

## Massachusetts Office for Victim Assistance 2015 Needs Assessment Priority C: Findings from the Stakeholder Meetings on Victim Services

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### STUDY OVERVIEW

This issue brief is the result of the Massachusetts Office for Victim Assistance (MOVA) and the Victim and Witness Assistance Board (VWAB)-funded Needs Assessment Priority C documenting the public opinion of victim services across the Commonwealth of Massachusetts. As part of this assessment, ICF International, an independent research and consulting firm, facilitated six stakeholder meetings in conjunction with MOVA, that were open to the public, on victim service topics including domestic violence, child abuse, sexual assault, and homicide.

In 2015, ICF International concluded a statewide needs assessment with survivors and victim service providers to identify any needs or gaps in service provision and made recommendations about how to direct funding to address those identified needs. These meetings were held to review the needs assessment findings and to give direct service providers and allied professionals, survivors, and the general public the opportunity to share their views on program services, current funding opportunities, gaps in funding, current practices, innovative solutions, and training needs to support victims of crime.

This issue brief reports on the testimony and information collected from these stakeholder meetings and key considerations for MOVA and VWAB when determining future procurements and/or areas for expanding funding (e.g., training opportunities) for providers and survivors across the state. Transcripts were analyzed and main themes emerged. These topics are discussed below and include the following: transportation, housing, cultural accessibility and underserved populations, language access, civil legal needs and law enforcement, burden on victims, and training. The findings included in this brief are based on testimony from those in attendance at the stakeholder meetings and do not represent a factual account of allowable expenses under MOVA funding. It is more a reflection of current practice and identifies areas for improved knowledge, awareness, and training across the Commonwealth. Many recommendations are outside the scope of what MOVA can address and are needs identified for other funding opportunities.

### TRANSPORTATION

#### *Needs and Barriers*

Participants confirmed that transportation was one of the most important needs for crime victims. These needs ranged from money for public transportation to providing funds for service agencies to transport victims to and from care. Money was often cited as a key barrier to accessing transportation. Victim service agencies explained that providing support for gas, tolls, trains, parking, bus and taxi vouchers, and car maintenance is costly. Some clients have their own vehicles, but need assistance with car insurance payments and routine maintenance. Others spoke about their staff's use of personal vehicles to transport clients to various appointments and the expensive liability coverage for themselves and their volunteer drivers. Moving-related expenses were also noted as a burden and an area that should be allowable under victim compensation. For example, moving into a shelter was suggested as a service to be covered through victim compensation. Although this was cited as a cost that would qualify, respondents noted that the approval process is burdensome and slow. Finding volunteer drivers or increasing staff wages to reduce driver turnover was also mentioned as a barrier. In rural areas, clients need to travel long distances to receive services. These long distances result in very expensive cab rides or the need to use buses with inconvenient schedules.

The distance between a client's home and the services they need to access is a barrier itself. Some clients need to take public transportation simply to pick up their vouchers and do not have the means to do so. Respondents explained that agencies that do offer transportation to clients may not have the capacity to take multiple clients to multiple engagements across their region on a given day. Clients who live outside urban centers may have very limited options, like reduced bus schedules and inconvenient routes, which result in extremely long travel times to cover relatively short distances. Depending on the available options, many clients have to travel through unsafe neighborhoods or stay overnight in unfamiliar areas.

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A unique barrier mentioned in the Child Abuse meeting was the need for transportation options for minors and multiple transportation vouchers to cover not only the victim, but also guardians and other family members who may be accompanying a minor. Safety concerns were mentioned as a barrier to transportation among respondents in the Domestic Violence and Homicide groups. For example, some victims of abuse have access to a car, but their abuser tracks the mileage on the odometer to prevent the victim from traveling. One respondent noted special concerns related to the transportation of certain survivors. For instance, a victim of stalking or a homicide survivor may need their transporter to vary their route to avoid further danger, or need to take more buses to avoid certain neighborhoods; however, few drivers likely understand the unique needs of the people they transport. Thus, many respondents noted the need for increasing trauma-informed training for people who transport victims.

### *Current Practice and Innovative Solutions*

Respondents shared strategies, from within Massachusetts and elsewhere, that help victims overcome certain barriers to accessing transportation and the services they need. In Boston, one domestic violence shelter provides transportation for legal needs (e.g., transporting clients to court); however, this service is still costly in terms of driver compensation, tolls, and mileage. Providers in rural areas voiced that it may not be feasible for longer distances. To address the needs of clients in rural areas, one respondent discussed a promising program in Vermont called *Have Justice Will Travel*, where legal services are brought to isolated communities. One program in Boston utilizes volunteer drivers, partners with local taxi companies for reduced rates, and partners with sister programs in the area to improve client access to transportation. Volunteer drivers are difficult to find, particularly ones that are trained to handle the tenuous emotional state of the people they transport. Respondents noted that a benefit to providing transportation is that their direct service staff use transportation time to build relationships with clients as they are transporting them to and from services. Unfortunately, these staff are often overburdened and usually do not have enough the capacity to transport all of the clients they serve.

## **HOUSING**

### *Needs and Barriers*

Many stakeholders explained that the victims they serve cannot afford proper housing, and that existing housing options are too few in number, overcrowded, or cannot fill the specific needs of their clients. Stakeholders cited full shelters, lack of emergency shelters, and lack of funding as primary barriers to securing housing for victims. Shelter policies regarding allowances for children also made it

difficult for families to find a place to stay. Respondents stated that a lack of empathy toward victims from law enforcement and policymakers leads to a lack of emphasis on creating solutions to secure safe housing for victims.

The sexual assault, domestic violence, and homicide groups brought up the need for support during transition to more permanent housing. A barrier that was mentioned was when a victim transitioning from shelter into permanent housing is not yet self-sufficient. Organizations mentioned needing to be able to provide up to 6 months of rental assistance, safety planning, and self-defense courses to enable victims to protect themselves and build a feeling of safety living alone. Stakeholders noted that victims need financial, emotional, and logistical assistance to find adequate permanent housing. Frequently, the responsibility to find alternative housing falls on the victims because there are too few housing advocates, and those that are available are often overburdened or the organization may only have general advocates and not staff that specialize in housing issues.

Safety concerns were identified as a barrier to victims receiving adequate housing, including: understaffed shelters, lack of shelter security, known locations of housing, lack of options away from abusers, and insufficient specialized options. Housing providers shared that many of the shelters only have one person in charge of the overnight shift and responsibility for all of the tenants. Often, there are no security cameras, so this puts both the staff and residents at risk. Another safety concern is a victim's privacy and confidentiality. Emphasis was placed on the location of the shelter in terms of the address becoming known, especially to abusers, when shelters were not able to move locations frequently enough, and the need for transitional housing or specialized housing for survivors. For example, if a victim qualifies for public housing, their only option may be changing units within the same complex as their abuser. Another safety concern relates to the lack of different shelter options. For instance, victims seeking emergency shelter have different needs than other victims, and domestic violence victims were identified specifically as a population that should have separate housing or a shelter that serves domestic violence victims primarily.

### *Current Practice and Innovative Solutions*

Respondents mentioned some strategies from within Massachusetts and elsewhere that help victims overcome certain barriers to accessing housing. One respondent mentioned that shelters respond quickly to the criminal justice system in Massachusetts to help victims secure housing, but many times the only available housing may be located in an urban center such as Boston, thus making it difficult for victims to access from more rural parts of the state. Another respondent noted the success of a program in

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San Francisco called Safe Night, which places victims in emergency housing by advertising on TV for people to donate money to cover the cost of a hotel night stay for a victim. In the homicide group, a participant mentioned housing advocates that are successfully pulling strings and moving families up on the waiting list, which helps move families into housing; however, it is not a standard protocol and can be unfair.

## **CULTURAL ACCESSIBILITY AND UNDERSERVED POPULATIONS**

Several groups were identified as underserved or unserved populations, including: children and teenagers, LGBTQ, male survivors, Deaf or hard-of-hearing victims, and immigrants.

### *Children and Teenagers*

The majority of stakeholder meetings reported that child and teenage victims have difficulty accessing services, primarily because those services are limited. In many situations, the focus of victim services is placed on the parent, with the expectation that the parent will help their children; however, stakeholders expressed that this is not enough. Services need to be tailored for both parents and children who are involved to ensure proper treatment. A specific challenge for older youth and young adults that are seeking services under the Department of Children and Families is that there are different eligibility criteria depending on the type of financial assistance, and this makes it difficult for service providers to serve this age group. The homicide group mentioned that it can be difficult to get appropriate funding to see children and teenagers because of the amount of time and creativity that needs to go into building trust with the victim and getting them to show up to appointments.

There were several needs and barriers identified for child services, including not having the capacity or trained staff to help child victims, not having the appropriate services in more rural communities, limited community-based domestic violence programs for children, and being short staffed at child witness to violence programs. Another barrier that was brought up in the child abuse group was the lack of services and funding available for abused children who do not fit under the domestic violence banner. The domestic violence groups brought up the barrier of having few advocates for children with special needs, advocates trained to serve children affected by the co-occurrence of domestic and sexual violence, and services tailored to children under 8 years old. Confidentiality and court-related concerns were a prominent barrier for therapists when treating a child victim in cases when the parent is the abuser. This issue was raised in terms of getting proper permission to see the child, as well as complicated standards for

protecting the confidentiality of a minor and keeping the parents informed. The domestic violence and child abuse groups both brought up the need to pay special attention to homeless youth that may be victims and to ensure that shelters are available to them.

Current successful practices that were identified included child advocacy centers that act as a "one-stop shop" for children, having VOCA-funded child trauma therapists in women's centers, and having child trauma therapists in shelters. Child advocacy centers were mentioned multiple times as being extremely useful in how they holistically provide services, but the centers are limited, with only one per county. In the homicide meeting, a participant brought up the Child Witness to Violence organization located in Boston. While this organization was mentioned as necessary, it is the only well-known organization specific to that topic in the state, which causes barriers in terms of being short-staffed, not accessible for areas outside of Boston, and having long waiting lists.

### *LGBTQ*

On several occasions, domestic violence, sexual assault, and child abuse service providers identified the LGBTQ population as an underserved or unserved victim group. Transgender or transitioning victims were found to be without services that meet their needs, and safety was the main issue discussed, including which restrooms to use during the transition period, dealing with sexually harassing questions about gender, and prejudices. Another barrier that was mentioned was that LGBTQ children and teenagers who are homeless struggle to find appropriate shelters due to eligibility criteria. In the Northampton domestic violence group, it was mentioned that in western Massachusetts, as opposed to eastern Massachusetts, there are few LGBTQ services available, and organizations like The Network, La Red, and other support programs are not accessible. Another barrier discussed was that service providers are not always able to decipher who is the victim versus the perpetrator, which could allow perpetrators to take advantage of the system and put the victim at risk.

### *Male Victims*

Victim services have traditionally focused on women; therefore, services for male victims were identified as limited and inaccessible. Stakeholders shared that the stigma of victimization makes it difficult for men, specifically, to come forward and report abuse. Outreach was found to be one of the primary needs for male victims to increase awareness, provide a safe space for seeking care, and build a bridge from men to services. Stakeholders pointed out that while they may provide services for men, there are improvements that can be made to better communicate with those victims.

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### *Deaf and Hard-of-Hearing*

Deaf and hard-of-hearing services were indicated as a need at more than half of the stakeholder meetings. In many areas, victims who are Deaf had to spend extra time searching for a service provider who was able to communicate with them before they could begin to utilize any service options. Rather than focusing on traditional methods of communication for Deaf populations, several stakeholders mentioned that their organizations are looking at technology to help them communicate with victims who are Deaf when sign language interpreters are unavailable. Training to make providers aware of new technologies and consider alternative methods of communication would be highly beneficial when working with Deaf communities.

### *Immigrants*

Immigrants were also identified as an underserved or unserved population in all of the stakeholder meetings. It was mentioned in multiple groups that one reason immigrant victims are hesitant to come forward and seek assistance is the fact that they may be undocumented. Immigrant victims who are undocumented are afraid that coming forward will lead to deportation. This becomes an extra burden for those who may not speak English and struggle to communicate. There is a need for education and training to occur in these communities to teach people that it is okay to reach out for help and who they can contact without fear for themselves or their children being taken away. Undocumented immigrants also face the burden of not being eligible for some forms of compensation, including wage loss compensation. The status of immigrant can be very isolating when the victim is unsure of what is available in this country or where to turn and, as mentioned earlier, if they do not speak English, this can increase the burden they face in trying to receive help.

Additionally, the process of becoming a citizen is one that is expensive and lengthy. This added challenge is another financial burden on victims that is compounded by delayed or prevented opportunities for employment. These barriers affect immigrant victims in many situations, not only preventing them from obtaining the care they need, but also revictimizing them. Particularly for those who need access to services in a different language, the process of finding the appropriate service provider is more difficult, and most of the materials are not available in their native language.

### *Additional Populations*

Additionally, stakeholders discussed minority communities being underserved, this included African-American communities, Muslim communities, faith communities, elder victims, human trafficking victims, and victims who have disabilities. Some barriers mentioned with these

underserved communities were service provision organizations not being aware of certain cultural needs, for example, certain religions needing separate kitchens. Also mentioned was the need for the availability of advocates who are the same race or ethnicity as the victim to promote trust and encourage attendance. There needs to be sensitivity training that focuses on race, ethnicity, culture, religion, and political leanings. Cultural training was mentioned as being a vital need as different cultural norms can lead to domestic violence or assault and can affect whether or not the victim comes forward.

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*“I think access also has to do with representation. Do we have the people in our agencies representing the people that are trying to access the services? ... Also, that they would speak the language that they speak?”*

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## **LANGUAGE ACCESS**

### *Interpreters*

Stakeholders in general reported a rather pressing need for more interpreters to address language barriers. Participants in the domestic violence, sexual assault, child abuse, and other group all mentioned current needs and barriers surrounding the issues of language. The homicide meeting was the only group that did not mention language as a current need. Those with language needs are already generally underserved, and the limited access to services in their native language further separates them from care. Victims who do not speak English face multiple barriers when trying to access services, including not being able to communicate with law enforcement, bus or taxi drivers, and hotlines or service providers. Barriers to language access were discussed around the topics of interpreters, advocates, the criminal justice system, and relationship building.

Stakeholders cited detrimental consequences of a shortage of language interpreters. The interpreters who are providing services to victims with language barriers are often overburdened with a high demand for their time.

According to stakeholders, this deficiency in interpreters may be occurring because the interpreters available are currently covering large geographical areas or service providers have insufficient funds to hire and adequately pay interpreters. The acquisition of more interpreters was not the only issue raised, both groups of stakeholders working with domestic violence victims also communicated an overwhelming need for interpreters to have specialized training in their areas of service. Because interpreters are working with especially sensitive populations, their role

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serves not just as an interpreter, but also as someone who is managing trauma.

### *Multilingual Advocates*

In addition to interpreters, stakeholders also communicated their need for multilingual staff members and service providers. They emphasized the importance of providers connecting with victims, the potential for which is severely hindered when a communication barrier is present.

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*“...The lack of language access for people is incredibly tough, and I think it makes survivors in some ways revictimized just because of language, because there is not somebody there they can communicate with.”*

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According to stakeholders working with sexual assault and domestic violence victims, not having staff of other languages and cultures can harm the potential relationship between the victim and the provider—victims trust and rely more on providers to whom they can more closely relate.

Similarly, multilingual advocates are in high demand and are overworked and overburdened. Because advocates and staff have a primary role of providing services, multilingual advocates are often left with much more work than their counterparts. As a result, stakeholders expressed the need to compensate advocates with multilingual capabilities fairly for their additional skills and caseload.

Stakeholders encountered challenges with acquiring more personnel with language skills. Specifically, the legal requirements surrounding being a certified interpreter are strict and complicated. For example, the Language Capacity Chart and its specifics are difficult to work around, resulting in potential personnel that have the ability to help, but may not be eligible for hire.

### *Court System*

Issues of language accessibility are prevalent within the court system. In many cases, bilingual advocates are expected to serve as an interpreter when there is not an official one available, placing the burden on the advocate who now needs to serve in multiple roles. Another barrier that was mentioned was when an interpreter is not available having children serve as the interpreter for their parents in court, which puts children in a role that can be traumatizing for them if they have to hear the details about a parent’s victimization.

While there is a pool of interpreters that the courts in Massachusetts use, that pool is very limited as it serves the entire state. Court schedules are frequently impacted by the

shortage of interpreters, and court proceedings have often been delayed by weeks or months. Additionally, interpreters are not available for all languages needed in the state, adding another burden on victims to find an independent resource. In order to fill this gap, stakeholders mentioned a need to have the capacity for additional interpreters, provide competitive pay, and to better compensate advocates who may be required to serve in a dual role.

### *Community and Relationship Building*

Stakeholders serving domestic violence survivors spoke about the general need for more community engagement, involvement, and ties to communities speaking other languages. They emphasized relationships with organizations that might have closer ties to limited English proficient speakers as a way to bring service providers and those with language barriers closer together. Also, building relationships within different communities can help not just from a translation standpoint, but from a trust-building and reliability perspective. Similarly, other stakeholders discussed the need to advertise services in victims’ native languages within their communities.

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*“A recent report of the Boston Bar Association revealed that, due to lack of resources, 80 percent of eligible family law cases are being turned away from legal services. Even though legal service agencies prioritized family law matters involving domestic violence, in 2013, 47 percent of domestic violence cases had to be turned away.”*

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## **CIVIL LEGAL NEEDS AND LAW ENFORCEMENT**

All of the stakeholder meetings addressed gaps in legal services for victims of crime. These conversations focused on the need for legal representation, burdens of lengthy court processes, continued training and education, and the benefits of collaboration.

### *Legal Representation*

There was general consensus across stakeholder meetings that legal representation is difficult to attain for victims of crime. Legal services are a huge barrier for many survivors who cannot afford an attorney, and although several organizations offer free legal services, their caseloads are overwhelming; therefore, many victims are unrepresented when they make an appearance in court.

Stakeholders acknowledged the importance of legal representation in helping ensure that a victim’s voice is heard. This also includes fair and accessible representation of children and immigrants in court. Even with access to an

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emergency lawyer, lengthy court proceedings make it difficult to maintain representation. Organizations also mentioned that because of the lengthy court process, they need the capacity to be able to provide long-term representation.

Other legal support issues include privacy, interpreters, child care, loss of wages, and inconsistent reporting processes. There is a lack of privacy in courthouses. Advocates are unable to meet with their clients in truly private areas because the spaces they are given to use are still accessible by clerks who are not always sensitive to victims' needs. Participants also emphasized a need for more interpreters. When interpreters are not readily available in court, victims who are not proficient in English have to wait long periods of time, sometimes months, before they are able to be heard in court. In other situations, family members are asked to serve as interpreters, creating a conflict with privacy and confidentiality.

Trials are already lengthy processes, so for victims who require interpreter services, their cases become even longer and at an unreasonable, unfair length. This additional time also creates even more burden on victims (e.g., need for childcare, loss of wages). When victims are not able to appear in court, or have to appear on several occasions, not only do they lose wages for each appearance, but they also have additional childcare expenses.

Participants also discussed a need for easier access to police reports and more consistent reporting processes. Many service providers shared their difficulty in accessing information that was pertinent to criminal proceedings and expressed that law enforcement was not always forthcoming in providing those reports.

### *Court Processes*

The lengthy process involved in court proceedings also adds another challenge for victims and their witnesses. Due to limited paid time off or unpaid leave, by the time a victim gets his or her case in front of a judge, they may not have any witnesses to speak on their behalf.

Additionally, the length of court proceedings require victims with children to attain childcare. In the past, childcare services were provided in family courthouses, and that program was identified by stakeholders as a priority need for future funding. Stakeholders explained that this was a program that worked very well in family court, but it has not been funded recently. Without programs like this, childcare becomes another financial burden on the victim.

### *Training and Education*

Across several meetings, participants emphasized training and education for all court personnel, including lawyers,

advocates, judges, and clerks regarding several topics, including the trauma of victims and new technological advancements. When judges are unaware of the trauma that victims experience, it increases the chance of retraumatization. An example of this is when a mother with alcohol addiction appears in court and the judge refers to her as a drunk. Some judges are cognizant of the fact that this can be re-victimizing and their language has been adjusted (i.e., to say the mother has an alcohol problem), but training is needed to ensure that all judges are aware of trauma-informed responses.

Similarly, child advocates voiced concern that judges are more likely to side with a child if an attorney is present, but that is not always an option. There have been several cases where the judge dismisses the child's statement or the testimony of a child therapist, which resulted in the child being returned to the very home they are attempting to leave. The trauma that children experience as a result of making a court appearance is compounded by the fact that they are returned to the home in question, yet this practice continues. Some judges lack understanding of the level of harm that children experience in these cases. To help reduce the amount of trauma that victims have to endure in court, additional training is needed to increase a judge's ability to depend on child advocates and other professionals, because attorneys are not always available to ensure the children's voices are heard.

With greater technological advancements, judges, clerks, law enforcement, and victims themselves can also benefit from training and awareness to remain current on the latest products and technological capabilities. Examples were shared of prior cases when the outcome was influenced by the lack of knowledge around technology on the part of the judge and law enforcement. Training is also needed on the nuances of immigration issues, such as VAWA petitions, U and T visas, income maintenance issues, financial exploitation cases, and domestic relations matters. In the homicide meeting, participants discussed the need for lawyers and judges who understood the particularities of a homicide case that involves child custody.

### *Collaboration*

Legal and court processes are very complex and difficult for victims to navigate on their own. In many cases, victims will have to go through several service providers to receive all of the services they need. This process can be straining on the individual, especially if that person has children to care for. Participants in the majority of stakeholder meetings reported that collaboration among service providers would help to alleviate the need to shuffle victims between services and would be highly effective at creating a one-stop shop for victims.

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In the past, legal court clinics were found to be effective and worked with victims as soon as they walked into court, focusing on longer term services rather than just getting the victim what they need at that moment. Another notable effort is partnerships between police departments and advocates. Promising strategies used in other states included police officers being dispatched with an advocate when a call may involve crime victims, such as domestic violence, in order to better bridge the gap between the victim and law enforcement.

Another barrier mentioned was issues with privacy in the court system. In the Northampton meeting, a participant mentioned that in one of the more rural towns, a court clerk recognized a victim trying to get a restraining order and warned the perpetrator. Also mentioned was the need for attorneys or advocates who deal solely in family law, as it is a complicated and time-consuming topic. One participant mentioned that a current successful family law program is the Family Law Task Force, which has family law attorneys situated in agencies and institutions that provide services to survivors of domestic violence.

## **BURDEN ON VICTIMS**

### *Child Care*

Service providers reported that victims are overwhelmingly burdened by a lack of adequate childcare services. Victims of child abuse, domestic violence, and sexual assault shared a universal need for access to childcare. Without childcare, victims of crime did not have adequate time to access mental health, support groups, and legal services because these services largely required victims to arrive unaccompanied. Victims of domestic violence were particularly affected in accessing services due to the absence or logistical complications of obtaining childcare in domestic violence shelters. The dearth of appropriate childcare options posed a significant burden to victims who wished to seek services.

### *Mental Health*

Service providers expressed that victims of crime face challenges in seeking mental health services and services for their families. Victims of domestic violence struggle to maintain their own mental health and are not always receiving adequate support for their children and families. Victims with substance abuse issues are often times restricted from accessing certain services. Service providers cited that victims are diminished in their capabilities to respond to the trauma if their personal and family mental health concerns are not addressed.

### *Confidentiality*

Service providers reported that the loss of privacy while engaging with the legal and court systems posed a

significant burden to victims. Service providers supported taking precautions to prevent offenders from retaliating against victims and maintaining confidentiality to protect victims from stigma. Attendees shared that victims of domestic violence have expressed concern that extensive safety measures, such as relocation and isolation from potential safety threats, interfered too deeply with their lives, curbing personal growth and happiness. Recommendations included both a desire to compensate victims for relocation, but also to protect survivors who want to remain safely in their communities.

### *Access to Resources*

Service providers acknowledged that victims do not receive the amount of support and resources they require in a timely manner. Victims reported needing to call service agencies multiple times in order to obtain services due to a lack of available staff, and needing to repeat painful personal stories of traumatization to access services. Stakeholders mentioned that victims have limited access to medical services, shelter, transportation, communication, and food options following victimization due to long waitlists that stall access. During this time, victims experienced job loss or lost wages while accessing victim services. Victims often did not receive external financial support and struggled with finding employment. Victims were also challenged by systemic biases that mark victims as undeserving of aid, false perceptions regarding the amount victims receive, or certain victims being labeled as more deserving of aid than others. The sexual assault group also discussed that sexual assault victims face a stigma of not being considered a victim. Lack of individual attention and resources contributed to the burden victims of crime faced in alleviating their situations.

## **TRAINING**

### *Crime Victim Services*

In all six stakeholder meetings, training was mentioned as a need for all crime victim organizations, and training took many forms, which encompassed different groups that need to be trained—whether the organization deals directly or indirectly with crime victims. Providers sought training opportunities as a means for collaboration, learning from one another about services that are available and how to effectively make referrals. Trainings were also desired to keep new and seasoned providers up to date on current services and practices available.

Specific organizations and occupations that were mentioned as needing training were schools (all schools from middle schools to universities), criminal justice personnel (e.g., judges, lawyers, law enforcement), mental health outpatient providers, health providers (e.g., doctors, nurses,

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pediatricians), teachers, clergy, and crime victims who would like to work for advocate services.

Domestic violence service providers highlighted the MOVA Academy Training of 2015 as a successful and beneficial training because of the networking opportunities. Collaboration came up multiple times as being extremely important for organizations moving forward. Collaboration is necessary to increase awareness and referrals, and it leads to more holistic service provision. It was mentioned that victims are often involved in multiple systems, and there needs to be a way to streamline the process so the victim is not overburdened. Stakeholders also spoke about the fact that victims often have multiple needs, and providers need to stay informed on the types of services offered by each organization so referrals can be easily made. A successful example of collaboration was shared where a direct legal service provider partnered with their local community health center. This network established a direct referral mechanism among doctors and social workers and legal services. Another successful partnership mentioned was between a direct service provider and the case management program at a local hospital, which enables the service provider to focus on the mental health needs while the hospital manages the services for the entire family.

#### *Outside Organizations*

Stakeholders discussed the importance for organizations that may have contact with crime victims but not work directly with them to learn how to identify and engage with a victim, and to be aware of the types of victim services available in their area. This issue was raised in reference to medical staff, law enforcement, and community center and

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*“It’s a very fine line between education, prevention, and outreach. And you know if we don’t start doing prevention and we don’t start letting people know who we are, we will providing these services into the next millennia. And we already have been doing it for 42 years. When the 3rd generation of kids in the same family is seeking services, it’s because there has been no prevention.”*

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education personnel. In the medical arena, multiple providers mentioned that frequently, during routine checkups, medical staff will ask if the patient is safe, or about the accident that brought them in for an appointment, while the perpetrator is in the room. If the patient says they are in trouble, the nurse will not ask followup questions.

Medical staff were not the only people that may unknowingly interact with victims; teachers, for example,

are a tremendous asset in identifying youth victims. One organization shared that after doing a presentation on assault and prevention in a local school, students began disclosing their victimization to teachers and counselors who were not equipped to handle the information. Stakeholders also noted the need for medical staff to continually be trained on how to ask whether a patient had a history of sexual assault and how to respond to that information.

#### **ADDITIONAL TOPICS**

##### *Staff Support*

One topic that was frequently mentioned by participants was regarding staff support at victim service organizations. More specifically, stakeholders discussed the need for more staff, increased staff support, and higher compensation. Many of the organizations present at these meetings agreed that their staff is often overworked and overburdened from taking on too many cases due to the lack of funding to hire additional staff. Staff working directly with crime victims often faced occurrences of vicarious trauma and the negative mental and physical effects of working in such a stressful and emotional environment. Stakeholders also mentioned that they were losing experienced staff to higher paying jobs, which caused them to have to spend time and money finding and training new staff and rebuilding relationships the previous worker had in the community.

A successful practice and unique staffing role currently in place includes having a psychiatric nurse in residence at a domestic violence shelter. This has been a promising program that cuts down the wait time victims often face when trying to get a referral for psychiatric help, and it allows them to start taking the medications they need immediately. One issue with this program is that there are not enough staff to handle the incoming volume, especially for the children of domestic violence victims.

##### *Community*

Stakeholders brought up the need to interact with their communities and conduct outreach and prevention; however, current VOCA funding does not allow prevention and education activities. Prevention and education with children was mentioned as a dire need and gap in current funding because children are not aware of what services exist or who to talk to if they are being abused or witnessing abuse. It is a necessary investment to build trust within a community and empower the community to take a stance against violence. Stakeholders also emphasized the need to work with the community and build relationships, as too often there is a lack of awareness among community members and first responders about what services and organizations are available to help crime victims.

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One notable program was shared during these meetings, child abuse prevention workshops in classrooms. The child abuse workshop raised awareness among children about violence and empowered youth to report abuse. Early intervention programming is a necessary investment. Intervention in schools has been successful as it helped to reach children that may be having disciplinary issues caused by trauma that was undiagnosed, but funding needs to continue in this area. Many organizations use private funding to create prevention teams to increase awareness and facilitate a referral network.

### *Technology*

Technology was mentioned as a need or barrier in the domestic violence, child abuse, and other groups. It was discussed in a few different ways, including the dangers of technology and the need for more advanced technology. Multiple participants mentioned the need for up to date technology at their organizations. This included having webinars and websites that were kept current and accessible via cell phones, upgraded phone and computer systems, and staff trained on how to use the technology.

Although youth are more adept at technology, and at a younger age, stakeholders shared that they are less likely to call and schedule appointments with service providers. This led to participants discussing the need to reach the younger generation on their preferred method of communication—texting, as well as having texting options for when it is not safe for a victim to call a hotline. Providers shared promising examples. One organization is currently using texting to keep their younger clients engaged, and another organization is currently using a “chatline” in conjunction with a hotline to reach people who may not be comfortable speaking on the phone.

Barriers to technology were also mentioned in terms of safety. Stakeholders discussed situations in which perpetrators went online to stalk victims, commit identity theft, and use tracking GPS applications. These are all areas that need further attention in terms of prevention, training, and outreach.

### *Flexible Spending*

Nearly all of the groups mentioned the need for flexible funding to be able to focus on what basic needs the individual victim has at the time, cover all their service needs, and account for any unexpected funding needs that may arise. Barriers to providing victims with basic needs arise when they are unexpected and the organization did not include them in their funding application. This could include a victim needing dog food, transportation, rent, utilities, job training, and training for victims to become advocates themselves and achieve economic stability.

Currently, some organizations are successful in funding these basic needs through private organizations that are not as restrictive with their funding requirements and allow the organization to adjust what they are paying for based on what the organization finds is working at the time.

### *Other*

Stakeholders voiced a strong desire to change the definition of who is considered a victim. The desire to change the definition of victim rose out of frustration with eligibility criteria for victim compensation services. For example, victims do not qualify for services if they are gang affiliated, “contributing to their own death,” or a family member of the direct victim.

Other service barriers included strict reporting requirements that include trying to quantify things like collaboration, limiting the number of sessions of treatment, match funding requirements, and the variety of grant templates for each separate funding organization.

Other needs that were identified by participants included having home care options for victims of non-fatal injuries, more funding to cover wage loss, and more treatment options for mental health and substance abuse. Stakeholders also recommended using incentives to encourage victims to use services, such as having victims lead group discussions, offering training, or monetary incentives. Multiple stakeholders recommended that already established programs continue to receive funding to ensure stable community relationships and increase awareness of available services. One such program mentioned was Safe Havens, a faith-based program that provides training and education on domestic violence.

Stakeholders voiced the need to identify promising practices in other states and learn more about their collaboration models; this also included adopting already established domestic violence and sexual assault models and applying them to community violence. The homicide stakeholder meeting discussed the need for collaboration between city and government agencies and providers to better address issues of homicide and gun violence. Participants acknowledged that better services for victims could be achieved if agencies and providers worked together. With the process that each agency currently has, there are different internal protocols that have to be taken into account. Currently, there are approximately five city agencies that are responsible for responding to incidents of homicide, in addition to the community-based organizations that are involved in impacting families of homicide and gun violence. A more coordinated response is needed to fuse the purpose of each agency and create a more comprehensive plan for addressing homicide and gun violence and caring for the survivors.

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## RECOMMENDATIONS

Based on the stakeholder meetings, there are several recommendations to improve services and service delivery in Massachusetts. A selection of recommendations is listed below.

### *Training*

- Provide training for victims in safety planning and skill building (e.g., self-defense).
- Fund training to raise awareness of new technologies, precautions when using technology, and alternate methods of providing services, including social media, texting, and online chatting/hotlines.
- Offer additional trainings on best practices, suggested topics or areas of focus to include: trauma-informed care, cultural awareness, underserved populations, domestic violence, homicide survivors, community violence, sexual assault, elder abuse, child abuse, co-occurring disorders, and substance abuse.
- Provide training for community organizations on how to identify a victim, ensure their safety, and refer them to the appropriate services.
- Provide training tailored to teachers, criminal justice staff (e.g., judges, lawyers, and law enforcement), mental health outpatient providers, health providers (e.g., doctors, nurses, and pediatricians), faith leaders, and crime victims who would like to work for advocate services.
- Increase accessibility of trainings by hosting trainings in more locations, including rural areas, having trainings available via webinar, and providing funding for training outside of Massachusetts.

### *Collaboration and Community*

- Enhance partnerships with local community- and faith-based organizations to increase ties and build relationships with specific cultural and underserved communities, and increase cultural awareness among providers.
- Provide funding to allow for networking events and think tank meetings where different organizations can collectively identify gaps and needs in service provision.
- Increase partnerships between nonprofit victim service programs and the city government, and standardize the response to homicides so that each organization is well informed of processes and the status of a case.

- Tailor the domestic violence and sexual assault organization coordinating model to better serve survivors of community violence.
- Build a homicide or community violence coalition.
- Increase awareness of services in all communities through advertisements, as well as translating advertisements into multiple languages.
- Provide funding for prevention and intervention education in schools and the community to help raise awareness about identifying victimization and the types of services available to reach victims who may not otherwise come into contact with service providers.
- Improve transportation options for victims, especially in rural areas, by partnering with local taxi companies and transportation systems to reduced rates, funding staff to transport clients, and supporting other creative solutions, such as mobilizing services.
- Provide incentives for organizations that collaborate more frequently to promote more holistic services and ensure successful and more frequent referrals that reduce the burden on victims.
- Support promising community-based programs focused on community violence, healthy parenting, and prevention education in schools.

### *Funding*

- Increase funding to allow for a greater number of staff in high demands positions, such as specialists, to work directly with children and teenagers, victim advocates, case managers, therapists, interpreters, and multilingual staff.
- Expand funding within existing programs to allow for more individualized care for victims, allow for a larger number of cases at the organization, and to provide more basic needs such as medical services, shelter, transportation, and language access.
- Increase funding for fair, competitive compensation for trained staff, including multilingual staff and advocates with high caseloads, to reduce turnover rates and the number of transfers per victim.
- Allocate additional funding focused on improving or expanding housing options for victims, including funds for shelter staff, housing advocates, short-term housing options, and alternative housing solutions, such as hotel-style options to enable victims and their children to avoid shelters when safety is an issue.

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- Increase funding for more child services, including child advocacy centers, childcare, child-specific advocates, and supervised visitation centers.

#### *Flexibility*

- Provide more flexible discretionary funding to include: a client's individual unique needs to be met; electronically transfer money for transportation; taxi or bus vouchers; help finance car maintenance, insurance, or moving expenses; childcare; job training; coverage for loss of wages; food; and rental assistance.
- Incentivize improved and flexible housing options with specific eligibility guidelines for victims seeking housing. For instance, collaborations with public housing and landlords regarding public housing vouchers and options for emergency shelter.
- Refine eligibility criteria and definitions that prevent victims from accessing services (e.g., offenders, gang-affiliated victims).
- Make allowances for promising alternative services and items, such as acupuncture, trauma-informed yoga, and living expenses (e.g., furniture).

#### *Accessibility*

- Develop a central repository for victims and support agencies to access specific information about all victim-related services, such as housing availability and legal services.
- Expand services to victims in hard-to-reach locations (e.g., satellite offices in areas with less access to services; mobilize counselors, lawyers, and other providers to central locations; bring advocates into the agency's office to meet with clients).
- Use technology as a solution to make services more accessible for clients (e.g., Skype, FaceTime) and to better equip providers/lawyers/therapist with resources.

### **METHODOLOGY**

The six stakeholder meetings were held across the Commonwealth of Massachusetts, with three meetings in Boston, two in Worcester, and one in Northampton. MOVA sent an email to all Victims of Crime Act (VOCA)-funded grantees that informed them of the stakeholder meetings. Additionally, MOVA posted the meeting schedule on its website to notify the public.

Participants were asked to come prepared to discuss what new or existing programs or practices should be funded, any service gaps, any training resources their organization could use, and other relevant topics related to upcoming VOCA

procurement and funding decisions. Those who were unable to attend were able to submit testimony via email to an ICF team member. The meetings were recorded and transcribed. The transcriptions and any emails that were sent were qualitatively coded to extract main themes that emerged on service provision needs.

At each meeting, participants were asked to sign in and indicate whether or not their organization was currently funded by MOVA. It was not a requirement that each person sign in, therefore, the attendance numbers are estimates of how many people participated in each meeting. As was mentioned earlier, three meetings took place in Boston: the domestic violence meeting had about 37 attendees, 25 of whom are funded by MOVA; the homicide meeting had about 17 attendees, 16 of whom are currently funded; and the other meeting had about 24 attendees, 13 of whom worked at organizations currently receiving MOVA funding. Two meetings were held in Worcester, child abuse and sexual assault. The child abuse meeting had about 15 attendees, 12 of whom are currently funded, and the sexual assault meeting had 33 attendees, 22 of whom are currently funded by MOVA. In Northampton, the domestic violence meeting had about 17 attendees, 10 of whom are currently MOVA-funded.

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For the full report, please reference the following:  
Lowry, S., Feeley, L., Nguyen, C., Reid, L., Frazee, K., Chilka, K., and Greenberg, M. (June 2016) Massachusetts Office for Victim Assistance 2015 Needs Assessment