2013 Victim Services Needs Assessment
Volume VI: Crime Victim Needs: Insights from Research

Conducted for
The Office of Victims' Services, Pennsylvania Commission on Crime and Delinquency

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About the 2013 PCCD Victim Services Needs Assessment

The Office of Victims' Services of the Pennsylvania Commission on Crime and Delinquency engaged a research team at Penn State Harrisburg to conduct the 2013 Needs Assessment of Pennsylvania's Victim Community. The primary goal of this initiative, is to begin to develop a comprehensive understanding of unmet needs and service gaps through the perspectives of both service providers and victims. By documenting this information, this project will increase the stature of victims' needs and contribute to understanding how victims can access core services.

The activities undertaken by the Institute of State and Regional Affairs are documented individually in specific stand-alone reports (listed below) and culminate in a *Summary Report of Findings (Volume VII)*.

The individual reports include:
Volume I: In-Depth Interviews of Agency Directors
Volume II: Focus Groups of Victim Populations
Volume III: Administrative Web survey
Volume IV: Statewide Telephone and Web Survey
Volume V: Demographic Background Research
Volume VI: Crime Victim Needs: Insights from Research
Volume VII: Summary Report of Findings

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Key Findings

      This volume contains findings from research studies that inform 5 main areas: profile of crime victims, service barriers, underserved groups, service provision, and best practices. The key findings from the literature review are listed below.

Profile of Crime Victims
- Violent crimes, as measured by the National Crime Victimization Survey, include rape, sexual assault, robbery, and assault (aggravated and simple).

- While men are more likely to be violently victimized than women, women are more likely to be victimized by known offenders than men. Other demographic markers including being 18-24 years old, living in urban areas, and identifying with two or more races. However, crime affects all demographic groups.

- The majority of crime victims do not report their victimizations to the police, nor seek mental health services. Several factors influence service utilization such as type of victimization, characteristics of the victim, victim-perpetrator relationship, and characteristics of the incident.

Service Barriers
- Barriers to help-seeking vary across victimization type but share common threads such as shame and embarrassment, not believing that services can or will help, and lack of awareness about services. Service providers should be aware of and responsive to the multi-dimensional needs of victims and work to squarely address these barriers.

Underserved Populations
- Victim service organizations (VSOs) are expected to assist all victims regardless of their race, ethnicity, gender, sexual orientation, religion, nationality, age, class, ability, and language. Unfortunately, many of these populations face barriers to services and remain underserved when VSOs are unable or unwilling to assist them.

- Victim service agencies need to abandon a "one size fits all" approach to serving crime victims.

- An emphasis on education, outreach, targeted and culturally competent services, and inter-agency collaboration are needed to turn underserved populations into appropriately served victim populations.

Service Provision
- The victims' services field is relatively new; as a result, it faces a number of challenges, including barriers to overcoming the criminal justice system's offender focus, improving access for victims, training victims' services staff and volunteers, coordinating services, increasing awareness of services, and overcoming stigma.

- Addressing staff and volunteer training needs can be an effective tool in increasing organizational capacity in the absence of other critical resources.

- One of the major barriers facing the field is the current offender-focused structure of the criminal justice system, since most efforts focus on prosecuting offenders rather than helping victims. Though there has been a gradual shift in focus and resources towards a victim-centered criminal justice system, the system itself is built around an offender-focused model.

Best Practices/Usefulness of Services
- Crucial services for sexual assault and domestic violence survivors include: crisis hotlines, shelter services, counseling, support groups, and advocacy services.

- The way services are delivered are as important as the victim services themselves. Victim service agency staff have a direct impact on victim services. Further, collaboration among legal, social service, community and victim service agencies can expand the network of services available and improve services for victims of crime as a whole.

- Innovative, evidence-based programs have been identified through The Domestic Violence Evidence Project. This project has developed a model, the Social and Emotional Well-being Promotion Framework, which helps characterize factors that promote an individual's quality of life to ensure negative factors are minimized and positive factors are highlighted and supported. These positive factors include: self-efficacy, hopefulness, positive relationships with others, economic stability, safety, and other positive behaviors.

Crime Victim Needs: Insights from Research

While violence continues at epidemic proportions in American society, the lives of countless women, men, and children are permanently changed in ways that deeply impact their well-being. Services to meet the multiple and complex needs of this group are essential but not without many difficulties. First, the sheer magnitude of various forms of violence impacts the ability to provide services. Second, a slew of barriers influence the likelihood of crime victims seeking assistance from victim service organizations (VSOs). Third, a number of specific groups face unique barriers to service utilization. Fourth, VSOs themselves face a number of barriers to providing services, not the least of which is a lack of adequate funding. Yet, VSOs continue this valiant work and provide services that are often lifelines to crime victims. The current literature review explores each of these areas with the aim of informing the needs of victims and how services can meet these needs.

Profile of Crime Victims

Types of crime. The National Crime Victimization Survey (NCVS) collects data for both violent and property crimes. Violent crimes include rape, sexual assault, robbery, and assault (aggravated and simple)[1]. Property crimes include theft, household burglary, motor vehicle theft, and personal larceny (property is taken directly from the victim without force or threat of force). Households are surveyed every six months to assess victimization experiences (Truman & Planty, 2012). The general trend is that incidents of property crime occur more often than violent crimes (Rennison, 2002) with the most recent data showing 5.8 million occurrences of violent crimes (22.5 per 100,000 persons) as compared to 17.1 million property crimes (138.7 per

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[1] While murder is considered a violent crime by the Bureau for Justice Statistics, it is not measured in the NCVS. Uniform Crime Reports should be used for homicide data.

100,000 persons) (Truman & Planty, 2012). For the purposes of this review, we focus on violent victimization.

      Demographics. Victimization statistics show that males in general have higher rates of violent victimization than females (Truman, 2011; Truman & Planty, 2012; Truman & Rand, 2010) with the most recent data showing males experiencing violent victimizations at a rate of 25.4 per 1,000 persons compared to 19.8 per 1,000 persons for females (Truman & Planty, 2012). Violent crimes are most often perpetrated by known offenders; in 2010 only 38% of nonfatal violent crimes were perpetrated by strangers (Harrell, 2012b). However, women are more likely than men to be victimized by known offenders (Harrell, 2012b; Rennison, 2002; Truman & Planty, 2012). For example, in 2010 64% of violent victimizations experienced by women were perpetrated by non-strangers whereas only 40% of violent victimizations experienced by males involved offenders known to the victim (Truman, 2011). The proportion of victimizations experienced at the hands of known offenders varies by victimization for both men and women; rape or sexual assault is more commonly perpetrated by non-strangers whether the victims are male or female (Truman, 2011).

      With regard to race, a larger percentage of those identifying as two or more races experienced violent victimization in 2011 as compared to other races (approximately 6.5% for two or more races, compared to 4.5% for Native Americans, 2.6% for African Americans, 2.4% for Hispanics, 2.2% for whites, and 1.1% for Asians). This is consistent with statistics on race and victimization from earlier years (Truman, 2011; Truman & Rand, 2010). Data from NCVS from the last few years show that larger proportions of young people are violent crime victims (Truman, 2011; Truman & Planty, 2012; Truman & Rand, 2010). The most recent data, from 2011, shows 49 per 1,000 persons of those in the 18-24 year old age range and 37.7 per 1,000

persons of those in the 12-23 year old age range were victims of violent crime (Truman & Planty, 2012). Urban residents had a higher percent of violent victimizations than either suburban or rural dwellers in 2011 (Truman & Planty, 2012), which is consistent with data from earlier years (Truman, 2011; Truman & Rand, 2010). Additionally, the general trend is that married or widowed persons have lower rates of violent victimizations when compared to other marital statuses (Rennison, 2002; Truman, 2011; Truman & Planty, 2012; Truman & Rand, 2010).

Help-seeking profile. A recent review of help-seeking literature found around 46% of victims of violent crime reported their victimizations to the police (McCart, Smith, & Sawyer, 2010). The percentage of victims seeking help from mental health professionals was much lower, with figures ranging from 12% to 16% (McCart et al., 2010). These figures demonstrate that there is a large group of victims who are not accessing formal services. The NCVS only asked victims whether or not they reported their victimizations to the police; it did not ask about other types of formal service utilization such as seeking mental health counseling services. According to NCVS data, violent crimes were more often reported to the police than property crimes (49% as compared with 37%), although rape was the least commonly reported violent crime (Truman & Planty, 2012). For years 2006-2010, violent victimizations that involved a weapon and incidents in which the victim was injured were more likely to be reported to police than violent victimizations that did not involve a weapon or injury (Langton & Berzofsky, 2012). In 2011, serious violent crime involving weapons and aggravated assault were most often reported to the police (67% of victims of each type reported to police) and rape was the violent crime least reported to police at 27% (Truman & Planty, 2012). Research has shown that factors such as the type of victimization, characteristics of the victim, victim-perpetrator relationship, and

characteristics of the incident influence whether or not formal help is sought as well as what type of formal services are utilized (McCart et al., 2010; Sabina, Cuevas, & Schally, 2012; Starzynski, Ullman, Townsend, Long, & Long, 2007; Ullman & Filipas, 2001).

  The research findings on victimization and help-seeking profiles tell us that victims quite often do not utilize the formal help resources that are available to them. We contend that understanding the general patterns of victimization and help-seeking is important as providers strive to engage victims in formal services.

Service Barriers

  Help-seeking is often divided into two categories: formal and informal. Formal resources include reporting to the police, utilizing the legal system, seeking social services, utilizing a victim service organization or consulting with mental health professionals, whereas informal avenues include talking to friends, relatives, or other non-professionals about the victimization. A victim's choice of whether or not to seek help is influenced by individual, interpersonal and sociocultural factors (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Although the variety and availability of victims' services have grown substantially since the beginning of the modern victims' services movement, many barriers remain that prevent victims from utilizing the resources available to them. One of the important issues facing victims' service provision is the general lack of awareness (or in some cases misinformation) many crime victims have about victims' services (Allen, Bybee, & Sullivan, 2004; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Victims who lack knowledge about the criminal justice system, their rights, and the services available to them are less likely to utilize any formal victims' services (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). In this section we will review literature on help-seeking barriers as they relate to general crime victimization, sexual assault, intimate partner violence (IPV), and finally studies that group domestic violence and sexual assault together.

General crime. Some of the barriers to reporting victimizations to the police that have been identified in the literature are shame and embarrassment, perception that police will disbelieve the report, and economic dependence on perpetrator (in domestic violence incidents) (McCart et al., 2010). According to the NCVS, the five most important reasons across all victimization types for not reporting victimizations to the police were: victimization was not important enough to report (27% of victimized individuals who did not report), the victimization was handled in another way/it was a personal matter (20%), police would or could not help (16%), fear of reprisal or fear of getting the perpetrator into trouble (13%), and no one important reason/other reason (12%) (Langton & Berzofsky, 2012). Common barriers to mental health counseling include shame and embarrassment, stigma associated with mental illness and lack of financial resources (McCart et al., 2010). Analyses from the National Violence Against Women Survey showed that help-seeking was increased when there was a spousal perpetrator, if the victim was educated and if the victim feared for her safety (Kaukinen, 2004).

Sexual assault. Research specific to help-seeking for sexual assault shows that, similar to other victimizations, women are more likely to seek help or disclose when the sexual assault is more severe (e.g., physical injury, victim believes they are in danger, weapon use, life threatened) (Starzynski et al., 2007; Ullman & Filipas, 2001). Moreover, being sexually assaulted by known individuals has been shown to be associated with less help-seeking than being victimized by strangers (Starzynski et al., 2007; Ullman & Filipas, 2001). Unfortunately, disclosing to formal service providers sometimes was associated with also receiving more negative reactions, than disclosing to informal supports only (Ullman & Filipas, 2001). For example, sexual assault victims of alcohol-related assaults received a range of negative reactions compared to those whose assault did not include alcohol, including victim blaming, treating the

victim differently/stigmatizing the victim, discouraging discussion of the rape, etc. (Ullman & Filipas, 2001). Victims of sexual assault may choose not to seek services for an array of reasons. Among a sample of college students, shame and embarrassment, concerns about confidentiality and fear of not being believed were ranked as top barriers to post-assault help-seeking (Sable, Danis, Mauzy, & Gallagher, 2006). However, male victims of sexual assault also ranked "concerns about being viewed as gay" as an important barrier (Sable et al., 2006). Additionally, a qualitative study of 29 rape survivors who did not seek any formal services post rape revealed three major barrier categories (Patterson, Greeson, & Campbell, 2009). Three major categories were identified: victim thinks that the system will not help them (feels unworthy of help and believes they will not qualify for assistance), victim does not believe that the formal social systems can help them (thinks system will not enhance well-being and unable to protect them from further harm by perpetrators), and the victim feels that they will be harmed further if utilizing formal help resources (anticipated personnel and processes will be harmful to well-being) (Patterson et al., 2009). These qualitative results combined with survey results point not only to the barriers related to the sexual assault itself, but also the structural issues that discourage victim help-seeking. Namely, victims want assurance that their experiences will be handled in a caring and respectful way, such that increased safety and well-being is possible.

Intimate partner violence (IPV). According to women who sought services for IPV, the primary reason for seeking services was "I wanted it to end" followed by "I'm sick of it." Additional common reasons for seeking help revolved around severity or some breaking point for women (e.g., "I thought he was going to kill me this time," "It's the worst it's ever been") (Simmons, Farrar, Frazer, & Thompson, 2011). Similarly, focus group participants shared that gaining knowledge of IPV, a breaking point, and concerns about children's safety served as

motivators for help-seeking (Petersen, Moracco, Goldstein, & Clark, 2004). Thus, women's help-seeking responses to IPV are often pragmatically oriented and appear to revolve around safety concerns for themselves and their children.

Other research has looked specifically at reasons why services were not sought by victims and found a myriad of barriers related to IPV victimization (Fugate et al., 2005; Petersen et al., 2004; Simmons et al., 2011; Van Hook, 2000). The most common reasons for not seeking services for women in the Chicago Women's Health Risk Study, were not needing services and services not useful (Fugate et al., 2005). Similarly, women from low income families stated that the top two reasons they did not seek primary care for violence was "I did not think it affected my health," and "I did not think they could help me," again reflecting that some victims thought services were unneeded or unhelpful (Van Hook, 2000). Women may also feel too ashamed or embarrassed to seek services (Fugate et al., 2005; Simmons et al., 2011). Further, women may desire to protect the abuser and preserve the relationship (Fugate et al., 2005; Petersen et al., 2004). Women may not recognize or define their abuse as intimate partner violence or know that services are available (Petersen et al., 2004; Simmons et al., 2011). Fear, while not mentioned as one of the top barriers to services, was identified in several studies about barriers (Fugate et al., 2005; Petersen et al., 2004; Simmons et al., 2011; Wolf, Ly, Hobart, & Kernic, 2003). Additional barriers such as no time, money, or insurance hindered women from seeking help from an agency or counselor (Fugate et al., 2005).

One study which specifically examined reasons some women do not contact the police in response to IPV identified barriers and these included: 1) predisposing characteristics (e.g., perception that abuse must be physical with proof, cultural attitudes), 2) fears and negative experiences with police response (e.g., batterer not arrested, situation trivialized), and 3) fears of

possible repercussions (e.g., batterer- retaliation on victim) (Wolf et al., 2003). This study also asked battered women for a wish list for police responses in order to gauge how police responses can improve. Suggestions included quick responses, consistency, take time to listen to the victim, give the perpetrator a clear message, and provide information to victims about rights and resources (Wolf et al., 2003).

Domestic violence and sexual assault. Several studies focused on help-seeking for domestic violence and sexual assault, not differentiating between the two. Services most often used (emotional support from family or friends, professional counseling, medication for emotional problems, welfare and support groups), were generally not the services ranked as most helpful by victimized women (subsidized day care support, religious or spiritual counseling, subsidized housing, welfare, and educational support), calling attention to the benefit of practical resources when dealing with DV and SA (Postmus, Severson, Berry, & Yoo, 2009). Comparatively, according to agency directors, the most important services to provide to victims are emotional support, safety planning, information and safe shelter (Macy, Johns, Rizo, Martin, & Giattina, 2011).

Barriers to help-seeking vary across victimization type but share common threads such as shame and embarrassment, not believing that services can or will help, and lack of awareness about services. Service providers should be aware of and responsive to the multi-dimensional needs of victims and work to squarely address these barriers.

Underserved Victim Populations

No two crime victims look alike, and victim service organizations (VSOs) are expected to assist all victims regardless of their race, ethnicity, gender, sexual orientation, religion, nationality, age, class, ability, and language. Unfortunately, many of these populations face barriers to services and remain underserved.

Male crime victims. The women's movement was the catalyst for the field of victim services, and as a result, many shelters, hotlines, and services were established to assist battered women. However, crime statistics from the U.S. Department of Justice in 2009 indicated that 18% of all intimate partner violence victims for that year were men, and other national studies suggest that lifetime prevalence of abuse for men ranges from 8% to 23% (Coker et al., 2002; Tjaden & Thoennes, 2000). Despite the need for assistance, men face many challenges in accessing services in a system designed to help women. A lack of adequate gender-inclusive services, such as helplines, counseling services, and shelters is a significant barrier for male victims who are often reluctant to seek services due to shame and embarrassment, denial, stigmatization, and fear of being laughed at (Tsui, Cheung, & Leung, 2010). Creating gender-specific programs and services, training service providers, and providing outreach to this underserved population could address some of these issues.

It is also automatically assumed that men are the abusers and not the victims. In fact, Douglas and Hines (2011) pointed out that 40.2% of men who were physically assaulted by their partners and sought assistance from domestic violence agencies were accused of being the batterer in the relationship. Given this information, it is not surprising that the researchers found that 44.1% of men found domestic violence agencies were not at all helpful, and 95.3% of those men were under the impression that the agency was biased against men (Douglas & Hines, 2011). This lack of support from formal sources and lack of adequately trained service providers can lead men to be re-victimized or avoid seeking help altogether.

Disabled crime victims. Disabled individuals are victimized at a higher rate as compared to those without disabilities, and therefore, have a great need for victim services. According to the Bureau of Justice Statistics' National Crime Victimization Survey, the rate of violence for

disabled males was 42 per 1,000 males with disabilities versus 22 per 1,000 for males without disabilities; likewise, the rate of violence for disabled females was 53 per 1,000 compared to only 17 per 1,000 for females without disabilities (Harrell, 2012a). However, disabled crime victims often remain an underserved population given their unique set of barriers.

First, disabled individuals are often more vulnerable to abuse due to their dependency on others, including spouses, family members, and personal assistance providers. The fact that many disabled individuals need assistance with activities of daily living can put them in a power imbalance and make them susceptible to abuse, such as neglect, withholding necessary medications or assistive devices, as well as physical, sexual, and emotional abuse (Curry, Hassouneh-Phillips, & Johnston-Silverberg, 2001; Curry & Navarro, 2002; McFarlane et al., 2001). These physical limitations make it difficult to leave an abusive situation if the individual cannot walk, drive, etc. Saxton et al. (2001, p. 402) shared a quote from a focus group participant that drove home the idea of power struggles and dependency: "You finally say, 'OK, this is it, I'm going to do whatever I can to change this marriage. And, by the way, can you bring my scooter to me so I can leave you?'" Further, a recent study by Curry et al. (2011) found that the possible loss of loved ones, personal care, and/or independence was a barrier to reporting abuse. Specifically, disabled victims fear that they may be sent to live in a nursing home facility or worry that they will lose their children as a result of institutionalization. Education and outreach aimed at disabled individuals could alleviate these barriers to seeking and receiving services.

Further, cognitively disabled individuals who lack appropriate vocabulary face additional barriers to leaving an abusive situation due to difficulties with reporting or testifying about their victimization. These individuals are often not believed and thought to have misinterpreted the event(s) due to the questioning techniques and stress of the situation (Petersilia, 2001).

Unfortunately, the court system in the United States does not currently accommodate these individuals with advocates, specially trained police, or alternatives to live testimony during trials, although many of these procedures are currently used for children (Petersilia, 2001). This lack of support from law enforcement, the courts, and other related officials is a significant barrier to removing these individuals from an abusive environment.

When disabled victims do seek help for their victimization, they often lack access to services and programs. In fact, Chang et al. (2003) indicated that the domestic violence agencies studied were only "somewhat able" to provide resources and basic services, provide access to facilities, assist with transportation, and communicate with disabled victims. Further, a study of physical and programmatic accessibility of Pennsylvania victim service agencies noted that only 57% of the programs that they studied reported asking clients if they required an accommodation at their intake interview (Frantz, Carey, & Bryen, 2006). Therefore, many researchers have suggested the need for cross-system collaboration between victim service organizations and agencies that served disabled people. This combination could change an underserved population into a well-served victim population.

Older crime victims (55+ years). Although research indicates that victimization decreases as one ages, many older individuals experience crime and need services to cope with these incidents (Dietz & Wright, 2005; O'Donnell, Smith, & Madison, 2002). In fact, estimates from the National Crime Victimization Survey between 1993 and 2001 showed that women 55 years of age or older made up only 2% of female victims of intimate partner violence (Rennison & Rand, 2003). Despite the relatively small number of victims in this population, they still have a distinct set of needs that need to be addressed by victim service organizations.

Older crime victims face significant cultural barriers to seeking victim services. Women in this age group grew up during a time when women had a specific, often submissive, family role: raise and care for her family, husband, and home (Beaulaurier, Seff, Newman, & Dunlop, 2007; Zink & Fisher, 2007). Given this home-centered, and at times, isolated lifestyle, these women may be unaware of the possibility for help with an abusive situation. In fact, Beaulaurier et al. (2007) noted that awareness of services is a key barrier for older crime victims; respondents from their focus group study were not aware of help for older individuals or did not know how to go about getting help. Further, older individuals more so than younger victims have a "death-do-us-part" philosophy on marriage and are more likely to accept their spouse's behaviors as normal and not abusive (Phillips, 2000). Research suggests that support groups, counseling sessions, and shelters should focus on keeping the victim safe and dealing with how to cope with the situation, instead of pushing for leaving the relationship (Brandl, Hebert, Rozwadowski, & Spangler, 2003).

Also, shelters and other resources need to determine ways to work with older victims suffering from medical problems or physical disabilities. For example, a study of client demographics in Illinois found that 15.6% of those 65 years of age or older had special needs, including a visual problem, deafness or impaired hearing, a need for wheelchair accessibility, developmental disabilities, immobility, special dietary needs, or assistance with medications (Grossman & Lundy, 2003). Being faced with staying in a shelter environment that does not accommodate special needs may force women to stay in an abusive situation (Zink, Regan, Jacobson, & Pabst, 2003). Further, another strong barrier for older victims who have special needs is the fear that reporting abuse can lead to nursing home placement (Beaulaurier et al., 2007). In order to overcome these barriers, improvements should be made to consider inter-

agency collaboration between aging and victim service agencies as well as to increase the accessibility of victim services to older individuals who have physical or medical needs (Lundy & Grossman, 2009).

Minorities/immigrant crime victims. Minority populations experience higher rates of victimization. For example, a national study of 2,000 Latino women in the United States showed that over half (51.9%) of nonimmigrants were victimized compared to fewer than one-fifth (19.7%) of immigrants (Sabina, Cuevas, & Schally, 2013). Further, a national study found that African American women were victimized at a rate that was 35% higher than White women (Rennison & Welchans, 2000). Although these statistics suggest the need for victim services, many minority groups do not seek help from formal services.

In particular, the Latino population's reliance on families and importance of privacy can inhibit help-seeking behaviors by limiting options for utilizing formal services with strangers (Fierros & Smith, 2006). Related to this, the fear of being deported was an important reason that immigrants do not seek help (72% of respondents) (Murdaugh, Hunt, Sowell, & Santana, 2004). Similar to the Latino population, Asians tend to discourage members of their community from seeking help from outsiders, such as victim service organizations (Lee, 2002). Conversely, a study of African American female crime victims found that family members did not want to get involved, provided inappropriate or unhelpful advice, or felt that abuse was a normal event in the community (Morrison, Luchok, Richter, & Parra-Medina, 2006). The lack of or inadequate support from informal sources suggests the high importance of having strong, culturally-competent resources available to minority communities.

Finally, because many services have been created to serve a majority population, they are not always relevant to a minority victim's culture or experience (Cho, 2012; Sue & Sue, 1999).

Research has shown that services sensitive to a victim's culture were effective when serving inter-personal violence immigrant victims (Goodman, Dutton, Vankos, & Weinfurt, 2005). Further, language and cultural barriers can leave victims feeling isolated and unable to reach or use services for their victimization experience. In fact, the inability to speak English (76% of respondents) and lack of translators (69%) were important reasons for not getting help in one study (Murdaugh et al., 2004). Other research suggests that almost one-third (32%) of Latina Americans and almost one-fifth (17%) of Asian American intimate partner violence victims need assistance with English proficiency (Grossman & Lundy, 2007). Therefore, agencies need to make a conscious effort to train their staff to be sensitive to minority cultures, offer culturally sensitive services, as well as to include bilingual and translation services.

LGBTQ crime victims. Despite the limited amount of literature on same-gender domestic violence, early studies suggest that prevalence rates are comparable to those in heterosexual relationships (Koss, 1990). Specifically, a study found that 47.5% of lesbians and 29.7% of gay men reported same-gender victimization, which is in the vicinity of heterosexual victimization rates of 33% (Straus & Gelles, 1990; Waldner-Haugrud, Gratch, & Magruder, 1997). Given these victimization rates, it is clear that victim service organizations can be vital lifelines for many individuals in this population. Although many LGBTQ victims utilize assistance from informal sources, such as family or friends, many others may not be able to seek support from these individuals in cases where they have not come "out" or these individuals do not approve of their sexual orientation (Aulivola, 2004; Ciarlante & Fountain, 2010; Girshick, 2002). Of course, individuals may need to disclose their sexual orientation to the victim service organization, which in and of itself can be a barrier to seeking services. Therefore, these agencies

have a great responsibility to provide confidential and culturally competent services to this population.

However, given the fact that many victim service organizations are under-funded and under-staffed, many agencies supply a "one size fits all" approach to serve victims instead of catering services to unique needs (Ciarlante & Fountain, 2010). Research has shown that many LGBTQ victims felt that services offered by providers were targeted towards heterosexuals and were generally unhelpful (Girshick, 2002; Merrill & Wolfe, 2000). Although many victim service organizations do not cater to LGBTQ needs, the success of culturally-appropriate services was noted in a recent qualitative study where respondents indicated they would not have sought support for their abuse had it not been for LGBTQ-specific programs (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006).

Despite the need for targeted services, many victim service providers lack appropriate information and training to properly serve LGBTQ victims. In fact, one researcher noted that that victim service agency staff she spoke with had never even heard of woman-to-woman sexual violence (Girshick, 2002). LGBTQ victims, like support service providers, also lack knowledge of abuse in same-sex relationships. In fact, Bornstein et al. (2006) reported that LGBTQ participants felt that there was a lack of information about domestic violence in their community. Several participants felt that this lack of knowledge left them ill-prepared to deal with abuse when it actually occurred and increased feelings of isolation (Bornstein et al., 2006). This study is a good example of why outreach and education are such important components of victim's services.

Younger crime victims (Teenagers and young adults). Crime experiences can happen to individuals of all ages, including those in their teenage years and early 20s. In fact, research

has shown that 20% of female adolescents has experienced dating violence or sexual abuse, and about 10% of male adolescents has experienced dating violence (Martin, Houston, Mmari, & Decker, 2012). Further, according to the National College Women Sexual Victimization Survey, college women are raped at a rate of 27.7 per 1000 female students (Sable et al., 2006). However, despite the need for assistance, serving younger crime victims can be more complicated than serving adult victims.

Although many young individuals have a preference for seeking assistance from informal sources, formal sources are also necessary for proper support. For example, a study of teenagers found that 89% of adolescents would seek help for dating violence from friends, and 40% would seek help from a sibling or extended family member (Ashley & Foshee, 2005). Given the connection to their peers, it is no surprise that younger crime victims also prefer to seek services from their peers or someone who has had similar experiences. In order to provide services that cater to this underserved population, it is important for service providers to provide comfortable and confidential services that utilizes a peer support model (Ashley & Foshee, 2005; Martin et al., 2012).

Additionally, service providers have an additional layer to weed through when offering assistance to youth. Specifically, there may be confidentiality or legal barriers to providing services to young victims, including mandated reporting of child abuse (Sousa, 1999; Whitman, 2007). Further, although Pennsylvania allows minors to obtain Protection from Abuse Orders, many other states require that individuals must be at least 18 years of age to file protective orders without adult permission (Break the Cycle, 2010). Therefore, service providers need to be trained to deal with these legal aspects of dealing with adolescents as well as generally providing culturally competent programming for these victims (Sousa, 1999; Whitman, 2007).

An individual's culture often guides the way they cope with a situation, especially a crime experience. Therefore, victim service agencies need to abandon a "one size fits all" approach to serving crime victims. Despite each group's unique challenges, an emphasis on education, outreach, targeted and culturally competent services, and inter-agency collaboration are needed to turn these underserved populations into appropriately served victim populations.

Organizational Barriers

While the victims' services field has made great strides in the provision of services to crime victims over the last thirty years, the field remains relatively new (Davis, Smith, & Henley, 1990). For example, although states began creating victim compensation programs in the 1960s, it was not until 1984 that the federal government first enacted legislation that provided a formalized means of compensating victims. The relative youth of the field carries with it a number of associated problems, including barriers to overcoming the criminal justice system's offender focus, improving access for victims, training victims' services staff and volunteers, coordinating services, increasing awareness of services, and overcoming stigma.

Overcoming the offender focus. One of the major barriers facing the field is the current offender-focused structure of the criminal justice system, since most efforts focus on prosecuting offenders rather than helping victims (Neff, Patterson, & Johnson, 2012). Though there has been a gradual shift in focus and resources towards a victim-centered criminal justice system, the system itself is built around an offender-focused model. For example, crime victims in the justice system had traditionally been largely ignored by law enforcement personnel; their formal involvement was mostly limited to serving as a witness or as a piece of evidence (Weed, 2005). However, many county district attorneys' offices in Pennsylvania have created a position or office dedicated to victim advocacy, thereby formally making victims needs a part of the criminal justice system (Penn State Harrisburg Center for Survey Research, 2011). While the

intended goal of using the existing criminal justice system to better assist victims and promote services available to them is both important and necessary, the endeavor faces some serious challenges (Lucken, 1999; Penn State Harrisburg Center for Survey Research, 2011). Such programs find themselves struggling to fit into a criminal justice paradigm that is centuries old (Lucken, 1999). In addition to the problem of adapting formal organizational structures, victims' advocates have also found themselves working with law enforcement personnel and other criminal justice professionals that require training to help them adequately work with victims and overcome long-held offender-focused mindsets (Neff et al., 2012; Weed, 2005).

Training for victims' service providers. Victims' needs are often varied and complex. Though victims' service providers work hard to meet the needs of the communities they serve, they often struggle to obtain the resources needed to provide comprehensive support to their clients (Macy, Giattina, Parish, & Crosby, 2010; Penn State Harrisburg Center for Survey Research, 2011; Sims, Yost, & Abbott, 2006). While funding is a constant concern, some problems in service provision can be alleviated by providing adequate training for victims' service provider personnel and volunteers (Lucken, 1999; Neff et al., 2012; Penn State Harrisburg Center for Survey Research, 2011). One such area of concern in terms of staff training is reduction in staff burnout. Given the sensitive nature of the interactions victims' service organization staff must regularly undergo, service providers must consider staff burnout in planning training opportunities. Individuals who work regularly with victims require training in self-care to prevent emotional burnout and prevent vicarious trauma (Neff et al., 2012). If a provider's staff is constantly operating under burnout conditions, their ability to provide adequate service to clients is greatly diminished.

Even within an organization, staff training needs can vary considerably. For example, a study by Neff et al. (2012) found that victims' service organization employees' training needs varied by levels of formal education and field experience. The study asked VSO employees about 34 training topic needs, grouped into three categories: Legal/criminal justice system, Basic topics in victims service delivery, and Advanced topics in victims service delivery. Those with less formal education were found to have higher needs for training in each of the three training indices. In addition, those with fewer than 10 years of experience reported having more training needs in both basic and advanced victims service delivery; however, there was no statistically significant difference found for legal/criminal justice system training needs in terms of number of years of experience (Neff et al., 2012).

Different types of organizations report having even more varied training needs. A 2011 study at Penn State Harrisburg's Center for Survey Research asked Pennsylvania victims' service organization directors and program coordinators about their day-to-day needs in terms of building capacity to run their organizations or programs. The study found that tailoring trainings toward victims' service organizations can be challenging, since different types of agencies have different self-reported training needs. For example, organizations were asked to identify themselves as either non-profit based or system-based. System-based organizations and programs were those housed somehow in the government system, such as those in district attorneys' office, whereas non-profit organizations were those that were independently created to serve victims. The top training need as identified by non-profit victims' service organizations was board development, advocacy and public policy, and management development/succession planning. In comparison, system-based victims' service organizations had the top goals of new program development, advocacy and public policy, and volunteer recruitment/development

(Penn State Harrisburg Center for Survey Research, 2011). In addition, system-based organizations were in more agreement with their self-described training needs than the non-profit organizations. This may be explained by the fact that non-profit victims' service organizations have much more variety in scope, available resources, and intended purpose.

Service coordination. Service coordination remains a major issue in the provision of comprehensive services to crime victims. The ways in which the legal, medical, and mental health systems interact and, subsequently, the degree to which they successfully provide needed services to victims can significantly impact recovery (Campbell, 2008; Campbell et al., 2001).

One of the major limitations in coordination of care is that there is often no formalized structure tying victims' service organizations together. Recent studies in Pennsylvania and Virginia both found that neither state had a master list of victims' service organizations to aid agencies in coordinating victim care. Pennsylvania's study focused on agencies receiving funding from the Pennsylvania Commission on Crime and Delinquency, while the Virginia study relied on the collective knowledge of those working on the project and an advisory board to develop a list of victims' service organizations to be included in the project (Neff et al., 2012; Penn State Harrisburg Center for Survey Research, 2011). While both of these methods belie obvious methodological problems, they also bring light to a larger issue of victims' service organizations potentially not being able to consult a list of organizations that they could use as resources.

Victims' service organizations also disagree on what their roles should be in terms of providing services. Although system-based agencies typically have a clearly delineated role outlined through legislation or executive order, many non-profit organizations struggle with finding a direction that is both effective for clients and financially viable. Beyond the actual

types of services provided, victims' service organizations may disagree on what their core goals

should be (Roberts, Robertiello, & Bender, 2007; Sims et al., 2006).

Funding and access. Much of an organization's capacity is determined by its sources of

funding, and much of the funding used to drive service provision is allocated at the local level.

Funding is an especially critical issue for non-system based victims' service organizations

because they are typically non-profit or not-for-profit. Since they are typically not fee-for-service

entities and their funding often comes from different sources, it can be challenging to procure

new sources of funding and maintain funding levels, particularly when government is reducing

its spending levels (Roberts et al., 2007; Tiefenthaler, 2005). Victims who seek services in more

economically disadvantaged areas are less likely to have all of their needs met since there are

typically fewer resources available to them. For example, victims of intimate partner violence

who lived in poorer counties were much less likely to have resources readily available to them,

whether through the county government or through a VSO. In addition, victims who live in areas

that are served by a major college or university are more likely to benefit from funding from

state and federal grants (Tiefenthaler, 2005).

Victim engagement and stigma. Many times, victims' service organizations struggle

with the need to increase awareness of the availability of services for victims. Because victims

may choose to not report crimes and to not seek services (Campbell, 2008; Fugate et al., 2005),

VSOs may have no direct interaction with a victim for whom they would otherwise be able to

provide much-needed services. Victims' service providers must work to overcome

misinformation, lack of knowledge, cultural and institutional barriers, and stigmas in order to

even have the opportunity to effectively deliver services. For example, a study by Campbell

(2008) revealed that less than half of rape victims reported their crime or otherwise sought health

care. Finding better ways to educate victims and the public at large (possibly via community campaigns) both about the benefits and availability of services offered would help victim service organizations better serve those who otherwise may not know that help is available to them. Criminal justice personnel may be able to provide referrals to services and, in some cases, direct services themselves, but they are unable to do so if a victim remains completely outside of the service provision system.

Overall, victims' service providers face a number of challenges in overcoming the system's offender focus, training staff, reaching potential clients, efficiently delivering services, securing resources, and overcoming stigma. As the victims' services field looks to move forward, it must do so in a way that addresses each of these challenges to service provision while focusing on coordinating available resources. Since the field still faces a great deal of fragmentation, working collectively to solve this host of issues will likely remain a great challenge to victims' service organizations.

Usefulness of Services

A recent focus on empirically supported services has led to new research on valuable, beneficial, or essential victim services and the delivery of those services. However, there remain few empirical studies on this topic (Wasco et al., 2004) likely due to the difficulty of research access to the population, complexities around defining successful outcomes, and the great demands on VSOs.

There are many services that VSOs offer to assist victims of crime. In a recent study of victim service agency directors, the following were identified as crucial for survivors of sexual assault and domestic violence: crisis hotlines, counseling/support groups, court/legal advocacy, and shelter services (Macy, Giattina, Montijo, & Ermentrout, 2010). Further, this study also named three services classified as ideal but not crucial for survivors of sexual assault and

domestic violence. These were: accessibility to services for all victims of crime, specialty

services geared exclusively to children, and transitional housing and transportation services

(Macy, Giattina, Montijo, et al., 2010). The study noted that many of these "ideal" services were

extremely important to assist victims of crime with their recovery; however, many of the

agencies that participated in the survey were unable to offer the services due to funding issues or

other barriers (Macy, Giattina, Montijo, et al., 2010).

Hotlines. Hotlines can provide vital information and support to victims, especially those

in extremely volatile situations, like domestic violence (Bennett, Riger, Schewe, Howard, &

Wasco, 2004). In a recent study of North Carolina victim service agency directors, 100% of them

indicated that they agreed or strongly agreed that crisis services, such as hotlines, should be

available 24 hours a day, 7 days a week, 365 days a year to best service domestic violence and

sexual assault victims (Macy, Rizo, Johns, & Ermentrout, 2013). Hotlines are a vital lifeline for

victims of crime and need to be available and easily accessible.

Shelters. Victims also need to be able to remove themselves from an unsafe

environment, and shelter services can help them do this. Shelters can give domestic violence

victims a feeling of safety and support they may not have otherwise (Bennett et al., 2004;

Chanmugam, 2011). Across the country, there were over 1,900 domestic violence shelter

programs that served over 60,000 adults and children on just one day last year (National Network

to End Domestic Violence, 2010). One multi-state study of over 1,400 domestic violence victims

in shelters found that victims felt safer and more optimistic following their stay in the shelter

(Lyon, Bradshaw, & Menard, 2011). Another survey of emergency room visitors who had been

the victim of intimate partner violence found that 83% of these victims felt that going to a local

shelter would help them, especially when a pattern of abuse and children were involved in the

domestic violence situation (Krugman et al., 2004). Shelters can be a positive, and in some cases, a lifesaving service for victims of crime.

Counseling/support groups. Victimization can have long-lasting effects, and victims are best served when they have access to open, ongoing services like counseling and support groups (Macy et al., 2013). Several studies of domestic violence and sexual assault victims found that self-confidence and coping skills increased after participating in ongoing counseling (Bennett et al., 2004; Howard, Riger, Campbell, & Wasco, 2003; Wasco et al., 2004). Victim service agency directors have reported access to counseling services as critical for victims to help them recover and begin to heal (Macy, Giattina, Montijo, et al., 2010).

Advocacy. The legal process and medical system can be overwhelming and difficult to understand. Victims may want help finding resources such as housing, employment, etc. Advocacy services can help guide victims through these processes and help in decision making (Wasco et al., 2004). A study of victims who recently left a shelter program for battered women supported the claim that advocacy services can improve decision making, but the study also suggested that comprehensive advocacy services that are tailored to the victims' needs are essential (Allen et al., 2004). The study showed that most women were looking for assistance with material goods, healthcare, education, and increasing social support, not just help navigating through the legal process (Allen et al., 2004).

Secondary victimization can also occur when dealing with the legal system, courts, or even medical services, especially for a victim of a serious violent crime such as rape. In a study of rape victims who worked with advocates and received advocacy services, results showed that they were less likely than rape victims who did not utilize advocacy services to suffer secondary victimization and more likely to receive additional services from both the legal and medical

system (Campbell, 2006). It is clear that advocacy services can have a positive impact on victims of crime and should be easily available and accessible to victims.

Coordination of services. The ways services are delivered to victims are just as important as the services themselves. In fact, service delivery can actually influence the perception of helpfulness with victims of domestic violence and sexual assault (Zweig & Burt, 2007). Female victims felt better served when victim service agencies coordinated and collaborated with other legal, social service, and community agencies (Zweig & Burt, 2007). Further, the same study found that arrests and convictions for domestic violence and sexual assault cases were positively affected when victims felt multiple agencies were working together to provide them assistance (Zweig & Burt, 2006). Victim service agency directors suggested that practices such as establishing relationships with local community services (i.e. medical, legal, etc.) as well as participating in formal community collaborations for victims such as Sexual Assault Response Teams (SART), can make services for victims even better (Macy, Giattina, Montijo, et al., 2010).

Staff. Victims also want to have a positive experience when seeking services. Women who sought services for domestic violence and sexual assault stated that they found services more helpful when the victim service agency staff exhibited more positive behaviors (Zweig & Burt, 2007). These positive behaviors included: listening, showing respect, and general care and concern (Zweig & Burt, 2007). Positive behaviors have also been shown to increase the feeling of control for these women when dealing with the legal system (Zweig & Burt, 2006). Victim service agencies that work to build community partnerships to expand the network of services available to their clients, offer a full-range of services to victims, and have a staff that is truly dedicated to victims and their needs, can only improve the services for victims as a whole.

Framework for services. The Domestic Violence Evidence Project is working to establish evidence-based practice to assist victims of domestic violence and their families (Sullivan, 2012). The Project has a website to report information and track the progress of the project – www.dvevidenceproject.org. They have developed a model called the Social and Emotional Well-being Promotion Framework to characterize factors that promote an individual's quality of life to ensure that negative factors are minimized and positive factors are highlighted and supported. Well-being according to the model includes intrapersonal predictors of well-being including self-efficacy and hopefulness as well as interpersonal and social predictors of well-being including social connectedness, positive relationships with others, adequate social and economic opportunities, economic stability, safety, and positive physical, emotional and spiritual health behaviors. Program activities are linked to these indicators of well-being though intrapersonal, interpersonal and social changes brought upon by involvement in programs (Sullivan, 2012).

Innovative programs. As part of the Domestic Violence Evidence Project, new and innovative programs have been identified as making a positive difference for victims of domestic violence. The Community Advocacy Project (CAP) provides individualized advocacy services and assistance to women and their children who have suffered intimate partner violence. This short 10 week program is usually conducted in a survivor's home by trained advocates in very intensive 4-6 hour per week sessions. The goals of CAP are to increase women's empowerment and coping skills and to improve the survivor's life going forward by providing them with information, knowledge, and support to be successful after the 10 week program ends (National Resource Center on Domestic Violence, 2012a). One study of the CAP found that the short but intensive intervention program increased the self-esteem of those women who participated and

improved their quality of life (Sullivan, Bybee, & Allen, 2002). The study also concluded that

family-centered advocacy programs may offer victims of domestic violence and intimate partner

violence lasting positive changes in their life and well-being including experiencing less violence

over time than victims who did not work with trained advocates (National Resource Center on

Domestic Violence, 2012a; Sullivan et al., 2002).

Another innovative program highlighted through the Domestic Violence Project is the

Ujima Project. This culturally-focused program began in 2007 in Ohio and was designed to meet

the specific needs of African American intimate partner violence victims (National Resource

Center on Domestic Violence, 2012b). The two major components of Ujima are: capacity-

building trainings mainly with religious leaders in the community and classes and support groups

for incarcerated female victims of intimate partner violence. The Ujima program staff has found

through pre- and post-test surveys that 90% of participants reported increased knowledge about

domestic violence and the impacts it has on their children. The program also gave participants a

greater understanding of how to create a safety plan to ensure they and their children are kept

safe in a domestic violence situation (National Resource Center on Domestic Violence, 2012b).

Conclusions

In order to contextualize the needs of crime victims, the following areas were explored:

1) victimization and help-seeking trends, 2) individual-level barriers to help-seeking, 3)

underserved groups, 4) organizational barriers, and 5) usefulness of services. The literature

provides a number of insights that can inform efforts to improve services for crime victims. The

profile of crime victims indicates groups that may benefit from specialized outreach including

men, younger persons, those living in urban settings, and those who were raped. The majority of

victims do not seek services, thus this is an important avenue to pursue in order to aid crime

victims. Reasons for not seeking services include a lack of awareness of services, shame and

embarrassment, stigma, and beliefs that services will not be beneficial. Continued and expanded work on public awareness and outreach may address the concerns of victims, alleviating some of the hesitation of seeking services. Some groups such as males, people with disabilities, elderly persons, youth, minorities and immigrants, and sexual minorities may feel especially unwelcomed by VSOs. Work for inclusion throughout service delivery, therefore, is paramount. VSOs themselves face a number of barriers tied to the larger criminal justice system, funding for services, and coordination of services, as well as, more proximal barriers such as training needs and victim engagement. Addressing the barriers of VSOs, which would in turn impact victims, requires system level advocacy and change. Issues such as disjointed social services and public welfare systems and an unfriendly criminal justice system only work to impede the work that can be accomplished by VSOs, thus hindering the recovery of crime victims. While VSOs do provide services that are documented to meet some of the needs of crime victims, VSOs must continually ask themselves how their services can be tailored to increase the well-being of crime victims. Meaningful evaluation of efforts is essential in improving services for crime victims, as is collaboration and inclusion of various voices. These efforts may involve providing services in innovative ways with allies in the fight to end violence.

References

Allen, N. E., Bybee, D., & Sullivan, C. (2004). Battered women's multitude of needs: Evidence supporting the need for comprehensive advocacy. *Violence Against Women, 10*, 1015-1035. doi: 10.1177/1077801204267658

Ashley, O. S., & Foshee, V. A. (2005). Adolescent help-seeking for dating violence: Prevalence, sociodemographic correlates, and sources of help. *Journal of Adolescent Health, 36*, 25-31. doi: 10.1016/j.jadohealth.2003.12.014

Aulivola, M. (2004). Outing domestic violence: Affording appropriate protections to gay and lesbian victims. *Family Court Review, 42*, 162-177. doi: 10.1177/1531244504421012

Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence, 22*, 747-755. doi: 10.1007/s10896-007-9122-y

Bennett, L., Riger, S., Schewe, P., Howard, A., & Wasco, S. (2004). Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: a statewide evaluation. *Journal of Interpersonal Violence, 19*, 815-829. doi: 10.1177/0886260504265687

Bornstein, D. R., Fawcett, J., Sullivan, M., Senturia, K. D., & Shiu-Thornton, S. (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence : A qualitative study. *Journal of Homosexuality, 51*, 159-181. doi: 10.1300/J082v51n01

Brandl, B., Hebert, M., Rozwadowski, J., & Spangler, D. (2003). Feeling safe, feeling strong: Support groups for older abused women. *Violence Against Women, 9*, 1490-1503. doi: 10.1177/1077801203259288

Break the Cycle. (2010). *Pennsylvania state law report card 2010*. Retrived from:

    http://www.breakthecycle.org/sites/default/files/pdf/Teen-Dating-Violence-State-Law-

    Report-Card-Pennsylvania-2010.pdf

Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: do rape

    victim advocates make a difference? *Violence Against Women, 12*, 30-45. doi:

    10.1177/1077801205277539

Campbell, R. (2008). The psychological impact of rape victims' experiences with the legal,

    medical, and mental health systems. *American Psychologist, 63*, 702-717. doi:

    10.1037/0003-066X.63.8.702

Campbell, R., Wasco, S. M., Ahrens, C. E., Sefl, T., & Barnes, H. E. (2001). Preventing the

    "second rape": Rape survivors' experiences with community service providers. *Journal of

    Interpersonal Violence, 16*, 1239-1259. doi: 10.1177/088626001016012002

Chang, J. C., Martin, S. L., Moracco, K. E., Dulli, L., Scandlin, D., Loucks-Sorrel, M. B., . . .

    Bou-Saada, I. (2003). Helping women with disabilities and domestic violence: Strategies,

    limitations, and challenges of domestic violence programs and services. *Journal of

    Women's Health, 12*, 699-708. doi: 10.1089/154099903322404348

Chanmugam, A. (2011). Perspectives on US domestic violence emergency shelters: What do

    young adolescent residents and their mothers say? *Child Care in Practice, 17*, 393-415.

    doi: 10.1080/13575279.2011.596814

Cho, H. (2012). Use of mental health services among Asian and Latino victims of intimate

    partner violence. *Violence Against Women, 18*, 404-419. doi:

    10.1177/1077801212448896

Ciarlante, M., & Fountain, K. (2010). *Why it matters: Rethinking victim assistance for lesbian, gay, bisexual, transgender, and queer victims of hate violence & intimate partner violence*. Washington, DC: National Center for Victims of Crime and the National Coalition of Anti-Violence Programs.

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*, 260-268.

Curry, M. A., Hassouneh-Phillips, D., & Johnston-Silverberg, A. (2001). Abuse of women with disabilities: An ecological model and review. *Violence Against Women, 7*, 60-79. doi: 10.1177/10778010122182307

Curry, M. A., & Navarro, F. (2002). Responding to abuse against women with disabilities: Broadening the definition of domestic violence. *Health Alert, 8*, 1-5.

Curry, M. A., Renker, P., Robinson-Whelen, S., Hughes, R. B., Swank, P., Oschwald, M., & Powers, L. E. (2011). Facilitators and barriers to disclosing abuse among women with disabilities. *Violence and Victims, 26*, 430-444. doi: 10.1891/0886-6708.26.4.430

Davis, R. C., Smith, B. E., & Henley, M. (1990). *Victim impact statements: Their effects on court outcomes and victim satisfaction*. New York, NY: Report to the Victim Services Research Department.

Dietz, T., & Wright, J. D. (2005). Victimization of the elderly homeless. *Care Management Journals, 6*, 15-21. doi: 10.1891/cmaj.2005.6.1.15

Douglas, E. M., & Hines, D. A. (2011). The helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for practice. *Journal of Family Violence, 26*, 473-485. doi: 10.1007/s10896-011-9382-4

Fierros, M., & Smith, C. (2006). The relevance of Hispanic culture to the treatment of a patient with posttraumatic stress disorder. *Psychiatry, 3*, 49-56.

Frantz, B. L., Carey, A. C., & Bryen, D. N. (2006). Accessibility of Pennsylvania's victim assistance programs. *Journal of Disability Policy Studies, 16*, 209-219. doi: 10.1177/10442073060160040201

Fugate, M., Landis, L., Riordan, K., Naureckas, S., & Engel, B. (2005). Barriers to domestic violence help seeking: Implications for intervention. *Violence Against Women, 11*, 290-310. doi: 10.1177/1077801204271959

Girshick, L. B. (2002). *Woman-to-woman sexual violence: Does she call it rape?* Boston, MA: Northeastern University Press.

Goodman, L., Dutton, M. A., Vankos, N., & Weinfurt, K. (2005). Women's resources and use of strategies as risk and protective factors for reabuse over time. *Violence Against Women, 11*, 311-336. doi: 10.1177/1077801204273297

Grossman, S. F., & Lundy, M. (2003). Use of domestic violence services across race and ethnicity by women aged 55 and older: The Illinois experience. *Violence Against Women, 9*, 1442-1452. doi: 10.1177/1077801203259233

Grossman, S. F., & Lundy, M. (2007). Domestic violence across race and ethnicity: Implications for social work practice and policy. *Violence Against Women, 13*, 1029-1052. doi: 10.1177/1077801207306018

Harrell, E. (2012a). *Crime against persons with disabilities, 2009-2011* (NCJ 240299). Washington, DC: U.S. Department of Justice.

Harrell, E. (2012b). *Violent victimization committeed by strangers 1993-2010* (NCJ 239424). Washington, DC: U.S. Department of Justice.

Howard, A., Riger, S., Campbell, R., & Wasco, S. (2003). Counseling services for battered women: a comparison of outcomes for physical and sexual assault survivors. *Journal of Interpersonal Violence, 18*, 717-734. doi: 10.1177/0886260503253230

Kaukinen, C. (2004). The help-seeking strategies of female violent-crime victims: The direct and conditional effects of race and the victim-offender relationship. *Journal of Interpersonal Violence, 19*, 967-990. doi: 10.1177/0886260504268000

Koss, M. P. (1990). The women's mental health research agenda: Violence against women. *The American Psychologist, 45*, 374-380. doi: 10.1037/0003-066X.45.3.374

Krugman, S. D., Witting, M. D., Furuno, J. P., Hirshon, J. M., Limcangco, R., Périssé, A. R. S., & Rasch, E. K. (2004). Perceptions of help resources for victims of intimate partner violence. *Journal of Interpersonal Violence, 19*, 766-777. doi: 10.1177/0886260504265621

Langton, L., & Berzofsky, M. (2012). *Victimization not reported to the police, 2006-2010* (NCJ 238536). Washington, DC: U.S. Department of Justice.

Lee, M. (2002). *Asian battered women: Assessment and treatment*. New York, NY: Oxford University Press.

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*, 71-84. doi: 10.1007/s10464-005-6233-6

Lucken, K. (1999). Victims and the criminal justice system: The vagaries of integration. *International Review of Victimology, 6*, 137-157. doi: 10.1177/026975809900600204

Lundy, M., & Grossman, S. F. (2009). Domestic violence service users: A comparison of older and younger women victims. *Journal of Family Violence, 24*, 297-309. doi: 10.1007/s10896-009-9230-y

Lyon, E., Bradshaw, J., & Menard, A. (2011). *Meeting survivors' needs through non-residential domestic violence services & supports: Results of a multi-state study* (Document No. 237328). Washington, DC: U.S. Department of Justice.

Macy, R. J., Giattina, M. C., Montijo, N. J., & Ermentrout, D. M. (2010). Domestic violence and sexual assault agency directors' perspectives on services that help survivors. *Violence Against Women, 16*, 1138-1161. doi: 10.1177/1077801210383085

Macy, R. J., Giattina, M. C., Parish, S. L., & Crosby, C. (2010). Domestic violence and sexual assault services: historical concerns and contemporary challenges. *Journal of Interpersonal Violence, 25*, 3-32. doi: 10.1177/0886260508329128

Macy, R. J., Johns, N., Rizo, C. F., Martin, S. L., & Giattina, M. (2011). Domestic violence and sexual assault service goal priorities. *Journal of Interpersonal Violence, 26*, 3361-3382. doi: 10.1177/0886260510393003

Macy, R. J., Rizo, C. F., Johns, N. B., & Ermentrout, D. M. (2013). Directors' opinions about domestic violence and sexual assault service strategies that help survivors. *Journal of Interpersonal Violence, 28*, 1040-1066. doi: 10.1177/0886260512459375

Martin, C. E., Houston, A. M., Mmari, K. N., & Decker, M. R. (2012). Urban teens and young adults describe drama, disrespect, dating violence and help-seeking preferences. *Maternal and Child Health Journal, 16*, 957-966. doi: 10.1007/s10995-011-0819-4

McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: a review of the empirical literature. *Journal of Traumatic Stress, 23*, 198-206. doi: 10.1002/jts.20509

McFarlane, J., Hughes, R. B., Nosek, M. A., Groff, J. Y., Swedlend, N., & Dolan Mullen, P. (2001). Abuse assessment screen-disability (AAS-D): Measuring frequency, type, and perpetrator of abuse toward women with physical disabilities. *Journal of Women's Health & Gender-Based Medicine, 10*, 861-866. doi: 10.1089/152460901753285750

Merrill, G. S., & Wolfe, V. A. (2000). Battered gay men: An exploration of abuse, help seeking, and why they stay. *Journal of Homosexuality, 39*, 1-30. doi: 10.1300/J082v39n02_01

Morrison, K. E., Luchok, K. J., Richter, D. L., & Parra-Medina, D. (2006). Factors influencing help-seeking from informal networks among African American victims of intimate partner violence. *Journal of Interpersonal Violence, 21*, 1493-1511. doi: 10.1177/0886260506293484

Murdaugh, C., Hunt, S., Sowell, R., & Santana, I. (2004). Domestic violence in Hispanics in the southeastern United States: A survey and needs analysis. *Journal of Family Violence, 19*, 107-115. doi: 10.1023/B:JOFV.0000019841.58748.51

National Network to End Domestic Violence. (2010). *Domestic violence counts 2009: A 24 hour census of domestic violence shelters and services*. Washington, DC: National Network to End Domestic Violence.

National Resource Center on Domestic Violence. (2012a). *Program and practice profiles: Community Advocacy Project*. Retrieved from: http://www.dvevidenceproject.org

National Resource Center on Domestic Violence. (2012b). *Program and practice profiles: Ujima Project*. Retrieved from: http://www.dvevidenceproject.org

Neff, J. L., Patterson, M. M., & Johnson, S. (2012). Meeting the training needs of those who meet the needs of victims: Assessing service providers. *Violence and Victims, 27*, 609-631. doi: 10.1891/0886-6708.27.4.609

O'Donnell, C. J., Smith, A., & Madison, J. R. (2002). Using demographic risk factors to explain variations in the incidence of violence against women. *Journal of Interpersonal Violence, 17*, 1239-1262. doi: 10.1177/088626002237854

Patterson, D., Greeson, M., & Campbell, R. (2009). Understanding rape survivors' decisions not to seek help from formal social systems. *Health & Social Work, 34*, 127-136.

Penn State Harrisburg Center for Survey Research. (2011). PCCD organizational capacity building training needs assessment [Dataset]. Middletown, PA: Penn State Harrisburg Center for Survey Research.

Petersen, R., Moracco, K. E., Goldstein, K. M., & Clark, K. A. (2004). Moving beyond disclosure: Women's perspectives on barriers and motivators to seeking assistance for intimate partner violence. *Women & Health, 40*, 63-76. doi: 10.1300/J013v40n03_05

Petersilia, J. R. (2001). Crime victims with developmental disabilities: A review essay. *Criminal Justice and Behavior, 28*, 655-694. doi: 10.1177/009385480102800601

Phillips, L. R. (2000). Domestic violence and aging women. *Geriatric Nursing, 21*, 188-193. doi: 10.1067/mgn.2000.109584

Postmus, J. L., Severson, M., Berry, M., & Yoo, J. A. (2009). Women's experiences of violence and seeking help. *Violence Against Women, 15*, 852-868. doi: 10.1177/1077801209334445

Rennison, C. (2002). *Criminal victimization 2001* (NCJ 194610). Washington, DC: U.S. Department of Justice.

Rennison, C., & Rand, M. R. (2003). Nonlethal intimate partner violence against women: A comparison of three age cohorts. *Violence Against Women, 9*, 1417-1428. doi: 10.1177/1077801203259232

Rennison, C., & Welchans, S. (2000). *Intimate partner violence* (NCJ 178247) (pp. 1-11). Washington, DC: U.S. Department of Justice.

Roberts, A. R., Robertiello, G., & Bender, K. (2007). National survey of 107 shelters for battered women and their children. In A. R. Roberts (Ed.), *Battered women and their families: Intervention strategies and treatment programs* (3rd ed., pp. 109-132). New York, NY: Springer Publishing Company.

Sabina, C., Cuevas, C. A., & Schally, J. L. (2012). Help-seeking in a national sample of victimized Latino women: The influence of victimization type. *Journal of Interpersonal Violence, 27*, 40-61. doi: 10.1177/0886260511416460

Sabina, C., Cuevas, C. A., & Schally, J. L. (2013). The effect of immigration and acculturation on victimization among a national sample of Latino women. *Cultural Diversity and Ethnic Minority Psychology, 19*, 13-26. doi: 10.1037/a0030500

Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to reporting sexual assault for women and men: Perspectives of college students. *Journal of American College Health, 55*, 157-162. doi: 10.3200/JACH.55.3.157-162

Saxton, M., Curry, M. a., Powers, L. E., Maley, S., Eckels, K., & Gross, J. (2001). "Bring my scooter so I can leave you": A study of disabled women handling abuse by personal assistance providers. *Violence Against Women, 7*, 393-417. doi: 10.1177/10778010122182523

Simmons, C. A., Farrar, M., Frazer, K., & Thompson, M. J. (2011). From the voices of women: Facilitating survivor access to IPV services. *Violence Against Women, 17*, 1226-1243. doi: 10.1177/1077801211424476

Sims, B., Yost, B., & Abbott, C. (2006). The efficacy of victim services programs: Alleviating the psychological suffering of crime victims? *Criminal Justice Policy Review, 17*, 387-406. doi: 10.1177/0887403406290656

Sousa, C. A. (1999). Teen dating violence: The hidden epidemic. *Family and Conciliation Courts Review, 37*, 356-374.

Starzynski, L. L., Ullman, S. E., Townsend, S. M., Long, S. M., & Long, L. M. (2007). What factors predict women's disclosure of sexual assault to mental health professionals? *Journal of Community Psychology, 35*, 619-638. doi: 10.1002/jcop.20168

Straus, M. A., & Gelles, R. J. (1990). How violent are American families? Estimates from the National Family Violence Survey and other studies. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families* (pp. 95-112). New Brunswick, NJ: Transaction Publishers.

Sue, D. W., & Sue, D. (1999). *Counseling the culturally different: Theory and practice*. New York, NY: J. Wiley & Sons.
Includes bibliographical references (p. 327-358) and indexes.

Sullivan, C. M. (2012). *Examining the work of domestic violence programs within a " social and emotional well-being promotion " conceptual framework*. Retrieved from National Resource Center on Domestic Violence website: http://www.dvevidenceproject.org

Sullivan, C. M., Bybee, D. I., & Allen, N. E. (2002). Findings from a community-based program for battered women and their children. *Journal of Interpersonal Violence, 17*, 915-936.

Tiefenthaler, J. (2005). Services and intimate partner violence in the United States: A
county-level analysis. *Journal of Marriage and Family, 67*, 565-578. doi:
10.1111/j.1741-3737.2005.00154.x

Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences
of violence against women* (NCJ 183781). Washington, DC: U. S. Department of Justice.

Truman, J. L. (2011). *Criminal victimization 2010* (NCJ 235508). Washington, DC: U.S.
Department of Justice.

Truman, J. L., & Planty, M. (2012). *Criminal victimization 2011* (NCJ 239437). Washington,
DC: U.S. Department of Justice.

Truman, J. L., & Rand, M. (2010). *Criminal victimization* 2009 (NCJ 231327). Washington, DC:
U.S. Department of Justice.

Tsui, V., Cheung, M., & Leung, P. (2010). Help-seeking among male victims of partner abuse:
Men's hard times. *Journal of Community Psychology, 38*, 769-780. doi: 10.1002/jcop

Ullman, S. E., & Filipas, H. H. (2001). Correlates of formal and informal support seeking in
sexual assaults victims. *Journal of Interpersonal Violence, 16*, 1028-1047. doi:
10.1177/088626001016010004

Van Hook, M. P. (2000). Help seeking for violence: Views of survivors. *Affilia, 15*, 390-408.
doi: 10.1177/08861090022094010

Waldner-Haugrud, L. K., Gratch, L. V., & Magruder, B. (1997). Victimization and perpetration
rates of violence in gay and lesbian relationships: Gender issues explored. *Violence and
Victims, 12*, 173-184.

Wasco, S. M., Campbell, R., Howard, A., Mason, G. E., Staggs, S. L., Schewe, P. A., & Riger, S. (2004). A statewide evaluation of services provided to rape survivors. *Journal of Interpersonal Violence, 19*, 252-263. doi: 10.1177/0886260503260246

Weed, F. J. (2005). The position of the victim-activist in crime victim service organizations. *The Social Science Journal, 42*, 97-105. doi: 10.1016/j.soscij.2004.11.008

Whitman, J. L. (2007). Understanding and responding to teen victims: A developmental framework. *The Prevention Researcher, 14*, 10-13.

Wolf, M., Ly, U., Hobart, M., & Kernic, M. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*, 121-129. doi: 10.1023/A:1022893231951

Zink, T., & Fisher, B.S. (2007). Older women living with intimate partner abuse. *Aging Health*, *3*, 257-265. doi: 10.2217/1745509X.3.2.257

Zink, T., Regan, S., Jacobson, C. J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women, 9*, 1429-1441. doi: 10.1177/1077801203259231

Zweig, J. M., & Burt, M. (2006). Predicting case outcomes and women's perceptions of the legal system's response to domestic violence and sexual assault: Does interaction between community agencies matter? *Criminal Justice Policy Review, 17*, 202-233. doi: 10.1177/0887403405280944

Zweig, J. M., & Burt, M. R. (2007). Predicting women's perceptions of domestic violence and sexual assault agency helpfulness: what matters to program clients? *Violence Against Women, 13*, 1149-1178. doi: 10.1177/1077801207307799