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State of Iowa Victim Needs Assessment: Preliminary Findings Research Brief

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STUDY OVERVIEW

This issue brief is the result of the Iowa Attorney General's Office Crime Victim Assistance Division (CVAD) funded 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 issue brief provides preliminary needs assessment findings on the experiences and perspectives of service providers and crime victims related to victim services provided in the state of Iowa. To obtain the opinions of service providers of the most helpful/beneficial services available, gaps and barriers to accessing services, and what resources are needed, an online survey was sent to service providers and allied professionals. To capture the experiences of crime victims, researchers conducted in-person focus groups and phone interviews; asking questions about their awareness of and experiences with accessing victim services and recommendations for improving victim services in Iowa.

RESPONDENT BACKGROUND

Service Provider Survey

The survey was sent to 1,537 providers and allied professionals.[1] Surveys were received from 1,323 service providers across all six regions in the state of Iowa. Respondents represented a diverse range of organizations, geographic service areas, types of victim services provided, and victim populations served. The best represented organizations in the survey included non-profits (21%), law enforcement (16%), domestic abuse agencies (16%), and sexual assault agencies (15%). The majority of service providers surveyed (64%) were direct service delivery/front line staff, and more than half of the sample had more than 10 years of experience in the victim services field (56%).

Many respondents reported serving multiple victim populations, with the most common types of victimization including domestic abuse (85%), sexual assault (79%), assault (71%), child abuse (63%), and stalking (48%). Service providers also reported providing a diverse array of services. The most common types of services provided by respondents included information/referrals (51%), advocacy (50%), crisis intervention (40%), education (40%), and victim compensation claim assistance (38%).

Survivor Focus Groups

Researchers also conducted 25 focus groups[2] and 7 phone interviews with victims/survivors. In total, information from 119 crime victims was assessed and included in the findings below. Sessions were held in each of the six regions focusing on three main victimization types: victims of domestic abuse, sexual assault, and other violent crimes. In order to capture the perspective of marginalized and underserved communities, additional focus groups were held specifically targeting these communities regardless of victimization type.

Victims were able to self-select which group to attend based on their level of comfort and the location of the session; though we encouraged them to participate in groups with people that had experienced similar crimes. Of the 25 focus groups, 7 focused on domestic abuse, 5 on sexual assault, and 4 on survivors of violent crimes (e.g., stalking, robbery, hate crime, surviving family members of homicide victims). The remaining groups targeted the following culturally specific groups: 2 Native American groups, 2 African American groups, 2 Latino/a groups, 1 Deaf and hard of hearing group, and 1 LGBTQIA group.

All participants were over the age of 18 and had experienced some type of crime. A majority of the participants were women (97%), and nearly half of the participants indicated that they had experienced multiple crimes (45%). An estimated 60% of victims experienced domestic abuse, 43% sexual assault, 27% child abuse, and 31% assault.

Focus group participants were asked about their awareness of services, the types of services received, and their experience with services. The following sections highlight the crime victims' service delivery needs from both the perspective of the victim and service provider, comparing the victim experience to what was reported by service providers and allied professionals.

[1] The respondent pool was created in conjunction with CVAD in order to capture all service providers and allied professionals that come into contact with crime victims. This number is estimated based on known e-mail addresses and does not include listserv members.

[2] Four additional focus groups were held but due to recruitment difficulties and inclement weather, crime victims were unable to attend.

MEDICAL

Service providers were asked to report the barriers that they experienced in the provision of services, as well as the barriers they believe victims experience when accessing 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.

Awareness of Services

Only a few focus group participants reported learning about services through medical providers and in most cases, victims had not sought medical care. Those that did, learned about services when they received care at the Emergency Department, or visited the hospital and hospital staff provided them with resource sheets. These resource sheets were, in most cases, the victim's only outlet for seeking victim services because of a lack of prior knowledge of available services. Medical services included general medical care, a rape exam and working with a Sexual Assault Nurse Examiner (SANE), and having doctor follow up appointments and medication in direct relation to the crime they experienced. One participant also received services at the student health center at the University he/she attended. In most cases, medical care was either a service that a victim did not identify as a need (i.e., due to a lack of knowledge about services offered or lack of awareness about the purpose of medical care) or victims did not report receiving resource information from medical personnel.

Experience with Medical Services

Participants found the medical treatment they received helpful in a few different ways. The importance of covering the total cost for all prophylactic medication, blood tests, and doctors' visits was noted by several sexual assault survivors. Participants felt comfortable and appreciated when hospital staff, especially the SANE, were well-trained, supportive, and gave the victim space immediately following the trauma. Additionally, one participant had a particularly good experience with the student health center at a university in Iowa. When the participant had a difficult time with coursework as a result of the victimization (e.g., taking exams, attending specific classes), the health center worked with the university to find a way to meet the needs of the student.

However, focus group participants also experienced numerous barriers when accessing medical services. For example, some participants stated that a lack of medical staff and resources dedicated to cases of sexual assault was problematic (e.g., having only one or two doctors on staff to handle cases of sexual assault; having only one camera per hospital dedicated to rape kits). This mirrors what was shared by medical personnel with the "lack of sufficient staff to meet the demand for services" ranked third under barriers to providing services. The burden of medical paperwork was also a prominent theme cited by both survivors of sexual assault and violent crimes participants stated that it was overwhelming to fill out complicated healthcare forms, especially for surviving family members of homicide victims who were asked to complete paperwork while the victim was still in the intensive care unit or immediately following the homicide. Many victims of domestic abuse did not feel that medical appointments and hospital care provided a safe space for reporting. For example, some victims spoke about medical professionals asking if they were "safe at home" while in the presence of an abuser or third party. In one case, the victim shared that he/she did *not* feel safe at home and because the abuser was present the medical personnel failed to take action.

> *"I think it's a little harder to just come and try and ask a nurse or a doctor for something, 'Hey, I need help.' Because you're already belittled you know from everything else going on in your life. So it would be nice for somebody to come take your hand and just say 'Are you okay? I mean, are you really okay?'"*

According to medical providers, the largest barriers victims face in seeking services include: (1) feelings of shame or embarrassment, (2) lack of trust in the system, (3) lack of awareness regarding available services, (4) victims not understanding the process of obtaining services, and (5) lack of transportation for victims to access services. Many of these barriers were reflected in the victim's perspective above and show the disconnect between medical providers and victims. For example, medical personnel most commonly cited feelings of shame and a lack of trust in the system as barrier to seeking services. Whereas several victims cited examples of when the medical field failed them and were the driver behind their lack of trust. It was situations when the victim had care that was personalized and comforting that stood out as an overwhelmingly positive experience for victims.

HUMAN TRAFFICKING

Two focus groups included participants that reported being survivors of human trafficking. They reported accessing the following: advocacy organizations, law enforcement, county attorneys, social services, and support groups. Rather than discussing the services they found helpful, they

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focused on problems with, and recommendations for improving, services.

Victims' Experiences with Services

While these survivors accessed the same services as others they experienced slightly different barriers. One barrier focused on the beliefs of police officers concerning prostitution and human trafficking. There was general agreement that police officers do not believe that sex trafficking occurs in Iowa. Survivors in this focus group repeatedly stated that police officers frequently assume that victims of sex trafficking are *choosing* to engage in prostitution. Therefore, victims of sex trafficking are being treated as perpetrators as a result of this belief, in that they reported being interrogated, jailed, and never offered an advocate. According to survivors, this makes it even more difficult to report their victimization because they are concerned that no one would believe their claim.

> *"I have a boy, 6 years old and he tells me sometimes: 'Mom, I miss the shelter. I miss them all night.'"*

Additionally, two human trafficking survivors noted that they were never offered medical care after they were arrested despite the fact that they had severe injuries as a result of being sex trafficked (e.g., broken wrist, broken jaw). The survivors of sex trafficking described their experiences and a real sense of shame about asking for help because they did not believe that they deserved to be helped.

YOUTH AND CHILD

Overall, service providers and allied professionals reported that children under the age of 11 are relatively "few" of their clients, and only "some" of their clients were children aged 11 to 17.

Across the state, only a small number of respondents reported being a child advocacy center (4.5%), with the greatest prevalence in the Northeast and North Central regions of the state. Child advocacy centers are the least represented in the Southwest region of the state.

Awareness of Services

Each victim focus group only included participants aged 18 years or older to ensure victims were in a state of recovery to share about their experience with services without further trauma. Thus, parents, guardians, and grandparents of children that had received services were invited to participate in the focus groups. Survivors of childhood victimization were also asked to share about services received as a child if the victimization occurred while they were a minor. Parents and grandparents reported generally becoming aware of services for children through hospitals, hospice groups, shelters, and school counselors. In many cases, survivors reported never seeking services as a child if the abuser was a parent, guardian, or relative and in situations where as a teenager he/she did not want a parent to know about the abuse (i.e., due to embarrassment or cultural acceptance of certain forms of abuse).

Experiences with Services

Services provided to youth and children was one of the most common topics discussed across the state. Parents and grandparents either had a very positive experience with services for their children or lacked opportunities for youth-specific, tailored care. All parents and grandparents desired more services for their children. Shelters were often the source of services for youth, which included counseling and donations of clothing, food, and other items.

Services for children that participants felt were helpful included grief counseling, camps, and activities geared toward children who had survived the death of a parent. These sessions were specifically designed for youth that had lost a loved one and included role playing, for example, which was a therapeutic activity that children often shared positive feelings about to their parents and grandparents. According to participants, these types of services allowed children and youth to share about their loss with one another and to collectively learn coping skills. However, many parents and grandparents had not been offered youth-specific services other than individual counseling for their child(ren). When one parent shared about group grief counseling for youth or summer camps, other parents in the room expressed their desire for those services for their own kids. For those youth that were receiving individual counseling, it was often shared that they were also impacted by frequent staff turnover. One parent cited that when their family was assigned a new counselor for the third or fourth time, the children would ask, "Why do we have to tell our story again?" Many parents felt as though their children either needed more services or they were being shuffled around by the system.

The other main gaps in service delivery for children involved the legal system and childcare. One example included problems with a case involving a child victim and a child perpetrator in which Child Protective Services did not provide protection to the victim, and law enforcement did not sufficiently punish the perpetrator or allow the victim to be interviewed. There were several parents that voiced a need for children to be allowed to participate in the legal process, especially in custody cases. Participants also reported a lack of knowledge regarding the legal system and the court processes (e.g., custody hearings) in situations when a court advocate was not provided.

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Childcare was ranked as the 4th highest need beyond the current capacity, out of 24 possible options, on the survey of service providers. This need was echoed in the victim focus groups. Childcare was suggested in many forms: during individual parent counseling sessions, to allow parents to obtain employment and attend job interviews, and other outlets involving the processing of the legal case.

SHELTER AND HOUSING

Awareness of Services

Shelter and housing services was one of the most frequent services discussed across the focus groups. When asked how they knew about shelters, it was difficult for many victims to articulate their experience because they often stated that *they just knew about them*. There were a few areas where the shelters were so well-known that even abusers were aware of the locations. If victims were able to recall their first interaction with a shelter, they often reported that contact information was provided by law enforcement or a domestic violence hotline that connected them directly to a local domestic violence shelter. In a few cases, housing assistance services and rental assistance programs were offered and felt to be highly beneficial to crime victims seeking housing aid.

Support groups and advocacy services within shelters were also prominent themes throughout the discussions in terms of services accessed, as were resources around employment, counseling, and donations of clothing and furniture. Shelters were described as a "one-stop shop" that offered comprehensive care and services to crime victims.

In areas where there were no shelters or previous shelters were closed, domestic abuse victims, specifically, were less aware of where to turn for help. They often turned to commercials, billboards, and grocery stores as their source of information. If support services were not advertised in these outlets, they were often left without knowledge about nearby shelters and housing services.

Experience with Shelter and Housing Services

Numerous services related to shelters and housing were described as both positive and negative by crime victims. Victims spoke highly of the therapy within shelters for both crime victims and their children. Shelter staff were supportive in assisting victims with accessing resources, including housing and rapid re-housing, legal assistance, laundry, clothing, counseling, food, transportation, and financial assistance. Also, focus group participants found it helpful to be in a shelter with victims and people with similar life experiences, specifically praising domestic violence shelters that had stricter policies around admittance.

The main barriers regarding shelters and housing services were, from the victim's perspective, the availability of shelters, difficulty with finding housing, and poor shelter experiences. In terms of the availability of shelters, participants stated that they were often forced to leave shelter before they felt ready to do so (e.g., often after thirty days). Numerous focus group participants reported that there is a shortage of domestic violence shelters and therefore, they were placed in a "general population" shelter. More specifically, some areas only had one shelter available, shelters were often too far way for victims to access, and there is a general lack of awareness of other housing services available.

Participants also reported difficulties in acquiring housing on their own because of a lack of available low income housing. Other participants reported difficulties in acquiring housing due to bad credit as a result of victimization and immigration status.

Specific grievances with shelters included that shelter staff showed favoritism in providing services, shelter food was often expired (i.e., not safe to eat), roommate conflicts prevented the positive provision of services, "general population" shelters resulted in overcrowding and discomfort between homeless and victim populations, and group counseling in shelters often resulted in an invasion of privacy for domestic abuse victims. Other logistical barriers to receiving housing services included an offender's state residence status influencing the victim's receipt of services, and the complexity of HUD assistance paperwork.

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 previously described, shelters were often cited as being too far and in neighboring towns that were not easily accessible by victims.

UNDERSERVED COMMUNITIES

In addition to the three main focus groups being conducted in each of the six regions, eight focus groups were held with culturally-specific groups to directly gather the perspective from communities that are often underserved Based on recommendations from CVAD and service providers across the state, these groups included African Americans,

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Latino/a, Native Americans, LGBTQIA, and Deaf and hard of hearing communities. These sessions were conducted in their primary language and included interpreter services and customary practices. Efforts were also made to speak with African immigrant and Asian victims but recruitment efforts were unsuccessful.

The most common challenges in serving victims reported by organizations included serving victims that were limited English proficient (LEP) and immigrants or refugees. Victims living in rural areas was ranked the third greatest challenge, followed by Latino/a victims, and victims that have disabilities.

Awareness of Services

Focus group participants similarly became aware of services through law enforcement, medical staff, friends and family, advertisements, other service providers, and victim advocates. Family and friends were more often the referral source in these sessions because of the language and cultural barriers discussed below. The most common types of victim services used were: legal aid, counseling, financial assistance, transportation, support groups, and shelters. Financial assistance most often referred to help with rent and basic needs (e.g., food and clothing).

Experiences with Services

The victim experience with services was both positive and negative within each of these specified groups. Victims reported having positive experiences when they felt safe and comfortable, and the services provided were warm and welcoming. Victims were more comfortable when they were able to speak with a counselor of the same race/ethnicity, and move at the pace desired by the survivor, and speak without judgment. A few specific helpful services mentioned were having an online support group for victims who were uncomfortable meeting in person, trauma informed yoga, speaking with a female police officer, being provided with transportation to and from the shelter, and being given a phone so that the victim could call for help. Language accessibility was critical with advocates and providers that spoke their native language, offered information about legal processes, and provided assistance in applying for a visa being the most highly praised and beneficial services.

Barriers and problems with services arose in the areas of language access, cultural competence, victim confidentiality, and stigma/fear. All of the Latino/a participants discussed language as a barrier to services, noting that there were too few advocates or organizations that had Spanish speaking workers and it was often hard to get in touch with someone because they could not understand the operator or navigator. Out of frustration, victims were not seeking services in many cases until they came into contact with a provider that had bilingual staff.

In the Deaf, Native American, and Latino/a groups, culture was discussed as a barrier. Victims from small communities were afraid that they would be the subject of gossip, their victimization would be swept under the rug, and stigmatized as a victim. There was a reported lack of culturally sensitive services available, too few advocates, overburdened advocates, and advocates that were insensitive and too hard to reach. Participants also believed that some service providers showed favoritism among victims, and expressed fear in seeking services due to immigration status, racial discrimination, and being labeled a "bad mom."

CRIMINAL JUSTICE AND LEGAL SYSTEM

The survey of service providers and allied professionals included stakeholders from various aspects of the criminal justice and legal system, including law enforcement, legal service providers, and prosecutors. The law enforcement community rated *a lack of general public awareness regarding law enforcement programs and services* as their primary barrier to providing services. 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.

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. The survey revealed that across all barriers that were ranked highest among respondents, prosecutors tended to disagree that they 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

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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.

Awareness of Services

Unlike the various other victim services offered across the state, all crime victims knew how to reach out to law enforcement. The 9-1-1 dispatchers or hotline representatives typically made the connection between law enforcement and victims. Victims most often came into contact with the legal and criminal justice system through reporting their crime, having the case go to court, and/ or being arrested at the time of the crime. However, other forms of legal assistance (e.g., civil legal aid, victim witness coordinator) were not commonly known to survivors.

Experiences with Services

Survivors shared mixed experiences with law enforcement and the legal system throughout the state. In many cases, survivors spoke very highly of the law enforcement professionals assigned to their case. They reported that some police officers went out of their way to make the victim feel safe (e.g., texting, calling, stopping by the victim's house to check in, and setting up extra patrols around the victim's residence). Some police officers also took the time to walk through the case with the survivor, explain possible court outcomes, provide survivors with resources directing them to additional services, and followed up with the survivor for several months after their victimization to assess their well-being. Survivors also noted instances of extreme consideration on the part of first responders, such as calling the Emergency Department prior to the arrival of a sexual assault victim so that they would not have to wait to be seen. Such consideration and general respectful verbal interactions were greatly appreciated by survivors.

In other cases survivors had negative experiences with the legal system. Survivors felt that law enforcement were not considerate of their feelings or sensitive to their needs. For example, one survivor noted that they were forced to leave their home immediately after a violent incident and were not given the opportunity to pack clothing, personal items, or food. Many survivors made statements such as "I'm nothing but a number" to describe feeling a lack of personalized care received from law enforcement. Although this was a feeling generalizable to all service providers, this manifested in several different ways during interactions with law enforcement. Some survivors, for example, felt that law enforcement did not take verbal abuse and threats seriously. Similarly, some survivors argued that law enforcement does not prioritize cases of domestic abuse or take cases of domestic abuse seriously. More specifically, some survivors noted that protection orders were not enforced, perpetrators were not arrested (even after several calls were made to law enforcement for assistance), and no action was taken by law enforcement unless the victim provided evidence of physical injury. The culturally-specific groups spoke about law enforcement sensitivity and the response to victims being racially influenced. In cases where the victim was African American, Latino/a, or of mixed race/ethnicity, law enforcement was less responsive to the needs of the victim.

There was general agreement throughout the state of Iowa that prosecutors are not effectively communicating with survivors. In some cases, survivors discussed not being notified of hearings, charges being dropped, plea deals, and other milestones in the case. For many of these survivors, this was distressing not only because they were not informed of progress in the case, but also because they felt that their safety is put in jeopardy when they are not made aware that the perpetrator has been released from custody (e.g., due to a plea deal or dropped charges). In terms of Victim Witness Coordinators, survivors had mixed experiences. In some cases, the Victim Witness Coordinator kept the survivor up-to-date while in other cases the survivor was never (or very rarely) contacted. Some survivors stated that when they reached out to the Prosecutor's Office to obtain information on their own, they were unresponsive. Finally, several survivors discussed sentencing of domestic violence offenders. For them, the sentences currently being administered are not harsh enough (i.e., do not reflect the severity of the crime). Survivors were particularly upset when offenders accepted pleas to lesser charges and sentences.

DISABILTIES AND ELDERLY

As is often the case, it was very difficult to reach survivors of crime who are elderly or have disabilities. In this study, there were no focus groups that focused solely on elderly crime victims, though there were numerous 60+ year old participants throughout the focus groups. Additional information from the victim perspective is provided in the final needs assessment report.

Service Provider Survey Findings

Overall, service providers reported that they were able to accommodate most victims with disabilities. Most respondents reported they could accommodate victims with mental health issues (88%), substance abuse issues (85%), and physical mobility issues (83%). The disabilities with the lowest reported ability to accommodate were visual impairments and hearing impairments, although roughly three-quarters of respondents still reported the ability to accommodate (74% and 73%, respectively).

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Respondents were asked to identify their type of organization, and among those types that were the least represented, include elder agencies and disability agencies. Only 8 respondents selected elder agency, and only 5 selected disability agency (out of 1,143 total respondents). That does not necessarily indicate that most organizations do not serve elderly or disabled victims; rather, most respondents do not identify their organizations as an "elder agency" or a "disability agency." Overall, respondents reported that they served victims with disabilities less than "some" of the time, and only served a "few" victims that were 60 years or older.

RECOMMENDATIONS

Based on the crime victim focus groups and service provider survey, there are several recommendations to improve services and crime victims' experience in receiving aide in Iowa. A selection of recommendations is listed below.

Awareness of Services

- Increase advertisement and accessibility of available services. Domestic abuse victims suggested grocery stores, schools, billboards, and commercials as safe spaces for accessing information. Survivors of violence looked to hospitals, medical offices, and law enforcement for resources.
- Provide resources that are accessible in a variety of languages and reading levels, including pamphlets and brochures, signage, and voicemail messages for service providers/help lines.
- Educate youth and parents on signs of abuse and healthy relationships through local schools to both prevent future abuse and help victims self-identify and report.
- Develop and share a *safe space* campaign to help communities recognize help seeking behaviors and provide additional outlets for support. Victims shared support for the *Black Dot Campaign* and various *window projects* as ways to show a need for help and identify safe havens/escape routes through symbolism.
- Establish a targeted outreach strategy to increase awareness and blanket rural and underserved areas with victim resources.
- Develop resource pamphlets and brochures for populations that are known to be underserved or unserved to provide culturally-specific and specialized resources: African American, African immigrant, Asian, Deaf and hard of hearing, Disabled, Elderly, Latino/a, LGBTQIA, and Native American.

Training and Technical Assistance

- Provide additional training to staff in hospital Emergency Departments and medical offices to ensure that they are aware of available services and are providing information in an accessible way to crime victims.
- Support training and technical assistance that will guide service providers and allied professionals on topics related to: culturally competent practices, victim sensitivity, trauma-informed care, human trafficking identification, and collaboration. Specific entities that were cited by victims include law enforcement, judges, teachers, victim advocates, and medical professionals.
- Increase communication skills by training first responders and service providers on how to assist survivors with disabilities and special needs.

Service Provision

- Strengthen core programs through additional funding to increase staff capacity and resources for promising crime victim programs.
- Increase the number of successful services, such as SANE programs and Safe Plan.
- Support or expand victim programming for youth and families, such as parent support groups, grief counseling for youth, family counseling, in-home care, and summer camps.
- Offer more specialized services: group therapy, trauma-informed yoga, cognitive-behavioral therapy, and eye movement desensitization & reprocessing (EMDR) therapy.
- Make sure services are offered in more rural areas, especially legal services and housing, and confidential locations to respect the privacy of the victim.
- Utilize victim advocates and victim witness coordinators more often to assist survivors with accessing services, learning about their rights, and providing direct connections to services (i.e., warm handoffs).
- Consider implementing a "navigator model" for providing wraparound or holistic services to survivors of crime in Iowa. This model would provide victims with a case manager that can assist them with *navigating* services.

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Other Recommendations

- Provide a continuum of care that extends beyond a standard appointment or office visit. Examples include having medical personnel follow-up with patients that present with signs of abuse, increasing collaboration among providers and first responders to make more direct referrals to services, and conducting outreach after the conclusion of care to ensure additional services are not needed.
- 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.
- Improve housing options for victims by expanding the domestic violence shelter programs, providing housing assistance, providing transitional housing, rotating confidential shelter locations, and offering extended stay options within domestic violence shelters.
- Provide support for relocation.
- Offer support for childcare, including victim service appointments or job interviews.

METHODOLOGY

Information presented in this brief was collected through a web-based service provider survey, and crime victim focus groups and phone interviews. The service provider survey was sent to more than 1,537 service providers and allied professionals across the state. Responses were received from 1,323 providers. Results were analyzed using SPSS and provided information regarding basic demographic information about the organizations and the clients they serve, barriers to service delivery, and organization needs. Researchers recruited focus group participants through service providers who participated in the service provider survey and a roster of service providers obtained from CVAD and background research into available services and community organizations in the area. In total, researchers contacted more than 130 service providers and community organizations to assist with recruitment of any crime victim they believed may be interested in participating in a focus group. If the participant was not able or interested in attending the focus group, the option of a telephone interview was discussed.

A total of 119 crime victims participated in this study, which included 25 focus groups held across the state of Iowa and 7 phone interviews. The information collected from the focus groups and interviews was transcribed and qualitatively coded to provide basic information regarding: the range of victim services in Iowa; perceived gaps in and challenges to receiving services; and recommendations on how to improve the field's response to victims of crime throughout the state.

Limitations

A primary limitation to this assessment is its exploratory nature and the sample size of the interview pool. The victim experience was gathered through a self-report design, which relied on respondents' perceptions and memories of the services they received and their interactions with providers. Selection of potential interviewees was driven by willingness to participate and recruitment by the service providers, which resulted in a lower sample size than originally anticipated. Additionally, the use of non-probability sampling methods limits the ability to assess representativeness and generalize the findings. Furthermore, because crime victims volunteered to participate in the interviews, self-selection bias should be noted as an important limitation to the perspectives expressed in this report.

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