded services, the residents of Massachusetts can gain access to the support and information they need through assistance programs.

Figure 2-2. All Crimes Against Person Offenses by Year
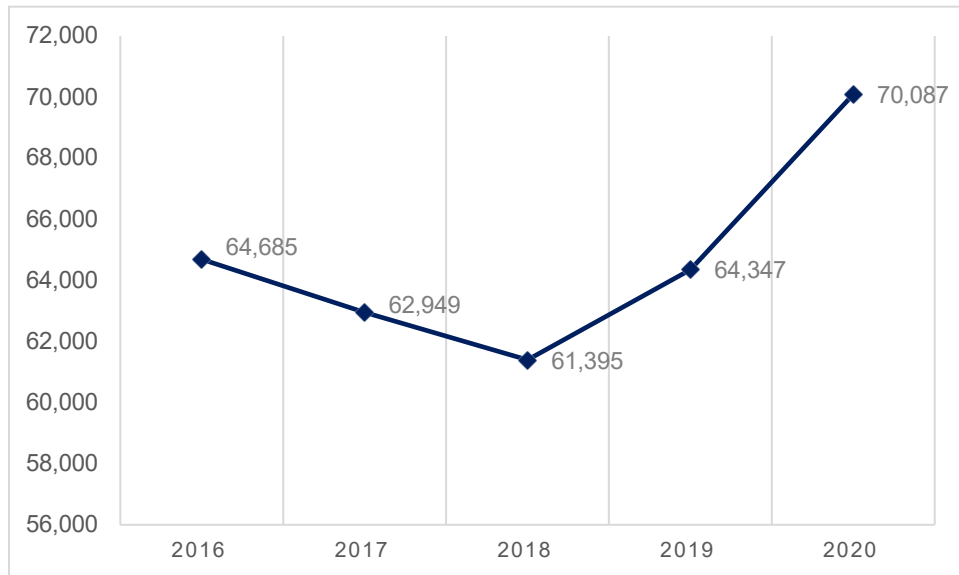
Chapter 3. Methodology

Survey of Service Providers

The survey of service providers was designed to better understand the nature of victimization and range of victim services in Massachusetts, document gaps in services, assess recommendation progression from the 2014 study, and evaluate outcome data to solicit recommendations on how to improve the field's response to victims of crime through the Commonwealth. Broadly, the survey was targeted to all providers in Massachusetts that serve victims in varying capacities. Inclusive of the previously contacted providers from the 2014 study, this survey also targeted individuals who attended the workshops hosted during the 2014 study. Additionally, to continue ensuring diversity of perspectives, participation in the survey was encouraged for all individuals at victim-serving organization to capture perspectives from varying roles within organizations, such as management and direct service delivery staff. Both Victims of Crime Act (VOCA)-funded and non-VOCA-funded organizations were invited to participate. All stakeholder input from both providers as described here and from survivors as described in the sections below, occurred in 2021 and early 2022.

Identification of Survey Providers

To develop a sampling frame, ICF researchers coordinated with MOVA staff to obtain a list of all organizations and victim service programs in Massachusetts that have received or applied for VOCA funding (n=177). This original sampling frame was expanded to 458 individuals by incorporating all contacts from the 2014 study, supplemental contacts, and online searches for additional victim-serving organizations to create a more comprehensive list of service providers in Massachusetts. This expansion included those that received the 2014 survey (n=254). Supplemental respondents were those identified through individuals reaching out to ICF following the introductory webinar for the study, targeted outreach in the community, and referrals to the study among colleagues at contacted organizations.

Instrument Development

To develop the survey instrument, researchers conducted an indepth review of the existing 2014 study's survey instrument as well as previous survey instruments designed to evaluate similar concepts. In addition to respondent information, the instrument included three core construct areas and expanded culturally responsive pieces:

- Challenges and Barriers to Service Delivery
- Service Delivery Needs for Victims/Survivors of Crime
- Cultural Competency, Humility, and Accessibility

The expansion of the culturally responsive elements allowed respondents to help guide definitions for being "culturally responsive" and what it means for an organization to support victims and survivors.

Survey Administration

In order to reduce the amount of time required to complete the survey, each section was determined to be either a core area or non-core area. Core areas were sections deemed essential to the study and understanding a gap identified in the 2014 study or a priority area of focus in the Commonwealth. Non-core areas were then randomized across participants based on four strata: if the respondent was a direct service provider, whether the respondent's organization was currently or formerly funded by MOVA, primary service area (i.e., rural, suburban, or urban), and the last digit of their phone number (i.e., even or odd).

Table 3-1. Overview of Survey Sections

Core Areas	Non-Core Areas
- Background of Respondents - Service Delivery (subset) - Challenges and Barriers to Service Delivery - Service Delivery Needs for Victims/Survivors of Crime - Cultural Competency, Humility, and Accessibility - Impact of COVID-19 and Future Directions	- Funding Assistance - Training and Technical Assistance (TTA) - Collaboration - Special Topic: Financial Support for Victims/Survivors of Crime - Performance Monitoring and Evaluation - Outreach and Awareness

Initial outreach occurred directly through the SurveyMonkey platform. The first outreach was sent in June 2021. Follow-up reminders were sent to contacts in July 2021, which initially included 15 partial responders and 143 non-responders. Given the low response rates, the survey deadline was extended and additional reminders were sent in September 2021.

As the response rate continued to be low, additional outreach was made to select providers to better understand if the survey invitations were received (i.e., did links to participate get captured by spam filters) and what the non-responder pool consisted of (i.e., individuals who needed more time and declines that had not been designated as a decline). This more targeted outreach also included organizations with no participating individuals and organizations with only a single response, which would assist with expanding the respondent pool. This particular outreach was completed through an email address established for this study, in an effort to overcome any potential spam filters that erroneously flagged the SurveyMonkey invitations. Additional follow-up messages were sent via SurveyMonkey to partial responders who were close to finishing the survey to determine if they were aiming to finish or if they had progressed as far as they wanted, and another was sent to partial responders who had answered minimal questions to see if they were able to complete the core areas of the survey. The survey remained open until late January 2022. Much of what was learned through contacts with participants was that the COVID-19 pandemic had strained resources and increased burnout, which resulted in a higher than usual inability to participate in a study. By lengthening the period for response and using targeted sections to reduce the burden, participants were able to share insights over an unusually long period of time. Given the nature of the study, commitment of the funder, and landscape of dedicated providers, this period was accommodated to ensure all who desired to participate had an avenue for doing so.

Data Analysis

A total of 367 surveys were received from service providers across the Commonwealth. Of this total, 163 surveys were partially completed and 139 were designated as complete surveys. In addition, there were 65 individuals who clicked the survey link and agreed to the initial consent page but did not answer any further questions, leaving a total of 302 surveys. Once data were cleaned, invalid data were excluded, and randomization was accounted for, the total number of responses per item varied.

The number of respondents ranged per organization from 1 to 11. Responses were assessed to determine whether weighting was needed to account for the varied number of completions per organization. Given the wide-ranging responses for individuals nested with organizations, weighting was not used for the analysis below. Note that the terms "victim" and "survivor" are used interchangeably through the report, along with "client" and "program participant." For reporting purposes, "victim" also includes family members and other individuals impacted.

Victim and Survivor Focus Groups and Interviews

In addition to capturing the perspectives of providers, victim and survivor insights were gathered through a series of focus groups and interviews. This data collection occurred while the COVID-19 pandemic continued and during the period when the Commonwealth had begun to open to in-person events and services. Recruitment began in October 2021 and continued over a period of more than 6 months to accommodate both the impact of the pandemic on providers' availability to assist with recruitment and the community's ability to participate. All focus groups and interviews were conducted virtually. Providers shared their willingness and availability to support making referrals of their clients to the study at the conclusion of the survey and through outreach opportunities via email. Providers were one layer of protection for participants to ensure only those who were eligible to participate were referred to the focus groups. Eligibility criteria included the current age of the victim or survivor, with teens being included in interviews only and adults having the option of either format; the location of services being in the Commonwealth; and the readiness of the individual to participate in the study.

Opportunities were offered on a rolling basis with groups of providers invited to share referrals. This strategy helped to control the volume of participants for a single focus group and keep the groups to less than eight individuals at a time. Focus groups were scheduled based on victimization type to allow for individuals with potentially common experiences to be clustered together. In addition, culturally specific focus groups were offered based on preliminary findings from the survey to ensure marginalized groups were captured in the study (e.g., LGBTQIA, Indigenous communities, Black and African American individuals).

The schedule of focus group offerings was shared with providers with a variety of options for each victimization type and instructions on how to share the study with their service population. Referrals came in many forms, such as individuals learning about the study from their provider and attending a focus group from the list of options, interested victims and survivors reaching out to ICF directly to learn more about the study and when focus groups were occurring, and one-on-one connections with providers and participants coordinating together. Family members of victims and survivors were also included, as well as individuals who were victimized as a child.

In total, there were more than 60 sessions offered and each group ranged from 1 to 4 participants, which supported the goal of keeping them small. Focus groups were offered in any language; however, only two languages other than English were requested. Interviews were conducted with two individuals who preferred to meet separately.

Chapter 4. Needs Assessment Findings for Service Providers

Background of Respondents

The following section provides information on survey respondents' background, including the county where their organization is located, service area of the organization, type of population served, primary role of and experience of the respondent, and whether their organization was funded by MOVA.

Figure 4-1: Map of Responses by County (n=253)

County	Responses
Suffolk	23%
Middlesex	14%
Worcester	13%
Norfolk	10%
Berkshire	6%
Bristol	6%
Essex	6%
Hampden	5%
Hampshire	5%
Plymouth	5%
Barnstable	4%
Franklin	2%
Nantucket	1%
Dukes	<1%

Perspectives were gathered from all counties in the Commonwealth of Massachusetts. Suffolk County had the highest percentage (23%) of survey responses. Percentages shown in Figure 4-1 do not sum to 100% due to rounding. More than half of respondent organizations served urban areas (54%), one-third served suburban areas (32%), and under a quarter served rural areas (15%).

Figure 4-2: Type of Area Served (n=302)
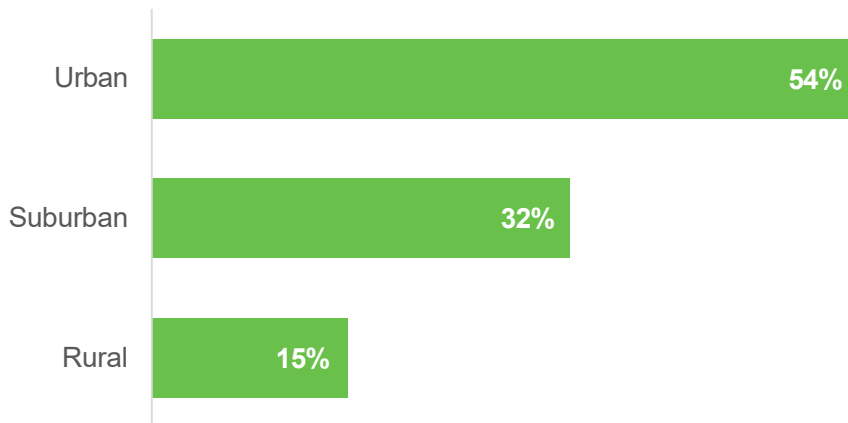
Each respondent provided additional insights on their service area, sharing about whether the coverage was across the entire state or county-based; spanning more than one city or county; inclusive of a tribal territory; or another geographical area. Organizations were primarily providing services statewide (34%), in a particular county (24%), or across multiple counties (22%). Very few organizations were providing services to tribal territories (<1%).

Figure 4-3: Service Area of Organization (n=265)
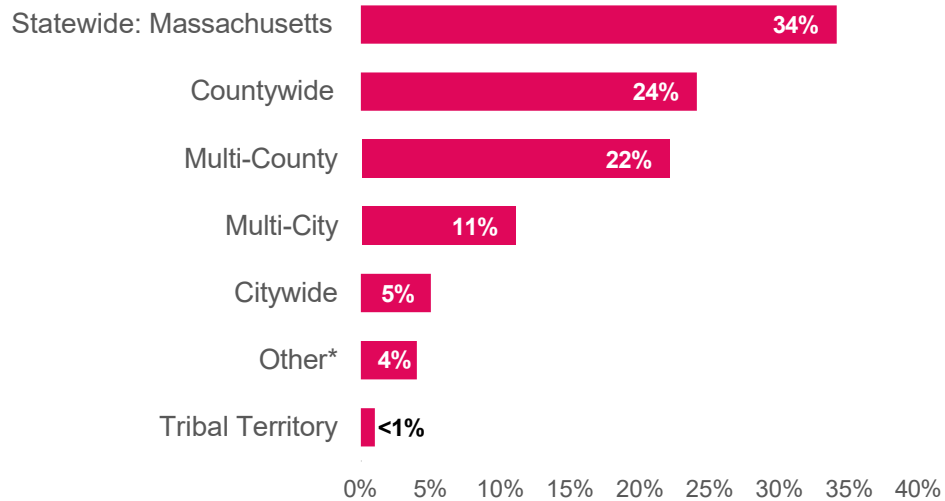
*Other included specifications of the cities and counties respondents serve that did not fit in the categories provided.

A combined 88% of respondents indicated they were either in a management or direct service delivery role. More than half of providers had more than 10 years of experience, with the remaining experience levels including nearly equal percentages.

Figure 4-4: Respondents' Primary Role (n=304)
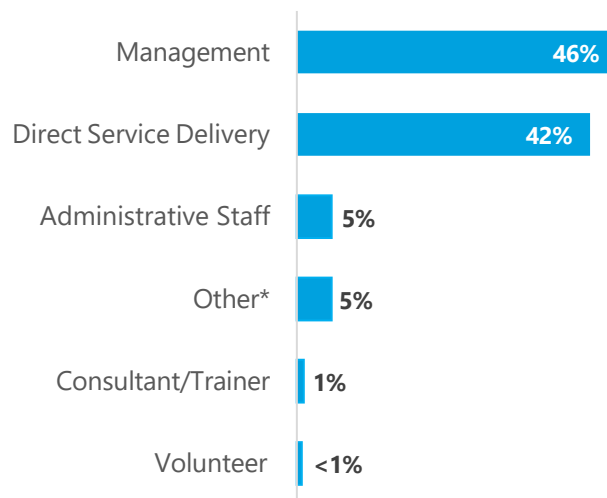
*Other included immigration attorney, victim-witness advocate, sergeant, community psychologist, civilian police advocate, and probation officer.

Figure 4-5: Years of Experience in the Field of Victim Services (n=302)
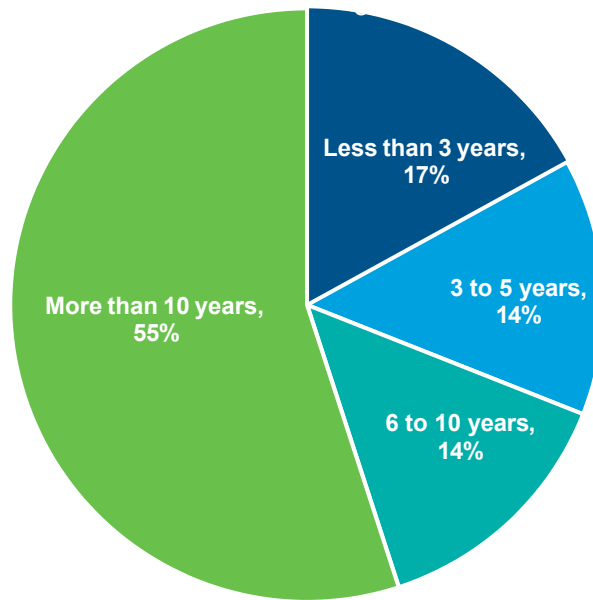
Of survey respondents (n=302), 82% indicated their organizations were currently funded by MOVA. When asked to indicate the types of funding received through MOVA, VOCA funding was the largest award type (95%).

Figure 4-6: MOVA-Funded Organizations and Types of Funding (n=302)
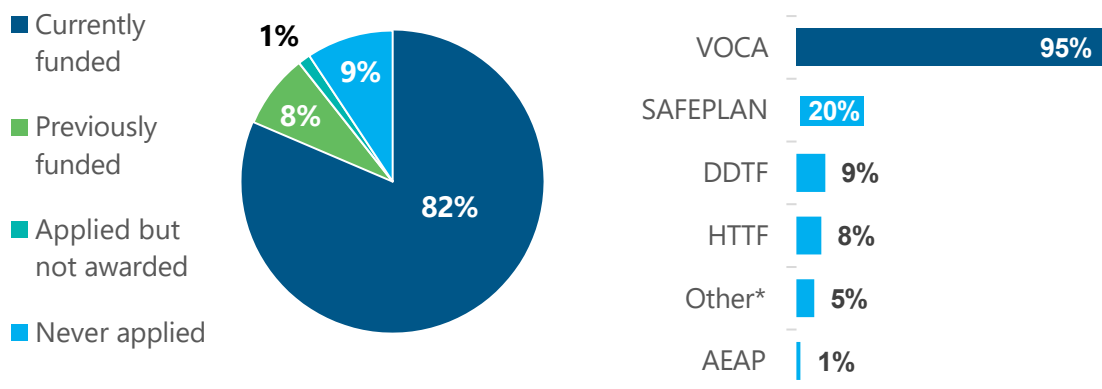
*Other included COVID funding, CSEC Service Enhancement Project, Victim Service Training Grant, Emergency Cash Assistance, and Grant Funding.

Figure 4-7: MOVA-Funded Organizations by Fiscal Year (n=367)
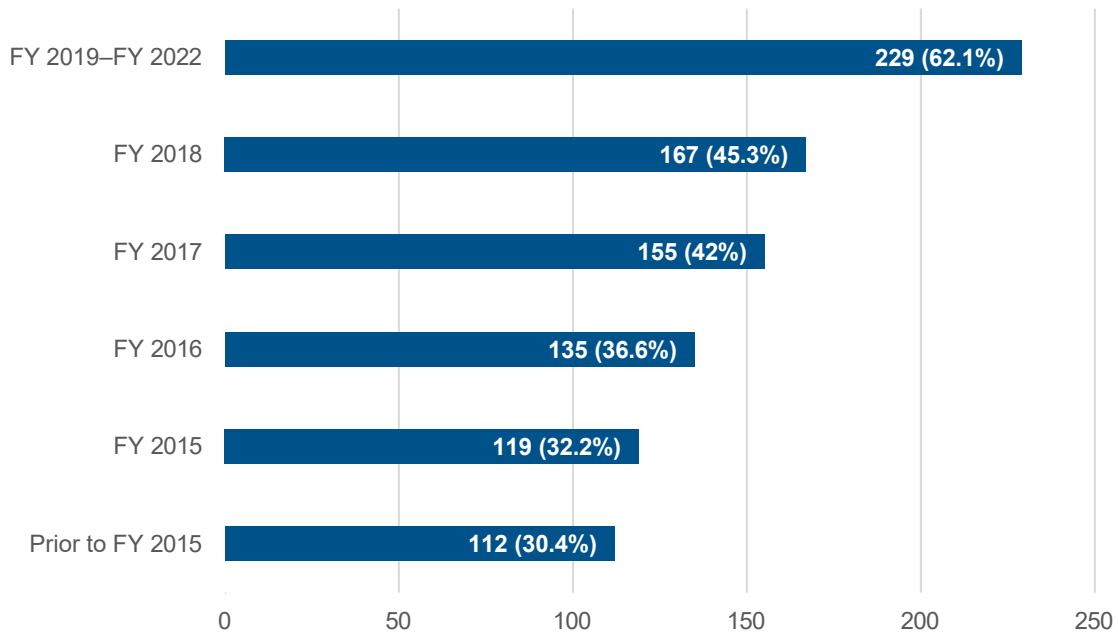
Service Delivery

Respondents were asked to provide identifying information about their organization and the MOVA-funded programs within their organization. Participants also answered questions regarding the victim populations they serve and the type and volume of services provided. Victim demographics are presented below. A total of 120 organizations participated in the survey. Organizations including domestic violence agencies, youth and family services, and medical services. The number of respondents ranged per organization from 1 to 11.

Figure 4-8: Organization Types (n=265)

Organization Type	Percentage
Domestic Violence Agency	27%
Child Advocacy Center	9%
Other*	8%
Criminal Justice Government Agency	6%
Prosecution	5%
Legal Services	4%
Law Enforcement	4%
Human/Social Services	4%
Trauma Serivces	3%
Sexual Assault Agency	3%
Nonprofit	3%
Health/Medical Services	3%
Persons With Disabilities	3%
Mental Health	3%
Courts	
Corrections and Re-Entry Services	
Community Centers	
Community-Based/Grassroots	
Child/Youth Services	
Domestic Violence Shelter	
Human Trafficking	
Homicide or Bereavement Agency	
Education	
Crime or Violence Prevention Services	
Community Organizing	
Homeless/Houseless	
Community Corrections, Probation, and Parole	
Coalition	

*Other included adult protective services, public health, substance misuse services, and hearing loss/deaf services

Figure 4-9: FY2021 MOVA-Funded Programs in Organizations (n=216)
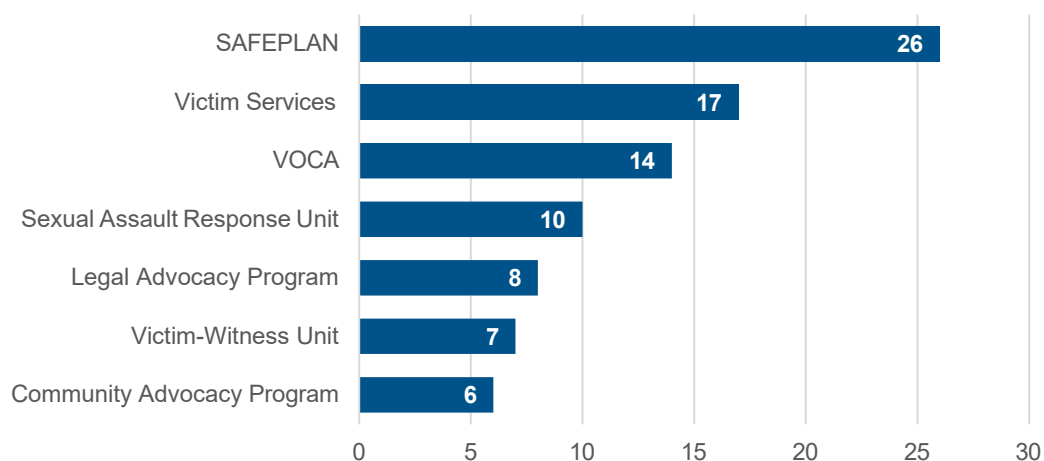
Note: "Victim Services" included victim services units/programs, and "Victim-Witness Unit" included victim-witness programs.

Victim demographics are presented below to show the average percent by characteristic for MOVA-funded organizations and non-MOVA-funded organizations. The reference period for these data is 2019.

Table 4-1: Average Percent Victim Client Demographics

Gender Identity	MOVA Funded (n=104)	Non-MOVA Funded (n=13)
Female	67.8%	87.4%
Male	20.0%	10.1%
Other	1.0%	0.0%
Race/Ethnicity	**MOVA Funded (n=104)**	**Non-MOVA Funded (n=11)**
American Indian or Alaska Native	0.5%	16.2%
Asian	1.9%	1.7%
Black or African American	13.9%	19.8%
Hispanic or Latino/a/x	14.5%	21.3%
Native Hawaiian or Other Pacific Islander	0.1%	0.0%
White, Non-Latino, or Caucasian	32.9%	47.8%
Two or More Races	3.6%	5.2%
Some Other Race/Ethnicity	1.4%	2.4%
Individuals Not Reported	28.7%	10.2%
Individuals Not Tracked	2.4%	0.0%
Special Classification	**MOVA Funded (n=104)**	**Non-MOVA Funded (n=8)**
Victims with Disabilities	0.8%	30.4%
Limited English Proficiency	19.6%	18.4%
Deaf/Hard of Hearing	1.4%	0.6%
Homeless/Houseless	11.4%	21.9%
Immigrants/Refugees/Asylum Seekers	19.7%	5.7%
LGBTQIA+	6.5%	2.2%
Veterans	0.8%	2.8%
Other	4.2%	0.0%

Age	MOVA Funded (n=104)	Non-MOVA Funded (n=8)
Youth Younger Than 13	17.7%	7.9%
Youth 13–17	12.5%	6.3%
Adults 18–24	12.1%	15.8%
Adults 25–29	18.7%	19.4%
Adults 30–39	20.7%	32.6%
Adults 40–49	14.0%	11.8%
Adults 50–59	9.0%	5.8%
Adults 60–65	8.3%	7.7%
Adults 66 and Older	17.7%	1.8%
Services Provided by Victimization Type	**MOVA Funded (n=104)**	**Non-MOVA Funded (n=10)**
Adult Physical Assault (Includes Aggravated and Simple Assault)	12.7%	8.3%
Adult Sexual Assault	8.5%	3.9%
Adults Sexually Abused/Assaulted as Children	2.2%	8.0%
Arson	0.1%	0.0%
Bullying (Verbal, Cyber, or Physical)	2.2%	1.7%
Burglary	0.8%	0.0%
Child Physical Abuse or Neglect	7.2%	3.5%
Child Pornography	0.7%	0.0%
Child Sexual Abuse/Assault	11.3%	6.0%
Domestic and/or Family Violence	30.1%	76.2%
DUI/DWI Incidents	1.0%	0.0%
Elder Abuse or Neglect	0.6%	1.7%
Hate Crime	0.5%	0.0%
Human Trafficking: Labor	0.2%	0.0%
Human Trafficking: Sex	1.7%	1.0%
Identity Theft/Fraud/Financial Crime	0.7%	0.0%
Kidnapping (Non-Custodial)	0.4%	0.0%
Kidnapping (Custodial)	0.1%	1.3%
Mass Violence (Domestic/International)	0.2%	0.0%
Other Vehicular Victimization (e.g., Hit and Run)	0.6%	0.0%
Robbery	1.1%	0.0%
Stalking/Harassment	2.7%	3.2%
Survivors of Homicide Victims	4.0%	33.3%
Teen Dating Victimization	0.6%	2.5%
Terrorism (Domestic/International)	0.1%	0.0%
Other Victimization	9.6%	0.0%

To demonstrate the diverse array of services provided to victims and account for the volume of victims and survivors who receive these services, respondents were asked how many individuals receive the service on a scale from 1=none to 8=all. Advocacy (6.9), information and referrals (6.9), and safety planning (6.4) were the three services most victims and survivors received, making them

the most widely consistent areas. Faith-based (1.7), Title IX accompaniment (1.8), property return (1.8), and restorative justice (1.9) were more unique, with few victims and survivors engaged in those services.

Figure 4-10. Average Volume of Victims Served by Type of Service (n=202)

Service	Value
Advocacy	6.9
Information/Referrals	6.9
Safety Planning	6.4
Crisis Intervention	5.4
Case Status Updates	5.2
Education	4.9
Counseling/Therapy	4.9
Criminal/Legal System - Advocacy/Assistance	4.8
Court Accompaniment	4.7
Legal Advocacy/Assistance	4.6
Confidentiality Application Assistance	4.4
Mental Health Services	4.3
Emergency Financial Assistance	4.2
Community Action/Engagement	4.1
Support Groups	4.1
Shelter/Housing Assistance	4.1
Victim Compensation Claim Assistance	4.0
24-Hour Hotline	3.9
Court Hearing Notification	3.9
Transportation	3.8
Peer Support	3.7
Notification	3.7
Protection/Safety Services	3.6
Immigration Assistance	3.4
Victim and Witness Rights Enforcement/Compliance	3.2
Criminal Investigation/Law Enforcement	3.1
Medical/Sexual Assault Nurse Examiner Advocacy	3.0
Crime Response	3.0
Employment Assistance	2.9
Other*	2.8
Post-Conviction Services	2.7
Criminal/Legal System - Prosecution	2.5
Criminal/Legal System - Judicial Officers/Administration	2.5
Restitution Assistance	2.2
Child Care	2.2
Employer Intersession Assistance	2.1
Job Training	2.0
Restorative Justice	1.9
Property Return	1.8
Title IX Accompaniment	1.8
Faith-Based	

1 = None/No Victims Served for Specified Service Type

8 = All Victims Served for Specified Service Type

*Other included forensic interviews, interpretation services, trauma-informed services, art and mindfulness skill building, parenting support, street outreach, and primary prevention education.

Respondents noted numerous non-MOVA-funded programs and services that support victims of crime in underserved communities (n=83):

- Immigrant centers and support groups

- Housing providers, schools, and senior centers

- Community health clinics, behavioral health centers, and mental health providers

- Community programs for those with specified identities, including support for the formerly incarcerated, faith-focused organizations, and cultural communities

Respondents were asked what non-traditional programs and services are supporting victims and survivors of crime in underserved communities. Of the respondents, 44% identified social programs and community resources such as United Way, United Neighbors, community centers, nonprofits, and support groups as a means of providing support to underserved communities. Additionally, 32% of respondents identified religious institutions and other faith-based organizations as a means of supporting victims and survivors of crime in underserved communities. Other included youth diversion and school-based programs.

Figure 4-11. Non-Traditional Programs and Services in Underserved Communities (n=62)
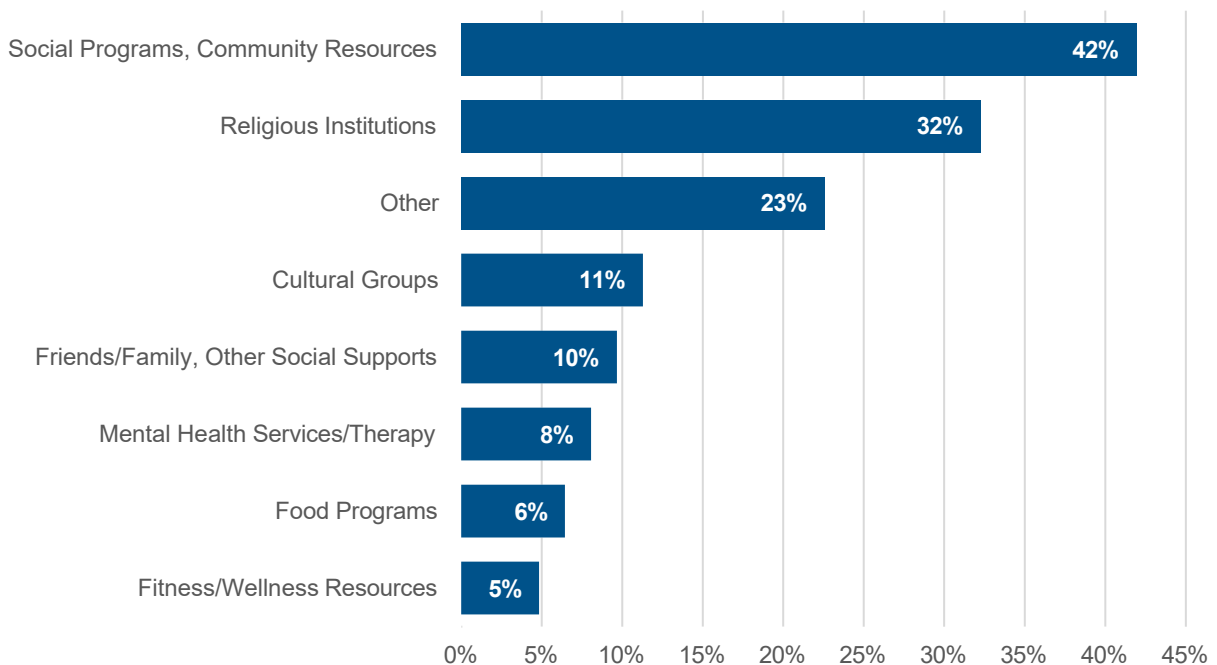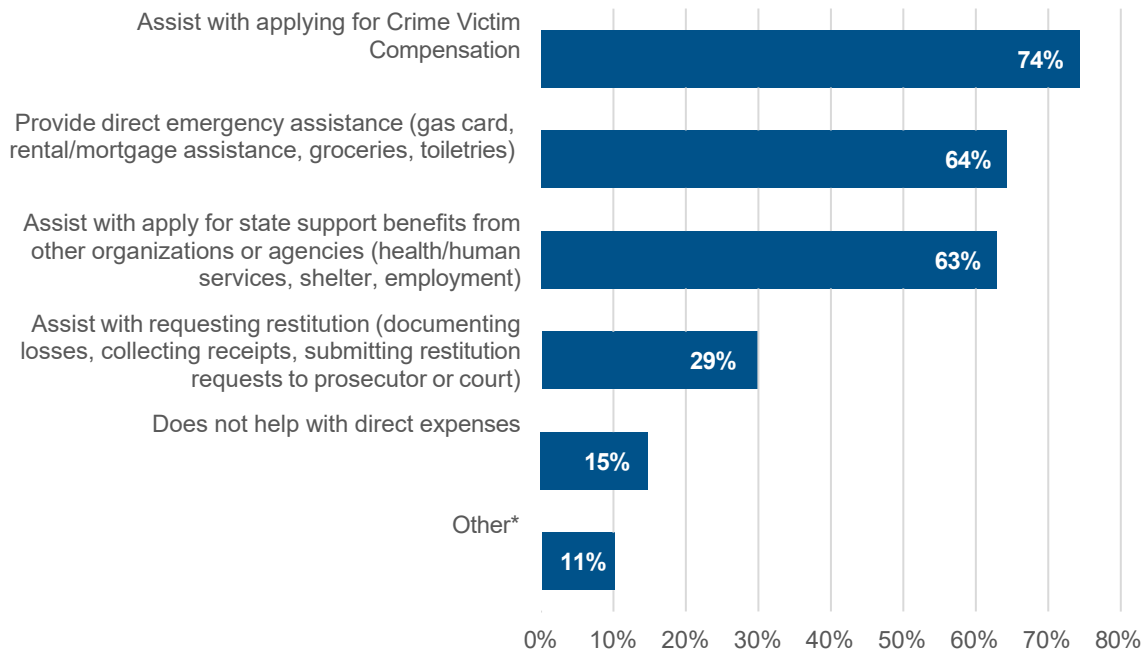
Figure 4-12: How Organizations Provide Financial Assistance to Victims (n=210)
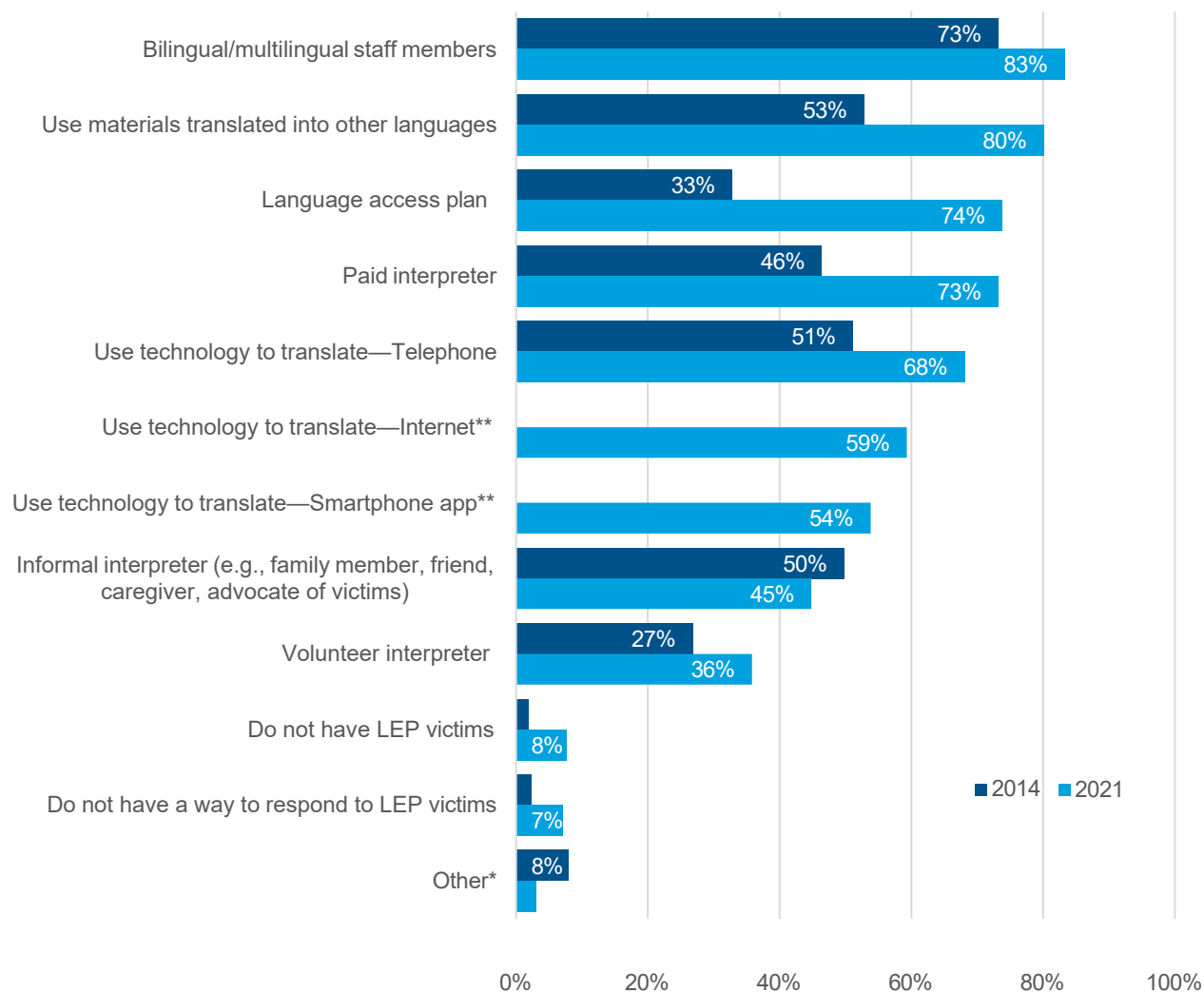

*Other included providing financial assistance for a variety of areas (transportation, housing, childcare), referrals, and accompanying survivors to food pantries/housing agencies.

Challenges and Barriers to Service Delivery

This section provides information regarding challenges and barriers to service delivery, both due to organizations' obstacles in providing services and the ways in which services are often inaccessible to victim populations.

Providers were asked about the available supports for victims and survivors of crime who are Limited English Proficient (LEP). A range of options were included, and respondents selected those that were available at their organization. In 2014, this item was asked as a dichotomous "yes or no," with the percentages in Figure 4-13 representing the volume of "yes" responses. To capture more nuance to this volume, the same question was asked in the current study using an 8-point agreement scale, with the percentage of respondents in agreement to strong agreement represented in the figure. Based on this type of comparison, it appears that a higher proportion of providers have translated materials available and language access plans. Also, paid interpreters have a large share of providers in agreement that their organization has this support available to victims. Bilingual and multilingual staff continue to be one of the core means for providing support in a variety of languages.

Figure 4-13: Assistance to Victims Who Are LEP, 2014 (n=265) and 2021 (n=369)

Category	2014	2021
Bilingual/multilingual staff members	73%	83%
Use materials translated into other languages	53%	80%
Language access plan	33%	74%
Paid interpreter	46%	73%
Use technology to translate—Telephone	51%	68%
Use technology to translate—Internet**		59%
Use technology to translate—Smartphone app**		54%
Informal interpreter (e.g., family member, friend, caregiver, advocate of victims)	50%	45%
Volunteer interpreter	27%	36%
Do not have LEP victims		8%
Do not have a way to respond to LEP victims		7%
Other*		8%

* Other included TTY, video interpreter, and partnering with translation businesses.
**New categories in 2021 survey. There is no comparison data from 2014.

Respondents (n=91) were asked how their organization provides accommodations for survivors with the following disabilities: intellectual/developmental, physical/mobility impairment, blind or low (or limited) vision, and other. Common responses for those who selected intellectual/ developmental (n=80) disabilities included providing mental health services, providing trained staff for this type of disability, working with the family or guardian, and accommodating/tailoring services to survivors' individual needs.
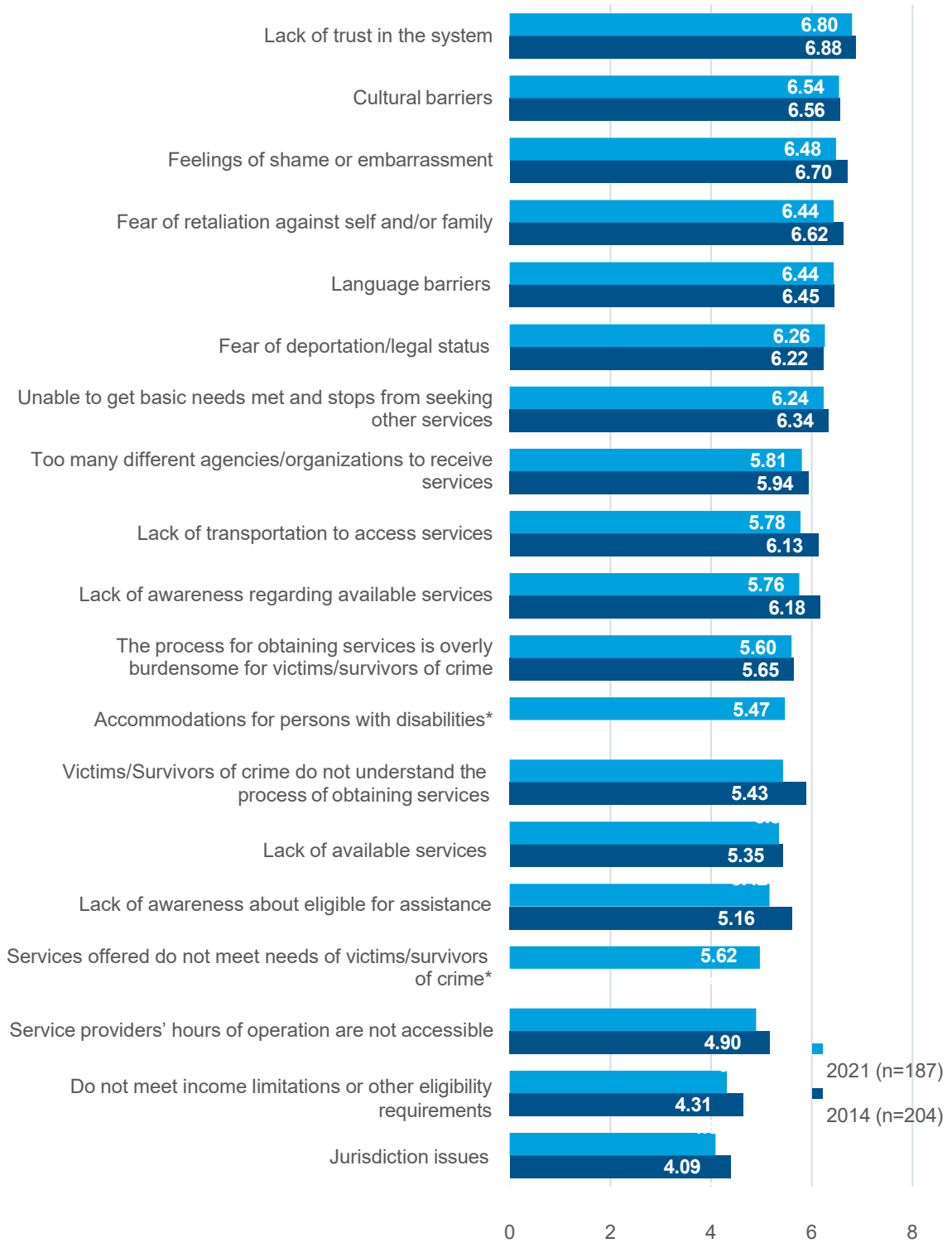
Respondents who selected physical/mobility impairment (n=91) provided the following responses: having Americans with Disabilities Act (ADA)-compliant facilities, offering remote/virtual sessions, providing specialized equipment, and accommodating individual needs. Those who selected blind or low (or limited) vision (n=70) provided the following responses: ensuring language access, meeting the needs of each individual, and providing information over the phone or in person. Finally, respondents who selected other (n=24) provided the following responses: training forensic interviewers and staff to support those with disabilities, having a TTY line, helping survivors access immigration services, and accommodating each survivor's needs.

Table 4-2: Barriers to Providing Services, 2014 (n=205) and 2021 (n=188)

	2014	2021
Lack of sufficient financial resources to meet demand for services	6.25	5.99
Insufficient number of staff to meet demand for services	5.94	5.66
Lack of non-financial resources to meet demand for services	-	5.50
Lack of access to technology and digital divide for certain groups of victims/survivors of crime	-	5.24
Lack of transportation options for victims/survivors of crime to access services	5.32	5.08
Lack of resources to provide transportation for victims/survivors of crime	-	5.03
Lack of linguistically accessible services	4.82	4.94
Limited outreach and access to underserved victim/survivor of crime populations	-	4.86
Lack of general public awareness regarding programs and services offered by their organization	4.96	4.76
Lack of culturally accessible services	4.69	4.74
Staff retention	4.51	4.66
Lack of relationship/trust with underserved populations	5.29	4.53
Lack of services designed for victims/survivors of certain crimes (e.g., identity theft, stalking)	4.88	4.52
Lack of resources to provide accommodations for persons with disabilities	4.28	4.43
Lack of accommodations for persons with disabilities	-	4.40
Eligibility restrictions (e.g., age, income, victimization type)	3.87	3.92
Lack of interagency collaboration and coordination	4.30	3.89
Lack of knowledge regarding the needs of victims/survivors of certain crimes (e.g., military sexual trauma, human trafficking)	4.48	3.87
Lack of knowledge regarding other available services in the service area	4.14	3.69
Lack of training and educational opportunities for staff and volunteers	4.31	3.61
Lack of in-house policies and procedures to guide organizational practices	3.70	3.00

Additionally, respondents identified a lack of communication and collaboration between agencies and the communities they represent, education and training, and funding/financial resources as other critical barriers in providing services.

Figure 4-14: Barriers to Victims/Survivors of Crime Seeking Services

Barrier	2021 (n=187)	2014 (n=204)
Lack of trust in the system	6.80	6.88
Cultural barriers	6.54	6.56
Feelings of shame or embarrassment	6.48	6.70
Fear of retaliation against self and/or family	6.44	6.62
Language barriers	6.44	6.45
Fear of deportation/legal status	6.26	6.22
Unable to get basic needs met and stops from seeking other services	6.24	6.34
Too many different agencies/organizations to receive services	5.81	5.94
Lack of transportation to access services	5.78	6.13
Lack of awareness regarding available services	5.76	6.18
The process for obtaining services is overly burdensome for victims/survivors of crime	5.60	5.65
Accommodations for persons with disabilities*	5.47	
Victims/Survivors of crime do not understand the process of obtaining services		5.43
Lack of available services		5.35
Lack of awareness about eligible for assistance		5.16
Services offered do not meet needs of victims/survivors of crime*	5.62	
Service providers' hours of operation are not accessible		4.90
Do not meet income limitations or other eligibility requirements		4.31
Jurisdiction issues		4.09

*New categories in 2021 survey. There is no comparison data from 2014.

To alleviate these barriers in providing services, providers recommended increasing or establishing the following (n=97):

Funding/financial assistance: including services to underserved communities and culture/language specific services; to meet the demands of services needed; to overcome barriers identified; unrestricted funding for staff wages, salary increases, and escalation over the years; technology/internet; transportation; with less eligibility restrictions; collaboration and partnering; to improve financial literacy; and specialized services rather than all organizations/staff needing to be experts in everything.

Additional training/education: particularly trainings with professionals/persons with lived experience; focusing on historically underserved communities; with Indigenous service providers; on cultural competency for law enforcement and justice systems; supporting survivors with disabilities; on specific topics such as sexual assault, available resources, supporting victims while navigating the system, dynamics of exploitation, services available for youth, financial literacy, and identification; for all types and levels of staff on trauma-informed approaches; to increase awareness and understanding of "what is victimization" for communities; and through varying lenses.

Outreach and collaboration between agencies and communities: including types of services available for each community or cultural group; media for public consumption; defining victimization and tailoring content to each community; efforts specific to LGBTQIA+ and underserved communities (e.g., Black, Indigenous, and People of Color); and bringing together service providers in areas perceived as being without services.

New or expanded services and supports: including therapeutic services; technical assistance on addressing needs in rural and underserved communities; interpretation; diversity in staff and interventions; technology safety specialists; software (e.g., Zoom); advertising; and dedicated staff.

Housing: including low-income housing; shared professional housing; domestic violence shelters; housing options for victims with children; expanding voucher programs; and more affordable housing.

Basic needs: including food; clothing; shelter/housing; and childcare.

Application assistance: including Victim Compensation Program and legal services such as immigration, civil and/or criminal legal support (e.g., restraining orders, custody, advocacy).

The following are other services for which victims/survivors express a need that are currently lacking in their service areas: mental health services, housing services, legal services, and community-specific services, such as tribal or disability.

For individuals who are both offenders and victims/survivors of crime, respondents indicated they are limited in the types of services and support they receive due to not qualifying for resources because of their status or having stigma associated with their status, criminal records or previous incarceration, and limitations in accessible resources they can obtain because of prior offenses.

To alleviate these challenges, respondents recommended the following changes: altering language to identify with perpetrators who are also victims, creating a new term when referencing these individuals, and offering additional services that are not restrictive to offender status.

When asked how to alleviate the barriers for victims/survivors accessing services more generally, the following were common responses:

- Community-specific services and outreach to include cultural sensitivity, community understanding, and targeted resources for defined communities;
- Increasing language options for victims such as interpreters, bilingual staff, and language lines; and
- Funding and financial resources, specifically increasing pay and access for service providers, removing constraints associated with funding, and expanding services and outreach.

Service Delivery Needs

In order to address the challenges and barriers to service delivery, participants answered questions concerning victim service needs, priority issues within this topic area, suggestions for improving services, and what services would be most impactful to lose due to funding restrictions.

Figure 4-15: Victim Service Needs Beyond Current Capacity (n=161)
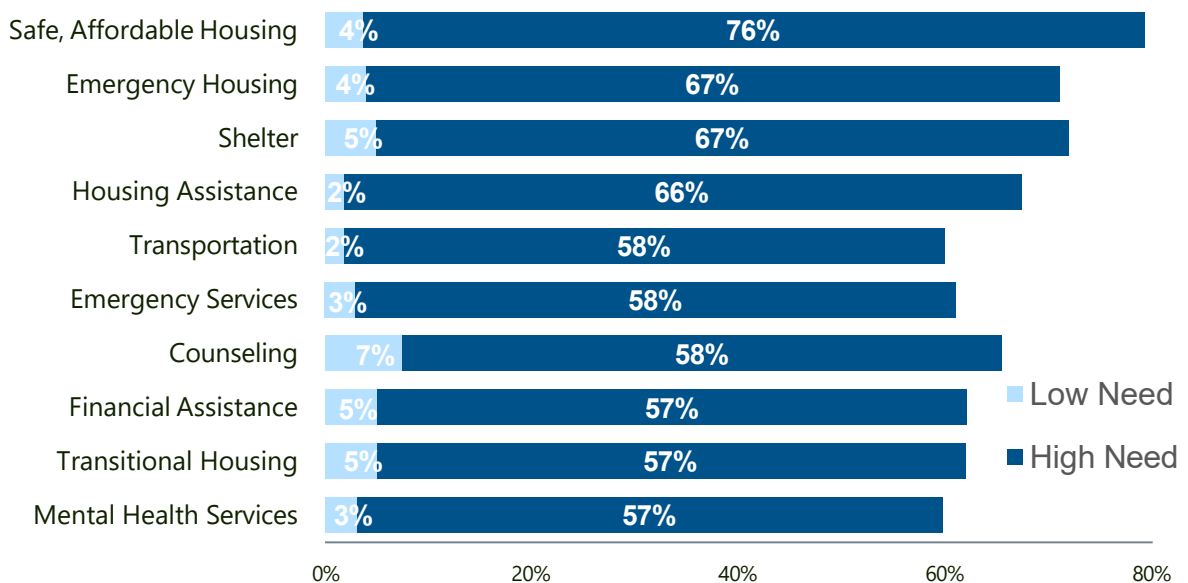
Respondents also identified the most critical need/support from their experience/perspective. Out of a total of 151 respondents, the following were identified as the top critical needs/supports: childcare, basic needs (e.g., food, clothing), emergency housing, emergency services (e.g., financial assistance, medical care), safe and affordable housing, and crisis intervention/counseling. Basic needs and childcare were rated as the top needs, with 74% of respondents identifying them as a top five need.

When asked to provide information on additional services for which crime victims express a need that are currently lacking or unavailable in their service area, the most common responses were related to specific mental health services (32%), housing (28%), and legal services (18%). A selection of respondents' comments is shown below:

- "Support groups for those caring for those with brain injuries. There is a lack of resources for those who care for them—they need counseling and more options for their loved ones who won't sign any rights away to them but are not in a coherent state of mind. There are limited options for those families."
- "Safe, affordable housing is the biggest barrier. This barrier affects all other aspects of a survivor's safety: social networks, employment, etc."
- "Service providers that have knowledge of Native Americans. For example, I myself went to the doctor's office, and the nurse assumed my COVID vaccine information would be in their records. I said no because I got it at the tribe. She asked me to spell it twice and was puzzled. I said, 'The Native American tribe here on the island, the Wampanoag Indians,' and then she finally got it. These type of exchanges during trauma from victimization can be very triggering for victims, especially from those who are supposed to be helping you."

Respondents were asked what other factors influence needs beyond capacity. Financial resources were a frequent concern respondents expressed, especially for family members of victims of homicide. Additionally, immigrant populations were identified as having a greater need for legal services and language access. LGBTQIA+ communities were also identified as having a higher need for safe housing programs and community-specific programs tailored to community needs. A selection of respondents' comments is shown below:

- "Those with disabilities do not have similar access to these services, as they require help applying for and using these services, which is not always available."
- "There are greater barriers for survivors from underserved populations, specifically LGBTQIA+ survivors, Black survivors, and other survivors of color. Discrimination and fear of discrimination mean survivors with these identities don't receive equitable services."
- "Insurance limitations often create barriers for survivors in accessing medical/mental health care in a timely fashion. Most insurances have copays per session, and those who do not/cannot have insurance often struggle to access services at all. There are also long wait times for survivors trying to access not only medical/mental health care, but also affordable and safe housing, and other resources."

Respondents were asked to indicate priority issues or gaps in the field of victim/survivor services that they would like to see addressed through TTA or resources in the field (n=516).

- Housing/Shelter Availability (highest priority issue identified by respondents)
- Legal Services
- Mental Health Services
- Overall Awareness
- Law Enforcement/Criminal Justice System Involvement

When respondents were asked for suggestions for improving the provision of services to victims/survivors of crime in their service area, most respondents indicated funding (29%), training and education (22%), housing (19%), and increased collaboration between agencies and service providers (18%). Other responses included language assistance, increased awareness of services, language services, and alternative models of interaction with victims/survivors of crime. Examples of these models were restorative and transformative justice approaches and peer support/self-help models. A selection of respondents' comments is shown below:

- "Statewide training for staff of victim service organizations on how to work with individuals with disabilities and how to make their physical space and outreach materials accessible to people with disabilities."
- "It would be helpful if there were more flexible financial resources for survivors who don't require court or police involvement in the case in order to qualify. It would also be helpful to have more training for providers on working with LGBTQIA+ survivors and more funding for providers that specialize in working with these populations to both continue to do direct service work and to train other providers."
- "Housing stability is a crucial challenge. We need more resources or support to help ensure survivors have stable housing situations. So much of the rest of their healing process requires that."

Providers were asked to provide the top three services their organization was concerned about losing with funding constraints. Out of 302 responses and dozens of areas of concerns, the seven highest priority areas, with similar proportions of responses included in each, are:

Mental Health Services: Includes counseling, therapy, and support groups. Respondents were also concerned about losing access to therapy or expressive arts therapy and having sufficient mental health support staff.

Housing/Shelter: Includes capacity of shelters, opportunities for housing, and providing emergency shelter.

Advocacy: Includes one-to-one advocacy, staff and support running advocacy programs, court-based advocates, bilingual advocacy, economic and community advocacy, and legal advocacy.

Legal Services: Includes immigration services, additional lawyers/assistance, and civil legal assistance.

Financial Assistance/Funding: Includes direct cash assistance, emergency financial assistance, grocery and bill support, rent and utilities support, and domestic violence-related expenses. Inclusive of financial assistance, respondents expressed concern about losing staff as a result of funding constraints.

Community-Based Services: Includes meeting needs of survivors with disabilities, incarcerated/previously incarcerated individuals, LGBTQIA+ members, and other underserved communities; having community-based interventions; and offering offense-specific community support.

Staff: Includes losing staff, hiring inadequate staff, employee burnout, and not being able to hire experts for the roles.
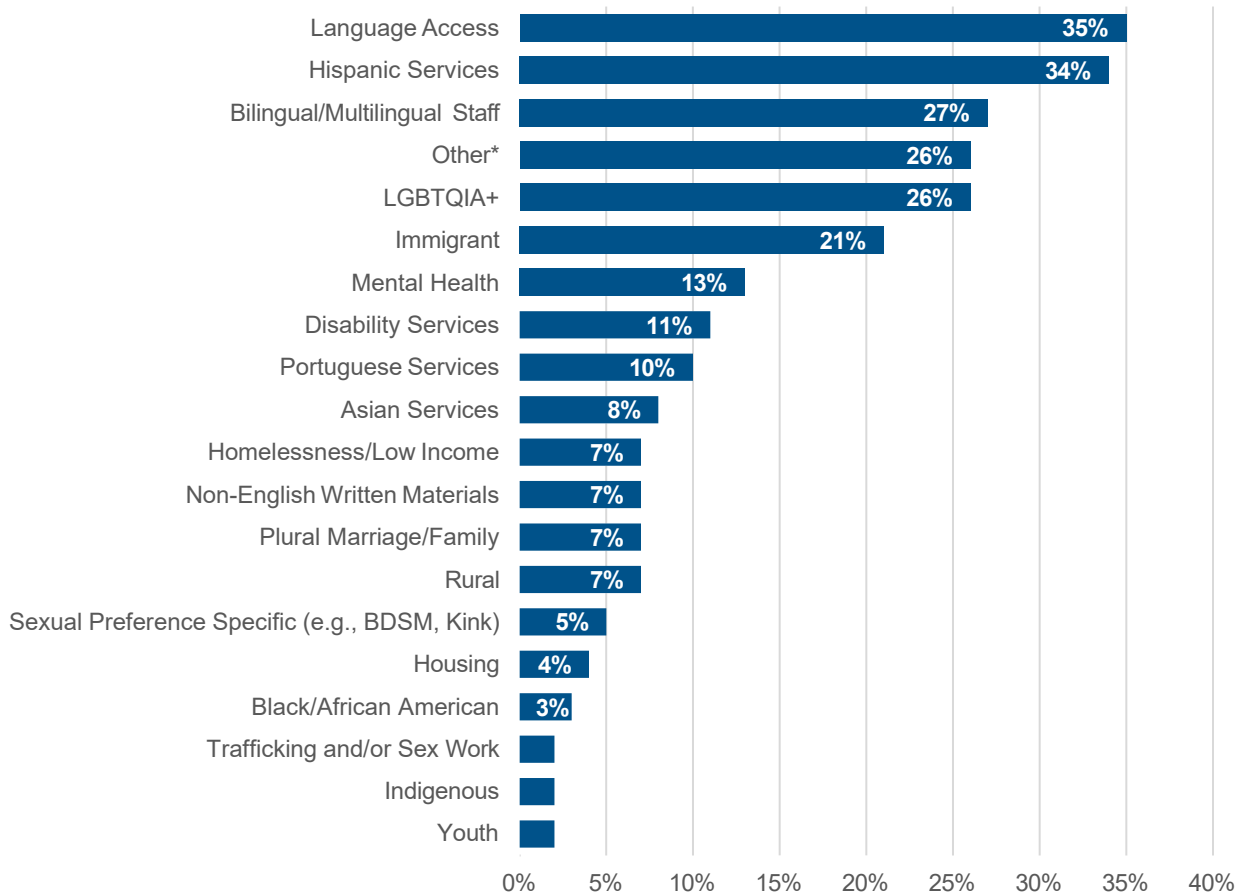
Cultural Competency, Humility, and Accessibility

The following section addresses service needs related to culturally specific populations and accessibility in order to reach all victims who seek services. Participants answered questions regarding what a culturally specific organization entails, what culturally specific services they offer, and how they ensure diversity and uphold cultural customs within their organization. Participants also provided information about the gaps in providing services to underserved victims, how to overcome these gaps, and the needs of specific victim populations.

As defined by respondents, culturally specific organizations or services include those that:
- Are survivor-identified and survivor-led
- Meet the needs of a designated group
- Were created with the culture and customs of a particular group in mind
- Have a mission to serve survivors of a non-dominant culture
- Have expert knowledge of the group they are serving, with all staff not a part of the culture trained in the experiences and support needs of those who are

Respondents identified language access, Hispanic services specifically, and bilingual and multilingual staff as the primary culturally specific services.

Figure 4-16. Culturally Specific Services Provided by Organizations (n=91)

Category	Percentage
Language Access	35%
Hispanic Services	34%
Bilingual/Multilingual Staff	27%
Other*	26%
LGBTQIA+	26%
Immigrant	21%
Mental Health	13%
Disability Services	11%
Portuguese Services	10%
Asian Services	8%
Homelessness/Low Income	7%
Non-English Written Materials	7%
Plural Marriage/Family	7%
Rural	7%
Sexual Preference Specific (e.g., BDSM, Kink)	5%
Housing	4%
Black/African American	3%
Trafficking and/or Sex Work	
Indigenous	
Youth	

*Other included tailored community responses, diversity and inclusion services, peer support, and supplemental training to include cultural sensitivity.

Respondent organizations hold the following types of policies and practices to ensure diversity, equity, and inclusivity:

- Undergoing vigorous cultural competency and diversity training and following recommendations from consultants or racial equity organizations
- Having a Diversity, Equity, and Inclusion office that supports inclusion efforts
- Ensuring compliance with the program's overarching guidelines
- Having inclusive hiring practices and a diverse staff, and providing equal benefits and pay
- Having a task force or internal committee that defines and reviews policies and practices and addresses culture in the workplace

When asked which cultural practices and customs are used by their organization/agency, respondents indicated the following:

- Trainings geared toward understanding language and the communities they serve

- Opportunities for staff to select their observed holidays to become more culturally inclusive
- Use of inclusive pronouns both in email signatures and communication with communities

When respondents were asked what identities are held by staff who reflect the population they serve, numerous groups and characteristics were mentioned. Organizations had staff who are bilingual or multilingual (77%), had diverse lived experience to connect with victims of crime (42%), and are culturally and/or racially diverse (32%). Some staff also belong to the LGBTQIA+ community (16%), have a disability (7%), or have the same or a similar nationality as the victims/survivors they serve (8%). Some organizations noted implementing hiring practices that encourage diversity (7%). Other affiliations (17%) included hiring staff of varying ages and having staff who are from rural areas, identify as male, or belong to minority groups.

Providers selected the top three underserved victim populations, including cultures, religions, special populations, and other classifications. The following were the highest ranked representing the most underserved:

- Immigrant/Refugee (31%, compared to 13% in 2014)
- Limited English Proficiency (29%)
- American Sign Language (26%)
- Black and African American (24%)
- American Indian or Alaska Native (19%)
- LGBTQIA+ (20%, compared to 42% in 2014)
- Currently or Formerly Incarcerated (18%, compared to 2% in 2014)
- People With Intellectual and/or Developmental Disabilities (17%, compared to 5% in 2014)
- Deaf and Hard of Hearing Community (17%)
- Arabic Speakers (12%)

Many of these options were expanded for this assessment to provide a more detailed view, but some groups were able to be compared directly to the 2014 study to show which have more services now available and if new groups have risen to the top. In 2014, LGBTQIA+, males, persons with disabilities, sexual assault and domestic violence victims, and immigrants were noted as the most underserved.

Respondents provided insights into barriers to overcoming gaps in service for underserved victims/survivors of crime in their service areas (n=209). Providing services in multiple languages and having more cultural and community services were identified as the highest categories in overcoming the gaps. Staff retention, high demand for staff, and an increased need for staff with lived experience were also strong barriers prohibiting progress. Responses in the other category included housing and providing technology. A selection of respondents' comments is shown below:

- "Lack of education/understanding of currently/formerly incarcerated people being survivors as well."

- "Many people in the suburbs are 'hidden' from view and more isolated. We need to invest in awareness-raising that targets suburban residents. There are societal myths that support the idea that domestic violence doesn't impact people who live in the suburbs."
- "Most immigrants we serve come from countries that speak languages other than English. For most of the languages spoken, victims have to wait until an interpreter is available to speak to them."

Figure 4-17. Barriers to Overcoming Gaps in Service for Underserved Victims
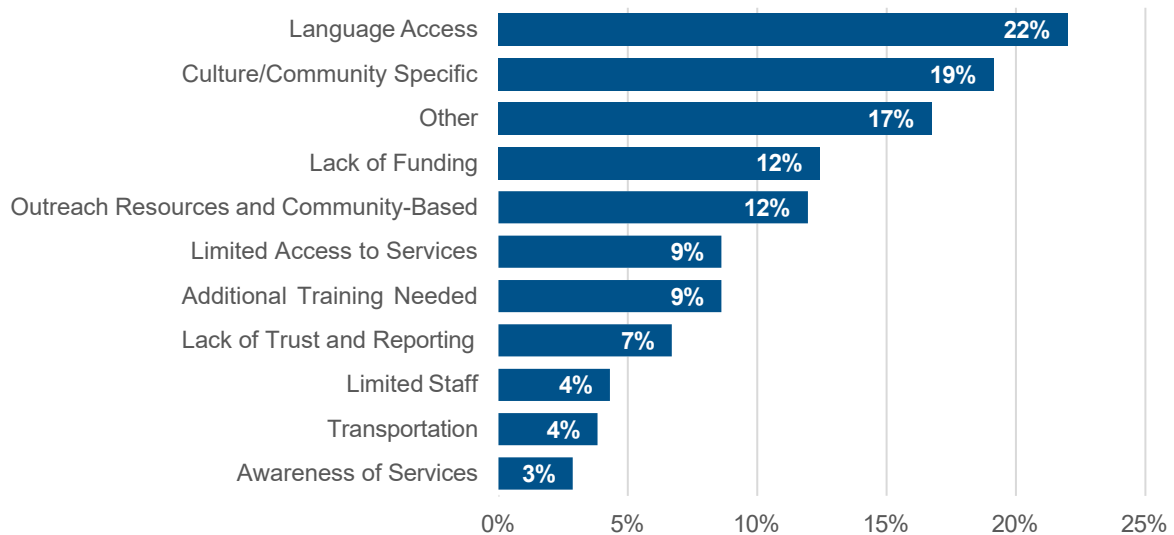
To best aid victims of crime who have LEP, programs often employ bilingual staff. However, respondents voiced the importance of doing more than having bilingual staff to best serve this group and have implemented additional methods to better assist victims/survivors of crime with LEP. In addition to bilingual staff, programs have put in place language lines, material language interpretation, and portable, web, and video translation services. Supplemental awareness training geared toward LEP victims has also been a beneficial method to aid this population. A selection of respondents' comments is shown below:

- "Website can be enabled for translation."
- "We used professional translation businesses to translate any materials. The professionally translated materials are then reviewed by our staff to ensure proper messaging and tone and sent back to the translators for completion."
- "We partner with organizations that have bilingual staff whenever possible."

Similarly, when asked how respondents' organizations accommodate victims of crime with disabilities, they recounted the following modifications for accessibility to services:

- Implementing access policies and accessibility protocols for individuals with disabilities
- Training staff on best practices for accommodating people with disabilities

- Ensuring buildings are ADA compliant and transportation is provided for those with mobility impairments
- Making organization websites accessible to victims with disabilities
- Encourage victims to share accessibility needs so they may provide them with accommodations and resources
- Offering a variety of appointment types (such as phone, virtual, and in person) to ensure that victims with disabilities can find an option that is best suited for their needs
- Making staff available to meet victims in the community if needed and ensuring access to technological devices, aids, and adaptive equipment as they seek services
- Providing different levels of accompaniment and information sharing for survivors with intellectual disabilities
- Speaking through a trusted family member or adult and using nontechnical language are some of the communication methods offered to individuals with intellectual or social challenges
- Working with local partners to fill gaps organizations have, allowing them to connect all victims with services
- Create an inclusive space for those who are deaf or hard of hearing or are blind or low (limited) vision, such as training staff in sign language, allowing guide dogs on the premises, and providing printed resources in accessible formats
- Consistently advocating for clients and referring them to other organizations when unable to meet identified needs

Respondents (n=105) provided various ways their agency provides accommodations for survivors of crime who are deaf or hard of hearing. The majority of responses included using TTY services, interpreters, MassRelay, and collaborating with agencies that have this focus in Massachusetts. Others mentioned the use of trainings on American Sign Language (ASL) phone interpretation, planning, and email. A selection of respondents' comments is shown below:
- "The agency will work with individuals to meet the needs of the individual. We will utilize assistive technology, MassRelay, or other services that the survivor identifies as most helpful to receiving services. All survivors are asked about any accommodation needs as part of the intake process for services."
- "Our agency has contracted with a licensed translation company to provide translation assistance, including ASL."
- "We hire interpreters, for individual and group supports. Our Disability Justice counselor/advocate is taking classes to gain ASL fluency. We have a close relationship with our area Commission on the Deaf and Hard of Hearing staff person who has partnered with us for many years. I would love video conferencing capacity onsite at our three offices."

Respondents identified the top three attributes of victims/survivors of crime that are not being met in their service area (n=271):

- Sex/Gender Identity (27%)
- Race/Ethnicity (24%)
- Language (23%)
- Disability (20%)

- Other* (7%)
- Immigrants or Undocumented (2%)
- Low Income/Homeless (1%)
- Youth (1%)

Other included rural location, male survivors, support for Asian victims, and having diverse staff.

Funding Assistance

The following section provides an overview of participant knowledge of MOVA programs and resources, organizations' funding sources, and the perceived effects of reduced funding on services on a scale of 1 = Not At All Familiar to 8 = Extremely Familiar. Providers were most familiar with the MOVA website and resources and SAFEPLAN. The rest of the programs and resources were commonly rated as being somewhat familiar.
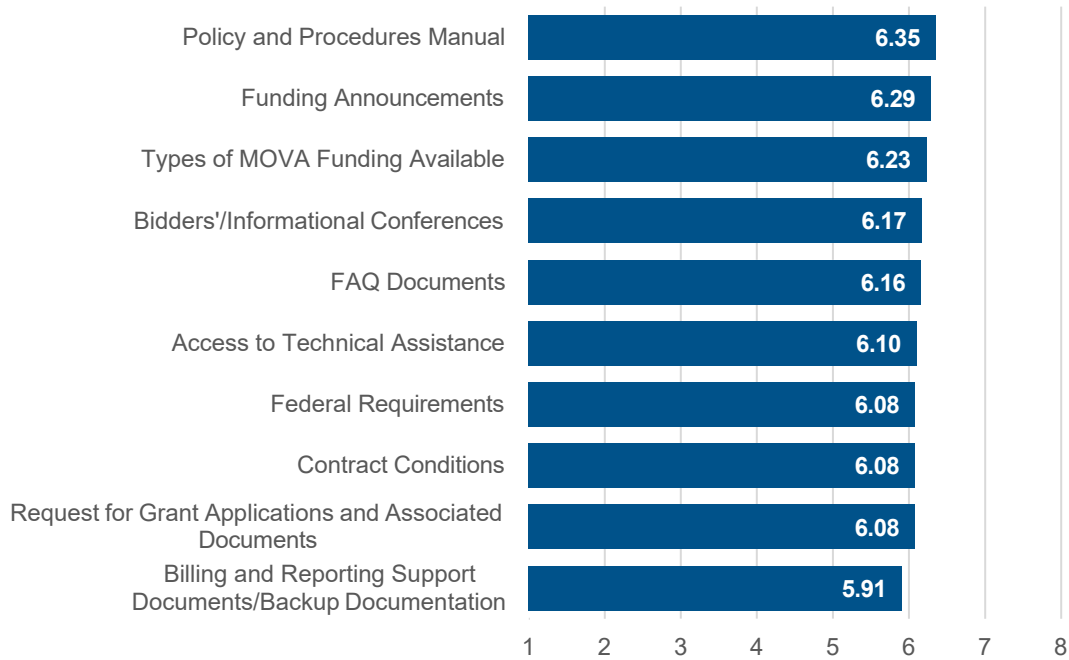
Table 4-3. Familiarity With the Programs and Resources Provided by MOVA (n=67)

Program/Resource	Average
MOVA Website/Resources	6.08
SAFEPLAN	5.75
Funding and Grants Management	5.49
Victim/Survivor Services/AskMOVA	5.56
Massachusetts Victim Assistance Academy	5.50
Training Grants and Professional Development	5.19
Program/Resource	**Average**
New Advocate Training	5.14
Legislation and Policy Initiatives	4.90

*Likert Scale: 1=Not At All Familiar, 8=Extremely Familiar

Across all areas, providers rated the resources and expectations of MOVA as being moderately or quite clear. The Policy and Procedures Manual, fundings announcements, and types of funding available were the clearest resources and expectations. Billing and reporting support was rated the lowest, although still moderately clear.
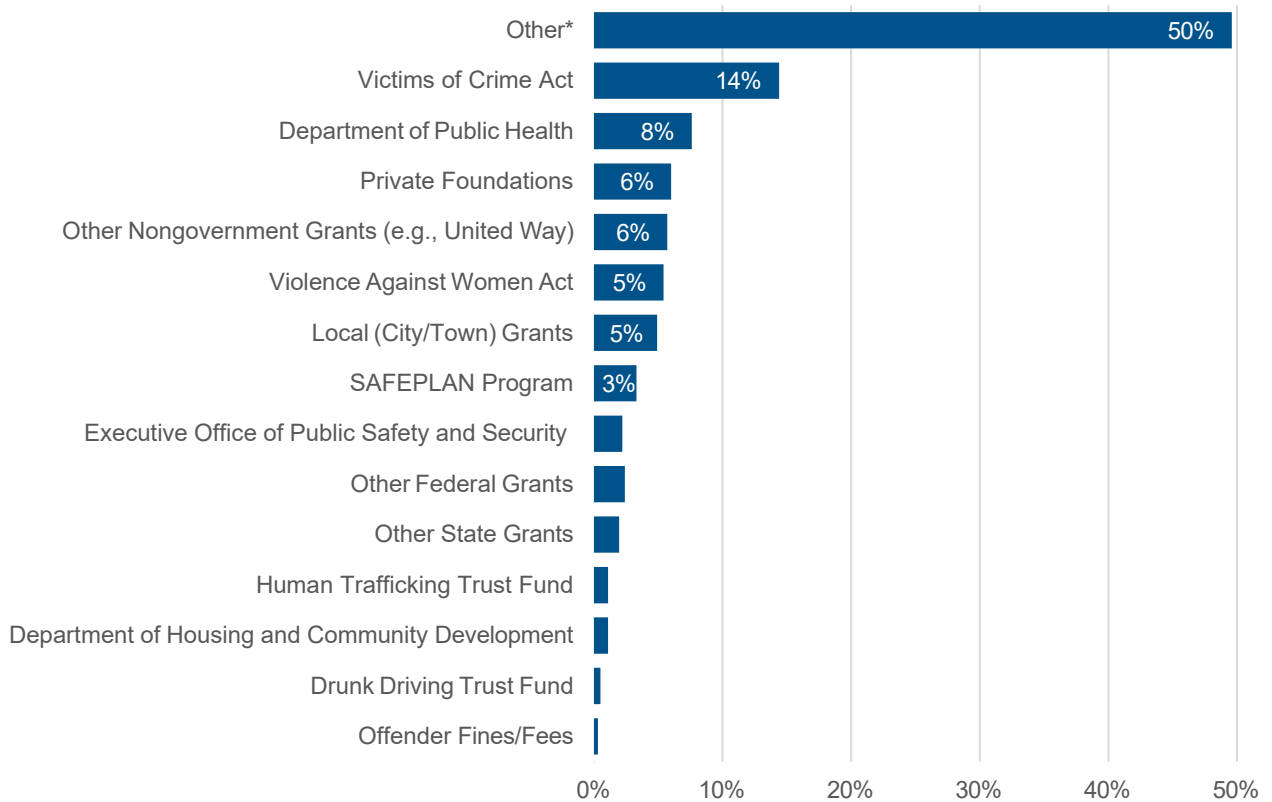
Figure 4-18. Clarity of Resources and MOVA's Expectations (n=46)

Category	Score
Policy and Procedures Manual	6.35
Funding Announcements	6.29
Types of MOVA Funding Available	6.23
Bidders'/Informational Conferences	6.17
FAQ Documents	6.16
Access to Technical Assistance	6.10
Federal Requirements	6.08
Contract Conditions	6.08
Request for Grant Applications and Associated Documents	6.08
Billing and Reporting Support Documents/Backup Documentation	5.91

*Likert Scale: 1=Not At All Clear, 8=Very Clear

Respondents suggested the following improvements: clear notification system (e.g., some providers not receiving alerts from listserv), more defined criteria for funding and what funds could be used for (e.g., COVID funding, changing eligibility), even more involvement in the change process, more technical training on award conditions, federal systems and compliance, and quicker dissemination of information (e.g., changes to how funding can be utilized). Some providers expressed fear going into the eGrant transition when the grant application process was user-friendly before; the trainings and sessions for technical assistance related to eGrants and the OMT were quite valuable.

Figure 4-19. Current Funding Sources (n=369)

Funding Source	Percentage
Other*	50%
Victims of Crime Act	14%
Department of Public Health	8%
Private Foundations	6%
Other Nongovernment Grants (e.g., United Way)	6%
Violence Against Women Act	5%
Local (City/Town) Grants	5%
SAFEPLAN Program	3%
Executive Office of Public Safety and Security	
Other Federal Grants	
Other State Grants	
Human Trafficking Trust Fund	
Department of Housing and Community Development	
Drunk Driving Trust Fund	
Offender Fines/Fees	

*Other included town funding, state funding, private support, and other federally funded agencies.

In addition to MOVA resources, providers were also asked about the Victims of Crime Compensation program administered by the Massachusetts Attorney General's Office. Providers were quite familiar with victim compensation (average = 6.31 on a scale from 1 = Not At All Familiar to 8 = Extremely Familiar).

Respondents received the following feedback from victims and survivors of crime regarding the Crime Victim Compensation in the Commonwealth:

- Many respondents (43%) indicated shortening wait times to access services would be beneficial.
- Additional outreach and general knowledge regarding victim compensation in the state was also identified feedback from victims/survivors of crime.
- Expanding eligible offenses and issues with payment processing were also identified issues with victim compensation.

When asked about barriers to victims accessing Crime Victim Compensation, responses included the following:

- A lack of awareness that this service is offered to the community
- Eligibility requirements and a delay in receiving benefits

- Victims often not realizing they may need compensation, having difficulty filling out the forms, being wary of involving law enforcement, or feeling apprehensive of reporting the crime

If current funding was to change, many respondents (60%) anticipated sustaining their program in the future mainly through additional sources and grants; however, nearly a third of respondents (28%) indicated that programming and services would need to be reduced or cut.

Figure 4-20. Sustainability (n=67)
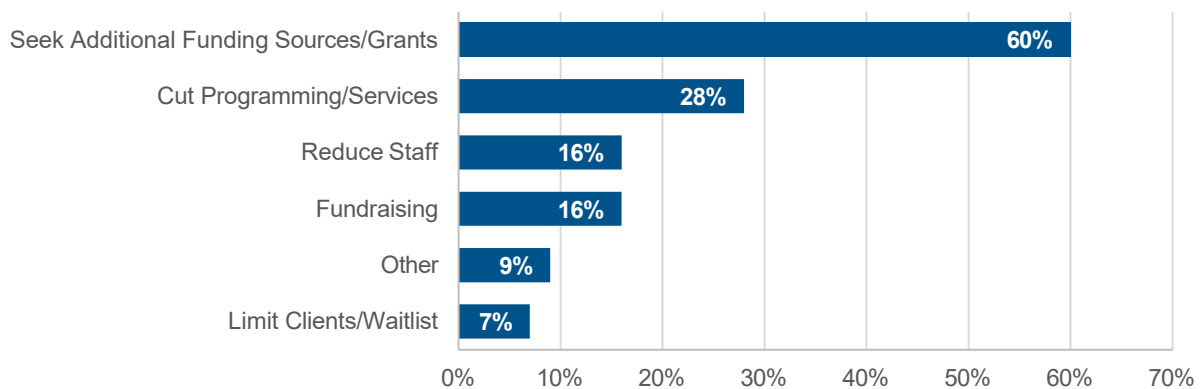
Note: Percentages shown do not sum to 100% because respondents could list multiple responses.

Respondents also noted that the path ahead is unknown due to lack of involvement in fiscal decision-making for their organization and the loss of funds are worrisome given that some organizations do not know what to do next.

Most respondents felt that limiting or dropping services (74%) and reducing staff (67%) were the two ways their program would change once funding was reduced.

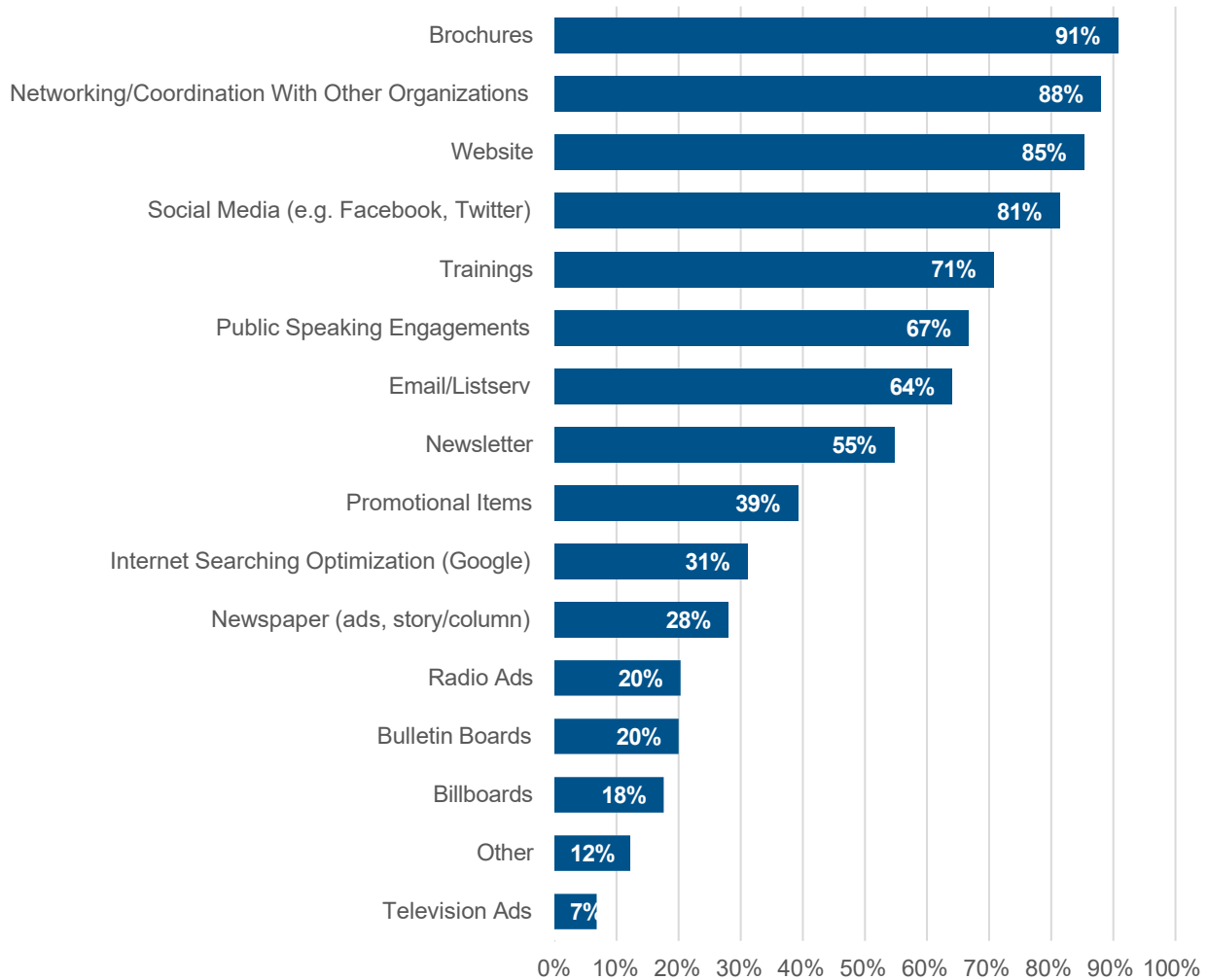**Figure 4-21. Program Change With Reduced Funding (n=67)**
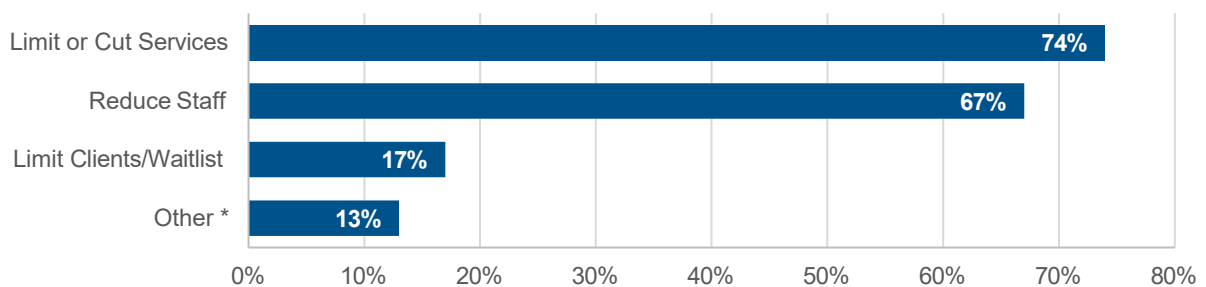
*Other included quality of outreach, homicide programs would suffer, use more volunteers, and reduction in community partnerships.

Outreach and Awareness

In this section, participants answered questions detailing their outreach methods as well as barriers to reaching victims in their service area.

Figure 4-22. Public Outreach and Awareness-Raising Methods (n=74)

| Method	Percentage
Brochures	91%
Networking/Coordination With Other Organizations	88%
Website	85%
Social Media (e.g. Facebook, Twitter)	81%
Trainings	71%
Public Speaking Engagements	67%
Email/Listserv	64%
Newsletter	55%
Promotional Items	39%
Internet Searching Optimization (Google)	31%
Newspaper (ads, story/column)	28%
Radio Ads	20%
Bulletin Boards	20%
Billboards	18%
Other	12%
Television Ads	7%

Respondents connect with unserved and underserved communities in their service area by:
- Community engagement, including sharing about services through in-person discussions, bookstores, supermarkets, and a presence in culturally specific communities
- Reaching out through print and web publications
- Events, such as roundtables, trainings, and speaking engagements

Respondents were asked to list the three biggest barriers to reaching victims of crime in their service area.

Figure 4-23. Barriers to Reaching Victims of Crime (n=74)
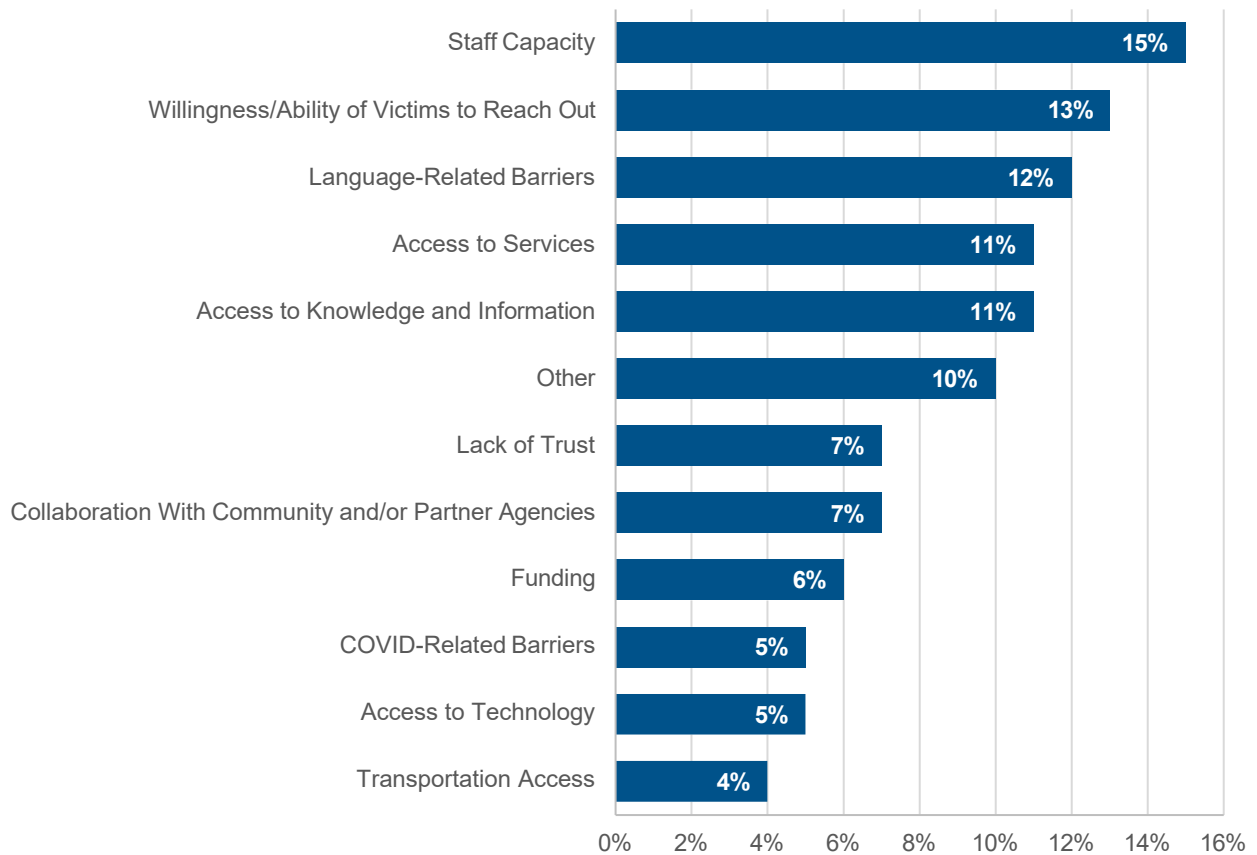
To improve outreach efforts, respondents suggested the following:
- Website development and increased web presence
- Strengthened connections in the community to promote services
- Additional funding, staff, and time to support outreach and networking goals

Training and Technical Assistance (TTA)

Participants provided information about their experiences receiving TTA through MOVA and other sources. Most providers participate in more than 10 hours of training, with half of respondents receiving 20 or more hours of training. The percentage of those hours dedicated to victim services was high, with more than half of respondents indicating it as at least 50% of the training.

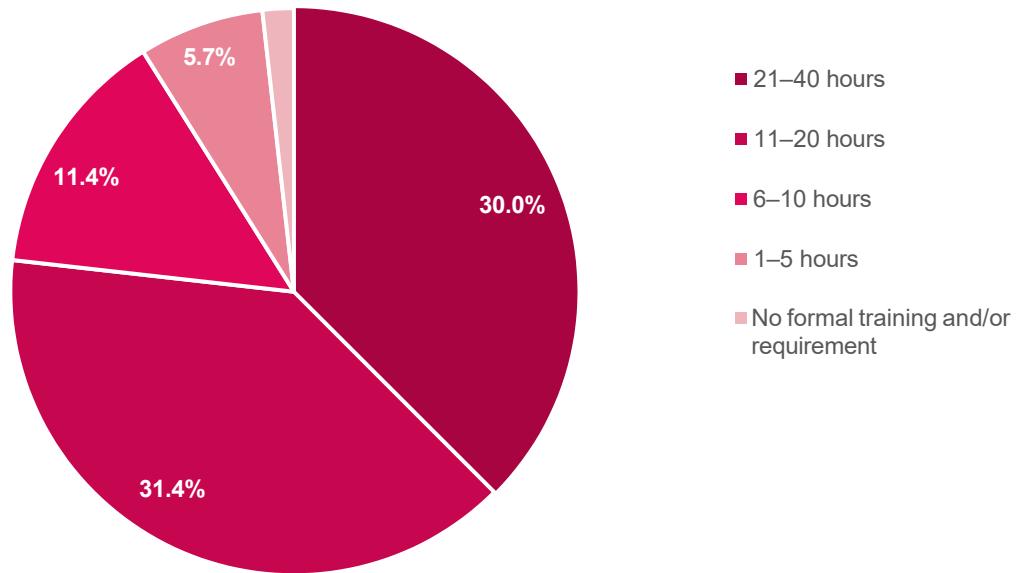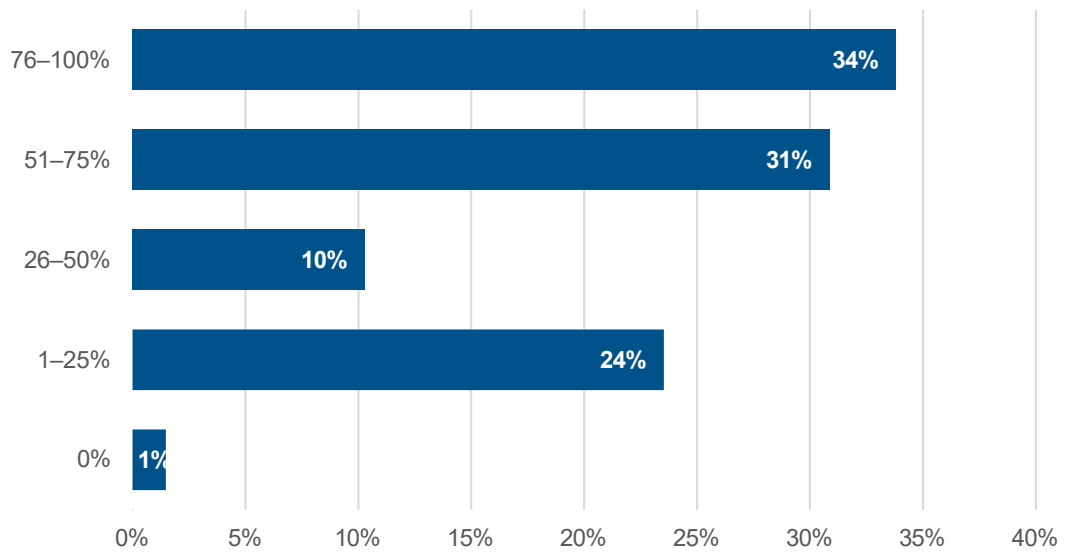**Figure 4-24. Professional Education Programs/Training (n=70)**

Legend:
- 21–40 hours
- 11–20 hours
- 6–10 hours
- 1–5 hours
- No formal training and/or requirement

Pie chart values: 30.0%, 31.4%, 11.4%, 5.7%

Figure 4-25. Proportion of Training Related to Victims Services (n=68)

Category	Percentage
76–100%	34%
51–75%	31%
26–50%	10%
1–25%	24%
0%	1%

When asked about various types of MOVA-supported TTA, there was high satisfaction, with each offering averaging 6+ on the provided scale (8=extremely satisfied).

Table 4-4. Satisfaction With MOVA TTA

TTA Provided by MOVA	Average
New Victim Witness Advocate Training	7.31
SAFEPLAN Certification	6.91
Massachusetts Victim Assistance Traditional or Advanced Academy	6.81
Victim Rights Conference	6.73
SAFEPLAN Continuing Education	6.50
MOVA-Hosted Online Trainings/Webinars	6.43
Other Webinars/Offerings	6.29
VOCA Policies and Procedures Trainings	6.13

*Likert Scale: 1=Not At All Satisfied, 8=Extremely Satisfied

The following reasons accounted for why respondents did not take advantage of MOVA TTA:
- Staff availability and capacity
- Lack of information regarding when trainings occurred
- Training topics were unrelated to the organization's needs

MOVA-funded organizations have used TTA from other resources providing a wider range of trainings and continuing education programs, culturally specific services, and consultants.

Considering additional TTA needed from MOVA, respondents requested:
- Assistance building racial equity and working with victims who are reluctant to engage with law enforcement
- Technical assistance related to technology and social media used by perpetrators
- Trainings connected to the criminal justice system and safety training that goes beyond the criminal justice system

Figure 4-26. Additional TTA Needs (n=53)

Category	Rating
Self-Care and Vicarious Trauma	5.40
Financial Assistance for Victims/Survivors of Crime	5.30
Program Monitoring/Evaluation (e.g., data collection and reporting, performance measurement, assessing victim/survivor of crime satisfaction)	5.10
Professional Development (e.g., certification, networking, leadership, compassion fatigue/vicarious trauma)	5.10
Skill Development (e.g., direct service delivery)	4.60
Technology/Case Management Systems (e.g., data management, recordkeeping, website development)	4.50
Program Development (e.g., strategic planning, establishing referral mechanisms, staffing, funding, education, outreach)	4.50
Organizational/Program Management (e.g., staff and budget management, leadership and governance, collaboration)	4.00

*Likert Scale: 1=Strongly Disagree, 8=Strongly Agree

Collaboration

Respondents were asked to rate the degree to which they coordinate services with other organizations in their catchment area using an 8-point scale (1=Strongly Disagree to 8=Strongly Agree). Higher agreement is indicated in shades of green and lower agreement in shades of red. Based on those responding organizations, domestic violence agencies, sexual assault agencies, community-based organizations, legal services, prosecution, law enforcement, and youth-serving organization (including schools, social services) were consistently highest in each of the collaboration categories. This included sharing materials, tools, and resources, providing and receiving referrals, and sharing client information as appropriate. Religious institutions, faith-based organizations, tribal agencies, corrections, military, and employment agencies were less like to collaborate services among the areas specified.

Table 4-5. Service Coordination (n=56)

Organization Type	Share materials, tools, or other resources	Provide referrals TO this organization	Receive referrals FROM this organization	Share client information as appropriate	Coordinate services or programs
Community-Based Victim Service Organizations	6.2	6.7	6.2	5.1	5.4
Other Community-Based/Grassroots Organizations	5.5	5.7	5.8	4.6	5.0
Corrections	3.2	2.6	3.0	3.2	3.2
Courts	4.9	5.2	5.2	4.4	4.6
Culturally Specific Organizations	4.2	4.4	4.1	3.8	4.3
Disabilities Agencies	4.7	4.3	4.2	4.4	4.7
Domestic Violence Agencies	6.3	6.6	6.2	5.8	6.1
Elder Agencies	4.5	5	4.2	4.3	4.5
Employment Agencies	3.2	3.8	2.6	3.0	3.1
Faith-Based Organizations	3.7	3.0	3.5	3.0	3.2
Financial Assistance Programs	4.7	5.5	4.1	4.6	4.6
Help Lines	4.3	4.8	4.3	3.4	3.5
Homeless/Housing Agencies	5.1	6.0	4.5	4.4	4.6
Homicide/Violence Programs	4.5	4.4	4.3	4.4	4.4
Immigration Agencies	4.7	4.8	4.2	4.4	4.4
Juvenile Justice	3.7	3.3	3.5	3.6	3.6
Law Enforcement	5.4	5.2	5.6	4.9	4.7
Legal Services Organizations	5.6	6.0	5.0	5.3	5.3
LGBTQIA+ Agencies	4.1	4.0	3.3	3.6	3.9
Local Government Agencies	4.8	4.7	4.6	3.7	4.6
Medical Providers	5	4.9	5.3	4.7	5.2
Mental Health Providers	5.3	5.7	5.7	5.0	5.3
Military	3.2	3.3	3.2	4.0	3.4
Probation/Parole	4.2	4.4	3.8	4.5	4.0
Prosecution	5.1	5.3	5.1	5.0	5.2

Organization Type	Share materials, tools, or other resources	Provide referrals TO this organization	Receive referrals FROM this organization	Share client information as appropriate	Coordinate services or programs
Re-Entry Programs	4.8	5.5	4.8	5.4	4.8
Refugee Resettlement Centers	3.9	4.0	4.0	5.0	4.4
Religious Institutions	3.4	3.3	3.2	3.1	3.4
Sexual Assault Nurse Examiner Providers	4.7	5.1	4.6	4.9	4.8
Schools	5.8	4.7	5.0	4.7	5.5
Sexual Assault Agencies	5.6	5.6	5.0	4.7	4.9
Social Service Agencies	5.4	5.9	5.4	5.1	5.1
State Government Agencies	5.0	5.1	5.1	4.8	4.7
Social Services	5.5	6.1	5.5	4.9	5.0
Substance Use Programs	4.3	4.5	4.1	4.2	4.1
Tribal Agencies	3.6	3.6	3.9	3.8	3.6
United Way	4.3	4.1	3.1	4.1	3.8
Universities/Colleges	4.5	3.7	4.0	3.7	4
Youth-Serving Organizations/Child Advocacy Centers	5.8	5.0	5.0	5.1	5.5

*Likert Scale: 1=Not at all, 8=Very Much

Providers were also asked about the history of collaboration and cooperation among victim-serving organizations to provide additional context. Approximately 10% disagreed or strongly agreed, with agreement being the largest perception. In addition, 87% of respondents participate in a collaborative body.

Figure 4-27. History of Collaboration Among Organizations (n=56)
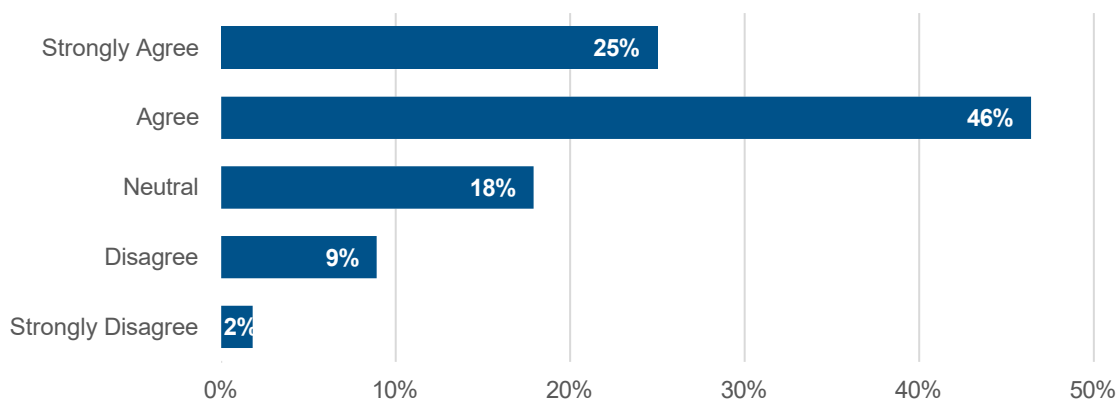
*Likert Scale: 1=Strongly Disagree, 8=Strongly Agree

Figure 4-28. Participation in Collaborative Bodies (n=56)
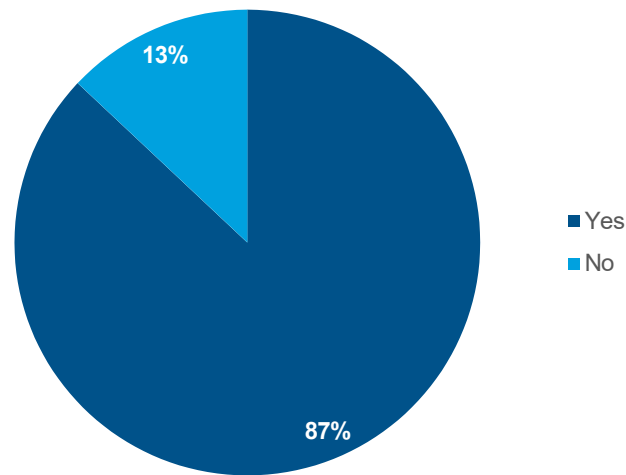
When asked how MOVA can assist agencies/organizations in respondents' service area to better coordinate services for victims of crime, respondents identified increased communication, easier access to other members through listservs or forums, and additional clarification for services funded. A selection of respondents' comments is shown below:
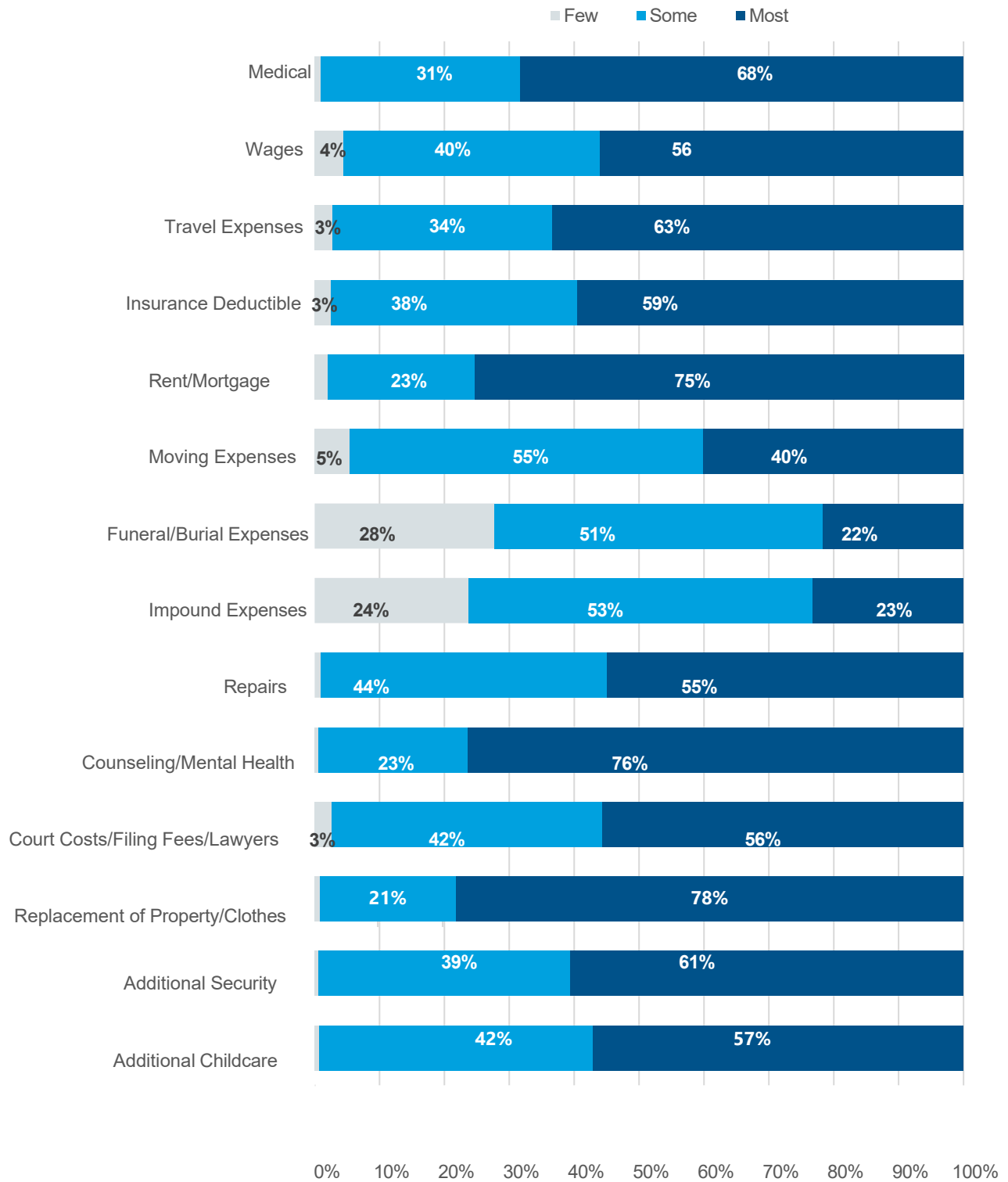
- "Make it easy to find out what services other funded agencies offer."
- "Host semi-regular consult calls and learning communities for agencies providing similar services."
- "Maintain an up-to-date comprehensive statewide directory of service providers for victims of crime with information about services, eligibility, and referral process."

Financial Support for Victims/Survivors of Crime

Financial needs continue to be among the top reported needs for victims and survivors of crime, with the majority of victims requiring financial support. Providers were asked to gauge how many victims have certain expense types to better understand the financial needs of victims. Across the majority of the categories listed, there was consensus that many of these expenses were often applicable to victims and survivors.

The types of expenses that on average impacted more victims were counseling and mental health, rent and mortgage, travel expenses, and additional childcare. However, there was a large percentage that indicated none as well, showing that expenses are common for most victims and not for specific groups. For example, funeral and burial expenses and impound expenses were unique to specific victimization types.

Figure 4-29. Volume of Victims by Expense Type (n=68)

Legend: Few, Some, Most

Expense Type	Few	Some	Most
Medical		31%	68%
Wages	4%	40%	56
Travel Expenses	3%	34%	63%
Insurance Deductible	3%	38%	59%
Rent/Mortgage		23%	75%
Moving Expenses	5%	55%	40%
Funeral/Burial Expenses	28%	51%	22%
Impound Expenses	24%	53%	23%
Repairs		44%	55%
Counseling/Mental Health		23%	76%
Court Costs/Filing Fees/Lawyers	3%	42%	56%
Replacement of Property/Clothes		21%	78%
Additional Security		39%	61%
Additional Childcare		42%	57%

When considering the expenses that are covered, respondents indicated that many victims were compensated for *most* or *all* expenses. There continues to be a large percentage that only receive partial payment (25–49% of expenses) and many with only minimal coverage (0–24% of expenses).

Table 4-6. Covered Expenses (n=68)

Amount Covered	Average
Full or nearly full payment (75–100% of expenses)	6.89
Significant payment (50–74% of expenses)	6.89
Partial payment (25–49% of expenses)	6.36
Minimal payment (0–24% of expenses)	5.35

*Likert Scale: 1=None, 8=All

Providers were also asked to determine the priority of financial supports in victim and survivor recovery. The majority (74%) of respondents indicated financial support as a high/highest priority. However, when determining the success of supporting the financial needs of victims, it was a bit more limited. Sometimes was the most frequent answer, and very often only a quarter of the time. Nearly 40% shared there is limited success.

Figure 4-30. Importance of Financial Supports in Recovery (n=68)

| 3% | 7% | 16% | 37% | 37% |

| 1 Lowest Priority | | | | 8 Highest Priority |
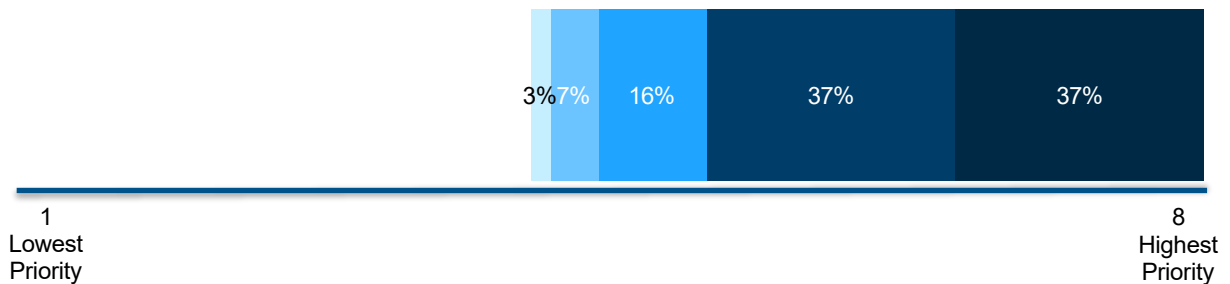
Figure 4-31. Successful Support With Financial Needs (n=66)

| **17%** | **3%** | 11% | 8% | 30% | 24% | 6% | 2% |

| 1 Never Successful | | 3 Rarely Successful | | | 6 Very Often Successful | | 8 Always Successful |
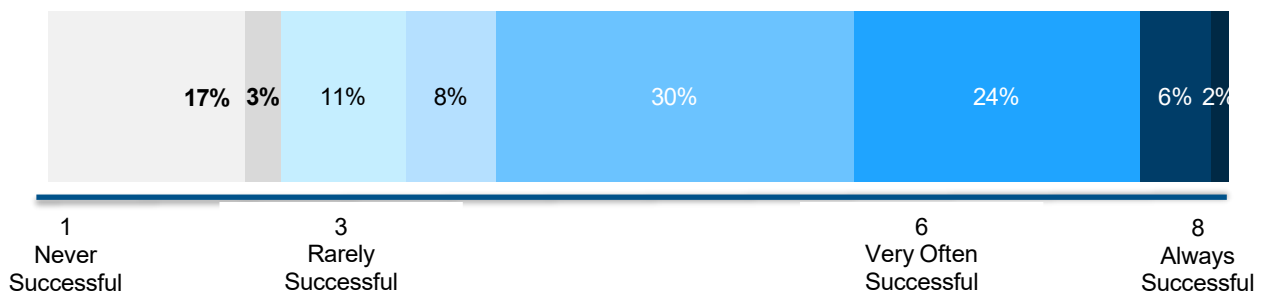
Respondents (n=54) ordered, from a scale of 1 (highest) to 6 (lowest), how easy it is to secure financial supports for victims/survivors of crime for the following categories: emergency financial/client assistance from their organization, restitution, victim compensation, private donations, other, none of these. Approximately 75% of respondents indicated emergency financial/client assistance from their organization was the easiest to secure, whereas 6% identified restitution as the most difficult financial support to secure.

Performance Monitoring and Evaluation

There were a variety of ways service providers are collecting performance data and measuring the impact of their programs. More than 60% of providers are collecting outcomes and even more are using client satisfaction surveys (67%). Other forms of evaluation included surveying staff, clinical assessments, focus groups, and many more.

Figure 4-32. Methods for Evaluation (n=75)
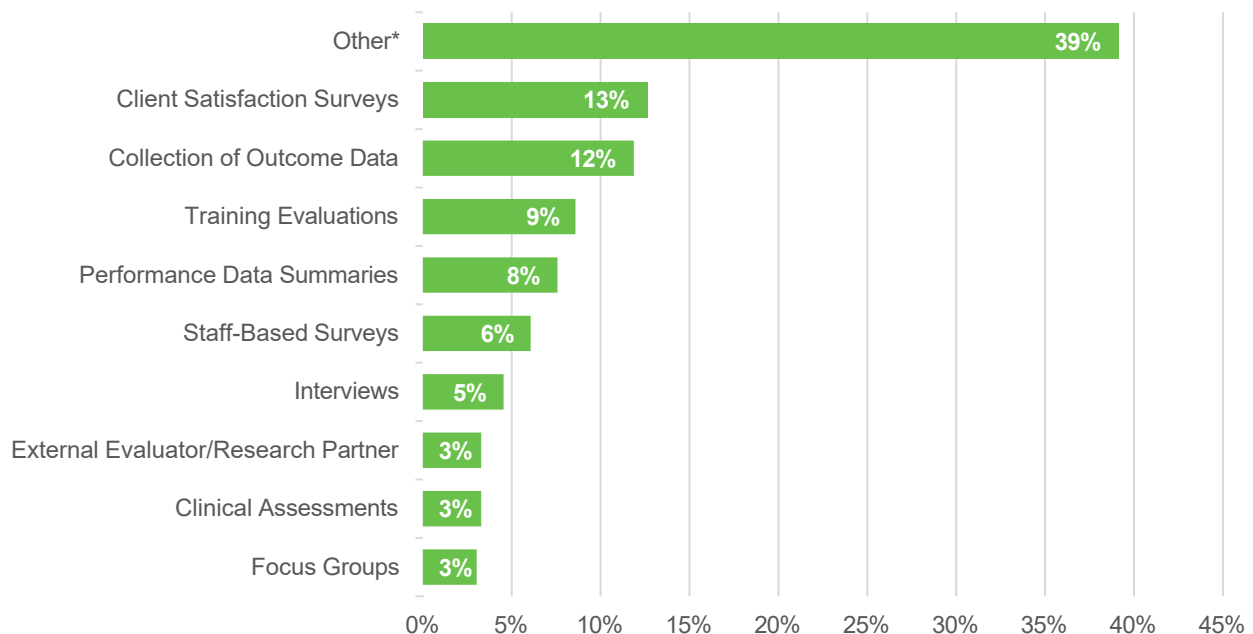
*Other included annual treatment plans, self-report, staff reviews, and routinely seeking feedback from partner agencies, consultants, or attorneys.

Providers are mainly tracking data using electronic systems or software (94%), with some continuing to use paper files and hardcopies (40%). The number of outreach events, training activities, services provided, and individuals served are commonly collected. Outcomes for victims and survivors were not consistently tracked for many providers.

Figure 4-33. Performance and Outcome Measures Tracked (n=75)

Outcomes for victims/survivors of crime (e. g., number of victims/survivors obtaining long-term housing, amount of compensation/restitution received): No 1.4%, Yes 0.5%

Number/type of outreach and training activities: 1 9%

Number/type of services provided: No 0.5%, Yes 1.4%

Number/type of individuals served: Yes 1.6%

Legend: No, Yes
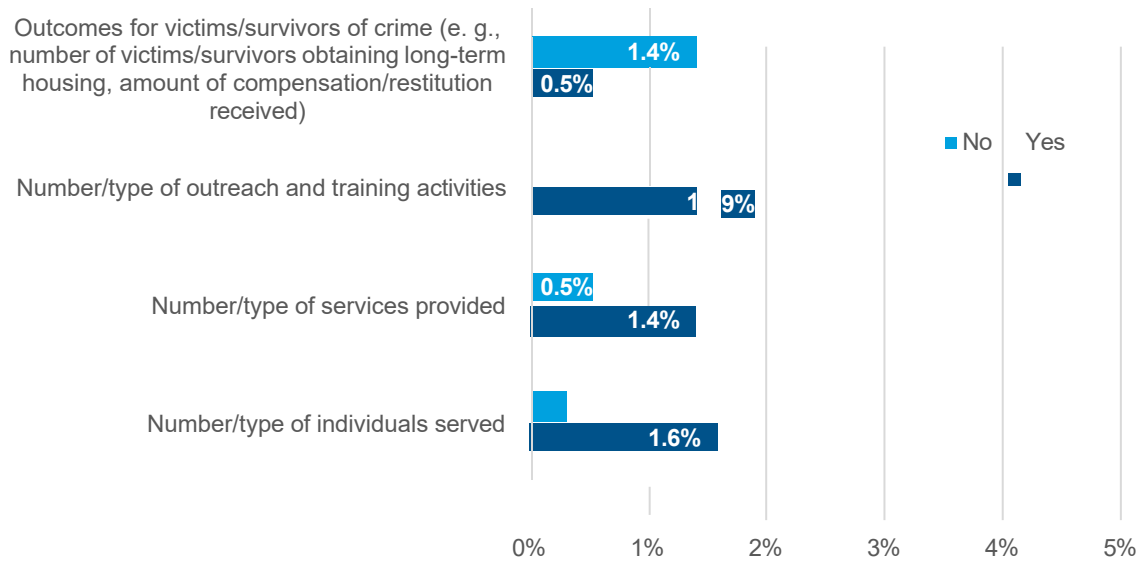
Satisfaction surveys were one of the main ways providers were collecting feedback from victims and survivors, with 75% using them at some point following services.

Figure 4-34. Victim Satisfaction Surveys Victims (n=72)

- Yes: 75%
- No: 25%
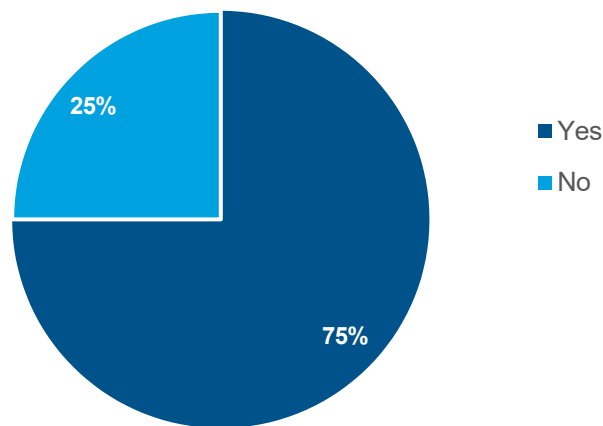
Collected data about services for victims and outcomes are often used for:
- Funding applications
- Federal reporting
- Enhancing service delivery
- External evaluation

Respondents were asked who on their team is responsible for collecting outcome measures. Advocates (33%), those in leadership positions (23%), all staff members (17%), and case managers (15%) were roles tasked with collecting outcomes. Other roles (28%) included administrative assistants, caseworkers, victim-witness advocates, research staff, and direct service personnel.

When asked if respondents experience challenges when collecting outcomes, the majority (89%) recalled difficulties, while some (11%) did not. Low response rates, the pandemic restricting the ability to distribute surveys by mail and anonymously send and fill out surveys, data collection limitations, and complicated or large datasets were some reasons that respondents encountered difficulties. Additional reasons included limited time and resources to compile and review data and a lack of funding.

Respondents' organizations reported collecting the following outcomes (n=22):

- Client satisfaction of services
- Basic demographics and degree of utilization
- Enhanced coping skills and knowledge of services

Areas for learning more included overcoming challenges with data collection, improving response rates, methods for collecting outcome data, and data analysis. Providers consistently indicated a need for guidance on evaluation to include when and how to survey. Furthermore, they indicated a desire for information on other related topics such as, existing tools for evaluating victim services, developing outcome measures for specific service types, and/or how to utilize collected data.

**Figure 4-35. Areas to Learn More About (n=22)**
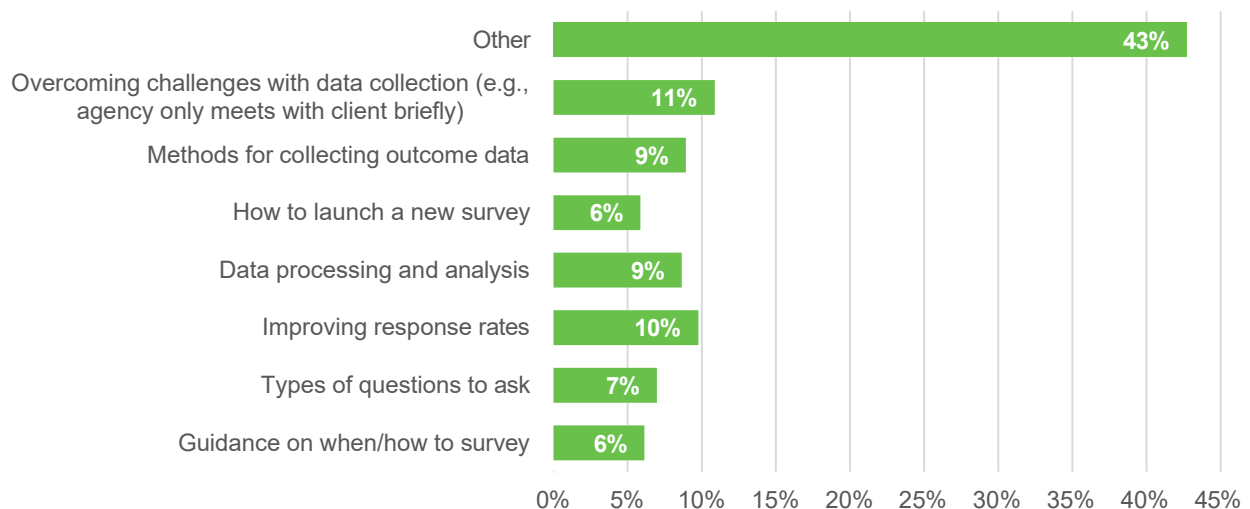
Impact of COVID-19 and Future Directions

Respondents were asked how COVID-19 restrictions affected their organization's ability to provide services to their designated populations.

Of 90 respondents, 54% indicated their respective organizations were not able to provide in-person services. As a result of this, 6% of the respondents indicated relationship building was also affected due to COVID-19 restrictions.

Figure 4-36. COVID-19 Impact on Services (n=90)
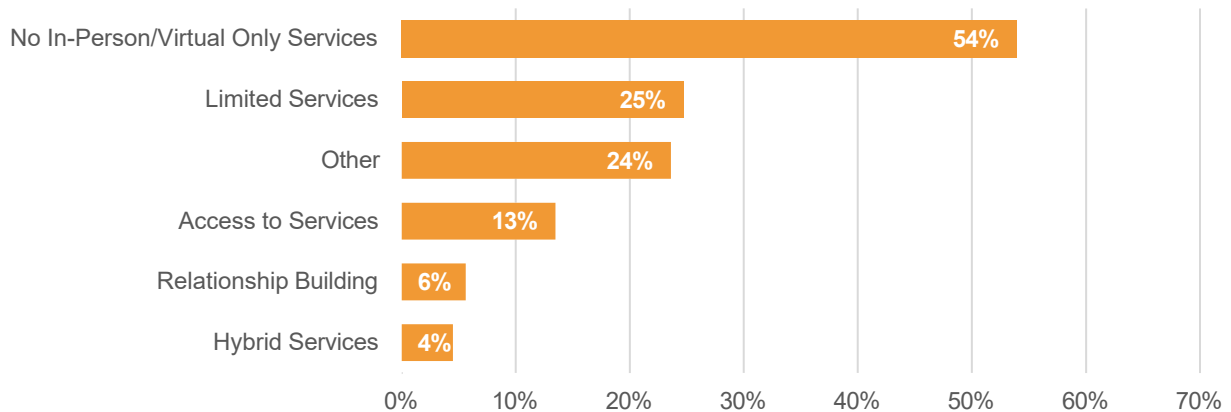
Of the respondents who indicated other impacts due to COVID-19 restrictions, the effects included reduction in staff and issues with staff retention, reduced number of referrals to organization, capacity issues in reaching victims, lowered amounts of outreach, and general access to the victims/survivors they serve.

To mitigate some of the effects of COVID-19, respondents identified the following steps their organization took to increase accessibility to services for victims/survivors of crime.

Figure 4-37. Methods for Increased Accessibility to Services (n=90)
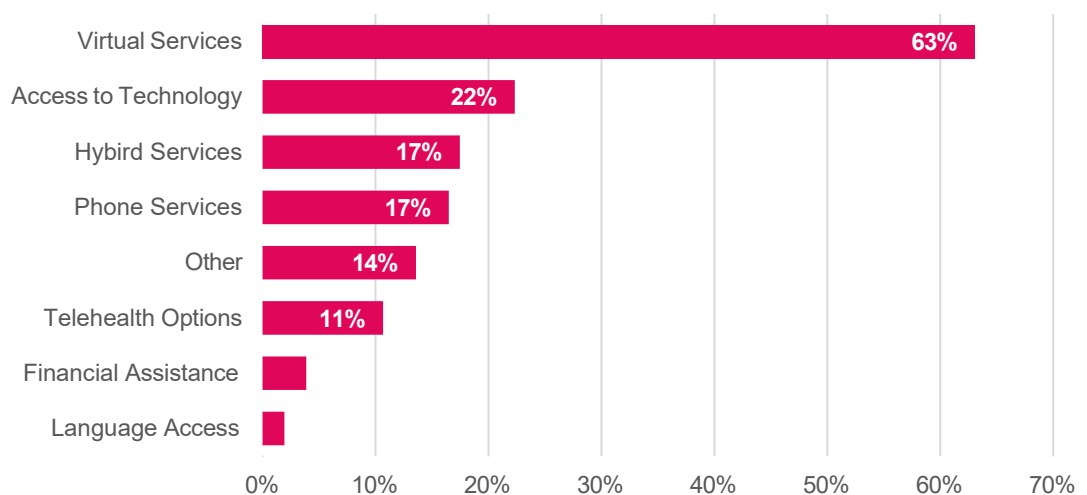
Virtual services included using a variety of online platforms.

20% of respondents indicated providing access to technology, which included providing laptops or other technology options as virtual services became more prevalent. Organizations also offered various language access options, telehealth, hybrid services, and financial assistance.

During the COVID-19 pandemic, respondents identified the following services as important to victims/survivors.

Figure 4-38. Important Services to Victims (n=90)
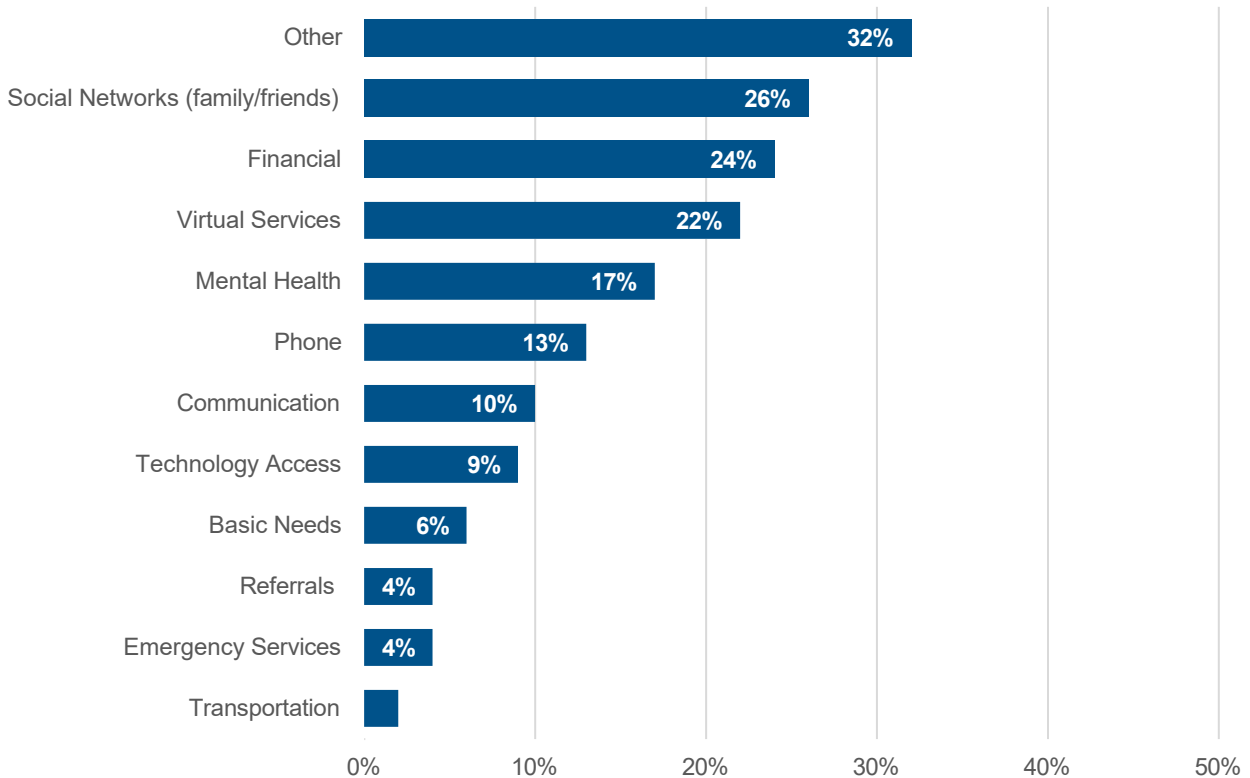
Other services important to victims/survivors included housing, general access to services, meeting in person, and safety planning. Specifically, safety planning included developing safety strategies for victims in difficult situations where there is a heavier reliance on support systems.

Finally, respondents were asked what changes made during COVID-19 will continue as part of their service provisions. Of 107 respondents, 77% indicated remote access to services would remain as part of their service provisions. Additionally, respondents indicated telehealth (14%), flexible scheduling options (9%), and alternative modes of communication (5%) would remain. Scheduling options included alternatives provided to staff members to create hybrid schedules as well as for individuals seeking services.

Respondents recommended that MOVA could provide better support in the following areas:

- Support for staff, such as funding for higher salaries to lessen turnover and support survivor leadership efforts
- Mental health, disability, and language considerations
- Guidance filling out outcome measurements

Respondents were asked if they had any additional comments or suggestions for MOVA. Recommendations included directing attention to geographically isolated Massachusetts residents and domestic violence victims experiencing poverty, and for MOVA to support ongoing technology efforts in a post-COVID remote work environment. Respondents also requested that MOVA articulate a clear timeline for the new submission system.

A selection of respondents' comments is shown below:

- "I hope this is the beginning of building relationships with tribes and non-native service providers. The tribes and Massachusetts have 400 years of bad history. It is time to at least work together in addressing the violence that was brought to our communities."
- "Prisoners are particularly isolated in Massachusetts, and many of them are survivors of crime. We need to think of the ways we can support them while they are inside."
- "I think supporting ongoing technology efforts is deeply important."
- "I really appreciate all that MOVA does to listen to programs, and while I found this survey very long to complete, I appreciate all of the effort that was put into creating it. Thank you!"

Chapter 5. Victims and Survivors of Crime

Background of Victims and Survivors

To protect the privacy of the victims who participated in this needs assessment, interviewers limited the number of questions regarding participants' backgrounds. All participants were 30 or older, with the majority split being 30 to 39 years old (40%) and 50 to 59 (40%), and one-fifth (20%) being age 60 or older. A majority (80%) identified as female, with one-fifth (20%) identifying as genderqueer. All participants reported their race/ethnicity as being white. Half of the participants (50%) identified as someone living with a disability. Most participants (80%) experienced domestic violence, and the next most common crime type experienced was assault (40%). Additionally, one- fifth (20%) of participants experienced child abuse.[4] Time since the victimization occurred varied, with 60% of participants reporting more than 2 years since the crime occurred and 40% reporting between 6 and 11 months. All participants reported receiving services, and no participants reported receiving support from the Victim Compensation Program.

Awareness of Services

IDENTIFICATION OF SERVICE PROVIDERS

Participants were asked about their awareness of services and, specifically, how they first encountered a victim-serving organization. Victims/survivors of crime reported being connected to victim service organizations in varying ways, including through the district attorney's office, clerk's office, courts, local police departments, friends, family, and proactive online searches. Participants reported varying levels of difficulty identifying service providers.

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[4] Some participants discussed experiencing multiple crime types. The percentages displayed are the percentage of participants experiencing each crime type, so they do not total 100%.

One individual noted that their geographic location made it difficult to identify appropriate services in their area. This participant reported searching online for services unique to their gender identity and crime type; this made them aware of services, but they were unable to find any in their local area that met their needs. However, after connecting with a service provider outside of their geographic area, they were made aware of many more services that more closely met their needs.

Most participants reported positive experiences with being connected to services. In one example, an individual noted that the service provider approached them proactively at the courthouse while they were at a hearing to obtain a restraining order. Another participant was provided a helpful referral from advocates in the district attorney's office and the clerk's office. Others noted that law enforcement helped them identify services. In one instance, the participant noted that their local police department was their "first point of contact," which paired them with an LGBTQIA+ advocate who helped identify appropriate services.

INITIAL CONTACT WITH SERVICES

When describing the time between the victimization and when most participants were informed of services, there was a wide range from while the crime was ongoing to more than 2 years following the crime. One of the participants contacted services while the crime was ongoing and was in a long-term domestic violence situation; toward the end they felt the situation was becoming increasingly emergent, so they reached out to services. Others reported being connected to services immediately following the crime to 1 day following the crime, which included shelter and legal assistance during an emergency restraining order extension. Many participants noted it took them about a year to get connected with services, citing difficulty being taken seriously as a victim and challenges getting responses from providers they reached out to by phone and email. When asked if they believe they were made aware of the variety of services and resources available to victims/survivors of crime in their community, one individual noted they were made aware through friends and other acquaintances who worked in the social services field; however, they were not made aware from their interactions with local law enforcement and providers.

Some participants reported negative experiences when first contacting law enforcement. These individuals discussed feeling victim-blamed, dismissed, and not informed of victim services during their initial interactions with law enforcement. One participant reported that the police were too preoccupied with getting their statement to give information about services; however, they noted that law enforcement was helpful in removing the perpetrator from the situation at that time. Below is a selection of respondents' suggestions for how to better provide services and information to victims and survivors:

- Create a statewide decision tree model to present services available to victims crime.
- Have a publicly available, centralized list of all services available.

- Provide statewide training to service providers and first responders to increase their knowledge of service availability.
- Implement and publicize a centralized hotline for victims/survivors of domestic violence to call to get connected to service.
- Encourage law enforcement and other first responders to provide information about services for victims/survivors of crime immediately. Similarly, have law enforcement provide a resource sheet on domestic violence resources immediately.
- Have a victim advocate or other professional (e.g., social worker, psychologist) on call 24 hours a day to provide information to victims who are hesitant to speak with law enforcement.

Access to Services

Once individuals were made aware of services, most described them as easy to access. Reasons for ease of access included the use of technology making support groups accessible, having service providers who went above their expectations to ensure their needs were met, being informed of their rights as a victim/survivor of crime, having a provider assist with service navigation, and having an advocate with a small workload who was easily accessible. Examples provided include the following:

- Ability to access services virtually
- Assistance navigating the legal system
- Supportive advocates and service providers (e.g., being available for consistent communication, conducting "outside of the box" work that may not typically fit into the organization's service offerings)

Those who did not find services easy to access noted that the service provider referrals were regionally bounded (and those within their area did not meet their needs), providers with high workloads were less accessible, housing and shelter availability was limited, eligibility criteria created enrollment barriers, and their legal representation provided them with inaccurate information. One individual was provided inaccurate information by a legal service organization and informed of this less than 12 hours prior to appearing in court, which left them without representation in a housing court hearing. Another participant shared that their experience with the same service provider shifted from easy to difficult to access over time. They shared that they initially were connected to a newer employee with a light workload. The participant characterized this provider as "very easy to get in touch with." Over time, as the employee's workload became more burdensome, they had difficulty contacting them until the participant noted they became completely unresponsive.

One participant provided additional context to a barrier to the court system, not a barrier to accessing victim services. This participant discussed challenges associated with the definition of domestic violence in the Massachusetts court system; for example, because there was no physical injury, the courts were not considering the emotional and psychological abuse as a domestic violence crime.

Another participant reported being denied legal assistance services due to the classification of their legal needs as criminal instead of civil. They were connected with an organization that only provided civil legal assistance, when they needed assistance filing a criminal complaint. The participant explained they were unfamiliar with the legal system and the service provider did not refer them to a service providing criminal legal assistance. Another example of eligibility criteria limiting access to services came from an individual seeking housing support. This participant found they were denied from housing services because they did not fit criteria, including having a child, having substance use issues, or having a mental disability.

Participants provided examples that would make it easier to access services, including:

- Having a dedicated victim unit within the local police department
- Increased access to safety services, including housing
- Access to legal aid and a navigator to help connect individuals to these services

IMPACT OF THE COVID-19 PANDEMIC

Participants were asked about their experience accessing services during the COVID-19 pandemic. They provided mixed feedback, with some experiencing no change or having positive experiences and others expressing barriers to service. Participants who had challenges accessing housing services explained they were seeking services during the start of and throughout the COVID-19 pandemic, which they cited as reasons for not being able to access housing and shelter programs, as they had no availability. Others explained that COVID-19 adaptations were helpful for their access to services. Examples included the following:

- Not experiencing an impact because they had already participated in phone and Zoom services prior to the pandemic.
- Positive experiences with Zoom service provision (specifically for counseling services and court hearings), including having the ability to virtually feel connected and private with video chat and not needing to leave the home. Participants highlighted that accessing services from their home allows access for individuals who do not have means of transportation, decreases fear of danger because they do not have to see their perpetrator in court or worry about being followed, and decreases attorney fees when obtaining legal assistance and representation virtually.
- In-person courts shutting down allowed victims/survivors to rest without having to attend court and face perpetrators in person.

Some participants shared having a negative outlook on Zoom service provision initially but preferred receiving services via Zoom after participating. One individual described attending a 2-week, full day mental health program on Zoom and noted they were "terrified" at first. This participant highlighted some aspects of the program that kept it engaging: all participants introduced themselves; providing helpful literature; participants held responsible for own attendance; participants felt a sense of purpose by attending; and activities/homework were engaging, going beyond basic questionnaires.

- Culturally specific services (e.g., LGBTQIA+)
- Disability assistance
- Emergency planning assistance
- Financial assistance
  - Fuel/heating bill
  - Restitution
- Housing assistance
  - Address confidentiality program
  - Hotel
  - Housing advocate
  - Relocation assistance
  - Section 8 voucher
  - Shelter/women's shelter
- Legal aid
  - Civil legal assistance
  - Restraining order extension
  - Navigator

- Law enforcement
  - Law enforcement victim advocate
  - Increased law enforcement patrols in neighborhood
- Leadership training
- Mental health
  - Bereavement support group
  - Clinical social worker
  - Counseling
  - Psychologist
  - Sexual assault counseling
  - Support group
  - Trauma specialist
  - Therapy

Services Received

Focus group participants reported accessing more than 20 unique service types. The most common service types were housing assistance, mental health services, and legal aid services.

ACCESSIBILITY AND SERVICE SENSITIVITY

After describing the types of service received, individuals were asked about how accommodating those services were. *Comfortable, sensitive,* and *welcoming* were the three terms used as a measure of how relatable the services were and when service provision offered the most impactful result from the victim's perspective. Most participants shared that the services they received were sensitive to their individual needs. Of those, the services participants highlighted included having an advocate at the Disabled Persons Protection Unit, sexual assault counseling, legal aid, leadership training, women's shelter, domestic violence services, and additional police presence in their neighborhood.

There were several manners in which organizations that participants noted as *comfortable, sensitive,* and *welcoming* operated. Examples included the following:

- Being trauma-informed and survivor-led
- Offering culturally specific services (e.g., LGBTQIA+-specific services)

- Going "above and beyond" (e.g., a service provider going to a home to locate the child of a victim/survivor of crime to get in contact with them during an emergency situation, persistent legal representation in court for challenging cases)
- Having open and accessible communication with service providers
- Having a comfortable atmosphere; providers are dependable and knowledgeable
- Providing victims/survivors with hope during challenging situations

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"They [domestic violence service providers] just seem to understand on a better level. They want to help you more for some reason. They seem to understand that just because I didn't get beat up every day doesn't mean I'm not a survivor."

Other participants provided information about services they did not find *comfortable, sensitive,* and *welcoming,* which included emergency housing assistance, law enforcement, and the address confidentiality program. Reasons for this included the following:

- Incorrectly completing paperwork, which delayed receipt of services
- Long wait times (18 months) for emergency housing assistance
- Poor treatment during initial interactions with law enforcement (e.g., victim-blaming, not being offered a seat and being required to sit on the dirty floor)
- 6-month limit on being able to apply for the address confidentiality program

One participant reported receiving services from a shelter that only employed survivors of crime and explained that this did not make them feel comfortable, noting that "the problem is ... you don't know how they healed. They're not trauma-informed. You don't even know if they received help. So I've become very discerning when I seek services."

UNMET NEEDS

While participants experienced challenges with some services, only one participant reported having unmet needs. Some participants shared insights on services that would have been helpful if they were aware of them but did not describe them as unmet needs. These services included restitution, housing services, social support, and legal assistance. The participant who expressed interest in restitution noted that financial assistance to cover relocation costs and the cost of time and money spent in court would have been helpful. One individual noted they did not have legal representation in the criminal court in their restraining order hearing, and they were not knowledgeable of the court system.

Future Directions and Recommendations

At the conclusion of each focus group, participants were asked to make recommendations about service provision to share with providers and the Commonwealth. This open-ended question allowed victims and survivors to express what was most critical to them and provide a voice of experience. This final item captured how to improve victim services and focused on the most beneficial services to continue and potentially expand. Participants identified several common areas to assist the Commonwealth with better serving victims and their families.

VICTIM-CENTERED AND TRAUMA-INFORMED APPROACHES

Several participants made recommendations regarding expanding or enhancing victim-centered and trauma-informed approaches for those working directly with victims or serving in a first responder capacity. Recommendations were as follows:

- Hire survivors at organizations where victims/survivors access services to increase relatability between providers and victims/survivors of crime.
- Create survivor navigator positions so individuals with lived experience in receiving victim services can guide those who are seeking services.
- Have specialized trauma training for victim advocates specific to crime type and victim characteristics.
- Have a dedicated victim unit available to all individuals who access law enforcement agencies, courts, and clerk's offices.
- Improve law enforcement and other first responder knowledge of victim services.

UNIFORMITY OF SERVICE PROVISION ACROSS THE COMMONWEALTH

Participants discussed the lack of uniformity across the Commonwealth. Themes included varying definitions for crime types served by providers, access to services by geographical area, and most often, the lack of a single resource to reference or contact about services. Recommendations were as follows:

- Create a domestic violence hotline to provide information and referrals to services.
- Develop one "umbrella" organization that has knowledge of, can provide, or can act as a navigator to connect victims/survivors of crime to appropriate wraparound services across the Commonwealth, including legal, mental health, housing, disability, and social security services.
- Centralize access to service provider organizations (e.g., remove variability between who qualifies for services, how services are provided between organizations, and geographic limitations).

OUTREACH AND AWARENESS

Participants highlighted a lack of awareness about victim services and shared that they would have reached out to services sooner if they were knowledgeable. Participants provided the following recommendations for increasing service awareness:

- Provide resources and information about victim services during initial interaction with law enforcement (e.g., connection to a victim advocate, provision of a resource sheet).
- Create a statewide decision tree model to present services available to victims/survivors of crime.
- Have a publicly available, centralized list of all services available.

Chapter 6. Recommendations

Achievements and Current Gaps

Closing the gap with some underserved populations. This has been achieved by funding programs that predominantly focus on specific cultural groups/communities and systemically excluded populations. For example, the LGBTQIA+ victim population was overwhelmingly underserved in the previous assessment. This population has been ranked significantly lower in the current study. More than 3,000 individuals identifying as LGBTQIA+ were served in FY 2021, which was nearly 1,000 more than service data indicated for FY 2019. This trend was consistent for victims with LEP, where about 1,000 more individuals were served in recent years than in the past. Service numbers for immigrants and refugees also increased significantly from approximately 7,500 in FY 2019 to nearly 10,000 individuals in FY 2021.

Additional training and technical assistance (TTA) desired by service providers. TTA continues to be sought after as well as opportunities to collaborate and increase awareness. Providers shared high satisfaction with existing MOVA TTA, with the Massachusetts Victim Assistance Academy and New Victim Witness Advocate Training among the highest rated. Staff availability and capacity were priority reasons for limited ability to participate in trainings. For those who have received a number of trainings, there is an eagerness for additional training topics that align with organizational needs and a wider range of opportunities for continuing education. Mentioned topics included cultural responsiveness, racial equity, engaging victims who are reluctant to report to law enforcement, technology and social media, and safety planning beyond the criminal justice system.

Legal needs of victims being addressed. Legal needs are no longer the top ranked need beyond current capacity, while housing services, emergency services, and transportation continue to be priorities. Each area has changed in terms of priority, with housing being an increased need and transportation lowering in priority. Legal assistance remains a gap in some areas.

Centralized resource mapping available. This is an area that has been found to be useful to those who access the website; however, victims continued to lack knowledge about this resource. This is an area for increased awareness-raising and ensuring that entry points for victims and survivors are prioritized in marketing materials. Having too many materials and lists of contact information has been shown to overwhelm the community rather than providing a uniform way of getting connected and then supporting navigation among providers after the initial introduction is made.

Service Delivery and Victim Needs

Prioritize supporting housing programs and strengthen providers' connections to housing supports. The need for housing was highly prioritized throughout the assessment, with providers noting the lack of available housing and this being an area that would not be sustainable within funding constraints.

Consider programs serving immigrant and refugee populations given this is the highest ranked underserved victim population. While the number of individuals served within this population has grown significantly, providers continued to rank this population as underserved. Similarly, victims with LEP were another group that saw an increase in services received; however, increased identification and awareness-raising may account for this increase given that providers continue to note how underserved the population is. Coupling this with the feedback regarding how culturally responsive programs are demonstrates a need for programs focused on diversity and inclusive services representing the culture of victims and survivors.

Support mental health services to address the rising need. Organizations are already beyond capacity in this area without funding reductions. Mental health support remains an expressed need that is lacking in current service areas. Insurance limitations were one obstacle that prevented victims from accessing timely mental health services. Victims also shared that virtual mental health support is helpful; however, preparing victims for participation is needed given this being a new and unknown space for many that may result in disengagement. Once victims participated, it was much better received and impactful; this also enabled those areas with limited offering the ability to connect with additional communities.

Expand supports for services providers themselves to reduce employee burnout and improve staff retention. An insufficient number of staff to meet the demand continues to be an issue area. Throughout the study, this theme was communicated both through the data collection efforts in addition to the engagement with providers who were supporting the assessment. There was a significantly higher number of individuals who voiced being beyond capacity and unable to engage in any additional areas such as research, training, and collaboration. Activities and roles that have remained consistent for providers have now been perceived more negatively because of the limited ability to stretch any further.

Victim-centered and trauma-informed approaches improve relatability and continue to be what victims and survivors desire most in their journey to recovery. These approaches are most often cited when discussing service providers and their methods; victims also noted that having survivor navigators may be one way to bring together lived experience and guidance on seeking services and what to expect along the way.

Funding and Sustainability

Balance depth and breadth of services and programming by continuing to fund organizations that have meaningfully provided services to marginalized victim populations and have limited ability to sustain programming with reductions in funding. This includes funds for positions to improve staff retention in addition to services for culturally specific populations. While some organizations have expanded capacity to meet most of the needs of their service population, the response to culturally specific services appears to be in conflict with a one-stop-shop approach. Victims emphasized the difficulty navigating multiple providers and shuffling around for services; however, those who engaged in culturally specific services tended to have a unique experience. As outreach and awareness continues to address the gap for marginalized populations, it is recommended that prioritizing funding for specialized services will be an increasing need. A common way for meeting the needs of marginalized victims currently is having bilingual and multilingual staff. In defining culturally specific organization and services, it became clear that creating services centered on culture and customs, having a mission to serve non-dominant cultures, and having lived experience with the service population were most meaningful and moved beyond language access.

Incentivize and encourage organizations to strengthen their core programs and services as opposed to expanding or diversifying services beyond their capacity. Victims desired a focus on having navigators and an "umbrella" roll that could support them with understanding and accessing services. This approach allows for organizations to continue to specialize but addresses the recommendations from the service population about centralizing information and access.

Continue to enhance access to technology and reaching rural areas. Lessons learned during the COVID-19 pandemic included better understanding how to increase use of technology and improve the ability of providers to offer service virtually. However, this increased access meant there was limited capacity of providers to respond to the higher demand. Expanding funding for technology and getting communities connected helps to fill gaps with access, but the response by providers is further constricted. Strategic planning on the use of technology is needed to determine how best to balance increased accessibility with capacity constraints to develop longer-term solutions that support providers.

Focus on collaboration and raising awareness for how to navigate resources to continue to improve knowledge about services across the Commonwealth. Victims desire uniformity with service provision and having supports to ease concerns with the criminal justice system and the discomfort that comes with seeking care from a new or unknown entity. Virtual services have certainly opened doors for individuals who were not previously receiving care; however, they also raised concerns initially, and some victims are hesitant to engage in spaces that are not well-communicated. Coupling wraparound approaches and improved collaboration among providers will alleviate some of the top concerns for victims and survivors.

Support regional approaches that allow for prioritization of funding in areas of highest need. This strategy supports programs with emphasis on serving rural and high need areas within the Commonwealth. Regional service provision is a more sustainable solution and reduces the funding and capacity pressure on service providers to try and provide for all types of victims and their varied needs. This includes offering special consideration for funding when providers are able to meet the needs of identified areas that are marked as improvement zones or marginalized populations. An approach such as this requires providers to articulate the percentage of their service population that falls within marginalized communities as well as outreach strategies to engage with specific underserved areas.

Continue requiring subrecipients to collect and report on outcomes to assist with monitoring and prioritizing program funding. While an increasing number of providers are collecting outcomes and engaging in evaluation, there is a desire for TTA on responding to challenges in these areas. Data assist with informing decisions about where to focus services and providing justification for where programs are most needed. Data also assist with gathering insights from the service population to ensure known trends are aligned given how often they evolve and shift as well as vary by group.

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