State of Iowa Victim Needs Assessment

Final Report

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Iowa Attorney General's Office
Crime Victim Assistance Division

Acknowledgments

The following needs assessment was sponsored by the Iowa Attorney General's Office Crime Victim Assistance Division (CVAD). The authors would like to thank CVAD staff and members of the Coalitions for their ongoing guidance, support, and commitment to the project. In addition, we would like to extend a special thank you to the many survivors, service providers, and allied professionals who participated in this needs assessment and provided critical feedback to help inform victim services in Iowa.

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Chapter 1. Introduction

On behalf of the Iowa Attorney General's Office Crime Victim Assistance Division (CVAD), the ICF research team was tasked with conducting a needs assessment of victim service providers and crime victims across the state of Iowa. Funded in Fall 2015, the purpose of the needs assessment is to ensure that all CVAD programs and services are responsive to the needs of crime victims and service providers in Iowa.

This needs assessment comprised of two core components: a survey of service providers and allied professionals, and focus groups and phone interviews with crime victims. ICF conducted a statewide survey of service providers to assess the experiences and perspectives of service providers related to the needs of crime victims. A subset of these services providers, and a few additional providers recommended by CVAD, assisted with identifying crime victims interested in participating in this project. ICF conducted focus groups and phone interviews with any crime victim that was willing and able to participate to add a firsthand account of crime victims' experiences with service provision in Iowa. This report provides an overview of the methodology and findings from both components of data collection, and offers recommendations for service improvement throughout the state. It also includes the data visualization tools created to allow CVAD and the field to use the information gathered and create customized figures and tables.

Chapter 2. Methodology

Service Providers and Allied Professionals

The service provider perspective was gathered through a web-based survey designed to (1) better understand the range of victim services in Iowa, (2) document gaps in service provision, (3) assess barriers and challenges to service delivery, (4) identify emerging trends in victim services, and (5) solicit recommendations on how to improve the field's response to victims of crime throughout the state. The survey was broadly targeted for all providers and allied professionals in Iowa that serve crime victims in varying capacities (e.g., direct assistance, policy, referrals, victim assistance funding). In addition, all individuals who were familiar with their organization's service delivery to crime victims were encouraged to complete the survey regardless of their current position (i.e., front line staff vs. management staff) in order to ensure a diversity of perspectives.

Identifying Service Providers

ICF research staff compiled an initial sampling frame of service providers and allied professionals across the state of Iowa first by gathering a list of organizations that had been funded by CVAD in the past or currently have CVAD funding. To capture agencies that were not previously funded by CVAD, researchers conducted an online review of national databases, listservs, and websites to capture a more complete picture of professionals providing services to victims of crime. Through online research and phone calls, researchers verified and updated the program contact information compiled for the survey sampling frame. As part of the verification process, researchers removed duplicate entries, consolidated multiple programs and points of contact from a single organization, corrected outdated or invalid contact information, and obtained missing contact information. This process resulted in a final sample of more than 1,500 organizations with known contact information and several listservs that remained anonymous to the research team to ensure confidentiality of their membership. Initial outreach resulted in 266

bounce back emails and these contacts were further investigated to verify the contact information or identify a new point of contact for the organization.

Survey Development

To develop the survey instrument, researchers relied on a previously validated needs assessment tool that was created based on an in-depth review of existing needs assessment survey instruments and designed to capture similar concepts in the field of victim services.[1] In addition to respondent background information, the instrument included 11 key domains:

- Types of Service Delivery
- Funding for Victim Service Programs
- Training and Technical Assistance
- Outreach and Awareness
- Challenges and Barriers to Service Delivery
- Crime Victims' Service Delivery Needs
- Service Coordination Activities
- Collaboration
- Cultural Competency
- Strengths of Service Organizations
- Service Provider Recommendation

A web-based version of the survey was deployed in December 2015. Paper versions were also made available upon request. Given the length of the survey, two versions of the instrument were created in order to ease the burden on participants and divide the 11 domains across the two tools.[2] Respondents were randomly assigned to one of two versions of the instrument based on the primary region served, current position as a direct service provider, and a random number collected from the respondent in the first section of the survey. This reduced the burden to approximately 20 minutes per respondent. The research team initially fielded the survey for two weeks, sending weekly reminder emails to providers through ICF's survey marketing tool, and reminders at increased frequency the week it was due. An extension was granted for two weeks and follow-up calls and targeted emails were conducted to increase the response rate. The online tool remained open for an additional four weeks past the deadline to allow for responses to be gathered during the follow-up period and while researchers were in the field conducting focus groups and sharing information in-person about the study effort.

[1] Lowry, S., Reid, L., Feeley, L., Niedzwiecki, E., Johnson, M., & Williamson, E. Massachusetts Office for Victim Assistance 2014 Needs Assessment: Findings from the Crime Victim Data Collection. *ICF International*.

[2] The instrument contained 11 domains of questions in total. Five key domains were included on both versions of the tool which allowed all respondents to answer these questions. Two other domains were split, and half of the domain's questions were included in each version of the survey to be sure those topics were presented for each group. The final four domains were presented in one instrument or the other (i.e., each of these domains were only included in one version and the topic was asked of one sample only). The burden for each tool was similar during pilot testing.

Data Validation and Analysis

A total of 1,323 surveys were received from service providers across all six regions in the state of Iowa. These data were processed and checked for invalid responses to identify surveys with a high frequency of missing data (i.e., respondents opted into the survey but did not complete any survey items) and duplicate responses. From this process, 179 surveys were removed and the remaining surveys were deemed valid and included in the analysis (N=1,140).[3]

***1,323 SURVEYS** were returned from service providers and allied professionals across all six regions of the state of Iowa.*

The surveys were analyzed using descriptive statistics to provide (1) basic information regarding the range of victim services in Iowa, (2) perceived gaps in and challenges to service provision, (3) emerging trends in victim services, and (4) recommendations on how to improve the field's response to victims of crime throughout the state. Social networks were also generated to display the relationships between organization types and the connections for referring crime victims for services. As noted in the findings below, weights were applied to account for the low frequency in certain pools of respondents.

Crime Victims and Survivors

The purpose of the crime victim data collection was to also understand the needs of crime victims in Iowa through the lens of survivors, document gaps in service provision, assess barriers and challenges to receiving services, and solicit recommendations on how to improve the field's response to victims of crime based on lived experience. Data was collected through both in-person focus groups and phone interviews.

Recruitment and Outreach

In order to capture the perspectives of crime victims in both urban and non-urban catchment areas and obtain geographic diversity in the sample, researchers conducted focus groups in each of the six state regions (Northwest, Northcentral, Northeast, Southwest, Southcentral, and Southeast). Three main focus groups were scheduled in each region with survivors of: domestic abuse, sexual abuse, and other forms of violence. In order to obtain an in-depth understanding of the needs of underserved, unserved, and misserved populations, 8 focus groups were also conducted with selected cultural groups, including African American, LGBTQIA, Native American, Asian, Deaf and Hard of Hearing, and Latino/a, as the focal communities for victim data collection efforts.

To develop the initial sampling frame, ICF reached out to service providers in the counties who participated in the service provider survey and other providers identified by CVAD to seek their

[3] Due to the restrictions with the membership directories that prevented researchers from accessing the number of members reached, a response rate could not be calculated. However, the best possible response rate that could be achieved based on 1,323 reported responses compared against the master list of 1,527 contacts is 87 percent.

assistance in recruiting victims. In total, 269 service providers were contacted by ICF to participate in this phase of the project. Initial contact to each service provider was via email, with an email invitation sent one week later and then a follow-up phone call the following week.

The service providers were asked to contact any crime victims they believed might be interested in participating in the focus group. In order to participate, victims were required to be at least 18 years of age, a direct victim of a crime (including immediate family members), have had experience with victim services in Iowa, and self-identify as mentally prepared to participate in research related to their experiences receiving victim services. If the participant was not able or interested in attending the focus group, the option of a phone interview was presented. Service providers contacted potential participants, shared basic information about the project, and asked if the victim would like to participate. If victims were interested in participating, service providers gave them detailed information about the focus groups and contact information for ICF research staff if they had any questions. In some cases, service providers also provided ICF with the contact information of these interested individuals for ICF to provide additional information.

*Four main discussion topics were **AWARENESS** of Services, **ACCESS** to Services, Services **RECEIVED**, and **RECOMMENDATIONS**.*

The main challenge in recruiting participants was in reaching out to culturally specific populations and survivors of violence. Providers that served the culturally specific populations identified frequently did not have clients that were available or interested in participating. In many communities, ICF was referred to one or two organizations that primarily served the population of interest and existing networks in the area were leveraged based on input from CVAD and other components of the study.

Instrument Development

In collaboration with CVAD, ICF created a semi-structured interview protocol[4] that was designed to elicit opinions on the current state of victim services in Iowa and recommendations for improvement. This protocol and the procedures followed for focus group facilitation and interviewing were trauma-informed and based on tools developed through other similar research at ICF.[5]

In total there were 25 focus groups, this included six domestic abuse groups, five violent crimes groups, six sexual assault groups, and eight culturally specific groups. A total of 121 crime victims participated: 114 crime victims participated in the focus groups and seven crime victims participated in phone interviews.

[4] See Appendix C for the focus group protocols.
[5] Lowry, S., Reid, L., Feeley, L., Niedzwiecki, E., Johnson, M., & Williamson, E. Massachusetts Office for Victim Assistance 2014 Needs Assessment: Findings from the Crime Victim Data Collection. ICF International.

Qualitative Analysis

ICF requested permission from all focus group and phone interview participants to audio record the interviews. These audio recordings were transcribed. In order to ensure the confidentiality of participants, identifiable information was removed and the recordings were deleted following their transcription. The transcripts were then reviewed, coded, and analyzed to extract key themes. All transcriptions were qualitatively coded to provide basic information regarding the range of victim services in Iowa; perceived gaps in and challenges to service provision; emerging trends in victim services; and recommendations on how to improve the field's response to victims of crime throughout the Commonwealth. The results of this analysis are discussed below.

*A total of **25 VICTIM FOCUS GROUPS** were held across the state. Survivors were divided into **8 CULTURALLY SPECIFIC** sessions that targeted populations that are traditionally underrepresented and those that were reported as groups in need. Both domestic violence and sexual assault sessions were offered in every region, which resulted in a total of **6 DOMESTIC ABUSE** and **6 SEXUAL ASSAULT** groups with participants. Survivors of violent crimes were also clustered together and scheduled in all regions and **5 VIOLENT CRIME** groups were ultimately completed.*

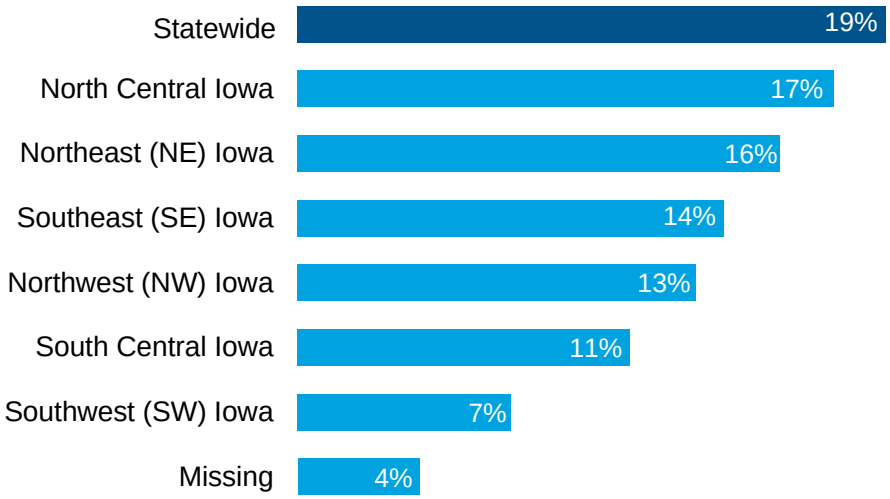
Chapter 3. Needs Assessment Findings for Service Providers

This chapter begins with an overview of survey respondents' background, followed by a description of service delivery to crime victims; funding sources for victim assistance programs and activities; victim services training and technical assistance requirements and needs; outreach and awareness activities; and interagency collaboration among victim-serving organizations. The section then details the perceived challenges and barriers to service delivery faced by victim-serving organizations, the most critical barriers victims face in seeking services, and the need for crime victim services beyond the current capacity.

Background of Respondents and Service Area

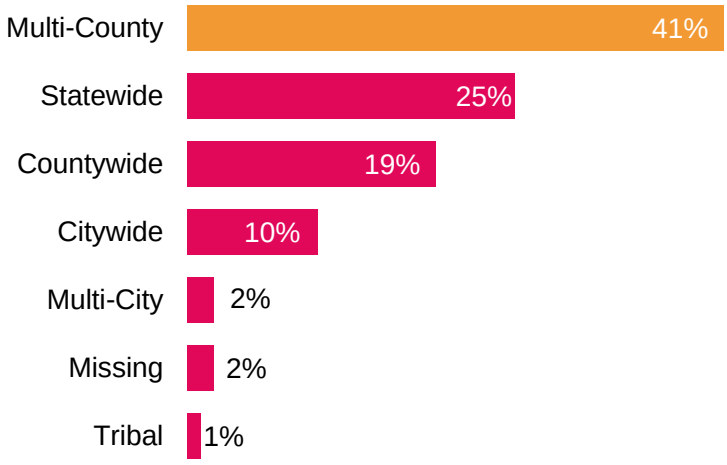
The following section provides information on respondents' background, including (1) the region their organization is located, (2) the catchment area served by their organization, (3) the population density of the area they serve, (4) the type of organization where they work, (5) their primary role in their current position, and (6) their years of experience in the victim services field (see Exhibits 1-6).

Exhibit 1: Location of Victim Service Providers by Region (n=1,323)



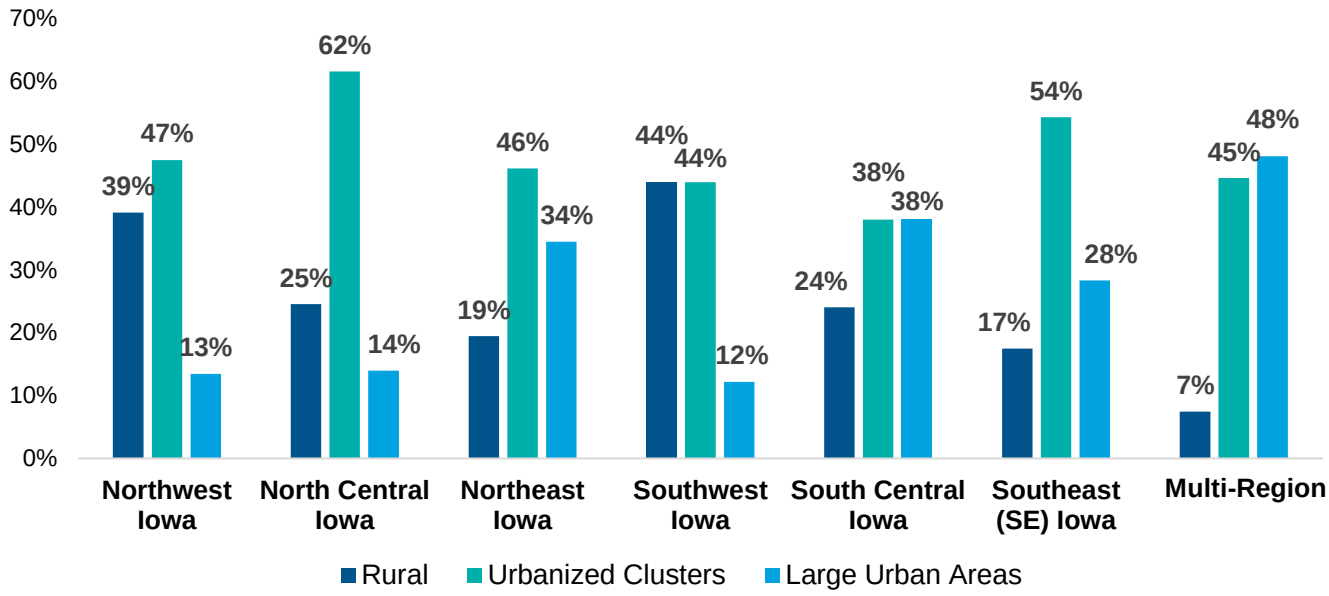
As shown in Exhibit 1, twenty percent of respondents worked in organizations that were statewide and covered all six regions. There was nearly equal representation in most of the individual regions (i.e., ranging from 11 to 17 percent), with the smallest number of providers in the Southwest region of Iowa (7 percent). When looking at a single region, this meant that between 26 to 36 percent of the respondents were able to speak to the needs of victims in the region. Respondents were also asked about the catchment area that their organizations served. Nearly half of the respondents indicated that their organization served multiple counties. North Central, South Central and Multi-Region organizations were the only regions to indicate that their service area included Tribal lands. See Exhibit 2 for a chart of the catchment areas served by all regions.

Exhibit 2: Average Organizational Catchment Area (n=1,144)



A majority of respondents in each region indicated that most of their clients reside in urbanized clusters or large urban areas. Organizations located in Southwest Iowa had the largest percentage of clients living in rural areas. However, there was representation from all three population densities for each region to provide a comprehensive snapshot of the area. See Exhibit 3 below for the percentage of clients living in rural areas (less than 2,500 people), urbanized clusters (between 2,500 and 50,000 people), or large urban areas (50,000 or more people) in each region.

Exhibit 3: Population Density of Areas Served by Region (n=1,123)



A majority of the respondents, averaged across all regions, were in a management or administrative position at their organizations with more than 10 years of experience (see Exhibits 4 and 5).

Exhibit 4: Respondents Primary Role (n=1,140)

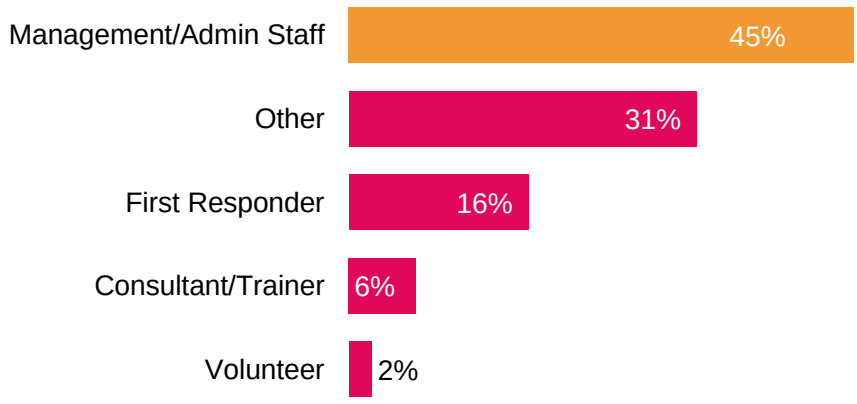
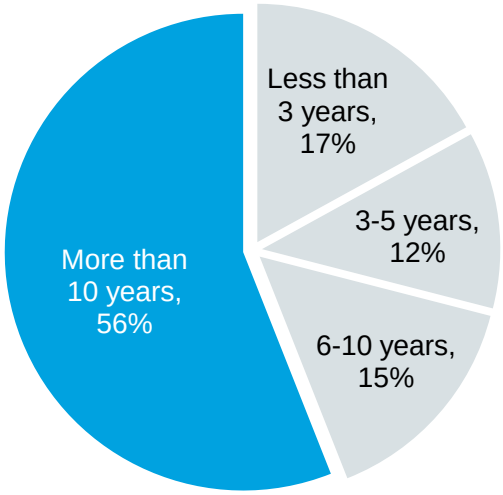


Exhibit 5: Years of Experience (n=1,141)



Respondents were given a list of organization types to select from to label their current workplace/profession. Multiple responses were accepted. The 10 most frequent organization types selected were: Non-Profit, Law Enforcement, Domestic Abuse Agency, Sexual Assault Agency, Criminal Justice Government Agency, Human/Social Services, Prevention Services, Health/Medical Services, Domestic Violence Shelter, and Legal Services. In the North Central and South Central regions, community corrections was among the top 10. Statewide organizations were most commonly legal services, non-profits, criminal justice government agencies, sexual assault agencies, and human/social services. Across all regions, there were very few elder agencies, disability agencies, or faith-based organizations. Many of these organization types were identified by providers that were statewide, with several regions having no other representation. This result may be partially due to nonresponse, but was reflective of what stakeholders shared about available resources in later portions of the survey.

Exhibit 6: Organization Types by Region (n=1,143)

Organization Types	Northwest	North Central	Northeast	Southwest	South Central	Southeast	Multi-Region	Total
Child Advocacy Center	5	10	12	4	5	9	7	52
Coalition	2	8	2	4		2	23	41
Community Centers	6	4	4		2	3	3	22
Community Correction (Probation, Parole)	19	29	8	1	15	9	9	90
Community Organizing	3	8	5	2	2	5	5	30
Community-Based/Grassroots	7	11	8	6	5	8	17	62
Courts	10	16	16	4	5	10	13	74
Criminal Justice Government Agency	21	19	13	3	12	23	44	135
Disability Agency	0	2	0	0	0	1	2	5
Domestic Abuse Agency	28	34	34	25	9	31	17	178
Domestic Violence Shelter	16	25	20	13	7	31	4	116
Education	7	13	18	8	4	11	19	80
Elder Agency	3	0	0	0	1	1	3	8
Faith-Based	1	1	3	3	3	2	2	15
Health/Medical Services	18	26	17	17	14	18	9	119
Help Line	10	11	18	11	3	21	8	82
Homeless	3	8	17	8	7	12	6	61
Human/Social Services	18	25	20	10	12	24	23	132
Law Enforcement	21	46	37	19	22	32	11	188
Legal Services	6	10	17	3	0	12	53	101
Legislation /Policymaking	0	1	0	1	1	1	9	13
Mental Health	18	10	7	3	14	10	11	73
Military	0	0	0	0	0	0	0	0
Non-Criminal Justice Government Agency	2	0	0	0	0	1	9	12
Non-Profit	30	39	45	27	28	28	47	244
Offender Services	5	12	2	1	2	4	11	37
Prevention Services	11	20	26	21	10	24	14	126
Prosecution	6	8	10	0	8	9	10	51
Refugee Resettlement	0	1	0	0	3	0	1	5
Research	0	2	0	2	0	1	5	10
Sexual Assault Agency	13	29	32	26	23	28	25	176
Other	7	14	12	5	9	7	23	77

Note: Respondents were able to select more than one option.

Service Delivery

Respondents were asked to report on the demographics of the crime victims that they serve. Respondents replied on a Likert scale ranging from 1 “None” to 5 “All” to denote the volume of clients they serve that fit each of the provided demographic options. Across all regions the demographics that were most common in reference to those being served were: females, adults between the ages of 22 and 29, White non-Hispanics, heterosexual, and English speaking (i.e., the average was “some” to “most clients”). The least commonly seen crime victim demographics were youth under 11 years old, transgendered victims, Native Hawaiian crime victims, victims requiring a translator, and victims identifying as Queer (see Exhibit 7).

Exhibit 7: Victim Client Demographics (n=906)

	North west	North Central	North east	South west	South Central	South east	Multi-Region	Average
Age								
Youth under 11 years of age	2.36	2.30	2.43	2.45	2.51	2.49	2.41	2.42
Youth 11 -17	2.58	2.45	2.53	2.63	2.70	2.65	2.67	2.60
Adults 18-21	2.81	2.78	2.93	2.91	2.97	2.91	2.90	2.89
Adults 22-29	3.17	3.12	3.21	3.23	3.21	3.29	3.16	3.20
Adults 30-39	3.16	3.11	3.09	3.32	3.19	3.13	3.07	3.15
Adults 40-49	2.98	2.83	2.90	3.07	3.01	2.94	2.92	2.95
Adults 50-59	2.64	2.62	2.62	2.78	2.71	2.70	2.71	2.68
Adults 60 and older	2.36	2.42	2.40	2.38	2.46	2.43	2.57	2.43
Gender								
Female	3.83	3.71	3.81	3.68	3.81	3.75	3.81	3.77
Male	2.68	2.73	2.58	2.59	2.77	2.69	2.80	2.69
Transgender	1.63	1.83	1.88	1.78	1.88	1.91	2.16	1.87
Race/Ethnicity								
American Indian/Alaska Native	2.26	1.91	1.88	1.76	2.06	1.95	2.36	2.03
Asian	1.95	2.17	2.02	1.79	2.30	2.09	2.52	2.12
Black/African American	2.47	2.72	2.91	2.42	2.66	2.89	2.93	2.72
Hispanic/Latino	2.89	2.74	2.57	2.58	2.63	2.71	2.93	2.72
Native Hawaiian/Other Pacific Islander	1.86	1.80	1.82	1.60	1.77	1.81	2.25	1.84
White, Non-Hispanic	3.79	3.75	3.69	3.78	3.75	3.67	3.61	3.72
Two or More Races	2.65	2.76	2.83	2.48	2.68	2.79	2.83	2.72
Do Not Identify	2.08	2.11	2.20	1.63	2.07	2.41	2.58	2.15
Primary Language								
English	3.99	3.93	3.98	4.12	3.96	3.97	3.85	3.97
Other than English	2.77	2.72	2.54	2.33	2.72	2.50	2.90	2.64
Translator required	2.55	2.32	2.23	2.06	2.19	2.23	2.64	2.32
Persons with Disability								
Persons with disability	2.56	2.48	2.74	2.46	2.51	2.60	2.69	2.58
Sexual Orientation								
Lesbian	2.24	2.42	2.34	2.12	2.30	2.41	2.52	2.34
Gay	2.07	2.38	2.24	2.12	2.31	2.35	2.51	2.28
Bisexual	2.18	2.54	2.36	2.12	2.41	2.53	2.55	2.39
Heterosexual	3.86	3.81	3.76	3.71	3.84	3.68	3.71	3.77
Queer	1.90	2.20	2.20	1.85	2.18	2.28	2.57	2.17

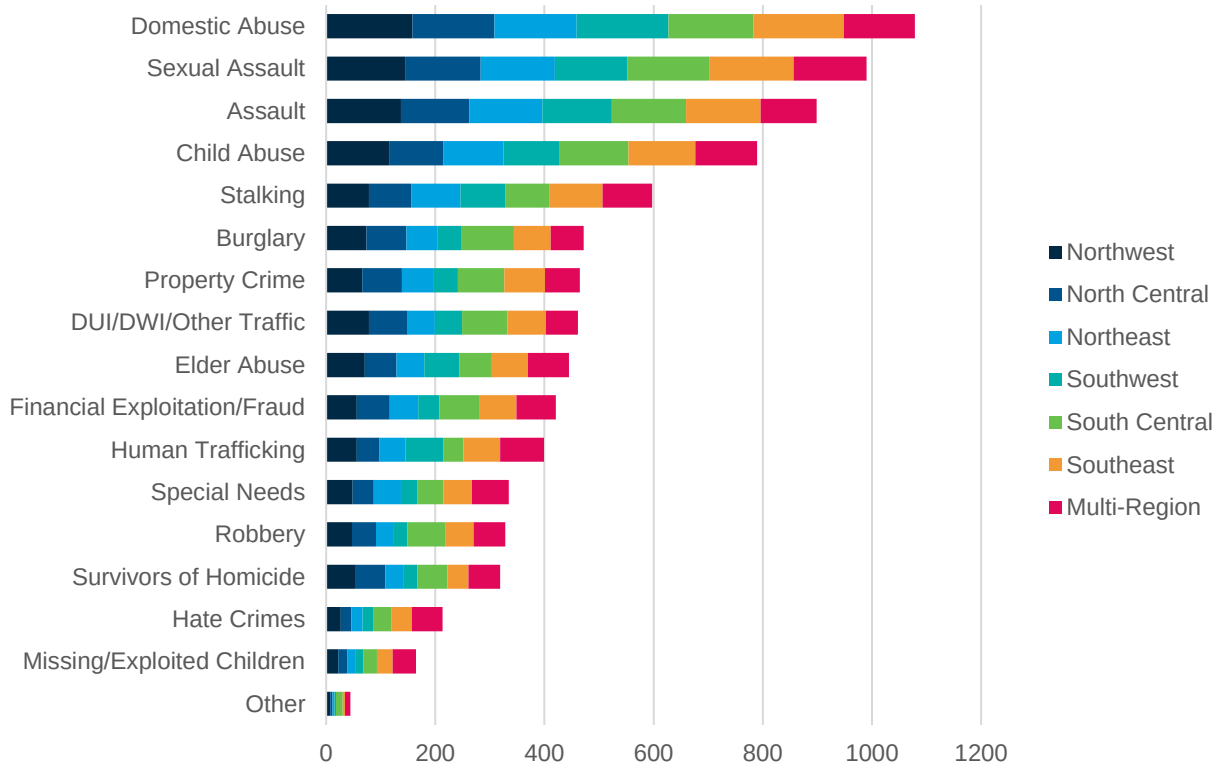
Exhibit 8 shows the top 10 victimization types seen in each region in order from most to least often served by respondents.

Exhibit 8: Top 10 Victimization Types by Region

Northwest	North Central	Northeast	Southwest	South Central	Southeast
Domestic Abuse	Domestic Abuse	Domestic Abuse	Domestic Abuse	Domestic Abuse	Domestic Abuse
Sexual Assault	Sexual Assault	Sexual Assault	Sexual Assault	Sexual Assault	Sexual Assault
Assault	Assault	Assault	Assault	Assault	Assault
Child Abuse	Child Abuse	Child Abuse	Child Abuse	Child Abuse	Child Abuse
Stalking	Stalking	Stalking	Stalking	Special Needs	Special Needs
DUI/DWI/Other Traffic	Burglary	Property Crime	Special Needs	Elder Abuse	Financial Exploitation
Burglary	Property Crime	Burglary	Elder Abuse	Financial Exploitation	Stalking
Elder Abuse	DUI/DWI/Other Traffic	Financial Exploitation	Financial Exploitation	Stalking	Survivors of Homicide
Property Crime	Financial Exploitation	Elder Abuse	Property Crime	Burglary	Elder Abuse
Human Trafficking	Survivors of Homicide	Special Needs	Burglary	Survivors of Homicide	Property Crime

As evident by these graphs the top victimization types across all regions are domestic abuse, sexual assault, assault, and child abuse which aligns with the prevalence in Iowa. Nearly all respondents serve domestic abuse and sexual assault victims. Survivors of human trafficking, homicide, hate crimes, and childhood exploitation were served by less than 30 percent of respondents.

Exhibit 9: Number of Providers by Victimization Type and Region (n=1,143)

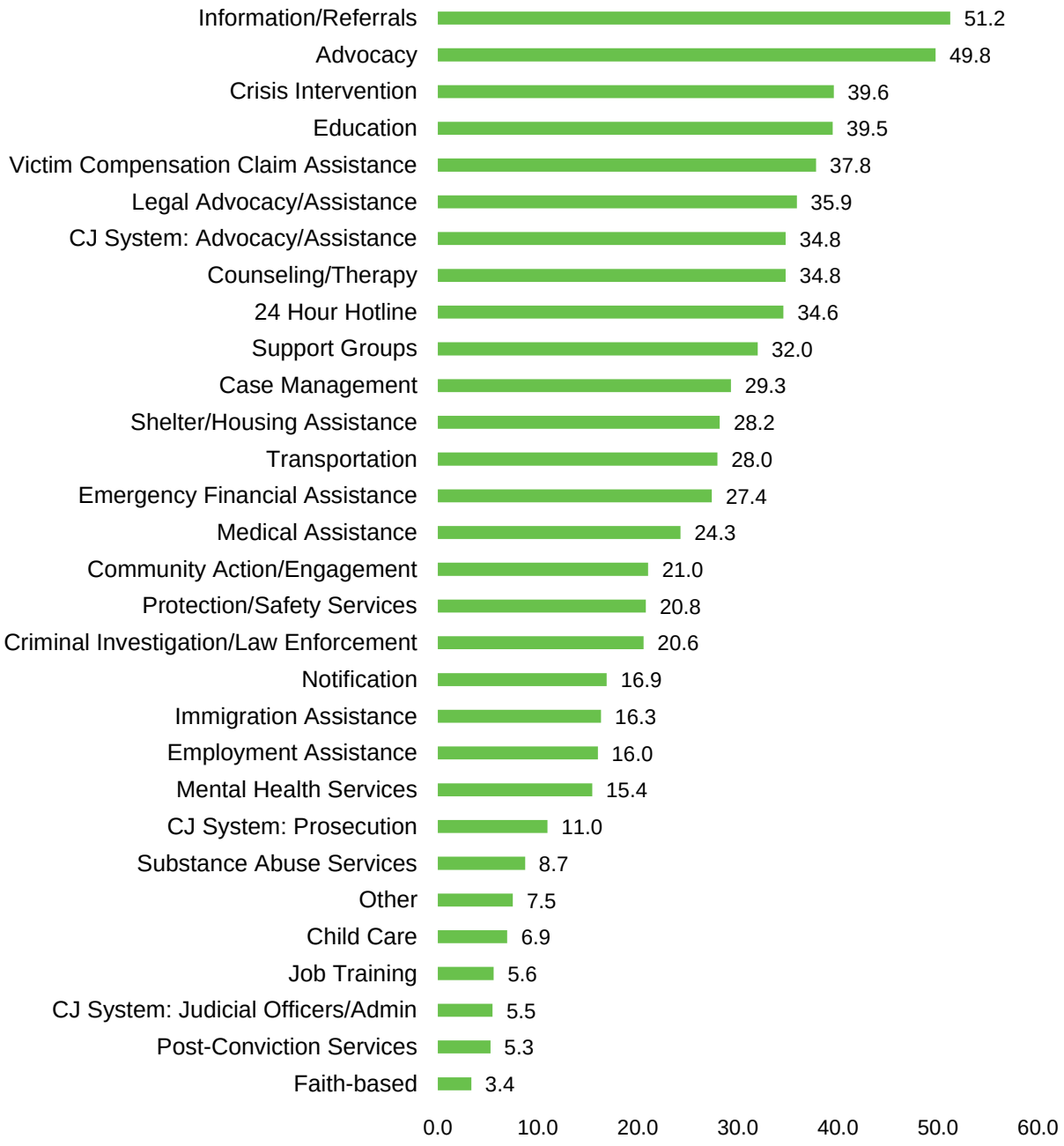


Several respondents indicated that their organization was able to serve all victimization types. "Other" comments included:

- "Bullying."
- "Children being bullied, teen dating violence."
- "Consumer fraud."
- "Extreme violent crimes related to ethnic or racial persecution, including murder of immediate relatives, kidnapping, sexual assault, destruction of property and unlawful imprisonment."
- "Genocide refugees."
- "Immigrant victims."
- "Refugee community."
- "Offenders."
- "Past sexual abuse/assault (often during childhood)."
- "Persecution."
- "Survivors of suicide victims."
- "Terrorism."
- "Workplace Discrimination / Abuse."

Respondents were then asked about the types of victim services offered by the organization. The most commonly provided services were: information and referrals (51 percent), advocacy (50 percent), crisis intervention (40 percent), education (40 percent), and victim compensation

Exhibit 10: Percent of Respondents by Type of Services (n=894)

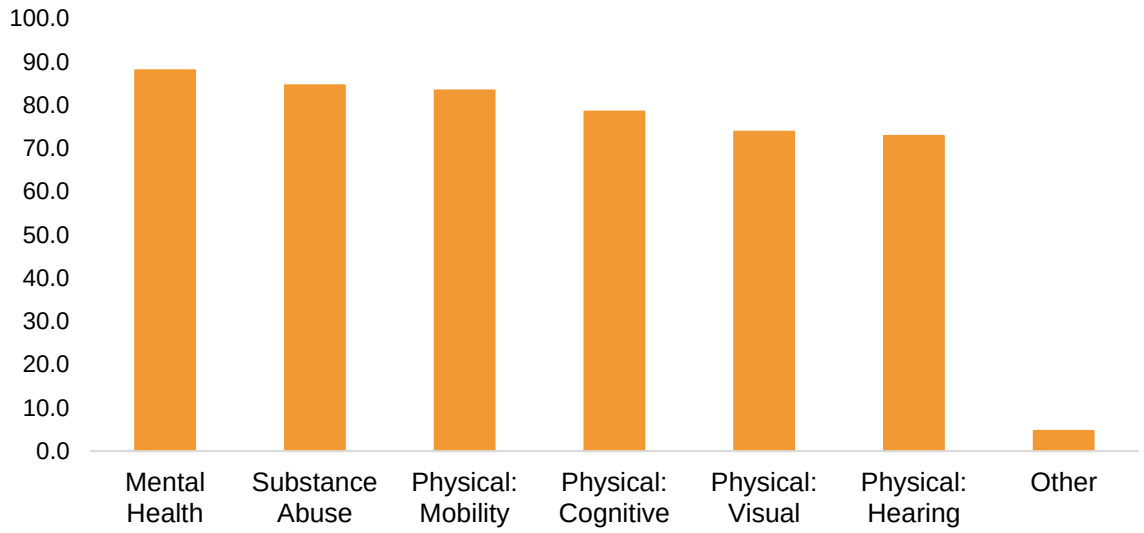


claim assistance (38 percent) (see Exhibit 10). Immigration services (16 percent), employment assistance (16 percent), mental health services (15 percent), and faith-based services (3 percent) were not as common. “Other” services offered by respondents that were not included in the list of options were:

- Assessment of child abuse
- Civil Legal Assistance
- College Scholarships for victims/survivors of domestic violence
- Discounted funeral services for the victim's family to help pay for funeral services.
- Financial compensation from the offender/offender's family
- Information about the criminal justice system and restitution
- Interpretation / Translation
- Parole hearings and protective orders
- Recovery for all behavioral issues, spiritual recovery (optional)
- Representation in court
- Reproductive health and sexually-transmitted infection investigations
- Safety planning
- Collect victim restitution
- Provide youth a mentor

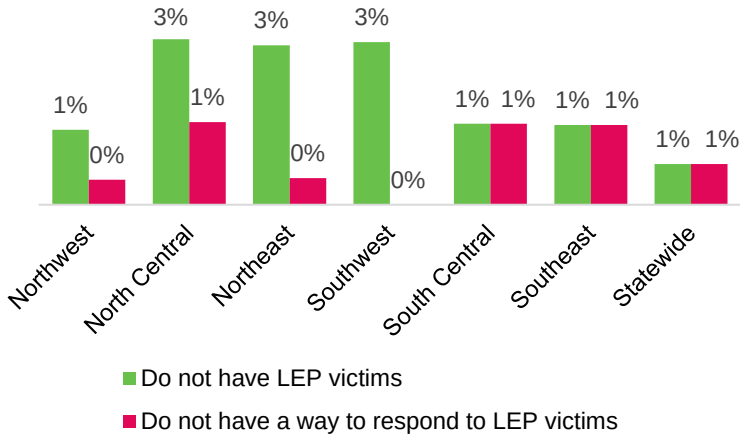
On average most agencies across all regions were able to accommodate mental health, substance abuse, and physical disabilities including mobility, cognitive, visual, and hearing disabilities.

Exhibit 10: Service Providers' Ability to Accommodate Victims with Disabilities (n=409)



On average most agencies across all regions were able to accommodate mental health, substance abuse, and physical disabilities including mobility, cognitive, visual, and hearing disabilities. "Other" comments regarding whether an agency is able to accommodate disabilities ranged from "questionable" to "[the organization wanting to] adapt to disabilities when possible on a case-by-case basis, or work with another organization more" to "[the agency having] no formal training on accommodating these, but [being] open to doing so." Several professionals noted a desire to refer to "proper agencies" to ensure victims get the assistance that is needed.

Exhibit 11: Inexperience with LEP Victims (n=451)

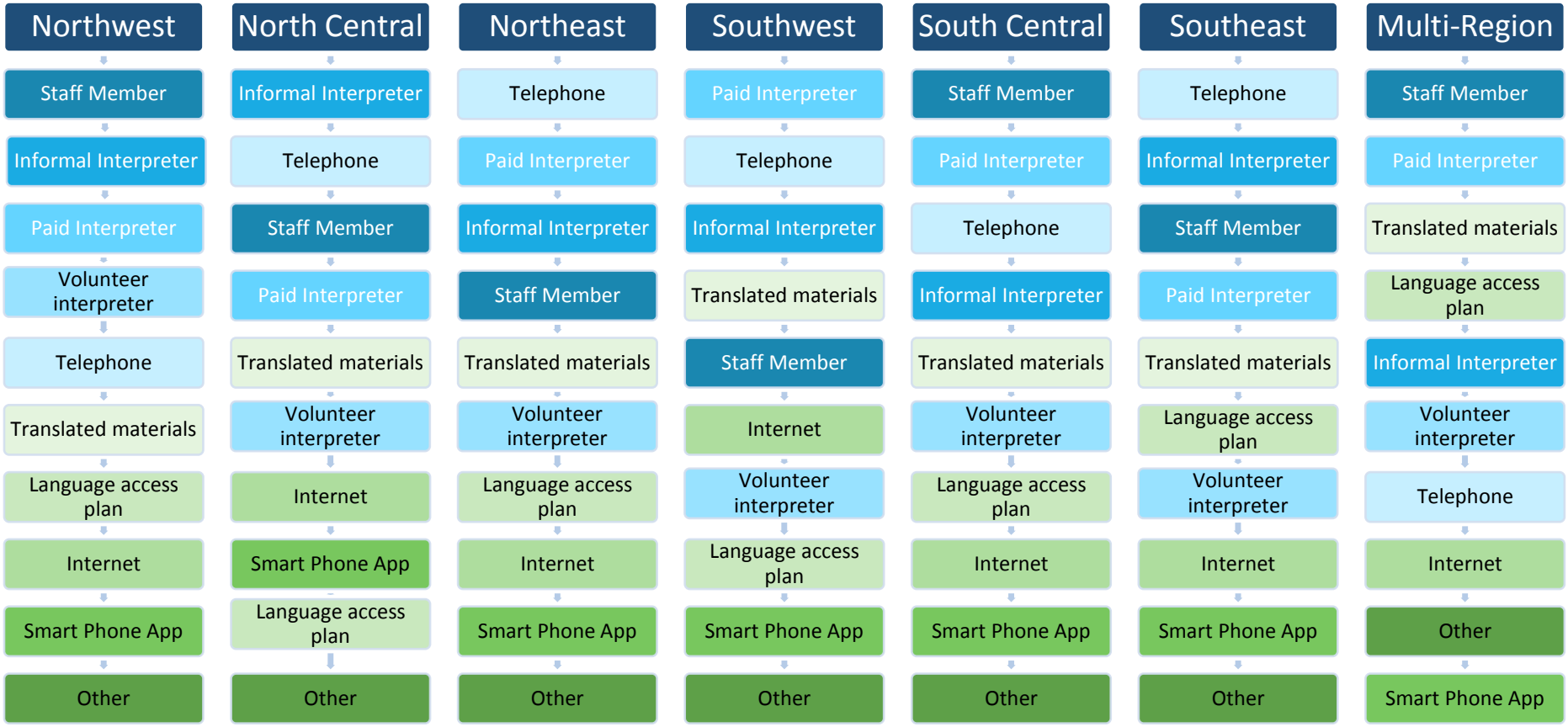


Service providers and allied professionals were asked to respond to a series of questions related to their interaction with limited English proficient (LEP) crime victims. Only a few respondents indicated that they did not have any LEP clients and even less did not have a way to respond to them.

Service providers in each region cited several ways of providing assistance with LEP clients. On average the most commonly used techniques were to use a staff member, a paid interpreter, an informal interpreter, a telephone translation system, and materials already translated into other languages. Exhibit 12 shows the list of all the methods used to provide assistance to LEP victims in order from most frequently to least frequently endorsed. Professionals shared "other" forms of accommodation and obstacles to providing accommodation for LEP victimssuch as:

- "Use MARTII interpreter."
- "Video Translator (ASL)."
- "We use the Language Line."
- "Contracted service for video/phone that provides ASL as well as interpretation in other languages."
- "Unfortunately the court does not provide interpreters [for those attending court proceedings] for that but the prosecutor may."
- "Informal interpreter usually is the person who calls us first and then we ask to speak to the client directly."

Exhibit 12: Methods Used to Provide Assistance to Victims with Limited English Proficiency (n=451)



Funding for Victim Service Programs

Service providers and allied professionals were asked a series of questions related to the types of funding for victim service programs. This included questions on how familiar they are with CVAD, and if they have ever received funding from CVAD or any additional funding sources.

On average a majority of the participants (70 percent) were familiar with the programs and resources available from CVAD, ranging from somewhat familiar (28 percent) to extremely familiar (18 percent). The remaining participants indicated that they were slightly (16 percent) or not at all (14 percent) familiar with CVAD.

Participants were also asked if they currently or have ever received funding from CVAD. Between 25 to 50 percent of respondents in each region said their organizations were currently receiving funding from CVAD (see Exhibit 13). More than half of the statewide agencies had at some point in the past received CVAD funding assistance. However, North Central had the fewest number of CVAD grantees. Exhibit 14 displays the percentages of respondents that had at some point received CVAD funding, which ranged from 29 to 50 percent for each region.

Exhibit 13: Organizations that have *EVER* Received CVAD Funding by Region (n=901)

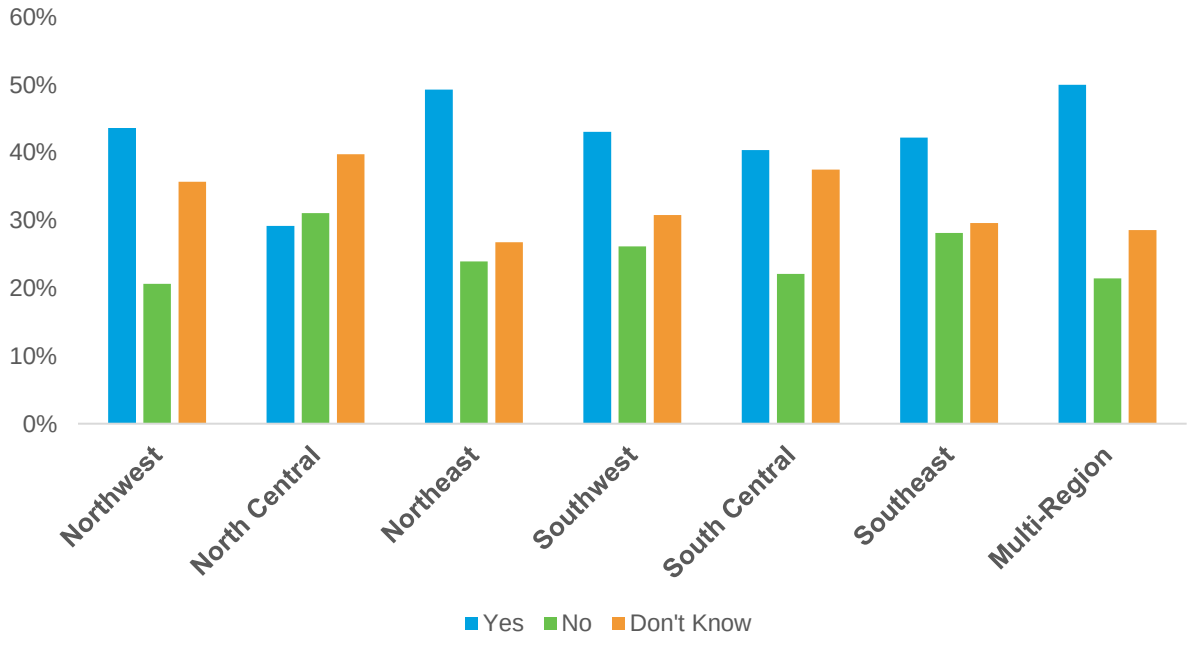
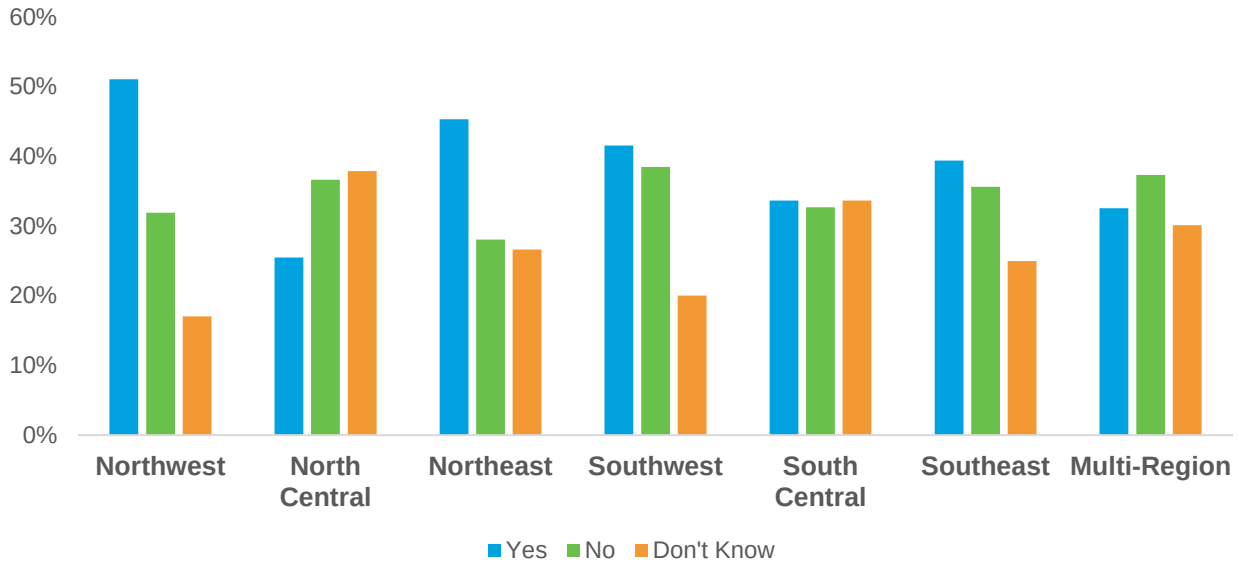
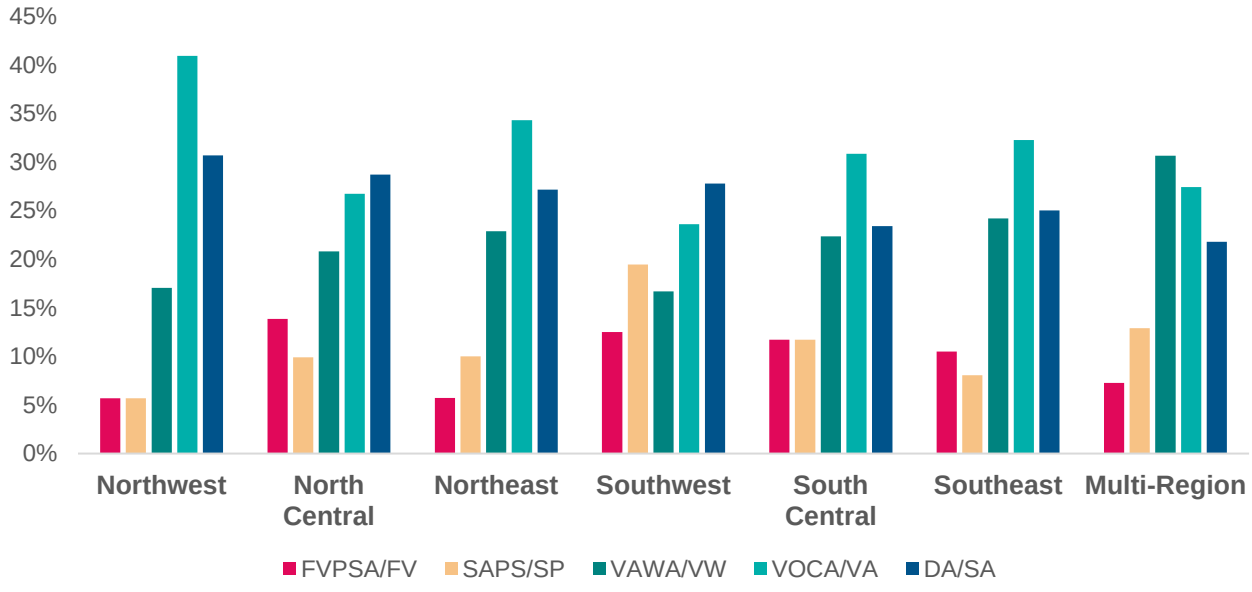


Exhibit 14: Organizations *CURRENTLY* Receiving CVAD Funding by Region (n=861)



Of the participants currently receiving CVAD funding, a majority of them were receiving Victims of Crime Act Assistance (VOCA) funding, Iowa Domestic Abuse and Iowa Sexual Abuse (DA/SA), and Violence Against Women Act (VAWA) funding.

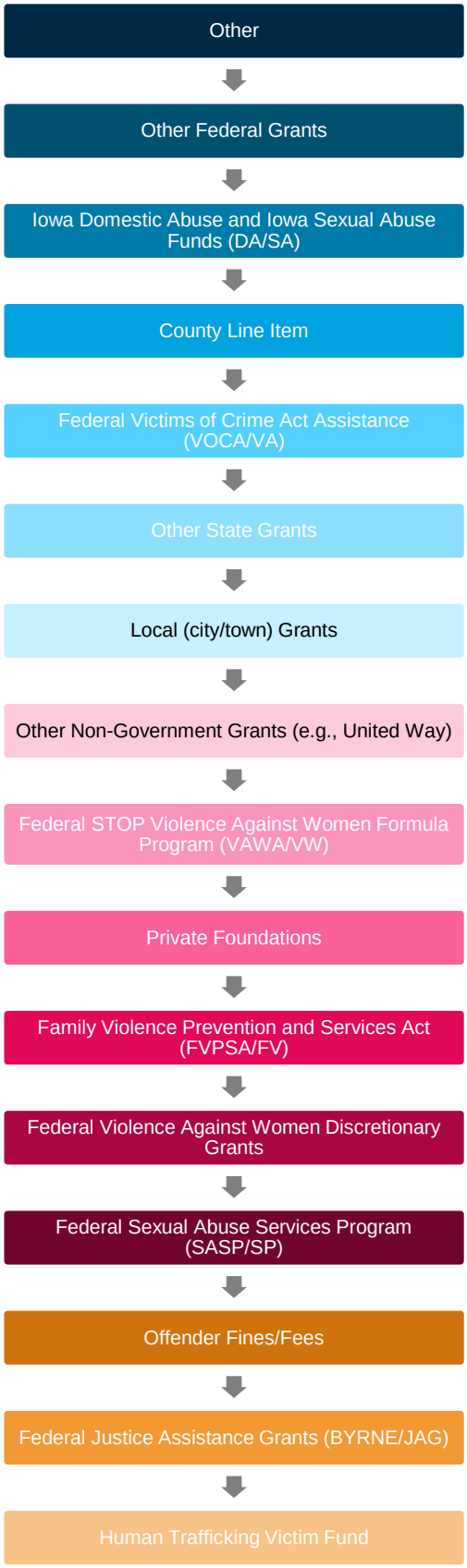
Exhibit 15: Types of Funding Received by CVAD-Funded Organizations (n= 743)



Note: FVPSA/FV = Family Violence Prevention and Services Act, SAPS/SP= Sexual Abuse Services Program, VAWA/VW = STOP Violence Against Women Formula Program, VOCA/VA= Victims of Crime Act Assistance, DA/SA= Iowa Domestic Abuse and Iowa Sexual Abuse funds.

Service providers were also asked what additional funding streams, aside from those discussed above, they are currently using to fund their organization's victim service programs and activities. The most commonly endorsed item was "other," which included:

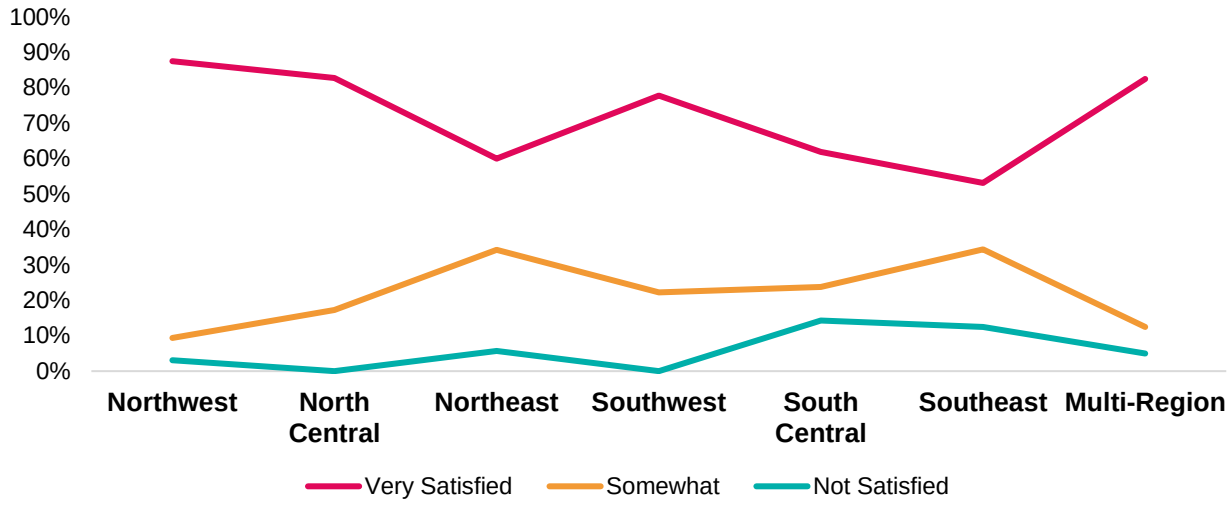
- United Way
- City or County Operational Budgets
- Salvation Army
- Donations (private, corporate, and community)
- Corporate Sponsors (local churches and organizations, businesses, and individuals)
- Fundraisers
- State offender fines and penalties
- Other grants and funds including: Futures Without Violence, Guernsey Foundation, IDPH CAC Funding, Indian Health Services, Ronald McDonald House Charities, Ride with Kelly Foundation, Amy Helpenstell Foundation, RDA, SCRA, The Victor and Doris Day Foundation, The Iowa Women's Foundation, Junior League, John Deere Matching, Council Bluffs Block Grant, UWCI, Federal Office of Refugee Resettlement, Catholic Campaign for Human Development, Mid-Iowa Health Foundation, Polk County, ICVS-AmeriCorps, etc.



Training and Technical Assistance (TTA)

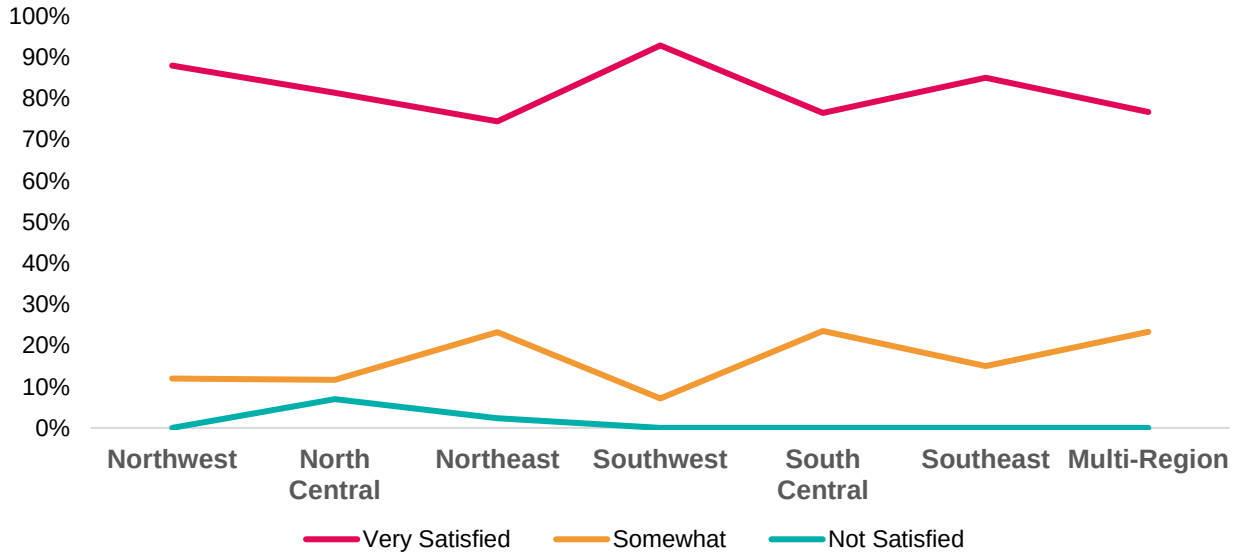
Each respondent was first asked whether the individual or agency had received training and technical assistance (TTA) from the Iowa Coalition Against Sexual Abuse (IowaCASA) or the Iowa Coalition Against Domestic Violence (ICADV) (i.e., each survey contained one TTA provider or the other). Overall, there was almost an even split between organizations that had (49 percent) or had not (51 percent) received TTA from Iowa CASA. South Central and North Central were the two regions where there was a higher percentage of respondents that had not received TTA. Of those that received TTA from Iowa CASA, the majority of them were very satisfied with the service they received (ranging from 53 to 88 percent) (see Exhibit 16).

Exhibit 16: Satisfaction with TTA Received from Iowa CASA (n=207)



More than half of the participants had received TTA from the Iowa Coalition Against Domestic Violence (ICADV) (54 percent). South Central and statewide organizations had a higher percentage of those that had not received TTA from ICADV than in other regions. A majority of those that received TTA from ICADV were very satisfied with the services they received (ranging from 74 to 93 percent) (see Exhibit 16).

Exhibit 17: Satisfaction with TTA Received from ICADV (n=212)



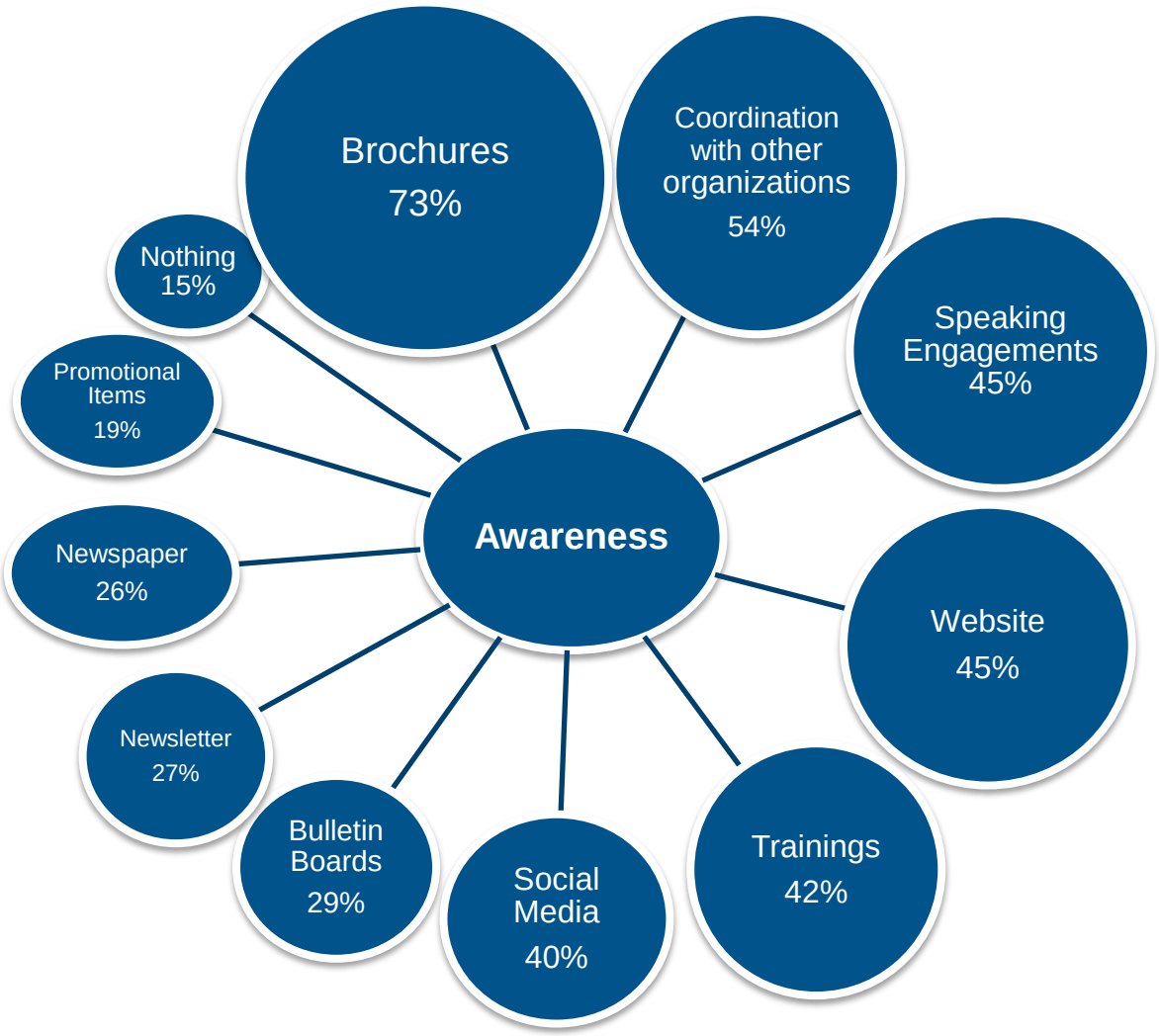
Across all regions, participants most frequently reported feeling neutral about whether or not their organization needs TTA on technology and case management systems, organizational and program management, and program monitoring and evaluation.

The Southwest region had slightly more respondents that felt their organization could use TTA on program development (e.g., strategic planning, establishing referral mechanisms, staffing, funding, education, and outreach), while the remaining regions were neutral. Northwest, Northeast, Southwest, and Southeast Iowa had a slightly higher participant ranking indicating that their organizations could use training and technical assistance on cultural competency (e.g., sensitivity training, language access training, and racism and bias training). Additional TTA needs that were identified, included: working with male, human trafficking and LGBTQ survivors, compassion fatigue, cyber stalking and electronic media, mental health training, overviews of available services in the area, victims' rights, and trauma informed care.

Outreach and Awareness

The most commonly used outreach methods included brochures, coordinating with other organizations, participating in speaking engagements, advertising on the organization's website, and through trainings.

Exhibit 18: Outreach and Awareness Methods (n=212)



Additional outreach methods included advocates going door to door, community resource officers, flyers in different languages, outreach to community groups, victim notification process, and word of mouth.

Outreach to unserved and underserved communities included:

- Advertisements in different languages and reading levels using: flyers, brochures, business cards, bulletin boards, newspaper and radio ads, and social media;
- Advocates going to known gathering locations (e.g., churches), community engagements, and public presentations;
- Phone calls, emails, and face-to-face/individualized interaction;
- Collaboration with other agencies, networking, and partnerships; and
- Word of mouth.

Some of the barriers to reaching crime victim populations overall include:

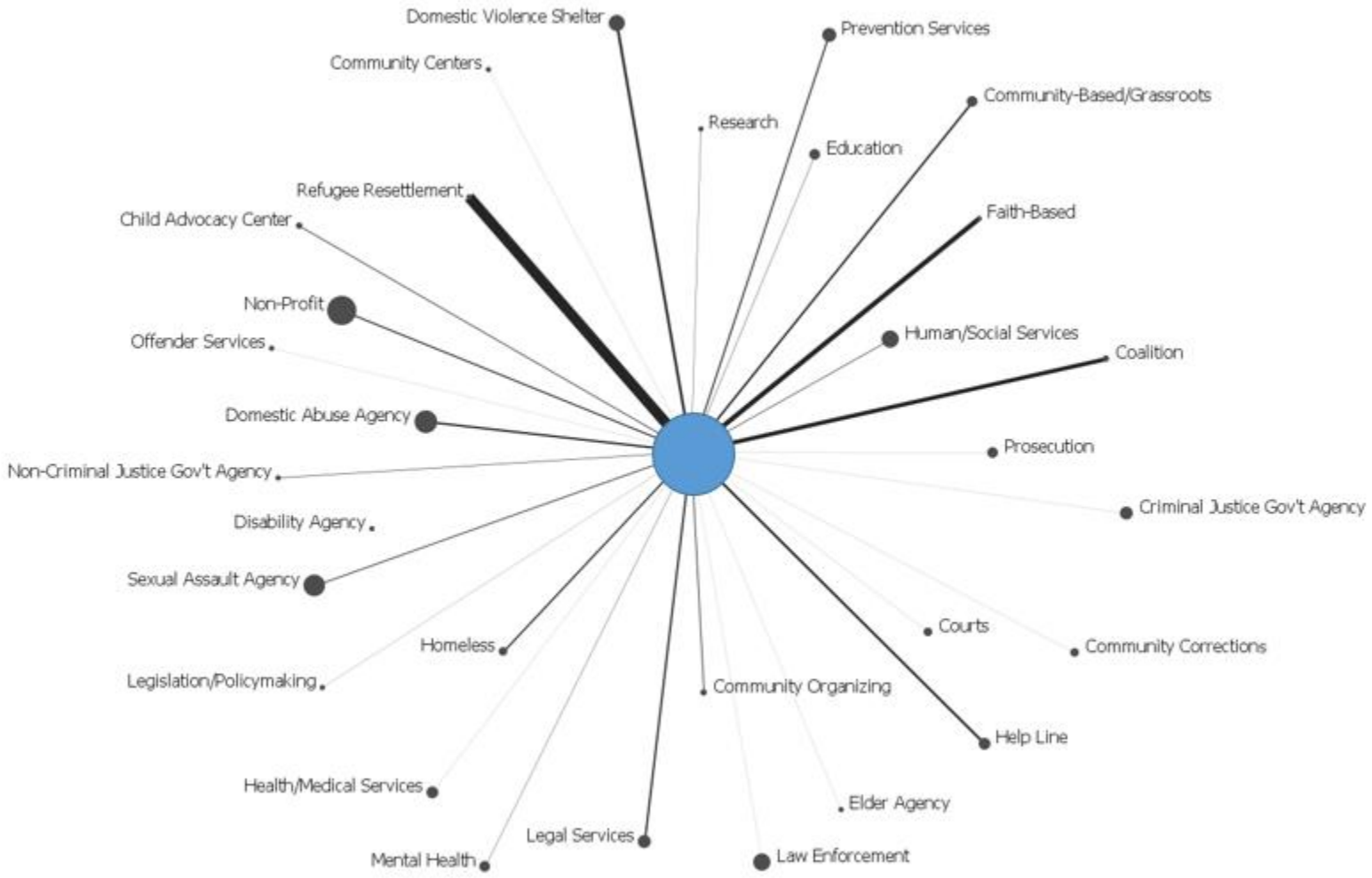
- Mistrust of the system and law enforcement and discomfort talking to certain people;
- Awareness and access to promotional materials;
- Fear of personal safety and retaliation by the perpetrator;
- Stigma associated with victimization;
- Transportation, time constraints, and isolation of rural communities;
- Understaffed and underfunded organizations; and
- Identification of crime victims.

Coordination and Collaboration

The following social network graphs illustrate the referral patterns between various types of organizations. Organizations may both receive referrals and refer elsewhere – these graphs show where referral exchanges are greatest. Each of these networks are shown in a "hub and spoke" pattern, where the central node is the focal organization, and all other nodes illustrate a potential connection to that central node. Ten organizational types are featured, they include: culturally-specific organizations, disabilities agencies, domestic violence and sexual assault agencies, elder abuse agencies, homicide and violence programs, homeless and housing agencies, law enforcement, medical providers, mental health providers, and prosecution, court system, and legal services.

The circular nodes represent the types of organizations a survey respondent could select when asked "which of the following best describes the type of organization in which you work?" From 31 organization types, respondents could choose as many types of organizations as were relevant, ranging from child advocacy center to elder abuse agency. The size of the node in the graphs represents the number of times that organization type was selected. The frequency of selected organizations ranged from a high of 244 for non-profits to a low of 5 for disability agencies and refugee resettlement centers.

Exhibit 19: Social Networks of Culturally-Specific Organizations



The lines – or ties – between the central node and the peripheral nodes represent the average extent organizations exchange referrals. The thicker the line is, the greater the extent of referral both to and from the pairs of organizations. For example, in Exhibit 19, culturally-specific organizations and refugee resettlement organizations exchange referrals between organizations at a high-level, represented by the thick line connecting the nodes. However, culturally-specific organizations and courts share very little by way of referrals, as indicated by the very thin line connecting the nodes.

By examining both the size of the nodes as well as the thickness of the lines, we can begin to understand patterns of referrals between the organizations. Returning to Exhibit 19, the line between the center (culturally-specific organizations) and refugee resettlement is very thick, indicating a high level of referrals between the organizations. However, the node for refugee resettlement is very small, indicating very few respondents speaking on behalf of refugee resettlement centers. Taken together, it does appear that there is a significant exchange of referrals between culturally-specific organizations and refugee resettlement organizations, however that connection is based on relatively few respondents, and thus should be interpreted with some degree of caution.

Each of the graphs representing a different focal organizations tells a slightly different story. For example, in Exhibit 20, disability organizations share many referrals with other disability organizations and with elder abuse agencies. Exhibit 24 shows that homeless and housing agencies share referrals with faith-based organizations at a high-level. Law enforcement, shown in Figure 25, shares a moderate to low level of referrals with many organization types, but none particularly stand out. In Exhibit 28, which represents prosecution, the court system, and legal services, many of the lines are thick, indicating that there is a strong referral network between these parts of the legal system and other service organizations. Other graphs tell a different story. For example, in Exhibit 27, we see that there are no lines between mental health providers and either research organizations or non-criminal justice government organizations, indicating there are no referral exchanges occurring between those sorts of organizations in this sample.

Exhibit 20: Social Networks of Disabilities Agencies

Exhibit 21: Social Networks of Domestic Abuse and Sexual Assault Agencies

Exhibit 22: Social Networks of Elder Abuse Organizations

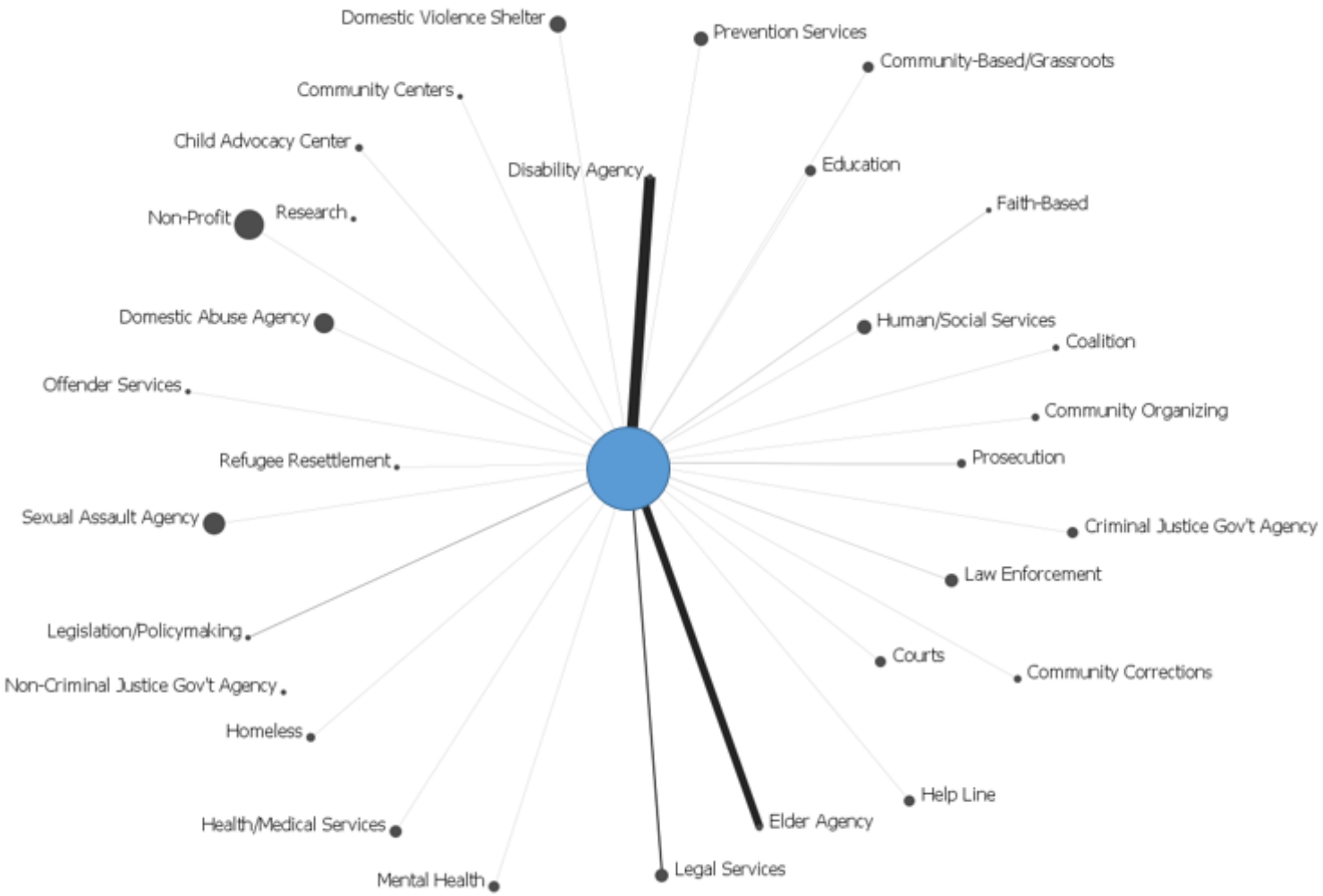


Exhibit 23: Social Networks of Homicide & Violence Programs

Exhibit 24: Social Networks of Homeless and Housing Agencies

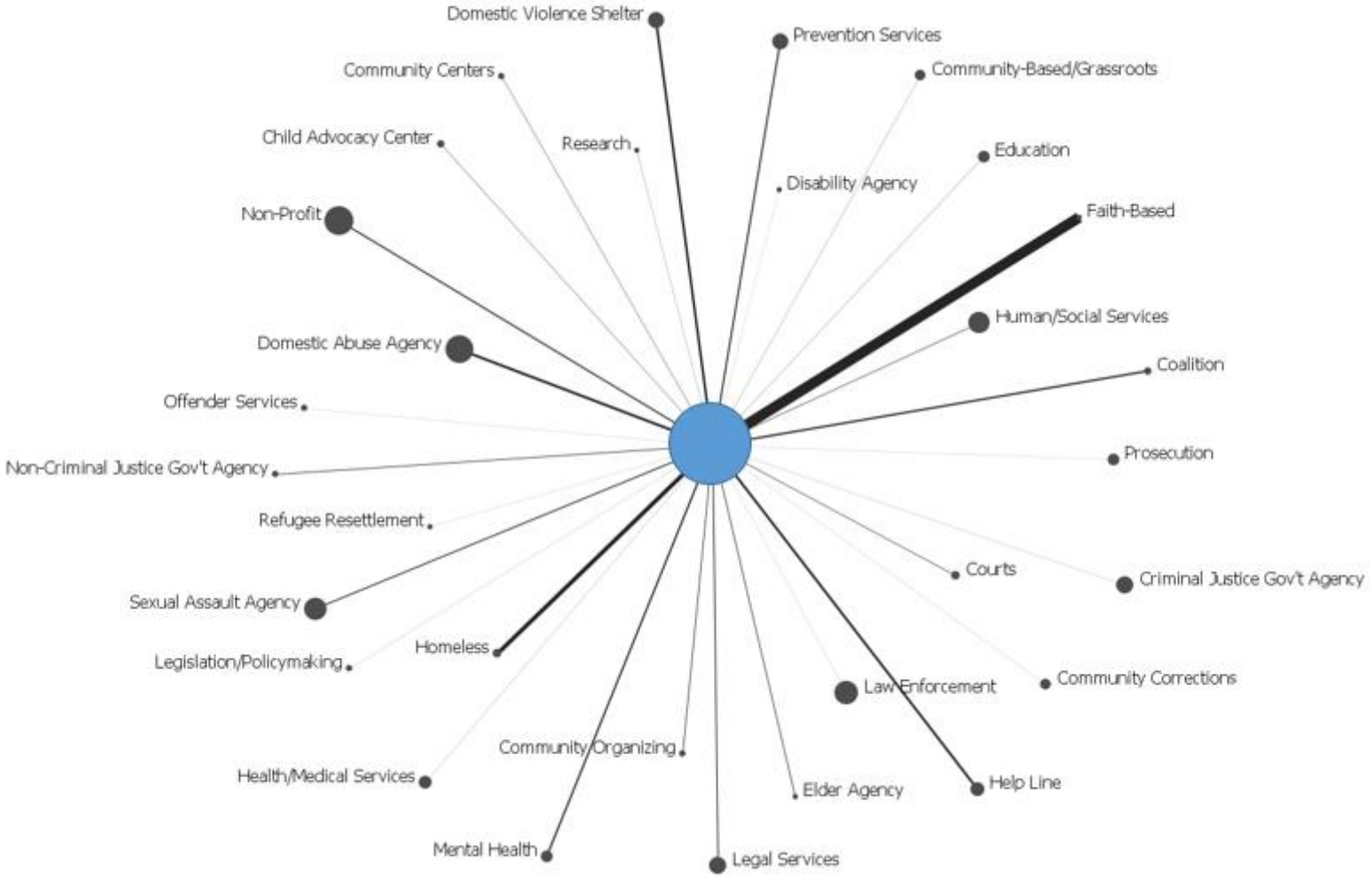


Exhibit 25: Social Networks of Law Enforcement Organizations

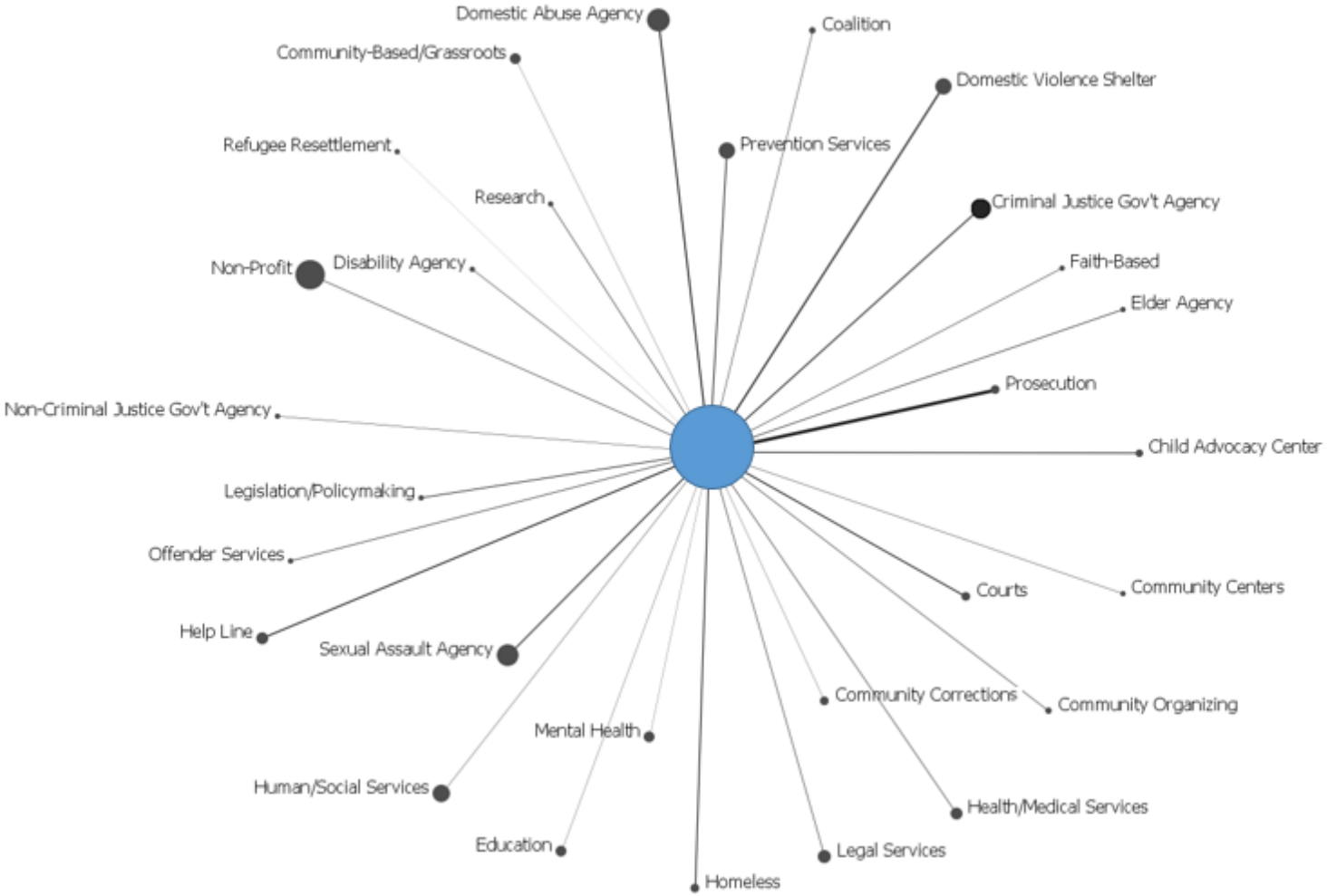


Exhibit 26: Social Networks of Medical Providers

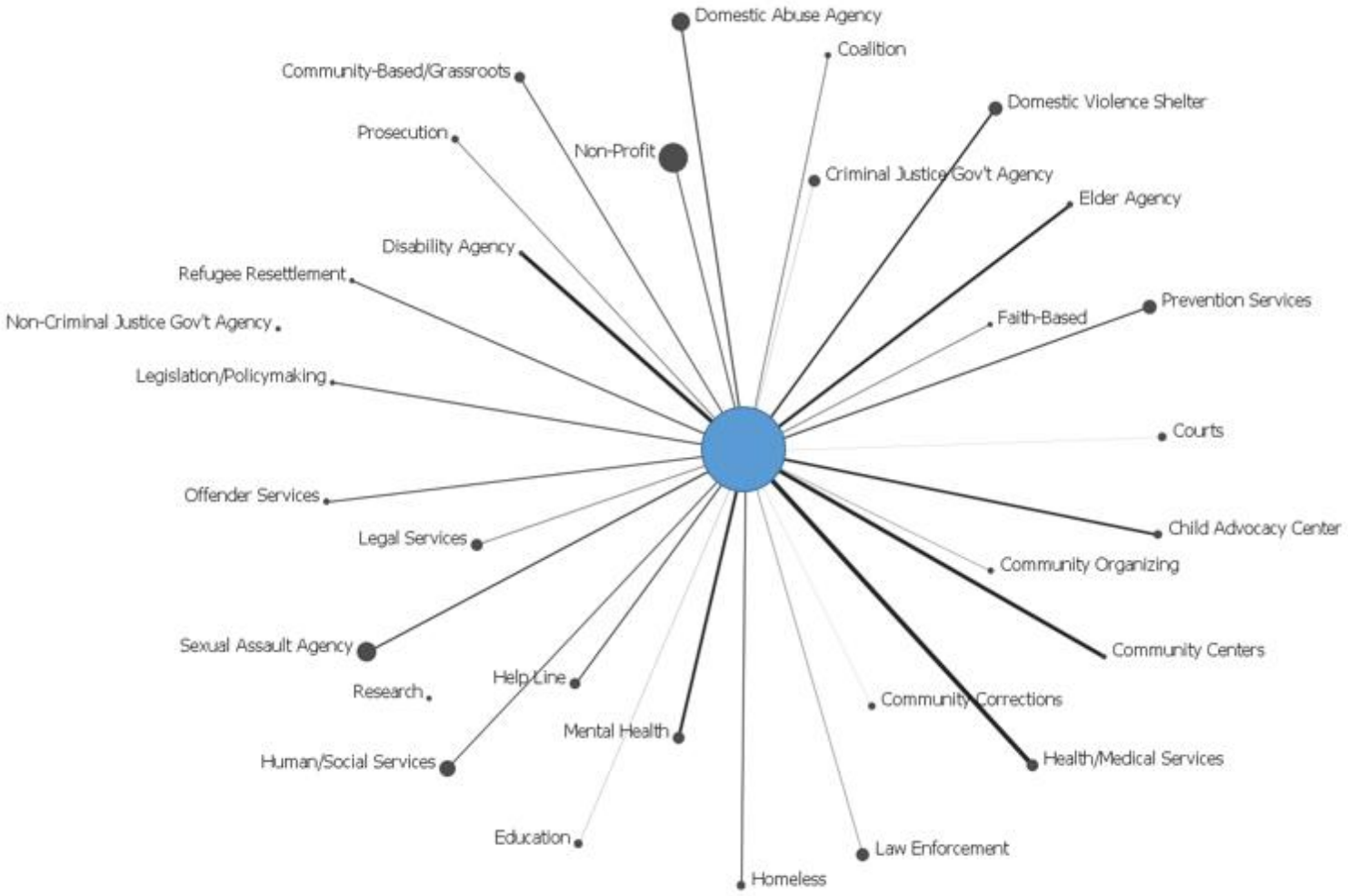


Exhibit 27: Social Networks of Mental Health Providers

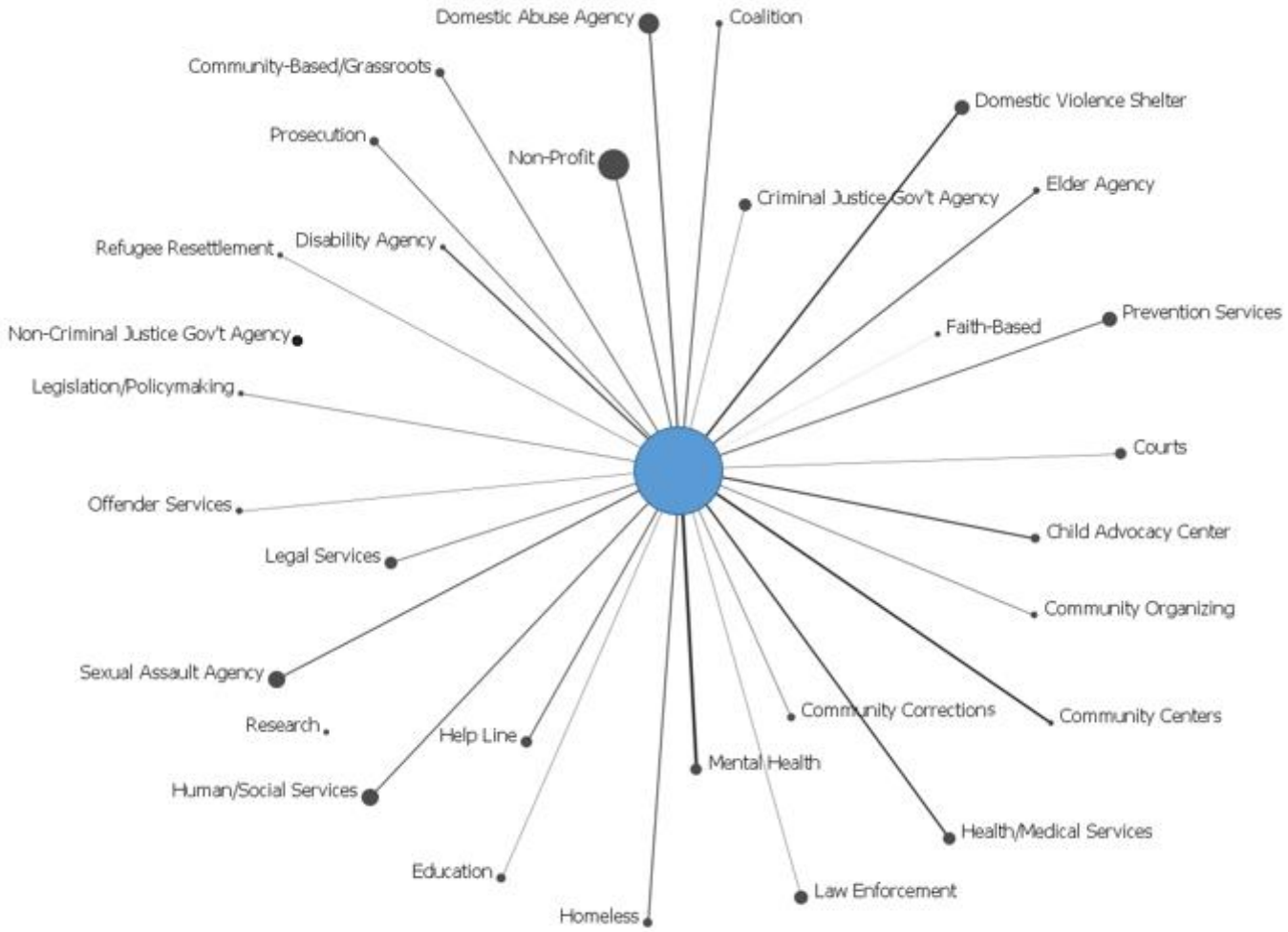


Exhibit 28: Social Networks of Prosecution, Court System, and Legal Services

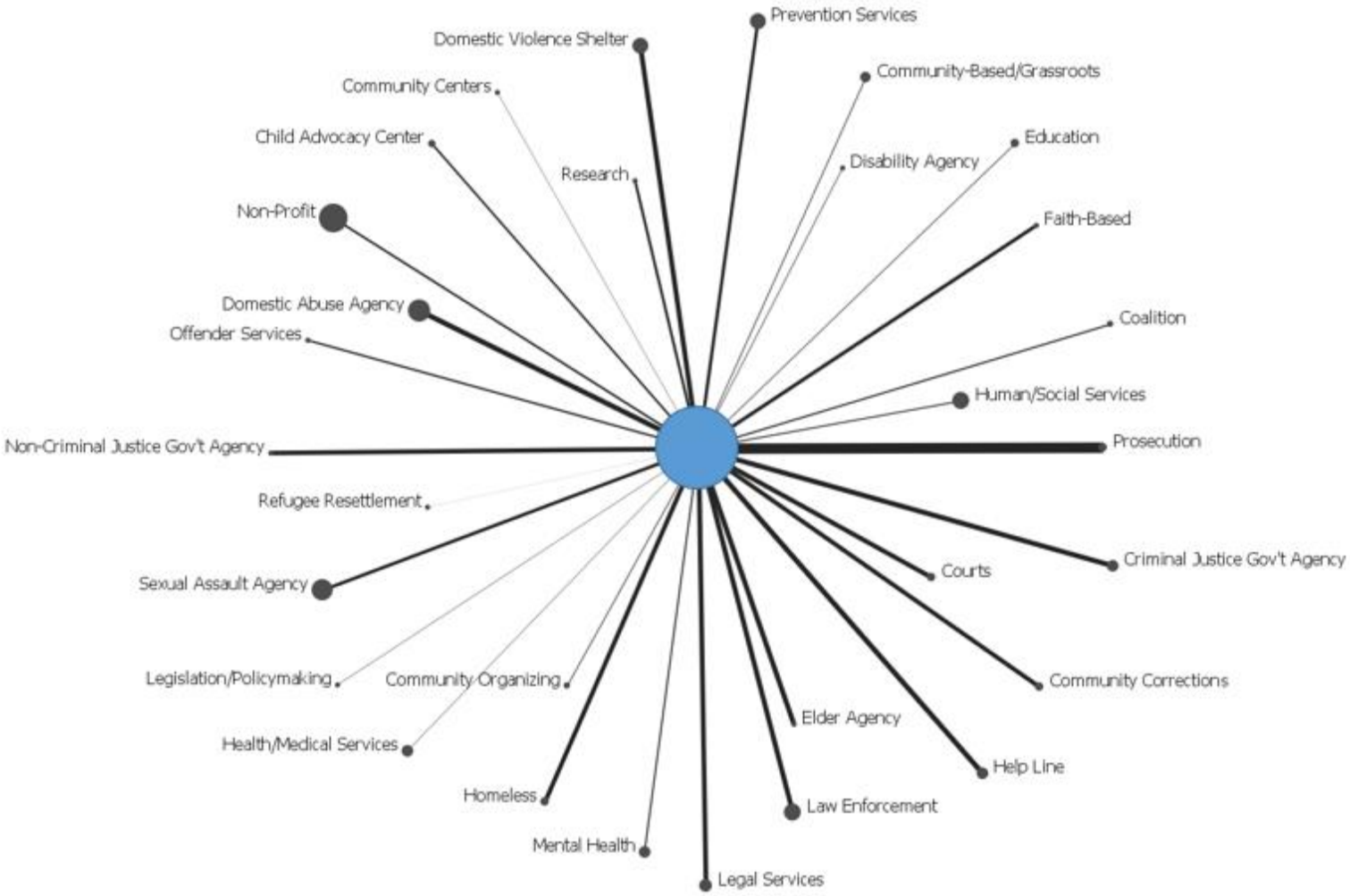
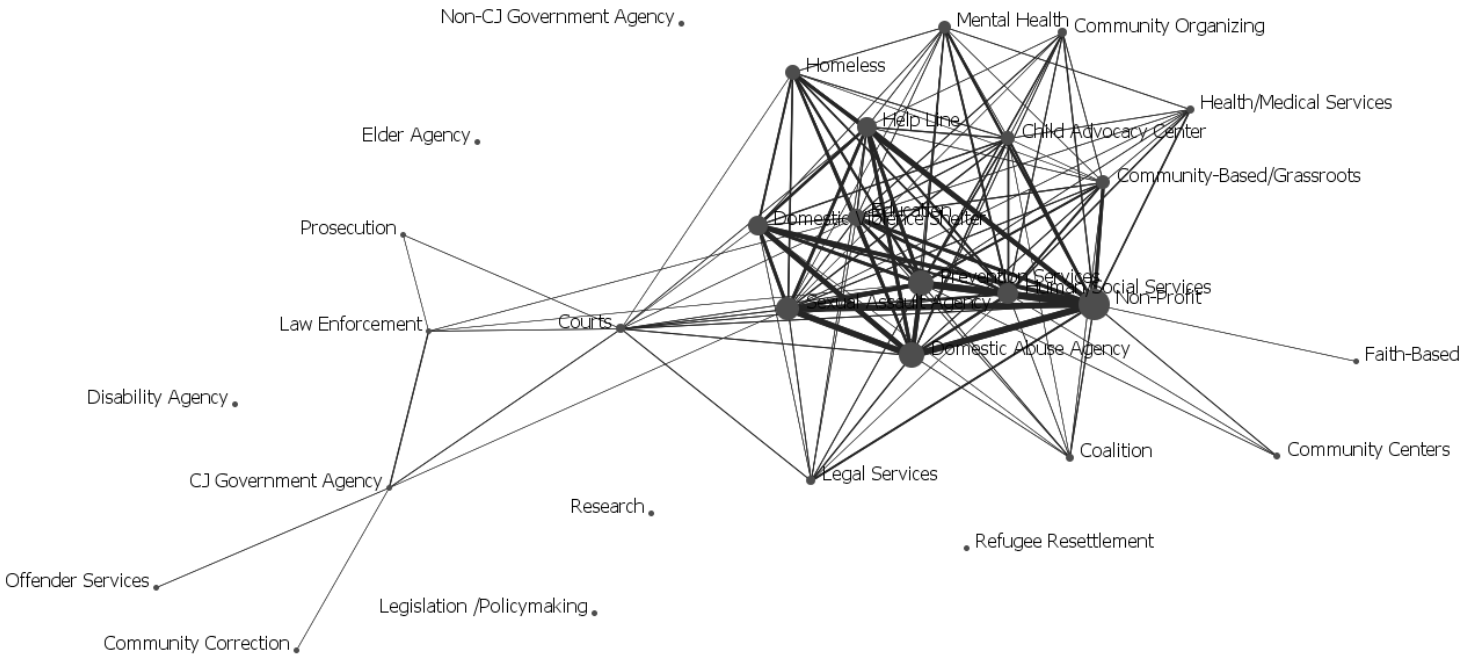


Exhibit 29 shows a network graph of all organization types and how they interact with one another. The nodes represent 31 different types of service organizations. The ties between the nodes represent the extent to which the organization types overlap with one another. This information is drawn from the question asking "which of the following best describes the type of organization in which you work?" Respondents could select all organizations that applied to their work. For example, a respondent may select "sexual assault agency," "domestic abuse agency," "non-profit," and "help line." The ties in the graph below represent the extent to which those organization types were jointly selected.

The nodes, in addition to simply representing organizations, are also sized according to that organization's centrality in the overall network. The centrality, measured here as eigenvector centrality, is higher when a given node is connected to other, highly connected nodes. For example, the node representing "non-profit" is large because it is very central – its high centrality is due to its strong connections to other, highly central, organizations, such as domestic abuse agencies or sexual assault agencies. At the bottom left of the graph, "Offender Services" is very small, because it is only connected to "Criminal Justice Gov't Agency," which itself is not connected to other central nodes. In short, the larger the node, the more that organization type is connected to other well-connected organizations.

This graph shows that there is significant clustering among some organizations such as domestic abuse agencies, help lines, sexual assault agencies, education, human and social services, and domestic violence shelters. It also shows that courts, residing in the middle of the graph, act as a broker of sorts between the large cluster of victim resources on the right-side of the graph, and the legal service-oriented organizations on the left. The graph also shows that a number of organizations do not overlap in a meaningful way with other types; notice that organizations such as elder agencies, research organizations, and refugee resettlement organizations are unconnected to all others in the graph.

Exhibit 29: Organizational Matrix



Challenges and Barriers to Service Delivery

Respondents rated the extent to which their organization faces barriers in *providing* services to crime victims using a 5-point Likert scale (1=**Strongly Disagree**, 2=**Disagree**, 3=**Neither Agree nor Disagree**, 4=**Agree**, 5=**Strongly Agree**). Exhibit 30 shows the average respondent ratings related to various types of service delivery challenges in each region. Overall, this exhibit shows that the top barriers are lack of sufficient financial resources, lack of sufficient staff, reaching unserved and underserved populations, and lack of general public awareness of the services available. Stronger agreement for the named challenge or barrier is presented in the deeper shades of red and disagreement is presented as lighter orange and yellow shading.

Exhibit 30: Barriers to *Providing* Services to Crime Victims

	Northwest Iowa	North Central Iowa	Northeast Iowa	Southwest Iowa	South Central Iowa	Southeast Iowa	Multi-Region	Overall Average
Lack of sufficient financial resources to meet demand for services	3.25	3.26	3.43	3.10	3.59	3.58	3.87	3.48
Lack of sufficient staff to meet demand for services	3.25	3.09	3.49	3.14	3.45	3.61	3.93	3.46
Reaching unserved victim populations	3.23	3.17	3.41	3.06	3.42	3.49	3.47	3.34
Reaching underserved victim populations	3.22	3.12	3.42	3.04	3.41	3.44	3.43	3.32
Lack of general public awareness regarding programs and services offered by my organization	3.12	3.17	3.47	3.34	3.39	3.35	3.39	3.32
Lack of transportation for victims to access services	3.29	3.22	3.27	3.31	3.12	3.63	3.11	3.28
Lack of services designed for victims of certain crimes (e.g., identity theft, stalking, human trafficking)	3.08	3.17	3.25	3.06	3.31	3.26	3.07	3.17
Lack of CVAD funding	2.97	2.88	3.09	2.72	3.19	3.24	3.40	3.10
Lack of knowledge regarding the needs of victims of certain crimes (e.g., military sexual trauma, human trafficking)	3.11	3.06	3.18	2.82	3.17	3.06	2.99	3.07

Lack of culturally diverse staff	2.96	3.00	3.05	2.98	3.17	3.18	2.95	3.04
Lack of culturally accessible services	2.99	2.97	2.92	2.86	3.05	3.02	2.91	2.96
Lack of language accessible services	3.00	2.97	2.88	2.78	2.93	2.99	2.76	2.90
Lack of training and educational opportunities for staff and volunteers	2.73	2.91	2.93	2.68	2.98	2.90	2.91	2.88
Lack of qualified candidates for hiring	2.99	2.63	2.95	2.96	2.98	3.07	2.68	2.87
Lack of knowledge regarding other available services in the catchment area	2.75	2.74	2.81	2.82	2.86	2.79	2.91	2.81
Staff retention	2.95	2.63	2.86	2.57	2.83	2.98	2.69	2.80
Lack of accessible services for persons with disabilities	2.84	2.71	2.73	2.68	2.77	2.85	2.64	2.74
Lack of interagency collaboration and coordination	2.59	2.57	2.69	2.61	2.86	2.80	2.91	2.73
Eligibility restrictions (e.g., age, income, victimization type)	2.68	2.56	2.59	2.45	2.65	2.57	2.81	2.63
Lack of in-house policies and procedures to guide organizational practices	2.46	2.50	2.64	2.46	2.74	2.72	2.72	2.62

Most regions had common patterns as to whether respondents were in agreement that the statement was a barrier to providing services. Southeast was one region that ranked transportation as the most prominent barrier to providing services. Providers representing the statewide perspective also indicated that the lack of CVAD funding was a major barrier. Southwest had the lowest level of agreement across all challenges and either rated them as neutral or a non-issue. When asked about a lack of culturally accessible services, lack of language accessible services, and lack of services for persons with disabilities, respondents did not find these to be challenges in any of the regions. This result was in direct contradiction to what was discovered from the crime victim data collection discussed in Chapter 4.

Exhibit 31: Barriers to Crime Victims *Seeking* Services

	Northwest Iowa	North Central Iowa	Northeast Iowa	Southwest Iowa	South Central Iowa	Southeast Iowa	Multi-Region	Overall Average
Lack of trust in the system	3.72	3.75	3.91	3.82	3.88	3.98	3.97	3.87
Feelings of shame or embarrassment	3.75	3.76	3.83	3.76	3.85	3.95	3.94	3.84
Lack of awareness regarding available services	3.51	3.64	3.85	3.54	3.75	3.67	3.95	3.72
Fear of retaliation against self and/or family	3.60	3.59	3.71	3.57	3.70	3.80	3.79	3.69
Cultural barriers	3.58	3.57	3.58	3.53	3.71	3.67	3.83	3.65
Lack of transportation for victims to access services (e.g., lack of public transit, lack of fare)	3.53	3.58	3.73	3.53	3.56	3.71	3.63	3.62
Victims do not understand the process of obtaining services	3.43	3.52	3.67	3.44	3.64	3.58	3.78	3.60
Language barriers	3.50	3.60	3.57	3.39	3.56	3.49	3.72	3.57
Victims are unable to get basic needs met (e.g., housing, food, medical care, child care), which stops them from seeking other services	3.18	3.36	3.55	3.24	3.46	3.57	3.69	3.46
Fear of deportation/legal status	3.46	3.37	3.36	3.37	3.36	3.45	3.61	3.44
Disability: Mental Health or Substance Abuse	3.34	3.34	3.53	3.24	3.27	3.48	3.58	3.42
Lack of requested services by the victim	3.20	3.30	3.50	3.29	3.47	3.47	3.40	3.38
Victims have to go to many different agencies/organizations to receive services	3.25	3.25	3.52	3.08	3.18	3.36	3.44	3.32

Victims are aware that services are offered but do not know they are eligible for assistance	3.18	3.20	3.25	3.38	3.25	3.28	3.40	3.27
Negative experience previously with service provider	3.10	3.28	3.24	3.14	3.29	3.27	3.46	3.27
The process for obtaining services is overly burdensome for victims	3.03	3.14	3.27	2.98	3.25	3.10	3.26	3.16
Lack of services available in the victim's community	2.96	3.14	3.21	3.06	3.11	3.08	3.42	3.16
Age of victim	3.15	3.07	3.16	3.08	3.06	3.15	3.26	3.14
Lack of services available immediately post-trauma	2.91	3.04	3.25	3.00	3.15	3.15	3.26	3.12
Disability: Physical	3.00	3.01	3.17	2.88	2.99	3.22	3.28	3.10
Lack of available services	2.82	3.03	3.09	2.87	3.09	3.01	3.46	3.08
Service providers' hours of operation are not accessible (e.g., after work)	2.72	2.98	2.99	2.80	3.01	2.77	3.16	2.94
Jurisdiction issues (e.g., the crime occurring in a different county) prevents victims from receiving services	2.82	2.79	2.73	2.71	2.84	2.93	2.89	2.82
Victims do not meet income limitations or other eligibility requirements	2.56	2.72	2.67	2.69	2.68	2.80	2.94	2.73

Focusing specifically on law enforcement the top barriers to providing services were a lack of sufficient financial resources, and public awareness. They cited that the greatest barriers to victims seeking services were: a lack of knowledge about services (or how to get services), feelings of shame, and a lack of trust by the victims as the greatest barriers to victims seeking services. The top five barriers to providing services, as reported from the medical field, included: (1) lack of general public awareness regarding programs and services offered by their organization, (2) lack of sufficient staff to meet demand for services, (3) lack of services designed for victims of certain crimes, (4) reaching unserved victim populations, and (5) lack of knowledge regarding the needs of victims of certain crimes.

The primary barriers influencing domestic abuse shelters' ability to provide services looked somewhat different for shelter and housing providers than other types of providers, with the primary barrier being a lack of transportation for victims to access services. These providers also cited significant challenges due to: lack of sufficient staff to meet demand for services, lack of sufficient financial resources to meet demand for services, and reaching unserved and underserved victim populations. Many of these barriers were reflective of conversations with victims, especially around transportation needs. As will be described in more detail in the victim focus group findings, shelters were often cited as being too far and in neighboring towns that were not easily accessible by victims.

Legal service providers similarly ranked a lack of general public awareness regarding their services as the third most prominent barrier to providing services for victims. However, a lack of sufficient staff and financial resources to meet demand for services were the top ranked priorities areas. When asked what the primary barriers were for victims in seeking services, legal service providers reported that the lack of trust in the system was the chief barrier, followed by: feelings of shame or embarrassment, fear of retaliation against self and/or family, fear of deportation/legal status, and victims are unable to get basic needs met.

Prosecutors did not share the same perspective as other service providers and allied professionals. Across all barriers that were ranked highest among respondents, prosecutors tended to disagree that they presented barriers for them in regard to providing services. For example, there was general disagreement with the following: lack of general public awareness regarding programs and services offered by prosecution, lack of sufficient financial resources within the prosecutor's office to meet demand for services, lack of transportation for victims to access services, and reaching unserved and underserved victim populations. Rather, prosecutors felt that the primary barriers faced by victims were: lack of trust in the system, feelings of shame or embarrassment, lack of awareness regarding available services, fear of retaliation against self and/or family, and that victims do not understand the process of obtaining services.

Exhibit 32: Most Critical Barriers to Serving Crime Victims by Region

Type of Service	Region	Most Critical Barrier	Rating
Law Enforcement	Northwest	Lack of sufficient financial resources to meet demand for services	3.10
	Southwest		3.30
	South Central		3.30
	North Central	Lack of general public awareness regarding programs and services offered by my organization	3.40
	Northeast		3.20
	Southeast		3.40
Medical	Northeast	Lack of general public awareness regarding programs and services offered by my organization	3.89
	Southwest		4.10
	Northwest	Lack of knowledge regarding the needs of victims of certain crimes (e.g., military sexual trauma, human trafficking)	3.25
		Lack of sufficient financial resources to meet demand for services	3.25
	North Central	Lack of training and educational opportunities for staff and volunteers	3.25
		Reaching unserved victim populations	3.25

	South Central		3.83
	Southeast	Lack of general public awareness regarding programs and services offered by my organization	3.89
		Lack of training and educational opportunities for staff and volunteers	3.89
		Lack of services designed for victims of certain crimes (e.g., identity theft, stalking, human trafficking)	3.89
Shelter	Northeast	Lack of transportation for victims to access services	3.73
	Southeast		4.30
	Southwest		3.60
	Northwest	Lack of sufficient staff to meet demand for services	3.33
	South Central		4.25
	North Central	Reaching unserved victim populations	3.53
Legal Services	North Central	Lack of sufficient staff to meet demand for services	3.83
	Southwest		3.67
		Staff retention	3.67
	Southeast		3.88
	Northwest	Lack of general public awareness regarding programs and services offered by my organization	3.75
	Northeast	Lack of sufficient financial resources to meet demand for services	4.31
	South Central	-	-
Prosecution	Northwest	Lack of general public awareness regarding programs and services offered by my organization	2.50
		Lack of transportation for victims to access services	2.50
	Northeast		3.40
		Lack of general public awareness regarding programs and services offered by my organization	3.40
	Southcentral	Lack of sufficient financial resources to meet demand for services	4.00
		Lack of transportation for victims to access services	4.00
	Southeast	Lack of general public awareness regarding programs and services offered by my organization	3.00
	Northcentral		3.17

Other Critical Barriers in providing or seeking services are listed below.

Lack of Resources

- "Access to affordable legal services and housing options."
- "Access to specialized services for child victims and/or recognition that a child has been victimized."
- "Free or adjusted child care for those seeking employment or already working."
- "Housing availability. Rigid rules by housing agencies that hold victims accountable for perpetrators behavior."
- "Lack of financial assistance/resources for victims."
- "Lack of free legal services to assist all victims with protective orders, custody, and divorce cases."

- "Need for more staff."
- "No local coverage for abuse victims I know of. Must travel to other counties to obtain counseling, etc."
- "Not every victim/survivor has access to reliable transportation, public transportation does not exist in rural areas and, with the exception of one large 'city', public transportation is very limited. Depending on the type of service(s) needed, it's conceivable that a victim/survivor may need to travel 20 or more miles."
- "Shelters are far from their homes and they have to come to Sioux City away from their jobs, homes, and family/friend support systems, DHS workers, counselors/treatment, etc."
- "There is no housing available, and/or the rent is WAY TOO HIGH."
- "We do not have sufficient victim services for DV victims in our county. Too few advocates and NO resources."

Identification and Referrals

- "Lack of referrals from law enforcement, DHS, hospitals, etc."
- "On our part, it is our department's lack of knowledge of how to direct victims to services, and even knowing what services are available."
- "Since the consolidation of the DV and SA services, many clients have delays and difficulties in getting advocates to assist them in their communities."
- "Staff burnout and turnover makes it hard to keep continuity with community members and agencies making referrals to us."
- "System does not often have a way of identifying/placing trafficked victims."

Stigma and Safety

- "Many refugee clients feel shame accessing services for mental health, substance abuse and a variety of services, the services that exist are often not culturally appropriate, often clients need ways to connect to their community and feel comfortable before addressing the issue."
- "Stigma - especially for males. Youth don't want to report - they are tattle tales if they do. It's just part of the culture in schools that adults feed into."
- "We serve survivors of domestic and sexual abuse. Many of those survivors are not able to seek services due to safety concerns for themselves and their families or children."

When asked to provide recommendations for overcoming organizational barriers to service delivery, the most common responses were related to increased awareness, including advertisements, outreach and education, transportation, and funding. A selection of respondents' comments is shown below:

Awareness

- "A robust outreach, statewide, to LGBT persons by trusted individuals and organizations. If you have a transsexual man in rural Iowa, where does he go? Who understands his specific needs? How has he been reached, listened to and accommodated?"
- "Better ad campaign."

- "Better awareness, more staff."
- "Better information distribution, more centralized process for [referring to] services."
- "Better promotion of these programs at the time of the crime, directing clients to the people who can help them with filing a claim or accessing services."
- "Increased public awareness and understanding of which organization is responsible for what services (i.e., shelter vs. advocacy)."
- "Make services known to youth and parents via our public schools."
- "More awareness or education that our programs exist and that we are here to help them get through the process of whatever they are battling with."
- "News broadcasts, TV ads, flyers in moving/change of mail address packet."
- "Public awareness, community education, and outreach."
- "Public education of services available."

Transportation

- "Establishing a method of transportation for victims at all hours and establishing ways for the availability of food [for] victims."
- "Provide gas cards to public transportation [or] at least make it available."
- "Provide more funding to increase transportation options for rural counties."
- "Public transportation or scheduled bus route for rural areas for clients to attend doctor appointments, mental health providers, or mobile agencies."
- "Public transportation, which would [otherwise] be cost prohibitive in mainly rural areas."
- "Transportation availability. Having more services that [provide a]transport vehicle for [the] transportation of clients (like a van)."
- "Transportation is a big barrier for our rural counties. CVAD might consider providing transportation-specific funding to support vehicle costs, staff to transport, gas, etc."
- "Transportation is huge. We're a small community where people are afraid to report due to fear of 'everyone' knowing."
- "We need to have a better transportation system so that everyone has an equal opportunity to have access to services. This is critical for rural service areas."

Funding

- "Continued funding for programs. The ability for the program to train and educate community members."
- "Funds to provide therapy services (available through our agency in some of the counties we serve), statewide awareness campaigns of free victim services, additional funds for transportation assistance, increased staffing and trainings to better equip agencies to meet the needs of underserved individuals from LEP and other marginalized populations."
- "More agencies and service providers need funding to be able to provide interpreter services, and more financial support for community members to ensure their basic needs are met."
- "More funding for client financial assistance and additional funding for more staff. After the restructure of 2013, we serve a much larger service area both urban and rural with the same number of staff we previously had served in a much smaller service area."

- "More funding for programs throughout the state, especially for legal services which affords victims access to the court system where all issues can be resolved."
- "More funding for services, available in each county and each community. More providers."
- "More funding to crime victims for transportation services, and financial services such as housing, electricity, etc."
- "More funding, especially unrestricted or minimally restricted funding. Funds that can be used to help with any victim needs rather than being more compartmentalized (housing service, medical services, etc.)."

Additional Recommendations

- Culturally sensitive services, including training staff, community engagement, greater diversity of staff, culturally specific programs, translation services
- Holistic services, including having co-located services
- More shelter or transitional housing.
- More youth and child focused services and programs
- Training for medical staff, service providers, judges and court staff, translators, first responders, on trauma informed care, how to help human trafficking victims
- More affordable housing options and more supportive housing options to support survivors with multiple barriers

Crime Victims' Service Delivery Needs

Respondents rated the extent to which the needs for crime victim services were beyond current capacity in their catchment area using a 5-point Likert scale (1=**Strongly Disagree**, 2=**Disagree**, 3= **Neither Agree nor Disagree**, 4=**Agree**, 5=**Strongly Agree**). Overall, Exhibit 33 shows that the top service delivery needs that are currently beyond their organizations capacity to provide are civil legal assistance, transportation, mental health services, child care, and safe housing. Stronger agreement for the named service delivery need is presented in the deeper shades of red and disagreement is presented as lighter orange and yellow shading. Statewide and South Central services appear to be struggling the most with the average rating for nearly all types of service delivery cited as being beyond capacity. Based on the findings from this section of the survey, the service needs listed were all found to be either neutral or a current need. There was no disagreement for the listed service types that would indicate that the need was within the current capacity of responding organizations.

Exhibit 33: Needs Beyond Current Capacity by Region

	Northwest	North Central	Northeast	Southwest	South Central	Southeast	Multi-Region	Overall Average
Civil Legal Assistance	3.82	3.80	3.88	3.67	4.05	3.86	4.23	3.90
Transportation	3.77	3.61	3.88	3.79	3.97	4.00	3.84	3.84
Mental Health Services	3.61	3.80	3.76	3.86	3.93	3.90	3.91	3.82
Child Care	3.71	3.65	3.64	3.82	3.88	3.78	3.58	3.72
Safe Housing	3.42	3.45	3.67	3.82	4.00	3.62	3.97	3.71
Shelter/Housing Assistance	3.45	3.46	3.76	3.64	3.90	3.65	4.01	3.70
Housing Assistance- Males/Transgendered	3.61	3.47	3.67	3.64	3.64	3.72	3.78	3.65
Immigration Assistance	3.52	3.61	3.37	3.33	3.90	3.57	3.72	3.57
Substance Abuse Services	3.36	3.36	3.54	3.75	3.68	3.57	3.75	3.57
CJ System Legal Assistance/Rights	3.50	3.41	3.43	3.46	3.60	3.60	3.84	3.55
Education	3.36	3.41	3.54	3.57	3.48	3.63	3.85	3.55
Employment Assistance	3.56	3.37	3.49	3.36	3.54	3.69	3.70	3.53
Emergency Services	3.26	3.46	3.42	3.39	3.70	3.54	3.86	3.52
Job Training	3.50	3.39	3.31	3.39	3.67	3.64	3.59	3.50
Group Treatment/Support	3.39	3.43	3.41	3.39	3.56	3.43	3.66	3.47
Personal Advocacy	3.25	3.35	3.38	3.39	3.64	3.26	3.85	3.45
CJ System Advocacy/Assistance	3.21	3.21	3.14	3.39	3.54	3.40	3.74	3.38
Post-Conviction Services	3.44	3.31	3.20	3.43	3.46	3.21	3.55	3.37
Crisis Intervention/Counseling	3.20	3.15	3.31	3.25	3.45	3.21	3.88	3.35
Medical Assistance	3.15	3.31	3.02	3.32	3.38	3.36	3.60	3.31
Protection Safety Services	3.07	3.04	3.16	3.39	3.46	2.98	3.54	3.23
Victim Compensation Assistance	3.16	3.11	3.04	3.15	3.23	3.05	3.30	3.15
Information/Referrals	3.07	3.23	2.84	3.18	3.24	2.93	3.53	3.14
Notification	3.13	3.19	2.92	3.30	3.16	2.88	3.37	3.13

Service providers discussed additional needs that crime victims had expressed. A selection of comments are below:

- "A provider who looks like them -- while we are not an incredibly diverse state, we do have significant Hispanic, African American, Asian, Native, and other non-white populations. We need to more closely mirror in staff and administration the demographics of the communities we serve."
- "Basic life skills. Navigating new American culture and systems."
- "Communication with law enforcement on process of the case."
- "Counseling for the offender or family counseling, visitation exchange locations."
- "Culturally specific outreach to un-and-under-served LGBT persons."
- "Emergency Shelter for youth."
- "Food Assistance (dietary restrictions) Medical Advocacy-not related to an assault. Financial assistance with fees for immigration change of status fillings (some fees can be waived others cannot). Assistance with secondary victimization. Services provided without judgement."
- "Guardian/conservators and payees."
- "Information on rights, resources and services for youth victims of all forms of child abuse."
- "Legal representation free/safe place to live temp/emotional support."
- "Re-sentencing hearings on juveniles and Appellate Court proceedings."
- "Services for victims who do not feel safe reporting the crime."
- "Somewhere to tell their story."
- "Support services for parents whose young child is sexually reactive and/or perpetrates sexual abuse on a sibling. Services for young juvenile offenders, 8 - 12 years old, when it is not appropriate to refer to juvenile court. DHS won't provide services because child is often not a caretaker."
- "We have a huge problem with victims arrested for domestic assault, and public defenders who encourage them to plead guilty."

Future Directions

Service providers and allied professionals noted numerous unserved and underserved populations in their areas. The most frequently mentioned populations included victims who are: male; immigrants, refugees or undocumented; children and teenagers; in rural areas; LGBTQIA; low income; and minority.

The top priority issues that service providers and allied professionals would like to see addressed through training, technical assistance, or resources in the field are: civil legal assistance, human trafficking, and identity theft. Additional priority issues include trauma informed care, housing, crisis management, and education and outreach.

Chapter 4. Needs Assessment Findings for Crime Victims

This section provides findings from focus groups and phone interviews conducted with crime victims across the state of Iowa. This section begins with an overview of participants' backgrounds, followed by information regarding participants' awareness of and experience utilizing victim services.

Background of Participants

In order 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 and had experienced some type of crime. A majority of the participants were women (97 percent), and nearly half of the participants indicated that they had experienced multiple crimes (45 percent). An estimated 60 percent of victims experienced domestic abuse, 43 percent sexual assault, 27 percent child abuse, and 31 percent assault.

Awareness of Services

One of the first questions posed to each of the focus groups and phone interviews was about how they first became aware of services. Participants provided numerous responses but the top five most common ways crime victims became aware of services were through: law enforcement, friends or relatives, themselves, work, and advertisements. Participants were made aware of services through law enforcement when police officers brought advocates with them to the scene, provided the victim with a service provider's number to call, or called crime victim services for the victim. Law enforcement officials also provided information regarding crime victim services at the time of a victim filing a report or filing for a protective order. Participants found out about services themselves by googling, using the phone book, or calling known providers. Some participants found out about services because they worked in areas that interacted with crime victim services such as courthouses, health centers, hospitals, law enforcement, community organizations, and mental health organizations. Advertisements that participants mentioned included flyers, pamphlets, posters in food banks and jails, radio commercials, and shoe cards that were available in public buildings. A few other ways that participants learned about services included: through advocates, churches, counselors, in hospitals, and at shelters. Most participants in the African American specific focus groups learned about services through law enforcement or self-guided research. In the Latino/a groups, participants learned about services through law enforcement or their attorneys. In the Native American focus groups participants learned about services through relatives, law enforcement, hospitals, and work that they did in their communities.

*The most common ways crime victims learned about services were **LAW ENFORCEMENT**, **FRIENDS or RELATIVES**, **THEMSELVES**, **WORK**, and **ADVERTISEMENTS**.*

***SHOE CARDS**: small cards that hold victim service information that victims can slide into their shoes to keep private from the perpetrator until they are in a safe space*

When asked about if participants were made aware of all of the available services over 75% of respondents discussed not being told about services, or having trouble finding information about services available to crime victims.

A selection of respondents' comments related to awareness of services is shown below:

- *"But you have no idea what is out there for assistance and you're not sure what it is and you get thrown a lot of information but you don't recall all of it because you have so much other stuff."* (Violent Crimes)
- *"For me also, no I didn't know that and now I look at this list [referring to the resource list ICF provided to participants] and I say wow, there are a lot of services. But I wasn't aware of those services. I tried to Google it and find it, but I couldn't find all these things on the internet."* (Sexual Assault)

- *"I didn't know for a long time that there were camps out here for the kids. That they could have gone to, where they can go and do their own thing. I didn't know until just this last year."* (Violent Crimes)
- *"I mean I was never offered counseling I was never told, you know, you can come here… all this stuff that you guys are talking about I don't know anything about. All I was told is they'll help me get food, if I need stuff for the kids for Christmas they'll help with that."* (Domestic Abuse)
- *"I reached out to a couple different therapists and there was no recommendation of anything."* (Sexual Assault)
- *"I went to the courthouse to file a protective order and then the clerk or someone in the clerk's office said 'just wait here and an advocate will come finish walking through the steps with you.' Literally walked across the street."* (Domestic Abuse)
- *"I wish someone had told me that I could have had a sexual assault advocate present when we were doing depositions. And then in the court room. I didn't know about that until after."* (African American)
- *"Not at the time of the crime, but it would have been useless I was reeling."* (Violent Crimes)
- *"Once I got a hold of the Spanish speaking advocate, I was able to get all the information."* (Latino/a)
- *"When I, one of the times I had to call the cops I was not offered anything."* (Native American)
- *"Yes, when I needed it yes. But now that I live in the West, I don't see that this information is provided for others to know about services."* (Latino/a)
- *"Yes, all the information was given to me--where I needed to go, what I needed to do."* (Latino/a)

*A majority of participants were made aware of services **IMMEDIATELY FOLLOWING THE INCIDENT**.*

A majority of participants were made aware of services immediately following the incident. Of the participants that responded 77 percent said they became aware of services immediately following the crime, or the day after. Six percent of participants that responded said they found out about services a few days following the crime, nine percent in a week, and nine percent found out about services a month following their victimization. A majority of the respondents that discussed finding out about services weeks or months following the victimization were from the Latino/a focus groups.

Experiences with Services

Focus group and phone interview participants discussed their experiences with accessing services including whether or not services were easy to access, if they were ever denied services, and whether they experienced any barriers in trying to access crime victim services.

Access to Services

Only 23 percent of participants found that accessing services was easy. Participants who did find the process to be easy often shared that a single advocate came to their aid and assisted them to the full extent of their services. Specifically, in the domestic abuse and sexual assault groups, various victims shared that an advocate from the group they contacted "responded back quickly," "helped with everything," and "walked [them] through the process," greatly simplifying access to services. Participants in the domestic abuse and violent crime group also mentioned that having contacts and connections within organizations expedited access to receiving services.

A service that was particularly easy to access was the procurement of protection orders; participants in the domestic abuse groups stated that obtaining protection orders was a simple process. Other participants reported positive interactions with law enforcement, hospitals, and churches.

However, the vast majority of participants struggled to gain access to services. Roughly 76 percent of comments shared by participants on their experiences in accessing services reflected that the process was difficult due to limited presence of services and resources in their locale; legal challenges; racial and cultural prejudices; and the stigma of being a victim.

Services Received

Victims reported having both positive and negative experiences with the services they received. Participants shared a number of services they received to help them process any trauma experienced as a result of their victimization. In most cases, participants were offered and received multiple services through a number of different providers as services were typically not provided in a holistic manner at one location. The five most frequently received services were advocacy, mental health services, legal services, children's services, and shelter, followed by transportation, finance, support groups, and medical. Victims were provided with an advocate who would help them complete paperwork, check in on their status, and provide support throughout their court process. To help them deal with the trauma of their experiences, victims were also offered mental health services and found this to be very beneficial.

Participants named a variety of agencies where they received services; however, there were several that were discussed more than others. Crisis Intervention Services was the agency used by most victims, particularly in the Northcentral and Southwest regions. Additional agencies often mentioned included hospitals, Phoenix House in the Southwest region, Polk County Crisis and Advocacy Services in the South Central region, the Council on Sexual Assault & Domestic Violence (CSADV) in the Northwest region, and the Nonprofit for Sexual Assault Services in the Southeast region.

Services Denied

Most participants seeking services reported that accessing services was difficult, and certain participants across the groups were denied services altogether. Participants were chiefly denied access to services due to eligibility requirements. Participants were denied access to housing, financial, legal, and medical services. In the domestic abuse groups, victims described being denied services due to perpetrators living in another state, or not qualifying for shelter and financial assistance options because they had already received those services once. As one domestic abuse victim described:

> "I was approved, but I had given it up because I went back to him, so I thought I had it, so I didn't think I needed the help and I wasn't going to take it away from somebody else. Well then, I left him again, because I had more problems with him, so now [it's] 6 months before I can get any kind of help with housing or anything. So now I've got a 28 day restriction of trying to find a place to go. There's no resources at all for somebody who's already tried to get help once." (Domestic Abuse)

Victims were also denied on the basis they were not considered a "victim of crime," or that their situation was not an emergency situation. An example one participant gave was that she was denied counseling services because she was the mother of a child victim and not the direct victim. Other victims were denied money to provide for their children, and two victims of domestic abuse were denied services because their situation was not deemed urgent enough. One victim only received a restraining order after being beaten.

Financial issues that affected eligibility included bad credit and employment. Participants shared that bad credit prevented them from being able to obtain housing. Meanwhile, many participants who were employed and had reasonable credit did not qualify for certain resources, such as food stamps, financial assistance with mental health services, and pro bono attorneys, because they were employed.

Other reasons for denial of services included a participant who claimed that law enforcement denied her request for child protection because the offender was another child, a participant who claimed being denied medical services because she was in jail, and another who reported that the government denied her request for reimbursement due to her having a parking ticket. Participants in sexual assault groups were particularly concerned with being denied access to sexual assault services, particularly mental health services, due to limited allocation of resources.

Service Delivery

Of the numerous services that participants received, there were a few that were utilized more frequently because they were found to be most effective and beneficial. While there were mixed responses about whether services were helpful or not, most participants found that at least half of the services they received were helpful. Victims discussed a number of services they found

beneficial; however, services that tended to be viewed in a more generally positive light were advocacy and mental health services.

Participants explained that there are many components of victimization that they have to deal with and being able to have an advocate or someone there to help them through made a big difference in how they were able to process their trauma and cope. With the help of an advocate from the very beginning, many participants were able to better navigate services available and determine what their options were to move forward. This was mentioned several times in the domestic abuse and sexual assault groups when victims needed to go to the hospital. A few victims expressed discomfort when another person was present however the majority of victims found it comforting to have someone there to support them.

The ability to receive counseling and attend support groups for mental health services helped participants understand what they were experiencing. Processing trauma can be a lengthy process for many crime victims and having the opportunity to discuss and share their experiences through counseling and support groups made it easier for many participants to move forward after their victimization. A selection of respondents' comments related to services that were helpful and additional services that could be helpful are shown below:

- *"As a victim of domestic violence, I received all of the help I needed. But our children are the ones that need the same amount of attention. If more services and resources are provided for them through Access, I think that would be great."* (Latino/a)
- *"I really like my counselor because I was able to talk instead of sitting in the room we'd go to the mall, go do different things, so it made it easier to open up."* (Domestic Abuse)
- *"She was mainly concerned about how I was feeling at that moment and what I needed at that moment. That was very helpful--for the social worker to talk to me as a friend."* (Latino/a)
- *"The kids went to the school counselor and worked with her right off the bat. The kids kind of responded to a couple of the teachers at school which were superb, I mean they were exceptional people. And they related to the kids really quick and the kids just kind of, which worked out fine too."* (Violent Crime)
- *"Yeah absolutely. If the social worker from there had called me or put a note in there that said hey if you have any questions about this form, here's my phone number. That kind of thing."* (Sexual Assault)
- *"Yes. I needed help with lawyer fees and to help pay that, I was given help for rent and for food. My church also helped me by providing me the opportunity to sell the food I make outside of the church. When the abuse happened, my son passed away and my church helped me. They helped me with covering some funeral expenses and for me to sell the food cover other costs."* (Latino/a)

Although multiple participants expressed satisfaction with the services they received, they also acknowledged that there was room for improvement when it came to the delivery of those services in Iowa. Participants generally found services, particularly advocacy and mental health services, to be helpful; however, several gaps in services were addressed in groups with different underserved victim populations.

Gaps in Services

There was a general divide as to whether victims felt that the services they received were sensitive to their needs across most regions and crime type. Victims found that providers were accommodating in meeting their financial, educational, and mental health needs. In one specific situation, a victim felt that if they experienced a flashback or PTSD from an environmental stimulation in their educational environment, they were able to approach their university's health center to be removed from the course or change their schedule to avoid additional trauma. An area that participants expressed as a need for improvement is with the frequency of counseling sessions that they are able to receive. Some participants felt that they needed more counseling but they were unable to receive it because the agency had a limit on the number of sessions each victim could receive.

When it came to sensitivity regarding victims in certain populations, participants generally felt that their needs were not always met. Many participants in the Northcentral focus group with Latino and Latina victims explained that there were language accessibility barriers in services they received. However, a specific provider that this population shared as helpful was called Access and it was highly recognized as a service that helped participants by providing assistance in their primary language.

Participants in the African American focus group in the Southcentral region felt that while their service needs were met to a certain extent, they did not feel completely satisfied with what they received. Rather than specifically providing services to benefit the victim based on individual needs, participants explained that the process was more standardized and followed a basic checklist. This process left participants feeling unsatisfied with the services they received.

Two communities that did not find services to be sensitive to their needs were the Deaf and hard of hearing and LGBTQIA communities. All of the Deaf and hard of hearing participants in the Northeast region felt that the services they received were not sensitive to their needs. Participants in the Deaf and hard of hearing group did not feel that providers knew how to work with victims in the Deaf community or did not fully understand interpretive services. Many organizations did not provide interpretive services for participants, making it difficult for them to receive the help and services they need. While there was general consensus that services need to be tailored to meet the needs of victims who are Deaf and hard of hearing, one participant felt that there is improvement in services in Iowa. This participant shared that services providers in Iowa are making an effort to figure out what the Deaf community needs in order to help police officers and Deaf victims communicate more efficiently.

Participants in the Southeast region LGBTQIA focus group echoed similar feedback Deaf regarding the sensitivity of services to the unique needs of their community. Participants acknowledged that service providers attempted to set victims up with counselors who would be able to address their needs best; however, the questions that service providers asked in order to determine victims' needs caused additional trauma. When working with certain populations, providers need to be more aware of how to best respond and avoid using gestures or language that can be more harmful than helpful to those victims. Both the African American and LGBTQIA

focus groups found that services did not fit their individual needs. Participants mentioned that services tried to serve multiple populations and while that can work in certain situations, participants felt services should be tailored to meet the needs of the individual clients.

Participants reported that their children and loved ones were also indirectly impacted by their victimization and that the majority of services focused on the victims with little to no attention paid to other people in their lives who may also need help. Several participants felt that their children specifically were unable to access the same services they received as victims. Children tend to process trauma in a different way that adults and participants who recognized this difference explained that services need to be tailored to meet those needs in order to be effective. A selection of respondents' comments related to services being sensitive to individual needs is shown below:

- *"I think Access works very well with all of the people. They are always finding varied ways to help others. To me, this place is perfect and was all given to me in the language I understand."*(Latino/a)
- *"One of the things that they found important, for me, I'm Hispanic. I speak Spanish, I'm from Mexico, so there like oh maybe this Hispanic counselor would be a good fit for you."* (LGBTQIA)
- *"Someone in my ethics class has the same cologne as the person who attacked me and so I ended up taking a partial medical withdrawal and withdrawing from that class. And health services is the people who helped me get all of the paper work I guess that they needed."* (Sexual Assault)
- *"To an extent. I don't feel like it was to my individual needs but to a standard that they have basically to say if you're in need or not. I think it felt like there was a list if they were checking off have you been through this? You know if you haven't been through these things well... there's too many stipulations."* (African American)

Experience with Service Providers

Participants discussed whether the services they received were provided in a way that was welcoming and made them feel comfortable. While half of the participants across regions and crime types felt comfortable with the services they received, the other half did not. Two common areas that were mentioned included law enforcement and shelter responses.

While the majority of groups discussed their discomfort with law enforcement, the group where this was most frequently discussed was the African American focus group in the Southcentral region. Participants mentioned that law enforcement personnel were insensitive, particularly in cases of sexual assault, domestic abuse, and human trafficking. Several participants felt that law enforcement personnel in Iowa frequently did not believe victims, especially in human trafficking cases because they do not believe that those crimes exist. Some participants also felt like law enforcement was more likely to blame the victim in human trafficking scenarios.

Other focus group participants across Iowa also expressed discomfort with law enforcement. Several reasons for this discomfort generally revolved around the lack of awareness in law enforcement about the needs of victims. In some instances, law enforcement officers did not ask participants if they needed any items before leaving their homes, which would have provided comfort to victims during a difficult time.

On the other hand, several other participants in various groups described having positive experiences with law enforcement. Participants who expressed gratitude towards law enforcement shared that officers offered to drive them home from the hospital or police station, offered to provide assistance regardless of whether or not they were still on shift, and were generally responsive to the victim's needs. A selection of respondents' comments regarding interactions with law enforcement are shown below:

- *"I needed to report a sexual assault …when the officer got there they were very, I don't know, considerate, I guess is the best word, of whether or not I wanted to just report an incident, whether I wanted a rape kit if I did want a rape kit where I wanted to, whether I was comfortable going to a different place or a specific place, if I needed them to call anyone they were really great about that."* (Sexual Assault)
- *"They, well, there were several times I had to call the police, and, the very last one, and it was the same police officer showing up all the time, and they almost acted like they were sick of it. I actually had told them I want another police officer here. And that police officer that took the report gave me a piece of paper and said, "You don't have to do anything with this, but I have to give this to you." That was only one time out of several, several, several [times]." (*Domestic Abuse)
- *"Well I had a Sheriff literally tell me well "this the guy you married" as if it were my fault he wasn't that way when we got married you know? That's why I'm calling you, after we married, you know?"* (African American)
- *"Well, I heard that, um, police officer that is really supportive of the Deaf… She really wants to also educate the police officers here, on Deaf needs."* (Deaf and Hard of Hearing)

Participants also mentioned a similar divide in levels of comfort about shelters. Generally, how the shelter operated was a point that led to discomfort. Many found that the rules in the shelters made it difficult to live there, particularly for the African American focus group in the Southcentral region. One participant in this group explained that one shelter required each person to have a roommate, something that the participant was not comfortable with Participants also felt uncomfortable in shelters as they perceived that they were not allowed to have contact with any men. For participants who have a lot of male support, including family members, this made it difficult for them to arrange rides because they would have to coordinate a pick up location that is not at the shelter. On the contrary, participants who found shelters comfortable shared more general statements about the physical conditions of the shelters. Many participants felt safe in the shelter because the doors locked and felt comforted by the fact that shelters they went to were clean and the staff friendly.

Challenges Accessing Services

Specific services and resources that were challenging for victims to access included transportation, housing, legal services, mental health, and language accessibility. Challenges reported included limited allocation of resources, long waiting periods for service and resources, and eligibility issues for victims and their families. Moreover, while attempting to access services, victims were also exposed to social stigma and racial/cultural prejudices and had concerns about confidentiality; these fears about confidentiality and prejudice greatly contributed to delaying a victim from seeking assistance. Victims were additionally burdened and overwhelmed by the complicated nature of service logistics, and sometimes by the lack of time and care advocates could devote to them.

Meanwhile, a few victims were completely denied from accessing services altogether. Victims deeply wished for these barriers to be resolved for the future in order for the process of accessing services more accommodating.

Transportation

As mentioned above, one of the most frequently discussed barriers across domestic abuse, sexual assault, and violent crime groups was the challenges involved in accessing transportation. Participants required transportation to seek safety from perpetrators or access services, but often did not own their own vehicle, due to financial constraints or due to perpetrators restricting their access to a vehicle. Participants frequently relied on taxis, buses, and service providers for transportation access, which was often described as unreliable and costly. For many participants, lack of transportation led to loss of access to other services, including access to shelter, housing, medical, and support group services.

Access to transportation depended upon the victim's location. For example, participants shared that Ames had a well-functioning bus service, which allowed for independent, affordable movement. Des Moines, Davenport, and Council Bluffs also provided bus service within the city, but participants reported that services they wished to access were not "necessarily on the bus line." Moreover, bus services in Des Moines, Davenport, and Council Bluffs overall were reported as limited. In particular, Council Bluffs which was described as "barely" having buses, and being inconvenient for persons with disabilities.

Participants from rural or poorer regions had even fewer options. Participants from Creston, Marshalltown, Mason City, Sioux City, and Waterloo reported that these areas were not "transportation friendly" compared with big cities, and that services were far from their location to the point where participants were unsure whether a taxi would be willing to take them. Certain participants turned to service providers for help within their region, only to find that advocates were not allowed to provide victims with transportation aid. Meanwhile, in Sioux City, Native American participants struggled with finding transportation to Indian Health Services, especially when approval was necessary to begin accessing services. Participants from rural and poorer regions were thus the most likely to lose direct access to victim services due to the severe lack of transportation aid.

Housing

In conjunction with the need for transportation to seek safety and access services, domestic abuse and sexual assault victims stressed the importance of having appropriate housing and shelter options in order to seek safety from perpetrators. Shelters for victims of violence provided a short-term solution to the immediate issue, while permanent housing provided a long-term solution. However, victims struggled in attempting to access either of these services.

Shelter availability seemed to strongly depend on geographic location. Victims in small towns struggled the most with shelter availability, and often had to travel long distances to reach a designated shelter. Victims located in the Council Bluff region noted that they had only one shelter

within their region, a 50-60 mile vicinity, and that this was insufficient to meet the population's needs. Victims from the Creston region, meanwhile, mentioned that while shelters existed in more urban regions, such as Des Moines, rural areas severely lack shelters.

Shelter and housing options also appeared to differ depending on the population wishing to access these services. For victims of sexual assault, shelter and housing options seemed non-existent or limited; one participant commented that "finding housing [seemed] to be the biggest challenge" and that it was a "huge issue" for sexual assault survivors. Although the discussion did not dwell on why finding housing is such a challenge for sexual assault victims, certain participants explained that they felt confused as to where to seek help, and embarrassed in explaining their situations to landlords.

Domestic abuse shelters, though more prevalent, were limited in their ability to accept new residents. Domestic abuse victims described long wait times for shelters, and that these shelters could be "impossible" to get into. Domestic abuse victims also were often unable to find services that would provide long-term housing for families, or available low-income housing options.

Participants in the violent crime group, though able to find shelter, often suffered long wait times for housing. Though most had to leave their respective shelters after a short period of time, such as 30 days, one participant commented that it could take "years of waiting" before one received housing services. Most were in agreement that their stay at the shelter did not provide adequate time to find a permanent residence.

Participants in all groups struggled with obtaining the necessary credit to rent or buy a permanent residence. Participants discussed that their eligibility for housing often depended on the whims of a landlord rather than a consistent process due to lack of a viable credit history. Participants in the violent crime group also shared that job loss, lack of income, and undocumented status contributed to their inability to rent or buy a house, leaving themselves and their families in unstable situations.

Legal Services

In addition to housing and transportation, participants frequently required legal services. Many were unable to obtain legal services, or had varying levels of difficulty in obtaining them. Factors influencing difficulty in obtaining legal services for victims included limited legal service availability, financial cost, and lack of evidence to present in a case.

Victims presented with limited legal service availability were most commonly from a rural area. One participant from a rural area described attempting to contact an immigration attorney, only to find that none were present in her town. Another described that in small towns, lawyers were unlikely to take domestic abuse cases because they were seen as "small cases;" not particularly profitable for lawyers, and therefore not taken seriously. In general, experiences with legal service availability were more challenging for participants in rural areas.

In commenting on specific legal staff, participants discussed that lawyers appeared unprepared for their cases or overburdened. One participant shared that her case reached the Supreme Court, but instead of her state attorney, a different attorney who "walked in with the wrong file and didn't even

know [the victim's] mother's name" represented the victim in the case. Another described that she had seen lawyers overburdened with the number of cases they held, unable to give their attention to multiple cases.

In general, victims struggled with the criminal justice process. Some participants were informed by law enforcement that there was insufficient evidence to file a case, while others were told that they had waited too long before reporting the crime. Some victims who desired to move forward with their case did not understand how the criminal justice process worked and what was required for a case to be filed. Participants were thus hindered in obtaining justice or accessing legal services due to insufficient evidence and lack of information regarding legal policies and procedures.

Law Enforcement Services

Prior to accessing legal services, many participants sought services from law enforcement. However, many felt that they could not access law enforcement services; this was primarily attributed to law enforcement officials not taking the charges seriously. Participants who reported unsatisfying responses from law enforcement officials primarily came from ethnic minority communities, including Native American, Latino/a, and African-American communities. Participants shared that law enforcement officials would "not show up" if they called, that detectives "did not care" about their cases, and that law enforcement officials continuously mishandled crime investigations within their communities. Participants also expressed fear of being arrested for defending themselves in a domestic abuse situation, and fear of the consequences an arrest could have on housing and employment prospects for themselves, their families, and even the perpetrators.

Mental Health Services and Support Groups

Although participants felt mental health treatment and support group services may have strongly benefited them in addition to the other services, participants reported receiving less counseling and support group services than they desired due to barriers around availability, service specificity, and financial cost. Counseling and support groups were particularly important for domestic abuse and sexual assault victims.

In general, participants shared that mental health workers and support group leaders met with them inconsistently or were often too busy. Participants in the domestic abuse groups mentioned that counseling was "one of the most important parts" for their families but that advocates were too busy to provide that service. Participants seeking support group services also mentioned that advocates scheduled groups at "inconvenient" times, and in general, found it difficult to find available support group services.

Participants in the sexual assault groups desired tailored services that were not often not available to them. They reported feeling the most anxiety over the lack of available mental health service providers, and over the prospect of starting over with a new mental health service provider. One participant mentioned that she would "go back to harboring [her] feelings" because she didn't "want to start over with a new therapist and rehash everything."

Participants in other groups, including the violent crime group, mentioned that counseling would have been helpful, but that they did not themselves have the time to see a counselor, or that at the time it seemed too expensive, and that they were unaware of any financial assistance they could receive for accessing mental health services.

Language Accessibility

Language accessibility was a barrier that affected victims' access to assistance regardless of the crime type or service needed. Participants struggled in contacting law enforcement officials to assist with victim services, in finding support groups in their language, in finding advocates who could understand their situation, and in working with state institutions. Participants who were Latino/a or Deaf and hard of hearing were most likely to experience challenges in language accessibility, which often prevented them from accessing services.

Stigma

Prejudice was another barrier that greatly affected victims' access to assistance, and was discussed in approximately half of the groups. Participants across the violent crime, domestic abuse, and sexual assault groups shared that stigma regarding their background and victimization experience affected their access to services.

Participants commonly experienced prejudice due to their victim status. Participants described being shunned by peers and their communities, being discriminated against at the workplace, being alienated from religious institutions, and being embarrassed by medical service providers and law enforcement after sharing their stories. As an example, one participant described that her friends said hurtful things after she disclosed her situation to them, and that they refused to help her because it did not happen to them. Others recounted not being able to receive information on available victim services from churches because churches "didn't believe in information like that" and the agenda was "pushing families to stick together."

Meanwhile, participants seeking medical assistance described being confronted with intrusive questions such as being asked if they were sexually assaulted while buying contraceptive medication, or doctors who were disbelieving of their situation. Specifically, one participant described that her doctor told her "I think you asked to be raped," and she had to see that same provider again in order to be able to switch providers. One participant lost her job after her workplace found out she was involved in a domestic abuse arrest from public law enforcement records, and another was fired for having PTSD symptoms in her workplace.

Due to fear of these negative social repercussions, participants were often afraid to disclose their stories. Fear of alienation, threat of retribution, disbelief, or being blamed for the situation drove participants not to report their perpetrator or seek assistance. As one participant in a college community who was reluctant to disclose her story shared:

> "I think I was afraid of other people saying, he would never do that. She's lying. He's such a nice guy. That is absolutely going to happen if you press charges and report it. People are going to find out that you made that accusation. There will be social repercussions of it. On

> a small campus with someone who you know and who is a well-liked person. Especially a well-liked person. I didn't want the social repercussions of doing that." (Sexual Assault)

Other participants feared that as a victim of domestic abuse they would be blamed for being bad mothers due to a perceived failure to protect their children. Participants shared that male victims seeking services would be thought of as "punks" because asking for help would be inherently damaging to male victims' pride and manhood. Fear of these judgements again prevented victims from accessing or receiving services.

Some participants were unwilling to perceive themselves as victims, or persons requiring access to violent crime, sexual assault, and domestic abuse resources. Because of social stigma, being a victim could have been associated with weakness, and other forms of stereotyping. One participant explained:

> "I think that was the main barrier. Almost the social stigma, of being a victim. You don't see yourself as a victim. I don't have a victim mentality but people treat me that way when they know [my situation]. So as a result I tend not to bring it up because I don't want them to treat me any differently."(Sexual Assault)

Others discussed the pain from being associated with the label of being a victim, that being in a domestic violence situation went "against [their] own beliefs," and that they felt the need to overcome being a victim. The strong stigma associated with the state of being a victim was enough to hinder some victims from seeking assistance and accessing resources.

Racial and Cultural Prejudice

In conjunction with the social stigma of being a victim, racial and cultural prejudice against victims of color was discussed in all groups that included ethnic minorities. Primary issues faced by victims of color involved facing differential treatment from service providers, from law enforcement, and from government institutions, and not being informed about services.

Participants of color in African American and Latino/a groups described being assisted at a later time compared with White victims, or not receiving the same services and treatment. African American victims described delays in being given an advocate compared with white victims, being refused housing in favor of white victims, and being blamed more for their respective situations compared with white women.

Latino/a participants who were immigrants or of a different cultural background, also complained of differential treatment. Many struggled with expressing themselves in English, and felt that institutions were unwilling to assist due to the communication gap. Certain participants shared that they felt invisible. Although one participant did attempt to contact services, she was worried that her accent worsened her credibility. She was also worried about ethnic group stereotypes, and in her inability to communicate like a native English speaker.

Meanwhile, failure of law enforcement to adequately assist victims of color was especially noted by African American, Native American, and Latino/a participants. One African American participant

noted that law enforcement frequently and mysteriously "drops the ball on Black-on-Black crime" and that this may be due to law enforcement failing to reach out to the African American community. Similarly, Native American participants described law enforcement failing to show up when called and being likely to blame alcohol use within the community for domestic abuse situations. A Latino/a participant described being, in her opinion, wrongfully arrested for a domestic abuse case under biased charges. Anxiety around contacting law enforcement for domestic abuse involving ethnic minorities prevented yet another participant from seeking assistance when she needed help. The victim was concerned that law enforcement would wrongfully arrest her, or that her partner would be killed or beaten before being arrested. The negative relationship with law enforcement thus served as a barrier to African American, Native American, and Latino/a victims in reaching out for law enforcement intervention.

Participants in all culturally specific groups shared that in general, a barrier to accessing victim services was that providers were not reaching out to their communities. Native American participants felt specifically alienated from providers engaging in outreach who often served surrounding communities but failed to engage tribal populations; an example discussed included the exclusion of two tribal coalition leaders from a state-wide sex trafficking meeting. One victim commented:

> "I want you two to know that you are on Lakota land.... The generosity of our people and we're last. We're last to be contacted, last to be reached out to, you know. " (Native American)

Lack of consideration of the needs of cultural communities thus affected how victims of color were able to seek assistance and fueled feelings of alienation. Though victims of color shared that they would have liked to be assisted by service providers of their own ethnic background, many did not have the option. Participants in the Native American and African American groups described that their service providers were primarily white, and did not have experience in understanding perspectives from the victims' cultural lens. Victims of color recommended greater representation of service providers of similar background and language capabilities to ameliorate barriers surrounding differential treatment.

Eligibility within Underserved Populations

In the discussion around differential treatment for those accessing victim services, certain other groups expressed concern that their eligibility for seeking services would be affected by their background. Concerned participants included those who were undocumented immigrants, those with criminal records, those who were male, those of low-income status, and others who were not able to meet eligibility requirements for victim services.

Undocumented immigrants were unable to access important services without a social security number, green card, or citizenship. These services included housing, credit, low income utilities, food stamps, and Medicaid. Participants experienced long wait times in attempting to obtain a social security number; one participant shared that she had been waiting for almost a year:

> "I don't have a social security number yet, it takes a long time. They said by March/April it would be done but it's been almost a year. A year and I'm waiting for the embassy. It takes time. It's a long process, so I have no credit. How can I rent a house?" (Latino/a)

Undocumented immigrants were also fearful of accessing services, or drawing too much attention to themselves, due to risk of deportation. Those with self-defense related arrests had a more difficult time accessing housing, including renting and buying a residence. They were also at risk for losing their jobs.

Male victims struggled with finding domestic abuse and sexual assault shelters that were open to men, gaining access to transportation and accessing support groups. Finally, participants who were not eligible for a service because they had not experienced the type of specific crime the service providers had the capacity to treat experienced severe delays in gaining access to services or denial of services. These participants included those who were not directly subjected to the crime, but were still suffering emotional, financial, and legal ramifications.

Confidentiality

Related to the aforementioned fears participants had in accessing services, confidentiality concerns served as the undercurrent to the fear preventing participants from accessing victim services. Participants across groups were concerned that lack of confidentiality could lead to loss of employment, deportation, alienation from their communities, and, in the case of domestic abuse and sexual assault, retribution from their perpetrator. One participant in a domestic abuse situation described that her perpetrator already knew of the existence of the women's shelter, so she didn't feel comfortable going there.

Those living in small communities were particularly afflicted by confidentiality concerns; women in Native American communities were especially concerned by the lack of privacy involved in service provision. One Native American woman recounted a stall providing outreach for domestic abuse victims at a fair, and that she was unable to walk up to the stall because others would have noticed her. Native American women repeatedly shared that they could not think of how to keep such a group private and confidential in such a small community. Meanwhile, participants in small college campuses were also reluctant to access services on campus for fear that their peers and the college institution would find out, and that there would be social and academic repercussions. Fear of the lack of privacy and confidentiality was thus a significant barrier to accessing resources in small communities.

Service Logistics

In general, victims felt that they were overburdened and delayed by service logistics. Service logistics included needing to call organizations several times, needing to call several different providers in order to receive service, and having the burden of repeating their story multiple times. Victims also found navigating legal and financial services difficult and lengthy; one participant described that the process of being reimbursed through the government for legal services was a "tedious amount of paperwork" and that there was "so much red tape to get help." One participant

claimed that if she were to theoretically report an assault, she would say “no thanks” to services because of the amount of time involved and the need to continually repeat her story.

Additional Topics

Other themes presented in the discussion included a need for affordable insurance, child care, and for housing, transportation, and shelter options that were pet-friendly. One participant in the sexual assault group described requiring child care in order to seek access to counseling, and most participants agreed that child care would be a helpful service. In shelters that were pet friendly, one participant described needing pet care in order to access other services, such as medical services, and most agreed that pet care would be helpful.

Chapter 5. Discussion and Recommendations from Service Providers

Recommendations for Policy and Practice

Findings from the needs assessment help to provide a better understanding of the range of victim services in Iowa, gaps in service provision, barriers and challenges to service delivery, and emerging trends in victim services. In addition, these findings also highlight important recommendations on how CVAD can help to improve the field's response to victims of crime throughout the state.

> "JUST NEED STABLE FUNDING TO BETTER CARE FOR THOSE WE ARE SERVING NOW. WE ARE VERY EXCITED TO THINK FUNDING COULD BE AWARDED TO AGENCIES LIKE OURS SO THAT WE CAN CARE FOR VICTIMS OF CRIME IN THE WAY THEY NEED TO BE CARED FOR."

In the **North Central Region**, the most commonly recommended ways for improving the provision of services to crime victims was a need for an increase in awareness and training. Awareness related to going out into the communities to increase knowledge of services, specifically in elder communities, and increase awareness of mental health services, specifically services available to underserved populations. Service providers in the North Central region mentioned the need for training for service providers, cultural competency training, and training on what regional resources are available. Additional recommendations for the North Central region included having information available on the types and numbers of crimes in the area, having legal assistance agencies located

in big cities be available state-wide, increase funding for translation services and additional staff positions, and holistic wraparound services for victims.

In **Northwest** Iowa, the top priority issues were funding, financial assistance for victims, and staff. Participants cited the need for increased funding to provide access to shelters, to increase the quality of care provided, address public awareness and outreach, and fund non-traditional services such as food insecurities, rent assistance, clothing and more. Service providers mentioned the need for more financial resources available to victims to help cover bills and any related expenses that arise overtime. Staff was a priority issue in terms of increase the number of providers, providing training to staff and law enforcement, having more bilingual staff, and have coordinators to connect with local SARTs. Additional priority areas for the Northwest region were having advocates in courts and schools, and increasing housing and mental health services.

Service providers in **Northeast** Iowa brought up recommendations related to awareness, civil legal needs, and training. Providers wanted more education for the community on what services are available, collaboration among providers to increase awareness, and increase outreach. Providers recommended having a civil legal assessment of all clients to identify legal remedies to alleviate current crises as well as dealing with long-term issues. It was also recommended that civil legal assistance be increased, especially in dealing with housing, safety, employment, and financial help. Training recommendations revolved around training all staff who come in contact with victims, including local agencies, attorneys, and law enforcement. Additional recommendations included increasing funding, networking, program accountability, and mental health facilities.

The main recommendations from **Southwest** Iowa were to increase awareness, transportation, and collaboration among organizations. Recommendations to increase awareness included having a regional directory or referral program, using local media, and placing pamphlets in medical offices, mental health offices, and court offices. Transportation was mentioned as a need, to provide additional options to assist victims in rural areas to access services. Collaboration between organizations was recommended to streamline the referral process and provide more holistic services.

> "[OUR LOCAL] LAW ENFORCEMENT ARE IN DENIAL TO THE HUMAN TRAFFICKING IN OUR AREA AND NO KNOWLEDGE OF TRAUMA RESPONSE [FOR] SEXUAL ASSAULT VICTIMS, THEY ARE JUDGEMENTAL AND [INSENSITIVE] TOWARD VICTIMS OF SEXUAL ASSAULT."

In **South Central** Iowa the main recommendations to improve services were to increase collaboration among organizations to eliminate turf wars and improve communication and to increase funding for shelters and ensure that there are shelter spaces for youth victims. Additional recommendations included sensitivity training for law enforcement, more culturally sensitive programs, and increased transportation to assist with rural clients.

The main recommendations from **Southeast** Iowa were increased collaboration, staff, and funding. Providers recommended that organizations, specifically crime victim services and law enforcement, collaborate better to increase communication and reduce silos. They also recommended that staffing needs to increase to ensure that crime victims in rural areas have access to services, and the staff at medical services and other community organizations need to be trained on how to recognize and interact with victims and how to make appropriate referrals. Organizations need increased funding and this funding needs to be more flexible to meet the needs of victims.

Chapter 6. Discussion and Recommendations from Crime Victims

Crime victims had numerous recommendations for how to improve services and crime victims' experiences in receiving services in the state of Iowa. The recommendations are provided below, and are grouped into four topic areas: awareness of services, service providers, housing and shelter, and additional recommendations.

Awareness of Services

Participants were asked how they felt information about available victim services should be disseminated to ensure that all victims are aware of what services are available in their area. The most common recommendations revolved around advertisements, increased knowledge of services among different occupations, and reaching out to victims directly. Participants shared that advertisements about victim services should include billboards, brochures, commercials on TV and radio, Facebook, newsletters, newspapers, and pamphlets. Advertisements should be placed in public restrooms, hospitals, schools, universities, and counseling centers. Native American participants also mentioned the need to have advertisements that feature Native Americans and Latino/a participants mentioned the need to have advertisements in different languages. Participants also raised a current practice, "shoe cards," and recommended that their use be increased. Participants mentioned that churches, colleges, community organizations, hospitals, food pantries, and law enforcement organizations should have more information about victim services in the area that they can share with possible crime victims. Participants also reported that awareness should be increased by including victim service information with court documents,

texting, and using word of mouth. A selection of respondents' recommendations related to increasing the awareness of services is shown below:

- "I think that, even [with] the confidentiality reasons, there should be a phone number that you can call and say, 'I'm looking for a support group, where is it?" or "I'm looking for one on one counseling, where is it?' or 'I need someone to talk to, who do I go to?'" (Sexual Assault)
- "I think we should have this information [on available services] in all the churches. I think that is huge and important." (Domestic Abuse)
- "I would also suggest to you know maybe go onto high schools and college campuses more to kind of let people know [about available services] because it starts, it's good to empower people at those ages rather than wait till they're older and stuff so I would say if they did something in high schools or college campuses." (Domestic Abuse)
- "I would say in hospital rooms, schools, through social workers." (African American)
- "In advertising, I think it would be important to put, like 50% or more of the message should be speaking to your feelings and what you're experiencing at the time. That would draw me in more, and make me realize this billboard actually pertains to me. Because I would not have identified what, like myself as a victim. Victim services, I would have been like, oh no, I have not been sexually assaulted." (Native American)
- "Information in bathroom stalls, or something like that, in the hospital. Those little papers you can take, so you can fold it up and put it away real quick." (Native American)
- "One thing you see is they are either in English or they are out there in Spanish or for the Latino. They should have Native Americans on them and what Native Americans see- Because I don't see that." (Native American)
- "Tell victims sometime after the fact [of the crime] when the emotions are less." (Violent Crimes)
- "Well, I know that they put little shoe cards everywhere, like in DHS offices, and like…they look like a business card, and they're folded up, and they're called shoe cards because you put them in your shoe and that way the abuser cannot find it and you're safe....really great to have because you can discreetly pocket them and they're not going to see it or whatever. They're actually in most public buildings around here..." (Sexual Assault)
- "You can hand anyone a piece of paper that states here, call that. But I think it's better for, you know like I said before, if police are involved for them to just call somebody and then say hey if you want to talk, I'm here to talk. You don't have to, but if you really want to talk I can help you and I can talk to you and I can give your resources instead of just saying, well here's some resources if you want to call, call when you're ready. Somebody may never be ready because they're too scared to come forth. They may be too scared to say who did what or how it happened." (Sexual Assault)

Participants also mentioned the need for education and outreach to occur in schools from elementary all the way through University and at community events to teach the public about violence and the services available to them. Information about services should be centralized and easy to access online or through a hotline.

Service Providers

Numerous participants across the focus groups shared recommendations that were related to service providers, including advocates, therapists, law enforcement, and first responders. Suggestions for service providers included:

- Increase the number of crime victim advocates, case managers, bilingual advocates, and court and legal advocates.
- Have more providers that are survivors themselves, and providers that match the race and gender of crime victims.
- Have providers and first responders continue to reach out to crime victims multiple times over a period of time as they may not be ready at the time of the crime.
- Provide additional training to first responders and other providers (e.g., advocates, nurses, doctors, social workers, police officers, lawyers) in order to ensure that they are aware of available victim services and are trauma informed, sensitive, compassionate, trustworthy, and culturally appropriate.
- Have case navigators that can help refer victims to necessary services and act as a coordinator between any organizations that are involved.

Housing and Shelter

Participants also discussed recommendations surrounding housing and shelter options listed below:

- Provide financial support including money to help cover moving and relocation expenses, rent, utilities, home security, and any other housing related expenses.
- Provide training to shelter staff on how to resolve conflict, screen incoming clients to ensure the safety of others, act with compassion, and to be able to refer victims to additional services
- Have an advocate or provider that provides transitional assistance including working with landlords to ensure affordable and available housing.
- Have more shelters available, including shelters specific to domestic abuse victims, emergency shelters, and shelters that are inclusive of victims with children.
- Allow for longer shelter stays for victims that are not ready to move or have not found affordable housing yet.
- Improve housing options for victims by providing alternative options such as apartments, hotel rooms, and transitional housing, rotating confidential shelter locations, and offering extended stay options within domestic violence shelters.

Additional Recommendations

Additional recommendations on improving victim services in Iowa, not included in the about topics included:

- Improve victim compensation and restitution application forms and provide more support in filling them out.
- Increase victim service capacity and resources on college campuses, including counseling services and victim awareness.

- Provide transportation services or financial assistance for parking costs related to getting to and from services, court, and shelter. This may include mobile services.
- Offer support for childcare, including victim service appointments or job interviews.
- Provide educations in schools to teach children about domestic abuse, violence, and safe spaces including crime victim services and shelters.
- Provide services tailored specifically to children and teenagers on domestic abuse and sexual assault, including therapy, mentoring programs, and education.
- Have more education for victims on identification programs such as stars in windows to indicate safe houses, black dots on palms to indicate abuse, and training on self-defense, and parenting.
- Have alternative services such as online counseling, PTSD treatment, alcohol and mental health treatments, and self-defense courses.
- Increase the number of support groups and the number of counseling sessions a victim can receive.

Chapter 7. Conclusions

The findings from this needs assessment are intended to provide CVAD with a strong foundation of knowledge from which to inform future services and funding of crime victim services. The themes and recommendations generated from this needs assessment are designed to provide a better understanding of the range of victim services in Iowa; challenges to and gaps in service provision; and emerging trends in victim services throughout the state.

Overall the assessment revealed that service providers and crime victims shared common viewpoints, challenges, and barriers with regard to victim services and what prevents victims from receiving the needed care. These included crime victims feeling the shame and stigma associated with seeking services, being embarrassed to share their stories with multiple providers and law enforcement, and feelings of prejudice once community members and colleagues found out. Both providers and crime victims mentioned fear of retaliation as a barrier to seeking services, with victims reporting worrying for their and their family's safety. There was also agreement that culture caused barriers to seeking services, this included underserved populations not feeling that services were tailored to their needs and concerns with prejudices. Crime victims were primarily concerned with the language barrier, citing that it was difficult to find providers that spoke their language. Service providers also discussed lack of trust as a prominent issue and crime victims echoed that sentiment through their concerns about confidentiality.

Both providers and crime victims agreed that in order to improve services there needs to be increased awareness, transportation, housing, and more (and better trained) providers. Crime victims and providers both discussed the need for increased advertisements including having advertisements in schools and increased education on victimization. As discussed earlier, crime victims shared great detail about where advertisements should be placed and the need for more underserved population representation, including additional languages. Both groups mentioned the need for increased transportation, either in organizations providing transportation to victims or funding to cover the cost of gas and public transportation fare. Shelter was also mentioned, with both providers and victims discussing the need for increased housing and shelter options

and more transitional supports. There was also agreement that there needs to be more service providers available, especially in more rural areas, and providers that are well-trained, bilingual, culturally sensitive, and covering a variety of needs such as civil legal and advocacy.

However, it is important to note that there were some disagreements between service providers and crime victims. Service providers ranked lack of available services, lack of services available in the victim's community, and eligibility requirements very low. In other words, they did not see them as the greatest challenges in victim's seeking services. Victims, however, mentioned the lack of services as one of the biggest challenges, especially for victims located in more rural areas. Providers also ranked training opportunities and lack of culturally accessible and language services as barriers to providing services, but lower on the list. Again, crime victims did not agree with this, often citing language as the main barrier to accessing and receiving services, mentioning only a few bilingual providers and almost no advertisements featuring minorities or languages other than English. Even though training was not ranked as a main barrier to providing services, both service providers and crime victims frequently mentioned the need for well-trained service providers and the need for funding to receive the training. These disagreements between service providers and crime victims on some of the challenges to accessing and providing services points to a need for greater transparency and awareness of services available and challenges to receiving them to bridge this gap.

Although the needs assessment marks an important first step in understanding the range of victim services in Iowa, it is important to note some key limitations. A primary limitation to this assessment is its exploratory nature. The instruments used in the needs assessment are limited to self-reports, which rely on respondents' perceptions and memories. In addition, service providers and crime victims volunteered to participate in the needs assessment, which can result in self-selection bias and a sample of like-minded people. Furthermore, the use of non-probability sampling methods (i.e., snowball sampling and service provider outreach for the victim focus groups and phone interviews) in recruiting participants limits the ability to assess representativeness and generalize findings. For the above reasons, a valid response rate could not be generated as there is no information on how many victims providers originally contacted, researchers were only provided with the number of victims that expressed interest in participating in the study.

Based on the overall findings from the service provider survey and the crime victims' interviews and focus groups, the main recommendations for service improvement across the state of Iowa revolve around increasing awareness of available services, widening the net of services, and making some improvements to the services that are available. This includes increasing funding to support: additional staff, staff training, transportation, increased advertisements and outreach, housing and housing alternatives, and additional services, including childcare, and mental health care (e.g., PTSD and substance abuse treatment and support groups).