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The California Victim Compensation Program Needs Assessment Report: California's Underserved Crime Victims and their Access to Victim Services and Compensation

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Acknowledgments

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The opinions, findings, and conclusions or recommendations expressed in this report are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

California Victim Compensation Program
Victim Compensation and Government Claims Board
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A: Introduction

In 2013 the Office for Victims of Crime (OVC) at the Office of Justice Programs, U.S. Department of Justice released the groundbreaking report *Vision 21: Transforming Victim Services* emphasizing the goal to permanently alter the way victims of crime are treated in America. The report stresses that victims of crime will be served through a national commitment of ongoing research and program evaluation that informs the quality and practice of victim services throughout the nation. Evidence-based, evidence-informed victim service programs will become the standard of excellence for providing assistance and support to victims of all types of crime. In a step toward developing that standard, OVC offered a grant opportunity to state victim compensation programs, the OVC FY 2013 Crime Victim Compensation Program Initiative, to develop or enhance innovative strategies to deliver compensation services, especially to underserved victims of crime.

The California Victim Compensation Program (CalVCP) of the Victim Compensation and Government Claims Board (VCGCB) provides financial assistance to victims of violent crime and acts as liaison with other entities in California that provide services to victims. In 2013 CalVCP was awarded funding through the OVC Crime Victim Compensation Program Initiative to conduct a needs assessment with the following objectives.

- Identify underserved crime victims in California and their unmet needs.
- Assess the current accessibility to services and compensation.
- Identify barriers victims face when accessing services and compensation.

Although various analyses of underserved communities in California have been performed in recent years, a comprehensive needs assessment that includes victim compensation services has never been performed. The needs assessment process included research, surveys, and interviews with victims, mental health providers, community-based organizations (CBOs), and government agencies. The results of this work provide a more comprehensive profile of the

needs of victims in California, the challenges faced in reaching the underserved, and the barriers that prevent victims from fully accessing services and compensation.

B: Background

1. **Vision 21**

In 2013 the Office for Victims of Crime (OVC) of the U.S. Department of Justice published a pivotal report, *Vision 21 Transforming Victim Services*[1]. The report took a critical look at the history and the current state of crime victim services in the United States. It also shared recommendations for the future. The report maintained that victim services are focused primarily on intervention and crisis oriented. The report claimed that research and the use of technology to enhance services must be improved. Furthermore, the report identified a lack of collaborative, system-wide response to victims, and noted that services are often compartmentalized. Organizations possess limited capacity to provide services that fully address the challenges crime victims encounter on their path to recovery. The report concluded that victim services in the United States employ antiquated strategies and lack vision.

Vision 21 (2013) provides a road map for victim compensation programs to implement a more holistic approach to victims' needs, requiring a paradigm shift in the way we treat crime victims in America. A comprehensive and systematic approach is needed to discover ongoing barriers preventing victims from accessing services. *Vision 21* (2013) also encourages the use of technology, to offer an easier and more direct path for outreach and collaboration as well as real time access to services for victims. The report recommends ongoing strategic planning that develops flexible, prevention-oriented services as well as policies, statutes, and programs that can adapt deftly to ever-changing needs. *Vision 21* (2013) instructs victim service providers to utilize these tools to change the current victim service paradigm into a cohesive, far-reaching, holistic, and resource-intensive model.

[1] http://ovc.ncjrs.gov/vision21/pdfs/Vision21_Report.pdf

California is home to a number of innovative victim services and outreach programs that form a foundation to implementing *Vision 21* (2013). However, the needs of crime victims in California, especially those that are underserved communities, outpace the available resources to implement these and other innovations as needed. Work is needed to develop an integrated and comprehensive delivery of victim services where and when they are needed.

2. California Victim Compensation Program (CalVCP)

With a population of 38 million, California is the most populous state in the nation and is the third largest state (behind Alaska and Texas) geographically. One in eight Americans lives in California. While a significant portion of the population is clustered into three metropolitan areas, California has a large rural population which faces extreme distance and travel time to reach services. More than a quarter of all California residents are born outside the United States. Approximately 43% of California residents speak a language other than English at home.[2] This geographical, linguistic, and population diversity is a challenge to any provider of victim services.

CalVCP continually looks for ways to increase awareness about crime victim compensation and improve crime victims' abilities to access needed services. Increasing awareness of the compensation program and enhancing access remains an ongoing priority. In April 2013, Californians for Safety and Justice published *California Crime Victims' Voices* findings from a survey of California crime victims which demonstrated most crime victims did not know about available services, including victim compensation and advocates to assist in the navigation of the criminal justice process. Of those who had used the services, nearly half those surveyed found them difficult to access. Similar feedback is also found among victim service providers.

Prior to beginning a needs assessment, CalVCP wrote a Baseline Data Report (BDR) that analyzed victim compensation utilization by victims of crimes that occurred in California in 2010. Key findings of the BDR, which was submitted to OVC in October 2014, show that over half of the applicants were women, 75% were under the age of 40, and more Hispanic victims

[2] http://quickfacts.census.gov/qfd/states/06000.html

applied than any other race or ethnicity. Of the 163,957 violent crimes reported in California in 2010 (Harris, 2010), CalVCP received applications for approximately 17.5% of the reported violent crimes.

C: Victim Services in California

Victims face an uphill battle in the aftermath of a violent crime and often with it an unexpected financial burden. Victims can be impacted deeply, with a ripple effect that expands to their families, close friends and to the community at large. Crimes affect victims psychologically, physically, financially, and spiritually. Crime can also leave a person feeling vulnerable, isolated, and unprotected by law enforcement and the criminal justice system.

The State of California has a robust history of providing services to victims of crime. In addition to creating the first compensation program in the country in 1965, California is home to other firsts in victim services. Examples are Bay Area Women Against Rape (BAWAR), formed in 1972, one of the first three victim service agencies in the United States. In 1974, the Alameda County District Attorney's Office established one of the nation's first criminal justice system-based victim service programs. In 1976, James Rowland, Chief Probation Officer in Fresno County, developed the first victim impact statement, allowing victims of crimes the opportunity to speak during the sentencing of their assailant, or at subsequent parole hearings. In 1982, one of the first two chapters of Mothers Against Drunk Driving was established in Sacramento. That same year, California voters passed Proposition 8, which established a constitutional right for crime victims to receive restitution.

Today, hundreds of victim service programs, both community and criminal justice system-based, help crime victims in California. The California Office of Emergency Services (CalOES) uses state and federal funds to support over 200 grant programs across the state. CalOES is the California recipient of federal Department of Justice Victim of Crime Act (VOCA) Victim Assistance and Violence Against Women Act (VAWA) funding. In 2013 CalOES funded programs

served 222,906[3] people by providing crisis counseling, advocacy, criminal justice support, shelter, and numerous other services.

CalOES supports system-based advocates in each of California's 58 counties. According to the BDR, 76% of applications received for 2010 crimes were represented by Victim Witness Assistance Center (VWAC) advocates. CalOES also supports sexual assault crisis centers, programs for domestic violence victims and their families, and programs to assist child victims. CalOES has a number of grant programs specifically directed to previously underserved communities, including the American Indian Domestic Violence and Sexual Assault Program, the Farmworker Women's Sexual Assault and Domestic Violence Program, and the Homeless Youth and Exploitation Program, to highlight just a few (California Office of Emergency Services, 2015).

In fact, the CalOES Unserved/Underserved Victim Advocacy and Outreach Program awarded a total of $4.9 million in Fiscal Year 2014-2015 to 39 programs. Rather than adopting a "one size fits all" approach, CalOES encouraged each program that was awarded funds to research underserved populations in its service area, and design a project that fits the needs of the community. A number of the projects focused on assisting elderly and LGBTQ victims. Other projects have focused on Native American, gang violence impacted, migrant, and immigrant communities. The CalOES Unserved/Underserved Victim Advocacy and Outreach Program also funds organizations that serve survivors of homicide victims and other victims of violent crime. Loved Ones Victim Services (LOVS) in Los Angeles County and Volunteers in Victim Assistance (VIVA) in Sacramento County are two examples of these organization types

Another CalOES funded program is the California Coalition Against Sexual Assault (CALCASA), which is a statewide organization for 70 organizations that assist survivors of sexual assault at the local level. The California Partnership to End Domestic Violence (CPEDV), also a CalOES funded program, serves nearly 100 local agencies by providing assistance to domestic violence

[3] http://ojp.gov/ovc/grants/sbsmap/ovcpf13ca1.htm

victims and their children. Both CALCASA and CPEDV also focus on statewide prevention campaigns, advocacy and public policy development.

Yet, not enough funding is available to bring the right services to where they are needed. Many California victim service programs remain underfunded, with limited or no resources to provide services or support to crime victims. Therefore, new strategies are needed to increase awareness, to reach more crime victims, and provide for their changing needs. The needs of the millennial generation will drive new service models including accessing services through mobile devices and the internet.

1. California Victim Compensation Program: Fifty Years of Service to Crime Victims

In 1965, California Governor Edmund G. "Pat" Brown Sr., signed cutting-edge legislation that established the nation's first Victim Compensation Program in the nation solely dedicated to providing compensation to victims of a violent crime. The law also provided financial assistance for families of anyone killed or incapacitated as a result of violent crime. Since 1965, CalVCP has paid more than $2.3 billion in benefits to 1.3 million victims and their families.

Since the Program's inception, benefits have been added and expanded to respond to the evolving needs of the victims and their families. For example, in 1980 the Program was expanded to include benefits for psychological injury for victims and their family members. In 2000, benefits were increased to include relocation expenses and residential security devices. In 2015, benefits were expanded so that a person with a disability whose guide, signal or service dog is disabled or killed from a violent crime may apply for compensation.

Entering its sixth decade, CalVCP helps victims of domestic violence, child abuse, sexual assault, molestation, homicide, human trafficking, robbery, drunk driving, vehicular manslaughter, and other crimes that result in injury or death. The Program helps pay for medical, dental, mental health services, funeral and burial expenses, home security, residential crime scene clean up, emergency relocation, wage loss, dependent support loss, home and vehicle modification, and

job retraining. In addition to the Sacramento headquarters, the Program serves victims through twenty-one offices located in victim/witness assistance centers throughout California.

Technology supporting CalVCP has evolved as well. In 2006, the Program moved from a mainframe computer system to a web-based, semi-paperless claim management system. This new system improved responsiveness to applicants and decreased the average processing time to determine Program eligibility. Currently, planning is underway to broaden the use of technology to reach more victims and expand access to services through mobile applications, filing applications on-line, receiving electronic updates, and providing timely payment information to service providers.

Along with providing compensation, CalVCP continues to broaden its outreach program which includes social media. CalVCP participates in forums on the needs of victims, collaborates with community based victim services organizations and victim advocates, and provides training. All are efforts to increase awareness of CalVCP and improve access to victim services.

CalVCP can provide financial assistance only if crime victims and their families know about the Program and have access to the right types of culturally-competent, language appropriate, trauma-informed services offered in geographic proximity to their homes. In other words, the right services in the right place at the right time. Many state and local government agencies partner with community-based organizations in California to provide services and support. For thousands of crime victims every year this system works; however, California still has many underserved communities with needs that have yet to be fully met.

2. Methodology

There is no way to know without a doubt who the underserved are and why they do not apply for compensation (Liner, Newmark, & Smith 2003). However, using the BDR as a starting point, it is evident that there remains a gap between those currently receiving compensation and those who need it.

For the purposes of this needs assessment, the underserved communities are defined as populations or groups that experience disparities accessing resources and services in the aftermath of a crime. CalVCP used three strategies to identify underserved crime victims, assess accessibility to services, and identify the barriers faced by victims to accessing compensation.

The first strategy to identify underserved communities and unmet needs was to survey community-based organizations (CBOs), government agencies, and mental health service providers. The survey utilized questions that required closed-ended responses, rating scales, and yes or no answers. Participants were also given the option to provide additional responses or comments. The survey was delivered by use of Survey Monkey©. This social research method is effective for large descriptive studies and the data collected is appropriate for explanatory purposes.

CBOs and government agencies serving victims in three counties were selected to receive the survey based on a number of factors, including size of the county and diversity of residents. Los Angeles County was chosen because it is the most populous county in California. Fresno County was selected because it is a medium-sized county, with a high percentage of Latino residents and individuals speaking a language other than English. Lake County was chosen because it is a rural county and home to a number of tribal communities. Mental health treatment providers were chosen statewide from a list of providers that have billed CalVCP for services in the past.

The second strategy was to obtain more in-depth qualitative information from crime victims, service providers, and advocates through long form interviews. Questions were designed to reveal when and from whom victims learn about their rights, available services, and CalVCP. Interviewees were asked about their interactions with first responders at the time of the crime or shortly thereafter, whether the first responder shared resources for victims or information about CalVCP and what those resources were, and whether or not they filed a police report at a later time.

Lastly, the third strategy was to conduct research to identify underserved crime victim communities. CalVCP conducted a literature review of previous academic research on underserved victim communities.

3. Findings from the Survey of Community Resources and Mental Health Services Providers

Two hundred and thirty-six community resources in Lake, Fresno, and Los Angeles counties and 2, 177 mental health providers statewide were surveyed. A total of 65 community-based organizations or government agencies and 181 mental health providers responded to the survey. Survey findings pointed to several issues regarding access to both victim compensation and victim services.

Key Findings

- Community-based organizations, government agencies and mental health providers all responded that clients who are victims of crimes had a number of unmet needs:
    - 94% of CBOs and 85% of mental health providers responded that victims need additional financial assistance.
    - 88% of CBOs responded that victims lacked adequate mental health services.
    - 86% of CBOs and 58% of mental health providers responded that victims lacked access to stable housing.
    - 81% of CBOs and 70% of mental health providers responded that victims lacked access to medical treatment.
    - 79% of CBOs and 59% of mental health providers responded that lack of access to transportation severely impacted access to services.
    - 69% of CBOs and 61% of mental health providers responded that victims need childcare in order to access services.

- Of the responding organizations, 48% cited inadequate funding as a challenge when serving crime victims.

- The most highly ranked, effective outreach strategies noted by survey respondents were word of mouth (92%), collaboration with other agencies (73%), and the internet (69%).

- When asked about familiarity with the CalVCP program, 56% of respondents were very familiar with the Program and 39% were somewhat familiar. When asked about the CalVCP application process, 44% were very familiar and 43% were somewhat familiar. More than 60% of the respondents had accessed the application form from the CalVCP website. When asked what training or technical assistance would enhance their assistance to victims of crime, 62% of survey respondents said that training on breaking down barriers to accessing CalVCP services would be helpful.

- Fifty-five percent of respondents expressed interest in learning more about networking with other victim service providers. Forty-six percent wanted to know more about navigating the criminal justice system, 43% wanted to know more about victims' rights, and 42% wanted more information on how to reach out to victims of crime.

Figure 1. Unmet Client Needs

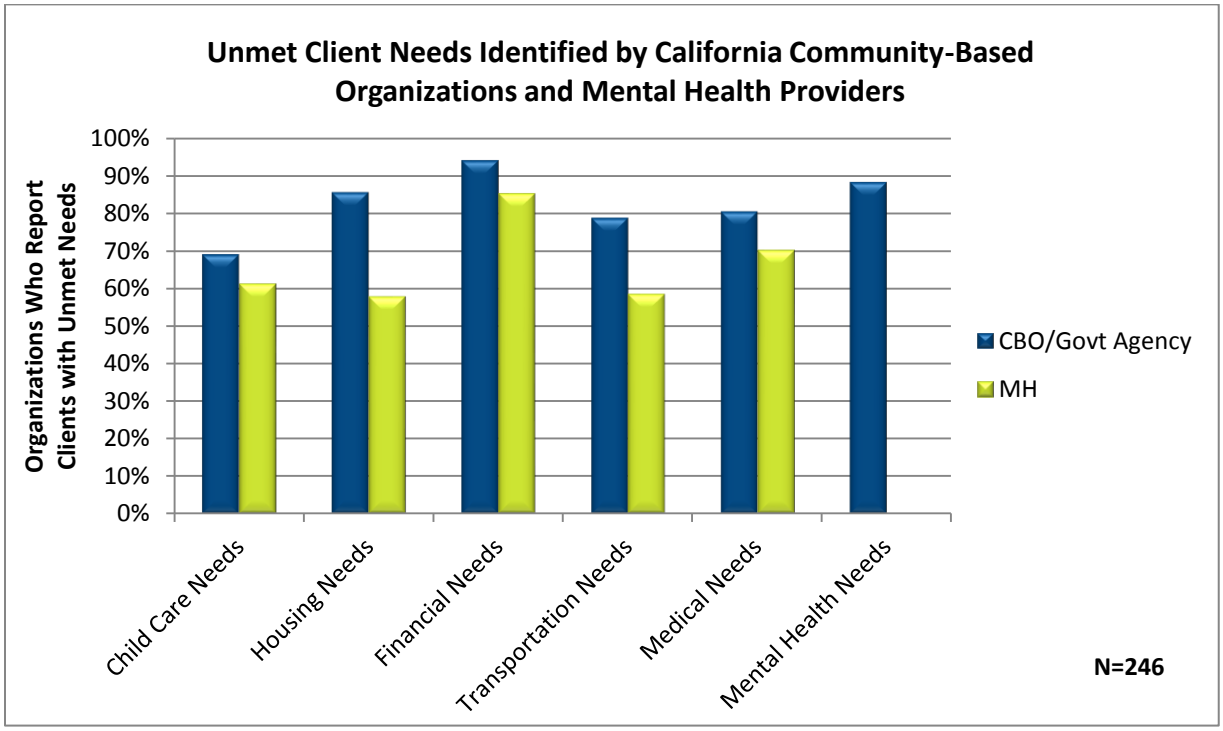


Figure 2. Additional Unmet Needs

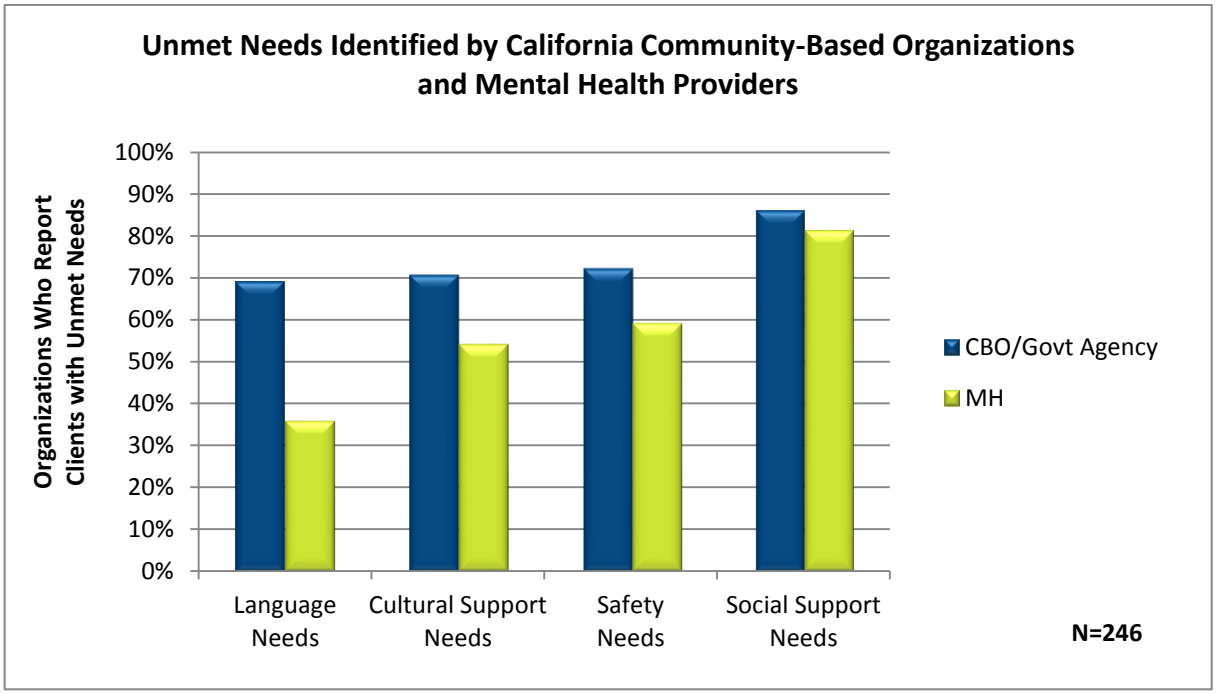


Figure 3. Language Needs

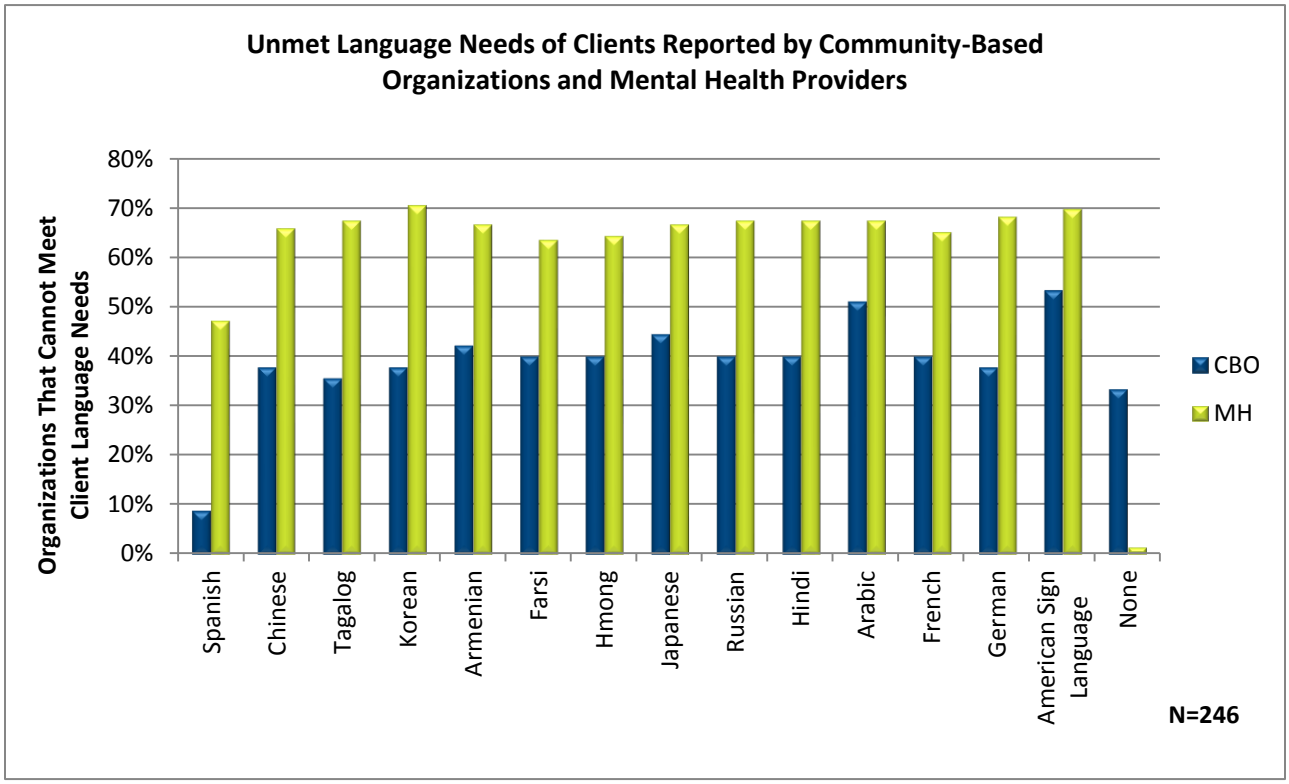


Figure 4a. Frequency of Services - Community-Based Organizations

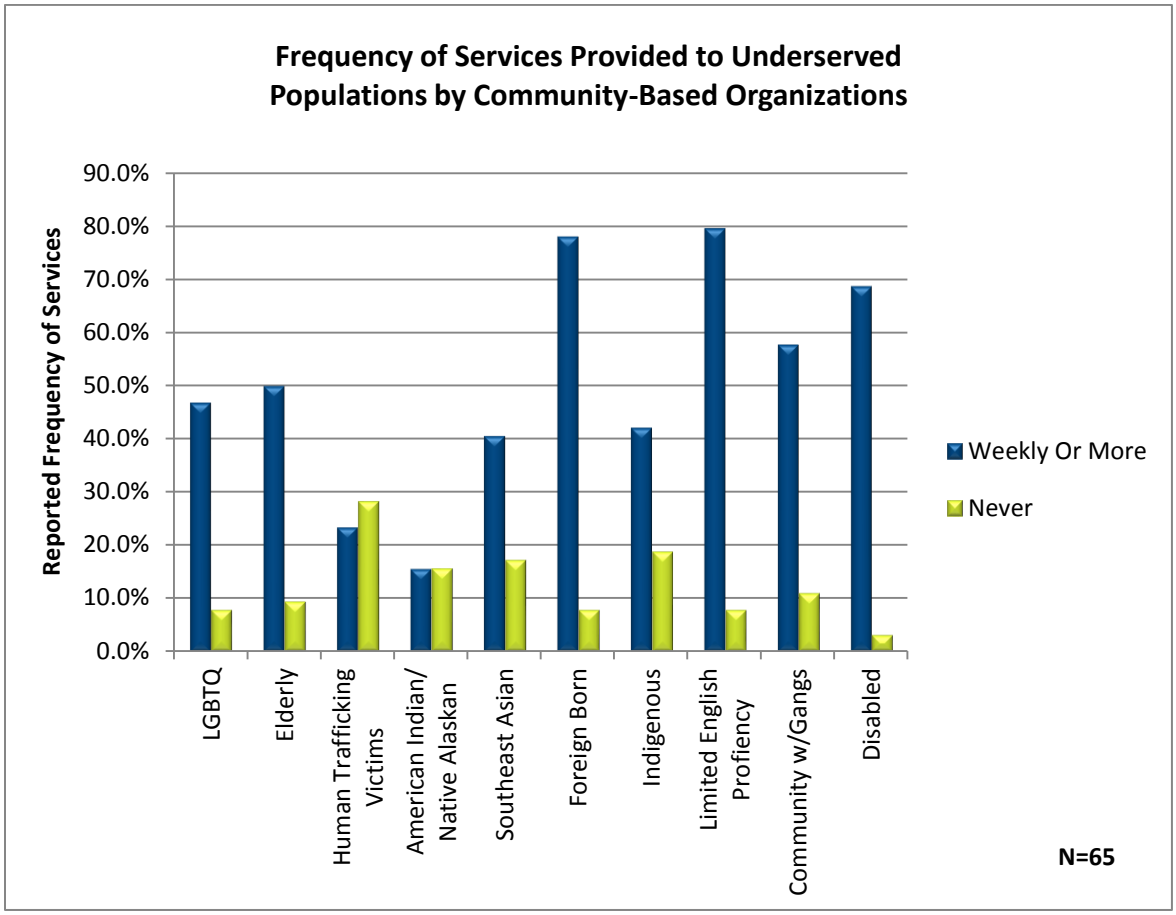


Figure 4b. Frequency of Services - Mental Health Providers

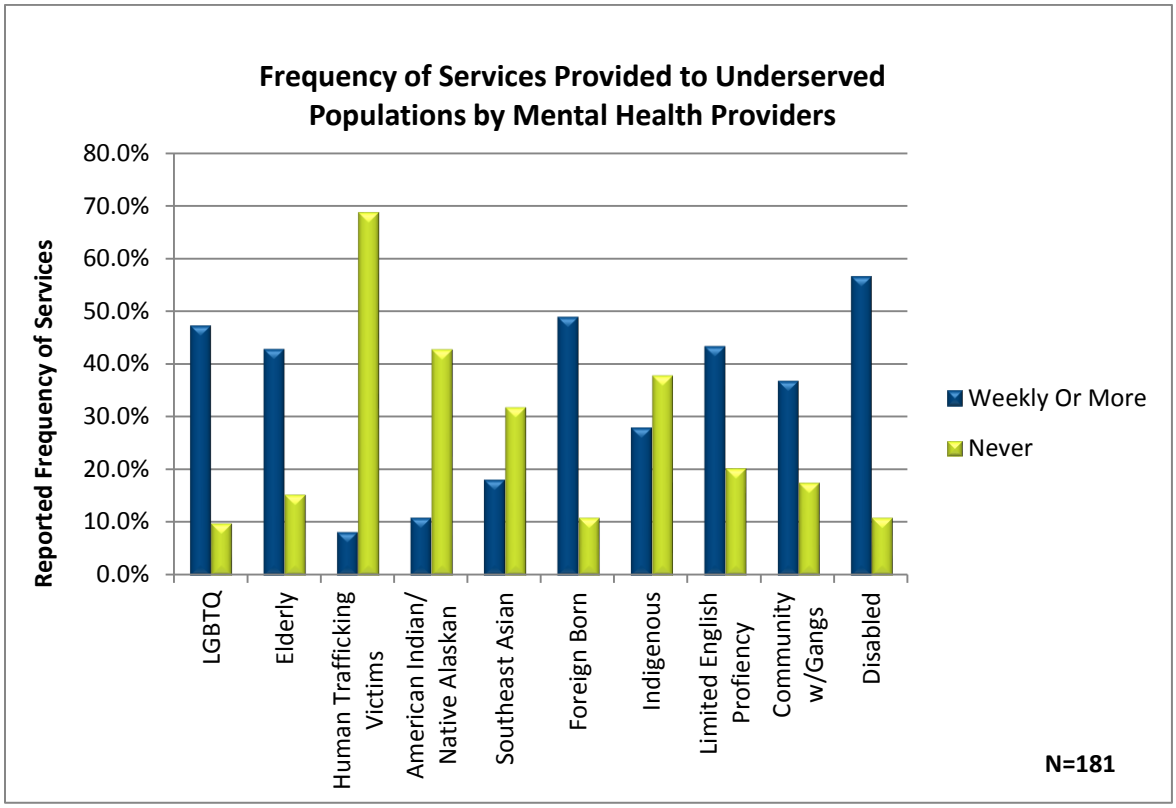


Figure 5. Types of Crime Victims Served

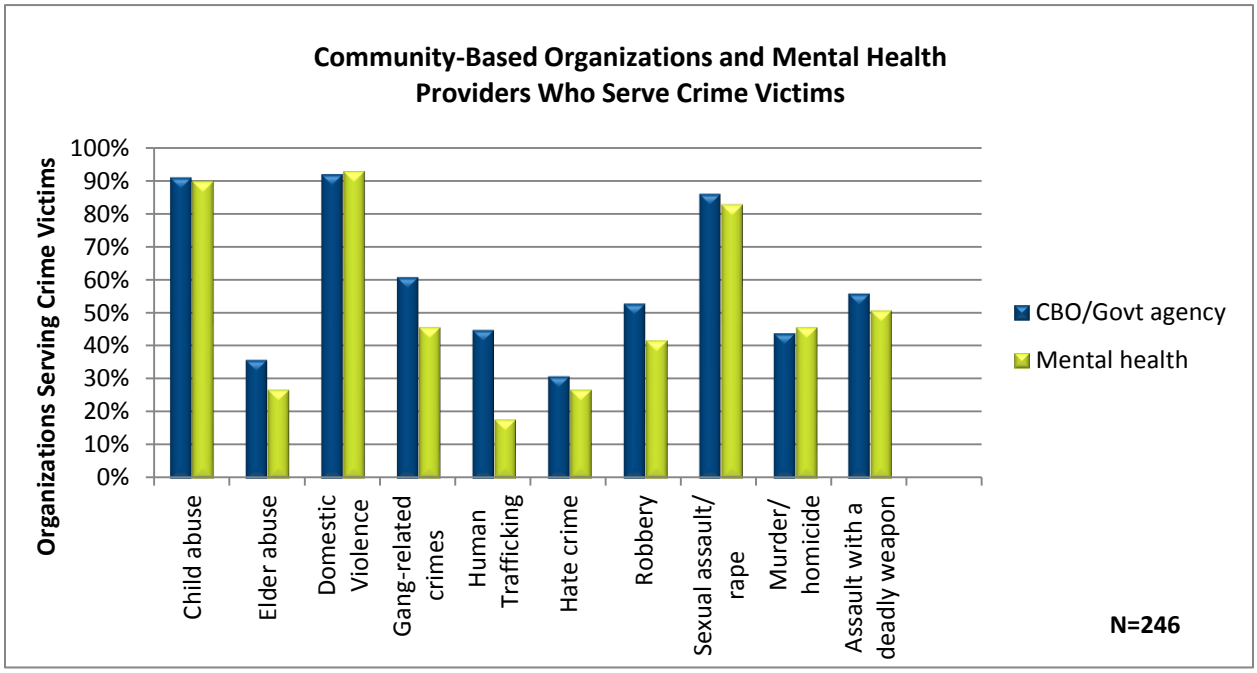


Figure 6a. Effective Outreach – Community-Based Organizations

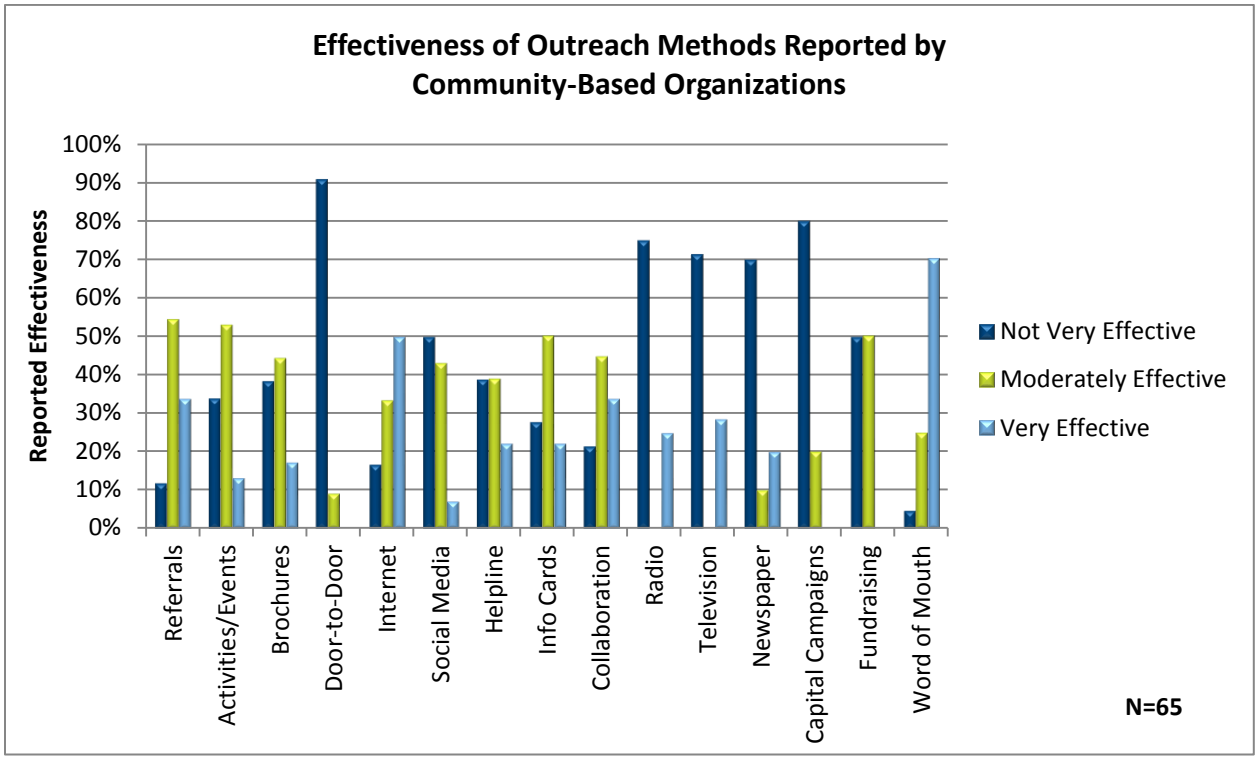
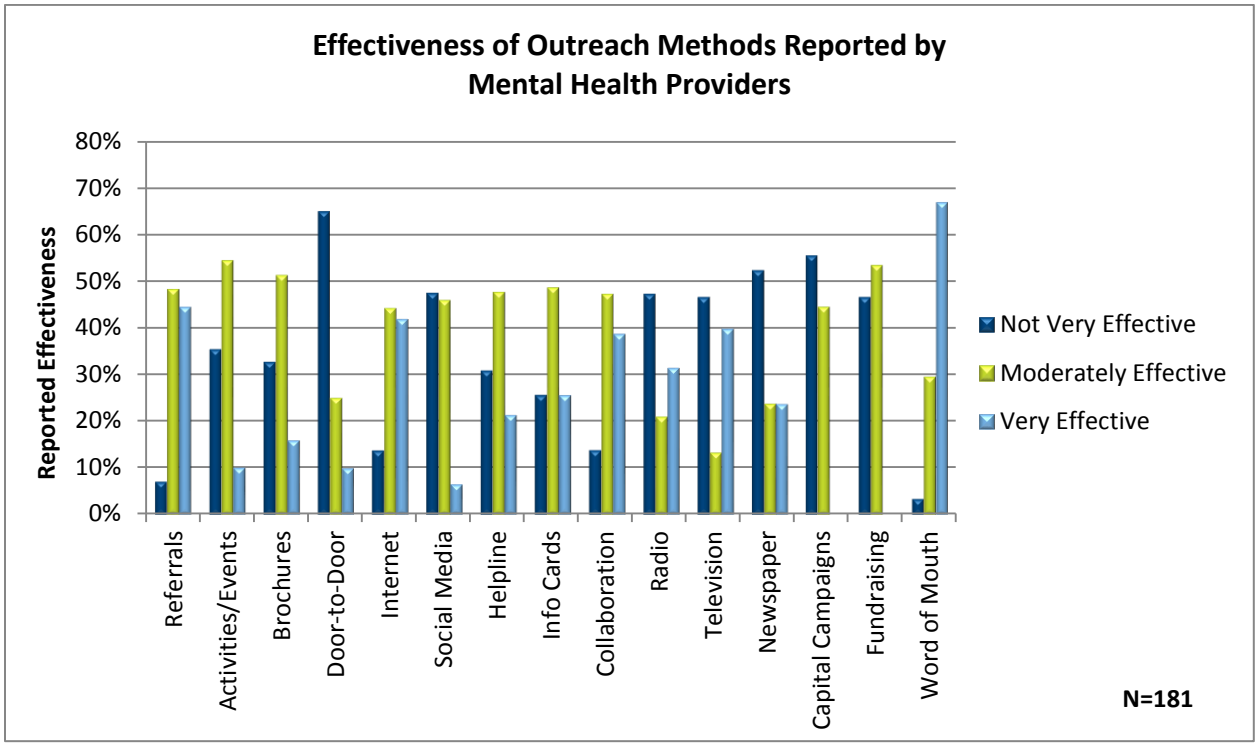


Figure 6b. Effective Outreach – Mental Health Providers



4. Findings from Survey of Victims, Advocates and Service Providers

As part of this needs assessment, CalVCP contracted with the Chief Justice Earl Warren Institute on Law and Public Policy at the University of California, Berkeley, (Warren Institute) to survey crime victims, advocates, and service providers about victims' needs, experiences with victim compensation, and their awareness of CalVCP. The Warren Institute interviewed 70 advocates and service providers and 51 victims. Of the advocates interviewed, 45 (64%) were affiliated with one of the 59 county victim witness assistance centers[4] (VWAC), and 25 (36%) worked with victims in other capacities. Of the 25 respondents that worked with victims in other capacities, only three were mental health treatment providers. The remainder worked with victims in some other helping capacity. The victims interviewed resided in the following eight counties:

[4] Every county in California is required to operate a county victim/witness assistance center. Most of these centers are located within the criminal justice system in district attorney's offices. A small number are probation-based or community-based. California Penal Code 13835.5 sets out fourteen core services the centers should provide. One of those services is assistance with filing victim compensation applications, so county victim advocates are frequently involved in helping victims access CalVCP services.

Alameda, Fresno, Lake, Los Angeles, Orange, San Francisco, San Joaquin, and Ventura. Thirty-nine percent of the victims interviewed identified as male and 61% as female. Victims represented a diverse range of ages, ethnicities, and racial identifications.

Figure 7 County of Residence of Victims Interviewed

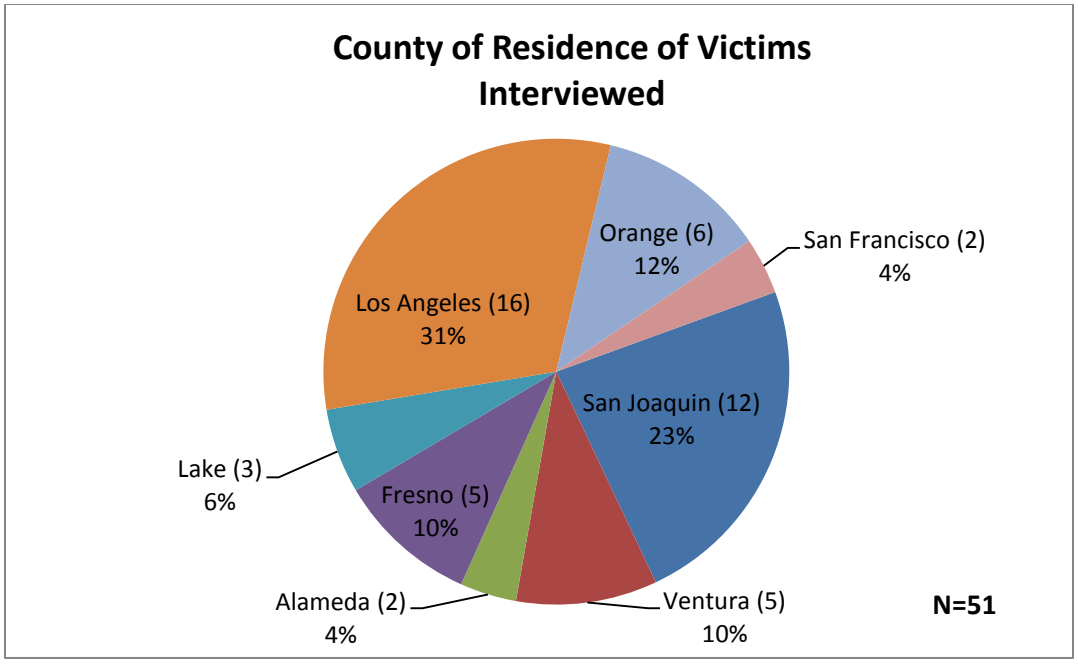


Figure 8: Age of Victims Interviewed

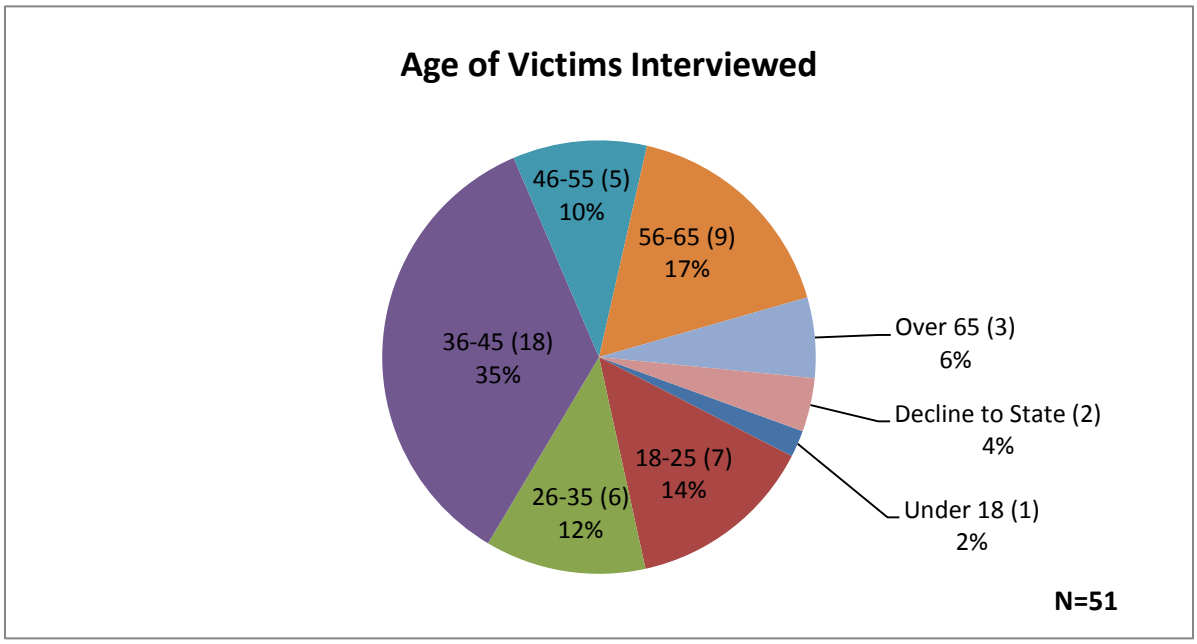


Figure 9: Race/National Origin of Victims Interviewed

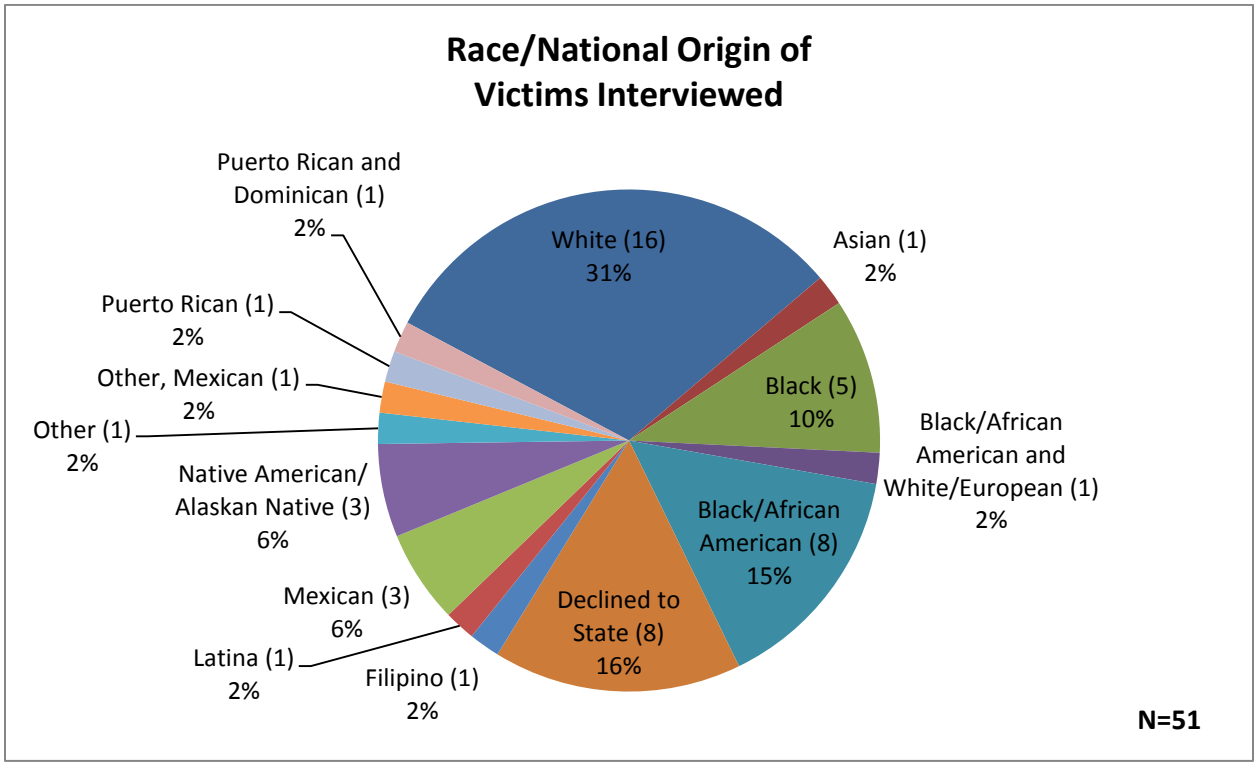
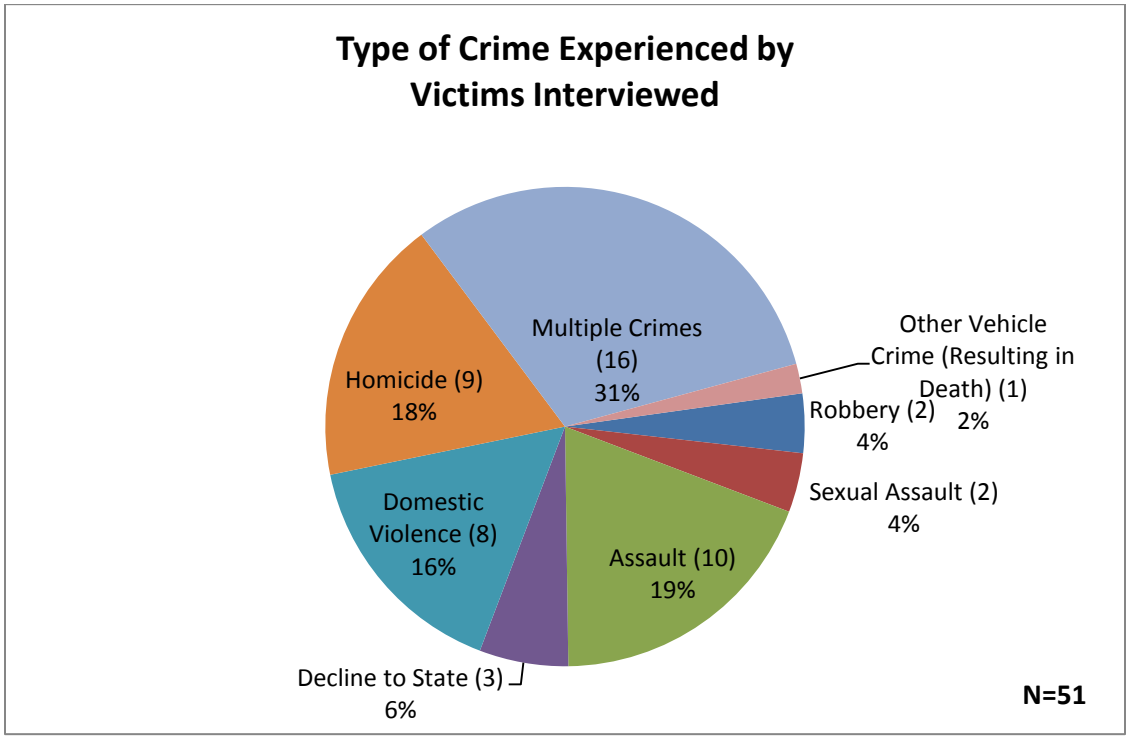


Figure 10: Type of Crime Experienced by Victims Interviewed



Trauma impacts victims' ability to absorb and retain information and make decisions with respect to the CalVCP process. The majority of victims expressed having a hard time remembering specific details in the aftermath of their victimization. For example, many prefaced their statements with qualifications such as "I think," or "I am not entirely sure, but," or described themselves as having been "distraught," "overwhelmed," or otherwise distracted at the time of their victimization. Many noted they were not in a state to effectively absorb information, which coincides with many of the service provider interviews expressing the same sentiment about their clients' behaviors in close proximity to traumatic events.

Many victims described feeling too traumatized to "know what was going on," or reported feeling "completely confused" by the process. One victim in particular indicated that she was experiencing too much grief, resulting in a sense that "everything was a blur for a very long time." Another victim stated that she had no idea what to do because "when you go through such a loss [as the homicide of a child], you can't think."

Advocates also expressed their experiences with the challenge of how clients absorbed and processed information post-trauma, and the need to often repeat and relay information, as well as provide constant support. "I think the truth is that people need people to navigate these systems. When your whole life has been turned upside-down, you need a human element to help you reconnect with life and reconnect with functioning."

Two themes arose from the interviewed advocates and victims. The first theme was managing the applicant's expectations when applying for compensation through CalVCP. The second was that the payment amounts or reimbursement limits have not been adjusted to meet today's economic realities.

Advocates who provide direct assistance to victims with either the CalVCP application process or other aspects of the CalVCP program described the need to prevent additional disappointments, including the fact that victims may not receive compensation. There was a continuum as to how much discussion or "screening" took place before the decision whether or not to file an application for a victim was made. Some expressed sharing very specific

information about how much time it would likely take to receive a decision and/or reasons why the application may not be approved as eligible. Some provided very limited guidance and no "screening," encouraging victims to apply, but injecting a level of honesty necessary to minimize re-traumatization.

Advocates also commented on the need to manage expectations regarding application and bill processing time. In some locations, advocates had the ability to approve emergency payments to meet immediate needs, such as food, clothing, and rent.

The second theme prevalent in the interviews is that the benefits and limits have not been adjusted to today's economic realities. The two categories of benefits that victims raised concerns about most often were funeral and burial and relocation expenses.

Key Findings

- All survivors of homicide victims who received funeral and burial compensation stated that the actual costs exceeded the reimbursement amount or that the amount was insufficient. Many survivors expressed difficulties when the reimbursement did not cover their actual costs. Also, they had to borrow money from friends and family, host community car washes, max out credit cards, or even postpone burials.

- Victims stated that the amounts for relocation expenses were inadequate to cover the actual costs of relocation. Relocation is often an urgent need and the benefits are limited in amount and what is covered.

- Advocates focus on assisting victims of felony crimes, resulting in fewer advocates available to help victims of misdemeanor crimes. Funding for additional advocates could result in increased access to compensation for those victims.

- Hospital emergency rooms were recognized as an underutilized portal for introducing compensation services to victims of crime. Survey respondents recommended increasing collaboration with emergency departments.

- Survey respondents noted that trauma-informed training for CalVCP staff would help the staff better respond to the needs of crime victims.

- Ninety-two percent (47) of victims interviewed recalled interacting with first responders in the direct aftermath of their victimization or shortly thereafter. As for types of first responders noted as present or involved in these interactions, 86% (44) noted police; 45% (23) noted emergency medical technicians or fire fighters; 35% (18) noted a victim advocate; 4% (2) noted a CPS/APS social worker or other category of first responder.

- Thirty-seven percent (19) of the victims interviewed recalled being given either verbal or written information from first responders about their rights as victims and about CalVCP. Four percent recalled being given a Marsy's Card.[5] Fifty-five percent (28) of the victims stated definitively that they did not receive information related to their rights, available services, or CalVCP, and 8% (4) stated they could not recall.

- Seventy-eight percent (40) stated that either they or someone else filed a police report regarding the incident in which they were victimized. Of those victims, 9% (5) recalled being told while filing a police report about their rights as victims, available services, or CalVCP. Sixteen percent (8) of all victims interviewed never filed a police report regarding their victimization.

- Sixty-three percent (32) of victims interviewed had applied for CalVCP compensation benefits (applicants). Of applicants, seventy-five percent (24) noted being approved as

[5]Marsy's Law, the California's Victim Bill of Rights passed on November 4, 2008, that includes mandates that law enforcement distribute a card to all victims containing information about victims' rights throughout the judicial process, restitution, victim compensation, and more.

eligible, 56% (29) noted receiving all or a portion of the compensation benefits for which they applied, 16% (8) reported receiving a formal denial of eligibility, and 9% (5) were unsure of the outcome, reported having never received any response, or had not received a decision to date.

- Eighty-four percent (27) of applicants responded that they received assistance filling out the application and gathering supporting documents. Of these applicants, 63% (17) stated they received assistance from a victim advocate, 15% (4) stated they were helped by a victim service provider not based in a Victim Witness Assistance Center (VWAC), 11% (3) stated they received assistance from law enforcement, 7% (2) stated they were helped at the hospital, and 4% (1) stated they received assistance from an attorney. Sixteen percent (4) stated that they completed the application themselves.

- Thirty-seven percent (19) of victims interviewed had never applied for CalVCP (non-applicants). Sixty-three percent (12) of the non-applicants noted learning of CalVCP or the existence of any compensation program only when they were contacted for an interview. Non-applicants who knew of the existence of CalVCP or some form of compensation program supplied a wide variety of reasons why they chose not to pursue such a program. Reasons included fear of being treated as a “suspect” rather than as a victim, and an aversion to accepting monetary assistance.

- Seventeen percent (12) of service providers stated that lack of access to transportation creates challenges in obtaining the face-to-face assistance that many victims require to successfully pursue a CalVCP application. Though not asked explicitly about this as a challenge, 16% (8) of all victims and 19% (13) of all advocates noted that access to transportation created challenges in accessing CalVCP or other victim services more broadly.

- Eleven percent (8) of advocates interviewed noted that lack of access to a telephone was an obstacle to the application process for some victims. After providing assistance with the CalVCP application, follow-up attempts via phone frequently proved challenging. Particularly, in economically depressed areas where a victim without a stable telephone line may lose access or not be able to afford increased usage on temporary cellular lines.

- When describing challenges in understanding the CalVCP program, many victims stated that without assistance from a VWAC advocate, a police officer, other advocate or hospital staff member, they would not have applied on their own, or described that an advocate essentially had to apply for them. Interviewers also noted that experience sometimes led victims to believe that they may be treated as a perpetrator instead of a victim when attempting to obtain services.

- Thirty-three percent (17) of all victims interviewed, and 53% (10) of those interviewed who never applied for compensation, expressed that they internalize the idea that they are neither eligible nor deserve help. Expressed reasoning ranged from perceptions of judgment or profiling on the part of law enforcement (most common); as well as challenges with substance abuse, mental health status, gender expression, or documentation status. Some victims who were denied compensation commented that the experience of denial kept them from seeking other services.

- Twenty-seven percent (14) responded that an online application would make CalVCP more accessible; however, they expressed doubt that they could accurately complete the form without assistance. Eight percent (4) of victims interviewed and 16% (3) of non-applicants did not have access to a computer and obtaining access to a computer may be difficult.

5. Underserved Crime Victim Communities in California

CalVCP consulted a number of sources to help identify underserved crime victim communities. *Vision 21*, the Mental Health Services Act, the CalOES Unserved/Underserved Victim Advocacy and Outreach Program, and the CalVCP BDR analysis of victim compensation usage in California identified the following groups of crime victims as potentially underserved:

- People with disabilities
- Lesbian, gay, bisexual, transgendered, queer or questioning (LGBTQ)
- Victims of human trafficking
- American Indians and tribal communities
- Communities affected by gang violence
- Elderly (65 and older)
- People with limited English proficiency
- Immigrants
- People of Asian-Pacific Islander descent
- People who are homeless or have unstable housing
- People who suffer from mental illness
- Residents of frontier counties or rural communities.

a. **People with Disabilities**

Approximately 14% of people residing in the United States have some form of disability. This group experiences crime rates much higher than the rest of the general population and is often targeted due to their disability (National Center for Victims of Crime (NCVC), 2014). Data collected from the National Crime Victimization Survey (NCVS) 2011 highlights this disparity. The data showed that people with disabilities, which include limitations in hearing, vision, cognition, ambulation, self-care, and independent living, face nearly double the rate of violent crime than people without disabilities face.

Bones (2013) found that women who have a visible signifier of impairment (such as a cane or wheelchair) that may indicate a disability are at an increased risk for sexual victimization. Research also identified individuals with disabilities are at an increased risk from an assault perpetrated by a caregiver. Bryen, Carey, and Frantz (2003) surveyed 40 adults with a disability about their victimization. Over 95% of the respondents were victimized by a perpetrator they knew. Over 65% of the respondents reported being victimized multiple ways. Theft was the most commonly reported, followed by threatened physical harm, a physical attack, and being sexually touched without consent. On average respondents were victimized three times.

The NCVS found that, of the 567,000 nonfatal violent crimes that happened to disabled individuals ages 12 and older, less than 50% sought services for legal assistance or treatment. Only nine percent of victims with disabilities used other victim service agencies. Bryen et al. (2003) reported that of the 95% of respondents, only 28% reported their victimization to police. One reason for low reporting is that people with disabilities are more likely to know the perpetrator; therefore, more likely to not report the crime (NCVC, 2014). The OVC Training and Technical Center also highlighted the following challenges for people with disabilities with reporting their victimization: not being believed, health-related issues, personal assistance needs, transportation, speech and cognitive challenges, and fear of being judged.

While individuals with disabilities remain an underserved population in many areas of the state, there are programs in California that provide comprehensive services to crime victims with disabilities. For example, the Chadwick Center for Children and Families, located in San Diego, provides forensic interviews, medical evaluations, trauma counseling, and advocacy services for children with disabilities who have been abused, as well as adults with developmental disabilities.

Disability Rights California, with offices in Sacramento, Fresno, Los Angeles, San Diego, and Oakland, provides advocacy to individuals with disabilities and investigations free of charge. They investigate complaints about physical abuse, sexual abuse, and deaths in institutions due

to neglect. Part of their mission is to provide freedom from abuse and neglect for disabled individuals in California.

One hundred sixty-six (72%) of community-based organizations and mental health service providers surveyed by CalVCP who regularly provide services to the disabled cited lack of support and lack of knowledge about victim's rights as reasons that victims with disabilities would not report victimization to law enforcement. More than half of those surveyed also cited fear of retaliation, lack of trust in the criminal justice system, and shame or embarrassment as additional barriers to reporting. One respondent commented, "What is desperately needed is for Victim Advocates to directly link victims, particularly those with intellectual and developmental disabilities, with skilled and experienced therapists who know how to work with them."

b. The Deaf and Hearing Impaired Communities

The Deaf and Hearing Impaired communities face a unique set of barriers to accessing services. For instance, the Deaf community is close-knit, which makes anonymity in crime reporting difficult. Additionally, many individuals in the Deaf community communicate with American Sign Language (ASL). Language difference can be a barrier to communication with law enforcement and service providers. Moreover, many in the Deaf community do not view themselves as disabled, but rather as a subculture whose way of speaking is overlooked by the hearing culture (Obinna, Krueger, Osterbaan, Sadusky, & DeVore, 2006). The cultural stereotypes of deaf individuals held by many in the hearing community prevent victims from seeking help outside their community.

Given the disparities in the way people view deafness, culturally responsive services for crime victims in the Deaf community are essential. A better understanding of Deaf culture (issues regarding community intimacy, the possible feeling of violation due to using a translator, and appropriate approaches to communication) is needed to improve services provided to the Deaf community (Obinna et al, 2006). Some programs have taken these approaches already.

Specialized services and improved communication methods will increase the effectiveness of services to the Deaf community.

Programs in a number of cities in California offer specialized services to the Deaf community. Several activist programs are founded and led by survivors and members of the Deaf community. DeafHope provides crisis intervention, advocacy, peer counseling, support groups, and referrals to legal and housing services for deaf victims of domestic and sexual violence. They partner with the Alameda County Family Justice Center in Oakland providing services from 30 different agencies from one location. This partnership has created opportunities to provide training and technical assistance to service providers to create more accessible services for victims. DeafHope also provides outreach and violence prevention education for individuals in the Deaf community, domestic violence training for deaf service providers, communication and Deaf culture training for hearing service providers, and trauma-informed training for interpreters.

Another Northern California program is DeafSAFE. This program provides advocacy, hospital accompaniment, legal assistance, and translation services for deaf or hard of hearing victims of domestic violence, dating violence, sexual violence, and stalking. DeafSAFE also offers or refers clients to employment, SSI, education, housing, healthcare, compensation, immigration, and domestic violence prevention services.

Peace Over Violence in Los Angeles provides services to the deaf, disabled, and elderly. While the deaf and disabled are often grouped together, Peace Over Violence recognizes them as two distinct categories. Peace Over Violence offers TTY services, counseling, hospital and court accompaniment, legal advocacy, case management, and shelter referrals. Additionally, they offer adaptive training in self-defense and personal security based on the needs of the client, as well as community violence prevention education, professional training, and consultation for those responding to violence.

c. Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Community

People in the LGBTQ community face barriers to reporting crime, as well as to seeking and receiving appropriate services. In CalVCP's survey, service providers indicated that feelings of shame and embarrassment, lack of support, lack of trust in the criminal justice system, and fear of retaliation were all significant barriers to reporting crime.

The LGBTQ community was not considered in the two most prominent victimization data collection surveys, the National Crime Victim Survey (NCVS) and the American Community Survey (ACS). NCVS collects minimal data on the community, but it does not separate this population from the main data set. The ACS does not ask questions about sexual orientation or gender identity. Furthermore, the article, "Why it Matters," points out that, "socially encouraged privacy around matters of sexuality, assumptions of heterosexuality and gender identity, and lack of understanding regarding diversity among LGBTQ" are challenges to gathering data regarding this community (National Center for Victims of Crime, National Coalition of Anti-Violence Programs, 2010). Survey data from NCAVP suggests underreporting victimization is high within the LGBTQ community.

Possible reasons why this population is underserved may be the nature of the crimes to which members of the LGBTQ community fall victim and that many of those crimes may not be reported to law enforcement. Hyde and Katz-Wise (2012) found that lesbian, gay, and bisexual individuals experienced greater rates of victimization than heterosexual individuals, over 40% of the respondents experienced verbal harassment and discrimination, and males were more likely to be victimized than females. Another study, Herek and Sims (2008), found one in four men and one in five women from the LGBTQ community have been victims of crime due to perceived sexual orientation or transgendered identities.

The rate of hate crimes based on sexual orientation is increasing faster than hate crimes based on other reasons, such as gender, religion, or ethnicity (U.S. Department of Justice, Federal Bureau of Investigation [FBI], 2010). The FBI's Uniform Crime Report, Hate Crime Statistics (FBI, 2012, 2013, 2014), showed that hate crimes against gays and lesbians are the second most

common hate crime. In 2013, law enforcement agencies from across the country reported 7,442 hate crimes to the FBI. Of the 7,442 victims, 1,461 victims were targeted due to sexual-orientation bias. The largest percentage, 60.9%, were victims of crimes motivated by their offenders' anti-gay (male) bias, the second largest percentage, 22.5%, were victims of anti-lesbian, gay, bisexual, or transgender (mixed group) bias. In California, hate crimes based on sexual orientation are also the second most common hate crime type. The percentage of hate crimes based on sexual orientation in California has fluctuated from 23% in 2011 to 25% in 2013 (California Department of Justice, 2014).

LGBTQ individuals who experienced same sex intimate partner violence were less likely to report the incident to police and to seek assistance (Pattavina, Hirschel, Buzzawa, Faggiani, & Bentley, 2007). Higher severity of violence during a crime may also be linked to under-reporting to law enforcement (Dunbar, 2006).

California has several organizations that provide services to crime victims in the LGBTQ community. The Los Angeles Gay and Lesbian Center has an anti-violence program that provides legal support for victims of hate crimes and domestic abuse. Hate crime services include advocacy, court accompaniment, legal assistance, community referrals, and other services as needed. Domestic violence services include survivor groups, crisis intervention, mental health services, prevention workshops, referral services to LGBTQ-sensitive shelters, and advocacy.

Community United Against Violence located in San Francisco, California provides support groups, advocacy-based peer counseling, and community referrals for LGBTQ individuals who are victims of domestic violence or abuse.

Agencies that specialize in serving LGBTQ victims of crime are not available to all communities throughout the state. Victim services in many communities may not be inclusive, affirming, or have the cultural competency to serve LGBTQ clients. Studies indicated that individuals in the LGBTQ community may discontinue use of services because of such bias (Biaggio, Orchard, Larson, Petrino, & Mihara., 2003; Lucksted, 2004; Willging, Salvador, & Kano, 2006). Why it

Matters (NCVC, 2010) states that there is a lack of agencies that have implemented policies and procedures to specifically work with LGBTQ victims, and agencies lack culturally appropriate outreach materials, services, or inclusive reporting forms.

d. Victims of Human Trafficking

Human trafficking includes adult and child sex trafficking, forced labor, bonded labor or debt bondage, involuntary domestic servitude, forced child labor, and unlawful recruitment and use of child soldiers (Siskin & Wyler, 2013). The United Nations crime fighting office reports that 2.4 million people across the globe are victims of human trafficking at any one time, and 80% of them are being exploited as sexual slaves (Lederer, 2012). Human trafficking victims are difficult to identify and almost certainly underserved.

The U.S. State Department has estimated that approximately 600,000 to 800,000 victims are trafficked annually across international borders worldwide. Approximately half of these victims are younger than age 18 (U.S. Department of State, 2005, 2006). Additionally, the U.S. State Department has estimated that 80% of internationally trafficked victims are female and 70% are trafficked into the sex industry (U.S. Department of State, 2005).

Within the United States an estimated 100,000 U.S. citizen children are victims of human trafficking (Siskin & Wyler, 2013). Most research focuses on the sex trafficking of minors, which makes it difficult to know the extent of adult sex and labor trafficking. In fact, the Polaris Project (2010) states that statistics on human trafficking of U.S. adult citizens within the U.S. are scarce.

Human trafficking is present in virtually every county in California. California is one of the nation's top four destination states for trafficking human beings. Domestic gangs have expanded from trafficking guns and drugs to trafficking people. Gangs use cross-border tunnels to move not only guns and drugs, but also human beings, from Mexico into California. Domestic street gangs set aside traditional rivalries to set up commercial sex rings and maximize profits from the sale of young women.[6] Unlike drug and weapon dealings, in which the exchange

[6] http://oag.ca.gov/human-trafficking

typically happens once, a human body can be sold multiple times (Lederer, 2010). The desire for a quick sustained profit has encouraged local and transnational gangs that typically have conflict and territorial disputes to set aside differences and work together to develop intricate channels for human trafficking (Harris, 2012).

For many years individuals engaged in prostitution have been treated as criminals and not victims of human trafficking. Victims of human trafficking have been arrested and convicted as a result of their forced participation in criminal activity. This is especially true for victims of sex trafficking, who are regularly arrested for prostitution (Women's Law Center of Maryland, 2013). Law enforcement agencies face difficulties identifying victims of human trafficking because many do not self-identify as victims and refuse to cooperate with police. Some victims insist that they engaged in prostitution to help get money for their boyfriends, while others, to deal with trauma, have convinced themselves that they willingly made the choice (Perry, 2013). Criminal treatment can result in victims not seeking assistance from law enforcement and can prevent victims from being recovered. Prosecution creates distrust of law enforcement among victims of human trafficking, and having a criminal record may act as a barrier to future opportunities (i.e. getting jobs, education, loans, and immigration visas). (Murphy, Taylor, & Bolden, 2015; Polaris, 2014b). The historical criminal treatment of human trafficking victims has created barriers to accessing victim services. Recent increased awareness of human trafficking has resulted in a cultural shift in the way prostitution is defined.

Law enforcement has begun to acknowledge that prostitution, long characterized as a "victimless" crime is actually a form of human trafficking. The San Bernardino County District Attorney's Office recently produced a documentary "Teenage $ex 4 $ale: Human Trafficking in San Bernardino County," which delves into the problem of sexual exploitation in the nation's largest county.[7] The Anaheim Police Department (APD) in Orange County, California, radically altered its approach to prostitution beginning in 2010. The APD recognizes prostitution as a form of human trafficking and has successfully focused on helping women escape prostitution

[7] https://vimeo.com/76558702

and prosecuting traffickers.[8] Such an approach requires services and support to be available to victims, as well as close collaboration between law enforcement and victim service agencies.

California is home to a number of organizations specifically focused on combatting human trafficking and assisting its victims. Opening Doors, in Sacramento, engages in street outreach and provides a full spectrum of support for survivors.[9] The Coalition Against Slavery and Trafficking (CAST), in Los Angeles, is a federally recognized program that advocates for survivors and provides client-centered services to help victims escape trafficking. They "educate to liberate." CAST is the only organization in the country that provides comprehensive social, shelter, and legal services under one roof. A social service advocate ensures access to benefits and services and provides supportive counseling, validation, and normalization. A shelter or housing program ensures basic necessities are provided. Legal services assist victims in navigating complex criminal, civil, immigration, and other legal proceedings. In order to create a system where non-governmental organizations (NGOs) and law enforcement work together to address the existence of human trafficking in Los Angeles, CAST convened the first anti-trafficking task force in the United States: the Los Angeles Metro Task Force Against Human Trafficking. Over 65 community-based groups, government, and law enforcement agencies work together in collaboration under the auspices of LA Metro Taskforce. [10]

Heat Watch[11], started in Alameda County in 2010, is a diversion program for sexually exploited minors. This program, developed with the assistance of a federal grant, is a collaborative effort between the Alameda County District Attorney's Office (DA) and several community organizations. The program provides training to law enforcement to help them identify victims for wrap-around services and housing through collaboration with community agencies.

Children of the Night, located in Van Nuys, California, is a privately funded social service organization that provides a continuum of supportive services to children who are victims of sex

[8] http://leb.fbi.gov/2013/march/prostitution-and-human-trafficking-a-paradigm-shift
[9] http://www.openingdoorsinc.org
[10] http://www.castla.org/homepage
[11] http://www.alcoda.org/newsroom/2010/feb/office_unveils_heat_watch

trafficking. The organization provides food, education, and a safe living environment in which medical and mental health needs are being met rather than placing children in juvenile detention centers.

Los Angeles and Alameda Counties are in the process of creating programs that aid minor victims of human trafficking upon arrest or detainment by law enforcement. These programs will develop protocols for identification of minor victims of human trafficking and law enforcement, government agencies, and community-based organization that may have contact with minor victims. They will also develop a diversion program to address the needs of minor victims (Polaris Project, 2014). These will be utilized to create a state model for assisting minor victims of human trafficking.

Many believe that victims of human trafficking go unidentified because victims are reluctant to cooperate with law enforcement due to intimidation and fear of deportation (Caliber Associates, 2007; McGough, 2013).

There are numerous barriers to reporting for human trafficking victims such as language barriers, limited knowledge of victim rights, and fear for their lives. These barriers keep the victims from attempting to escape the trafficker or from seeking help from authorities (McClain & Garrity 2011). The threat, or reality, of physical and psychological harm may also contribute to not reporting the crime to law enforcement or service providers (Moosey, 2009). Isolation is also a factor to be considered. Incident reports taken from trafficking victims describe incredible difficulties gaining access to a phone or other forms of communication since their traffickers monitor their every move. Shame, cultural biases, and stigmas also inhibit reporting. Some immigrant women are embarrassed that they are conducting illegal activities such as prostitution and do not report their victimization (Berns 2004; Bui 2003; Pinn and Chunko 1997; Volpp 1995).

Fear of retaliation was reported as a perceived barrier to reporting the crime by 74% (77) of those who regularly serve human trafficking victims that responded to the CalVCP survey.

Human trafficking victims not only need support to escape sexual or labor slavery, they also need significant financial, medical, mental health, and social service assistance to stay safe and heal.

e. Tribal Communities

California has the highest population of tribal communities of any state in the country—362,801 people identified as American Indian or Alaska Native in the 2010 census, and a total of 725,225 identified as American Indian or Alaska Native alone or in combination with one or more other races (U. S. Census Bureau, 2011). California is home to one hundred nine federally recognized American Indian tribes.

Approximately 20% of people who identify as American Indian and Alaska Native alone or in-combination with another race lived inside an American Indian area (i.e., federal reservation and/or off-reservation trust land, Oklahoma tribal statistical area, state reservation, or federal- or state-designated American Indian statistical area). The City of Los Angeles is home to the second largest tribal community in the nation (54,000), second only to New York City.-Because 80% live in other places, not everyone has direct access to tribal victim service agencies. Access to culturally competent services may be limited in urban areas, where most of those who identify as American Indian reside. For those who live on tribal lands, access to medical treatment or mental health treatment may be limited by geography or lack of access to transportation. For instance, for a victim of domestic violence, the process of obtaining a restraining order could involve multiple trips to a courthouse hours away from home. This illustrates the diversity of experience among the tribal community in California and the need for equally diverse outreach strategies.

The complexity of overlapping jurisdictional boundaries, jurisdictional gaps, and diverse tribal justice systems make it difficult to accurately gather data on victimization within tribal communities (Perry, 2013). In 2000, using data collected in the NCVS, the University of Alaska Anchorage Justice Statistical Analysis Center (AJSAC), looked at victimization rates for the American Indian/Alaska Native population. This national study found that this population was

subjected to over 150,000 violent crimes per year, which is 124 crimes per 1,000 individuals, almost 2.5 times the national rate. The study also found that sexual assault and aggravated assault was three times the national rate, robbery was twice as high, and males between the ages of 18 and 24 had the highest victimization rate of all age groups. The data showed high victimization rates and a lack of victim services usage.

Respondents to the survey performed by CalVCP reported that lack of faith in the criminal justice system was the greatest barrier to reporting crime to law enforcement among their clients who identified as American Indian.

According to Bachman, Kallmyer, Lanier, Poteyeva, and Zaykowski (2008) there are several barriers to service utilization within the American Indian/Alaska Native population, such as jurisdictional boundaries, geographical barriers, and confidentiality concerns. According to Hamby (2004) American Indian women, who suffered more sexual victimization than any other U.S. racial or ethnic group, experience barriers to seeking help. These barriers include victim-blaming and prejudicial treatment by law enforcement, conflict between the western approach to intervention and tribal community values, and the lack of parallels between English and other languages for terms related to sexuality and victimization.

California has organizations whose mission is to assist victims of crime in tribal communities. The Humboldt County District Attorney's Office receives funds through the Unserved/Underserved Victim Advocacy and Outreach Programs Grant to support two advocates who work with victims who are members of the eight tribes in Humboldt County. The District Attorney and tribal governments (the Yurok Tribe, Wiyot Tribe, Trinidad Rancheria, Karuk Tribe, Hoopa Valley Tribe, Blue Lake Rancheria, Big Lagoon Rancheria, and Bear River Band of Rohnerville Rancheria) work together in a roundtable manner to ensure continual cooperation and communication. The tribes contribute office space for the advocates in various locations on tribal land, and the advocates travel around the county on a regular schedule to assist victims. The Humboldt County advocates received an award from CalOES for their response to assist a tribe in neighboring Modoc County when a multiple murder occurred at the

Cedarville Indian Rancheria Tribal Office. The advocates also worked directly with CalVCP to coordinate bringing mental health treatment providers directly to the Rancheria. However, with just two advocates it is very difficult to provide comprehensive victim services to the entire service area. Much of the territory is remote, forested, and mountainous, at times impassable to travel.

The Inter-Tribal Council of California[12] (ITCC) provides education, prevention and intervention direct services for victims of domestic violence and sexual assault in Northern and Central California. The Family Violence Prevention Program (FVPP) employs a staff of seven, including five advocates who are responsible for vast, multi-county service areas across the state. The FVPP provides emergency shelter, transportation to needed family violence related service organizations, emergency food, clothing, restraining order assistance, legal advocacy and support, crisis intervention, and peer counseling. ITCC received a federal grant (U.S. Department of Justice Office of the Inspector General, Audit Division, 2013) which funds efforts to strengthen the tribal criminal justice system by holding offenders accountable, and provide comprehensive and culturally competent advocacy services to victims.

Strong Hearted Native Women's Coalition (SHNWC) is a nonprofit, nongovernmental tribal coalition in San Diego County that focuses on increasing awareness and preventing domestic violence and sexual assault in tribal communities. The SHNWC began a multi-agency project called the Kiicha Project which provides a safe home for native women and their children who are victims of domestic violence, sexual assault, dating violence, stalking, and sex-trafficking. In collaboration with California Indian Legal Services, the SHNWC provides comprehensive and culturally appropriate advocacy and legal assistance to victims of domestic violence, sexual assault, dating violence, and stalking.

Two Feathers[13]**,** located in Humboldt County, promotes the stability and security of families. Two Feathers protects the best interest of Indian children, while incorporating cultural

[12] http://www.itccinc.org/victimservices.html

[13] http://www.twofeathers-nafs.org/

traditions that encourage a balance of emotional, mental, physical, and spiritual health. Two Feathers offers crisis intervention, assistance filing restraining orders, court accompaniment and liaison, moral and emotional support, individual and family counseling, transportation, family and individual case management, advocacy, assisting with victim compensation, and emergency food, shelter, and clothing.

Even though services exist, more help is needed to serve the geographically and culturally, diverse tribal communities in California.

f. Communities Impacted by Gang Violence

According to the National Youth Gang Survey Analysis (2012) 86% of larger cities, 50% of suburban areas, 25% of smaller cities, and 16% of rural counties report gang problems [14]. Neighborhoods and communities, no matter what size, are affected by gang infiltration. The National Gang Intelligence Center (NGIC, 2011) has stated that gangs are becoming more violent, adaptable, organized, sophisticated, and opportunistic. Gangs are "growing up" and looking for opportunities and that provide larger financial outcomes. NGIC (2011) correlated data retrieved from state, local, and federal law enforcement reporting that there are approximately 1.4 million active street, prison, and outlaw motorcycle gang members which make up a total of 33,000 gangs in the United States. These gangs are responsible for an average of 48% of violent crime in most jurisdictions and up to 90% in others.

Gangs continue to pose a major criminal threat in many communities in the United States. The National Youth Gang Survey Analysis (2012) highlights that in major "gang capitals" such as Chicago and Los Angeles about half of the total homicides are due to gang activity. Not only can gang violence be found in "gang capitals" but it can also be found in rural communities and counties. Matz and Mowatt (2014) and NGIC (2011) found that large gangs often seek membership expansion opportunities in small towns and tribal reservations, seek new criminal avenues, and avoidance of law enforcement.

[14] "Larger cities" refers to city police departments with populations of 50,000 or more, while "smaller cities" refers to city police departments with populations between 2,500 and 49,999. "Suburban areas" and "rural counties" refer to county police or sheriff departments covering suburban or rural areas, respectively.

The Los Angeles Community Safety Scorecard, which observes safety indicators and community conditions, states that 90% of children living in communities with high gang activity may have been a witness or victim of felony level violence; 33% were shown to have war levels of Post-Traumatic Stress Disorder (PTSD), and approximately 20% suffer clinical depression. The results are health problems such as obesity and diabetes. Homicide is the leading cause of premature death for young men residing in these neighborhoods.

Howell and Curry (2009) and Morris (2007), outline the devastating consequences of gang violence on a community – mortality, economic loss, social disruption, diminished quality of life, scarcity of community safety and security, family disruption, and psychological trauma. According to Howell (2006) residents may avoid gang areas due to the increased risk of criminal victimization.

Hennigan, Maxson, and Sloane (2005) found residents living in gang-impacted areas faced intimidation and fear of gang members. Many reported feeling hassled, frightened, or made anxious by gang members. Acevedo, Shinew, and Stodolska (2009) conducted a survey of young Latinos in gang-impacted communities. When asked how gangs impact their life, many responded that they avoid dangerous parts of the neighborhood and did not allow their children to play outside. People rerouted their travel to avoid known gang corners, reorganized their day, or completely moved out of the neighborhood. In response to the lack of safety many of the respondents stated that they were ready to take up weapons, join the gang, or befriend a gang member. According to the 2000 National Youth Gang Survey, 66% of the respondents indicated that intimidation of witnesses by gangs was a normal occurrence. This number was even higher in larger areas, in which nearly 83% of the respondents indicated witness intimidation by gang members to be typical. The Los Angeles Police Department recorded gang-related witness intimidation for a period of five years ending in December 2005. They found that an average of 800 gang-related witness intimidation cases occurred per year (City of Los Angeles Police Department, 2006). Additionally, living within a gang's turf greatly exposes individuals to intimidation due to the gangs' presence and the persistent reminder of their violent behavior (Anderson, 2007). The gang members do not have to engage in explicit

intimidation to instill fear in witnesses. For example, it was reported that the sheer presence of gangs in a community created fear that impeded witness cooperation with law enforcement (National Alliance of Gang Investigators Associations, 2005). Furthermore, victims of gang violence are even more susceptible to intimidation, whether it is explicit or implicit. These victims were previously exposed to violence inflicted by gang members; therefore, they have a realistic fear of further violence (Anderson, 2007). Respondents to the CalVCP survey echoed these findings, citing fear of retaliation as a significant barrier to reporting crime.

The quality of life in communities affected by gang violence is negatively impacted. Perhaps the most devastating consequence of gangs in communities is gang-related homicides. According to the National Gang Center in 2012 there was a total of 2,363 gang related homicides, being the highest in a six year period.

The state of California funds various programs to provide assistance to communities impacted by gang violence. In 2007 the California Gang Reduction, Intervention and Prevention Program (CalGRIP) was started to provide a comprehensive approach to gang violence in California. Funded in part through the Victim Compensation Government Claims Board (VCGCB) Restitution Fund, CalGRIP provides grants to cities using a local collaborative effort for gang prevention, intervention, re-entry, education, job training, skills development, family and community services, and suppression activities. Community Service Programs, Inc. (CSP) of Orange County uses funding from the CalOES Unserved/Underserved Victim Advocacy and Outreach Program to support its Gang Victim Services Unit. Four advocates provide a 24-hour response to gang-related crimes. Once connected to a family, these advocates follow them all the way through the criminal justice system – from crime notification through the trial. They provide services in English, Spanish, and Vietnamese. These are the languages most spoken in Orange County's gang-afflicted communities. Crime victims in communities affected by gang violence need encouragement and support to overcome the fear of retaliation and further violence associated with gang violence. These families would not be able to connect with needed services without the assistance of the Gang Victim Services Unit advocates. If additional

funding became available, this program is replicable to help victims in other communities affected by gang violence.

Currently, if a gang member becomes a crime victim as a result of retaliation or during the commission of a crime, eligibility for compensation may be affected. This can create problems for family members who must bear the cost of the crime, but are not gang-affiliated. However, gang affiliation itself is not a bar to eligibility for compensation and further training for advocates and compensation staff would likely increase access for this community.

g. Elderly (65 and older)

In 2010 the U.S. Census recorded the largest historical number of people age 65 and older,[15] which is 13% of the total population, or 40.3 million people (U.S. Census Bureau, 2011). By 2050, people aged 65 and older will comprise a total of 20% of the population. In California the elderly population (60 to 85) is expected to grow twice as fast as the total population. Between 1990 and 2020 an increase of 112% is projected in the elder population, and more than half the counties in California will experience a 100% increase in this age group (California Department of Aging, 2012).

The National Center for Victims of Crime (NCVC, 2014) indicates that this age group has the lowest reported rate of victimization in comparison to other age groups—4.4 per 1,000 persons age 65 or over. According to the National Center on Elder Abuse there is no absolute measure of how many elders have been victimized. The elderly population is reluctant to report abuse for fear of retaliation, lack of physical and/or cognitive ability, and fear of getting the abuser, often a family member or friend, in trouble. Research conducted by Acierno, Hernandes-Tejada, Muzzy, and Steve (2009) and Horwitz, Hurst, Lachs, Williams, and O'Brien (1997) found that just 10% victims of elder abuse aged 60 and older reported the abuse to Adult Protective Services.

[15] Across studies, state laws, senior programs, and other "elderly" service providers there is a lack of consensus in defining at what age a person is "elderly". The Food Stamp Act defines "elderly" as 60 years and older (7 U.S.C. § 2012). According to Housing and Urban Development Supportive Housing for the Elderly Program, defines an eligible applicant as a person at least the age of 62 (HUD.gov). The United States Census Bureau recognizes 65 and older as elderly. (U.S. Census Bureau, Statically Brief, 65 + in the U.S) For the purposes of this needs assessment CalVCP will define an elderly person as a person that is 65 or older.

According to Acierno et al. (2009), several risk factors increase the incidence of elder mistreatment. Factors include unemployment, retirement, a prior traumatic event, low household income, low level of social support, minimal utilization of social services, needs assistance with activities of daily living, and poor health. This study also highlighted that over 75% percent of the physical mistreatment was perpetrated by family members; 57% was perpetrated by partners and spouses; 10% by grandchildren or children; 9% by others. Underreporting is also an issue for the elderly. Of the study participants, only 1% of sexual abuse and 4% of emotional mistreatment victims reported the crime to law enforcement.

Elderly victims of domestic violence have many challenges when it comes to reporting crime. A study conducted by Beaulaurier et al. (2005) noted that there are both internal and external barriers for older women reporting domestic violence. Internal barriers such as protecting family, self-blame, powerlessness, hopelessness, and secrecy are often present. External barriers such as isolation and negative responses from family, clergy, law enforcement, and community service providers deter victims from reporting incidents of abuse. Brandl and Dawson (2011) found that in many cases a power and control dynamic, economic barriers, serious and/or terminal illness, and physical disability and possible dementia can leave an older person more susceptible to abuse and neglect.

Respondents to the CalVCP survey echoed the reasons for underreporting their victimization: feelings of shame, embarrassment, and lack of support. Further, the lack of knowledge about victim's rights was also listed as a barrier to reporting crime for elderly crime victims.

State and local governments support a matrix of agencies and CBOs whose mission is to help the elderly. However, only a few are specialized to assist elderly victims of abuse or other crimes such as the Alameda County District Attorney's Office Victim-Witness Assistance Program. They receive CalOES funding from the Unserved/Underserved Program to support two full-time victim advocates who specialize in assisting elderly and dependent adults who are victims of crime. To make the process more accessible for elderly victims of both violent crime

and property crime, the Alameda County courts schedule a special elder court every week and the advocates meet with victims and help them through the entire court process.

Elderly crime victims may also have financial needs that cannot currently be met by the compensation program. The physical or emotional well-being of an elderly person that is frail and is dependent on a telephone, computer or television for connection to the outside world could be severely impacted by losing that connection in a residential burglary or robbery, and those losses would not be covered by victim compensation. Further, securing transportation to doctor appointments or court appearances could be a serious difficulty for an elderly person who is frail. With a lack of victim service programs specifically directed toward the elderly, the elderly may have significant unmet needs that are not presently covered by CalVCP.

h. Persons with Limited English Proficiency (LEP)

Limited English proficiency is a common variable among immigrant and foreign-born California residents. According to Batalova and Whatley (2013), in 2011 there were 25.3 million Limited English Proficient (LEP) individuals living in the United States, which is an increase of 81% since 1990. Spanish and Vietnamese have increased in usage in the United States since 1980 (Ryan, 2013). Ceballos, Espinosa, Massey, Palloni, and Spittel (2001) found that familial social networks, labor, and friends' experiences with migration have been found to influence clusters of limited English proficient individuals. Ryan (2013) found that economic opportunities and points of entry into the United States also influence where language clusters may reside.

The U.S. Census Bureau indicated California has twenty-two metropolitan areas where 25% or more of the population aged five years and older speak a language other than English (Ryan, 2013). In California nearly 20% of individuals are limited English proficient. Over half of these individuals speak Spanish as their native language, followed by Chinese, Vietnamese, and Korean (Batalova & Whatley, 2013).

Sentell, Shumway, and Snowden (2007) found that non-English speaking individuals had a lower likelihood of receiving needed services. Latino and Asian immigrants, who only spoke their native language, were significantly less likely to seek and receive services.

Language barriers prevent victims from reporting crimes. Almo, Khashu, and Rahman (2006) found that in New York, language barriers prevent many immigrants from reporting crimes because victims were unable to communicate effectively with law enforcement. The use of an interpreter often made the person uncomfortable and reluctant to reveal personal information. This study also found that LEP victims might be re-traumatized by their inability to effectively communicate the incident.

Respondents to the CalVCP survey indicated that language barriers were a significant barrier to reporting crimes, seeking assistance, and receiving services. Respondents consistently stated that victims would benefit if all correspondence was sent to the applicant in their primary language. Although CalVCP has a Spanish-speaking customer service line, respondents indicated that having staff that speak additional languages would be beneficial. This would aid victims when calling CalVCP with questions regarding their applications and bills.

i. **Immigrants**

The United States Census Bureau's American Community Survey (ACS) estimated that in 2010 the number of foreign-born residing in the United States was nearly 40 million, nearly 13% of the U.S. population. Studies (Smith & Zatz, 2012; Bucher, Manasse, & Tarasawa, 2010) pointed out that immigrant populations are more vulnerable to violence, abuse, and exploitation. Women, the poorest, and the least-skilled immigrants, are at the greatest risk for victimization. Kittrie (2006) called this community a "shadow population" that may experience 200,000 violent crimes a year nationally. Bucher et al. (2010) found that a majority (63%) of their undocumented respondents reported they were crime victims, but did not report the incidents to law enforcement.

One of the most underreported forms of victimization for immigrants is domestic violence. Davis and Erez (1998) stated that domestic violence was the least reported crime for immigrant women. Little research has been conducted in regards to help seeking by immigrant crime victims. However, in a sample of domestic violence victims, foreign-born Latinas were less likely to seek help from formal advocacy agencies than their U.S. born counterparts (Ingram, 2007; Reina, Lohman, & Maldonado, 2014; McCart, Sawyer , & Smith, 2010).

There are a variety of reasons why immigrants may not report a crime. Davis and Erez (1998) surveyed police chiefs, prosecutors, and court administrators who identified the following reasons why an immigrant would not seek assistance: language differences, unfavorable treatment by officials in the past, fear of becoming involved with authorities, embarrassment to families, cultural differences, and lack of knowledge about the criminal justice system. Smith and Zatz (2012), Theodore (2013), and Vidales (2010) highlighted other possible reasons an immigrant may not report their victimization, including a lack of knowledge about available resources, fear of arrest and deportation, isolation, pressure from family members to not report, and fear of retribution. Respondents to the CalVCP survey echoed these reasons as perceived barriers to reporting crime.

Many services in California target immigrant communities, but not all of them offer crime victim services. One exception, the Lao Family Community Development Organization,[16] a CalOES funded organization with locations in three northern California cities, is one that provides a full spectrum of community services to immigrant victims. Bilingual counselors work closely with victims to file reports and witness statements, process paperwork with law enforcement and CalVCP, and address the immediate needs of children and families.

The Immigration Center for Women and Children[17] **(**ICWC), with offices in Los Angeles, San Francisco, San Diego, and Oakland, provides legal assistance on immigration issues for children

[16] http://www.lfcd.org/

[17] http://icwclaw.org

who are abused, abandoned, or neglected, and for women and children who are victims of domestic violence, sexual assault, and other violent crimes.

Organización en California de Líderes Campesinas, Inc. (Líderes Campesinas) is a community-based organization that provides outreach and education about domestic violence, sexual assault, and sexual harassment for women farmworkers throughout California, many of whom are migrants or immigrants. This organization has eight chapters in rural areas of central and southern California. They receive CalOES funds from the Farmworkers' Women Sexual Assault and Domestic Violence Program. The Líderes Campesinas sexual assault and domestic violence program addresses issues of sexual assault and domestic violence among English-Speaking, Spanish-speaking, and indigenous farmworker women. They offer their clients peer-to-peer counseling and referrals to linguistically and culturally competent survivor services.

j. Immigrants from Indigenous Communities in Mexico

In recent years California has become home to an increasing number of immigrants from indigenous communities of Mexico. Kresge (2007) found that the fastest growing indigenous population is from Oaxaca, with an estimated population of 100,000 to 150,000 residing in California. There are several areas with significant communities of indigenous Mexicans from Oaxaca in California: the Central Valley, the Central Coast, and Los Angeles, San Diego, Ventura, Sonoma, and Napa Counties.

Indigenous communities in Mexico are linguistically and culturally diverse. Indigenous communities may use the Spanish language minimally or not at all. There are over 60 indigenous languages, which include Mixteco, Zapoteco, and Triqui. Those three languages are frequently found in California communities of indigenous Mexican immigrants. Many of the languages do not have a written form (Aguirre International, 2005). There is also a history of ongoing discrimination and marginalization of these communities in Mexico (Kresge, 2007).

Thirty-six percent of the nation's farmworkers are employed in California and that percentage continues to increase (Aguirre International, 2005). A large portion of the population moves

from county to county within California, as work is available. These communities suffer from poverty, lack of health insurance, and sub-standard housing. Limited Spanish skills and lack of written indigenous languages are significant barriers to outreach with the population. As a result, the outreach methods used by local community-based organizations include the use of radio, audio/visual media, and things as simple as pamphlets with pictures (Kresge, 2007). Fear associated with immigration status also keeps this population from accessing services. Up to 85% of this community may lack authorization to work in the United States (Aguirre International, 2005). Limited transportation is also a barrier to seeking services. The most effective way to connect with this community may be through the existing Oaxacan organizations that are uniquely situated to meet the community's needs (Kresge, 2007).

A number of organizations in California assist members of the indigenous Mexican immigrant community. Notably, the Santa Barbara District Attorney's Office Victim Witness Assistance Program has established a project to assist the community of immigrants from indigenous communities in Mexico who work in the agricultural economy in northern Santa Barbara County. Most of the immigrants are from the Mexican states of Oaxaca and Eastern Guerrero, and primarily speak indigenous languages such as Mixtecan, Zapotecan, and Trique, rather than Spanish. This was a community with an ingrained reluctance to contact law enforcement, but over the past four years the project has been in place, much has changed. Recognizing the community's reluctance to seek out help from official channels, the advocate working in this program has office hours at a local community-based agency, La Hermandad. La Hermandad is focused on assisting community members with immigration issues, but also acts as a one-stop-shop to help with diverse challenges. The victim advocate is fully booked with appointments every office day to assist people who would otherwise never access victim compensation services. The advocate also hosts a weekly radio show on the local Spanish-speaking station to educate the community about crime victim rights. In addition, the Victim Witness Assistance Program has partnered with community members and experts from UCLA to provide cultural sensitivity training to law enforcement and other service providers for several years. This

training has made tremendous progress toward improving relations between the community and local law enforcement agencies.

k. Persons of Asian-Pacific Islander Descent

Asian-Pacific Islander cultures include Chinese, Japanese, Indian, Thai, Hmong, Korean, Filipino, Malaysian, Cambodian, Pakistani, Laotian, Chinese, Vietnamese, Fijian, Tongan, Samoan, and many others, including Hawaiian. ACS estimated that in 2011 that the foreign-born population of Asian descent[18] in the United States was approximately 11 million; this represented over 25% of the total foreign-born population in the U.S. (Gambino & Gryn, 2012) at that time. As of 2011, over 3 million of those Asian immigrants lived in California (Gambino & Gryn, 2012).

Moon (2000) found that in Asian-Pacific Islander cultures several factors may inhibit help-seeking behaviors, including: hesitancy to admit due to a sense of shame that abuse happened, language and cultural barriers, lack of awareness of services, and a reliance on one's self to solve problems. Due to historical discrimination many feel that the legal system, as well as law enforcement, may be sources of oppression rather than helpful and supportive resources (Dasgupta, 2000). According to Moon (2012), family relations, filial piety, gender roles, the virtue of sacrifice, family shame, and victim blaming all play a role in how victimization is defined and perceived.

Many California towns and cities are home to community-based organizations that specifically serve Asian-Pacific Islander communities, and a number of those organizations, funded through CalOES, serve crime victims. One example is My Sister's House,[19] located in Sacramento, which has a 24-hour help line to assist Asian and Pacific Islander victims of domestic violence and human trafficking with crisis intervention, safety planning, and resource referrals. They also offer a shelter program which specializes in meeting the needs of the highly diverse Asian and Pacific Islander population. The shelter provides a safe and culturally appropriate environment

[18] According to the U.S. Census Bureau (2013) Asian is defined as a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
[19] http://www.my-sisters-house.org/getting-help/programs-services/

for its residents. They also offer a "Women to Work" program, which provides health information, health referrals, transportation, clothing, child care, housing assistance, and employment and career guidance in order to assist survivors in entering the workforce and becoming independent.

The Bay Area and Los Angeles are two additional locations with several community-based organizations that focus on culturally competent services for Asian-Pacific Islander victims. The Asian Women's Shelter in San Francisco provides a shelter program, case management, and access to health and legal services for female victims of human trafficking. The Asian Pacific Women's Center, the Center for Pacific Asian Families in Los Angeles and the Asian American Community Involvement in San Jose all provide shelter, counseling, advocacy, referrals, and assistance with employment and permanent housing. The South Asian Network cable television channel through their AWAZ: Voices Against Violence program[20], offers help to South Asian victims of domestic violence and sexual assault in Los Angeles. They offer multilingual services for safety planning, case management, shelter placement, court accompaniment, legal assistance, teen dating violence prevention workshops, support groups for young women being pressured into marriage, counseling, advocacy, and assistance with accessing social service benefits. Maitri[21] offers similar services to women of South Asian descent (those from Bangladesh, India, Nepal, Pakistan, and Sri Lanka, among others) in the Bay area. Volunteers at the agency speak Bengali, Gujarati, Hindi, Malayalam, Marathi, Marwari, Punjabi, Sindhi, Tamil, Telugu, and Urdu.

Resources for crime victims in California from Asian-Pacific Islander communities certainly do exist; however, they are not universally available. Access to victim compensation may be limited due to language barriers and fear of reporting abuse or assault to the authorities.

[20] http://southasiannetwork.org/units-programs/awaz-voices-against-violence/
[21] http://maitri.org/

l. Crime Victims who are Homeless or Lack Stable Housing

According to the U.S. Department of Housing and Urban Development (HUD) on a single night in January 2013, there were approximately 610,042 people experiencing homelessness in the United States, of those people 109,132 were chronically homeless[22]. Unaccompanied children and youth totaled 46,924[23]. Sixty-five percent of those individuals were living in emergency shelters and transitional housing, 35% were living in unsheltered locations. California accounted for more than 22% of the nation's homeless population in 2013.

The National Law Center on Homelessness and Poverty (2015) suggests there are several causes of homelessness, including insufficient income, and lack of affordable housing. Rademeyer, Tischler, and Vostanis (2006) found that for women, domestic violence was the leading cause of homelessness. The United States Conference of Mayors (2014) found that a lack of affordable housing and needed services, unemployment, poverty, and dual diagnosis were the top reasons why an individual may become homeless.

In a special report to the Legislature on Senate Resolution 18, Mallory (2002) found that 66% of the homeless population surveyed in 2001 was victimized. The majority of the time the victimization was by an acquaintance at night when the individual was alone and outdoors. Seventy-two percent stated they were victimized more than once, and 31% said they were victimized more than five times. Mallory (2002) also found that a homeless individual was more likely to report the victimization to an advocate than to law enforcement. Some CalVCP survey respondents indicated that law enforcement sometimes perceived crimes reported by the homeless as false. They also described difficulty assisting the homeless because they have no address and drift in and out of the system.

People who are homeless or lack stable housing may also suffer from mental illness. The homeless are often more vulnerable and more difficult for the criminal justice system to protect

[22] According to HUD (2013), chronically homeless refers to an unaccompanied individual with a disability who has either been continuously homeless for 1 year or more and has experienced at least four episodes of homeless in the last 3 years.

[23] Unaccompanied Children and Youth as defined by HUD (2013) include people who are not part of a family during their episode of homelessness and who are under the age of 25.

than any other group of people. According to Gearon and Bellack (2000) and Fujii, Nathan, and Wylie (2004) a severely mentally ill person is especially vulnerable to victimization due to mental impairment and social context. Borum, Hiday, Swanson, Swartz, and Wagner (1999) found that being an urban resident, having a co-occurring disorder of either a personality disorder or substance abuse, and experiencing transient living conditions increased the rate of victimization 2.5 times higher than the general population. In a study by Abram, McClelland, Teplin and Weiner (2005) 25% of severely mentally ill patients reported violent victimization, a rate of 11.8 times higher than a person without mentally health challenges.

People who are homeless or who suffer from unstable housing include young teenagers, young adults who have aged out of foster care, women with children escaping domestic violence, veterans suffering from PTSD, and elderly adults suffering from long-term mental illness. Most communities have multiple government services and community-based organizations focused on assisting the homeless, yet it remains difficult to connect them with victim services.

m. Rural and Frontier Communities

Frontier counties are generally described as sparsely populated rural areas isolated from population centers and services.[24] There are many barriers to accessing victim services for people who live in frontier counties in California. For example, the most common barrier is simply the lack of service providers in frontier areas (McFaul, Mohatt, Ciarlo, & Westfall, 2009. Many frontier counties in California are also without a hospital or other easily accessible medical help. These sparsely populated regions have difficulty competing with the wages and amenities offered to medical personnel by metropolitan areas, which can result in inadequate or non-existent treatment (Rural Assistance Center, 2014a). For instance, prior to a grant funded project, victims of sexual assault in Siskiyou County had to travel to a hospital in a neighboring county for treatment and examination (Victim Services in Rural Law Enforcement). According to the California Board of Psychology, in the fourteen counties in California with fewer than 50,000 residents, there is an average of one mental health treatment provider for

[24] http://www.raconline.org/topics/frontier

every 795 residents; if a psychiatrist is needed, there is just one for every 16,827. On average in California, there is one mental health treatment provider for every 514 residents and one psychiatrist for every 6,849 people (Sorrick, 2015).

Transportation and stigma are two barriers for residents of rural communities to accessing services. The inadequate or non-existent public transportation is a barrier to receiving services for elderly, low-income, and disabled individuals in rural communities (Rural Assistance Center, 2014a). Furthermore, stigma around mental health care adds to the resistance to help-seeking in rural communities, especially given the lack of anonymity in small towns and sparsely populated areas (Rural Assistance Center, 2014b). Understanding these barriers is important in determining how to best serve victims of crime in rural and frontier areas. According to the President's New Freedom Commission on Mental Health (2003), it is apparent that "accesses to mental health care, attitudes toward mental illnesses, and cultural issues that influence whether people seek and receive care differ profoundly between rural and urban areas."

D: Emerging Trends in Service Delivery and Outreach

1. **Family Justice Centers**

The early part of the twenty-first century saw significant innovations in victim services in California. These innovations reflect some of the conclusions reached in the *Vision 21* Report (U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime, 2013). Perhaps the most significant among them has been the quiet revolution that has taken place in delivery of services to victims of domestic violence and sexual assault through the development of Family Justice Centers across California and the nation. The first Family Justice Center (FJC) in California opened in San Diego in 2002 and pioneered the FJC model of providing all services in a single location.

Conventionally, victims had to access as many as 40 different services in different locations in order to stay safe and obtain needed services. The time, transportation, and safety issues associated with seeking services in several locations can be prohibitive. An FJC gathers all the services a victim needs under one roof—advocacy, law enforcement, medical care, mental health treatment, employment and income services, child care, and sometimes even shelter or transitional housing.

An outstanding example is the Alameda County Family Justice Center (ACFJC) located in downtown Oakland, California. The ACFJC offers 30 services under one roof, including counseling for domestic violence victims, sexual assault victims and children, assistance with restraining orders, parenting support, safety planning, social services application assistance, victim advocacy, housing assistance, legal services, immigration assistance, and criminal justice information and assistance. The center also offers childcare while a parent or guardian is receiving services. On-site partners are diverse, ranging from the District Attorney, Oakland Police Department Domestic Violence Unit, and Child Abuse Listening, Interviewing and Coordination Center (CALICO) to Bay Area Women Against Rape, DeafHope, and even the Alameda County Public Library. The District Attorney's Youth Empowerment Program offers integrated services to child victims of family violence including on-site tutoring and summer

camp. The Youth Empowerment Program received the 2014 Children and Youth Achievement Award from the National Association of Counties.

The Family Justice Center Alliance (Alliance), which provides training and technical assistance to FJCs all over the United States, makes its home in San Diego. The Alliance offers on-site training, learning institutes, conferences, and webinars to help nurture and develop FJCs. There are currently 16 FJCs in 14 California counties (Alameda, Contra Costa, Fresno, Imperial, Los Angeles, Orange, Riverside, San Diego, Santa Clara, Shasta, Solano, Sonoma, Stanislaus, and Yolo) with more in development across the state. This represents almost 25% of the FJCs nationwide. FJCs present an opportunity for CalVCP to collaborate with every aspect of the service delivery community in one setting and reaching crime victims that may not have previously had access to compensation or to victim services.

2. Trauma Recovery Centers

Trauma Recovery Centers (TRCs) are another innovation that brings services to victims, rather than depending on outreach or notification by law enforcement to bring victims to services. The University of San Francisco General Hospital was home to the first Trauma Recovery Center. Since its inception, three additional centers have been funded through VCGCB grants. Each TRC is uniquely organized to appropriately serve their community.

Located in San Francisco, the University of San Francisco at San Francisco General Hospital Trauma Recovery Center (UCSF/SFGH TRC) facilitates healing for adult survivors of trauma, violence, and loss through an innovative model of comprehensive care, advocacy, and outreach. The UCSF/SFGH TRC target population includes adult victims of interpersonal violence: victims of sexual assaults, domestic violence, physical assaults, gunshots, vehicular assaults, gang violence, human trafficking, and hate crimes, as well as family members of homicide victims. They specifically focus on victims of crime who typically do not access traditional services such as the homeless, the chronically mentally ill, immigrants, refugees, communities of color, the disabled, and those with severe trauma-related symptoms.

UCSF/SFGH TRC services, tailored to individual needs, include assertive outreach and engagement, clinical case management, time-limited trauma-informed individual, group psychotherapy and substance abuse services, medication management and support, sexual assault services and housing, legal services, and refugee support services. Clinical services are available in English, Vietnamese, Spanish, and Portuguese. Partnering with providers such as San Francisco Women Against Rape, La Casa de las Madres, and the San Francisco Department of Housing and Urban Health, they provide comprehensive care to victims.

Located in Long Beach, the Long Beach Trauma Recovery Center's (LBTRC) mission is to create a better quality of life by bringing mental health care, advocacy, outreach, education, and evidence-based practices to diverse victims of trauma and their families. The target populations for the LBTRC are crime victims of any gender or age who reside in and around the Long Beach area. Working with community collaborators, the LBTRC target population includes the chronically mentally ill, ethnic minorities (predominately Hispanic/Latino, African American, Asian, Samoan/Polynesian, Filipino), persons identifying as LGBTQ, immigrants, and refugees (predominately Cambodian, Lao, and Thai), the disabled, juveniles and their families, those having severe trauma or complex psychological issues such as human trafficking victims, and others who typically do not access traditional victim services. LBTRC tracks their services to the homeless in order to evaluate decreased homelessness as measured by the number of clients who were experiencing unstable housing and were connected to emergency, transitional, or permanent housing.

LBTRC partners with Dignity Health Saint Mary Medical Center, Women's Shelter of Long Beach, California State University of Long Beach and the LGBTQ Center of Long Beach, among others, in order to provide a comprehensive set of services. The LBTRC provides culturally appropriate individual and group therapy, walk-in consultations, comprehensive case management services, and psychiatric referral and medication follow-up. Through community collaboration they connect clients with assistance for physical health issues, housing, relocation, school services, legal issues, food insecurity, employment and emergency assistance. Bilingual services are also available in some languages.

Also located in Los Angeles, the Homeless Outreach Program Integrated Care System (HOPICS)/Special Services for Groups Trauma Recovery Center (SSG TRC) assists survivors of violent crimes with overcoming their victimization with the help of therapeutic, psychiatric, psychological, case management, and collaborative services. HOPICS, the SSG division that leads the TRC, was originally established in 1988 to provide street outreach, case management, and information and referrals to homeless individuals. The SSG TRC targets a densely populated area covering eight cities and more than one million people. SSG TRC serves victims of crime, many of which have historically experienced high levels of poverty and violent crime. The SSG TRC provides evidenced-based practice mental health services and substance abuse treatment and a homeless Drop-In Center.

SSG TRC provides assertive community-based outreach, clinical case management, home visits, individual and group psychotherapy services, and accompaniment to medical and legal services appointments. SSG TRC partners with the Watts Labor Community Action Committee, Compton Rental Assistance, Volunteers of America shelters, and Central City Community Health Center to serve one of the highest need areas in California.

The Downtown Women's Center with Peace Over Violence Trauma Recovery Center (DWC TRC) in Los Angeles predominantly serves female victims of crime who are generally unable to access traditional services, including those who are homeless, extremely low-income, chronically mentally ill, disabled, elderly, juvenile, members of immigrant and refugee groups, and those of diverse ethnicity.

DWC TRC recognizes that, for homeless women, the trauma of abuse is often co-occurring with other mental illnesses such as schizophrenia, depression, bipolar disorder, and substance abuse. Because of this, treatment strategies are multi-faceted and comprehensive. Women living on the street are the most vulnerable to sexual assault; therefore, a domestic violence/sexual assault-certified counselor coordinates immediate trauma relief services, assistance connecting with appropriate medical services, and ongoing support in a safe and comfortable environment.

The TRCs offer a promising model to connect underserved victims with mental health treatment and other services.

E: Summary

This Needs Assessment Report documents California's underserved communities and their unmet needs, discusses the challenges in providing victim services in underserved communities, highlights a number of model programs and best practices, and identifies barriers victims may encounter when accessing services and CalVCP. The significant findings of this report and of the Baseline Data Report will be further analyzed in the Gap Analysis Report.

The Needs Assessment Report identifies the following groups of crime victims as potentially underserved:

- People with disabilities
- Lesbian, gay, bisexual, transgendered, queer or questioning (LGBTQ)
- Victims of human trafficking
- American Indians and tribal communities
- Communities affected by gang violence
- Elderly (65 and older)
- People with limited English proficiency
- Immigrants
- People of Asian-Pacific Islander descent
- People who are homeless or have unstable housing
- People who suffer from mental illness
- Residents of frontier counties or rural communities

1. **Unmet Needs**

Community-based organizations, government agencies and mental health providers note that clients have a number of unmet needs:

- Financial assistance
- Adequate mental health services

- Access to stable housing
- Access to medical treatment
- Transportation and childcare in order to access services
- Reimbursement of wage loss in order to access services

The victims, CBOs, mental health providers, and advocates interviewed identify two critical unmet needs:

- Actual funeral and burial costs exceed the benefit limit.
- Relocation benefit limits are inadequate to cover the actual costs of relocation.

2. Barriers to Accessing CalVCP

Victims, CBOs, mental health providers, and advocates interviewed identify the following barriers:

- A lack of compensation information in languages used in California prevents victims with limited English proficiency from obtaining services.
- An insufficient number of advocates exist; therefore, increased funding is needed. The majority of surveyed victims required assistance to complete the CalVCP application and reported that without assistance from an advocate they would not have applied.
- Training and technical support to enhance assistance to victims of crime.
- Technological improvements are needed to enhance the efficiency and accessibility of victim compensation service delivery. An online application would make CalVCP more accessible.

Fear is one of the predominant reasons that victims do not seek services, whether it is fear of retaliation, deportation, or of being blamed. Lack of trust in law enforcement and the criminal justice system reduces the likelihood of reporting the crime. Recognizing victims' underlying fears is paramount to building effective strategies to help victims. To help alleviate the fears many victims experience, CalVCP is charged with building strong partnerships with victim advocates, first responders and community-based organizations.

Additional advocates, increased availability of linguistically and culturally appropriate services, and enhanced collaborative efforts by CalVCP will improve access to compensation and other victim services. When victims are connected with an advocate or other support service they are more likely to seek compensation and assistance. This human connection reduces isolation and creates a meaningful and trusting relationship between underserved victims and those who can help them. Working together we can ensure underserved crime victims are linked to the resources they need to heal.

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