

*2013 Victim Services Needs Assessment*  
**Volume I: In-Depth Interviews of Agency  
Directors**

Conducted for  
**The Office of Victims' Services,  
Pennsylvania Commission on Crime and Delinquency**

Prepared by  
**Institute of State and Regional Affairs  
Penn State Harrisburg  
777 West Harrisburg Pike  
Middletown, Pennsylvania  
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### ***About the 2013 PCCD Victim Services Needs Assessment***

The Office of Victims' Services of the Pennsylvania Commission on Crime and Delinquency engaged a research team at Penn State Harrisburg to conduct the 2013 Needs Assessment of Pennsylvania's Victim Community. The primary goal of this initiative, was to begin to develop a comprehensive understanding of unmet needs and service gaps through the perspectives of both service providers and victims. By documenting this information, this project aimed to increase the stature of victims' needs and contribute to understanding how victims can access core services. The activities undertaken by the Institute of State and Regional Affairs are documented individually in specific stand-alone reports (listed below) and culminate in a *Summary Report of Findings (Volume VII)*.

The individual reports include:

**Volume I: In-Depth Interviews of Agency Directors**

**Volume II: Focus Groups of Victim Populations**

**Volume III: Administrative Web survey**

**Volume IV: Statewide Telephone and Web Survey**

**Volume V: Demographic Background Research**

**Volume VI: Crime Victim Needs: Insights from Research**

**Volume VII: Summary Report of Findings**

The project team from the Institute of State and Regional Affairs at Penn State Harrisburg included:

**Michael Behney**, Director, Institute of State and Regional Affairs, Overall project coordination

**Dr. Chiara Sabina**, Assistant Professor of Social Sciences, School of Behavioral Sciences and Education

**Ashley Williams**, Community Psychology graduate student, Qualitative data analyzer and co-author of report

**Stephanie Wehnau**, Director, Center for Survey Research, Survey instrument development

**Nicole Sturges**, Assistant Director, Center for Survey Research, Focus group moderator

**Tim Servinsky**, Project Manager, Center for Survey Research, Survey tabulation and analysis

**Sue Copella**, Director, Pennsylvania State Data Center, Demographic data collection coordination

**Jennifer Shultz**, Associate Director for Operations, Pennsylvania State Data Center, Demographic research

**John Maurer**, Project Associate, Pennsylvania State Data Center, Demographic research

**Larry Meyers**, Project Associate, Pennsylvania State Data Center, GIS/Mapping

**Donna Byrne**, Advocate in the domestic violence movement and former Executive Director of A Woman's Place in Bucks County, PA.

Special thanks to assistance from a statewide Advisory Group that acted as a sounding board for ideas and questions as well as provided review and comment on methods and findings. Advisory Group members included:

**Kathy Buckley**, Manager, Victims Services Program, Office of Victims' Services  
Pennsylvania Commission on Crime and Delinquency

**Ann Emmerling**, Executive Director  
Blackburn Center Against Domestic & Sexual Violence

**Carole Alexy**, Director of Contracts  
Pennsylvania Coalition Against Domestic Violence

**Rick Azzaro**, Chief Services Officer  
York YWCA

**Pennie Hockenberry**, Director of Victim Services / Office of Victim Advocate  
Pennsylvania Board of Probation and Parole

**Joyce Lukima**, Vice President, Services  
Pennsylvania Coalition Against Rape/National Sexual Violence Resource Center

**Michelle Robinson-Ritter**, Executive Director  
Domestic Violence Services of Southwestern PA

**Lee Ann Labecki**, Director Office of Research, Evaluation, and Strategic Policy Development, Pennsylvania  
Commission on Crime and Delinquency

## TABLE OF CONTENTS

Executive Summary .....	2
Introduction.....	4
Methodology .....	5
Findings.....	8
Discussion.....	19
APPENDIX A: SAMPLING METHOD FOR IN-DEPTH INTERVIEWS.....	24
APPENDIX B – MAP OF REGIONS .....	25
APPENDIX C- QUESTIONS USED FOR INTERVIEWS.....	26
APPENDIX D- RECRUITING MATERIALS .....	28
APPENDIX E- PHONE SCRIPT .....	29

## **Executive Summary**

As part of the 2012 Needs Assessment of Victim Service Agencies, Penn State Harrisburg conducted 20 in-depth interviews with victim service organization (VSO) directors. The VSOs interviewed provided insightful and practical information on what issues they were facing and how these issues might be addressed in a time of tight budget constraints. We engaged them on a wide range of topics including services most utilized by clients, barriers clients face in accessing services, important issues facing their organizations, most pressing client needs, populations not receiving services, outreach efforts, advocacy and prevention needs and emerging issues.

The following themes surfaced from the interviews:

- The VSOs agreed that the legal and counseling services they are able to provide (such as court accompaniment) are the most utilized. However, they also noted that transportation issues are a barrier, preventing some clients from receiving services. To overcome the barrier of transportation, the VSOs looked for creative ways to provide transportation support.
- Several VSOs suggested that collaboration with other VSOs and non-VSOs, in addition to building community relationships, are effective strategies to facilitate clients' access and use of services. Many other strategies were also mentioned, but by fewer VSOs which indicated that each VSO is slightly different and therefore requires a unique solution
- By advertising the services available and participating in community outreach, these VSOs attempt to reach as many victims as possible.
- VSOs reported that the minority, elderly, poor and rural populations were the most underserved populations.
- The VSOs also agreed on which organizational issues presented the most problems. Several issues pertaining to staff were presented.
- The clients of these VSOs also have pressing needs. The needs most commonly noted by directors were safe and affordable housing, legal advocacy and access to economic self-sufficiency.

- The VSOs were able to generate a plethora of strategies that could have the greatest impact potential, including preventative education, legal changes, housing, staff expansion and support for economic self-sufficiency.
- VSOs mentioned that if resources were not an issue, they could provide safe housing, additional staff and legal services to all of their victims.
- Going forward, united efforts to educate government leaders, change societal attitudes and media portrayals of violence, further community education, as well as improving the judicial response to victims are all needed to improve the lives of victims, according to VSOs.
- VSOs also indicated prevention efforts such as education, targeting specific underserved populations, focusing on changing societal attitudes, going where the victims are and getting the community involved are needed.
- VSOs identified several emerging trends that create challenges to meeting the needs of crime victims across Pennsylvania. These include ever-changing technology, funding reductions, growing drug addictions which affect victim-family dynamics, and the lack of available, safe and affordable housing.

## **Introduction**

As part of the Needs Assessment of Pennsylvania Crime Victims, the Center for Survey Research (CSR) at Penn State Harrisburg conducted 20 in-depth interviews with victim service organization directors from across the Commonwealth. This report (1 of 7 stand-alone reports) provides the summary of findings from the in-depth interviews. The interviews were the first undertaking of the needs assessment and information gained through the interviews was used to shape questions in other parts of the needs assessment such as the administrative survey and the survey of victims.

## Methodology

Participants for the in-depth interviews were selected to give a cross-section of organization type, geographic locale, and geographic density (urban, suburban and rural and further dividing the state into 6 regions). See Appendix A for a chart of this stratification and Appendix B for a map showing geographic regions. Organization types included: Sexual Assault and Rape Crisis only programs ( $n = 4$ ), Domestic Violence only programs ( $n = 4$ ), Dual Domestic Violence and Rape Crisis only programs ( $n = 4$ ), Comprehensive programs ( $n = 4$ ), and Procedural Services/System-based programs ( $n = 4$ ). These VSOs were in the Northwest region ( $n = 5$ ), North Central region ( $n = 1$ ), Northeast region ( $n = 4$ ), Southwest region ( $n = 3$ ), South Central region ( $n = 4$ ), and Southeast region ( $n = 3$ ). Additionally VSOs were in urban counties ( $n = 6$ ), suburban counties ( $n = 6$ ), and rural counties ( $n = 8$ ). The interviews were reviewed by the Pennsylvania State University Institutional Review Board (Protocol # 42401).

## Organizations

The organizations that participated in the in-depth interviews were:

A SAFE PLACE, Inc. (*Warren County*)

Crime Victim Center of Erie County Inc.

Potter County Victim/Witness Services

Community Action Crossroads Project (*Clearfield and Jefferson Counties*)

PASSAGES, Inc. (*Clearfield, Jefferson and Clarion Counties*)

Susquehanna Valley Women in Transition (*Northumberland County*)

Domestic Violence Service Center (*Luzerne County*)

Crime Victims' Council of Lehigh Valley

Women's Resource Center, Inc. (*Lackawanna County*)

Wayne County Victim/Witness Services

Alle-Kiske Area HOPE Center (*Allegheny County*)

The CARE Center: STTARS Program (*Washington County*)

Alice Paul House (*Indiana County*)

Hanover YWCA Safe Home (*Adams County*)

The Abuse Network (*Huntington County*)  
YWCA of Greater Harrisburg (*Dauphin County*)  
Cumberland County Victim Services Division  
Berks Women in Crisis  
Crime Victims' Center of Chester County  
Montgomery County Victim/Witness Unit

## **Interviewers**

Both phone and in-person interviews were conducted during the months of March and April 2013. Conducting the interviews were Penn State project team members Dr. Chiara Sabina, Donna Byrne, and Michael Behney.

## **Key Questions**

A set of key questions was developed by the study team with input and final approval by the PCCD project Advisory Group and PCCD staff. The time to complete the interviews ranged from 30 minutes to over 1 hour. To save time a set of pre-interview questions were provided to the respondents prior to the actual interviews to give the interviewer some general knowledge of the organization. A complete list of key questions (including pre-interview questions) can be found in Appendix C.

## **Recruitment**

A sample email and phone script were also developed for use in recruiting participants. These can be found in Appendices D and E.

## **Description of VSOs**

Based on the pre-interview questions, this needs assessment encompassed 20 victim services organizations (VSOs), which served 25 counties in Pennsylvania. Organizations served

from 150 to 7,000 clients annually with the higher client numbers from system-based VSOs. These organizations predominately served Caucasian female victims between the ages of 18 and 50. However, several organizations also mentioned that they served other populations, such as Latinos, African American and other minorities; the dependent children and families of victims; male victims; perpetrators who are also victims in another case; and victims of all other age ranges. On average, the organizations served these individuals with a staff of 14 employees (range of 1 to 36) and 19 volunteers (range of 0 to 62). In many cases, there were more volunteers than staff members at an organization. Volunteers are a significant resource in the provision of victim services.

### **Limitations**

While we aimed to include diverse VSOs across PA with regard to service offerings, location, and size in our sample, it is not possible to include the full range of VSOs in a small sample. The results here are not meant to be generalized to VSOs; instead they are intended to give some insights into client needs according to this particular sample of VSO directors. Because of this, there is no discussion regarding the differences between system-based and community-based agencies.

## Findings

### Service Utilization

This sample of VSOs provided a wide range of services to match the various needs of clients. Several services were found to be utilized by clients across the spectrum of VSOs. **Legal, counseling, hotline, housing and referral services were found to be the most utilized among this sample, respectively.** Based on this data, victims are utilizing services that require specialized assistance, such as legal help (e.g. legal advocacy, court accompaniment, legal representation, case status updates) and counseling services (e.g. crisis groups, individual counseling, and support groups). In addition, other services including medical advocacy, restitution, and services at satellite offices were also mentioned by at least one organization as being most utilized by clients.

There was less agreement among the VSOs in regard to the least utilized services. While counseling services were commonly mentioned as most utilized, a few VSOs mentioned that support groups were not commonly utilized. **The support group component of counseling was most commonly reported as least utilized, but this was mentioned by less than half of the sample.** Interestingly, several of the services reported as least utilized by two or less VSOs were the very services reported as most utilized by a number of other VSOs. For example, referrals, legal services (i.e., court accompaniment, disposition of cases), hotline, emergency shelter, PA SAVIN, transportation, victims compensation, services for the Latino community and medical advocacy were found to be least utilized by clients of two or fewer VSOs. These discrepancies likely arose from the sampling procedure that sampled VSOs that vary in service specialties.

### Barriers and Underserved Populations

**Barriers to Victims Seeking Services.** VSO staff shared a number of barriers faced by clients in utilizing services. **Almost all of the VSOs, especially the ones in rural areas, reported transportation or the location of their office as a barrier.** One director shared “Our challenge is how to take our services to the rural areas of the county. Public transportation schedules are infrequent in rural areas.” Yet, the barrier also extends to urban areas. Another director from a VSO in a city, explains, “Another issue that we deal with every day is

transportation -- having to go here, then here, and here. If there was a one-stop-shop and everything was there, it would make it so much easier.”

**Language was also found to be a common barrier among the VSOs.** Some of the most common languages found to be barriers among these VSOs were Spanish, Asian (namely Chinese and Korean) and Eastern European. It should be noted that this is more prevalent in urban communities.

**Additionally, a few VSOs reported other barriers for victims seeking services.** These include victims being unaware of the services and the stigma and fear victims may face when seeking services. Fear could be associated with seeking services in that it requires identification as a victim, may involve reliving the victimization, or may trigger retaliation. Three or fewer participants mentioned the lack of affordable care for the children of victims; cognitive impairment of the victim; criminal record of the victim which may affect eligibility for government assistance; poor mental health of the victim; non-supportive significant others; lack of anonymity in rural communities; and lack of affordable care for pets of victims.

**VSO staff shared a number of barriers they faced in providing services;** ; the VSO’s low capacity and inability to handle larger events such as school shootings; a lack of financial resources, both for the victims themselves as well as the organizations; an emerging trend in human trafficking; the VSO’s available hours, which tend to conflict with the work or school schedule of victims and/or their families.

**VSO staff shared a number of barriers clients face when seeking services, which include:** cognitive impairment of the victim; criminal record of the victim which may affect eligibility for government assistance; poor mental health of the victim; non-supportive significant others; lack of anonymity in rural communities; and lack of affordable care for pets of victims.

These barriers snowball as they intersect with one another. For example, when a victim seeks services accompanied by their dependent children or pets, these organizations may not be able to provide immediate shelter, thus leaving the victim with few alternatives. Additional barriers such as language, mental health issues or a criminal record makes service delivery even more complex. VSOs attempt to reduce barriers by providing transportation, partnering with other services, setting up alternative locations, working on community education and outreach, hiring bilingual staff, and advertising services.

To facilitate client participation VSOs indicated they have found that collaborating with other service providers in the area and having a strong relationship with the community are successful strategies. For example, the VSO representatives reported working with the local police force, county caseworkers, mental health providers, as well as other organizations and non-profits. However, another frankly talked about the tension collaboration sometimes creates in a context of diminished resources. Each organization is vying for its own survival and this could actually impede collaboration, according to one VSO director:

“...What happens is that you have organizations doing similar things. You have a pool of money that is dwindling and dwindling and dwindling every year. And so you have this competition factor of who is doing it better which is absolutely absurd to me ... The money is drying up but the competition is getting greater for fewer dollars... Instead of figuring out, well maybe we should merge; maybe we should look at that. People are very territorial. They don't want to lose their own identity. But, if you say you are in this business to provide help to victims, it shouldn't be about your own identity. It should be about how to best provide the services.”

Additionally, a few VSOs have found that contacting the victim, providing an accessible location (via satellite offices) and overall good victim advocacy can also be effective strategies for engaging clients. With regard to good victim advocacy one director explained “just being a good victim advocate - being as available as possible, providing helpful materials, answering questions thoughtfully and in a non-hurried way” would facilitate client access. Only a few VSOs offered solutions such as advertising; prevention and education in the community about domestic violence and sexual assault; flexibility of the VSO; hiring bilingual or multicultural staff or using translation software; accompaniment to preliminary hearings; organizing a diversity committee; housing adult male victims; and providing transportation as viable solutions to these barriers. A director shared “We have tried to deal with this as best as we can by going to where it is safe to meet when we can. We also provide services through our 24-hour toll-free hotline to reduce the effects of [these barriers].” Just as client barriers mentioned by VSOs were complex and varied, so were the solutions implemented by the VSOs. Each strategy fit the particular circumstances of the VSO, but overall strides towards inclusion, diversity, and collaboration were common themes.

When directors were later asked about the most pressing client needs, they raised many of the same points related to barriers. **As seen in many other answers, safe and affordable housing, legal advocacy, access to economic self-sufficiency opportunities, counseling and transportation were commonly mentioned as pressing client needs.**

A participant explains how fundamental these needs are by explaining, for example, that legal advocacy “impacts the ability to move forward.” Other VSO directors give specific examples of how legal advocacy can affect victim recovery such as, “a better understanding of the system and what to expect.” Other pressing needs mentioned more than once included opportunities for victims’ voices to be heard, education and outreach, and trauma-informed services. Pressing client needs that were most frequently mentioned focused on gaining resources for victims. Housing and employment exemplify the need for victims to gain material resources in order to not only deal with the immediate victimization, but also attain self-sufficiency. Other important needs include counseling needs for adults and children. Many of the mentioned needs deal directly with practical and basic needs such as housing, employment, and transportation.

**Organizational Barriers.** VSOs have reported facing barriers themselves when delivering services to victims. **Almost all VSOs mentioned funding or a ramification of loss of funding (despite the wording of the question).** More than half of the VSOs reported that issues regarding staff negatively impacting service delivery. The tone of the remarks was matter of fact and not blaming staff. It reflected more of a weariness and frustration with not having the competencies or capacity required to meet the standards needed today with the wages available. **These VSOs are understaffed, which is only perpetuated by the staff that is available facing “burn out” and as a result, leaving the organization all together.** One director spoke openly about the issue, “If I go for a mammogram, the woman that is doing that test is not also the fundraiser. This is not true for our programs. The skill sets have grown a great divide, and we are way behind as a movement. People are multi-tasking in different skill sets.” Another adds, “What we have been attracting is people straight out of college who want to save the world, but they don’t realize the day in day out impact of working with victims of domestic violence... So, we shoot ourselves in the foot because of the money we pay for these positions and their unrealistic expectations. So we lose them to [other VSOs].” Another VSO representative added “We have great difficulty replacing the old timers; newer staff move on. The investment to

become a good advocate takes time. Low wages contribute to this turnover.” Another example of this strain is related to the difficult position VSOs are put in when staff request disability or maternity leave. This places a further burden on the remaining staff, yet VSOs need to honor these request for maternity and disability leave.

Other important issues impacting service delivery found to be common among a few VSOs are the lack of collaboration with other services, increased reporting requirements, lack of community engagement, lack of safe and affordable housing and the victim refusing services. One VSO explains the difficulty of working with local organizations, “Collaboration is key to everything but there are some organizations that are difficult to work with (Children and Youth Services). They do not willingly come to the table – perhaps because it is perceived that the organizations have different missions (preservation of the family vs. leaving some relationships).” Another stated, “other providers often don’t have knowledge of domestic violence parameters, for example confidentiality.” With regard to housing, it was indicated that there is a need to extend stays in residential services (shelter and transitional housing) due to the lack of affordable permanent housing. Sometimes waiting for the next step is so long that clients leave shelter to stay with family members until more permanent housing becomes available. Frequently, there is no transitional housing or emergency housing available to fill this gap. Along with these strains, VSOs also reported increased reporting requirements (e.g., 990, grants, managing different funding sources). Strains are put on the organization and clients by needing advanced competencies for reporting as well as requiring clients to fill out forms.

The remaining answers including location of the facilities or the lack of transportation options for victims; language and cultural barriers with emerging populations; ever-changing technology; time constraints; inadequate building space; lack of affordable child care for victims; a move away from community-based programs to criminal justice services; the economy; resources; lack of branding; inadequate building security; victim relocating without notifying the VSO; and the violent culture in which we live were all mentioned at least once as important issues impacting service delivery. To exemplify, one VSO reported “The day to day work of community-based agencies for those not accessing the criminal justice system does not seem as important to funders or the community at large. There is role confusion in the programs about systems response vs. community response.”

**Underserved Groups.** Whether the victims are facing barriers when accessing these services, the VSOs are facing barriers when delivering these services, or a combination thereof, there are populations not receiving services. **Not surprisingly, individuals considered to be minorities were the most commonly reported group not receiving services. Language and cultural barriers add an extra obstacle for immigrants, the African-American community, Latinos, Mennonite or Amish, and any non-English speaking victims.** The VSOs offer explanations to this phenomenon as, “it is not that they are not being served, but the fear of seeking services which may be the barrier,” “many are undocumented, which presents a barrier of fear,” and “...they are reluctant to go beyond their own culture for assistance.” Building trust with these communities is important but also time consuming. Efforts made to bridge immigrant and religious groups have included hiring bilingual staff or staff who have the same cultural heritage (immigrant communities), word of mouth, and also attending community events hosted by the groups and participating in a non-threatening way (i.e. games for children).

**Mentioned in almost half of the responses, the elderly were reported be a highly underserved population as well, but for differing reasons than that of the various minority populations.** For example, “They are either too proud to ask for help or they feel some stigma with being a crime victim. They can’t believe this happened to them and they just don’t want people to know. They think people will think badly of them even though it was not their fault” and “I think the elderly think of domestic assault as physical only. They do not see mental, verbal, and economic abuse as domestic assault.”

Other groups identified as underserved by two or fewer of the VSOs were children, teens, trafficking victims, the victims related to the shale mining population, employed individuals who have difficulty getting services during hours of services, the wealthy due to stigma, victims who are silent about their victimization, and people with disabilities. Thus it appears that VSOs are aware of a multitude of groups that require specialized attention.

## **Meeting the Needs of Clients**

**Possible Services.** In order to gauge services that VSOs would like to add, they were asked what services they could provide with additional resources. Many took the opportunity to think of ways they could address the needs of victims. **For example, more than half of the**

**VSOs listed additional staff, safe housing and legal services.** Adequate staffing is a basic resource needed for the functioning of programs for all clients. “For example, the children may need a staff person and another is needed for the adults in the family.” Moreover, additional staff could be an option to help improve all areas of service delivery. Another VSO representative explains, “We are not meeting basic needs at a quality level. We used to be able to stay with a homicide survivor throughout the trial, and now we have to touch base now and then. We used to stay with a Spanish-speaking person right in the moment throughout a hearing, and we cannot at this time.”

**VSOs also wanted to better serve clients with regard to building economic self-sufficiency and dealing with mental health and substance abuse issues.** Furthermore, with additional resources, the VSOs would be able to expand on basic services of which they already provide, to cover a wider array of issues. For example, not all VSOs are able to offer legal services and legal representation and if they do, it is limited. One VSO argued, “Every victim should have an opportunity for an attorney.” However, the need for legal services transcends that of the clients themselves. Entire families are impacted by domestic violence and sexual assault. One participant explains how not only the client is in need of legal assistance, “more help is needed with custody and divorce matters”. Although additional staff, safe housing, economic self-sufficiency, and special services were mentioned most commonly among these VSOs, other needs such as more educational materials for the victims, outreach, transportation, prevention, specifically bilingual or multicultural staff, child care for the victims, training, targeting underserved populations and conducting a community needs assessment were also mentioned by at least one VSO as a client need that could be met with unlimited resources. Thus, VSOs want to continue to grow in areas that will better meet the needs of clients – transportation, prevention, outreach and diversity.

**VSO directors identified preventative education, legal changes, housing options, staff expansion, and support for economic self-sufficiency as having the potential to greatly impact the lives of victims.** One VSO representative explains, “It would be helpful if we could do more education and outreach to change attitudes about crime victims (i.e. no victim blaming). Something that would raise awareness and sensitivity to the needs and feelings of victims.” The ability to provide housing options was also mentioned. However, most of the emphasis was on permanent, affordable housing. Related to this was a need to prevent homelessness by providing

resources and opportunities for economic self-sufficiency. With these resources, the victims would be able to overcome obstacles before they become disastrous. By providing these opportunities, a fundamental intervention would be established which would alleviate the need to remain in or return to an abusive relationship for financial support. An excellent example of forward thinking is provided by one VSO director:

“I have said this for 10 years, but now it is starting to resonate. We need not just restore person to pre-victimization status, but provide linkages and support services, you know, some creative collaborations, so that you can advance someone beyond their victimization to a point of social, emotional, and economic self-sufficiency. When you look at empowerment, in our society if you don’t have money, you don’t have power. It becomes critical for victims of all crime to have a path to self-sufficiency. It is critical to provide advancement strategies to truly move them beyond their victimization.”

Another important concern was also shared, “Frequently, if a person has a criminal record or credit issues, it blocks them from accessing housing resources. Legal services will help expunge records for some in these areas as they are able, but they have endured funding cuts over time, which limits their ability to help.” VSOs recognize that to fully serve their clients they must move beyond the traditional array of services and work on increasing the material resources of clients. This is but yet another way in which the VSOs hope to empower their victims.

**Outreach.** The VSOs were asked to explain their outreach efforts and how, if at all, could these efforts be improved. **Outreach efforts tended to center on advertising, community outreach and collaboration with other services. Most VSOs are relying on brochures, newspapers and newsletters.** However, others are beginning to use websites as well. Unfortunately, the websites are more difficult to maintain and require an individual familiar with webpage maintenance. For example, a participant explained, “We have a website, but people with these skills come and go. We need consistent support with the technology piece. As we were in the process of pulling together a special event, the website (which was 7 years old) crashed and the vendor who had developed it had gone out of business...” Another added, “People want to fund primary prevention, but the awareness piece is so important.” In addition to print and web advertising, the VSOs are also physically reaching out to the communities by way of victims’ rights rallies, community events, school personnel training, and outreach with police

and pediatricians specifically, as well as colleges and universities. One VSO reported that they participate at a farmers market to reach individuals in the rural communities; a population reported as underserved. Lastly, almost half of the VSOs reported collaborating with other agencies/systems and local service providers as a part of their outreach efforts. Mainly, the VSOs were collaborating with local police departments, Defense Attorneys, District Magistrates, colleges and universities, healthcare systems, Children & Youth, and any other relevant organizations.

As a follow up, the VSOs were asked how these outreach efforts could be improved. Several VSOs agreed that more fundraising and reaching out to schools, professional businesses and nursing homes could improve their outreach efforts. In fact, funding was offered as a solution for many issues obstructing outreach efforts. A participant explains, “Everybody (public and funders), expects results and needs information, but resources are very scarce. Volunteers can help, but consistent ongoing support is needed for technology. We have contracted with an IT vendor to keep the computers going, but maintaining a website is a different skill set. We do have staff that know Facebook. There is very little funding for these initiatives.” To expand, some VSOs explained that increased funding would allow for additional staff, and thereby improve outreach efforts.

**Prevention and Advocacy.** The prevention efforts most commonly reported as being utilized by these VSOs were education, targeting specific victim populations, focusing on changing societal attitudes, going where the victims are, and getting the community involved. Half of these VSOs reported education as their primary strategy for prevention. One VSO explains just how vital education is to prevent future occurrences of domestic violence and sexual assault. “Primary prevention is something we really need to take ahold of. We need to talk to folks who have influence on a range of levels and educate them. Going into church, and mommy’s groups, and talking about prevention and safety planning. And not in a hysterical way, but in a way that people are vigilant. There are simple things to do to make sure your children are safe – like checking out where they play and who they play with.” Another participant explains, “I look at everybody as potential clients. We need to be more present in the schools... the earlier, the better. We need to be in more classrooms in each school, and we need to be in a classroom at least three times per year, so that the message is repeated.” Additionally, some VSOs have found

that targeting specific, underserved, populations can help potential clients. Children and young adults, especially students, as well as senior citizens, were listed as populations that need to be targeted specifically for risk reduction. Also, those already in abusive relationships need to be targeted to prevent escalation. Equally offered as possible prevention efforts were as follows: to focus on changing societal attitudes, to go where the victims are, and to get the community involved. Put simply, “We need to change the culture; to stop objectifying women; we need to change a culture that supports rape and domestic abuse.” Also worth mentioning is the fact that one VSO reported that no prevention efforts were being made. This is a surprising answer considering the vast range of answers found among the other VSOs.

**While these individual VSOs are overcoming barriers and facilitating client access, more action is still needed by way of system and policy advocacy. Roughly one-third of VSOs reported that a united effort among VSOs is required to educate government officials.** Communication among these VSOs to determine what information to present to legislators, and then to do so collectively and with a shared goal, would benefit the most organizations. One VSO representative sums, “We need commonwealth-wide initiative efforts. To create social change we need a focus and all be changing the same thing.” Consensus was also found among these VSOs regarding a necessary change of societal attitudes and media portrayal; education and training; and an increase in judiciary support. In terms of what supports are needed to engage in effective system advocacy VSO directors mentioned needing skilled and knowledgeable staff, recognition of issues facing victims, coordination between systems, and leadership from the state level.

**Emerging Trends.** Going forward, the VSOs offered many emerging issues that might impact their work in the future. The most common emerging issues are technology, funding reductions, growing drug addictions and a lack of housing. Technology, in general, presents several different obstacles. Technology is ever changing, and as a result, requires frequent training and maintenance. One VSO explains how vital it is to stay current with trends in technology. “Someday the phone will stop ringing, because everyone is texting.” Not surprisingly, another emerging issue many VSOs are facing is a reduction in funding. “Safety nets are being reduced. Other organizations are being cut along with us, so it is harder to implement our individual organizational missions.” Growing drug addictions have brought forth

myriad other problem dynamics. For example, there has been an “increase in crimes against family members – more among juvenile offenders. A lot of times parents or siblings don’t follow through with case.” Another director noted “more cases of moms coming in against sons for protection orders; very difficult for mom. A lot of times drugs are involved (e.g., bath salts, synthetic drugs, prescription drugs).”

## **Discussion**

These interviews encompassed many facets of the various organizations. It is clear that clients are using services such as legal advocacy, counseling, and housing. VSOs are working doggedly to meet the varied need of clients while under funding cuts. They are dedicated and search for innovative solutions and strategies. There are several reoccurring themes that appeared across the board that indicate some of the primary issues concerning service delivery as well as ways to move forward. These themes include funding, transportation, underserved populations, community engagement and collaboration, prevention and education, and moving beyond immediate safety.

### **Funding**

Funding was mentioned an average of four times per interview. A lack of funding has resulted in decreased staff (including bilingual staff); competition for remaining resources among VSOs; decreased outreach; the inability to provide transportation and/or safe housing for their clients; decreased program supplies (i.e. diapers, non-perishable food); decrease of services beyond the bare minimum (i.e. support group, hotlines); and staff burnout and turnover. The decrease of funding may also be sending the message to victims that the VSO has been completely shut down, as explained by one VSO. With additional funding, these VSOs could also increase the physical size of their buildings as well as the security of these buildings – an important factor with regard to these clients. Additionally, “It is important to keep the facilities clean and safe, which also incurs more expense. It’s hard to keep it looking nice with 75 people living under one roof. How do we do that, too? Nobody wants to fund that.” Also, these VSOs could improve the advertisement of their services with “more high-end media stuff—like TV and billboards. “ Moreover, “Standards from funders are like a Rolls Royce standard, but they only give enough for a Chevy.” Not surprisingly, funding is a major barrier facing all VSOs. Funding reductions and harsher reporting requirements to obtain these diminishing funds have made it nearly impossible for these VSOs to provide services to all victims in their area.

## **Transportation**

A barrier perceived to be facing almost all of VSOs is transportation. Transportation is a problem for both the victims accessing the services, as well as the providers to reach the victims. For example, many of the victims live in rural areas or areas in which public transportation is severely lacking. Many victims simply cannot afford nor have access to their own means of transportation. Several VSOs service larger areas and therefore, it can be very time consuming for travel alone. Thus, the service providers are required to simply commit to an area and spend a majority of their day out of the main office in hopes of increasing efficiency. Transportation is also a direct service after victimization; for example one VSO reported that they are, “working with a woman, who is literally on her death bed. She was victimized by her aid, and it is hard for that woman to access justice.”

Many VSOs have tried to overcome this barrier by allowing their staff to meet victims at a public location located between the VSO and the victim. This, however, creates another issue of safety. The VSO cannot ensure the safety of the victim outside the confines of their building, and even then, some VSOs reported that building security can be improved.

VSOs aim to provide transportation as much as they can or find innovative strategies for getting clients to them. One VSO reports that they have a policy against transporting victims personally but have made rare exceptions to do so. Another VSO has used the STOP grant to supply bus tickets or volunteers for non-emergency situations, and, when safety is an issue, request that the police department transport victims.

Some VSO directors view transportation as a pressing client need and wish to provide more transportation services. On the surface, this common problem seems to have a straightforward solution. However, there are many factors involved that require a more creative solution. Public transportation is lacking in many areas, which suggests that community change is needed. Until that larger problem is solved, clients will need to rely on car services or their own vehicles. By providing transportation vouchers or gas cards, this may work in the interim. However, this solution would require more funding to supply the vouchers and gas cards. Either of these solutions may require an increase in available funds..

## **Underserved Populations**

This survey sought to understand the ways in which victims were, or were not, receiving services and how this could be improved. One question in particular asked about which specific populations were likely not to be receiving services. The most common answers were minority and elderly populations. Moreover, language was mentioned as a main barrier to services and VSOs were actively working in increase their offerings along these lines.

The minority populations included those from minority ethnic and religious backgrounds. In addition to language, immigrant barriers including cultural norms, which place a high value on problem solving within one's own community, were identified as impacting service utilization. Thus, it is difficult for an outsider, such as a VSO, to provide assistance. This was also mentioned as a barrier in the Amish and Mennonite communities by a few of the VSOs. Developing trust between a VSO and a minority group can be time-consuming. Efforts made to bridge with immigrant and religious groups have included hiring bilingual staff or staff with a similar background to that of the underserved population. Additionally, attending community events hosted by the groups and participating in a non-threatening way has helped to build a trusting relationship.

## **Community Engagement and Collaboration**

Collaboration with other service providers was a common theme found among the survey responses. For example, referrals to other services were found among the most utilized services. (Referrals were also found amongst the least utilized services, but by fewer organizations.) Community engagement and collaboration was found to be an important component when facilitating client access and diminishing barriers. Yet, a few directors believed lack of collaboration with other services as well lack of community engagement was an important issue facing their organization. Others felt collaboration would greatly impact the ability to meet the needs of clients. This was also seen as a way of reaching underserved groups.

Community engagement and collaboration thus seems to be a useful strategy for these VSOs, however it is not one implemented by all VSOs and/or one that could be improved. One VSO in particular explained that the lack of financial support for all VSOs has created tension

between them. It appears that a greater collaboration and coordination between VSOs, community groups, and other service organizations could lead to improved services.

## **Prevention and Education**

While prevention and education were not indicated as the most utilized, both prevention and education were reported as needs that could be met with additional resources. Education also surfaced as an important prevention strategy. While VSOs are already engaged in these activities to some degree, the responses here indicate that this is an important area for further development. Indeed, while services like legal advocacy, counseling, and hotlines are used the most and meet the immediate needs of clients, work in prevention and education could alleviate the extent of interpersonal violence. This orientation is more “upstream” thinking which could yield community level benefits. It may also require a change in funding which tends to focus on basic services. One director explained, “VOCA—our largest PCCD funding pot, in order to fund prevention activities, we have to write blurb (explain why it is necessary). It gives impression that prevention education and outreach is not primary to overarching mission that we all cling to. Prevention is the first best service for community at large. It is much more cost effective.”

## **Moving Beyond Immediate Safety**

While safety will necessarily remain the primary emphasis of VSOs, directors were well aware of how the goal of safety is tied to other needs of the clients, not traditionally offered by VSOs. Victims’ journeys to safety and restoration is not completed after counseling, legal advocacy, and temporary housing. In fact, for most it has just begun. Directors saw this tension and indicated that the lack of safe and affordable housing impacted their ability to provide services. They further said they wanted to provide services to ensure safe housing, economic self-sufficiency, and freedom from mental health issues and substance abuse. These issues were further expanded on when asked about pressing client needs and services that would have the greatest impact. In short, the traditional set of services does not alleviate some long-standing issues among victims—namely material resources and health. Freedom from abuse and violence is not separate from these other justice issues.

## **Key Recommendations**

1. According to VSO directors, lack of public transportation is a barrier for many victims to seek services from VSOs. More transportation access needs to be supplied to clients and/or VSOs need to be provided with financial support or compensation to provide the transportation themselves.
2. Minority, elderly, poor and rural populations remain the most underserved populations. Specialized efforts are required to target these populations. Additionally, VSOs will benefit by community involvement and additional staff to reach these populations.
3. More attention needs to be paid to effective collaboration both among VSOs and with other service systems.
4. Lack of safe and affordable housing, legal help and access to economic self-sufficiency remain common barriers for crime victims. Collaboration with agencies working on these fronts or new efforts from VSOs to address these core issues is needed.
5. Going forward, united efforts to educate government leaders, changing societal attitudes and media portrayal, further education and training, as well as improving the judicial response to victims are all needed to improve the lives of victims.

## APPENDIX A: SAMPLING METHOD FOR IN-DEPTH INTERVIEWS

	Northwest	North Central	Northeast	Southwest	South Central	Southeast
DV Only	X (R)		X (S)	X (U)	X (R)	
Sexual Assault Only	X (R)		X (U)	X (S)	X (R)	
DV/SA	X (R)		X (U)		X (U)	X (S)
Comprehensive	X (S)	X (S)		X (R)		X (U)
Procedural	X (R)		X (R)		X (S)	X (U)

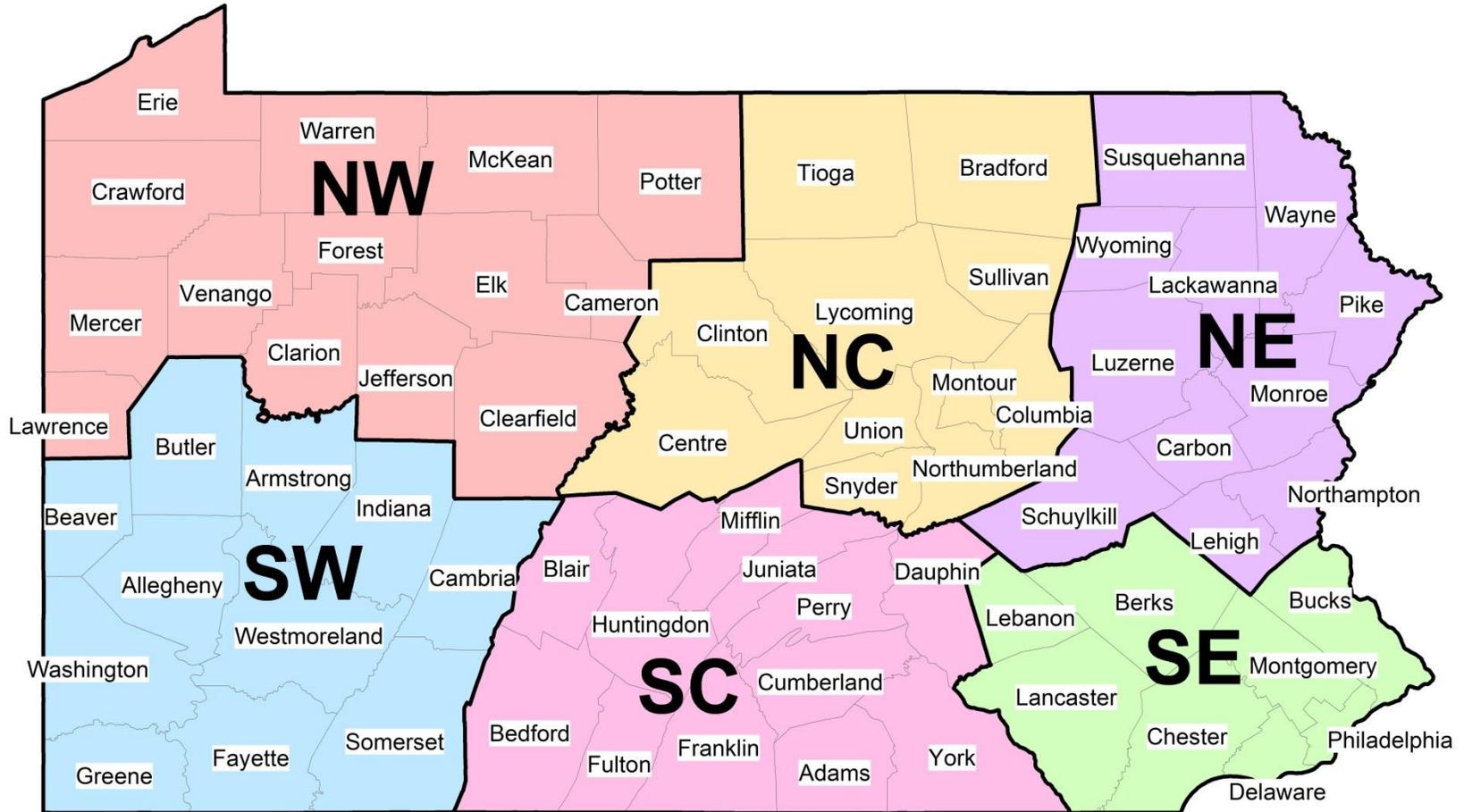
(R) denotes Rural Counties with a population density under 200

(S) denotes Suburban Counties with a population density between 200-500

(U) denotes Urban Counties with a population density over 500

## APPENDIX B – MAP OF REGIONS

### Regions for use in Victims Needs Project



#### Regions



## APPENDIX C- QUESTIONS USED FOR INTERVIEWS

### PCCD Victim Services Needs Assessment

#### Pre-Interview Questions

1. Can you describe the overall mission of your organization and the services your organization provides?
2. What type of crime victims do you serve? About how many clients do you serve per year? Do you also serve perpetrators?
3. What demographic populations do you primarily serve with respect to gender, age, race and location?
4. What is the size of your staff? How many volunteers work with your organization?

#### In-Depth Interview Guide

Thanks for meeting with me. Your experiences and insights will be very beneficial for the project. As you know, the project aims to get a comprehensive understanding of victim needs in Pennsylvania. Your interview will be compiled with others and then fold into multiply strategies we are using to understand the needs of crime victims.

I want you to know that I realize and empathize with the difficulty of working to implement your mission, stabilizing your organization and services, and managing morale during the ongoing context of funding cutbacks. All of this along with a political and economic climate that does not prioritize the justice work you are doing, underscores your generosity in giving me this time. I want you to know that I'm sensitive to this context and that your time will not be wasted.

1. Which services that you provide are most utilized by clients? Which are least utilized?
2. What barriers do clients face in accessing and utilizing services? How has your organizations sought to remove or reduce those barriers?
3. What have you found to be most effective in facilitating clients access and use of services? How has your organization sought to build on these strengths?

4. Besides, insufficient funding, what are some of the most important issues facing your organization today that impact service delivery?
5. If resources were not an issue, what client needs could you meet that you are currently not able to address?
6. From your perspective, what are the 3 most important or pressing client needs?
7. Other than additional funding, what do you think could have the greatest impact on meeting the needs of victims?
8. Which populations in your community are likely not to be receiving services? Why do you think that is? What do you think can be done about it? What would enable you to serve these populations?
9. Can you describe your outreach efforts to make clients aware of services? How can this be improved, if at all?
10. Thinking about these unmet needs from a systems or policy perspective, what advocacy needs to be done to improve the lives of clients/victims? What supports are needed to engage in effective system advocacy?
11. What prevention efforts need to be done to help potential clients?
12. What are some emerging issues we should be aware of that might impact your work in the future?

## APPENDIX D- RECRUITING MATERIALS

Recruiting email for in-depth one-on-one interviews:

Dear XXX,

PCCD has engaged Penn State to conduct a statewide Victim Services Needs Assessment to determine the needs of victims and how to best meet those needs. As part of that effort, Crime Victim Center of Erie County has been identified as a Comprehensive agency in the Northwest region that could provide valuable insight to helping achieve the project goals. Specifically, determining a comprehensive understanding of unmet needs, issues and service gaps. Further, the study will provide a framework for use in future planning, enabling PCCD to respond appropriately to help strengthen victim services.

In this regard, I would like to arrange to interview you at your convenience. We know your time is limited and will be sensitive to working around your schedule. The 45 minute phone interview will be conducted when most convenient for you (including evenings/weekends).

Attached to this email is more detailed information regarding the Needs Assessment and a list of questions that you would be asked during the interview.

I will follow-up by phone in the next few days to see if you are able to participate and schedule a specific date and time for the interview.

The contact information we have for you includes:

Agency Name  
Agency Address  
Agency city, state, zip  
Name of Agency Director/Person to be Interviewed, Title  
Daytime Phone

Please email me with any updates

Thanks,

Mike Behney

Michael Behney, Phone: (717) 948-6174  
Director, Institute of State and Regional Affairs and  
Instructor, School of Public Affairs  
Penn State Harrisburg Fax: (717) 948-6306  
777 West Harrisburg Pike E-mail: mikebehney@psu.edu  
Middletown, PA 17057 URL: <http://isra.hbg.psu.edu>

## APPENDIX E- PHONE SCRIPT

### Phone script for One-on-One Interviews 2013 Victim Services Needs Assessment

#### 1. Contacting the potential participant

Hello, may I please speak to [name]?

*If the person is not available :*

When would be a good time to reach him/her?

*If the participant is available, continue with:*

#### 2. Explaining the project

My name is Mike Behney, and I'm calling from the Institute of State & Regional Affairs at Penn State Harrisburg. I am calling to invite you to participate in an interview for a research study related to victim services in Pennsylvania. PCCD has engaged Penn State to conduct a statewide Victim Services Needs Assessment to determine the needs of victims and how to best meet those needs. As part of that effort, A Safe Place has been identified as a Domestic Violence/Sexual Assault agency in the Northwest region that could provide valuable insight to helping achieve the project goals. Specifically, determining a comprehensive understanding of unmet needs, issues and service gaps. Further, the study will provide a framework for use in future planning, enabling PCCD to respond appropriately to help strengthen victim services. Would you be willing to participate in this study?

*If participant agrees or wants more information:*

If you are agreeable, I can set a convenient time to meet with you for the interview, which will last no more than one hour. I will be audio recording our discussion so that I don't miss any of your comments. I will keep the audio file, and anything you say, completely confidential unless you give permission to be identified and to be quoted or have your comments used as a part of the research study's reporting. I will also send you a study summary sheet, which describes the study in more depth.

Are you agreeable to participating in an interview for this study?

#### 3. Scheduling the session

Set up a time/date/location agreeable to participant.

Thank you very much. If you have any questions or concerns in the meantime, please contact me at (717) 948-6174. I look forward to seeing you on [date].