THE NORTH CAROLINA VICTIMS OF CRIME NEEDS ASSESSMENT

Submitted August 2023

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

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Acknowledgements

Community Engagement and Advisory Board

The research team would like to thank our **18-member Community Advisory Board** for sharing their time, talents, and expertise with our team. Each CAB member contributed significantly by conceptualizing the study design (e.g., selecting data collection methods, developing instruments, defining sampling strategy), helping with recruitment and outreach (e.g., sharing the surveys, identifying other interviewees), interpreting the data (e.g., summarizing findings from tables, turning findings into recommendations), reviewing Spanish language translation services, reviewing draft reports, and more. Although there is always room to improve our community-engaged engaged approach, we know that the expert guidance from the professional and lived experiences of our CAB members significantly enhanced the research team's understanding of the subject matter and our capacity for conducting the study.

Report Preparation and Editing

The research team would like to thank **Deena Fulton, from D. Fulton Consulting, LLC** for her work on this project. Deena was hired in the final months of the project to assist with report preparation and facilitate feedback sessions with the CAB regarding study recommendations.

The team would also like to thank **Jordan Wingate** of UNC Chapel Hill School of Social Work for his assistance with report preparation, editing, and formatting.

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Study Participants

The team would like to thank the victims of crime, co-victims of homicide, service providers, advocates, law enforcement entities, and culturally specific advocacy and service organizations who responded to survey requests, participated in interviews, or otherwise guided the work of the team. Your insights and experiences drove the results of this assessment and form the foundation of the team's recommendations.

Governor's Crime Commission's Focus on Priority Populations

Throughout our outreach to the community, we heard feedback about the importance of centering specific priority populations who are historically underserved but who often experience crime at disproportionate rates. By centering priority populations in their request for quote, the GCC acknowledged existing gaps in the service system and signaled a commitment to addressing those gaps.

Funding

This needs assessment was funded via a contract awarded to the UNC Chapel Hill School of Social Work from the North Carolina Governor's Crime Commission (Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice: 2018-V2-GX-0061, 2019-V2-GX-0067, 2020-V2-GX-0057). The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Acronyms and Terms

This is not an inclusive list of all terms and acronyms used throughout the report. Rather, it prioritizes those that may be less familiar to a wider audience. Decisions about terminology were led by community advisory board members. Notably, most terminology is largely a matter of personal preference and all readers may not identify with all the terms used in this report.

Assessment team: This term refers to the collaborative group formed by the community advisory board and the university-based research team.

BIPOC: Black, Indigenous, and all people of color. In this report, this term refers to minoritized racial and ethnic groups, broadly. However, to the extent possible, we tried to disaggregate results to show variation within the racial and ethnic identities encompassed by this term.

CAB: Community advisory board. Our CAB comprised 18 members who advised and collaborated on this study. The CAB represents communities across the state including advocates, service providers, researchers, and people with lived experience who work with this assessment's priority populations.

Cisgender man: This is a gender category that describes men/boys who were assigned male at birth.

Cisgender woman: This is a gender category that describes women/girls who were assigned female at birth.

Co-victims of homicide: This is a crime victim category that refers to people whose loved ones were taken by homicide.

Latine/a/o: The Latine term alone is a gender inclusive term that is more representative of Spanish language pronunciation (as compared with Latinx). The added "a/o" acknowledges readers' preferences for using the terms Latina or Latino.

LGBTQIA: Lesbian, gay, bisexual, transgender, queer, intersex, and asexual. This is an inclusive acronym that refers to sexual orientation (e.g., lesbian and gay) as well as gender (e.g., transgender). The acronym also includes the term queer, which is often an inclusive reference to either gender or sexual orientation. Where appropriate, this report disaggregates study findings to separate gender identities from sexual orientation.

Medicaid Region: This term is used for data analysis and summarizing the results by a standardized map of the state showing six regions of the state.

Nonbinary: This is a gender category that refers to people whose gender identities are defined outside of the man/boy and woman/girl binary (i.e., either/or).

Priority populations: This term refers to subsets of the larger population that were prioritized for this study. The GCC identified several groups on which to focus this study and the assessment team expanded and specified the list.

Transgender woman: This is a gender category that describes women/girls who were assigned male at birth.

Transgender man: This is a gender category that describes men/boys who were assigned female at birth.

Underserved: This term is used throughout the report and refers to people whose needs are often not adequately met by service systems (e.g., rural communities). We recognize that GCC and its funders may use this term to refer to a designated underserved population; however, in this report, underserved is applied to multiple groups.

Executive Summary

This executive summary provides an overview of key features of the study background and methods, highlights salient findings, and provides recommendations for future action. For additional context and details, readers should consult the full report: *The North Carolina Victims of Crime Needs Assessment.*

GCC's Request

In September 2020, the North Carolina Governor's Crime Commission (GCC) issued a request for quote for a comprehensive statewide victims' needs assessment that included all types of crime (e.g., burglary, assault, arson, child abuse), focused on multiple priority populations (e.g., teens, veterans, victims with disabilities), and was guided by the following questions:

- What services are currently available and accessed by victims of crime?
- How do community members know/find out about resources or services?
- What victim services are needed but not available?
- What are the barriers to victims accessing services?
- What type of training or tools do organizations that provide services to victims need that they do not currently have?
- What capacity building efforts within victim service organizations are needed?

The GCC selected the community-engaged assessment methods proposed by a multidisciplinary team of researchers at the University of North Carolina at Chapel Hill (UNC-CH) and began contracting with the team in March 2021.

Our Interdisciplinary and Community-Engaged Approach

Crime victimization impacts the physical and psychological well-being of individuals, families, and communities. Preventing and responding to crime victimization thus requires multi-system and interdisciplinary approaches grounded in the perspectives and experiences of community members. Our assessment team consisted of two groups: (1) an interdisciplinary, university-based **research team** with researchers from social work, public health, and medicine with significant experience in mental health, trauma, criminal legal systems, community-engaged research, and working with minoritized and underserved populations; and (2) an 18-member **Community Advisory Board (CAB)** representing communities across the state and including advocates, service providers, researchers, and people with lived experience who work with this assessment's priority populations. Our community-engaged approach ensured that decisions about assessment methods and subsequent decisions pertaining to data collection, analysis, and interpretation were de-centralized, and not concentrated solely in the hands of the university-based research team. Further, our team's recommendations are derived from this assessment's findings and shaped by the professional and lived experiences of our CAB members and apply to the real-world victim services settings. For additional information about the principles of our community engaged approach, and the specific ways that CAB members were engaged in the assessment, please see Section 1.4 in the full report.

Study Description

Priority Populations

Together, the UNC-CH team and the CAB reviewed and expanded the study's set of priority populations and defined the methods of the assessment and study objectives.

- Immigrant communities with documented and undocumented statuses
- Black, Indigenous, and all people of color (BIPOC) communities
- People who are unhoused or experiencing homelessness
- Lesbian, gay bisexual, transgender, queer, intersex, and asexual (LGBTQIA) individuals
- People with limited English proficiency
- People with disabilities
- People who are incarcerated or under community supervision
- People from religious minority groups
- Older adults
- Co-victims of homicide (i.e., those whose loved one was taken by homicide)

Assessment Objectives and Data Sources

Using the GCC's guiding questions, the CAB and research team established five study objectives and developed data collection methods to address them. Table 1 cross-walks these objectives and methods and additional information about data collection methods and limitations are provided at the end of this Executive Summary as well as in Section 2 of the full report.

Objectives	Methods
1. Identify the service needs of victims of crime and describe any variation in needs across priority populations.	• Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers
2. Identify service availability and variation across regions of the state, and across urban and rural communities.	• Website assessment of crime victim service organizations and culturally specific organizations • Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers
3. Identify mechanisms for sharing information about service availability.	• Organizational survey of crime victim service organizations and culturally specific organizations
4. Identify the barriers and challenges to accessing crime victim services.	• Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers
5. Identify organizations' training and capacity-building needs to improve crime victim services.	• Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers

Key Takeaways and Recommendations

Although the present study understandably has limitations given its vast scope (i.e., multiple priority populations across all regions of the state), our findings yield up-to-date and actionable information about the unmet needs of victims of crime, particularly members of underserved and marginalized priority populations, in NC. This report is a launching pad for evidence-based actions and charts a pathway forward for additional community-engaged work to explore service, access, and outcome disparities and develop tailored solutions.

The following **summary of findings** emerged from the website assessment, interviews with service providers and advocates, and the organizational survey described in the previous section. Results are summarized in the order they appear in the full report (Section 3).

- Given the potential impact of trauma on individual wellbeing as well as the material and financial impacts of certain types of crime, many **people need longer-term assistance**; however, individuals report that currently time-related limitations (e.g., resources for mental health services and grief counseling) are resulting in inadequate service provision in NC.
- People in rural counties or in areas where organizations serve a vast jurisdiction (e.g., one organization serving multiple counties) have **difficulty accessing services due to transportation.**
- Compared to other categories of support, such as safety planning and case management, **fewer organizations provide material resources** (e.g., financial assistance for burial, relocation services, emergency financial assistance), **despite findings that financial assistance, transportation, and housing are top needs** across populations and crime types.
- **Lack of timely and high-quality language interpretation** (e.g., Spanish, American Sign Language), **translated material** (e.g., websites, forms) and materials in **braille** inhibit service access across many priority populations.
- One of the most common ways crime victims learn about services is through referrals from other organizations and word of mouth; however, **many organizations reported not knowing about the availability and adequacy of different services,** meaning that organizations may be missing opportunities to refer clients to needed services.
- Given that lack of awareness or the perception that a service is unavailable impacts whether a person seeks services, **metrics for determining service need in any given community or for any given service should not rely solely on expressed demand** (i.e., the number of people who seek services) because expressed demand does not include those who opt not to seek services and thus **underrepresents the actual need for a service**.
- **Housing access** was a reported need priority across groups, from needing short- and longer-term rental assistance after experiencing a crime to a lack of shelter options for non-binary and transgender people.

- Services for domestic violence, child sexual abuse or assault, child abuse and neglect, sex trafficking, and adult sexual assault account for much of the crime victim service system, meaning that **far fewer organizations address the majority of types of crimes committed**.
- **Adequacy of crime victim services appeared to be low across all priority populations**, especially services for people with psychiatric disabilities, people in the Deaf, Deaf-Blind, and Hard of Hearing communities, and transgender and non-binary individuals.
- While many organizations indicated that they serve all individuals, they typically do not have a specific focus on priority populations or include **representation on their websites**. This matters because assessment findings show that lack of representation and lack of cultural competence are key barriers to seeking services among many priority populations.
- Lack of **trust in the service system**, lack of **awareness about services**, **isolation** and lack of **social support**, fear of **retaliation**, not knowing **victims' rights**, lack of **family support**, **mistrust of law enforcement**, lack of **transportation**, **emotional** challenges, and lack of **culturally competent services** were top barriers to service access.
- Organizations reported a preference for **in-person training or self-paced training modules as well as specific training needs** in trauma-informed approaches, priority populations, specific crime types, cultural responsiveness, and how to navigate the criminal legal system.

Overarching Recommendations

This section describes five process-oriented recommendations about steps and approaches for following up on study findings. We believe that, taken together, all of these recommendations are necessary to adequately address the barriers to service access identified in this report.

1. **Establish or designate a representative group to review this study's findings and develop an implementation plan based on them.** This report addresses the main objective outlined by the GCC: to identify the barriers to accessing services across priority populations. This report's findings are actionable and should inform future GCC decision making and priorities; however, needs assessments do not provide prescriptive guidance about localized and population-specific actions. Rather, this report represents the first necessary step toward developing a larger action plan guided by the results of this study and a planning and implementation committee. Given the existing committees and boards within the GCC, such a planning group may already exist. However, **an effective action planning and implementation process to address gaps and barriers in services across underserved groups requires those groups to have a seat at the table where decisions are made**. Consistent with our own use of and recommendation for using a community-engaged approach focused on underserved and historically underrepresented groups, the GCC should ensure that membership in the planning and implementation group is representative of the priority populations, regions for whom services and supports are being discussed and planned, and individuals with lived and/or professional experience with various types of

crime. The GCC should also promote diverse group membership, including staff, commissioners, existing committee members, funded agencies, and other community members.

2. **Implement and promote community-engaged approaches in all phases of funding.** The underlying theme across this report is that services would be greatly improved if they were planned, funded, and implemented with ongoing involvement from community members who are members of underserved populations, both at the GCC level and among funded organizations. A system that is truly responsive to the needs of the priority populations must reflect their voices, preferences, and priorities. This requires building relationships with communities, strengthening connections between organizations, and improving representation of underserved communities on state and local organizational staff. These actions would improve those communities' connections to existing care and support and grow the availability and accessibility of services that are most useful to underserved populations.

   To the fullest extent possible, we recommend that the GCC promote community-engaged approaches throughout all phases of funding. Example actions may include:
   - Set funding priorities based on disparities in access found in this assessment.
   - Prioritize applications proposing meaningful community engagement initiatives by which organizations can determine the need for services in a given community.
   - Continue to fund staff at GCC whose position are dedicated to engaging marginalized communities and individuals, and expand those positions' focus on engaging culturally specific organizations.
   - Promote priority populations' representation in all operations of the GCC, including recruitment and retention of staff and Commissioners, and consider collaborating with the NC Department of Administration's NC Commission on Inclusion.
   - Create a committee of culturally specific organizations to inform GCC planning and funding parameters, participate in funding decisions, and inform service delivery on an ongoing basis. Provide funds for these organizations to participate in the committee.
   - Prioritize the perspectives of people with the most expertise in funding design and award decisions. For instance, culturally specific organizations' perspectives should be prioritized in funding decisions regarding culturally specific or responsive service efforts.
   - Conduct proactive outreach to diverse organization types across the state (e.g., culturally specific organizations) that are underrepresented among GCC funding applicants to let them know they are eligible to apply and support them in the application process.
   - Reduce barriers to applying for funding for smaller or non-traditional partner agencies wherever possible, such as providing support for filing exemptions from match, as was done during COVID-19.

3. **Sustain services currently provided for specific types of crime that multiple stakeholders already consider to be adequately addressed**. That is, continue funding what we know is working. With support from GCC, NC's service providers have made progress in addressing several important crime victim needs. Across all types of crime, domestic violence, sexual assault, and child abuse appear to be the most robust and available crime

victim services in NC. This not only reflects existing funding priorities but also coordination, collaboration, and training across the state. These achievements should be celebrated and sustained.

Highlighting the availability of these types of crime victim services does not mean that there are no barriers to accessing these services. Rather, every type of crime victim service should focus on addressing the barriers identified in this report, including barriers related to trust and cultural responsiveness, across all priority populations.

4. **Expand the list of priority populations and adopt the language and terms endorsed by the CAB.** As an important first step, the CAB and research team discussed the language and terminology we should use to refer to priority populations, people who experienced crime, and how to address intersectionality (i.e., people hold multiple intersecting and marginalized identities that impact their experiences, including seeking help and gaining service access after experiencing a crime). Although not all CAB members and research team members used or endorsed the same terminology (e.g., victims of crime, survivors of domestic violence), there was large agreement to use the terms preferred by the members of priority populations represented on the CAB, either through their personal identification with the group or through their volunteer and professional work. For example, we adopted the term *BIPOC* to refer to Black, Indigenous, and all people of color; however, where possible throughout the study (e.g., survey items), it was important for us to disaggregate different racial and ethnic identities included in the acronym (e.g., Latine/a/o, American Indian, Asian and Asian American), acknowledging that there are diverse experiences across BIPOC communities.

   In addition, we added co-victims of homicide as a priority population based on feedback from CAB members as well as interviews with service providers and advocates. Co-victims of homicide are people with a loved one (i.e., family, friend) who was taken by homicide. Although homicide may have a lower incidence rate compared to other types of crime in this study (e.g., assault, domestic violence), it disproportionately impacts youth of color and claims their families, friends, and witnesses of homicide as co-victims. These co-victims of homicide experience grief, loss, and trauma and need immediate, shorter-term, and longer-term support following the homicide that, if unaddressed, can have a sustained impact on their wellbeing.

5. **Prioritize discretionary and competitive funding for initiatives that address population-specific or regional and rural barriers to accessing services.** On any given day, a person who experiences a crime and seeks services may not have their needs met or may decide not to seek services. However, when help-seeking behavior, crime reporting, and accessing services systematically differ by groups of people based on shared experiences, identities (e.g., people with disabilities, members of religious minority groups, members of BIPOC communities, refugees, immigrants), or location, maintaining routine decisions about resource allocation exacerbates these inequities in the service array. Consequently, the GCC should prioritize proposals and applications that address the availability of and access to services across priority populations, regions, and rural communities.

To support the GCC's pursuit of this recommendation, we provide additional recommendations below related to addressing specific barriers discussed in the report results.

Recommendations to Address Barriers to Accessing Services

In this section, we describe 7 further recommendations focused on addressing the top barriers to service access identified in the assessment. Many of these recommendations are not specific to any one priority population but address barriers that cut across multiple groups and inhibit service access.

1. **Build communities' trust in service providers and law enforcement to reduce community members' hesitancy to seek needed services.** Services are available and accessible to those who trust that the public safety and service systems in place will provide safety, security, and support. However, for many of the priority populations in this study, service systems and law enforcement agencies represent entities that have inflicted harm on their communities (e.g., American Indian residential schools; forced sterilization of incarcerated people or people with psychiatric disabilities). Building trust in those entities tasked with responding to crimes and providing vital services after crime victimization is foundational to creating a responsive service system that is accessible to all of the state's residents. However, we observed current community narratives about feelings of mistrust of both law enforcement and service providers and how lack of trust impacts help-seeking behavior, whether deciding to contact law enforcement at the time of the crime or seeking services in the crime's aftermath.

   Building communities' trust in service providers and law enforcement requires service providers and law enforcement entities to:

   - Acknowledge this mistrust and how it impacts individuals' willingness to report crimes and seek services.
   - Participate in effective strategies for learning and understanding how well-meaning service providers can harm populations, particularly members of the priority populations in this study.
   - Participate in effective strategies for learning and understanding the historical context of policing (e.g., slave patrols) in the United States and how elements of these origins manifest today in ways that directly contribute to communities' lack of trust in and sense of safety around law enforcement organizations.

   These example strategies focus on building providers' knowledge and understanding. However, to build trust, communities also need to observe and experience changes in providers' and organizations' behaviors and interactions with community members. Although fully addressing the historical and systemic factors that create the conditions that erode trust in service providers and law enforcement is outside of the scope of the GCC, the agency is uniquely positioned (i.e., at the intersection of communities, law enforcement, and service providers) to make an impact, beginning by establishing an overarching goal to prioritize building communities' trust in the organizations serving victims of crime.

2. **Conduct analyses of GCC sub-recipient contracts and applications to examine differences in number of applicants, scoring, and funding distribution across priority populations, regions, and rural and urban areas.** To further examine differences in availability and adequacy of services across priority populations, crime types, regions of the state, and rural and urban areas, GCC may wish to assess available data at each stage of funding from application to award. We recommend that the GCC conducts a comprehensive assessment that mirrors the objectives of this study. This inward-looking analysis will provide helpful insights about unintentional biases in the GCC's outreach processes, scoring, and award decisions that may result from current protocols and processes for prioritizing applications and applicants. For example, if typical evaluation metrics for applications prioritize the potential number of clients served, this metric may inadvertently yet systematically disadvantage organizations that respond to crimes with a lower incidence rate (e.g., homicide, terrorism, mass violence) or organizations from rural areas whose potential clients are spread across a vast and sparsely populated county.

   In these examples, using the number of clients served as a proxy for need is insufficient for two reasons: (1) the number of people served can reflect a county's or city's population size rather than need; (2) the number of people served only captures the people who are willing and able to reach out to services, and not the needs of individuals who do not seek services due to any number of reasons identified in this study (e.g., mistrust of the service system and law enforcement, lack of culturally competent services). Consistent with our recommendation pertaining to the use of community-engaged approaches, we recommend that the GCC complete this analysis in collaboration with a committee that includes members from priority populations and diverse regions of the state.

   In addition to the internal analysis of sub-recipients and awardees, we recommend that the GCC **conduct or commission more localized and population-specific assessments** of needs and resources, including allowing GCC sub-recipient funding to be used for local community-engaged assessments. Although this broad-based statewide assessment generated valuable data about the needs of many populations and communities in NC, the scope of this study limits the degree of in-depth data on any one area or priority population. Funding decisions for future similar assessments should prioritize proposals for community-engaged assessments using established approaches (e.g., participatory action research, community-based participatory research) that center assessment methods in the hands of the people most affected by the social issue being assessed.

3. **Expand resources for services that address longer-term needs and other types of discretionary or non-traditional support for crime victims.** A service system needs to respond to the immediate needs of victims of crime and co-victims of homicide. However, depending on the crime experienced, the type of need, and a person's circumstances (e.g., lower-income vs. higher-income person or household), some needs will be longer-term (e.g., mental health counseling after the traumatic loss of a loved one to homicide). Prioritizing supports that can help mitigate longer-term negative impacts of crime on a person's health and wellbeing may not only improve individual outcomes, but also reduce future strain on NC's crime victim service sector. For example, grief and trauma cannot be adequately treated

with short-term care and resources are needed either to help coordinate a transition to other mental health services outside the crime victim service array or to fund longer-term counseling and mental health services, including medication co-pays and trauma-informed mental health services.

In addition to longer term needs, GCC should consider requests for discretionary funding for services that do not closely resemble traditional crime victim services. For example, the results of this analysis showed that some of the key barriers to accessing services were isolation and lack of family and social support. Consequently, requests to fund social activities to enhance people's support networks would help to address these common barriers to accessing services. Other types of needed resources, some of which are already funded, include rental assistance, transportation, phone access, clothing, and food.

4. **Promote and/or provide enhanced training for providers and law enforcement on cultural humility, cultural responsiveness, and trauma-informed approaches**. When services do not practice cultural humility or represent the communities they serve, disparities in service access grow. This is because when people experience (or anticipate experiencing) services that do not respect and honor their culture and traditions, they will be less likely to seek those services. Similarly, when people do not see people like them among their service providers or in promotional materials (e.g., websites, brochures), they may be less likely to seek services because they may not think the service is *for* them or that the service will adequately and competently address their needs. Consequently, fostering cultural humility, cultural responsiveness, and representation is critically important to increasing service access among all priority populations. The GCC and the planning and implementation team may consider whether it is appropriate to require these trainings, as well as trainings named in recommendation 5 below, as part of the special considerations that accompany some grants.

   Historically, trainings focused on building organizations' "cultural competence" have focused on a one-size-fits-all approach that may group all marginalized populations together and focus on building knowledge and awareness of group differences. Although building this knowledge and awareness is necessary, it is not sufficient for teaching organizations how to respectfully and meaningfully engage people from diverse cultures and identities or how to honor their culture and practices. Consequently, these one-size-fits-all cultural competence trainings should be replaced with those that focus on cultural humility and cultural responsiveness, defined as[11-13]:

   - **Cultural Humility:** An ongoing process of self-reflection that involves challenging your own cultural assumptions, understanding power dynamics between privileged and marginalized groups, recognizing what you do not know, and continuing to learn about cultures other than your own.
   - **Cultural Responsiveness:** Often beginning with cultural humility, this process involves recognizing the nuances within and between different cultures and modifying your interactions and practices with people of other cultures to be inclusive and respectful of them. For service providers, it typically involves adapting practices, policies, resources, and environments to better accommodate the diverse cultures of the people affected by these adaptations.

For example, a cultural competence training on working with indigenous communities in North Carolina may focus on naming and describing the American Indian tribes across the state, reviewing the history of colonization, identifying differences across tribal communities, and detailing the impact of historical and current policies on access to services and resources.

Other cultural humility and cultural responsiveness trainings may focus on how colonialism, racism, and historical trauma continue to impact the lives of NC's indigenous groups and how current service systems and providers who are not indigenous uphold this history and perpetuate harm. Cultural responsiveness requires service providers both to recognize these facts and to integrate this knowledge into self-awareness and then change the system's approach to one that honors and reflects the values of the community and disrupts the cycle of harm inflicted by those systems.

Trainings focused on cultural humility and responsiveness should be led by and adapted to the communities they serve. Using the same example, for a training about culturally responsive practice with indigenous communities in Eastern NC, organizations should prioritize working with trainer(s) from tribes in Eastern NC.

Beyond training, GCC can promote additional strategies for addressing organizations' cultural responsiveness, such as:

- Encouraging organizations to assess their policies and protocols that may inadvertently create access disparities across priority populations (e.g., lack of shelter options for transgender individuals due to policies that only recognize woman/girl or man/boy gender categories and practices of excluding transgender women from women's shelters).
- Supporting organizations' efforts to build and/or strengthen their relationships with the communities they serve.
- Funding activities that, while not specifically focused on victim services or outreach, encourage trust and rapport-building between service providers and the communities they serve.
- Building organizations' capacity to diversify their recruitment, hiring, and retention to promote community representation among service provider staff.

5. **Support cross-training between traditional crime victim service sectors and culturally specific organizations.** Different sectors have significantly different levels of awareness of and opinions about the availability and adequacy of services available to victims of crime. Crime victim service providers and culturally specific organizations often reported being unsure about adequacy of services for property crimes and other crimes not directly related to their core services. For every type of crime, and for every population studied, law enforcement was more likely to say that victims were adequately served than were crime victim service providers or culturally specific organizations, often by a wide margin. These high levels of disagreement between law enforcement and other service provider sectors suggest that these sectors (i.e., law enforcement, crime victim service providers, and culturally specific organizations) may benefit from cross-training.

   Supporting cross-training between these sectors will promote a shared and more accurate understanding of the quality, availability, and accessibility of these services across priority

populations. Example actions that GCC can take to support cross-training across these sectors include:

- Promote cross-trainings by culturally specific organizations to inform crime victim service providers and law enforcement sectors about culturally specific needs for and barriers to accessing crime services and reporting crimes.
- Promote law enforcement cross-trainings for crime victim service providers and culturally specific organizations related to services for all types of crime that victims may experience.

6. **Fund enhancements for communication and outreach across priority populations.** Fund initiatives to promote diverse methods for outreach and provide community education about services, including by providing resources to assist with website development and maintenance. Communication is foundational to promoting service access. If information is not shared by trustworthy sources, in languages people use, and via accessible formats (e.g., websites, flyers, advertisements), then service access will remain limited and access disparities will persist. Potential strategies for enhancing communication and outreach include:
   - Prioritize applicants addressing language access gaps, especially for people who are Deaf/Deaf-Blind and for non-Spanish-speaking people with limited English proficiency.
   - Explore options for increasing professional interpretation services among crime victim service providers. While many providers reported offering interpretation services, they often relied on language lines or staff and volunteers who may not have been trained or certified in interpretation.
   - Fund website development and/or enhancement to ensure information is updated and representative of current services and populations served, especially in rural counties, as these websites tended to contain less information about priority populations.
   - Fund community-based initiatives to promote services via word-of-mouth and trusted community members, which is particularly important for raising engagement with culturally specific services.
   - Consider other strategies for outreach including radio, television, or newspaper advertisements.
   - Provide or promote a know your rights training to priority populations that is delivered by trusted sources and in languages accessible to those populations.

7. **Commit resources to examining and addressing rural and regional disparities in service access in ways that recognize the benefits and challenges of multi-county agencies serving large geographic areas.** Some regions of the state appear to be more reliant on multi-county organizations (i.e., a single organization serving multiple counties), particularly those in Medicaid regions 5 and 6 in the eastern part of the state. Although ensuring service access to all counties and regions is critically important, it is worth examining the ways in which this type of service configuration creates or mitigates barriers to accessing services for underserved groups. For example, multi-county agencies can help consolidate operating expenses across counties so that more funds can be used for direct service provision or to address a gap in available services by establishing a service where

none had existed. However, it is also possible that centralizing services in a single organization responsible for serving a vast geographic area renders the service inaccessible and virtually unavailable to some individuals, especially those who face transportation barriers. Additionally, some multi-county organizations may have to stretch resources across vast jurisdictions, rendering their services insufficient to meet the needs of the service population and limits their ability to tailor services to the individual communities across the counties it is intended to serve. Although these examples are speculative, study findings underline the need for subsequent assessments focused on multi-county organizations and other challenges specifically impacting regions and rural or urban areas.

The observation that challenges to accessing services persist in NC's rural counties is not new information for the GCC or the broader service system. Infrastructure-related barriers (e.g., lack of transportation and internet) significantly limit access to services in rural areas, particularly among individuals and families with lower incomes. NC's rural communities need committed agency resources focused on improving their access to crime victim services. To address these communities' access issues, GCC can work with local groups with deep knowledge of rural areas in the state to develop tailored recommendations. Further, GCC may consider supporting or continuing to support mobile and satellite models of service provision, prioritizing funding for services located in parts of the state where people currently have to travel long distances to access services, and supporting telehealth/virtual service access models.

Conclusion

GCC has already begun the process of addressing inequities in the crime victim service system, from their own initiatives working with culturally specific organizations to funding this comprehensive statewide needs assessment. Through these initiatives, GCC has signaled a commitment to addressing the needs of all North Carolinians who have experienced crime and to ensure that these services are adequate and accessible to all who need them. Recognition of these inequities and a commitment to addressing them are critical first steps that launch the next phase of this work. Together, a community advisory board and a UNC Chapel Hill-based research team have outlined 12 recommendations to move this work forward. Implicit in these recommendations—and explicitly named in several of them—is the call to take action based on these recommendations in partnership with community members who represent of the priority populations of focus in this study as well as those who are most impacted by crime in North Carolina.

Abbreviated Details about Assessment Methods

This section of the Executive Summary provides additional yet brief details about the assessment methods. For a full description, see Section 2 of the full report.

There were five data collection methods were used to address the assessment objectives (listed in Table 1 above).

1. **A comprehensive literature review:** The literature used systematic search procedures to examine crime victimization across priority populations, their service needs, and barriers to reporting crime and seeking support. Findings from 172 research articles were abstracted and informed the study design and the team's own understanding of priority populations and crime victimization.
2. **A website assessment of 430 organizations in NC:** Relevant organizational websites were identified using a systematic search protocol, and information about services and priority populations was extracted from these websites into an Excel spreadsheet. Information was compared across priority populations, Medicaid regions of the state (Figure 1), and urban and rural settings.
3. **Interviews with 55 advocates and service providers across the state:** Participants included those who (1) worked for service and advocacy organizations that offered services to persons who have experienced crime; (2) worked for service and advocacy organizations that address needs of persons from priority populations; (3) have expertise/experience (via personal identity, work experience, and/or other personal interactions) with people who have experienced crime; and (4) who have expertise/experience (via personal identity, work experience, and/or other personal interactions) with members of priority populations.
4. **An organizational survey:** The survey was completed by 367 crime victim service providers, culturally specific organizations, and law enforcement agencies. The purpose of the survey was to obtain information from crime victim service providers, culturally specific organizations, and law enforcement to identify available services, service adequacy, and barriers to accessing services. Analyses compared results by Medicaid region, priority population, organization type, and rural and urban areas.
5. **A survey for victims of crime and co-victims of homicide:** The survey was launched in February 1, 2023 and continued through June 30, 2023. Unfortunately, methods used to ensure broad recruitment across the state while preserving anonymity and offering an incentive opened up the survey to spam attacks. Despite our best efforts to separate spam data from the analytic sample, the volume of spam cases and the inability to reliably distinguish spam or bots from legitimate eligible responses rendered it unusable for the purposes of this study and cannot be used to guide programmatic and funding decisions.

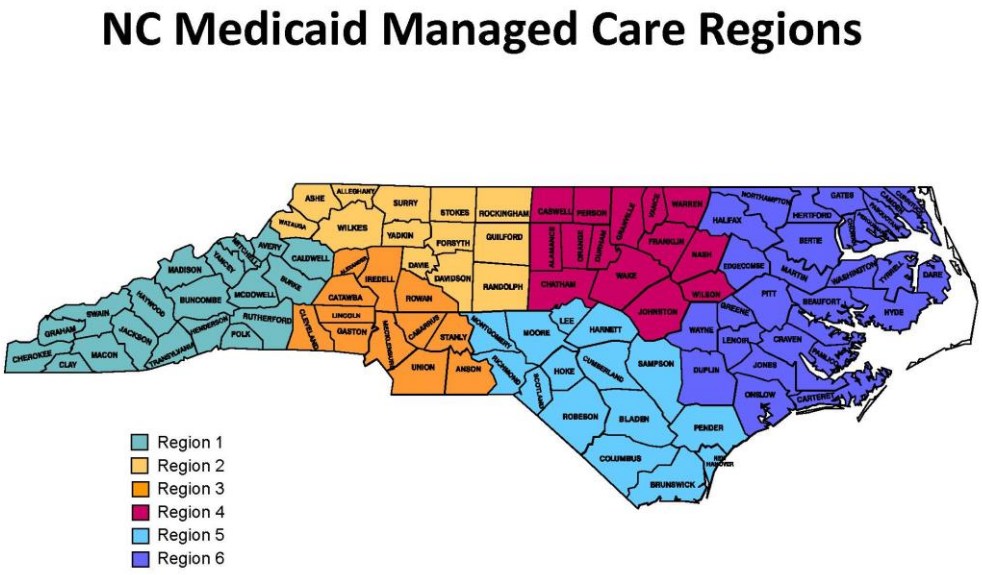
For detailed information about the methods for each data collection activity, consult Section 2 of the full report. Methods for the survey of victims of crime and co-victims of homicide can be found in Appendix D of the full report.

Summary of Limitations

Every data source has limitations, and no single source can provide sufficient information to comprehensively understand the unique needs of populations. In this study, we used both qualitative and quantitative methods to collect more in-depth information while also collecting data on trends and patterns across the state. However, as noted, with each data collection method comes limitations. For example, the literature review provided rich information about crime victimization and priority populations; however, those studies were not necessarily specific to NC. Consequently, we used the findings to inform our work, but we did not include them in the larger findings of the study or use them to make recommendations for our state. Second, the website assessment is based on available data on organization's websites. Consequently, results

will be impacted by whether or not the information is updated. Third, although 55 interviews is a more than sufficient sample size for obtaining in-depth information, readers should avoid over-generalizing findings from those interviews. Lastly, the organizational survey is based on agency representatives' perspectives rather than clients' perspectives. Although agency personnel have extensive expertise in their service areas, their perspectives cannot stand in for the experiences of those who experience crime firsthand. To learn directly from victims of crime, the research team conducted a victims of crime and co-victims of homicide survey; however, results from this survey were not submissible given significant threats to the data validity due to spam attacks (for additional information, see Appendix D in the full report).

Figure 1. NC Medicaid Managed Care Regions



Source: NC.Gov
https://files.nc.gov/ncdma/documents/County/county-playbook/NC-Medicaid-Managed-Care-Regional-Map.pdf

1. Background

1.1 The Governor's Crime Commission's Request

In September 2020, the North Carolina Governor's Crime Commission (GCC) issued a request for quote for a comprehensive statewide victims' needs assessment that included all types of crime (e.g., burglary, assault, arson, child abuse), focused on a number of priority populations (e.g., teens, veterans, victims with disabilities), and was guided by the following questions:

- What services are currently available and accessed by victims of crime?
- How do community members know/find out about resources or services?
- What victim services are needed but not available?
- What are the barriers to victims accessing services?
- What type of training or tools do organizations that provide services to victims need that they do not currently have?
- What capacity building efforts within crime victim service organizations are needed?

In March 2021, the GCC contracted with a multidisciplinary team of researchers at the University of North Carolina at Chapel Hill (UNC-CH) to conduct a community-engaged assessment of critical gaps in services for persons who have experienced crime in North Carolina (NC). This assessment provides needed data on the current landscape of crime services in North Carolina and recommendations to the GCC to inform their future funding priorities and processes.

1.2 A Focus on Priority Populations

Although the assessment identifies the needs and resources available to all victims of crime in NC, the GCC requested that the assessment team focus specifically on a number of priority populations. After consulting with the Community Advisory Board and the GCC, the assessment team expanded the list of priority populations (Table 1).

1.3 Assessment Objectives

Using the GCC's guiding questions, the CAB and research team established the following five study objectives and developed data collection methods to address them.

1. Identify the service needs of victims of crime and describe any variation in needs across priority populations.
2. Identify service availability and variation across regions of the state and across urban and rural communities.
3. Identify mechanisms for sharing information about service availability.
4. Identify the barriers and challenges to accessing crime victim services and describe any variation in these barriers and challenges across priority populations and rural and urban communities.
5. Identify organizations' training and capacity-building needs to improve crime victim services.

Table 1. Original and Expanded List of Priority Populations

Original Priority Population List from GCC	Expanded Priority Population List from CAB and Research Team
○ Unique geographical needs/services (including, but not limited to, tribal communities [federally recognized and not] and veterans/military victims) ○ Teens ○ Veterans ○ Non-English speaking ○ Undocumented ○ Lesbian, gay, bisexual, and transgender individuals ○ Refugees ○ Older adults ○ Victims with disabilities ○ Victims of specific crime types (not DV/SA) ○ Transient victim populations; victims who live in a different area from where they were victimized	**Priority Populations** ○ Teens ○ Veterans ○ Individuals with limited English proficiency ○ Immigrants with undocumented status and documented status ○ Lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA) individuals ○ Refugee populations ○ Older adults ○ Individuals with disabilities ○ People from religious minority groups ○ Incarcerated individuals and those under community supervision ○ Individuals who are unhoused/experiencing homelessness ○ BIPOC communities (Black, Indigenous, and all people of color) ○ Co-victims of homicide (i.e., people whose loved one was taken by homicide) **Assessment Focus** ○ Regions of the state ○ All crime types ○ Rural and urban areas

1.4 Our Interdisciplinary and Community-Engaged Approach

Crime victimization impacts the physical and psychological well-being of individuals, families, and communities. Preventing and responding to crime victimization thus requires multi-system and interdisciplinary approaches grounded in the perspectives and experiences of community members. Our assessment team consisted of two groups: (1) an interdisciplinary, university-based research team with researchers from social work, public health, and medicine with significant experience in mental health, trauma, criminal legal systems, community-engaged research, and working with minoritized and underserved populations; and (2) an 18-member Community Advisory Board (CAB) representing communities across the state including advocates, service providers, researchers, and people with lived experience who work with this assessment's priority populations. **Our community-engaged approach ensured that decisions about assessment methods and subsequent decisions pertaining to data collection, analysis, and interpretation were de-centralized, and not concentrated solely in the hands of the university-based research team.** Further, our team's recommendations are derived from this assessment's findings and shaped by the professional and lived experiences of our CAB members, and apply to real-world victim services contexts.

Our community-engaged approach recognized that:

1. Due to historic and unequal power dynamics between universities and communities, those who are a part of or who have close relationships with institutions (e.g., government, universities) hold greater power, influence, and access to resources.
2. Knowledge is not the exclusive product of researchers, but is created by all individuals and communities, especially those who have lived experiences relevant to the research at hand, personal and community investment in the research, and/or proximity to the individuals and communities affected by the issues our assessment team is exploring.
3. The assessment process needs to be grounded in, relevant to, accountable to, and executed with community involvement.

Throughout the assessment, the frequency and type of meetings with the CAB varied depending on the phase of the project, the task at hand, and the type of engagement needed. For example, in 2021 the CAB met approximately every other month while the research team was working on the literature review, website assessment, and ongoing CAB recruitment. In 2022, our meetings centered on best methods for outreach with specific priority population groups. At this stage, we met with CAB members and other community representatives in smaller groups focused on distinct populations. Later that same year, we held individual meetings with CAB members to seek feedback about the process of and best methods for engagement. Then, in 2022 and 2023, we resumed monthly meetings of the full CAB to review analysis results, interpret findings, and brainstorm strategies for additional outreach for survey participation.

The major activities of the CAB included:

1. Revising and specifying the list of priority populations (e.g., adding co-victims of homicide to the list, editing the language referring to specific groups)
2. Confirming the research team's proposed data collection methods or recommending changes (e.g., changing from interviews and focus groups with victims of crime to surveys)
3. Collaboratively developing our assessment instruments (e.g., editing, deleting, or adding items to the survey tools and interview guides)
4. Planning data collection and outreach strategies (e.g., suggesting events to attend or agencies to visit to discuss the crime victim survey)
5. Connecting the research team to the CAB's professional networks (e.g., assistance with recruiting interview and survey participants, outreach to other community members to help design appropriate data collection methods across priority populations)
6. Reviewing and interpreting assessment findings and defining the team's proposed recommendations
7. Reviewing and editing written products (e.g., reports, slides)

1.5 Timeline

The research team responded to the GCC's request for quote in Fall 2020 and the study was set to begin in January 2021. However, due to contract delays, the study officially launched in March 2021. Notably, the COVID-19 pandemic and associated measures for decreasing the spread of the virus meant that both the team and many potential community partners were still greatly impacted by pandemic-related challenges during the first year of the study, which influenced study design decisions (e.g., relying on web-based methods for data collection).

Additionally, study participants and CAB members were personally impacted by pandemic-related challenges which likely contributed to delays in the early phases of the project.

By the end of 2021, the team had established the CAB (with ongoing recruitment and outreach), completed the literature review, finalized the interview guide and qualitative data collection protocol, launched the website assessment, and developed the organizational survey. In 2022, the team (i.e., the research team and CAB) conducted priority population-specific meetings to develop methods for data collection from victims of crime and co-victims of homicide, completed 55 interviews with service providers and advocates, administered the organizational survey, analyzed interview data, and completed the website assessment. In 2023, the team completed the organizational survey analysis, distributed and analyzed the victims and co-victims of crime survey, distilled findings into recommendations, and developed the reports. A detailed timeline is provided in Appendix A.

1.6 Orientation to This Report

The following sections of this report provide detailed information about study methods and present findings from the qualitative interviews, website assessment, and organizational survey. The findings are followed by a set of recommendations developed collaboratively by research team members and CAB members. For an abbreviated version of the report, readers should consult the Executive Summary provided at the start of this report.

2. Study Methods

The assessment was conducted in two phases. Phase 1 involved a literature review and a website assessment. The literature review focused on existing research about crime victimization across priority populations, their service needs, and barriers to reporting the crime and seeking support. The findings from the literature review informed the study design and the team's own understanding of priority populations and crime victimization. The second activity in Phase 1 was a website assessment that systematically searched websites for services and supports for crime victims in North Carolina.

Phase 2 of the assessment involved three data collection methods: an organizational survey, interviews with advocates and service providers, and a survey of co-victims of homicide and persons who have experienced crime. The objectives and methods are cross walked in Table 2.

Table 2: Study Objectives and Data Collection Methods

Objectives	Methods
1. Identify the service needs of victims of crime and describe any variation in needs across priority populations.	• Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers
2. Identify service availability and variation across regions of the state, and across urban and rural communities.	• Website assessment of crime victim service organizations and culturally specific organizations • Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers
3. Identify mechanisms for sharing information about service availability.	• Organizational survey of crime victim service organizations and culturally specific organizations
4. Identify the barriers and challenges to accessing crime victim services.	• Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers
5. Identify organizations' training and capacity-building needs to improve crime victim services.	• Organizational survey of crime victim service organizations, culturally specific organizations, and law enforcement • Interviews with advocates and service providers

For the survey of victims of crime and co-victims of homicide, the methods we used to ensure broad recruitment across the state while preserving anonymity and offering an incentive opened up the survey to spam attacks. Despite our best efforts to separate spam data from the analytic sample, the volume of spam cases and the inability to reliably distinguish spam or bots from

legitimate eligible responses rendered the data gathered unusable for the purposes of this study and thus cannot be used to guide programmatic and funding decisions. Additional details about the methods for this survey are provided in Appendix B. Detailed methods involved in each of these data collection activities are described below.

All study methods described in this report were approved by the Institutional Review Board at the University of North Carolina at Chapel Hill.

2.1 Methods for the Literature Review

The purpose of the literature review was to examine (1) service needs of crime victims in NC; (2) challenges and barriers to seeking those services, including factors that impact a person's decision to seek services; and (3) factors that impact the decision to report a crime.

2.1.1 Systematic search and abstraction protocol. Research assistants first met with the reference librarian from UNC Chapel Hill's Health Sciences Library to confirm the search process and Boolean operators for both the type of crime and the priority population. Studies were included if they involved human subjects of any age who were in the priority populations and focused on crimes included in the study, such as murder, sex offenses, robbery, vandalism, assault, arson, burglary, forgery, fraud, embezzlement, and human trafficking. However, crimes against society (e.g., weapons, drug charges, DUI) were excluded from this study. This decision was not meant to minimize the significance of these types of crimes. Rather, we excluded these types of crimes from our analyses because it is more difficult to determine a single victim of these crimes who access crime victim services as a result, which is the primary focus of this assessment.

After the systematic search, the research team completed the data abstraction, which consisted of the following fields:

- Record/ID number (generated by the research team)
- Title
- Author(s)
- Date of publication
- Peer-reviewed study (yes/no)
- Journal published in
- Priority population(s) the article addressed
- Challenges and barriers seeking services
- Factors impacting seeking services
- Factors impacting crime reporting
- Victims' needs
- Recommendations

2.1.2 Products from search. The team abstracted 172 articles from the search and summarized findings into a matrix. The matrix is organized by priority population, elements of the study design, and findings. Findings from the review informed study methods but were not integrated into the results section.

2.2 Methods for the Website Assessment

2.2.1 Systematic search protocol. The website assessment was a comprehensive, systematic protocol for examining the degree to which organizations' websites describe services and supports for people who have experienced crime, particularly members of priority populations. Given that victims of crime may seek services from a wide range of service providers, this assessment included state or local government agencies; national, statewide, or local non-profit organizations; and informal support networks and grassroots organizations.

Three search strings were used to identify (1) organizations focused on specific types of crime, (2) organizations supporting priority populations who experience crime, and (3) organizations supporting priority populations, regardless of whether they were crime victim service organizations. The research team then used a data abstraction tool to document information from each organization's website and included the following fields:

- Organization location (e.g., Medicaid region, rural/urban)
- Contact information
- Type of service provided, per the website
- Type of priority population served, per the website
- Type of crime addressed by agency

Each entry for an organization was reviewed by two research team members—first by the person inputting the information and then by a second team member who checked the accuracy of the data input.

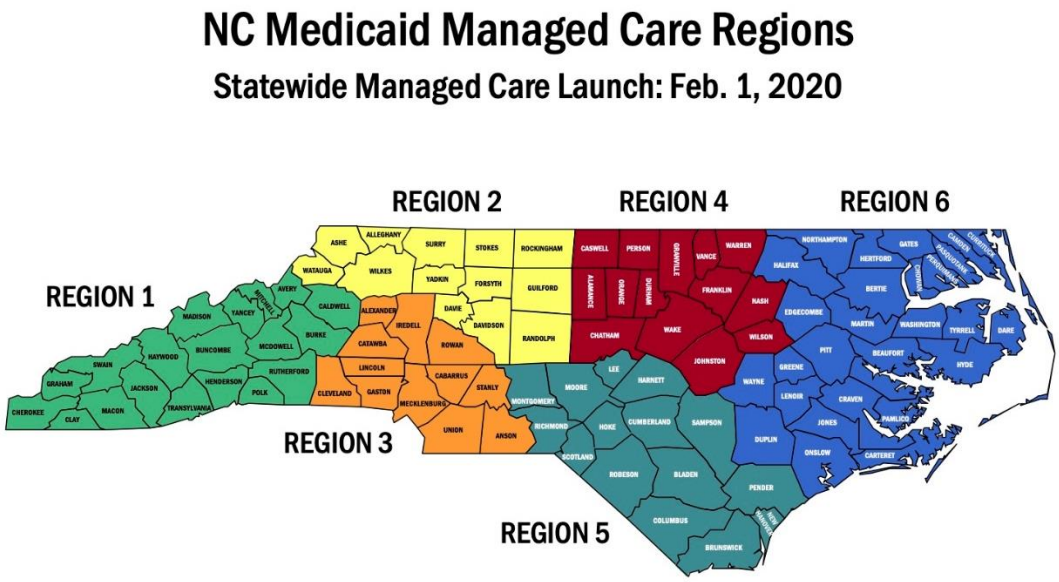
2.2.2 Data analysis. Each organizational website was grouped by its county location into one of eight regions based on Medicaid coverage regions (Figure 1). Statewide and national organizations that appeared in the search results were also included. Local or regional organizations were further categorized as either multi-county (i.e., an organization that serves multiple counties) or single-county (i.e., an organization that serves one county). Based on the rural and urban classifications used by the U.S. Census Bureau, the research team created a rural and urban variable. Namely, an organization was coded as rural if it served one or more rural counties and urban if it served one or more urban counties. Multi-county organizations serving rural and urban counties were coded as both.

Data from the extraction tool were cleaned in Excel and then exported into Stata[1], a statistical software package. Descriptive statistics (e.g., frequencies or counts) were used to summarize the data. Results were transferred to tables and checked by another member of the research team to ensure accuracy.

2.2.3 Important limitations in interpreting website assessment findings. We wish to note six limitations of the data from the website assessment. First, the website assessment findings are best interpreted alongside the other data sources in the study, because the website assessment results alone do not reflect how many organizations provide which types of services and whether those organizations have sufficient capacity to provide offered services. Second, trends named in this report are not representative of all service organizations across North Carolina. Rather, these results only describe the organizational websites the research team found through the systematic

search. Third, given that information from websites was collected at one point in time (i.e., a cross-sectional study), it is possible that this information may have changed between the time the information was gathered and when it was reported. Fourth, absence of service information on a website does not necessarily mean that the organization does not provide the service. Given the resources needed to maintain accurate and user-friendly websites, organizations may not have updated information on their websites to reflect their current service offerings. Fifth, some priority populations were identified as the study progressed (i.e., co-victims of homicide) and thus were not specifically named as a priority population at the time of the website assessment. Sixth, findings from the website assessment do not identify the services needed by people who experience crime in NC.

Figure 1. NC Medicaid Managed Care Regions



2.3 Methods for Interviews with Advocates and Service Providers

2.3.1 Interview guide development. The research team and the CAB collaboratively created three different interview guides tailored to each type of participant, including: (1) crime victim service providers; (2) state-level advocacy or research institutions; and (3) culturally specific organizations that serve priority populations. Each interview included open-ended and follow-up questions divided into four sections. The first section included six questions addressing the service and support needs of victims of crime, the availability and accessibility of services, and the factors that impact a victim's decision to report a crime they experienced. The first section also included six follow-up questions to gather more specific information about other service organizations, affordability of services, and the quality and cultural competency of current services. The second section included two questions addressing the impact of COVID-19 on victimization and service access for the identified priority populations. The third section included one question addressing recommendations for improving the availability and accessibility of current services, and four follow-up questions that addressed the quality and cultural competence of victim services, as well as recommendations for new training or tools. The final section

included one question requesting any additional information the provider or advocate may wish to share regarding the topic of the interview and previous questions.

2.3.2 Sample and recruitment. Eligible participants included: (1) individuals who work for service and advocacy organizations that offer services to persons who have experienced crime; (2) individuals who work for service and advocacy organizations that address needs of persons from priority populations; (3) individuals who have expertise/experience (via personal identity, work experience, and/or other personal interactions) with people who have experienced crime; and (4) individuals who have expertise regarding or experience (via personal identity, work experience, and/or other personal interactions) with members of priority populations.

To recruit participants, the research team used purposive and snowball sampling methods. The research team first interviewed CAB members, and then CAB members were asked to recommend additional participants. Once potential participants were identified, the CAB member contacted each potential participant to explain the project and request permission to (a) introduce the potential participant to a member of the research team via email or (b) provide the research team with the potential participant's contact information. The research team followed the same protocol with these individuals as with the original participants. Purposive sampling methods were then used to identify any underrepresented priority populations, regions, types of service, or types of crime and then to conduct additional outreach.

2.3.3 Data analysis. The research team used a rapid qualitative data approach to analyze interview data. First, the team completed a summary template for each interview transcript that was organized by the neutral domains (i.e., general topics) within the interview guide. To ensure congruent analytic processes among team members, each team member applied the summary template to two of the same interviews. Completed templates were then reviewed by another team member to reconcile any differences. Once all team members had completed two practice interview analyses, the remaining interviews were divided among team members to complete the template summaries. Once all summaries were completed, results were pasted into an Excel matrix for analysis. The matrix was used to synthesize interview results and identify similarities and differences across priority populations.

2.3.4 Data limitations. Despite the large sample size of the study and the richness of the qualitative data, there are a number of limitations to note in the data. First, interviews were conducted over Zoom and were primarily accessible to English speakers, resulting in gaps in data collection from service providers and advocates who did not have reliable internet access and/or who may have had limited English proficiency. Second, in interviews, participants were asked to select up to three priority populations on which to focus their responses. However, not every participant selected specific priority populations, and some chose more than three priority populations or did not consistently specify which group they were referencing in a given question. Consequently, some responses pertaining to specific priority populations may have been missed. Third, although the research team allotted 90 minutes per interview, in some cases participant availability required interviewers to prioritize some questions and not ask other questions. Therefore, not all participants were asked every question. Further, some priority populations were identified as the study progressed (i.e., co-victims of homicide) and thus were not specifically named as a priority population at the time of the advocate and service provider interviews. Lastly, sampling methods (i.e., snowball sampling and purposive sampling) were selected to identify participants with specific knowledge and expertise relevant to specific

priority populations. Consequently, readers should refrain from generalizing study findings to broader populations of people.

2.4 Methods of the Organizational Survey

2.4.1 CAB engagement and instrument development. Survey development was an iterative process consisting of multiple feedback sessions between the CAB and members of the research team, including a capstone team of students from the Gillings School of Global Public Health, whose primary deliverable was to lead the development of the organizational survey instrument. First, the team examined survey items from previous crime victim needs assessments in other states[2-9] and then selected items that met the guiding objectives identified by the GCC. Next, the CAB and research team hosted two meetings to prioritize survey items and to revise the phrasing of survey items. The CAB and research team continued to refine and adapt the survey items, culminating in a final meeting with the CAB in November 2021 to confirm the survey items.

2.4.2 Survey description. The final web-based survey consisted of 43 open-ended and multiple-choice items primarily examining the availability and accessibility of services. This survey had three sections. Section 1 asked descriptive questions about the agency's location, size, focus on priority populations and crime types, and history of GCC funding (i.e., whether they were current or past recipients of GCC awards or contracts). Section 2 asked about the types of services the organization provided, perspectives on adequacy of services available for victims of specific types of crime as well as services for crime victims from across priority populations, and barriers to accessing crime victim services in general. Section 3 contained demographic questions about the survey respondent. The survey was then programmed into Qualtrics[10] and the team used the anonymous link generated by the Qualtrics program to distribute the survey to the sample.

2.4.3 Sample and distribution. The survey's sampling frame consisted of three sources: (1) GCC's listserv, (2) the organizations that the research team identified for the website assessment, and (3) two law enforcement agency listservs. For the GCC listserv, a GCC staff representative sent an initial recruitment email and anonymous survey link to all organizations that had applied for GCC funding in the preceding five years. This sample included crime victim service providers, organizations serving priority populations, and law enforcement entities, among other types of agencies. The GCC then sent a follow-up reminder to the same listserv before exporting the email addresses on the listserv to the research team, who then sent two further follow-up emails to organizations who had not yet responded.

For the list of organizations from the website presence assessment, the research team sent an initial recruitment email and three follow-up emails. Contacts from this list primarily included crime victims service providers and organizations that serve priority populations. Prior to sending the email to all 430 organizations identified in the website assessment, a research team member cross-checked the GCC recruitment list with the list of organizations from the website assessment and flagged organizations that already received a survey invitation from the GCC.

The survey outreach protocol for the law enforcement organizations listservs was similar to the outreach protocol for the GCC listserv. Specifically, a GCC staff member sent an initial recruitment email and an anonymous survey link to all members of two statewide organizations

for law enforcement officers. The GCC staff member then sent a follow-up email to the same listserv before exporting the email addresses on the listserv to the research team, who then sent two additional follow-up emails to those who had not yet responded.

The survey was launched on March 30, 2022 and closed on May 11, 2022 and was sent to 1,853 email addresses (containing multiple emails per organization): 982 from the GCC listserv, 497 from the two law enforcement listservs, and 374 from the de-duplicated list of organizations from the research team's website assessment.

2.4.4 Data analysis. The initial data export from Qualtrics included 560 responses (30% response rate). Of the 560 responses, 75 were duplicate entries (i.e., multiple entries from the same organization). Given that the unit of analysis for this survey was the organization, multiple responses from the same organization were combined such that only one response per organization was included in the final sample. For example, if one respondent from an organization left an item blank and a second respondent from the same organization provided an answer to the same item, the research team retained the response from the second respondent. Demographic information was not retained for cases in which multiple entries were combined into one. After combining responses from the same organization, the sample consisted of 485 unique organizations. Respondents who did not consent to the survey (n = 12) and those that left the consent item blank (n = 12) were removed. In addition, any respondent that did not enter a name for the organization or did not sufficiently specify their organization's name (n = 94) were removed, yielding a final analytic sample of 367 respondents.

Quantitative data analyses were conducted using Stata 18. All continuous variables were summarized using means and standard deviations. All categorical variables were summarized using frequencies and percentages or bivariate cross-tabulations. When bivariate statistical tests seemed appropriate (e.g., when examining differences between rural and urban areas), Fisher's exact test or chi square tests were used for categorical variables, and independents samples t-tests were used to compare means across two groups.

2.5 Additional Notes on Methods and Limitations

2.5.1 Reason for multiple sources of data. Every data source has limitations, and no single source can provide sufficient information to comprehensively understand the unique needs of populations. Selecting surveys over interviews prioritizes breadth over depth and allows for private and anonymous responses that are not heard/viewed by other focus group members or an interviewer. We ultimately employed surveys because our team prioritized protecting anonymity.

2.5.2 Our community-engaged approach. We believe that this assessment would not have been successfully conducted without the expertise (lived and professional) of the CAB and other community-based advocates who guided the research team. Although this study could have been more community-engaged (e.g., having sufficient resources to enter communities across the state through building trust and rapport across priority populations), in reality, community-engaged approaches require time to build authentic and trusting relationships with community groups, and assessment timelines are not always conducive to this relationship building. Our CAB members are experts (both through lived experience and their volunteer and professional roles) who, beyond their work supporting this needs assessment, engage in many service and advocacy

efforts. We recognized that we were asking them to volunteer their limited available time without compensation. We thus prioritized limiting the burden we placed on CAB members by extending our own timelines to allow them more time for response and feedback.

2.5.3 More exploration is needed. The findings contained in this report only scratch the surface of issues that require deeper exploration to fully capture and adequately address the barriers to accessing services and reporting crimes in North Carolina. Although the time and resource boundaries of this assessment limit the depth of our findings, they nonetheless offer clear, valuable guidance to steer the direction of future GCC-funded assessments that may focus on a single priority population or a specific finding or trend, as well as future action steps that the GCC can take to serve the state's priority populations. Given the scope and objectives of this needs assessment, we prioritized balancing breadth of information and depth of information in a way that maximizes the utility of our findings.

3. Results

This section opens by describing the samples from each data source (excluding the literature review), followed by three main subsections addressing the assessment objectives: (1) service needs, availability, eligibility, and adequacy; (2) barriers to accessing services; and (3) organizational capacity and training needs. Consistent with the overarching assessment objective, each section reports on variation by priority population as well as regional and urban and rural differences, as applicable.

Each of these sections draws on different data sources including the website assessment, interviews with service providers and advocates, and the organizational survey. In order to more succinctly summarize our results, this section focuses on the most salient themes of our findings and does not provide a narrative of all results. Readers interested in specific data points should consult Appendix D, Tables 1 through 30 of this report.

3.1 Sample Description

This section describes the respondents and participants for each type of data source, excluding the literature review. Tables and additional information about the samples can be found in Appendix D, Tables 1 through 7.

3.1.1 Website assessment. The research team identified 430 organizational websites through the systematic web search. Of these 430 websites, 22% belonged to statewide organizations, 5% belonged to national organizations, and 73% belonged to regional or county-based organizations (Appendix D, Table 1). Of the 315 websites that belonged to regional or county-based organizations, 81% indicated that the organization served a single county (i.e., single-county organization) and 19% indicated that the organization served multiple counties (i.e., multi-county organization). Nearly 50% of the single-county websites were from organizations located in two Medicaid regions of the state: Region 3 (e.g., Mecklenburg, Iredell, Cleveland, Cabarrus) and Region 4 (e.g., Wake, Durham, Caswell, Wilson; Appendix D: Table 2). This clustering of organizations within two regions could mean that more organizations are located in those two regions, that more organizations within those two regions have the resources and staff capacity to develop and maintain a website, and/or that more organizations in those regions responded to the organizational survey. Given that the two regions cover some of the state's most populous areas (e.g., Mecklenburg, Wake, and Durham counties), it is reasonable to assume that a greater share of the state's organizations are concentrated in these areas. Understanding the factors that impact the concentration of organizations within regions is outside the scope of this study, but the distribution of these organizations should be considered when interpreting findings.

3.1.2 Interviews with service providers and advocates. The research team completed a total of 55 interviews, 38% (n = 21) of which were with crime victim service providers, 20% (n = 11) of which were with crime victim advocates or researchers, and 41% (n = 23) of which were with representatives of culturally specific organizations that serve priority populations (e.g., LGBTQIA organizations, community-based organizations serving immigrants and refugees; Appendix D, Table 3). Interview respondents were asked to complete demographic surveys at the conclusion of the interviews, and responses showed a variation in location of services, including rural, urban, and statewide service coverage. Of the 55 respondents, 29% (n = 16) provided only rural services, 34% (n = 19) provided statewide services, 29% (n = 16) provided

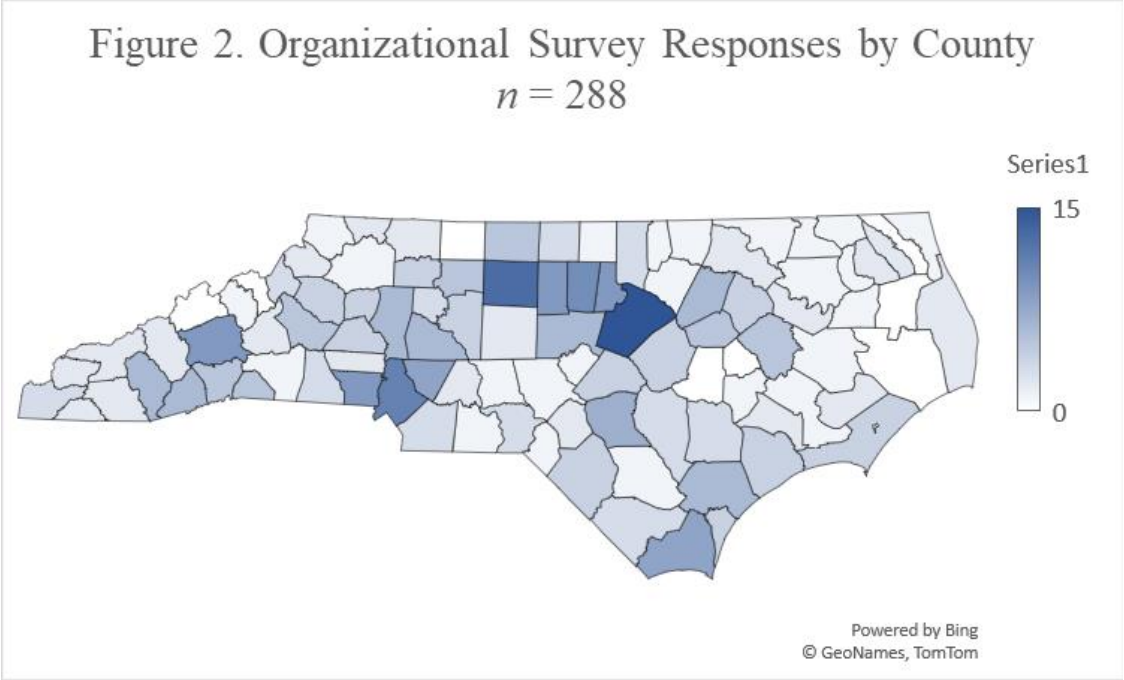
only urban services, 5% (*n* = 3) provided rural and urban services, and 1% (*n* = 1) provided rural and statewide services.

Although interview participants had experience working with many populations, at the start of each interview, the researcher asked the interviewee to choose up to three priority populations on which to focus their interview responses. Of the 55 interviews conducted, 35% (*n* = 19) focused on people with limited English proficiency, 31% (*n* = 17) focused on immigrant populations, 29% (*n* = 16) focused on teens, and 27% (*n* = 15) focused on Black communities. Nearly a quarter of participants focused on people with disabilities (22%, *n* = 12), Latine/a/o communities (22%, *n* =12), and people who are unhoused (22%, *n* = 12). Additionally, 18% (*n* = 10) of participants focused on refugees, 18% (*n* = 10) focused on older adults, 16% (*n* = 9) focused on LGBTQIA communities, and 15% (*n* = 8) focused on indigenous communities. Priority populations selected the least often included veterans (11%, *n* = 6), people from religious minority groups (9%, *n* = 5), and Asian and Asian American communities (9%, *n* = 5).

3.1.3 Organizational survey. Of the 367 respondents to the organizational survey (Appendix D, Table 4), 35% (*n* = 127) were cisgender females, 20% (*n* = 72) were cisgender males, less than 1% (*n* = 1) were non-binary individuals, 6% (*n* = 22) preferred not to answer the question asking about gender, and 40% (*n* = 145) were missing. Respondents' average age was 47 years (*SD* = 10.31, *n* = 207). The largest percentage of respondents were White (42%, *n* = 154), followed by Black or African American (9%, *n* = 31), Hispanic and/or Latine/a/o (2%, *n* = 9), American Indian or Alaska Native (2%, *n* = 6), Asian or Asian American (1%, *n* = 3), and Middle Eastern or North African (less than 1%, *n* = 1). Another 6% (*n* = 22) preferred not to answer the race and ethnicity question and 40% (*n* = 145) were missing.

In terms of respondent roles, 32% (*n* = 116) held executive-level positions, 20% (*n* = 75) held managerial or supervisory positions, 8% (*n* = 30) held frontline staff positions, 2% (*n* = 8) listed their role as other, less than 1% (*n* = 2) listed their role as volunteer, and 37% (*n* = 136) did not indicate their role. The average number of years worked in their position was 10.45 (*SD* = 8.52, *n* = 230). Of the respondents, 48% (*n* = 176) worked directly with people who have experienced crime.

Of the 367 organizations represented in the organizational survey data, 13% (*n* = 47) were statewide organizations, 64% were single-county organizations (i.e., organizations whose service area consisted of a single county), and 23% were multi-county organizations (i.e., organizations whose service area consisted of two or more counties but were not statewide organizations; Appendix D, Table 5). Of the single-county or multi-county organizations (*n* = 288), 62% (*n* = 179) served primarily urban areas (i.e., 50% or more of the counties included in the service area were considered urban) and 38% (*n* = 109) primarily served rural areas. Organizations in the sample were from all but 8 of NC's 100 counties (Figure 2).



Of the 367 included organizations, 45% (*n* = 165) were law enforcement or other criminal or juvenile justice entities, 37% (*n* = 135) were crime victim service providers, 17% (*n* = 63) were crime victim advocacy and training providers, 11% (*n* = 40) provided direct services for demographic and cultural groups, 11% (*n* = 39) provided advocacy and training for demographic and cultural groups, 5% (*n* = 17) were medical service providers, and 12% (*n* = 45) reported providing other services (Table 2). After creating mutually exclusive organizational categories (see Section 2.4.4 of the full report), we established that 44% (*n* = 161) of respondents were law enforcement organizations/entities, 31% (*n* = 114) were crime victims service providers, 15% (*n* = 55) provided services for priority populations, 1% (*n* = 5) were medical service providers, and 9% (*n* = 32) were another type of organization. Approximately half (51%, *n* = 188) of respondent organizations were government agencies and a quarter were community-based or grassroots organizations (*n* = 92; Appendix D, Table 5).

The number of full-time staff varied widely across responding organizations, ranging from 0 to 14,000 (*M* = 113, *SD* = 798.77), with a median of 17 fulltime employees. Similarly, we found large variation in the number of part-time staff, contract workers, interns, and volunteers at these organizations. The medians for these positions ranged from 1 to 4 (Appendix D, Table 6).

Of the 367 respondent organizations, 42% (*n* = 155) had received GCC funding in the past and 33% (*n* = 121) were receiving GCC funding at the time they completed the survey. Compared to all other types of organizations, a larger proportion of crime victim service providers and advocates had received funding in the past (*n* = 91, 79.82%) and were currently receiving services (*n* = 83, 72.81%; Appendix D, Table 7).

3.2 Service Needs, Availability, Eligibility, and Adequacy

3.2.1 Service Needs

3.2.1.1 Variation in service needs of victims of crime. Providing appropriate, sufficient, and timely services for crime victims is critical given the myriad physical, financial, and psychological impacts of crime victimization. Service needs depend on the type of crime an individual experiences as well as their circumstances (e.g., lack of income; lack of housing; residing in an institutional setting, such as an adult care home or other health care facility; incarcerated in jail or prison) at the time of the crime. Furthermore, although any population can experience any type of crime, our interviews with providers and advocates indicate that specific populations may experience certain crimes more often. For example, fraud, scams, and exploitation may be more common among older adults, people with disabilities, refugees, and immigrants. In addition, participants indicated that communities of color, immigrants, people who are unhoused, and those involved in the criminal legal system may be more likely to experience unnecessary or unwarranted harm or violence by law enforcement or another government authority. Appendix D, Table 8 shows specific crimes that interviewees indicated were more commonly associated with specific priority populations. Other common crimes of interest in the study (e.g., murder, sex offenses, robbery, assault, domestic violence, theft) may not be associated with any specific populations, as providers and advocates reported that these crimes were experienced by all priority populations.

In terms of service needs, in interviews, service providers and advocates described the service needs of victims of crime and variation across priority populations. Across priority populations, transportation, mental health services, and financial assistance were the most commonly reported service needs (Appendix D, Table 9).

3.2.1.2 Transportation. Transportation was often reported as a service need because without adequate transportation many victims find it difficult to access in-person services in NC, as they may not have cars or a driver's license. According to participants, while this barrier applies to all populations, it may be particularly relevant for refugees, immigrants, and people with disabilities, resulting in their limited access to services. Service providers also reported that while bus transportation may be an option in some areas, it can be unreliable and difficult to access if bus stops are not close to victims' residences, especially in rural areas. Service providers working with specific priority populations also noted that their organizations were often the only ones providing services for large areas, requiring members from priority populations to commute long distances to obtain those services.

3.2.1.3 Mental health services. Mental health services were another service need identified across priority populations. Respondents stated that victims of crime often need trauma-informed care (e.g., counseling or therapy) after experiencing a crime. Most service providers and advocates reported that although mental health services exist in the community they serve, victims face many barriers (e.g., limited capacity, cost) to accessing these services. In addition, clients often need mental health services beyond the short-term period during which such services may be provided by victim service providers and/or covered by insurance. For instance, for co-victims of homicide, both the trauma of the loss and the grieving period itself may require longer-term mental health treatment that is often unavailable or limited in sessions.

***3.2.1.4 Financial assistance*.** Most interview participants identified financial assistance as a service need that cut across priority populations. Participants reported that victims often needed assistance covering the costs of treatment, legal aid, rent, gas, food, and many other necessities after experiencing a crime.. Additionally, co-victims of homicide may have lost a loved who was a financial provider within their family, or a survivor of domestic violence may have relied on the financial contributions of an abusive partner, inhibiting their ability to leave the abuser and seek safety.

3.2.1.5 Population- or crime-specific service needs. In addition to the service needs that cut across priority populations, respondents identified several needs unique to specific priority populations. First, language access was a common service need identified for specific populations with limited English proficiency, refugees, immigrants with documented and undocumented status, and individuals with disabilities. Many participants reported facing a limited availability of interpreters, most of whom were Spanish speakers. Language access service needs also include communication access via ASL interpreters or live captioning for the Deaf, Deaf-Blind and Hard-of-Hearing communities—services which are not readily available outside of organizations specifically serving those communities.

In addition, housing access was a common service need identified not only for unhoused individuals, but for individuals who may need to find alternative housing after experiencing crimes including but also not limited to domestic violence, sexual assault, and co-victims of homicide. Respondents recognized the existence of shelters, but stated that many of them are not accessible due to shelter rules regarding drug and alcohol use, capacity at the shelter, or lack of cultural humility or gender acceptance in those service settings (e.g., lack of services for gender non-binary and transgender people).

3.2.2 Service availability and eligibility. Today, no centralized database exists of service information across North Carolina. Thus, this section primarily draws on two data sources, both of which are limited in their ability to accurately represent available services. First, data from the organizational survey represent information about the services, crimes addressed, and priority population of focus of those who answered the survey (i.e., not the larger service system). Consequently, we cannot generalize our findings to all services in the state, but only to those who responded. Second, the website assessment is limited to those organizations that have a website, the existence of which may be impacted by the organization's capacity and resources to develop and maintain the website, the degree to which the website is representative of services, and whether the information is up to date. The GCC may wish to assess additional relevant information to address assessment questions related to service availability, crime types addressed, and priority populations of focus. However, the fact that findings are consistent across the two sources (i.e., the organizational survey and the website assessment) and correspond to findings from the literature review indicates the reliability of these sources.

***3.2.2.1 Type of services provided by organizational survey respondents*.** Organizational survey participants were asked to identify the types of services their organization provided. Appendix D, Table 10 shows the types of services provided across regions of the state and in rural and urban areas. There are four main categories of services listed in the table: (1) material needs; (2) service co-ordination, crisis counseling, mental health, substance use and other services; (3) court, advocacy, and legal services; and (4) medical services.

For the material needs category, a higher percentage of organizations reported providing food, clothing, and hygiene products (36%, *n* = 99) followed by assistance with compensation claims (33%, *n* = 92) and assistance applying for public benefits (33%, *n* = 89). Far fewer organizations reported providing placement services for older adults (11%, *n* = 30) or financial assistance for funeral or burial services (7%, *n* = 18).

For the service coordination, crisis counseling, mental health and substance use services category, and community outreach was provided by most organizations (63%, *n* = 182), followed by safety planning (59%, *n* = 162), victim advocacy (48%, *n* = 138), and case management (47%, *n* = 135). By contrast, few respondents provided telepsychiatry (9%, *n* = 24), substance use treatment (8%, *n* = 23), drug and alcohol detoxification (4%, *n* = 10), and day services for older adults (2%, *n* = 6).

For the court, advocacy, and legal services category, 43% (*n* = 121) of respondents provided court accompaniment and court advocacy, 37% (*n* = 101) provided assistance with protective orders, 34% (*n* = 94) provided notification about court hearings, and 33% (*n* = 91) provided victim impact statements. Far fewer organizations provided legal representation (8%, *n* = 21), restorative justice or victim offender dialogue (7%, *n* = 18), victim or witness protection (6%, *n* = 17), or adult protective services 5% (*n* = 14).

For the medical services category, 38% (*n* = 106) of respondents provided accompaniment to medical appointments, 30% (*n* = 82) provided advocacy for clients navigating the health care system, and 20% (*n* = 56) provided forensic medical exams for sexual assault. In contrast, just 7% (*n* = 18) of organizations provided dental care and 10% (*n* = 27) conducted HIV and STI screenings.

Across regions and rural and urban communities, the five services most often provided were largely consistent: safety/security planning; community outreach; victim advocacy; case management and service coordination; and court accompaniment and court advocacy. Likewise, the services least often provided were generally consistent across regions and rural and urban communities; however, several of these services (e.g., dental care) appear to be outside the scope of responding organizations' service offerings. Additional information about services provided can be found in Appendix D, Table 10.

3.2.2.2 Crime types addressed. The organizational survey inquired whether the organization focused specifically on one of the study's priority populations. Appendix D, Table 11 is organized by type of crimes addressed and provides the percentage and number of organizations addressing specific types of crime. Overall, a higher percentage of organizations indicated domestic violence as a priority crime (65%, *n* = 147), followed by child sexual abuse or assault (52%, *n* = 117), child abuse and neglect (50%, *n* = 113), sex trafficking (47%, *n* = 106), and adult sexual assault (44%, *n* = 100). At the same time, most crime types were addressed by less than a third of organizations, and violent crimes such as homicide and mass violence were addressed by only 18% (*n* = 40) and 10% (*n* = 23) of organizations, respectively. Notably, the underrepresentation of providers addressing a certain type of crime does not necessarily mean that there is less need for this type of support; rather, it could indicate that fewer services may be available for those experiencing this type of crime.

With slight variation in order of prevalence, domestic violence, child sexual abuse or assault, child abuse and neglect, sex trafficking, and adult sexual assault were the top crimes addressed by organizations in each region of the state and across urban and rural areas. Likewise, in each region of the state, most crime types were addressed by less than a third of organizations. Consequently, this pattern of service availability (i.e., much larger service availability for fewer crime types) suggests a number of potential service gaps (i.e., those services least often provided) to be explored further. Additional data regarding crime types addressed by organizations can be found in Appendix D, Table 11.

Consistent with results from the organizational survey, our website assessment (i.e., assessment of organizational websites, *n* = 430; Appendix D, Table 12) showed that, compared to service information for other types of crime, service information for people who experienced sex offenses (including sexual assault, rape, sexual abuse), assault (including assault within the context of partner or domestic violence), and human trafficking was most often found on organizational websites. This finding was consistent across regions of the state and in rural and urban areas. On the other hand, websites provided scant information about services for people who experienced any other type of crime (e.g., homicide, fraud, robbery, forgery, arson). Given the low number of websites providing information for or about people who experienced crimes other than sex offenses, assault, and human trafficking, variation in these less common services across region and rural and urban setting could not be reliably assessed.

Lack of information about crime-specific services on organizational websites or lack of survey respondents indicating that they focus on a particular type of crime (e.g., arson, burglary, embezzlement, co-victims of homicide) does not mean those services are not needed. Rather, these patterns may reflect existing state and federal funding priorities for child and adult victims and survivors of physical and sexual violence.

3.2.2.3 Priority populations of focus. Respondents on the organizational survey were asked to indicate whether any of the study's priority populations were a *specific* focus of their organization (e.g., culturally specific organizations serving LGBTQIA communities, service organizations for immigrants and refugees). Appendix D, Table 13 shows the number and percentage of organizational survey respondents who identified specific priority populations their organization served and variation across regions of the state and rural and urban areas. Overall, a higher percentage of organizations indicated specific age ranges as a priority population, including individuals 18 to 24 years of age (53%, *n* = 119), 5 to 17 years of age (52%, *n* = 118), 25 to 64 years of age (52%, *n* = 117), and 65 years or older (47%, *n* = 106). Additionally, 50% (*n* = 112) of organizations indicated a focus on Hispanic or Latine/a/o communities and 46% (*n* = 103) indicated a focus on Black or African American communities. Conversely, far fewer organizations indicated a focus on people with disabilities. For example, 14% (*n* = 31) of organizations focused on people with hearing loss or impairment, 14% (*n* = 32) focused on people with vision loss or impairment, 15% (*n* = 33) focused on people with mobility impairments, and 18% (*n* = 41) focused on people with psychiatric disabilities. In addition, 18% (*n* = 41) focused on people from religious minority groups, and 22% (*n* = 49) focused on veterans. Additional priority populations can be found in Appendix D, Table 13.

We observed some notable differences when comparing priority population representation on websites across rural and urban areas. For instance, compared with websites of organizations in urban counties, those in rural counties had less information for or about specific

priority populations (e.g., LGBTQIA communities, refugees, immigrants). Further, no websites from rural organizations had information for or about people with involvement in the criminal legal system, people from religious minority groups, Asian communities, or Hawaiian or Pacific Islander communities. Although respondents may have misinterpreted the purpose of the question (e.g., to identify groups of people who seek services vs. naming a specific priority population of focus) and responses may have been shaped by social desirability bias (e.g., a desire to indicate some populations as foci in order to not appear that the organization excludes those groups), the consistency of findings across regions of the state and the findings from the website assessment suggests that the impact of potential misunderstanding or social desirability may be marginal.

Themes from the website assessment (i.e., assessment of organizational websites [*n* = 430]; Appendix D, Table 14) are largely consistent with the organizational survey findings. For example, relative to other priority populations, information for or about teens (including youth and young adults), people with limited English proficiency, and Latine/a/o individuals were most often found on organizational websites. Information for or about other members of the BIPOC community—including American Indian and Alaska Native communities, Asian communities, Hawaiian or Pacific Islander communities, and Black or African American communities—was least often found on organizational websites. Lastly, people from religious minority groups and those with involvement in the criminal legal system were underrepresented on organizational websites. Overall, organizational websites provided scant information for or about specific priority populations, and the information that was available for these populations came from organizational websites clustered into one region of the state.

Lack of information on an organizational website does not necessarily mean that that organization does not provide services for a given priority population. However, it may communicate discouraging signals to crime victims who belong to priority populations. For instance, lack of information on agency websites may signal a lack of representation of the populations among an agency's staff and providers. The representation of a population among an organization's staff is a factor affecting clients' decisions to seek services at an organization, as staff representation impacts potential clients' perceptions of the accessibility and appropriateness of that organization's services. Lack of representation may also indicate that the organization has limited capacity (e.g., expertise, resources) to serve a priority population, which could impact individuals' decisions to seek services from that service provider. While determining the reasons that websites lacked sufficient information for and about priority populations was outside the scope of this assessment, future analyses should seek to determine these reasons in order to enhance service engagement among priority populations served by organizations with websites.

3.2.2.4 Eligibility criteria. As part of the organizational survey, respondents were asked to indicate whether a given set of eligibility criteria was applicable to their services (Appendix D, Table 15). Overall, 27% (*n* = 75) reported not having eligibility criteria and 22% (*n* = 60) indicated that the question was not applicable. Of those reporting eligibility criteria, 18% (*n* = 49) required that the crime be reported to law enforcement, 16% (*n* = 45) required that the crime was committed within a specific county, and 14% (*n* = 23) required that the crime occurred in North Carolina. These latter findings were largely accounted for by law enforcement respondents to the survey.

3.2.3 Finding information about services. Results from the organizational survey and website assessment also highlighted the major ways in which organizations share information about their programs and how individuals are referred to them (Appendix D, Table 16). Overall, the most common way that organizations shared information about available services was via referrals. In fact, 60% (*n* = 165) of organizational survey respondents indicated that their clients learned about services via referrals, followed by word of mouth (57%, *n* = 157), brochures (55%, *n* = 151), and community outreach (53%, *n* = 146). The least used mechanisms for sharing information about services were informational letters (15%, *n* = 41), newspaper ads (11%, *n* = 26), television announcements and advertisements (8%, *n* = 21), and radio announcements (12%, *n* = 32). Use and non-use of these various strategies was consistent across regions of the state and in rural and urban areas.

In terms of referral sources, a majority (64%, *n* =177) indicated law enforcement as a referral source, followed by victim advocate or victim service agencies (44%, *n* = 122), medical services (42%, *n* = 118), friends and family (45%, *n* =126), or a counselor (44%, *n* =121). The prevalence of different referral sources was consistent across regions of the state and in rural and urban areas (Appendix D, Table 17).

3.2.4 Adequacy of services

3.2.4.1 Adequacy of services by crime type. Appendix D, Table 18 shows information about the extent to which people who experience specific types of crime are adequately served across rural and urban locations, as well as across different regions of the state. Overall, across all crime types, the greatest number of respondents reported perceiving that services were adequate for victims of domestic violence or family violence (60%, *n* = 154), child sexual abuse/assault (58%, *n* = 148), child physical abuse/neglect (57%, *n* = 147), adult physical assault (55%, *n* = 139), and adult sexual assault (54%, *n* = 139). These top five crime types were consistent across regions of the state and rural and urban areas, albeit with some minor variation in order. On the other hand, across all crime types, the crime types perceived to be least adequately served included bribery, extortion/blackmail, labor trafficking, terrorism, and sex trafficking. These results were fairly consistent across regions of the state and rural and urban areas, albeit with some variation in order.

3.2.4.2 Adequacy of services by priority population. Appendix D, Table 19 provides information about the extent to which specific priority populations are adequately served across rural and urban locations, as well as across different regions of the state. Overall, across priority populations, the top five populations perceived to be adequately served are White individuals (62%, *n* = 151), adults 25-64 years old (50%, *n* = 121), college students (49%, *n* = 122), and adults 18-24 years old (47%, *n* = 114). These top five populations were relatively consistent across regions of the state and rural and urban areas, with minor variation in their order, with two exceptions: 58% (*n* = 42) of respondent organizations from rural areas perceived that people involved with the criminal justice system were adequately served, and the same percentage reported perceiving that veterans were adequately served (58%, *n* = 42). Conversely, across all populations, those perceived to be the least adequately served included transgender men (28%, *n* = 68); individuals who are Deaf, Deaf-Blind or Hard of Hearing (28%, *n* = 69); transgender

women (28%, *n* = 67); and individuals with psychiatric disabilities (27%, *n* = 68). These results were consistent across regions of the state and rural and urban areas.

3.3 Barriers to Accessing Services

Although the contents of this section are derived from all data sources from this assessment, they are organized by the key findings of the organizational survey. Specifically, organizational survey participants were first asked to identify whether priority populations were adequately served and, if they indicated that a group was underserved or not served, they were then asked to identify some potential barriers to adequate service access from a list of options. Consequently, sample number varies by priority population, and percentages represent the proportion of those who indicated both that a particular population was underserved and that a given barrier impacted the group's access to services. We present our results in order of the reported prevalence (i.e., number of times endorsed overall) of specific barriers identified in the organizational survey and, as applicable, additional results are integrated from the website assessment and interviews with service providers and advocates. When relevant, we also note variation in barriers across priority populations (see Appendix D, Table 20).

3.3.1 Lack of trust of the service system. Across priority populations, lack of trust was perceived as a significant barrier impeding access to services. A higher proportion of respondents indicated that lack of trust was a barrier for transgender women (98%, *n* = 50), transgender men (92%, *n* = 47), non-binary individuals (98%, *n* = 48), and lesbian, gay, bisexual, and queer individuals (98%, *n* = 47). Lack of trust in the service system was also perceived as a significant barrier across all BIPOC communities: Black or African American (97%, *n* = 49), American Indian or Alaska Native (94%, *n* = 29), Asian or Asian American (94%, *n* = 33), Hispanic or Latine/a/o (94%, *n* = 65), Middle Eastern or North African (91%, *n* = 29), Native Hawaiian or Other Pacific Islander (92%, *n* = 24), and biracial or multiracial people (94%, *n* = 30).

3.3.2 Not knowing whether a service exists. Across priority populations, 68% to 90% of respondents indicated that not knowing whether a service existed impeded their population's access to services. Because lack of knowledge about available services was a significant barrier across all groups, there was no notable variation in this regard across priority populations. However, we observed notable variations in the types of services that organizational survey respondents reported not knowing about (Appendix D, Table 21). For example, overall, around a third of participants did not know whether restorative justice services (35%, *n* = 96), financial assistance for funerals and burials (33%, *n* = 88), and telepsychiatry services (31%, *n* = 83) existed. Additionally, around a quarter of respondents did not know whether recreational or social activities (28%, *n* = 78), day services for older adults (26%, *n* = 68), placement services for older adults (22%, *n* = 59), victim or witness protection services (23%, *n* = 61), or telehealth services (27%, *n* =73) were available.

Understandably, lack of awareness or the perception that a service is unavailable impacts whether a person seeks services. Consequently, metrics for determining service need in any given community or for any given service should not rely solely on expressed demand (i.e., the number of people who seek services). Indeed, given how prominent a role lack of knowledge

plays in impeding service engagement, the expressed demand for a service likely underrepresents the actual need for that service because expressed demand does not include those who opt not to seek services or those who need those services but do not know about them in the first place.

3.3.3 Isolation and lack of social support. Another significant barrier to service engagement was lack of social support. Across priority populations, organizational survey respondents indicated that this barrier was particularly salient for transgender women (88%, *n* = 52), transgender men (85%, *n* = 51), lesbian, gay, bisexual, and queer individuals (85%, *n* = 50), people with involvement in the criminal legal system (85%, *n* = 46), people who are unhoused (87%, *n* = 75), members of religious minority groups (88%, *n* = 28), and individuals with limited English proficiency (87%, *n* = 59). These results highlight a potential service gap that may be effectively addressed with social or recreational activities, day services, and other types of social support (Appendix D, Table 10) to increase help-seeking behavior.

3.3.4 Fear of retaliation. Across priority populations, 57% to 93% of respondents indicated that fear of retaliation for seeking services was a barrier to accessing services. This barrier was particularly salient among transgender women and males (89%, *n* = 47), lesbian, gay, bisexual, and queer individuals (90%, *n* = 47), and members of BIPOC communities (e.g., Black or African Americans [90%, *n* = 38] and biracial or multiracial individuals [93%, *n* = 28]). This finding is corroborated by findings from our interviews with service providers and advocates, who noted that many victims feared retaliation and often cited this as a reason for refusing to seek services. Interview participants also noted that service-seeking behavior among immigrants and refugee communities was particularly impacted by fear of retaliation, with some interview participants noting that, perpetrators of crime and abuse against undocumented immigrants may threaten to report the victim's immigration status if they report a crime or seek services.

3.3.5 Knowing victims' rights. According to organizational survey respondents, knowing victims' rights was a significant barrier among individuals with limited English proficiency (85%, *n* = 72), refugees or immigrants (84%, *n* = 75), people involved with the criminal legal system (82%, *n* = 51), and LGBQ+ individuals (81%, *n* = 54). Coupled with findings from our organizational survey that 21% of survey respondents did not know whether immigration legal services were provided in their area and 8% (*n* = 21) reporting that they would help provide legal representation, some priority populations' lack of knowledge of their rights as victims highlights the need for education, outreach, and assistance regarding legal matters among victims of crime generally, and especially for those services most pertinent to specific priority populations.

3.3.6 Lack of family support. Organizational survey respondents indicated that a lack of family support was a barrier to accessing services among several priority populations, and was particularly salient for transgender women (88%, *n* = 52), LGBQ+ individuals (86%, *n* = 51), transgender men (85%, *n* = 51), adults 65 years and older (82%, *n* =54), and people who are unhoused (81%, *n* = 70). Given that 45% (*n* = 126) of the organizations that reported receiving service referrals indicated that family and friends were a referral source (Appendix D, Table 17), without family involvement and other social supports, people who experience a crime may be less likely to seek services. Therefore, initiatives designed to enhance personal support systems

should be incorporated into efforts to address barriers to service access among multiple priority populations.

3.3.7 Fear or mistrust of law enforcement. Across data sources, fear or mistrust of law enforcement was consistently identified as a barrier to accessing services. In the organizational survey, fear of law enforcement was particularly salient among refugees or immigrants (90%, *n* = 62), Hispanic or Latine/a/o individuals (87%, *n* = 60), people with limited English proficiency (85%, *n* = 55), Black or African American individuals (84%, *n* = 43), people who are unhoused (78%, *n* = 58), and people with psychiatric disabilities (75%, *n* = 61). In interviews, service providers and advocates further emphasized that the relationship between community and law enforcement impacts a community's willingness to report crimes and seek legal assistance from law enforcement. Further, interview respondents reported that law enforcement has poor relationships with many populations, and significantly poorer relationships with people with limited English proficiency, immigrants, refugees, and Black individuals.

3.3.8 Lack of transportation. Transportation was a significant barrier to accessing services across priority populations, including people 65 and older (81%, *n* = 61), people who are unhoused (80%, *n* = 83), those who need assistance with activities of daily living (78%, *n* = 59), refugees and immigrants (78%, *n* = 69), those with mobility impairments (77%, *n* = 56), and those with limited English proficiency (77%, *n* = 65). During their interviews, service providers and advocates also named transportation as a primary barrier to accessing services, explaining that without adequate transportation victims are unable to access services after experiencing a crime, and that this issue was particularly pressing in rural areas or any location without adequate public transportation.

3.3.9 Emotional challenges. Organizational survey respondents noted that clients' behavioral and emotional challenges (e.g., mental health conditions, experiences of trauma related to the crime) may impact their ability to access services. They also indicated that this barrier was most salient for people who are unhoused (87%, *n* = 75), people with psychiatric disabilities (85%, *n* = 78), people with intellectual, learning, or neurological disabilities (84%, *n* = 61), and people involved with the criminal legal system (83%, *n* = 45). This finding was further emphasized in interviews with service providers and advocates, who described the need for immediate, short-term, and long-term counseling and support services. Ensuring that these counseling and emotional support services are available will help address the barrier that emotional challenges can create in seeking services.

3.3.10 Lack of culturally competent services. Lack of culturally competent services was reported as a barrier to accessing services that is particularly salient among several priority populations, including but not limited to transgender men (83%, *n* = 35), transgender women (83%, *n* = 35), non-binary people (78%, *n* = 32), Asian or Asian American communities (81%, *n* = 29), American Indian or Alaska Native communities (74%, *n* = 20), and Black or African American communities (73%, *n* = 30).

In interviews, service providers and advocates provided further context regarding the role of cultural competence in clients' decisions to access services. Namely, they reported that most organizations use a one-size-fits-all approach to providing services to different populations. Unfortunately, using the same approach to serve multiple diverse populations often impedes

cultural competence, as service providers and advocates report that it can limit the ability of organizations to provide services congruent with the distinct cultures and values of the clients they serve. Further, interview participants stated that levels of cultural competence varied from organization to organization, depending on (1) the organization's relationships with the community; (2) how representative the organization was of the community it aimed to serve; and (3) the degree to which an organization's staff were trained in cultural competence, diversity, equity, and inclusion.

Although the barriers described here were the most salient, respondents to the organizational survey reported other barriers including lack of childcare, lack of internet access, not self-identifying as a victim, inconvenient service hours, and inaccessible location of services. Additional data can be found in Appendix D, Table 20.

3.3.11 Impact of COVID-19. In another section of the organizational survey, we asked respondents to indicate the impact of COVID-19 on their clients' access to services. Appendix D, Table 22 provides information about the extent to which the COVID-19 pandemic impacted the delivery of services by organization type (i.e., crime victims' services [*n* = 114], services for culturally specific priority groups [*n* = 55], and law enforcement [*n* = 161]). As shown in Table 22, 12% of respondents representing all organization types suggested that their services were substantially impacted by the pandemic. More specifically 15.56% of crime victims services, 15% culturally specific services, and 7.22% of law enforcement services reported being substantially impacted by the pandemic.

3.4 Organizational Capacity and Training Needs

This section details existing strategies that organizations use to increase access to their services as well as specific trainings that organizations need to address access barriers and improve organizational capacity.

3.4.1 Organizations' strategies for increasing accessibility. Organizations were asked to describe the strategies they use to increase their services' accessibility (Appendix D, Table 23). Reported strategies were compared across type of organization (i.e., crime victims services providers, culturally specific organizations, and law enforcement), region, and rural and urban settings.

The most common strategies included implementing flexible scheduling for office appointments (84%, *n* = 167), printing materials in languages other than English (81%, *n* = 163), providing services via phone (80%, *n* = 160), providing language interpretation (78%, *n* = 158), and making structural or physical changes to the service setting's building (77%, *n* =155). Fewer organizations indicated making communication accessible via braille, large print, closed captioning, or providing sign language interpreters (57%, *n* = 115), providing assistive technology like TeleTYpe and Telecommunications Device for the Deaf (i.e., TTY and TDD; 43%, *n* = 85), providing ergonomic chairs (47%, *n* = 93), providing services via video conferencing (61%, *n* = 122), or providing transportation (54%, *n* = 109). Comparatively few respondents (29%, *n* = 57) reported that they had made their organization's website available in languages other than English to increase accessibility.

We did not observe noteworthy variation in strategies to increase accessibility across regions or rural and urban settings. However, we did observe a few notable differences between types of service providers. For instance, 93% (*n* = 87) of crime victims service providers offered language interpretation compared to 71% (*n* =19) of culturally specific organizations and 64% (*n* = 45) of law enforcement. Similarly, 74% (*n* = 69) of crime victim service providers offered accessible communication such as braille and ASL interpretation, compared to 37% (*n* = 10) of culturally specific organizations and 44% (*n* = 31) of law enforcement. Compared to culturally specific organizations and law enforcement, a significantly higher percentage of crime victim service providers implemented strategies to increase accessibility including making structural or physical changes to their service setting, using assistive technology, having ergonomic chairs, and having printed materials in a language other than English. Additional results are provided in Appendix D, Table 23.

3.4.2 Language interpretation and translation. Of the organizations indicating that they provided language interpretation, the majority used a telephone language line (73%, *n* = 116), followed by interpretation by a staff member (71%, *n* = 122), a paid interpreter (52%, *n* = 82), an informal interpreter (49%, *n* = 78), and volunteer interpreters (37%, *n* = 59; Appendix D, Table 24). Compared to respondents from law enforcement and culturally specific organizations, crime victims service organizations were more likely to use paid interpretation services, the telephone language line, and staff members.

Notably, we were not able to assess the quality of the interpretation services or services to translate documents and websites used by different organizations in different sectors. Further, the availability of interpretation and translation services does not mean that written materials and interpretation services are available in all languages needed by clients. For example, according to the organizational survey (Appendix D, Table 25), the primary language for interpretation and translation was Spanish, with 96% (*n* = 137) of these respondents indicating that they provided Spanish interpretation, 96% (*n* = 153) indicating that they had translated printed materials into Spanish, and 82% (*n* = 46) indicating that they offered Spanish-language versions of their websites. Additionally, 29% (*n* = 41) of organizations offered Arabic interpretation, followed by Mandarin (27%, *n* = 38), Vietnamese (27%, *n* = 38), German (25%, *n* = 36), and Russian (25%, *n* = 35). Printed materials and websites in languages other than English and Spanish were largely unavailable.

3.4.3 Screening, evidence-informed practice, and polyvictimization. Overall, 46% (*n* = 134) of organizational survey respondents indicated that they used a formal screening or assessment instrument to help determine client needs and 41% (*n* = 118) screened for polyvictimization (i.e., when a person experiences multiple types of victimizations such as assault and bullying; Appendix D, Table 26). Crime victims service providers were most likely to use standardized screening instruments and to screen for polyvictimization, and law enforcement was the least likely in both respects. Specifically, 66% (*n* = 75) of crime victim service providers and 11% (*n* = 17) of law enforcement respondents reported using standardized screening for determining needs. Likewise, 57% (*n* = 65) of crime victim service providers reported screening for polyvictimization compared to 17% (*n* = 27) of law enforcement

respondents. Additionally, crime victims service providers (64%, *n* = 65) were more likely to use evidence-informed practices than were culturally specific organizations (33%, *n* = 14) or law enforcement (17%, *n* = 21).

3.4.4. Waitlists and service requests outside of scope. One segment of our organizational survey analysis asked representatives of crime victims service providers and culturally specific organizations whether their organization had a waitlist for services or had received requests that were beyond the scope of their services (Appendix D, Table 27). Overall, 30% of these respondents indicated having a waitlist for services in 2021. These results were consistent across crime victim service providers and culturally specific organizations as well as regions and rural and urban settings. Compared with culturally specific organizations (39%, *n* = 16), crime victims service providers (52%, *n* = 50) were more likely to receive service requests outside of their scope of service.

3.4.5 Training and support needs. Among the 175 respondents who answered this survey question (Appendix D, Table 28), the top five training needs reported were: training in trauma-informed approaches (61%); training regarding the needs of specific populations (47%), such as the LGBTQIA community; cultural competence training (45%); training specific to victims of specific crimes (43%), such as human trafficking; and training regarding how to navigate the criminal legal system in North Carolina (40%). A complete list of specific training topics suggested by survey respondents is found in Appendix D, Table 29.

Regarding training methods, respondents reported that local, in-person training was most preferred (66%), followed by online self-paced training modules (40%), regional in-person training (37%), and statewide in-person training (35%). Survey respondents were also asked to select their top five support needs from a provided list of potential needs (Table 30). Among the 213 respondents who answered this survey question, the top five identified support needs were: increased pay/benefits (49%); more full-time staff (47%); greater collaboration with state agencies (27%); increased public awareness of crime victim services (27%); and increased funding for crime victims services (24%).

4. Key Takeaways and Recommendations

To better understand the needs of victims of crime in North Carolina and current gaps in the crime victim service system, this statewide needs assessment employed multiple data collection methods, allowing us to confirm trends across data sources and increase our confidence in our findings. While the present study understandably has limitations given its vast scope (i.e., multiple priority populations across all regions of the state), our findings yield up-to-date and actionable information about the unmet needs of victims of crime, particularly members of underserved and marginalized priority populations, in NC. This report is a launching pad for evidence-based actions and charts a pathway forward for additional community-engaged work to explore service, access, and outcome disparities and develop tailored solutions.

This section is organized into three parts. The first is a bullet point summary of the key takeaways from the study findings. The second part details 5 process-oriented overarching recommendations for building on study findings and recommendations. The third part provides 7 recommendations for addressing the barriers identified in Section 4.1.

4.1 Key Takeaways

The following summary of findings emerged from the web presence assessment, interviews with service providers and advocates, and the organizational survey described in the previous section. Results are summarized in the order they appear in the full report (Section 3).

- Given the potential impact of trauma on individual wellbeing as well as the material and financial impacts of certain types of crime, many **people need longer-term assistance**; however, individuals report that currently time-related limitations (e.g., resources for mental health services and grief counseling) are resulting in inadequate service provision in NC.
- People in rural counties or in areas where organizations serve a vast jurisdiction (e.g., one organization serving multiple counties) have **difficulty accessing services due to transportation.**
- Compared to other categories of support, such as safety planning and case management, **fewer organizations provide material resources** (e.g., financial assistance for burial, relocation services, emergency financial assistance), **despite findings that financial assistance, transportation, and housing are top needs** across populations and crime types.
- **Lack of timely and high-quality language interpretation** (e.g., Spanish, American Sign Language), **translated material** (e.g., websites, forms) and materials in **braille** inhibit service access across many priority populations.
- One of the most common ways crime victims learn about services is through referrals from other organizations and word of mouth; however, **many organizations reported not knowing about the availability and adequacy of different services**, meaning that organizations may be missing opportunities to refer clients to needed services.

- Given that lack of awareness or the perception that a service is unavailable impacts whether a person seeks services, **metrics for determining service need in any given community or for any given service should not rely solely on expressed demand** (i.e., the number of people who seek services) because expressed demand does not include those who opt not to seek services and thus consequently **underrepresents the actual need for a service**.
- **Housing access** was a reported need priority across groups, from needing short- and longer-term rental assistance after experiencing a crime to a lack of shelter options for non-binary and transgender people.
- Services for domestic violence, child sexual abuse or assault, child abuse and neglect, sex trafficking, and adult sexual assault account for much of the crime victim service system, meaning that **far fewer organizations address the majority of types of crimes committed**.
- **Adequacy of crime victim services appeared to be low across all priority populations**, especially services for people with psychiatric disabilities, people in the Deaf, Deaf-Blind, and Hard of Hearing communities, and transgender and non-binary individuals.
- While many organizations indicated that they serve all individuals, they typically do not have a specific focus on priority populations or include **representation on their websites**. This matters because assessment findings show that lack of representation and lack of cultural competence are key barriers to seeking services among many priority populations.
- Lack of **trust in the service system**, lack of **awareness about services**, **isolation** and lack of **social support**, fear of **retaliation**, not knowing **victims' rights**, lack of **family support**, **mistrust of law enforcement**, lack of **transportation**, **emotional** challenges, and lack of **culturally competent services** were top barriers to service access.
- Organizations reported a preference for **in-person training or self-paced training modules as well as specific training needs** in trauma-informed approaches, priority populations, specific crime types, cultural responsiveness, and how to navigate the criminal legal system.

4.2 Overarching Recommendations

This section describes five process-oriented recommendations about steps and approaches for following up on study findings. We believe that, taken together, all of these recommendations are necessary to adequately address the barriers to service access identified in this report.

1. **Establish or designate a representative group to review this study's findings and develop an implementation plan based on them.** This report addresses the main objective outlined by the GCC: to identify the barriers to accessing services across priority populations. This report's findings are actionable and should inform future GCC decision making and priorities; however, needs assessments do not provide prescriptive guidance about localized and population-specific actions. Rather, this report represents the first necessary step toward

developing a larger action plan guided by the results of this study and a planning and implementation committee. Given the existing committees and boards within the GCC, such a planning group may already exist. However, an effective action planning and implementation process to address gaps and barriers in services across underserved groups requires those groups to have a seat at the table where decisions are made. Consistent with our own use of and recommendation for using a community-engaged approach focused on underserved and historically underrepresented groups, the GCC should ensure that membership in the planning and implementation group is representative of the priority populations, regions for whom services and supports are being discussed and planned, and individuals with lived and/or professional experience with various types of crime. The GCC should also promote diverse group membership, including staff, commissioners, existing committee members, funded agencies, and other community members.

2. **Implement and promote community-engaged approaches in all phases of funding.** The underlying theme across this report is that services would be greatly improved if they were planned, funded, and implemented with ongoing involvement from community members who are members of underserved populations, both at the GCC level and among funded organizations. A system that is truly responsive to the needs of the priority populations must reflect their voices, preferences, and priorities. This requires building relationships with communities, strengthening connections between organizations, and improving representation of underserved communities on state and local organizational staff. These actions would improve those communities' connections to existing care and support and grow the availability and accessibility of services that are most useful to underserved populations.

   To the fullest extent possible, we recommend that the GCC promote community-engaged approaches throughout all phases of funding. Example actions may include:
   - Set funding priorities based on disparities in access found in this assessment.
   - Prioritize applications proposing meaningful community engagement initiatives by which organizations can determine the need for services in a given community.
   - Continue to fund staff at GCC whose position are dedicated to engaging marginalized communities and individuals and expand those positions' focus on engaging culturally specific organizations.
   - Promote priority populations' representation in all operations of the GCC, including recruitment and retention of staff and Commissioners, and consider collaborating with the NC Department of Administration's NC Commission on Inclusion.
   - Create a committee of culturally specific organizations to inform GCC planning and funding parameters, participate in funding decisions, and inform service delivery on an ongoing basis. Provide funds for these organizations to participate in the committee.
   - Prioritize the perspectives of people with the most expertise in funding design and award decisions. For instance, culturally specific organizations' perspectives should be prioritized in funding decisions regarding culturally specific or responsive service efforts.

- Conduct proactive outreach to diverse organization types across the state (e.g., culturally specific organizations) that are underrepresented among GCC funding applicants to let them know they are eligible to apply and support them in the application process.
- Reduce barriers to applying for funding for smaller or non-traditional partner agencies wherever possible, such as providing support for filing exemptions from match, as was done during COVID-19.

3. **Sustain services currently provided for specific types of crime that multiple stakeholders already consider to be adequately addressed.** That is, continue funding what we know is working. With support from GCC, NC's service providers have made progress in addressing several important crime victim needs**.** Across all types of crime, domestic violence, sexual assault, and child abuse appear to be the most robust and available crime victim services in NC. This not only reflects existing funding priorities but also coordination, collaboration, and training across the state. These achievements should be celebrated and sustained.

   Highlighting the availability of these types of crime victim services does not mean that there are no barriers to accessing these services. Rather, every type of crime victim service should focus on addressing the barriers identified in this report, including barriers related to trust and cultural responsiveness, across all priority populations.

4. **Expand the list of priority populations and adopt the language and terms endorsed by the CAB.** As an important first step, the CAB and research team discussed the language and terminology we should use to refer to priority populations, people who experienced crime, and how to address intersectionality (i.e., people hold multiple intersecting and marginalized identities that impact their experiences, including seeking help and gaining service access after experiencing a crime). Although not all CAB members and research team members used or endorsed the same terminology (e.g., victims of crime, survivors of domestic violence), there was large agreement to use the terms preferred by the members of priority populations represented on the CAB, either through their personal identification with the group or through their volunteer and professional work. For example, we adopted the term *BIPOC* to refer to Black, Indigenous, and all people of color; however, where possible throughout the study (e.g., survey items), it was important for us to disaggregate different racial and ethnic identities included in the acronym (e.g., Latine/a/o, American Indian, Asian and Asian American), acknowledging that there are diverse experiences across BIPOC communities.

   In addition, we added co-victims of homicide as a priority population based on feedback from CAB members as well as interviews with service providers and advocates. Co-victims of homicide are people with a loved one (i.e., family, friend) who was taken by homicide. Although homicide may have a lower incidence rate compared to other types of crime in this study (e.g., assault, domestic violence), it disproportionately impacts youth of color and claims their families, friends, and witnesses of homicide as co-victims. These co-victims of homicide experience grief, loss, and trauma and need immediate, shorter-term, and longer-term support following the homicide that, if unaddressed, can have a sustained impact on their wellbeing.

5. **Prioritize discretionary and competitive funding for initiatives that address population-specific or regional and rural barriers to accessing services.** On any given day, a person who experiences a crime and seeks services may not have their needs met or may decide not to seek services. However, when help-seeking behavior, crime reporting, and accessing services systematically differ by groups of people based on shared experiences, identities (e.g., people with disabilities, members of religious minority groups, members of BIPOC communities, refugees, immigrants), or location, maintaining routine decisions about resource allocation exacerbates these inequities in the service array. Consequently, the GCC should prioritize proposals and applications that address the availability of and access to services across priority populations, regions, and rural communities.

   To support the GCC's pursuit of this recommendation, we provide additional recommendations below related to addressing specific barriers discussed in the report results.

4.3 Recommendations to Address Barriers to Accessing Services

In this section, we describe 7 further recommendations focused on addressing the top barriers to service access identified in the assessment. Many of these recommendations are not specific to any one priority population but address barriers that cut across multiple groups and inhibit service access.

1. **Build communities' trust in service providers and law enforcement to reduce community members' hesitancy to seek needed services.** Services are available and accessible to those who trust that the public safety and service systems in place will provide safety, security, and support. However, for many of the priority populations in this study, service systems and law enforcement agencies represent entities that have inflicted harm on their communities (e.g., American Indian residential schools; forced sterilization of incarcerated people or people with psychiatric disabilities). Building trust in those entities tasked with responding to crimes and providing vital services after crime victimization is foundational to creating a responsive service system that is accessible to all of the state's residents. However, we observed current community narratives about feelings of mistrust of both law enforcement and service providers and how lack of trust impacts help-seeking behavior, whether deciding to contact law enforcement at the time of the crime or seeking services in the crime's aftermath.

   Building communities' trust in service providers and law enforcement requires service providers and law enforcement entities to:
   - Acknowledge this mistrust and how it impacts individuals' willingness to report crimes and seek services.
   - Participate in effective strategies for learning and understanding how well-meaning service providers can harm populations, particularly members of the priority populations in this study.
   - Participate in effective strategies for learning and understanding the historical context of policing (e.g., slave patrols) in the United States and how elements of these origins

manifest today in ways that directly contribute to communities' lack of trust in and sense of safety around law enforcement organizations.

These example strategies focus on building providers' knowledge and understanding. However, to build trust, communities also need to observe and experience changes in providers' and organizations' behaviors and interactions with community members. Although fully addressing the historical and systemic factors that create the conditions that erode trust in service providers and law enforcement is outside of the scope of the GCC, the agency is uniquely positioned (i.e., at the intersection of communities, law enforcement, and service providers) to make an impact, beginning by establishing an overarching goal to prioritize building communities' trust in the organizations serving victims of crime.

2. **Conduct analyses of GCC sub-recipient contracts and applications to examine differences in number of applicants, scoring, and funding distribution across priority populations, regions, and rural and urban areas.** To further examine differences in availability and adequacy of services across priority populations, crime types, regions of the state, and rural and urban areas, GCC may wish to assess available data at each stage of funding from application to award. We recommend that the GCC conducts a comprehensive assessment that mirrors the objectives of this study. This inward-looking analysis will provide helpful insights about unintentional biases in the GCC's outreach processes, scoring, and award decisions that may result from current protocols and processes for prioritizing applications and applicants. For example, if typical evaluation metrics for applications prioritize the potential number of clients served, this metric may inadvertently yet systematically disadvantage organizations that respond to crimes with a lower incidence rate (e.g., homicide, terrorism, mass violence) or organizations from rural areas whose potential clients are spread across a vast and sparsely populated county.

   In these examples, using the number of clients served as a proxy for need is insufficient for two reasons: (1) the number of people served can reflect a county's or city's population size rather than need; (2) the number of people served only captures the people who are willing and able to reach out to services, and not the needs of individuals who do not seek services due to any number of reasons identified in this study (e.g., mistrust of the service system and law enforcement, lack of culturally competent services). Consistent with our recommendation pertaining to the use of community-engaged approaches, we recommend that the GCC complete this analysis in collaboration with a committee that includes members from priority populations and diverse regions of the state.

   In addition to the internal analysis of sub-recipients and awardees, we recommend that the GCC **conduct or commission more localized and population-specific assessments** of needs and resources, including allowing GCC sub-recipient funding to be used for local community-engaged assessments. Although this broad-based statewide assessment generated valuable data about the needs of many populations and communities in NC, the scope of this study limits the degree of in-depth data on any one area or priority population. Funding decisions for future similar assessments should prioritize proposals for community-engaged

assessments using established approaches (e.g., participatory action research, community-based participatory research) that center assessment methods in the hands of the people most affected by the social issue being assessed.

3. **Expand resources for services that address longer-term needs and other types of discretionary or non-traditional support for crime victims**. A service system needs to respond to the immediate needs of victims of crime and co-victims of homicide. However, depending on the crime experienced, the type of need, and a person's circumstances (e.g., lower-income vs. higher-income person or household), some needs will be longer-term (e.g., mental health counseling after the traumatic loss of a loved one to homicide). Prioritizing supports that can help mitigate longer-term negative impacts of crime on a person's health and wellbeing may not only improve individual outcomes, but also reduce future strain on NC's crime victim service sector. For example, grief and trauma cannot be adequately treated with short-term care and resources are needed either to help coordinate a transition to other mental health services outside the crime victim service array or to fund longer-term counseling and mental health services, including medication co-pays and trauma-informed mental health services.

   In addition to longer term needs, GCC should consider requests for discretionary funding for services that do not closely resemble traditional crime victim services. For example, the results of this analysis showed that some of the key barriers to accessing services were isolation and lack of family and social support. Consequently, requests to fund social activities to enhance people's support networks would help to address these common barriers to accessing services. Other types of needed resources, some of which are already funded, include rental assistance, transportation, phone access, clothing, and food.

4. **Promote and/or provide enhanced training for providers and law enforcement on cultural humility, cultural responsiveness, and trauma-informed approaches.** When services do not practice cultural humility or represent the communities they serve, disparities in service access grow. This is because when people experience (or anticipate experiencing) services that do not respect and honor their culture and traditions, they will be less likely to seek those services. Similarly, when people do not see people like them among their service providers or in promotional materials (e.g., websites, brochures), they may be less likely to seek services because they may not think the service is *for* them or that the service will adequately and competently address their needs. Consequently, fostering cultural humility, cultural responsiveness, and representation is critically important to increasing service access among all priority populations.

   Historically, trainings focused on building organizations' "cultural competence" have focused on a one-size-fits-all approach that may group all marginalized populations together and focus on building knowledge and awareness of group differences. Although building this knowledge and awareness is necessary, it is not sufficient for teaching organizations how to respectfully and meaningfully engage people from diverse cultures and identities or how to honor their culture and practices. Consequently, these one-size-fits-all cultural competence trainings should be replaced with those that focus on cultural humility and cultural responsiveness, defined as:

- **Cultural Humility:** An ongoing process of self-reflection that involves challenging your own cultural assumptions, understanding power dynamics between privileged and marginalized groups, recognizing what you do not know, and continuing to learn about cultures other than your own.
- **Cultural Responsiveness:** Often beginning with cultural humility, this process involves recognizing the nuances within and between different cultures and modifying your interactions and practices with people of other cultures to be inclusive and respectful of them. For service providers, it typically involves adapting practices, policies, resources, and environments to better accommodate the diverse cultures of the people affected by these adaptations.

For example, a cultural competence training on working with indigenous communities in North Carolina may focus on naming and describing the American Indian tribes across the state, reviewing the history of colonization, identifying differences across tribal communities, and detailing the impact of historical and current policies on access to services and resources.

Other cultural humility and cultural responsiveness trainings may focus on how colonialism, racism, and historical trauma continue to impact the lives of NC's indigenous groups and how current service systems and providers who are not indigenous uphold this history and perpetuate harm. Cultural responsiveness requires service providers both to recognize these facts and to integrate this knowledge into self-awareness and then change the system's approach to one that honors and reflects the values of the community and disrupts the cycle of harm inflicted by those systems.

Trainings focused on cultural humility and responsiveness should be led by and adapted to the communities they serve. Using the same example, for a training about culturally responsive practice with indigenous communities in Eastern NC, organizations should prioritize working with trainer(s) from tribes in Eastern NC.

Beyond training, GCC can promote additional strategies for addressing organizations' cultural responsiveness, such as:

- Encouraging organizations to assess their policies and protocols that may inadvertently create access disparities across priority populations (e.g., lack of shelter options for transgender individuals due to policies that only recognize woman/girl or man/boy gender categories and practices of excluding transgender women from women's shelters).
- Supporting organizations' efforts to build and/or strengthen their relationships with the communities they serve.
- Funding activities that, while not specifically focused on victim services or outreach, encourage trust and rapport-building between service providers and the communities they serve.
- Building organizations' capacity to diversify their recruitment, hiring, and retention to promote community representation among service provider staff.

5. **Support cross-training between traditional crime victim service sectors and culturally specific organizations.** Different sectors have significantly different levels of awareness of and opinions about the availability and adequacy of services available to victims of crime. Crime victim service providers and culturally specific organizations often reported being

unsure about adequacy of services for property crimes and other crimes not directly related to their core services. For every type of crime, and for every population studied, law enforcement was more likely to say that victims were adequately served than were crime victim service providers or culturally specific organizations, often by a wide margin. These high levels of disagreement between law enforcement and other service provider sectors suggest that these sectors (i.e., law enforcement, crime victim service providers, and culturally specific organizations) may benefit from cross-training.

Supporting cross-training between these sectors will promote a shared and more accurate understanding of the quality, availability, and accessibility of these services across priority populations. Example actions that GCC can take to support cross-training across these sectors include:

- Promote cross-trainings by culturally specific organizations to inform crime victim service providers and law enforcement sectors about culturally specific needs for and barriers to accessing crime services and reporting crimes.
- Promote law enforcement cross-trainings for crime victim service providers and culturally specific organizations related to services for all types of crime that victims may experience

6. **Fund enhancements for communication and outreach across priority populations.** Fund initiatives to promote diverse methods for outreach and provide community education about services, including by providing resources to assist with website development and maintenance. Communication is foundational to promoting service access. If information is not shared by trustworthy sources, in languages people use, and via accessible formats (e.g., websites, flyers, advertisements), then service access will remain limited and access disparities will persist. Potential strategies for enhancing communication and outreach include:

    - Prioritize applicants addressing language access gaps, especially for people who are Deaf/Deaf-Blind and for non-Spanish-speaking people with limited English proficiency.
    - Explore options for increasing professional interpretation services among crime victim service providers. While many providers reported offering interpretation services, they often relied on language lines or staff and volunteers who may not have been trained or certified in interpretation.
    - Fund website development and/or enhancement to ensure information is updated and representative of current services and populations served, especially in rural counties, as these websites tended to contain less information about priority populations.
    - Fund community-based initiatives to promote services via word-of-mouth and trusted community members, which is particularly important for raising engagement with culturally specific services.
    - Consider other strategies for outreach including radio, television, or newspaper advertisements.
    - Provide or promote a know your rights training to priority populations that is delivered by trusted sources and in languages accessible to those populations.

7. **Commit resources to examining and addressing rural and regional disparities in service access in ways that recognize the benefits and challenges of multi-county agencies serving large geographic areas.** Some regions of the state appear to be more reliant on multi-county organizations (i.e., a single organization serving multiple counties), particularly those in Medicaid regions 5 and 6 in the eastern part of the state. Although ensuring service access to all counties and regions is critically important, it is worth examining the ways in which this type of service configuration creates or mitigates barriers to accessing services for underserved groups. For example, multi-county agencies can help consolidate operating expenses across counties so that more funds can be used for direct service provision or to address a gap in available services by establishing a service where none had existed. However, it is also possible that centralizing services in a single organization responsible for serving a vast geographic area renders the service inaccessible and virtually unavailable to some individuals, especially those who face transportation barriers. Additionally, some multi-county organizations may have to stretch resources across vast jurisdictions, rendering their services insufficient to meet the needs of the service population and limits their ability to tailor services to the individual communities across the counties it is intended to serve. Although these examples are speculative, study findings underline the need for subsequent assessments focused on multi-county organizations and other challenges specifically impacting regions and rural or urban areas.

   The observation that challenges to accessing services persist in NC's rural counties is not new information for the GCC or the broader service system. Infrastructure-related barriers (e.g., lack of transportation and internet) significantly limit access to services in rural areas, particularly among individuals and families with lower incomes. NC's rural communities need committed agency resources focused on improving their access to crime victim services. To address these communities' access issues, GCC can work with local groups with deep knowledge of rural areas in the state to develop tailored recommendations. Further, GCC may consider supporting or continuing to support mobile and satellite models of service provision, prioritizing funding for services located in parts of the state where people currently have to travel long distances to access services, and supporting telehealth/virtual service access models.

5. Conclusion

GCC has already begun the process of addressing inequities in the crime victim service system, from their own initiatives working with culturally specific organizations to funding this comprehensive statewide needs assessment. Through these initiatives, GCC has signaled a commitment to addressing the needs of all North Carolinians who have experienced crime and to ensure that these services are adequate and accessible to all who need them. Recognition of these inequities and a commitment to addressing them are critical first steps that launch the next phase of this work. Together, a community advisory board and a UNC Chapel Hill-based research team have outlined 12 recommendations to move this work forward. Implicit in these recommendations—and explicitly named in several of them—is the call to take action based on these recommendations in partnership with community members who represent the priority populations of focus in this study as well as those who are most impacted by crime in North Carolina.

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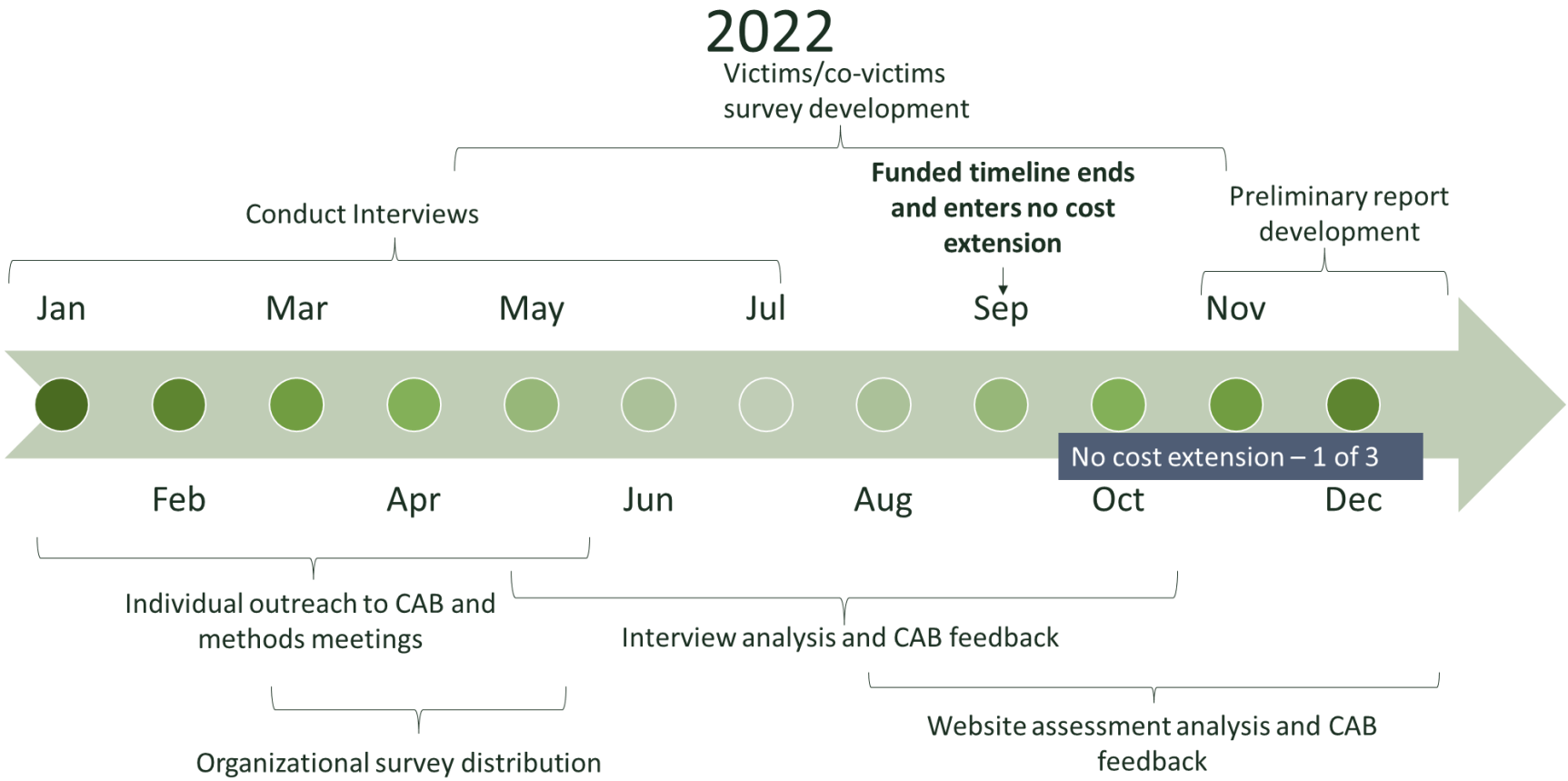
Appendices

Appendix A: Timeline


2022
Victims/co-victims survey development
Conduct Interviews
Funded timeline ends and enters no cost extension
Preliminary report development
Jan
Mar
May
Jul
Sep
Nov
No cost extension – 1 of 3
Feb
Apr
Jun
Aug
Oct
Dec
Individual outreach to CAB and methods meetings
Interview analysis and CAB feedback
Organizational survey distribution
Website assessment analysis and CAB feedback


2023
Report writing, editing, and feedback
Organizational survey analysis and CAB feedback
Additional dissemination of findings
Jan
Mar
May
Jul
Sep
Nov
No cost extension – 3 of 3
No cost extension – 2 of 3
Feb
Apr
Jun
Aug
Oct
Dec
End of study: Submit Final Report to GCC
Victims/co-victims survey distribution
Victims/co-victims survey analysis and CAB feedback
GCC Feedback & Follow-up

Appendix B: Methods for the Victims of Crime and Co-victims of Homicide Survey

CAB Engagement, Survey Development, and Outreach Planning

Development of the survey for victims of crime and co-victims of homicide began in Spring 2022, when the research team held individual and small group meetings with CAB members to discuss our protocol and procedures for surveying people from priority populations who have experienced crime. During each of these meetings, the research team updated the CAB members and community partners on the status of the project and decisions made by the CAB and research team, and then discussed population-specific recruitment strategies, eligibility criteria, incentives, and options for virtual and in-person data collection. At subsequent monthly meetings in 2023, the CAB identified additional groups and events for outreach and recruitment. Lastly, CAB members reviewed and edited multiple drafts of the survey, including a significant edit by CAB members and other advocates with expertise working with co-victims of homicide (i.e., people whose loved ones were taken by homicide). Specifically, CAB members and advocates requested that the research team create two branches of the survey: one for co-victims of homicide and one for individuals who experienced other types of crime. Both versions of the survey were sent to CAB members for additional feedback and revisions.

Survey

To be eligible to participate in the survey, individuals had to be at least 18 years of age, have experienced a crime in North Carolina in the last five years, and have consented to participate. Eligible participants were then asked whether they were a co-victim of homicide (i.e., "My loved one was taken by homicide/I am a co-victim of homicide") or if they had experienced another type of crime (i.e., "I experienced a crime or harm that was NOT homicide of a loved one"). Participants were then directed to the corresponding survey branch based on their response.

The survey branch for co-victims of homicide consisted of 26 items across three sections: (1) an individual's circumstances at the time their loved one was taken by homicide; (2) reporting and seeking services; and (3) demographic questions. The branch for victims of other crimes consisted of 33 items across 3 sections: (1) their experience of the crime or harm; (2) reporting and seeking services; and (3) demographic questions. All interview participants were then invited (i.e., participation was voluntary) to provide their email address via a separate survey link if they wished to be entered into a random drawing of survey participants to receive a $10 gift card.

The survey was developed in English and was translated into Spanish by a professional translation company. This translation was then reviewed and revised by three members of the CAB and two members of the research team. Additionally, the research team provided an English and Spanish version of a resource list for survey participants who may need to seek resources during or after survey completion.

Recruitment

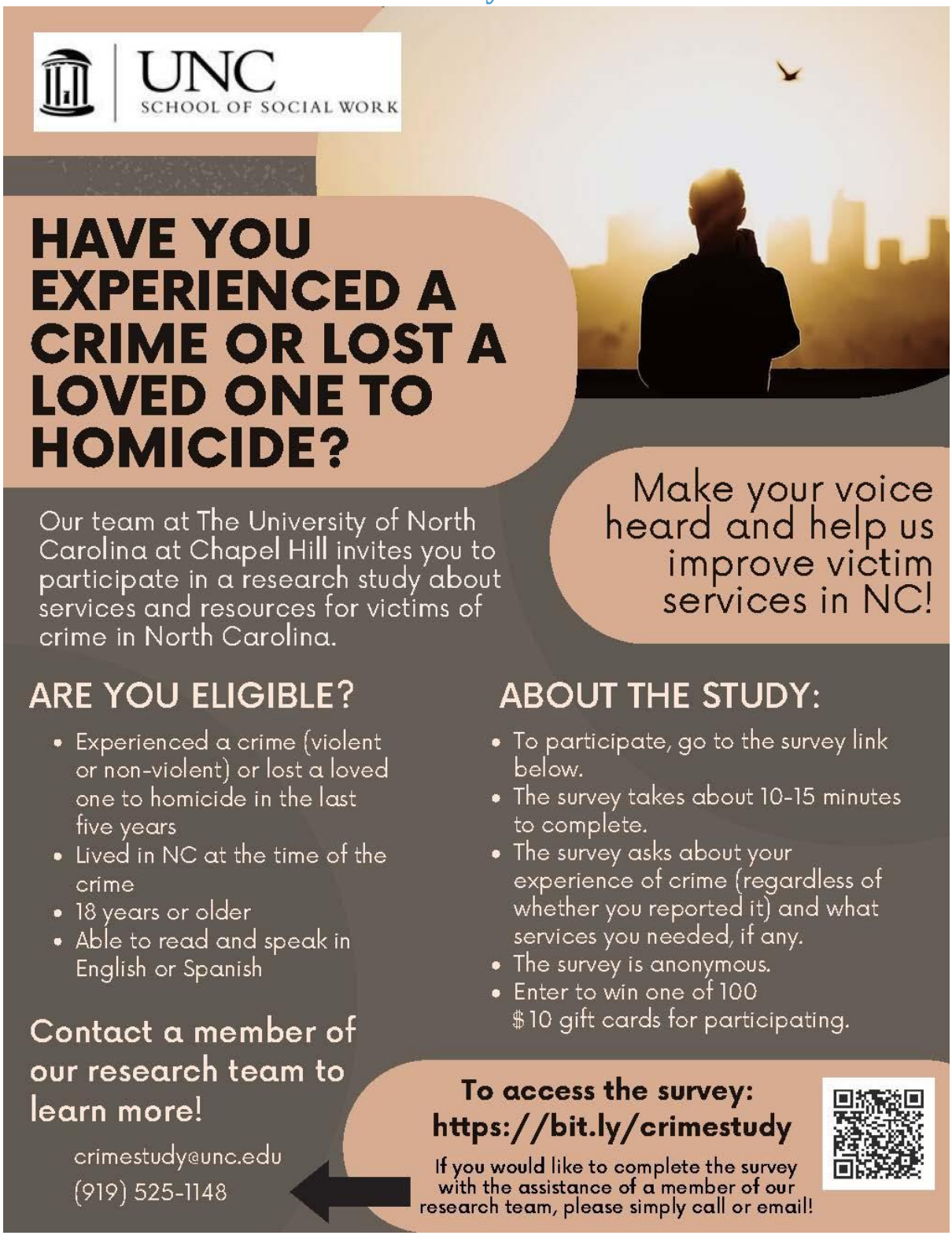
Given the sensitive nature of the topic, CAB members and the research team decided to conduct the survey anonymously, meaning that no contact information from potential

participants would be collected by the research team and no identifying information would be collected. Potential respondents were recruited using five methods. First, the team used snowball sampling methods beginning with the CAB and other agency representatives who provided feedback during the research design discussions. These community contacts then forwarded our team's recruitment email to potential respondents in their networks. Names and email addresses were not shared with the research team. Second, agencies that agreed to share the survey with their clients could offer those clients three options for participation: completing the survey using the anonymous weblink, completing a paper copy of the form, or scheduling a time with a member of the research team to complete the survey via phone. Third, potential participants were recruited through Research Me at UNC Chapel Hill, where studies are advertised on the university's resource page. Participants who learned about the survey through Research Me could contact the research team to complete the web-based survey or find a time to complete the survey over the phone. Fourth, a member of the research team identified a list of organizations and events across the state and then hand-delivered English and Spanish versions of the survey flyers (Appendix C) to a representative at the organization. These flyers contained a QR code, the study website, and the research team's contact information. Fifth, the research team advertised in targeted print venues (e.g., newspapers, periodicals) and electronic sources (e.g., Craigslist) over a six-week period in the Spring of 2023. Participants could complete the survey using the weblink provided in these advertisements or contact our team to schedule a time to complete the survey over the phone. Although multiple types of survey completion options were available, participants almost exclusively completed the web-based survey using the link or the QR code.

Data Management

Given our team's decision to prioritize participants' anonymity (e.g., anonymized link, suppressing IP address) and survey reach (e.g., allowing duplicated IP addresses in case multiple members of a household were victims of crime), we received a significant number of spam entries. Consequently, the first step of the analysis was to flag and delete entries that were either confirmed or suspected spam. To complete this step, the research team first deleted all of the entries marked as 'spam' by the Qualtrics system. Second, the research team identified and removed all entries that were duplicates across all fields (i.e., same values for each variable). Third, the research team identified and removed all entries that duplicated responses from the co-victims of homicide branch of the survey, and repeated this step for the other victim of crime survey branch. Fourth, the research team flagged entries that had identical demographic data for open-ended responses (e.g., typing "male" into the sexual orientation text field) and then examined timestamp data. Entries were marked as suspicious if they had matching demographic information and were timestamped in close proximity (e.g., within seconds or minutes of each other). Finally, additional cases were flagged as suspicious during the analysis phase if open text entries were not left blank and did not pertain to the subject matter (e.g., if a text box asking what city a person sought services in was populated with "r"). The research team decided to take a conservative approach to managing spam by deleting all confirmed and suspected spam. We made this decision because the team thought it was essential to preserve the validity of the data (i.e., to ensure that we analyzed data entered by real people experiencing crime).

Appendix C: English and Spanish Flyers for the Victims of Crime and Co-Victims of Homicide Survey



UNC
SCHOOL OF SOCIAL WORK

¿HA USTED EXPERIMENTADO ALGUN DELITO/CRIMEN, O HA PERDIDO A UN SER QUERIDO EN UN HOMICIDIO?

¡Haga oír su voz y ayúdenos a mejorar los servicios para las víctimas en el estado de Carolina del Norte!

Nuestro equipo de La Universidad de Carolina del Norte en Chapel Hill le invita a participar en un estudio de investigación sobre los servicios y recursos para las víctimas de crimen en Carolina del Norte.

¿ES ELEGIBLE?

- ¿Ha experimentado un delito/crimen (violento or no violento) o ha perdido a un ser querido en un homicidio dentro de los últimos cinco años?
- ¿Vivía en Carolina del Norte en el momento del delito/crimen?
- ¿Tiene 18 años o más?
- ¿Puede leer y hablar inglés o español?

SOBRE EL ESTUDIO:

- Para participar, vaya al link que se encuentra más abajo.
- La encuesta dura aproximadamente 10-15 minutos para completar.
- La encuesta le preguntará sobre su experiencia del crimen (incluso si usted no lo denunció) y qué servicios usted necesitaba.
- La encuesta es anónima.
- Podría ganar una de 100 tarjetas de $10 por su participación.

¡Contáctese con un miembro de nuestro equipo de investigación para recibir más información!

crimestudy@unc.edu
(919) 525-1148

Para acceder la encuesta: https://bit.ly/estudiodeunc

Si desea completar la encuesta con la asistencia de un miembro de nuestro equipo de investigación, por favor simplemente llámenos o mándenos un email!

Appendix D: Data Tables

Table 1: Distribution of Organizations by Region and Service Area (*n* = 430)

	Total (*n* = 430)	
Service area	#	%
Region 1 (e.g., Buncombe, Haywood, Polk, Henderson)	51	11.86
Region 2 (e.g., Wilkes, Forsyth, Guilford, Surry)	41	9.53
Region 3 (e.g., Cleveland, Iredell, Mecklenburg, Cabarrus)	60	13.95
Region 4 (e.g., Caswell, Durham, Wake, Wilson)	66	15.35
Region 5 (e.g., Moore, Cumberland, Sampson, Brunswick)	49	11.40
Region 6 (e.g., Halifax, Dare, Onslow, Pamlico)	48	11.16
Statewide organization	94	21.86
National organization	21	4.88
Single vs. multiple county service area (*n* = 315)[1]		
Single-county service area	255	80.95
Multi-county service area	60	19.05

[1] Counts exclude statewide and national organizations.

Table 2: Single-County Organizations by Region and Rural and Urban Setting (*n* = 255)

	Total (*n* = 255)		**Rural (*n* =92)**		**Urban (*n* = 163)**	
	#	%	#	%	#	%
Region 1 (e.g., Buncombe, Haywood, Polk, Henderson)	41	16.08	22	23.91	19	11.66
Region 2 (e.g., Wilkes, Forsyth, Guilford, Surry)	35	13.73	15	16.30	20	12.27
Region 3 (e.g., Cleveland, Iredell, Mecklenburg, Cabarrus)	53	20.78	9	9.78	44	26.99
Region 4 (e.g., Caswell, Durham, Wake, Wilson)	56	21.96	18	19.57	38	23.31
Region 5 (e.g., Moore, Cumberland, Sampson, Brunswick)	35	13.73	13	14.13	22	13.50
Region 6 (e.g., Halifax, Dare, Onslow, Pamlico)	35	13.73	15	16.30	20	12.27

Table 3: Interviews with Service Providers and Advocates

	Total (*n* = 55)	
	#	%
Type of organization		
Crime victim service provider	21	38%
Victim advocates	11	20%
Staff from culturally specific organizations	23	41%
Area served		
Only rural services	16	29%
Statewide services	19	34%
Only urban services	16	29%
Rural and urban services	3	5%
Other	1	1%
Priority Populations Selected for Interview[1]		
People with limited English proficiency	19	35%
Immigrants with documented or undocumented status	17	31%
Refugees	10	18%
People with disabilities	12	22%
Older adults	10	18%
LGBTQIA individuals	9	16%
Veterans	6	11%
Teens	16	29%
People from religious minority groups	5	9%
People who were currently or formerly incarcerated and/or under community supervision	8	15%
People who are unhoused/experiencing homelessness	12	22%
Black or African American individuals	15	27%
American Indian individuals	8	15%
Latine/a/o individuals	12	22%
Asian or Asian American individuals	5	9%

[1] Each participant was asked to select up to three priority populations on which to focus their responses during the interview

Table 4: Organizational Survey - Respondent Characteristics

	(*n* = 367)	
	#	%
Respondent gender		
Cisgender man (man assigned male at birth)	72	19.62
Cisgender woman (woman assigned female at birth)	127	34.6
Transgender man (man assigned female at birth)	0	0
Transgender woman (woman assigned male at birth)	0	0
Non-binary, gender nonconforming, genderqueer	1	0.27
Prefer not to say	22	5.99
Self-describe	0	0
Missing	145	39.51
Age of respondent (*n* = 207) (Mean and SD reported)	47.36	10.31
Race and ethnicity (multiple selections allowed)		
American Indian or Alaska Native	6	1.63
Asian or Asian American	3	0.82
Black or African American	31	8.45
Hispanic and/or Latine/a/o	9	2.45
Middle Eastern or North African (MENA)	1	0.27
Native Hawaiian or Other Pacific Islander	0	0
White	154	41.96
Prefer not to say	22	5.99
Self-describe	3	0.82
Missing	145	39.51
Respondent Role %(*n*)		
Executive level	116	31.61
Manager or supervisor	75	20.44
Frontline staff, non-supervisory	30	8.17
Peer support	0	0
Volunteer	2	0.54
Other	8	2.18
Missing	136	37.06
Number of years worked at organization (*n* = 230) (Mean and SD reported)	10.45	8.52
Respondent works directly with people who have experienced crime		
Yes	176	47.96
No	48	13.08
I'm not sure	7	1.91
Missing	136	37.06

Table 5: Organizational Survey – Type of Organization in Sample

	n	%
Type or organization (select all that apply)		
Crime victim service provider	135	36.78
Crime victim advocacy and training provider	63	17.17
Direct services for demographic and cultural groups	40	10.9
Advocacy and training provider for demographic and cultural groups	39	10.63
Law enforcement or other criminal or juvenile justice	165	44.96
Medical service provider	17	4.63
Other, please specify	45	12.26
Type of organization (mutually exclusive)		
Crime victim service provider	114	31.06
Culturally specific organization	55	14.99
Law enforcement	161	43.87
Medical	5	1.36
Other	32	8.72
Sector (select all that apply)		
Community-based or grassroots organization	92	25.07
Government agency	188	51.23
Tribal government or other organization or entity serving tribal, American Indian, or Alaskan Native populations	4	1.09
Private organization	35	9.54
Informal or volunteer organization (e.g., mutual aid, volunteer groups)	5	1.36
Faith-based	12	3.27
Other	56	15.26
I'm not sure	2	0.54
Medicaid Region		
Region 1	57	15.53
Region 2	40	10.9
Region 3	53	14.44
Region 4	77	20.98
Region 5	39	10.63
Region 6	54	14.71
Multi-region or statewide	47	12.81
Urban or rural		
Primarily Rural	109	37.85
Primarily Urban	179	62.15
Single- or multi-county service area		
Single-county agency	282	76.84
Multi-county agency	85	23.16

Table 6: Staff Size of Organization

	Range	M (SD)	Median
Full-time employees (*n* = 323)	0 to 14000	113.52 (798.77)	17
Part-time employees (*n* = 251)	0 to 5000	34.39 (322.95)	4
Contractors (*n* = 133)	0 to 800	9.17 (69.38)	1
Interns (*n* = 158)	0 to 1000	9.35 (79.51)	1.5
Volunteers (*n* = 163)	0 to 300	21.50 (42.73)	5

Table 7: GCC Funding

	(*n* = 367)	
	n	**%**
Previously received GCC funding (*n* = 367)	155	42.23
Previously received GCC funding by organization type		
Crime victim service (*n* = 114)	91	79.82
Priority population (*n* = 55)	20	36.36
Law enforcement (*n* = 161)	34	21.12
Medical (*n* =5)	2	40
Other (*n* = 32)	8	25.00
Currently receiving GCC funding (*n* = 155)	121	32.97
Currently receiving GCC funding by organization type (*n* = 121)		
Crime victim service (*n* = 114)	83	72.81
Priority population (*n* = 55)	18	32.73
Law enforcement (*n* = 161)	12	7.45
Medical (*n* =5)	2	40.00
Other (*n* = 32)	6	18.75

Table 8: Crimes Specifically Associated with Priority Populations, per Interviews with Service Providers and Advocates

Crimes	Priority Populations Most Affected
Neglect/abuse	Teens, older adults, people with disabilities
Fraud, scams, and/or exploitation	Older adults, people with disabilities, refugees, people with limited English proficiency, immigrants with documented and undocumented status
State violence (e.g., harm and violence committed by government authority)	Incarcerated individuals and those under community supervision, people who are unhoused/experiencing homelessness, Black communities, immigrants with documented and undocumented status
Discrimination/harassment	Refugees, people with limited English proficiency, immigrants with documented or undocumented status, Black communities, members of tribal and indigenous communities, Asian communities, Latine/a/o communities, LGBTQIA communities
Labor violations, wage theft	Refugees, immigrants with documented or undocumented status, people with limited English proficiency

Table 9: Interviewees' Description of Variation in Service Needs

Service Need	Description
Transportation	Individuals—especially refugees, immigrants, and people with disabilities—may not have cars or a driver's license, forcing them to find other transportation, or risk not being able to obtain services.
Mental health services	Victims of crime are often in need of trauma-informed care (e.g., counseling, therapy) after experiencing a crime. Mental health services exist, but victims face many barriers to accessing these services (e.g., limited service capacity, cost).
Financial assistance	Victims often need financial assistance to cover costs of treatment, legal aid, rent, gas, food, and many other necessities during the time period after experiencing a crime.
Language access	Interpreters are limited in number and often limited to Spanish. Language access service needs also include communication access (e.g., ASL interpreters or live captioning for the Deaf, Deaf-Blind and Hard of Hearing communities which is not readily available in most services.
Housing access	Housing is a need not only for unhoused individuals, but for those who need to find alternative housing after experiencing crimes including but not limited to domestic violence, sexual assault and co-victims of homicide. Many shelters are not accessible due to admission criteria regarding drug and alcohol use, capacity, or lack of cultural or gender acceptance.

Table 10: Type of Services Provided by Organizational Survey Respondents

	n	%
Material needs, shelter, and financial services		
Food, clothing, or hygiene products (*n* = 277)	99	35.74%
Assistance with housing (*n* = 278)	78	28.06%
Relocation services (*n* = 278)	58	20.86%
Employment assistance and job training (*n* = 278)	77	27.70%
Compensation claim assistance for individuals who have experienced crime (*n* = 276)	92	33.33%
Emergency financial assistance (*n* = 272)	72	26.47%
Financial assistance for funeral/burial services (*n* = 268)	18	6.72%
Assistance with applying for public benefits (*n* = 275)	89	32.36%
Placement services for older adults (age 65+) (*n* = 265)	30	11.32%
Service coordination, crisis counseling, mental health, substance use services, and other services		
Victim advocates (*n* = 286)	138	48.25
Case management and service coordination (*n* = 283)	134	47.35
Assistance with obtaining or replacing documents (*n* = 279)	87	31.18
Community outreach (*n* = 289)	182	62.98
Crisis hotline, helpline, text or web-based chat line (*n* = 280)	75	26.79
Safety/security planning (*n* = 275)	162	58.91
Counseling or therapy (*n* = 282)	97	34.4
Telepsychiatry (*n* = 269)	24	8.92
Faith-based/spiritual help (*n* = 274)	33	12.04
Peer support groups (*n* = 279)	88	31.54
Substance use treatment (*n* = 272)	23	8.46
Drug and alcohol detoxification (*n* = 272)	10	3.68
Recreational and/or social activities for crime victims (*n* = 274)	38	13.87
Day services for older adults (age 65+) (*n* = 265)	6	2.26
Court, advocacy, and legal services		
Child advocacy services, safe custody exchange, supervised visitation (*n* = 274)	56	20.44
Childcare services for children accompanying parents to court (*n* = 272)	24	8.82
Adult protective services (*n* = 269)	14	5.2
Assistance with protective orders (*n* = 276)	101	36.59
Court accompaniment, court advocacy (*n* = 282)	121	42.91
Screening families for legal needs (*n* = 271)	59	21.77
Immigration legal services (*n* = 270)	32	11.85
Legal representation (*n* = 271)	21	7.75
Notifications about the status of court hearings (*n* = 277)	94	33.94
Notifications about the location of the individual who committed a	61	22.51

crime (*n* = 271)		
Victim impact statement (*n* = 273)	91	33.33
Victim/witness protection (*n* = 269)	17	6.32
Restorative justice/victim offender dialogue (*n* = 271)	18	6.64
Medical services		
Accompaniment to and/or advocacy with medical services (*n* = 277)	106	38.27
Advocacy in navigating the health care system (*n* = 276)	82	29.71
Dental care (*n* = 270)	18	6.67
Forensic medical exam for sexual assault (*n* = 276)	56	20.29
Conduct HIV or STI testing (*n* = 272)	27	9.93
Telehealth (*n* = 272)	31	11.4

Note: Region and urban/rural data regarding services offered by organizations responding to the survey is too large for this table; the aggregate data file will be made available to the GCC.

Table 11: Type of Crime Addressed by Organization

	n	%
Domestic and/or family violence	147	65.33
Child sexual abuse/assault	117	52
Child abuse and neglect	113	50.22
Sex trafficking	106	47.11
Adult - sexual assault	100	44.44
Stalking/harassment	88	39.11
Adult sexually abused as children	86	38.22
Adult - physical assault	84	37.33
Elder abuse or neglect	82	36.44
Bullying	79	35.11
Teen dating victimization	79	35.11
Child pornography	65	28.89
Labor trafficking	59	26.22
Kidnapping (non-custodial)	47	20.89
Kidnapping (custodial)	47	20.89
Hate crimes	41	18.22
Homicide offenses (murder, manslaughter)	40	17.78
Breaking and entering	32	14.22
Destruction/damage/vandalism of property	32	14.22
DUI/DWI incidents	31	13.78
Identity theft/fraud/financial crime	31	13.78
Robbery	31	13.78
Other vehicular victimization	28	12.44
Other type of crime	27	12
Larceny/theft offenses	26	11.56
Arson	25	11.11
Counterfeiting/forgery	23	10.22
Mass violence	23	10.22
Motor vehicle theft	21	9.33
Blackmail	20	8.89
Embezzlement	19	8.44
Bribery	17	7.56
Stolen property	15	6.67
Terrorism	2	0.89

Note: Region and urban/rural data regarding crime types addressed by organizations responding to the survey is too large for this table; the aggregate data file will be made available to the GCC.

Table 12: Local or Regional Organizations Addressing Crime Types by Region (*n* = 315)

	Total		Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Murder	16	5.35	1	6.25	2	12.50	3	18.75	3	18.75	2	12.50	5	31.25
Sex offense	147	47.73	25	17.01	23	15.65	26	17.69	31	21.09	20	13.61	22	14.97
Robbery	15	4.76	1	6.67	1	6.67	1	6.67	4	26.67	2	13.33	6	40.00
Assault	145	47.39	25	17.24	23	15.86	26	17.93	29	20.00	19	13.10	23	15.86
Arson	3	0.95	0	0.00	0	0.00	0	0.00	1	33.33	1	33.33	1	33.33
Burglary	12	4.03	1	8.33	1	8.33	2	16.67	3	25.00	2	16.67	3	25.00
Forgery	8	2.70	1	12.50	0	0.00	3	37.50	1	12.50	1	12.50	2	25.00
Fraud	16	5.35	2	12.50	1	6.25	5	31.25	3	18.75	3	18.75	2	12.50
Embezzlement	8	2.68	1	12.50	0	0.00	2	25.00	1	12.50	2	25.00	2	25.00
Vandalism	3	1.00	0	0.00	0	0.00	0	0.00	1	33.33	2	66.67	0	0.00
Human trafficking	38	13.19	4	10.53	6	15.79	4	10.53	11	28.95	6	15.79	7	18.42

Table 13: Organization's Priority Populations

	n	%
Abilities		
Individuals with intellectual, learning disabilities, or neurological disabilities	47	20.89
Individuals with psychiatric disabilities	41	18.22
Other ability status	39	17.33
Individuals who receive assistance with activities of daily living	37	16.44
Individuals with mobility impairment	33	14.67
Individuals with visual impairment	32	14.22
Individuals with hearing impairment	31	13.78
Age		
Under 5 years	90	40
5 to 17 years	118	52.44
18 to 24 years	119	52.89
25 to 64 years	117	52
65 years or older	106	47.11
Race and ethnicity		
Hispanic and/or Latine/a/o	112	49.78
Black or African American	103	45.78
Biracial or multiracial	95	42.22
White	93	41.33
American Indian or Alaskan Native	80	35.56
Asian or Asian American	80	35.56
Middle Eastern or North African (MENA)	75	33.33
Native Hawaiian or Other Pacific Islander	68	30.22
Another ethnic or racial identity	22	9.78
Gender		
Cisgender women (i.e., women assigned female at birth)	87	38.67
Cisgender men (i.e., men assigned male at birth)	79	35.11
Nonbinary, gender nonconforming people, genderqueer (i.e., people whose gender identities are defined outside of the male/female binary)	75	33.33
Transgender men (i.e., men assigned “female” at birth)	72	32
Transgender women (i.e., women assigned “male” at birth)	72	32
Sexual orientation		
Lesbian, gay, bisexual, queer, pansexual	68	30.22
Another other sexual orientation	26	11.56
Additional groups		
People involved with the criminal legal system	97	43.11
Families of individuals who have experienced crime	81	36.00
Individuals who have limited English proficiency (LEP)	77	34.22
People experiencing homelessness	68	30.22
Refugee/Immigrants of documented or undocumented status/Asylum	67	29.78

seekers		
College students	57	25.33
Veterans	49	21.78
People affiliated with religious minority groups	41	18.22
Other identities or circumstances	22	9.78

Note: Region and urban/rural data regarding priority populations served by organizations responding to the survey is too large for this table; the aggregate data file will be made available to the GCC.

Table 14: Local or Regional Organizations Addressing Priority Populations by Region (*n* = 315)

Region[1]	Total[2]		Region 1		Region 2		Region 3		Region 4		Region 5		Region 6	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Teens	140	46.67	29	20.71	21	15.00	29	20.71	27	19.29	20	14.29	14	10.00
Veterans	60	20.13	9	15.00	5	8.33	14	23.33	10	16.67	11	18.33	11	18.33
People with limited English proficiency	92	30.67	15	16.30	15	16.30	15	16.30	22	23.91	11	11.96	14	15.22
Immigrants without documentation	39	13.18	8	20.51	6	15.38	6	15.38	10	25.64	4	10.26	5	12.82
LGBTQIA individuals	18	6.06	3	16.67	4	22.22	3	16.67	3	16.67	1	5.56	4	22.22
Refugees	21	7.07	0	0.00	4	19.05	7	33.33	7	33.33	2	9.52	1	4.76
Older adults	55	18.46	10	18.18	6	10.91	11	20.00	9	16.36	12	21.82	7	12.73
People with disabilities	19	6.38	6	31.58	3	15.79	3	15.79	5	26.32	2	10.53	0	00
People who are unhoused	21	7.07	3	14.29	2	9.52	7	33.33	5	23.81	3	14.29	1	4.76
Immigrants	45	15.20	7	15.56	7	15.56	10	22.22	11	24.44	5	11.11	5	11.11
People with involvement in the criminal legal system	3	1.01	0	0.00	0	0.00	2	66.67	1	33.33	0	0.00	0	0.00
People from religious minority groups	3	1.01	1	33.33	0	0.00	0	0.00	2	66.67	0	0.00	0	0.00
Latine/a/o communities	70	23.41	13	18.57	10	14.29	8	11.43	16	22.86	8	11.43	15	21.43
Black or African American communities	2	0.70	0	0.00	1	50.00	0	0.00	0	0.00	1	50.00	0	0.00
American Indian and Alaska Native communities	6	2.09	0	0.00	1	16.67	1	16.67	0	0.00	4	66.67	0	0.00
Asian communities	4	1.36	0	0.00	0	0.00	4	100.00	0	0.00	0	0.00	0	0.00
Hawaiian or Pacific Islander communities	2	0.70	0	0.00	0	0.00	2	100.00	0	0.00	0	0.00	0	0.00
BIPOC communities	14	4.75	1	7.14	3	21.43	4	28.57	3	21.43	3	21.43	0	0.00

[1] There are some missing values by population and region; percentages are calculated based on non-missing values;

[2] Counts exclude statewide and national organizations.

Table 15 : Eligibility Criteria for Services

	Resident of North Carolina		Resident of a specific county		Crime occurred in North Carolina		Crime occurred in a specific county		Health insurance required		Documentation of legal immigration status		Crime occurred within a specified time frame		Fee required to receive services		Crime reported to law enforcement	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Total	34	12.45	33	12.90	38	13.92	45	16.48	1	0.37	1	0.37	22	8.06	1	0.37	49	17.95
Type of organization																		
Crime victim services (*n* = 114)	12	10.53	10	8.77	10	8.77	7	6.14	0	0.00	0	0.00	7	6.14	0	0.00	13	11.40
Culturally specific organizations (*n* = 55)	7	12.73	9	16.36	1	1.82	1	1.82	1	1.82	0	0.00	0	0.00	0	0.00	0	0.00
Law enforcement (*n* = 161)	10	6.21	10	6.21	23	14.29	33	20.50	0	0.00	0	0.00	14	8.70	1	0.62	35	21.74
Region																		
Region 1	3	5.45	7	12.73	0	0.00	4	7.27	0	0.00	0	0.00	5	9.09	0	0.00	12	21.82
Region 2	6	17.14	3	8.57	9	25.71	6	17.14	0	0.00	0	0.00	1	2.86	0	0.00	8	22.86
Region 3	4	8.89	5	11.11	6	13.33	7	15.56	1	2.22	0	0.00	2	4.44	0	0.00	6	13.33
Region 4	6	8.57	8	11.43	8	11.43	10	14.29	0	0.00	0	0.00	3	4.29	1	1.43	10	14.29
Region 5	2	5.56	2	5.56	3	8.33	10	27.78	0	0.00	0	0.00	5	13.89	0	0.00	6	16.67
Region 6	3	5.66	3	5.66	4	7.55	4	7.55	0	0.00	0	0.00	3	5.66	0	0.00	5	9.43
Urban and rural setting																		
Urban	16	9.82	19	11.66	19	11.66	27	16.56	1	0.61	0	0.00	11	6.75	1	0.61	27	16.56
Rural	4	3.88	4	3.88	9	8.74	13	12.62	0	0.00	0	0.00	8	7.77	0	0.00	20	19.42

Table 16: How People Learn about Services

	Referrals		Brochures or other written materials		Community outreach		Informational letter		Newspaper ads		Radio		Television		Walk-in		Word of mouth	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Total	165	60	151	55	146	53	41	15	29	11	32	12	21	8	118	43	157	57
Type of organization																		
Crime victim services (*n* = 114)	89	78	82	72	83	73	20	18	22	19	24	21	18	16	59	52	80	70
Culturally specific organizations (*n* = 55)	23	42	19	35	22	40	6	11	3	5	1	2	0	0	16	29	24	44
Law enforcement (*n* = 161)	43	27	44	27	34	21	12	7	4	2	4	2	3	2	36	22	44	27
Region																		
Region 1	31	56	26	47	24	44	8	15	8	15	6	11	5	9	26	47	31	56
Region 2	18	51	15	43	14	40	5	14	2	6	2	6	1	3	14	40	13	37
Region 3	18	40	16	36	16	36	3	7	5	11	2	4	2	4	7	16	12	27
Region 4	33	47	31	44	27	39	7	10	5	7	5	7	2	3	24	34	32	46
Region 5	16	44	19	53	19	53	7	19	3	8	3	8	1	3	15	42	19	53
Region 6	19	36	19	36	19	36	3	6	1	2	5	9	4	8	15	28	22	42
Urban and rural setting																		
Urban	72	44	70	43	63	39	21	13	8	5	9	6	6	4	53	33	66	40
Rural	46	45	42	41	40	39	10	10	15	15	12	12	6	6	40	39	46	45

Table 17: Referral Sources

	Clergy		Coroner		Counselor/ mental health services		Friend/ family		Hotline		Law enforcement		Medical services		Significant other		State's attorney		Teacher/ professor		Victim advocate/ organization	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Total	96	35	6	2	121	44	126	45	66	24	177	64	118	42	57	21	58	21	81	29	122	44
Type of organization																						
Crime victim services (*n* = 114)	55	48	2	2	74	65	74	65	49	43	88	77	73	64	32	28	32	28	51	45	70	61
Culturally specific organizations (*n* = 55)	12	22	0	0	18	33	18	33	4	7	18	33	19	35	11	20	5	9	10	18	17	31
Law enforcement (*n* = 161)	22	14	3	2	23	14	26	16	8	5	65	40	21	13	12	7	19	12	15	9	28	17
Region																						
Region 1	17	31	0	0	24	44	22	40	11	20	31	56	23	42	11	20	15	27	18	33	22	40
Region 2	13	37	0	0	12	34	12	34	6	17	19	54	10	29	6	17	6	17	8	23	11	31
Region 3	7	16	1	2	8	18	10	22	6	13	22	49	12	27	6	13	5	11	8	18	12	27
Region 4	17	24	1	1	24	34	24	34	13	19	36	51	22	31	9	13	11	16	12	17	23	33
Region 5	12	33	2	6	13	36	16	44	10	28	22	61	13	36	6	17	7	19	11	31	14	39
Region 6	11	21	0	0	17	32	16	30	9	17	25	47	16	30	5	9	4	8	10	19	15	28
Urban and rural setting																						
Urban	39	24	3	2	51	31	53	33	27	17	86	53	52	32	23	14	25	15	35	21	53	33
Rural	31	30	1	1	32	31	34	33	21	20	54	52	30	29	14	14	19	18	23	22	31	30

Table 18: Crime Types Perceived as Adequately Served

	n	%
Domestic and/or family violence	154	59.69
Child sexual abuse/assault	148	57.81
Child physical abuse or neglect	147	56.98
Adult physical assault (aggravated, simple assault)	140	54.47
Adult sexual assault	139	53.88
Homicide offenses (murder, manslaughter)	131	50.97
Adults sexually abused/assaulted as children	123	47.67
Stalking/harassment	121	46.9
Robbery	116	45.31
Child pornography	113	43.97
Stolen property offenses	113	43.97
Burglary/breaking and entering	111	43.19
Kidnapping (noncustodial)	110	42.8
Larceny/theft offenses	110	42.8
DUI/DWI incidents	109	42.75
Motor vehicle theft	107	41.96
Survivors of homicide victims	107	41.96
Kidnapping (custodial)	107	41.8
Destruction/damage/vandalism of property	105	40.86
Teen dating victimization	99	38.52
Other vehicular victimization (e.g., hit and run)	97	37.89
Elder abuse or neglect	96	37.07
Bullying (verbal, cyber, or physical)	94	36.43
Hate crime: Racial/religious/gender/sexual orientation/other	91	35.41
Mass violence (domestic/international)	89	34.77
Embezzlement	89	34.63
Counterfeiting/forgery	88	34.24
Identity theft/fraud/financial crime (e.g., hacking/computer invasion)	88	34.24
Arson (e.g., intentional burning of property)	86	33.46
Human trafficking: Sex	83	32.17
Terrorism (domestic/international)	79	30.86
Human trafficking: Labor	78	30.23
Extortion/blackmail	77	30.08
Bribery	68	26.46
Other crime type	14	10.94

Note: Data describing service adequacy by region, urban and rural setting, and type of organization available for each priority population is too large for this table; the aggregate data will be made available to the GCC.

Table 19: Priority Populations Perceived as Adequately Served

	n	%
Abilities		
Individuals with intellectual, learning disabilities, or neurological disabilities	81	32.27
Individuals with hearing impairment	69	27.6
Individuals with mobility impairment	89	35.74
Individuals with visual impairment	74	29.72
Individuals with psychiatric disabilities	68	27.2
Individuals who receive assistance with activities of daily living	77	30.8
Age Groups		
Under 5 years	93	38.27
5 to 17 years	101	41.39
18 to 24 years	114	46.72
25 to 64 years	121	49.59
65 years and older	81	33.75
Ethnic and Racial Identities		
American Indian or Alaska Native	79	32.38
Asian or Asian American	75	30.86
Black or African American	108	43.9
Hispanic or Latine/a/o	87	35.37
Middle Eastern or North African (MENA)	72	29.75
Native Hawaiian or Other Pacific Islander	74	30.58
White	151	62.14
Biracial or multiracial	108	44.44
Another ethnic or racial identity	12	17.14
Gender Identities		
Cisgender men (i.e., men assigned male at birth)	117	47.26
Cisgender women (i.e., women assigned female at birth)	110	44.72
Transgender women (i.e., men assigned female at birth)	68	27.64
Transgender men (i.e., women assigned male at birth)	67	27.46
Nonbinary, gender nonconforming people, genderqueer (i.e., people whose gender identities are defined outside of the male/female binary)	70	28.69
Sexual Orientation		
Lesbian, gay, bisexual, queer, pansexual	85	34.55
Another identity, please specify	22	17.32
Additional Identities or Circumstances		
Affiliation with religious minority groups	90	36.59
College students	122	49.39
Families of individuals who have experienced crime	102	41.13
People experiencing homelessness	72	29.03

Refugees/immigrants of documented or undocumented status/asylum seekers	61	24.7
People involved with the criminal justice/legal system	104	42.28
Individuals who have limited English proficiency (LEP)	81	32.79
Veterans	96	39.02

Note: Data describing service adequacy by region, urban and rural setting, and type of organization available for each priority population is too large for this table; the aggregate data file will be made available to the GCC.

Table 20: Barriers that Impede Access to Services

	Mean
Client's lack of trust of the service system	86.27
Lack of knowledge about available services	85.11
Lack of social support (e.g., isolation)	80.13
Fear of retaliation by perpetrator against self and/or family	79.04
Lack of knowledge about their rights after experiencing crime	72.43
Lack of family support	68.94
Client's fear of law enforcement	65.54
Lack of transportation	64.57
Behavioral and emotional health challenges (e.g., substance use, mental illness, trauma)	60.92
Lack of cultural competence among staff at agency	56.21
Lack of internet access or technology for virtual services	56.19
In-person services unavailable due to COVID-19 safety measures	50.27
Individual does not self-identify as a victim	49.79
No childcare available	47.81
Inconvenient service hours (e.g., conflicts with client's schedule)	45.07
Location of service not accessible	44.53
Lack of racial and ethnic diversity at the organization	43.78
Federal or state funding restrictions limits eligibility for services	43.40
Client's fear of losing housing access	43.39
Client's fear of deportation/legal status	34.84
Lack of language interpretation	33.71
Service(s) not accessible to people with disabilities	32.33
Client was a child/too young to access services	28.68

Note: Data describing barriers by priority population is too large to be included; the aggregate data file will be made available to the GCC.

Table 21: Respondents Unaware of Services, by Service Type

	Total		Reg. 1		Reg. 2		Reg. 3		Reg. 4		Reg. 5		Reg. 6		Urban		Rural	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Material needs																		
Food, clothing, or hygiene products (*n* = 277)	14	5.05	1	1.96	0	0	1	2.63	5	8.47	1	3.33	1	2.56	6	4.44	3	3.57
Assistance with housing (*n* = 278)	18	6.47	1	1.96	2	7.14	1	2.63	6	10.34	2	6.45	2	5	9	6.67	5	5.88
Relocation services (*n* = 278)	57	20.50	7	13.73	5	17.86	12	31.58	14	24.14	5	16.13	9	22.5	29	21.48	19	22.35
Employment assistance and job training (*n* = 278)	32	11.51	3	5.88	1	3.57	3	8.11	5	8.33	6	19.35	6	15.38	12	8.82	11	12.79
Compensation claim assistance for individuals who have experienced crime (*n* = 276)	42	15.22	5	10.2	3	10.71	7	17.95	10	17.24	7	22.58	5	12.82	25	18.52	7	8.24
Emergency financial assistance (*n* = 272)	44	16.18	6	12	4	14.29	7	19.44	8	13.79	9	29.03	7	18.92	27	20.61	14	16.47
Financial assistance for funeral/burial services (*n* = 268)	88	32.84	15	31.91	8	28.57	13	35.14	23	41.07	10	32.26	12	32.43	48	36.64	26	30.95
Assistance with applying for public benefits (*n* = 275)	35	12.73	8	16	4	14.29	2	5.26	8	13.79	5	16.13	7	17.95	18	13.33	16	19.05
Placement services for older adults (age 65+) (*n* = 265)	59	22.26	11	23.4	6	21.43	6	17.14	18	31.58	7	23.33	7	18.92	30	22.56	21	26.25
Service coordination, crisis counseling, mental health, substance use services, and other services																		
Victim advocates (*n* = 286)	14	4.9	1	1.96	0	0	2	5.13	2	3.39	2	6.45	5	11.9	9	6.54	3	3.49

Case management and service coordination (*n* = 283)	12	4.24	1	1.96	1	3.57	0	0	3	5	1	3.23	5	12.5	6	6.98	5	3.62
Assistance with obtaining or replacing documents (*n* = 279)	56	20.07	4	8	7	25	7	18.42	16	27.59	9	29.03	9	22.5	32	23.36	18	21.69
Community outreach (*n* = 289)	22	7.61	1	1.96	2	6.67	2	5.13	6	10	3	9.68	4	9.76	11	7.91	6	6.9
Crisis hotline, helpline, text or web-based chat line (*n* = 280)	19	6.79	3	6	0	0	2	5.41	6	10.34	1	3.23	3	7.14	9	6.67	5	5.88
Safety/security planning (*n* = 275)	34	12.36	4	8.16	3	10.34	8	22.86	5	8.62	5	16.13	5	11.9	18	13.43	10	11.9
Counseling or therapy (*n* = 282)	21	7.45	3	5.88	2	6.9	3	7.89	4	6.67	5	16.13	4	10.26	12	8.7	9	10.59
Telepsychiatry (*n* = 269)	83	30.86	15	31.91	7	25	14	37.84	18	31.58	15	48.39	11	29.73	50	37.31	27	33.33
Faith-based/spiritual help (*n* = 274)	35	12.77	5	10.42	5	17.86	3	8.11	6	10.17	6	20	5	12.82	18	13.14	12	15
Peer support groups (*n* = 279)	39	13.98	5	10	3	10.34	6	16.22	8	13.33	5	16.13	7	18.42	21	15.22	13	15.48
Substance use treatment (*n* = 272)	18	6.62	0	0	1	3.57	3	8.11	3	5.26	6	19.35	3	7.89	11	8.21	5	6.17
Drug and alcohol detoxification (*n* = 272)	26	9.56	2	4.08	4	13.79	4	10.81	5	8.77	6	19.35	2	5.41	16	11.94	7	8.43
Recreational and/or social activities for crime victims (*n* = 274)	78	28.47	8	16	7	24.14	14	38.89	20	34.48	11	35.48	13	35.14	49	36.57	18	21.69
Day services for older adults (age 65+) (*n* = 265)	68	25.66	8	16.67	9	32.14	8	22.22	14	25	9	29.03	13	35.14	38	29.01	16	19.51

Court, advocacy, and legal services																		
Child advocacy services, safe custody exchange, supervised visitation (*n* = 274)	17	6.2	0	0	3	10.34	2	5.26	4	7.02	1	3.33	4	10.53	8	5.93	5	6.02
Childcare services for children accompanying parents to court (*n* = 272)	57	20.96	5	10	8	28.57	8	21.62	15	26.32	5	16.13	8	21.62	30	22.39	16	19.28
Adult protective services (*n* = 269)	18	6.69	4	8.16	2	7.14	4	11.11	3	5.26	1	3.23	1	2.7	7	5.26	7	8.54
Assistance with protective orders (*n* = 276)	16	5.8	0	0	1	3.45	6	15.79	3	5.26	1	3.23	1	2.56	9	6.62	2	2.38
Court accompaniment, court advocacy (*n* = 282)	21	7.45	1	2	0	0	6	15.79	5	8.62	1	3.23	5	11.9	14	10.29	2	2.35
Screening families for legal needs (*n* = 271)	52	19.19	4	8	7	25	9	24.32	14	24.56	8	25.81	7	18.92	30	22.39	17	20.48
Immigration legal services (*n* = 270)	56	20.74	8	16.33	4	14.29	9	24.32	16	28.07	8	25.81	7	18.42	32	23.88	19	23.17
Legal representation (*n* = 271)	34	12.55	5	10.2	4	14.29	7	18.92	10	17.54	3	9.68	2	5.26	19	14.18	11	13.41
Notifications about the status of court hearings (*n* = 277)	28	10.11	3	6	1	3.45	8	21.05	5	8.77	3	9.68	3	7.32	18	13.24	2	2.38
Notifications about the location of the individual who committed a crime (*n* = 271)	42	15.5	2	4.08	3	10.71	9	23.68	11	19.3	6	19.35	4	10.81	21	15.56	8	9.76
Victim impact statement (*n* = 273)	36	13.19	3	6.12	2	7.41	8	21.05	9	15.79	3	9.68	3	7.5	18	13.33	5	6.1

Victim/witness protection (*n* = 269)	61	22.68	10	20.41	7	25	11	29.73	15	26.32	5	16.13	6	16.22	33	24.63	14	17.07
Restorative justice/victim offender dialogue (*n* = 271)	96	35.42	15	31.25	12	42.86	15	41.67	22	37.93	12	38.71	13	34.21	53	39.26	27	33.33
Medical services																		
Accompaniment to and/or advocacy with medical services (*n* = 277)	49	17.69	5	10	4	14.29	10	26.32	12	20.69	7	22.58	7	17.5	27	20.15	14	16.47
Advocacy in navigating the health care system (*n* = 276)	62	22.46	8	16	5	17.86	10	27.03	15	25.86	11	34.38	9	23.68	36	26.87	19	22.89
Dental care (*n* = 270)	74	27.41	10	20.41	9	32.14	12	32.43	19	33.33	12	38.71	7	19.44	42	31.82	24	29.27
Forensic medical exam for sexual assault (*n* = 276)	24	8.7	1	2.04	0	0	4	10.26	7	12.07	5	15.62	3	7.89	13	9.63	4	4.82
Conduct HIV or STI testing (*n* = 272)	52	19.12	9	18.75	4	14.29	7	18.92	13	22.81	7	21.88	7	18.42	26	19.55	18	22.22
Telehealth (*n* = 272)	73	26.84	10	20.83	8	28.57	13	35.14	20	35.09	9	29.03	8	21.05	41	30.83	26	32.1

Table 22: Impact of COVID- 19 on Access to Services

	Not at all		Somewhat		Moderately		Substantially		My organization was unable to deliver services due to COVID-19	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Total	57	24.26	91	38.72	56	23.83	29	12.34	2	0.85
Type of organization										
Crime victim services	20	22.22	38	42.22	18	20	14	15.56	0	0
Culturally specific organizations	5	15.15	12	36.36	9	27.27	5	15.15	2	6.06
Law enforcement	29	29.9	35	36.08	26	26.8	7	7.22	0	0
Region										
Region 1	9	23.08	9	23.08	12	30.77	9	23.08	0	0
Region 2	9	27.5	6	25	7	29.17	2	8.33	0	0
Region 3	5	17.24	15	51.72	8	27.59	1	3.45	0	0
Region 4	9	20	18	40	12	26.67	5	11.11	1	2.22
Region 5	8	33.33	12	50	2	8.33	2	8.33	0	0
Region 6	8	22.22	17	47.22	8	22.22	2	5.56	1	2.78
Urban and rural setting										
Urban	27	24.55	45	40.91	25	22.73	12	10.91	1	0.91
Rural	19	28.36	21	31.34	20	29.85	7	10.45	0	0

Table 23: Organizations' Strategies for Increasing Accessibility

	Accessible communication		Structural or physical changes to the building		Assistive technology (e.g., TDDs and TTYs)		Ergonomic chairs or other types of comfortable seating		Flexible scheduling for office appointments		Language interpretation services		Printed materials offered in languages other than English		Website offered in languages other than English		Transportation		Services available via video conferencing		Services available via phone	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Total	115	57	155	77	85	43	93	47	167	84	158	78	163	81	57	29	109	54	122	61	160	80
Type of organization																						
Crime victim services (*n* = 114)	69	74	79	84	51	57	55	59	84	89	87	93	86	92	33	36	64	68	74	80	78	83
Culturally specific organizations (*n* = 55)	10	37	16	59	5	19	9	33	21	78	19	70	19	70	7	26	16	59	21	78	24	89
Law enforcement (*n*=161)	31	44	52	75	23	33	24	35	52	76	45	64	48	69	12	17	22	31	18	26	50	74
Region																						
Region 1	21	62	26	76	16	48	17	50	28	82	28	82	27	79	12	36	20	59	24	71	30	88
Region 2	14	64	18	86	10	48	9	43	18	86	17	81	18	86	5	24	11	52	11	55	16	80
Region 3	19	79	21	84	12	50	11	46	21	84	20	83	23	96	6	25	15	60	14	56	18	72
Region 4	24	60	28	70	10	25	18	45	32	82	31	76	35	85	12	30	23	56	20	50	30	75
Region 5	8	38	18	86	7	35	9	43	21	100	17	81	17	81	1	5	10	48	11	55	18	86
Region 6	12	43	23	82	13	46	14	50	24	86	19	68	19	68	7	25	17	61	16	57	23	82
Urban and rural setting																						
Urban	57	63	74	81	42	47	45	50	76	84	73	80	75	82	21	23	50	54	44	49	71	79
Rural	34	56	47	78	22	38	24	40	51	85	49	82	49	82	15	26	35	58	36	61	47	78

Table 24: Methods of Language Interpretation Used by Organizations

	Informal interpreter		Paid interpreter		Volunteer interpreter		Staff members		Telephone language line for translation		Other	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Total	78	49.37	82	51.90	59	37.34	112	70.89	116	73.42	10	6.33
Type of organization												
Crime victim services	28	31.82	47	53.41	31	35.23	61	69.32	69	78.41	10	11.36
Culturally specific organizations	13	33.33	10	25.64	9	23.08	16	41.03	10	25.64	0	0.00
Law enforcement	33	28.70	20	17.39	16	13.91	29	25.22	31	26.96	0	0.00
Region												
Region 1	14	31.11	12	26.67	17	37.78	21	46.67	19	42.22	4	8.89
Region 2	11	44.00	10	40.00	7	28.00	12	48.00	12	48.00	0	0.00
Region 3	9	27.27	15	45.45	6	18.18	11	33.33	15	45.45	2	6.06
Region 4	13	24.53	12	22.64	9	16.98	23	43.40	22	41.51	1	1.89
Region 5	11	37.93	9	31.03	6	20.69	13	44.83	12	41.38	0	0.00
Region 6	9	25.71	7	20.00	6	17.14	13	37.14	15	42.86	3	8.57
Urban and rural setting												
Urban	38	30.89	40	32.52	24	19.51	55	44.72	57	46.34	6	4.88
Rural	27	34.62	21	26.92	23	29.49	29	37.18	33	42.31	3	3.85

Table 25: Languages Interpreted and Translated

	Languages interpreted		Languages printed		Website translation	
	n	%	*n*	%	*n*	%
English	114	80.28%	155	96.88%	52	92.86%
Spanish	137	96.48%	153	95.62%	46	82.14%
French	37	26.06%	3	1.88%	2	3.57%
German	36	25.35%	1	0.62%	2	3.57%
Mandarin Chinese	38	26.76%	3	1.88%	3	5.36%
Vietnamese	38	26.76%	3	1.88%	2	3.57%
Arabic	41	28.87%	5	3.13%	2	3.57%
Korean	35	24.65%	2	1.25%	3	5.36%
Tagalog	27	19.01%	2	1.25%	1	1.79%
Hindi	33	23.24%	4	2.50%	2	3.57%
Gujarati	26	18.31%	1	0.62%	1	1.79%
Russian	35	24.65%	2	1.25%	2	3.57%
Hmong	29	20.42%	2	1.25%	2	3.57%
Italian	35	24.65%	1	0.62%	2	3.57%
Japanese	32	22.54%	1	0.62%	2	3.57%
Other language(s)	42	29.58%	4	2.50%	5	8.93%

Table 26: Use of Evidence-Informed Practices and Screening Instruments

	Evidence-informed practice		Screening instrument to assess needs		Screening for poly-victimization	
	n	%	*n*	%	*n*	%
Total	106	36.93	134	46.37	118	40.83
Type of organization						
Crime victim services (*n* = 114)	65	64.36	75	65.79	65	57.02
Culturally specific organizations (*n* = 55)	14	33.33	32	58.18	21	38.18
Law enforcement (*n* = 161)	21	16.8	17	10.56	27	16.77
Region						
Region 1	16	32.65	26	47.27	22	40
Region 2	13	44.83	9	25.71	10	28.57
Region 3	13	18.24	14	31.11	17	37.78
Region 4	19	33.33	27	38.57	24	34.29
Region 5	8	26.67	11	30.56	11	30.56
Region 6	14	34.15	21	39.62	15	28.3
Urban and rural setting						
Urban	43	33.08	57	34.97	52	31.9
Rural	27	31.76	30	29.13	31	30.1

Table 27: Waitlist and Service Requests Outside of Scope

	Waitlist		Requested services beyond scope	
	n	%	*n*	%
Total	42	30	66	48.18
Type of organization				
Crime victim services (*n* = 114)	31	31.31	50	52.08
Culturally specific organizations (*n* = 55)	11	26.83	16	39.02
Region				
Region 1	10	38.46	15	57.69
Region 2	5	45.45	3	27.27
Region 3	4	25.00	6	37.5
Region 4	10	37.04	12	44.44
Region 5	1	7.14	5	38.46
Region 6	5	25.00	9	47.37
Urban and rural setting				
Urban	20	37.04	23	42.59
Rural	7	18.42	17	45.95

Table 28: Training Needs and Preferences

	n	%
Topics		
Trauma-informed approaches to services	107	61.14
Needs of specific populations (e.g., LGBTQIA, adults ages 65 or older, people with disabilities)	82	46.86
Cultural competence, cultural humility, and sensitivity with specific demographic groups, please identify groups	79	45.14
Needs of individuals who experience certain crimes (e.g., human trafficking, military sexual trauma)	76	43.43
Navigating the North Carolina criminal legal system	70	40.00
Topics pertaining to crime	28	16.00
Other specific training needs	20	11.43
Methods		
Local in-person training	139	66.19
Online self-paced training	84	40.00
Regional in-person training or conference	78	37.14
Statewide in-person training or conference	73	34.76
Regional web-based training	51	34.29
Statewide web-based training	67	31.9
Peer-to-peer training/train the trainer	33	15.71
Peer-to-peer training	29	13.81
Other, please specify: (open text)	2	0.95

Table 29: Training Topics Identified by Organizational Survey Respondents

Needs of people who experience certain crimes	Needs of specific populations:	Cultural competence, cultural humility, and sensitivity with specific demographic groups	Topics pertaining to crime	Other specific training needs
• All types of crime named in the report • Domestic violence • Families of victims of homicide • Hate crimes • Human trafficking • Safety in technology use • Safety planning • Sexual assault • Victim services for child victims abused by caregivers	• Hispanic or Latine/a/o • LGBTQIA • Older adults • People with mental illnesses • People with disabilities • People with PTSD • People with substance use disorder • Refugees • Victims of crime (broadly)	• All populations • Hispanic or Latine/a/o communities • Black or African American communities • BIPOC communities • All minority or marginalized populations • People with limited English proficiency • LGBTQIA population, specifically victims of crime • Micronesian individuals • Immigrants • Muslim communities • People with limited English proficiency • Hmong community • People from the Caribbean • Refugees • Veterans	• Arrest, search, and seizure training updates (annual) • Child abuse, child trafficking, child sexual abuse • Cyber child exploitation • Cyber crime • Death by distribution • Domestic violence • Elder abuse • Financial exploitation • Gang activity • Hazing • Legal updates (general) • Stalking • Strangulation • Training for law enforcement on laws regarding domestic violence and sexual assault • Victim's Compensation Training	• Advanced training in topics identified in this report • Data analysis training • Navigating the juvenile justice system • Restorative justice • Training on available resources for victims at state and local levels • Veterans Treatment Court • Working with youth who have experienced crime • Substance use and overdose

Table 30: Organizations' Support Needs

	n	%
Increased pay and/or benefits for staff	104	48.83
More full-time staff	101	47.42
Collaboration with state agencies	57	26.76
Increased public awareness regarding programs and services offered by my organization	57	26.76
Increased funding	136	23.85
Collaboration and coordination with other local service providers for people who experience crime	49	23.00
Decreased staff/volunteer turnover	44	20.66
Data collection software	41	19.25
Language interpretation support	37	17.37
Computer equipment	32	15.02
Collaboration with federal agencies	30	14.08
Language translation technology	29	13.62
More part-time staff	29	13.62
More volunteers	29	13.62
Statewide comprehensive service hotline for people who experience crime	26	12.21
Regional cross-training initiatives	18	8.45
Information technology support	14	6.57
Remote training access	14	6.57
Website (re)design	14	6.57
Shelter maintenance and/or repair	12	5.63
Loosening of eligibility restrictions (e.g., age, income, victimization type)	10	4.69
Office maintenance and/or repair	6	2.82
Security systems	5	2.35
Technical assistance or visits	4	1.88
Teleconferencing (virtual meeting) equipment	4	1.88
Furniture for waiting room of office(s)	3	1.41
Software for online appointment scheduling	3	1.41
Telemedicine access	2	0.94
Other	8	3.76