



Statewide Crime Victim Services Needs Assessment

Crime Victims' Perspectives

On behalf of the Wisconsin Department of Justice, Office of Crime Victim Services (OCVS), ICF Incorporated, LLC (ICF) conducted a needs assessment with victim service providers and crime victims/survivors across the State of Wisconsin. Funded in fall 2019, the purpose of the needs assessment was to ensure that all OCVS programs and services were responsive to the needs of crime victims and service providers in Wisconsin.

The needs assessment was comprised of two core components: a survey of service providers and allied professionals and focus groups with crime victims. In early 2020, ICF conducted a statewide survey of service providers and allied professionals to assess their experiences and perspectives related to the needs of crime victims and the services available. Later in 2020, virtual focus groups were held with crime victims from across the State to provide a firsthand account of crime victims' experiences with services provision in Wisconsin.

This research brief highlights the main themes that emerged from the discussions with 30 victims of crime, survivors, family members, and caregivers of youth victims. Insights are provided from the perspective of the victims about the ways in which they first encountered services, their experience engaging with victim-serving agencies, and any gaps in addressing their needs. Recommendations were also gathered to determine where the statewide response may be enhanced and identify the most impactful services to the lives of victims and survivors.

Background of Participants

To protect the privacy of the victims who participated in this needs assessment, interviewers limited the number of questions regarding participants' backgrounds. All participants were over the age of 18, with the largest share under 30 years old (37 percent), nearly a fifth in their 50s (17 percent), and similar proportions in the remaining categories (13 percent in their 30s, 13 percent in their 40s, and 10 percent in their 60s and above). Four participants shared

about the experiences of a child victim as a family member or caregiver. A majority of the sample was female (73 percent). Of those individuals that reported race and ethnicity, most were either White (47 percent) or Black/African American (33 percent), with the remaining classifications being Hispanic (7 percent) and multiple races (6 percent). An estimated 53 percent experienced domestic violence, 27 percent spoke about child abuse as either a direct victim or family member/caregiver of the victim, 20 percent experienced attempted murder or homicide of a family member, 13 percent shared about potential human trafficking, 10 percent were sexual assault survivors, and 20 percent had experienced more than one victimization type.

Awareness of Services

IDENTIFICATION OF SERVICE PROVIDERS

Participants were asked about their awareness of services and specifically, how they first encountered a victim-serving organization. Participants provided diverse responses. The four most common ways crime victims and/or their families became aware of services was through 211 Wisconsin¹ (an information and referral hotline), law enforcement and district attorneys' offices, referral from family or friends, and an internet search. Most participants reached out to 211 Wisconsin or searched the internet for resources, with this same referral line showing in the resulting list. In these searches, there was a range of options provided to victims and very few were Wisconsin-specific. Those individuals that performed online searches discussed how difficult it was to sift through the list presented and know whether the services fit with their needs as well as if services were provided near them. This searching process was described as "overwhelming during a time of crisis." The 211 Wisconsin resource was more of a comforting connection that enabled victims to work with specialists on local options. It was particularly notable that 211 Wisconsin was the first connection to services for several victims of domestic violence because in many cases, the individuals had previously come into contact with law enforcement but did not have information about available supports to assist them. The referral line recommended options that matched victims' needs. There were several instances when participants shared that their attempts to reach the organizations went unanswered.

*"Give us the funding that we really need to get out of these situations.
You know, we can't constantly be looked at like, 'Oh, well this is just a temporary fight.
Oh, they're back with their abuser. Oh, we're tired of coming to that home.'
Understand if the services were there, a lot of us wouldn't even go back."*

¹ <https://211wisconsin.communityos.org/about>

The next most common method for seeking resources was through family or friends who knew about a victim service program. This referral was often the first point of entry in terms of contacting an organization, and then subsequent referrals were made. Only a few participants reported that law enforcement informed them about services as part of their immediate response to the situation. In these cases, the law enforcement officer would refer the victim to the victim witness coordinator at the district attorney's office. These cases tended to either involve child victims and were coordinated by the Department of Children and Families or homicides where the district attorney's office reached out directly to the family. Several participants mentioned being provided with written information about resources rather than being directly connected with supports. These were typically described as a pamphlet, letter, or packet that notified them of what support was available. This information was often passed to victims by law enforcement or received through mail or email. Additional ways that participants learned about services were through social workers, Sexual Assault Nurse Examiner (SANE) programs, other hotlines (e.g., domestic violence hotline), and victim compensation notifications.

INITIAL CONTACT WITH SERVICES

The time between the victimization and when participants were informed of services ranged from within the first 24 hours to years later. Nearly half (41 percent) reported they were made aware of services immediately following the incident or within the first 24 hours. Twenty-five percent of participants reported that they learned of services within one week to one month, and 33 percent of participants thought it was "a while" or ranged from months to years after the victimization when they discovered what services were available. The majority of participants that were informed of services felt that they were provided with a variety of options, but about half of these victims also felt they needed more guidance in navigating the array of services. Additionally, 18 percent of participants shared that they were informed of services but needed additional services that were not available.

A selection of respondents' felt they had a very hands-on experience while others were informally provided with options:

- *"Following my assault, I was really overwhelmed with the getting a lot of paper, just kind of people giving me paper after paper and folder after folder. And it was really just overwhelming."*
- *"I believe it was a packet or a sheet of information."*
- *"The ADA made the introduction to the services available through the county and their services... One of the [victim advocates] was there at the introduction. She was at every meeting. She handed us a packet. But also made sure we had her contact information. I remember her saying if there are any questions or concerns to reach out. Very attentive and proactive. (Proactive meaning) instead of waiting for us to come with a question on something we don't know, she would reach out and say here is the process and what happens next. That gave comfort and help because we didn't need to ask questions because she was in front of it."*

When participants were asked if there was a better method for learning about available services and resources, several participants suggested that victim service programs should continually reach out to victims via phone, text, or email. Participants shared that in the immediate aftermath of the victimization, they were in shock and felt overwhelmed; they could not absorb all the information being provided. One victim shared that if the victim service programs would do an initial outreach call and then do follow-up calls, this may increase the number of victims/survivors accessing the services. They also suggested that it would be helpful to increase the general awareness of the services by using social media and billboards, and providing information in schools, churches, community centers, and other places that people gather. Across the board, victims and services did not rate their awareness of services very high, and in most cases, when discussing the variety of services offered in the State, they had not heard of the organizations in reference and continued to lack awareness of options even after being connected to a provider. There were only a handful of individuals that had more than one connection to a victim-serving organization. The vision shared by participants was a strong desire to have someone to help them navigate what services were available and when to engage in those services. Many individuals at the time of the focus groups were still in a place where they did not have a readiness for certain types of services based on their responses; however, hearing about the experiences of others was a significant milestone that reassured them about their journey, and several individuals left with more optimistic views of whether they would engage with available programs. Participants also wanted to ensure that the community is educated on what is available to prepare individuals for when they are most in need, citing examples of being in a domestic violence situation and not knowing how to get help. There was an unusually high lack of awareness for most participants about what supports exist in the State.

Below is a selection of respondents' suggestions for how to better provide services information to victims/survivors:

- *“Waiting until at least someone’s out of that shock phase, I think would be helpful. Or at least scheduling or just asking a person, ‘hey, is a follow up phone call okay with you?’ or for some people it takes a while for them to get out of that shock phase.”*
- *“We were given a pamphlet with numbers and its overwhelming and confusing. I didn’t even want to go through it. I couldn’t open it and look through to see what was helpful in that moment. I’m still finding out about helpful stuff today. If someone called and walked me through, that would have been helpful.”*
- *“Maybe if I had known about it while the crimes were going on, I would have reached out sooner...I think just being aware that there are services out there [would have been the most helpful]. I really do think that just knowing that there’s people out there that are specific to helping you in no matter what situation you’re in and just having that being readily available and knowing about it.”*

Access to Services

Once individuals were made aware of services, 88 percent described them as easy to access. The boundary that was the most difficult was finding the right service, engaging with providers from an overwhelming list of options, and experiencing discomfort when asking for help. A

few individuals initially shared that “help” and “support” were not what they needed at the time, and the further they were from the victimization (or even in cases where a parent/caregiver did not picture themselves as being impacted by the trauma), the more willing they were to access services. There was a range of responses in terms of timing, and most often, it was several weeks later that respondents felt they would have more of a readiness to participate, while others needed crisis support and housing right away. Access to services was captured by asking about experiences before the pandemic, when possible, and presently as well, which at the time of the focus groups was around six to eight months since initial closures from COVID-19. The ease of access became more difficult during the pandemic for some individuals; however, the feedback was quite varied, and many survivors felt the services were even more accessible during the pandemic. Some victims shared that more services became available to them with the shift to remote care, while others expressed longer waits to get a call back and some organizations closed their doors due to the impact of the pandemic.

Overall, participants reported that victim advocates, whether system- or community-based, were easy to access. Those that had an attorney found services very accessible based on the referrals from their legal provider. Most participants shared that their victim advocate was responsive and timely in addressing their needs. These experiences were described as more comprehensive in nature, where advocates had networks of providers and recommendations for victims on how to navigate the various systems.

Participants were also asked about the challenges and barriers associated with accessing services to better articulate which services were easy to access versus those that were more restrictive. One respondent shared that it was challenging to access services in the State that accommodated victims with disabilities. For example, there were not many services that were able to accommodate cognitive and mental disabilities of a victim. And in cases where a victim moved from one county to another, obtaining new supports became more challenging because there were no services available in that county that could accommodate the victim’s disabilities and overall, there were simply very few across the state. In these cases, the only services that were available were not a direct match for the victim and were “the closest option by combining different specialties and making it work.”

“I feel victim rights should be the first thing that is discussed before even starting the interrogation process. As well as, I think with law enforcement, they tend to come from a place of doubting and speculation because they need to prove things beyond a reasonable doubt and so oftentimes it doesn’t feel like they believe you.”

Ninety percent of respondents reported that they were never denied any victim services and there were few limitations or eligibility criteria that made it difficult to be accepted into a

program once identified or referred. For those individuals that had been denied access, the reasons cited were due to income requirements, criminal history, disabilities, and race. For example, one respondent shared their experience being ineligible for housing services because of mental and physical health issues, not enough income, size of their family (number of children), race, background, and location. This same person had experienced denials from several shelters, and the experience was cross-cutting service types as well; meaning it was the denials were not specific to shelter eligibility criteria.

The most frequent barrier victims experienced was embarrassment and shame with their lack of awareness of services and the sheer volume of support systems that did not make a warm connection to options for people in crisis. Participants had endless experiences related to this, where the facilitator asked about known service offerings and nearly all participants were unaware of most options presented (and potentially how it could relate to their recovery). Some spoke about how they pictured themselves in the continuum of care and their relationship to identifying as “someone in need of help” as a way of describing whether *victim* services were what they needed versus financial assistance and other forms of support owed to them. Some individuals expressed not wanting to be treated differently and described their view of the label “survivor.” Others were uncertain of how providers could aid in their recovery and raised questions about acceptance of help (e.g., the stigma attached to being labeled a victim).

Some of the others reported that the barriers to accessing victim services involved limited awareness of available services (i.e., in addition to not knowing the types of services, also having a restricted view of the victim-serving programs in their area), lack of information from law enforcement, independence in locating or seeking out service options, transportation limitations, COVID-19 restrictions, and inadequate services for victims with disabilities. For example, respondents shared that it would be easier to access services if law enforcement were sensitive to the needs of victims, recognized the individual as a victim, encouraged the use of services, and increased their knowledge of available services as well as if victim advocates proactively reached out to victims/survivors. Parents of a homicide victim shared that they faced challenges in gaining access to the victim’s property, sharing experiences about how their home was a crime scene and their car was impounded, and assessing accounts, such as the mortgage.

Below is a selection of respondents’ comments related to awareness of services:

- *“If she didn’t call me right back, she would at least email me within the 24 hours. She made sure I had my needs met before the next day.”*
- *“I email my victim witness coordinator almost every single week just to get updates and she emails me back within a couple hours of me emailing her, so it’s very easy to get in contact...if I’m like, ‘oh I gotta ask her,’ then I’ll ask her, you know, I’ll call her then. She’s very easy to access.”*
- *“I mean that’s the only thing is I didn’t know about it until it actually happened, that the resources were available when I needed them.”*

SERVICES ACCESSED

- Food assistance
- Clothing assistance
- Education assistance
- Housing assistance (resources for low-income housing, assistance joining the Section 8 waitlist)
- Financial assistance (vouchers for household items and food)
- Domestic violence support group
- Safety planning
- Women's shelter
- Transportation assistance
- Victim compensation
- Crime investigation
- Victim witness services
- Forensic interviewing
- Counseling and therapy
- Accessibility services in court
- Receiving court hearing notifications
- Legal assistance (e.g., pro bono divorce, orders of protection, assistance with guardianship/kinship applications)
- Kinship care financial assistance
- Support group for caregivers
- Hygiene products/care packages
- Acupuncture and Reiki
- Mindful spirit group

Services Received

Focus group participants reported accessing more than 30 unique service types. These ranged from basic needs, including food assistance and hygiene kits, to support with victim compensation claims and legal remedies. The average number of services received was estimated at one or two services per victim. This was due to the spectrum being very heavy on either end, with most participants having a single service they recognized and felt accommodated their needs and only a few participants that had comprehensive support. More comprehensive care was reported in cases that involved children where there was legal representation and hands-on advocacy on behalf of the child (or children).

ACCESSIBILITY AND SERVICE SENSISTIVITY

After describing the types of service received, individuals were asked about how accommodating those services were to compare and contrast the experiences with each provider and how well-received the service was from the victim's perspective (i.e., how impactful, comforting, and aligned with their expectations). This enabled the discussion to capture whether the services were offered in an accessible and culturally humble manner, as well as if there were any barriers, such as language, that could have been better accommodated. Most participants reported that services were provided in a way that was welcoming and made them feel comfortable, and participants could easily express which services were more comforting than others. *Comfortable* and *helpful* were the two terms used as a measure of how relatable the services were and when service provision offered the most impactful result from the victim's perspective. The two types of providers that were most

commonly described as comforting were child advocates and mental health professionals. Housing and shelter programs and law enforcement were the least supportive and often fell into categories of needing to be more victim-focused and accommodating of the needs of the victim. Those that described some services as more comforting than others attributed this to specific experiences with a single individual rather than common experiences by service type or organization. For example, participants described service providers having “good days and bad days” and noting that their experience depended on when they were able to gain the attention of the provider (i.e., understanding that providers have high caseloads) or the demeanor of a provider on a given day. Law enforcement was another example where most discussions were about areas for improvement, but there were certainly cases where an individual officer was hands-on with the child victim and made connections to child protective services and a victim advocate. In this situation, the officer was described as helpful, but the family’s previous interactions with the police were quite the opposite.

Participants varied in their responses when asked if the services were sensitive to their individual needs and accessible in terms of accommodating disabilities, culture, and language access. More than half of participants agreed that service providers were fully sensitive to their needs. These participants indicated that service providers were “trying to help,” “seemed very caring,” and “had resources if they didn’t know the answer.” One participant highlighted several ways that the services they received were sensitive to the individual needs of a differently abled victim of sexual assault. This included adapting phone services to video calls to enhance accessibility and safety planning assistance, and service providers accommodating the needs of the victim, even when there was repeated backtracking due to the trauma.

Of the participants that suggested the services received were not sensitive to their needs, one participant described service providers as “trying their best with the resources available and what it allowed them to do,” and another noted that “victims have to reach out to ask for assistance and accept help, which sometimes can be difficult for people to do.” One participant indicated that the services were not sensitive to their needs and that “the color of [their] skin play[ed] a big role.” This individual shared that race impacted their ability to obtain approval for a loan and eligibility for housing/shelter options; they also felt labeled and treated as an offender rather than a victim.

No participants reported that accessibility was a barrier to receiving services. There was one individual that had several accessibility needs, and all other participants did not identify the need for accommodation in this area. For example, language was not noted as a barrier, and

“Some places send you through a maze to get to one particular thing. That is hard. Especially now. There is a lot you have to go through. Like you have to be homeless for exactly 365 days, not including staying from house to house. You have to be on the street, living in a car. Who would sit outside with children for a year?”

everyone expressed that services were offered in their primary language. One caveat to this finding is that focus groups were offered in any requested language, but only English was selected, so this finding may not be representative of non-English speakers.

IMPACT OF SERVICES

The second measure of utility was captured through the term *helpful*. Participants were asked if the services they received were helpful to further refine their perspective of impact and consider the relationship between being *helpful* and the accessibility angle in the previous section where *comfort* was also described. All participants noted that the services they received were helpful and the distinction came in the detail about who and what was the most influential. The majority of participants noted that their victim advocate was the most helpful resource for them, citing that advocates were:

- Clear in explaining processes for obtaining victim services and next steps with the various types of supports (e.g., what to expect),
- Proactive in referring victims to services and sharing additional information about available services that may align with their needs,
- Compassionate and victim-focused in the way they engaged with each person, and
- Knowledgeable about what supports may be needed and are consistently available.

Additional services that participants reported as helpful were counseling, support groups, and housing. All caregivers in the child victim focus group spoke about the same service provider and overwhelmingly agreed that the referenced provider was the most helpful and comforting service. These individuals had comprehensive support, and among all the providers they were engaged with, this advocate program was rated the highest.

Law Enforcement. Several participants shared that they had interactions with law enforcement throughout their involvement with victim services in Wisconsin. The results were quite varied, and many participants had more than one interaction. Some were described as supportive and helpful, while others felt that they were not victim-centered, so it was more difficult for them to consider them as *helpful*. As previously noted, when children were involved, the level of support was rated higher, and the lower ratings were given by domestic violence victims and one victim of color. When asked to share more about what made them less helpful, the response was focused on whether the officer was victim-focused and if the officer blamed the victim for the situation. Participants also shared that law enforcement was one of the entities that was more likely to share a pamphlet of services rather than explaining next steps to them or make any type of direct referral. The instances where law enforcement was the most helpful typically involved an advocate rather than a responding officer.

SPOTLIGHT: Law Enforcement

“One of the things I identified on the internet is to build a safety plan for victims. We actually reached out to our local law enforcement... gave them our scenario, and they actually came to the house. Three different officers at three different times came to the house, introduced themselves to [the victim], and said ‘Okay, if you ever need [anything], we’re the ones that will show up,’ so [the victim] could actually see who would be there to help. And once a shift, they would come in through our parking lot and park by [the victim’s] window so [the victim] could physically see someone sitting right there for 30 seconds and then they leave. The exact same thing happened with the fire department. The one thing that we haven’t finished doing was setting up our security system... they have offered to come in and test the equipment with [the victim] so that [the victim] knows what to do and how somebody will respond when [the victim] hits the panic button, how that phone call will actually take place.”

- Focus group participant

Below is a selection of responses that relate to the helpful and supportive question about law enforcement:

- *“I have had multiple interactions with law enforcement where my whole district knows me... I went to the degree of actually meeting with my liaison for the district and explaining to her what was going on, explaining her that this is how the court set it up that my home is the visitations... I would literally have to call my liaison and let her know [the abuser] had a visit scheduled yesterday, it’s two days later, he will not leave my home. So, then it came down to the point where they did [intervene] on my behalf... I had a little more help on the police-side aspect, but it took me a little time to get there only because I had to keep using [the abuser] as a crutch.”*
- *“Yes, the officer stayed for a while and explained things to myself and [the victim] and he was going to put the no contact order in place.”*
- *“I understand that they’re just like trying to do their job by investigating things thoroughly, but unfortunately it often comes off as being more insensitive.”*
- *“[Interactions with law enforcement were] not good they don’t care to help people, just like to lock them up for no reason... They need to stop labeling black people.”*

Court System. Participants that interacted with the court system were from either the domestic violence or homicide focus groups. Most participants had not engaged with different aspects of the system other than sharing they had a lawyer; for example, they had not been asked to appear in court or did not have an active court case against an abuser. One survivor of domestic violence explained that they only had one court appearance to file their order of protection and press charges against their abuser, and they did not have any other involvement with the court system (i.e., no charges or other crime victims’ rights

enforcement). Another participant noted frequent interactions with the court system, as they had a long-term conflict with their abuser, and legal action was taken. In this case, the survivor noted that their perspective of the court system depended on the judge—some were more helpful than others. This participant shared that overall the court system had been ineffective throughout the victimization. One caregiver of two child victims expressed difficulty interacting with the district attorney’s office in their county. This individual described the interaction below:

“[The district attorney] know[s] what they are doing and they kind of talked to me like I knew what they are doing. They talked fast and I was kind of lost. Then they called and asked me what I thought, but I could tell [the district attorney] was going to do what [the district attorney] wanted to do anyway.”

This was the entity that tended to be the most confusing for participants. Similar to legal services, if the courts or various court-related entities were too technical and did not explain the details of the steps in an easily understood manner, then the victims/survivors expressed frustration and displeasure with the service being provided.

Legal Services and Victims’ Rights. Participants were asked if they had received legal services and whether they were informed of their rights as a victim at some point in their interactions with victim service providers in Wisconsin. Most participants that responded to this question had received information about both legal service and victims’ rights. There was little distinction between the response to legal services and crime victims’ rights, with most participants sharing a similar response to both, and potentially misunderstanding all of what the question was encompassing. For example, a few respondents said they “knew what they could get as a victim,” but after further exploration in the focus group, these same individuals expressed that victim compensation had not been offered and was new to them. In the end, the most prominent theme was that most victims felt they were aware of the rights afforded to them; however, this was further defined and limited in scope to whether charges could be

“I mean yeah, but, then, when I go do the things they’re telling me to do ... still nothing’s being done about it. So, it’s [on] me to call the police myself ... there’s no point ... I might as well just defend myself.”

filed against a perpetrator, which included the financial-related options for victims and other legal remedies, such as protection orders, divorce, and child custody. Approximately half of the participants had received some type of legal support, ranging from brief advice to full representation. This included pro bono services. There were two individuals that referenced income as a barrier to receiving legal services. Only one participant had not received legal services or information about victims’ rights. Victim witness coordinators were mentioned as the most likely person to share information about victims’ rights.

UNMET NEEDS

While focus group participants highlighted the many resources and services received in the State of Wisconsin, participants also shared their unmet needs and provided insights on which services they needed the most.

Housing Needs. The most commonly cited unmet need among victims/survivors pertained to housing and shelter. Particularly, participants noted the need for increased availability of low-income housing, rental assistance, shelter for victims with disabilities, and housing for larger families. Individuals agreed that housing resources were constrained, and they struggled to find appropriately matched housing support and were often placed on a waitlist. One participant also shared that the type of housing needed was not an option in the area, citing that having children made it nearly impossible to get into a shelter program.

Lack of Navigation. Most participants explained that service organizations provide victims with a list of services; however, victims have to contact these organizations on their own and make choices among agencies they are unfamiliar with. Several participants noted that there is “no guidance” and that individuals seeking services have to “figure it out on [their] own.” This is when victims often cited feeling overwhelmed trying to make choices and “filter through stacks of paper.” Those participants that had navigators to support them throughout the process had a much more positive experience.

“Sometimes I feel like I’m in jail. I’m just being honest. Instead I feel like you guys are going out of your way to help and understand. I’m going through something and you guys are more worried about the structure. Like I understand you’re keeping the place safe, I understand things like that. But I’m not a criminal, I do not appreciate being treated as one.”

One participant noted that service providers are not sharing all available services with all victims seeking assistance and hearing about options from others in these focus groups showed them that they had been provided a limited view. This participant suggested providing this information equally to all victims:

“[T]hey’re providing services to one person here and then not telling someone else about it, and then they’ll tell someone else about this program but don’t tell this person who may need it. And it should be like an overall kind of thing. ‘What kind of services do you need?’ Kind of like an inventory, maybe.”

Employment and Education Assistance. Several participants expressed the need for assistance with employment and education. Participants noted difficulty finding work, signing up for unemployment, and enrolling in educational programs (e.g., vocational, worker retraining, and GED and graduate programs) due to their inability to afford these programs. These

UNMET NEEDS

- Clothing
- Childcare
- Transportation assistance
- Safety planning
- Services for adult victims of sexual assault with disabilities
- Occupational therapy
- Legal coordination across states
- Counseling/therapy for children exposed to violence
- Social worker
- Primary care providers
- Vehicle repair

unmet needs arose when discussing the financial constraints resulting from their victimization and survivors “not being able to sprout and make a better way for [their] family.”

Below is a selection of participants’ comments regarding unmet service needs, including housing, navigation, employment, education, and other needs:

- *“... the educational part, yes there’s always program for GEDs, but where is the educational aspect and classes that are available as a grad program or even as low income or even grant money that’s affiliated for domestic survivors basically like to go get their CNA ... so that we don’t find ourselves literally, like in my aspect, having to call back on my abuser [for childcare].”*
- *“Due to my family size being four children plus me, it’s severely hard to get bed space for 5. I find myself taking me and my children into an abandoned building that basically the lights were just on in it, you know, until it was safe for me to go home.”*
- *“Occupational therapy and physical therapy have been known to have huge impact on rewiring the brain after trauma. If you don’t do that, [the kids] are more susceptible to the occurrence happening again. None of those services are available around my particular area and the ones that are, are not covered by insurance.”*
- *“I would say signing up for unemployment because it’s been really hard to find a job and to get some type of income because I have a daughter and it’s like I’m trying to get some type of money to where I can have money for rent and for other things that I need, [is difficult after getting out of a domestic violence situation].”*
- *“It’s easy for me to go and sign myself up for batterer’s intervention and learn the wheel for domestic violence, but for my children, as a mom, I have to teach them that. You know, there’s not enough advocacy in the counseling aspect for the children.”*
- *“I definitely know, for me, I have a gym membership that helps me. Like I do yoga and I found that helpful. But I mean I definitely think having access to those healthy outlets, whether it’s a gym, yoga, I find those to be helpful [in recovery but they’re not covered].”*

IMPACT OF COVID-19 ON VICTIM SERVICE PROVISION

This needs assessment occurred in 2020 and perspectives were gathered from victims and survivors while there were closures across the State due to the COVID-19 pandemic. This allowed for a unique examination of victim service provision during the pandemic compared to service delivery that was previously experienced. An overwhelming majority of participants noted that COVID-19 guidelines and restrictions impacted the way they received services. Some results of the pandemic on victim service provision included the complete closure of some offices/organizations, new barriers from shifting to virtual service provision, decreased accessibility of services, decreased availability of resources, and delays in court proceedings. Participants expressed that these impacts made services more difficult to access, lengthened the time it took to receive support, and caused increased frustration due to delays, particularly in cases where the trauma continued as victims awaited support. There were also victims that felt the new virtual service provision was beneficial and allowed them to maintain appointments that were not previously possible due to other constraints, such as transportation and childcare.

Two caregivers of child victims had concerns about the response to child abuse during the pandemic. They noted that law enforcement explained to them that they would not arrest the perpetrator due to restrictions imposed during the pandemic that required them to have more evidence or more violent circumstances before entering the home. Additionally, they felt that they received assistance from less-experienced caseworkers at child protective services because many of the caseworkers were not deployed into the field during the onset of the pandemic. In addition to hurdles with law enforcement's ability to respond during the pandemic, closures of court systems also took a significant toll on victims and survivors. Those participants that were involved in court cases experienced lengthy delays (i.e., months) with courts hearing their case. From their understanding, only certain aspects of the case could continue virtually, and while the courts shared that there were restrictions based on the due process guidelines, victims and survivors did not feel that in-person sessions were necessary and supported their rights being enforced through a virtual setting.

Other participants noted that while the pandemic created difficulties in nearly all aspects of their lives, their victim service providers were still accessible, and the services provided virtually continued to support them. Face to face methods were preferred by most, and others wanted virtual services to continue beyond the closures. One individual suggested that the switch to virtual made their service provider more accessible, as they were able to connect with them via email and receive a faster response than waiting to visit the office in person or waiting for a call back, as they did prior to the pandemic.

Below is a selection of comments regarding changes to service provision due to the COVID-19 pandemic:

- *"It was already hard before the pandemic, but it's even harder now with the pandemic. Some offices are entirely closed."*

- *“I feel like it’s harder now because we have to do everything and publish everything online and it takes way more time to reach out. Before the pandemic, it used to be easier because we could go up to the office. I feel like it’s harder now.”*
- *“I feel like there’s less resources, and being that there’s less, that makes it a little more difficult to obtain resources.”*
- *“I haven’t done any support groups in person. All of them have been like through the email; they have some Zoom sessions. It’s different. I prefer face to face because I feel like it’s easier to have a conversation and to kind of connect with people that have been going through what you’ve been going through, so you don’t feel as isolated and alone. I mean it’s nice to have your contact person to reflect and provide insight, but it’s just not, it’s not the same.”*
- *“I’ve noticed no decrease in services or timely answering; in fact, my victim coordinator was also quarantined for a time and she didn’t come down with it, she was just quarantined, and I didn’t even know that until I talked to her in court.”*
- *“It’s kind of dreadful waiting on that callback for two or three days because sometimes it’s a dire, immediate need. The fact that COVID has brought it where we can’t go into our peace center out here in person, we’re more in connection with them via emails because it’s a faster response and it’s a much more immediate connection.”*

Future Directions and Recommendations

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

VICTIM-CENTERED AND TRAUMA-INFORMED APPROACHES

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

- **Train law enforcement** on victim-centered approaches to avoid further trauma and equip them with hands-on strategies for engaging with survivors and sharing about potential resources (e.g., operate in support of potential victims, remain entirely neutral to ensure bias is not introduced in the midst of crisis, adopt victim-centered investigation techniques).
- **Be sensitive to the trauma victims face** when retelling their story and implement more coordinated approaches to connect service provision.

- ***Be empathetic and relatable*** as service providers, given how important these traits are to victims/survivors.
- ***Consider how the service population is referenced*** and apply a survivor mentality instead of a victim mentality to meet the victim/survivor where they are in their journey.

HOUSING SERVICES

Housing services were among the services that participants needed the most and were one of the highest unmet needs in the focus groups. Many participants provided suggestions for improving housing services for victims. Key themes included increasing the availability and accessibility of housing and shelter services. Recommendations were:

- ***Loosen restrictions on approvals for shelter.*** Participants shared that they needed to be homeless and unable to pay for a one-night-stay at a motel to qualify for shelter. Additionally, participants reported receiving short notice of approval and having to arrive at the shelter within an hour or two or they would lose their space.
- ***Explore additional housing options*** for victims/survivors to increase the number of shelter programs, shelter spaces, and housing opportunities.
- ***Apply more equitable practices*** and eligibility guidelines for housing that ease access for all individuals, including victims/survivors.
- ***Improve eviction prevention programs*** to provide more expedited support.
- ***Increase the volume of low-income housing***, including options to accommodate larger families and families with children.

OUTREACH AND AWARENESS

Participants highlighted two key points where outreach would be the most helpful, yet it currently does not occur often, if at all, in Wisconsin. These outreach and awareness raising opportunities were broken into two timepoints:

- ***Prior to victimization.*** Participants reported that they would have accessed services sooner; however, there was widespread lack of awareness about offerings in the State. This continued even after contact with a provider. In many cases, conversations in the focus groups created more awareness of offered services. Participants suggested providing discrete resources, such as business cards at restaurants, grocery stores and gas stations; information on bulletin boards about available services; and education on victim services in schools.
- ***Long-term follow-up.*** Several participants noted that they would have been more receptive to services later rather than in the immediate aftermath of the victimization. The definition of later ranged from days to weeks, depending on the circumstances. To overcome this, one suggestion was to provide appropriate options when they are needed the most. For example, rather than providing an overwhelming list of resources, providers could share options in stages to address immediate needs, shorter-term healing, and long-term support, depending on the context.

CASE NAVIGATION

Most participants did not have a navigator or case manager to assist them with accessing services across organizations and receiving more comprehensive care. Participants mostly reported that victim service providers shared lists of resources that could be accessed, but very few participants received direct referrals or warm handoffs among providers. Recommendations were:

- **Enhance communication among organizations** to eliminate re-traumatization through repeated intakes.
- **Provide navigators** to assist victims/survivors with coordinating support, better understanding the various processes and options available, and taking a more hands-on approach for connecting victims/survivors with providers.

ADDITIONAL RECOMMENDATIONS

Focus group participants provided several other recommendations not included above:

- **Involve family members in case planning and care options.** Parents recommended including their children as part of recovery and providing support for all members of the family. Specifically, parents noted a lack of treatment and programming available to children exposed to violence. Services are also needed for treatment of secondary trauma to better support parents, caregivers, and other family members.
- **Increase the availability of childcare services** and resources for children (e.g., clothing, food, housing options for families).
- **Simplify the crime victim compensation application process** or provide support to victims with navigating the paperwork—participants felt the program was not trauma-informed or victim-centered and should empower survivors; however, it was overwhelming and time-consuming (resulting in fewer applications).
- **Increase services available to victims with disabilities:** One participant suggested convening a committee to create a resource list and communication plan for support services for individuals with intellectual and developmental disabilities.
- **Enhance orders of protection and availability of location information:** Suggestions included limiting the availability of contact information and increasing coordination of protective orders across states. In several cases, victims/survivors had restraining orders that were not enforced, or after relocation of a victim to another state, the perpetrator continued to find the individual.

“[We] need to have a whole system change. They didn’t work with us. If it hadn’t been for [our child advocate], we would have been lost. We were doing it all alone and no one would help us. I really feel that the system has failed with us. How long do [we] have to wait? How much longer do [our kids] have to go through this [before they can get] help?”

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