

VERMONT VICTIMS COMPENSATION PROGRAM

A NEEDS ASSESSMENT FOR PEOPLE WITH DISABILITIES

FINAL REPORT

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SUBMITTED TO:

Judy Rex, Executive Director
Vermont Center for Crime Victims Services

SUBMITTED BY:

Marcia L. Bellas, Ph.D., Research Associate
Crime Research Group
PO Box 1433
Montpelier, VT 05601-1433
(802) 230-4768

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Table of Contents

ACKNOWLEDGEMENTS.....	i
EXECUTIVE SUMMARY	iii
INTRODUCTION.....	vii
FOCUS GROUPS.....	1
Knowledge of the Victims Compensation Program	1
Ways of Learning about Programs and Services.....	3
Methods of Communicating	4
Assistive Devices	4
Ways to Make the Application Process Easier.....	5
Ways to Make Service Provision Easier	6
Outreach Suggestions	6
Summary	7
Conclusions and Recommendations	8
SERVICE PROVIDER SURVEY	9
Description of Respondents and Services Provided by their Agencies.....	10
Knowledge of Victims Compensation Program and Sources of Information	13
Experience in Making Referrals to the Victims Compensation Program.....	15
Applying to the Victims Compensation Program.....	16
Reasons Some People Do Not Report Crimes.....	18
Barriers to Accessing Services.....	19
Ways of Informing People about the Program	21
Ways of Communicating with People who are Receiving Services	23
Ways to make it Easier for People to Get Services	25
Summary	26
Conclusions and Recommendations from Service Provider Survey	28
VICTIMS COMPENSATION PROGRAM APPLICANT SURVEY	29
Description of Respondents.....	30
Extent to Which Respondents Knew about the Victims Compensation Program, How They Learned about It, and Best Ways to Inform People	32
Applying to the Victims Compensation Program.....	35

Reasons some Applicants Considered not Applying	38
Types of Crimes and Types of Services Needed.....	39
Perceptions of Adequacy of Compensation Received	43
Ways to Make Communicating with People who are Receiving Services Easier.....	43
Ways to make it Easier for People to get Services.....	44
Summary.....	45
Conclusions and Recommendations from Victims Compensation Program Applicant Surveys.....	47
NEEDS ASSESSMENT: MAJOR CONCLUSIONS AND RECOMMENDATIONS	48
APPENDIX: Responses to Selected Questions, Focus Groups.....	50

EXECUTIVE SUMMARY

- The Crime Research Group (CRG) conducted the Needs Assessment phase of this initiative, in consultation with VCCVS staff and a project advisory committee consisting of service providers representing agencies that serve people with disabilities and/or seniors. The needs assessment was designed to identify ways to increase awareness of the Victims Compensation Program among the general population and underserved populations, and identify ways to make the application and provision of services more accessible. The project had three components: 1) convening focus groups with people with disabilities and seniors; 2) surveying service providers; 3) and surveying applicants to the Victims Compensation Program.
- CRG convened five focus groups in four Vermont communities between June and November, 2014. A total of 29 individuals participated, each having at least one type of disability and/or being aged 65 or older. In February 2015, VCCVS surveyed a convenience sample of 1,334 service providers, representing a wide range of agencies and service sectors throughout Vermont. Two hundred (15 percent) individuals completed the on-line survey. In January, 2015, VCCVS mailed a survey to all 911 individuals who had applied to the Victims Compensation Program during Fiscal Years 2012 and 2013 (July 1, 2011-June 30, 2013). After eliminating invalid addresses, the 121 completed surveys represent a responses rate of 20.3 percent.
- About two-thirds of respondents to the Victims Compensation Program applicant survey were women; more than half were between the ages of 35 and 64; approximately 11 percent identified as being a racial/ethnic minority; and one-third said that they had at least one type of disability, most frequently a physical disability not related to vision or hearing. Respondents were most frequently the victim of some type of violent crime: assault (36.8 percent); domestic violence (29.6 percent) and/or sexual assault (16.8 percent). Some differences in type of crime by age group and disability status were evident.
- Approximately three-quarters of respondents said that their last application to the Victims Compensation Program was approved. Of those, approximately two-third received as much compensation as they requested. Fifteen percent of respondents said they requested compensation for a loss or expense that was not covered by the program.
- Knowledge of the Victims Compensation Program was low among focus group participants (two of 29 individuals), and among program applicants prior to their becoming the victim of a crime (fewer than 10 percent). Most service providers knew about the program, but to some extent this likely reflects existing relationships with VCCVS among those surveyed. About half of the service providers who had not heard of

the program were affiliated with an agency that provides services to people with mental illness, suggesting one focus for outreach efforts.

- Service providers most frequently indicated that in their view a lack of knowledge is a significant reason why many people with disabilities don't access social services, although lack of appropriate accommodations was cited slightly more frequently for people who are Deaf/hard of hearing and people who are blind/visually impaired, and lack of transportation was about equally likely to be selected as a reason for not accessing social services among people with a physical disability.
- Focus group participants typically learn about programs and services from service providers, followed by family and friends, media outlets and the internet. Program applicants were most likely to have learned about the Victims Compensation Program from a victim advocate at a state's attorney's office. Service providers were most likely to have learned about the program through their jobs or volunteer work, and about half had (ever) made referrals to the program. These findings underscore the importance of educating service providers about the program and using existing networks/resources, particularly among those who serve victims, people with disabilities and/or seniors, but also the general public.
- A variety of application and service provision strategies and methods are needed to appeal to people with different needs and abilities, and to increase accessibility overall. Across the three groups, the assistive device most frequently cited as making an application process easier was an on-line fillable application form (appropriate for a screen reader), as well as large print forms. It is critical not to forget those who avoid technology or use it only minimally, and to recognize that variation in needs and abilities exists between but also within disability categories (e.g., not all who are Deaf or hard of hearing use American Sign Language). The type of support most desired was not technological, however, but getting help from a program staff member or a knowledgeable service provider in one's community. Individuals across groups also suggested simplifying the application form and process, and following-up with those who requested an application.
- Conventional methods of communicating with program staff while receiving services were clearly favored by program applicant survey respondents. Phone calls were preferred by more than half of respondents, while one-quarter selected email or mailed letters in large print. Applicants who indicated that they had a disability were significantly less likely to prefer communicating by letter or email than those who did not identify themselves as having a disability. Service providers thought that talking in person (with an interpreter if needed), and to a lesser extent by phone or communicating by mail (USPS), would be best for people with disabilities and seniors. Among focus group participants, those who are "well connected" tend to prefer email or cell phone/text communications, while those who are less well connected prefer mail

(USPS), a personal visit or a phone call. A common theme emphasized by all three groups was offering a variety of methods of communicating and letting the applicant/client decide what is most appropriate for them. Among people with intellectual/developmental disabilities and people with mental illness in particular, some service providers suggested involving a case worker, peer or other support person to determine preferred and accessible communication methods.

- Asked why some people with various types of disabilities and seniors don't report crimes, responses among service providers varied by the group specified. The most frequently cited reason was being told not to/threatened/too afraid for people with physical disabilities and seniors; not knowing how/who to report to for people with intellectual/ developmental disabilities and people who are blind/visually impaired; believing that nothing will happen for people with mental illness; and difficulties communicating for people who are Deaf/hard of hearing.
- Approximately three-quarters of program applicant survey respondents said that their last application to the program was approved. Of those, approximately two-third received as much compensation as they requested. Respondents were most likely to have needed mental health counseling/emotional support, followed by medical expenses and lost wages from missed work and "other" expenses. Respondents who were the victim of a personal crime were more likely to need medical and "other" expenses than those who were the victim of a property crime, while the latter group was more likely to need help with crime scene clean up. Fifteen percent of respondents said they requested compensation for a loss or expense that was not covered by the program.
- Forty-two percent of respondents to the program applicant survey indicated that they had considered *not* applying to the program, most frequently because they thought that the program would not give them money. Those who were the victim of a personal crime were more likely to respond in this way than those who were the victim of a property crime. This perception may be ameliorated somewhat if information about the program and what it covers is disseminated more widely to the general public. Some focus group participants mentioned stigma or embarrassment as reasons why some victims of crime might not apply to the program. They suggested tailoring outreach materials to people with disabilities (e.g., including pictures of people with disabilities) and emphasizing that victims are not to blame for what happened. No one said that they had not considered applying because the application was too difficult, but those who did not apply for this or other reasons would not of course be among the applicants surveyed.
- Outreach suggestions were many and varied, and included both general and targeted. Respondents favored media outlets for outreach within the general population (television and radio in particular). For more targeted outreach, participants/respondents across groups emphasized educating service providers and

utilizing existing networks and resources (e.g., putting a link to VCCVS on other agencies' websites), particularly among service providers who have (initial) contact with victims, people with disabilities and/or seniors. Focus group participants and survey respondents also thought that (simple) flyers and brochures are important and suggested an array of places to put them for general and targeted outreach. Some respondents also suggested more specialized outreach methods such as Video Blogs in American Sign Language. Some differences in preferred outreach methods were evident by age, disability status and type of crime.

- The extensiveness of the outreach efforts and other changes identified by this assessment suggest a need to expand the Victims Compensation Program's infrastructure, both technologically and in staff size. Hiring a statewide outreach coordinator for the Victims Compensation Program seems a logical step. This individual can develop and implement both general and targeted approaches (e.g., focusing outreach efforts in areas that are crime "hot spots") and appropriate materials, and conduct educational and outreach activities.
- Engaging existing service providers/networks that serve people with disabilities/seniors may be a particularly fruitful route. Identifying and educating service providers to serve as community liaisons is recommended, which may require formal contracts and perhaps compensation. Whether additional office personnel will be needed may depend on the ability of current staff (and community service providers) to provide the level of personal contact, support and follow-up that some people need and many people prefer.

INTRODUCTION

The Vermont Center for Crime Victim Services (VCCVS) administers the state's Victims Compensation Program. This program is funded through a surcharge applied to traffic tickets and court fines and through Victims of Crime Act (VOCA) Victim Compensation grants awarded by the U.S. Department of Justice. By law, victims of crime in Vermont can be compensated for certain crime-related losses and expenses incurred as the result of a crime. These expenses include but are not limited to medical, dental and mental health counseling, wages lost because of missed work days, relocation expenses, and travel and funeral expenses.

VCCVS received a federal grant from the Office of Victims of Crime, U.S. Department of Justice for its proposed "Crime Victims Compensation Program Initiative." VCCVS proposed to conduct a Needs Assessment designed to identify ways to increase awareness of the VCCVS Victims Compensation Program among the general public and underserved populations, and identify ways to make the application and provision of services more accessible for individuals and those who may assist them in these processes. VCCVS is especially interested in any technological assistance that would prove beneficial to outreach efforts, the application process and communication with applicants and those receiving services.

The underserved populations identified in VCCVS's initiative include those with the following types of disabilities: physical; developmental/intellectual; Deaf/hard of hearing; blind/visually impaired; or mental illness, as well as seniors aged 65 or older. Although people with disabilities are disproportionately victims of crime, they are less likely than people without disabilities to report crime, even violent crime.¹

The Crime Research Group (CRG) conducted the Needs Assessment phase of this initiative, in consultation with VCCVS staff and a project advisory committee consisting of service providers representing agencies that serve people with disabilities and/or seniors.² The Assessment consisted of three components: 1) convening focus groups with people with disabilities and seniors; 2) surveying service providers; 3) and surveying applicants to the Victims Compensation Program. This approach provided a comprehensive research strategy while also giving each group a distinct voice. This report describes the findings, draws conclusions and makes recommendations from each component, as well as drawing broader conclusions from the Assessment as a whole.

¹ See for example, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. 2014. *Crimes Against Persons with Disabilities, 2009-2012 – Statistical Tables*; Baladerian, Nora J. et al., 2013. *Abuse of People with Disabilities: Victims and their Families Speak Out*. Los Angeles, CA: Spectrum Institute Disability and Abuse Project.

² Other phases will include implementing strategies identified in the Needs Assessment, and assessing the impact of these efforts.

FOCUS GROUPS

Staff members from the Crime Research Group (formerly of the Vermont Center for Justice Research) conducted five focus groups between June and November, 2014. Groups were convened in four Vermont communities: Brattleboro, Montpelier (two), Rutland, and Waterbury. The Brattleboro and Rutland groups consisted of people with various types of disabilities. One Montpelier group consisted of clients of Green Mountain Self-Advocates, a self-advocacy group run by people with developmental disabilities. The other was a support group for people with a Traumatic Brain Injury sponsored by Disability Rights Vermont, an advocacy group for people with disabilities and mental health issues. All in the Waterbury group were seniors, most of whom had some type of disability.

Table 1 shows some characteristics of the 29 focus group participants. Twenty participants were female (69%); the age range was 20 to 85 (10 were 65 or older). Participants had the following types of disabilities (note that some individuals had more than one type): physical (7); development/intellectual/Traumatic Brain Injury (14); Deaf/hard of hearing (2); blind/visually impaired (5); mental illness (2). No participants identified themselves as crime victims/survivors prior to participating, and were not asked for this information during the focus groups.

The focus group facilitator asked participants if they had ever heard of the Victims Compensation Program; how they learn about programs and social services generally; preferred methods of communication; assistive devices and other things that make it easier to apply for and receive social services; ways that the Victims Compensation Program might increase access and improve service delivery for people with disabilities and seniors; and suggestions for additional outreach efforts.

Knowledge of the Victims Compensation Program

Only two participants had definitely heard of the Victims Compensation Program. One had been employed by the Department of Corrections when the program began and learned of it then. The other learned of it through Deaf Vermonter Advocacy Services. A third participant said that she “might have heard of it” and thought that her son received some help through the program.

Table 1: Characteristics of Focus Group Participants.

Location	Number of Participants	% Female	Age Range	Physical	Type of Disability					Aged 65+
					Developmental/ Intellectual/TBI	Deaf/Hard of Hearing	Blind/ Visually Impaired	Mental Illness		
Brattleboro	6	100%	53-85	1	0	2	2	1	2	
Montpelier (GMSA)*	7	71.4%	20-40	0	7	0	0	0	0	
Montpelier (DRV-TBI)*	6	33.3%	45-67	1	6	0	0	1	1	
Rutland	3	33.3%	32-52	0	0	0	3	0	0	
Waterbury	7	85.7%	66-81	5	1	0	0	0	7	
All Groups	29	69%	20-85	7	14	2	5	2	10	

*Green Mountain Self-Advocates

**Disability Rights Vermont - Traumatic Brain Injury support group

Ways of Learning about Programs and Services

Participants learn about programs and social services in many ways (the Appendix includes a complete list). Most frequently mentioned were service providers, followed by family, friends, acquaintances and even strangers (e.g., people riding on the bus). Some also mentioned news sources—radio, television, newspapers (including audio access)—particularly those that focus on the local community and/or provide public service announcements. Some participants indicated that they would simply “google it” if they had an unmet need.

A participant with a Traumatic Brain Injury (TBI) emphasized that someone’s disability may preclude them from using a computer/the internet, sometimes temporarily, but sometimes permanently. Thus, s/he recommended (and others agreed) that VCCVS take a variety of approaches to inform people about the Victims Compensation Program.

This individual and others emphasized the importance of following up with people since victims/survivors may not be receptive emotionally and/or physically immediately following a crime. As well, they focused on support groups and other service providers as important avenues for reaching victims/survivors of crime, particularly hospitals, physicians and counselors since those who suffer injuries “ultimately end up with their primary care physician” after going to specialists.³ Those who experience a traumatic event or new disability may also see a counselor.

The internet is great because you can access what information you want when you want it and where you want it. Links on one website might lead me to another. I would think that the most logical place [for a link to VCCVS] would be where you go when you report a crime. – Participant who is visually impaired

I’m connected to the police department via social media [Face Book]. If I were to go their [VCCVS’s] website, would I see something about victims’ compensation? I would think so; I would hope so. – Participant who is visually impaired

I didn’t use my computer for a year and a half after my [traumatic brain] injury, so it wasn’t like I was going to go on the internet and find that information – Participant with TBI

At that point [time of injury], if you’d thrown material in my face, I wouldn’t have read it. I think it’s a little naïve of organizations in any capacity to think that people who are going through that are going to remember or come back to that material six months later when they’re in a different place. I think there needs to be follow-up/outreach to people whether a brain injury or any other kind of a disability that actively tries to engage them because everyone is at a different point at a different point in time so for some people it may work – outreach a month after their injury; for others it’s six months and others it’s a year. So there needs to be some kind of avenue to do that.

– Participant with TBI

³ Interestingly, one participant with a TBI said that in the state where s/he was injured the hospitals give names and contact information of those admitted with a TBI to a state TBI group which then sends information about available resources.

Methods of Communicating

Most focus group participants are quite “tech savvy,” and use a variety of types of communication methods. Technology is used less frequently among seniors, although some participants in the senior focus group said they are learning how to use a computer, email and the internet.⁴ Only three people in all five focus groups (two of them seniors) prefer not to use computers at all, although at times they ask others to use one for them (e.g., to research something on the internet).

Commonly-used devices include computers/laptops/tablets, which can be used for American Sign Language (ASL) calls, and landline telephones/cell phones/smart phones/I-phones/video phones (ASL or call via interpreter). With the exception of landlines, phones are often used for text as well as voice transmissions.

Participants most often identified email/email alerts, texting, Face Book, Twitter, and phone as preferred ways of communicating generally (see the Appendix for a complete list). Among those who use technology frequently, preferred ways of communicating in part relate to type of disability and what is most accessible. Those who use technology minimally prefer to communicate via mail (USPS), phone and face-to-face contact. A common theme across focus groups was the need for the Victims Compensation Program to offer an array of communication options, and to ask applicants how they prefer to communicate.

Assistive Devices

Participants use a variety of assistive devices and strategies to communicate and increase access to information. These include computers with a large screen and font size; screen readers; magnifier; Captel phone (translates voice into text); and printed materials in large font size.⁵ Again, assistive devices used depend on type of disability. For example, participants who are Deaf use video phones

I do not like electronic things. I'm very much against them all. No one is conversing with each other. I think we're losing a very, very valuable thing. I have a computer, but I play with it. I don't use it for e-mail. I am a phone person. I talk to people. – Senior

For a lot of people who are blind/visually impaired, mail is very inaccessible. I would probably just put it in the recycling bin.

– Participant who is blind

We've been talking about the new technology that's out. It's good for people with disabilities in our age group. Many senior citizens will not touch that kind of technology ... and would want to go through an advocate. – Participant who is Deaf

[Do people still use TTY?] Oh God no. Our office still has it because some people are afraid to use video phone or can't afford it (requires high speed internet). – Participant who is Deaf

⁴ We recruited participants for the senior focus group via two senior centers. Thus, participants represent more active and engaged seniors rather than all seniors.

⁵ JAWS (Job Access With Speech) translates text into spoken words, but is not 100% accurate. Screen readers work best with Microsoft Word documents, not pdf. Layout is important because the platform requires tabs. Those who use JAWS recommend asking the Vermont Association for the Blind and Visually Impaired to review any on-line fillable application form developed by VCCVS.

and closed caption. Those who are blind or visually-impaired prefer auditory methods (e.g., phone and computer screen reader).

Several participants noted that assistive devices cost money, which can be a barrier for some people. This is true for internet service as well. Although public libraries and other locations offer free internet access and Wi-Fi connections, they may not offer the assistive devices needed. Financial assistance to purchase devices may be provided by some social service agencies or devices may be available for use in agency offices, but mobility/transportation issues may present additional barriers for some. An appointment may also be needed with a VCCVS staff member so that questions can be asked as they arise during the application process.

Ways to Make the Application Process Easier

After learning about the current Victims Compensation Program application process, some participants said they would prefer to meet face-to-face with an advocate or trusted service provider in their community to get help completing an application (most agreed that traveling to Waterbury is not an option). The ability to meet with an advocate is especially important for those who are not technologically proficient.

Participants in Rutland suggested identifying an advocate at the Asa Bloomer state office complex (not the police department). A few people cautioned that it may be difficult for some people to get to a local office if transportation is an issue. Limited hours may also be an issue for those employed full-time. Ideally an advocate would be able to make a home visit if needed (most participants did not view trying to complete an application over the phone as desirable). Interpretive services should be readily available if needed and advertised.

Although an edifice within a community is important, several participants noted that whether someone seeks assistance may also depend on who the advocate/service provider is and how well people relate to her/him. A few participants also noted that some people are embarrassed or too proud to ask for help.

Downloading/printing the application form from the VCCVS website is clearly problematic for people who are blind/visually-impaired. Additionally, participants noted that some people don't have a

I've always thought that one-on-one is a lot better than any communications that you could get.

—Senior

Are they going to have interpreters right then and there? I don't think so. It may take two to three weeks. By then I may not want to talk about it because I'm already beyond the breaking point. Communication is the biggest barrier [for people who are Deaf]. They don't have communication to navigate the system. — Participant who is Deaf

If it [the crime] were something really bad ... I don't think the person would want to go anywhere. I think there's an exception to everything. Some people would want to go to an office and others wouldn't. It's an individual thing. — Senior

One of the reasons that I don't have a computer is that it [and the internet] costs money and I don't have it. Very simple — Senior

computer or access to the internet, and many people don't have a printer.

The length and complexity of forms may also influence whether someone completes an application form. Several people suggested including a video on the VCCVS website that explains step-by-step how to complete the application (including in ASL) and making a DVD available for those who don't use the internet. Instructions can be confusing, some people said, so clarity is important, as well as the ability to reach someone easily for assistance ("a person, not a recording!"). Some participants emphasized that VCCVS should offer a variety of types of application processes—"Can't be one size fits all for people with different types of disabilities." Some participants also raised concerns about how secure their information would be if they completed an application on-line.

Forms can be exhausting for those with visual impairments—or anyone! – Participant with Visual Impairment

More simplified questions. You have to have a Ph.D. sometimes to figure them out. I'm fairly intelligent on most days, but there are people in our building who can hardly read and write and I'm thinking geez, this [housing application] must be difficult for them. – Senior

Repetition can be an important thing. If you have a way that people can see someone going through the process, for example, a DVD that you can play as you're filling out the application.

– Participant with TBI

Ways to Make Service Provision Easier

Preferred ways of communicating while receiving services mirrored participants' communication preferences generally. Those who are "well connected" prefer email or cell phone/texting. Those who are less-well connected (primarily seniors) prefer mail (USPS), a personal visit or a phone call.⁶ Again, focus group participants emphasized flexibility and accommodating the specific needs/disabilities of clients.

Deaf Vermonters Advocacy Services (DVAS) has not worked to get people into programs because people in those programs don't know enough about interpreters. They don't know enough about Deaf people so there hasn't been access for us. – Participant who is Deaf

Mail (or email) is fine until you have a question. Then you need to be able to pick up the phone. To email back and forth and you write a couple lines and they interpret it differently than you meant it, it becomes frustrating very quickly. So I'd rather pick up the phone when I have a question. Personal communication is the best way to resolve the issue. – Participant with TBI

Outreach Suggestions

Participants made many suggestions for outreach efforts (see Appendix for a complete list). They emphasized the importance of educating service providers about the Victims Compensation Program, particularly those who serve people with disabilities and seniors.

⁶ One participant noted that many people have caller ID, so the Victims Compensation Program's phone number should show up rather than being suppressed.

Some recommended encouraging service providers to network and share information about the program with clients and colleagues (e.g., on websites; in email signatures). Webinars and presentations at conferences and to large organizations may be the most efficient way to reach a large number of service providers. Due to staff turnover and the need to keep the program in the forefront, this type of outreach should be ongoing.

Some participants suggested keeping outreach materials simple, and designing some materials that feature people with disabilities and that are accessible to people with various types of disabilities (e.g., Video Blogs for people who are Deaf). Stating that interpreters are provided is critical, according to a participant who is Deaf, or people will assume that this access is not provided.

Some participants talked about the stigma some crime victims feel, and that it is important to design outreach materials that address this issue. Another suggestion was to work to educate family and friends of victims who may then encourage victims to apply for compensation and assist them with the application process.

Participants suggested many places for ads, posters and brochures (e.g., buses, restrooms, laundromats). Identify crime “hot spots” and prioritize advertising efforts there. Other suggestions included Front Porch Forum, radio and television talk shows/local access channel. “Get it in the water supply,” one participant stated.

DBVI [Vermont Division for the Blind and Visually Impaired] is a very good resource to find out about a lot of different local programs. I also work for a nonprofit organization that provides services for people with disabilities statewide so we also get a lot of references to a ton of resources (education, transportation, vocational services). – Participant who is blind

If it [a flyer] is short and sweet, most people can understand it, but if there's a lot of complex text on the flyer, it's not going to be useful. Video Blog with closed caption would be best. Video Blogs are a really nice way to get information out there. – Participant who is Deaf

I would say that on the whole Deaf people don't read the newspaper a whole lot. English is a second language, which is difficult because we can't hear it. There's a lot of variation in reading skills among Deaf people and ability to read ASL. There are people who are hard of hearing and don't use ASL, so please don't forget them.
– Participant who is Deaf

I just think that if more people were aware of the service, they'd be over-utilized rather than under-utilized. – Participant who is visually impaired

Summary

- The Crime Research Group conducted five focus groups in four communities with a total of 29 participants. These individuals had various types of disabilities and/or were seniors aged 65 or older. Discussion surrounded how participants learn about programs and social services; preferred ways of communicating; assistive technology that makes it easier to apply for and receive social services; and suggestions for increased outreach

and improved service delivery.

- Only two participants knew about the Victims Compensation Program prior to participating in a focus group (a third person wasn't sure). Participants said that they are most likely to learn about programs and social services from service providers, followed by family, friends and acquaintances, news outlets and by searching on the internet. They emphasized the importance of using a variety of outreach efforts, particularly service providers who have contact with victims, people with disabilities and seniors, and of following up with victims, as they may not be receptive to applying to the program immediately.
- Participants who are “well connected” and technologically savvy tend to prefer communicating with service providers via email or cell phone/text communications. Those who are less well connected prefer mail (USPS), a personal visit or a phone call. Participants emphasized the importance of offering an array of communication methods, some targeted toward people with various types of disabilities, and recommended asking people how they prefer to communicate.
- Participants also recommended offering options for completing an application. Many prefer to meet face-to-face with a program staff member or service provider in their community who is trained/knowledgeable about the program. Interpretive services must be readily available and advertised. Although participants agreed that an on-line fillable application is important, they noted that this method may not be accessible to all applicants.
- Participants offered many suggestions for advertising and outreach among the general public and targeted to underserved groups. They strongly endorsed educating service providers and using existing networks, and advised tailoring outreach materials to diverse populations. Participants emphasized keeping materials simple, using technology appropriate to particular populations, featuring people with disabilities, and emphasizing that the victim is not to blame for what happened. These suggestions may best be implemented by establishing a statewide education/outreach coordinator for the Victims Compensation Program.

Conclusions and Recommendations

Focus group participants were generally unaware of VCCVS or the Victims Compensation Program. The extent to which this characterizes members of disability communities, seniors or the general public is unknown. Participants expressed great support for community-based advocates to help navigate access to the Victims Compensation Program. Establishing a “point person” in various communities who could also assist with outreach efforts in the community is recommended, even if that requires establishing contracts (and perhaps payments to) various agencies.

A variety of application and service provision strategies and methods are needed to appeal to people with different needs and abilities, and to increase accessibility overall. It is critical not to forget those who avoid technology or use it only minimally, and to recognize that variation in needs and abilities exists between but also within disability categories (e.g., not all who are Deaf or hard of hearing use ASL). Increased outreach efforts of various types are needed. Engaging existing service providers/networks that serve people with disabilities/seniors may be a particularly fruitful route. Both general and targeted approaches (e.g., focusing outreach efforts in areas that are crime “hot spots”) are recommended. Although many outreach suggestions are low or no cost, a dedicated outreach coordinator would help to assure implementation.

SERVICE PROVIDER SURVEY

In February 2015, the Vermont Center for Crime Victim Services (VCCVS) emailed a request to complete a survey to a convenience sample of 1,334 service providers. These service providers represented a wide range of agencies and service sectors throughout Vermont. The email message provided a link to an electronic survey which, in addition to the written-English version, included videos of a person translating the questions and response options into American Sign Language (ASL).

The survey was designed to assess barriers to reporting crimes and accessing social services among people with disabilities and seniors, and identify ways to increase access and improve the provision of services to people in these groups.

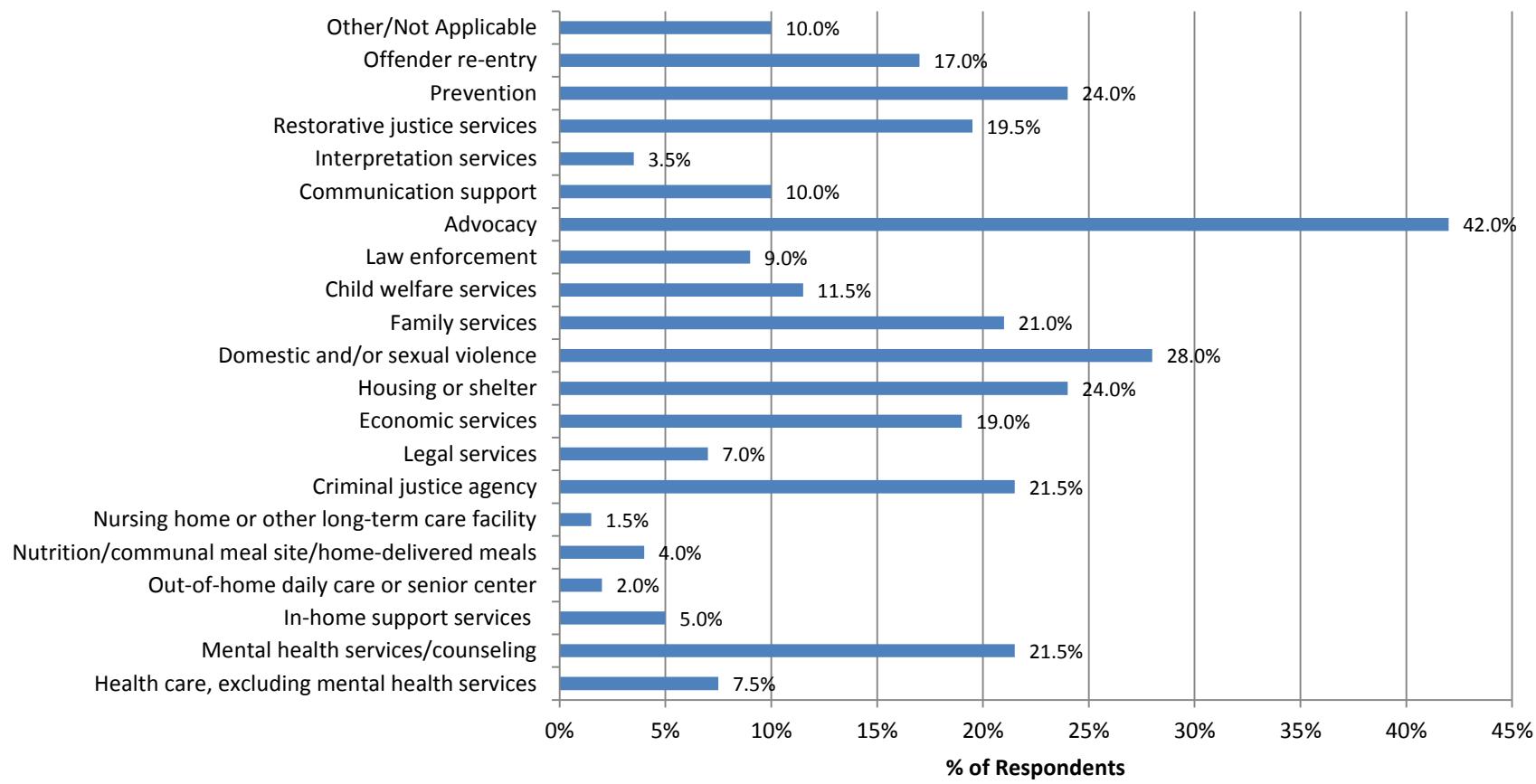
The survey asked the extent to which respondents knew about the VCCVS Victims Compensation Program prior to receiving the survey and how they learned about it if applicable. It asked for the number of individuals respondents referred to the program during the past year, how many people respondents helped to complete an application, and what type of assistive devices if any would have made the application process easier.

The survey also requested information about the percentage of people served by the service provider’s agency in each of the following groups: victims of crime; people with physical disabilities; people with developmental or intellectual disabilities; people with mental illness; people who are Deaf or hard of hearing; people who are blind or visually impaired; and seniors aged 65 and older. Respondents were then asked to identify for people in each of these groups the most significant reasons that some do not report crimes to the police; the most significant barriers to accessing social services; the most effective ways of informing people about the Victims Compensation Program; and the most effective ways of communicating with people while they receive services. The survey also included open-ended questions asking for any additional suggestions for outreach and for ways to make it easier for people to apply and receive services from the Victims Compensation Program.

Description of Respondents and Services Provided by their Agencies

After five weeks and several reminder emails, 200 service providers completed the survey, yielding a response rate of 15 percent. Chart 1 shows the distribution of respondents by the type of service(s) provided by their agency (respondents could select more than one category so percentages total more than 100).

Chart 1: Which of the following categories describes the services provided by your agency or organization?



Forty-two percent of respondents were employed or volunteered for an agency that fills an advocacy role. Twenty-eight percent indicated that their agency provides domestic and/or sexual violence services; 24 percent selected prevention services and 24 percent, housing/shelter services. Approximately 20 percent chose each of the following types of services: criminal justice (21.5 percent), mental health/counseling (21.5 percent), family services (21 percent), and restorative justice (19.5 percent). Other responses ranged from 1.5 percent for a nursing home or other long-term care facility to 17 percent for offender re-entry services.⁷

Three-quarters of respondents (76 percent) were employed by an agency that provides services to at least *some* people with a disability and/or seniors aged 65 and older. Another 11.2 percent were employed by an agency that provides services *primarily* to people with disabilities and/or seniors. The remaining 12.8 percent consisted of volunteers, or paid or unpaid guardian/support person/family member for one or more people with a disability and/or aged 65 or older.

The survey asked respondents to identify the approximate percentages of their agency's clients known to be crime victims; having a specific type of disability and/or being aged 65 or older. Table 2 shows these responses. Excluding those who did not know or who were not affiliated with an agency, nearly one-quarter of respondents (23.8 percent) indicated that all of their agency's clients are crime victims, and approximately 18 percent checked each of three other categories: 1-19 percent, 20-39 percent and 80-99 percent. All respondents said that their agency served at least some victims of crimes.

⁷ Note that for when a respondent provided a response in the "other" category that fit one of the responses provided, it was counted in the appropriate category. Similarly, if someone used the "other" category to say that they did not know how to answer a question, it was counted as a skipped question.

Table 2: Percentages of Clients Identified as a Crime Victim, having a Disability and/or Being Aged 65+*

Percentage:	Crime Victim	Type of Disability					Aged 65+
		Physical	Intellectual/ Developmental	Mental Illness	Deaf/Hard of Hearing	Blind/Visual Impairment	
0%	0.0%	2.2%	1.5%	.7%	12.1%	13.7%	15.8%
1-19%	18.2%	46.7%	43.1%	15.3%	81.6%	77.4%	54.1%
20-39%	17.5%	25.5%	21.2%	24.3%	2.4%	2.4%	21.1%
40-59%	14.0%	10.2%	16.1%	18.1%	.8%	0.0%	5.3%
60-79%	9.0%	6.6%	8.8%	19.4%	.8%	1.6%	1.5%
80-99%	17.5%	2.2%	2.9%	15.3%	.8%	0.0%	.8%
100%	23.8%	6.6%	6.6%	6.9%	2.4%	4.8%	1.5%

*Number of respondents ranged from 124 to 144 for this series of questions (excludes those who did not know or were not affiliated with an agency. Dark gray indicates most frequent response; light gray indicates next most frequent response(s).

After excluding respondents who did not know the percentage of clients with a particular type of disability or those aged 65 or older, the most frequent response for all groups except people with mental illness was 1-19 percent. Thus, respondents were most likely to be affiliated with an agency for which 1-19 percent of clients have a physical disability (46.7 percent of respondents), an intellectual disability (43.1 percent), are Deaf/hard of hearing (81.6 percent), blind/visually impaired (77.4 percent), and/or are seniors (54.1 percent).

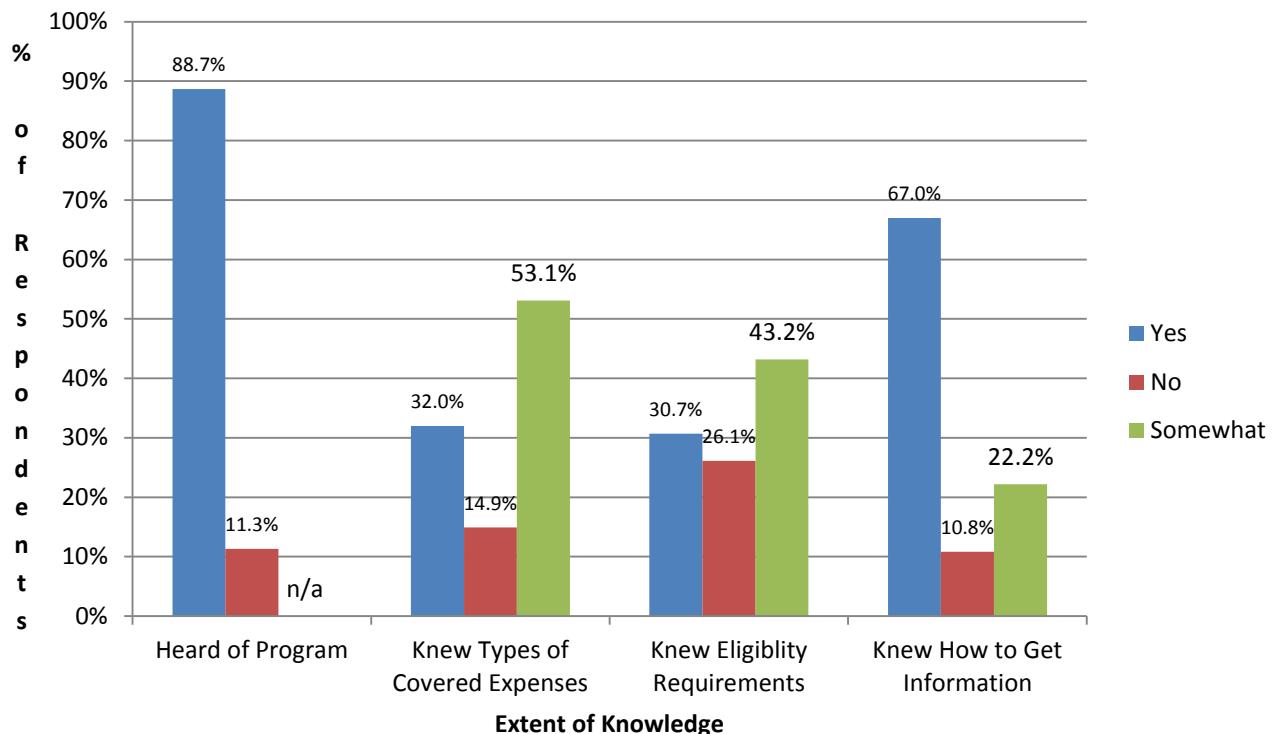
The most frequent estimate of the percentage of clients with mental illness was 20-39 percent (24.3 percent of respondents). With the exception of crime victims, few respondents indicated that their agency *exclusively* serves clients in any of these categories (1.5 to 6.9 percent of respondents). Between .7 and 15.8 percent of respondents said that their agency did not serve anyone with a particular type of disability or seniors.

Knowledge of Victims Compensation Program and Sources of Information

Chart 2 reflects respondents' knowledge of the Victims Compensation Program. Approximately 90 percent of respondents indicated that they had heard of the program prior to receiving the survey. Note that VCCVS distributed the survey to their own employees (20-25 people), others with whom they work closely (e.g., victim advocates) and other service providers with which they have relationships. Therefore, knowledge of the program is higher than one might expect had the survey been distributed to a random sample of service providers.

Respondents were less likely to know what type of expenses are covered (32 percent responded "yes" and 53.1 percent, "somewhat"), or what the eligibility requirements are (30.7 percent responded "yes" and 43.2 percent, "somewhat"). Most indicated that they know how to get information about the program (67 percent said "yes" and 22.2 percent, "somewhat").

Chart 2: Service Providers' Knowledge of Victims Compensation Program

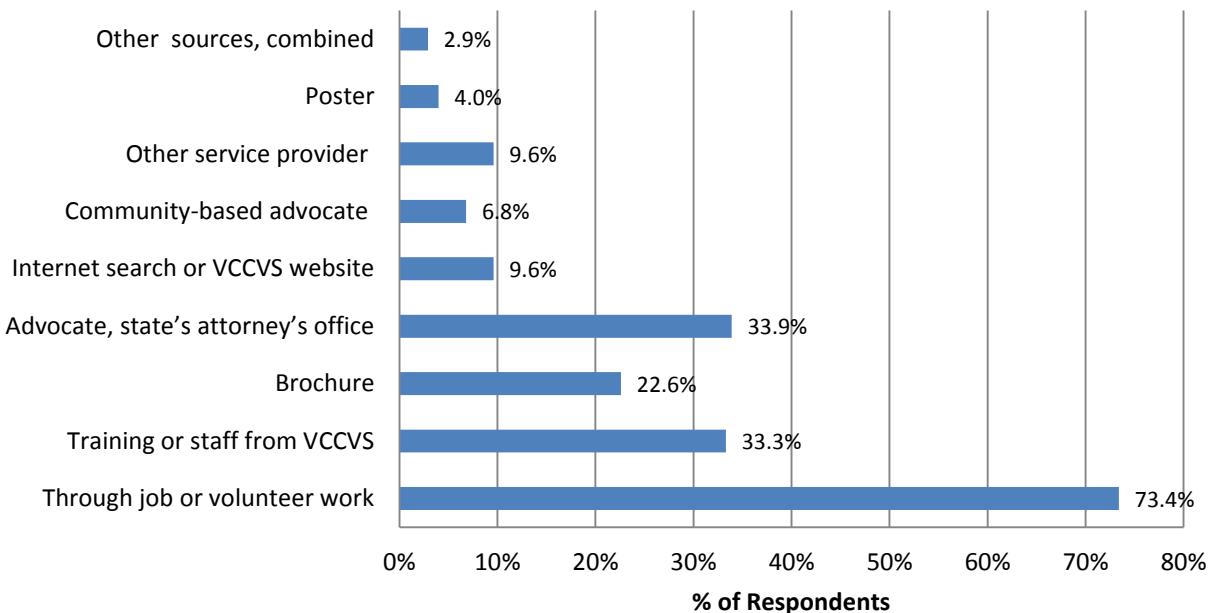


Asked how they learned about the Victims Compensation Program, approximately three-quarters said through their job or volunteer work (see Chart 3). One-third learned about the program through VCCVS (note that these are not mutually-exclusive categories; respondents could select more than one response so percentages total more than 100), and one-third learned through a victim advocate at a state's attorney's office. Approximately 23 percent of respondents learned about the program from a brochure, and approximately 10 percent from an internet search/the VCCVS website. Other service providers and community-based advocates were a source of information for approximately 10 and seven percent of respondents,⁸ Other sources were noted by fewer than three percent of respondents.⁹

⁸ Other service provider combines police officer (1.7 percent), mental health counselor (2.8 percent), medical provider (0 percent), and "other" (5.1 percent).

⁹ Other sources include newspaper (.6 percent), radio (0 percent), television (.6 percent), and friend or family member (1.7 percent).

Chart 3: How did you learn about the Victims Compensation Program?



Among the 21 respondents who indicated that they had not heard of the Victims Compensation Program prior to receiving the survey, 52.4 percent worked in mental health services/counseling; 42.9 percent worked/volunteered for an agency that provides some type of advocacy; and one-third each were affiliated with agencies that provide family services or housing/shelter. Among those who had heard of the program, but did not know what the eligibility requirements are or what types of expense are covered, offender re-entry was the most common type of service provided by their agency. This suggests the types of agencies/service providers where VCCVS outreach and education efforts may be particularly fruitful.

Experience in Making Referrals to the Victims Compensation Program

About half of those who responded to the question (50.6 percent) said that they had ever referred someone to the program (an additional 4.1 percent said that they weren't sure). Fewer service providers answered a follow-up question asking how many people they had referred to the program *during the last year*, but among those who did about half had referred someone. Responses to this question ranged from zero to "thousands." Excluding "thousands," and taking the midpoint of those who provided a range, yielded an average of approximately 11 referrals per respondent among those who responded to the question and an average of 20.4 among those who had referred at least one person.

More than half (54.2 percent) of those who made referrals did not know whether the people they referred were found eligible. Approximately seven percent said that those they referred to the program were never found eligible or were found eligible less than half of the time.

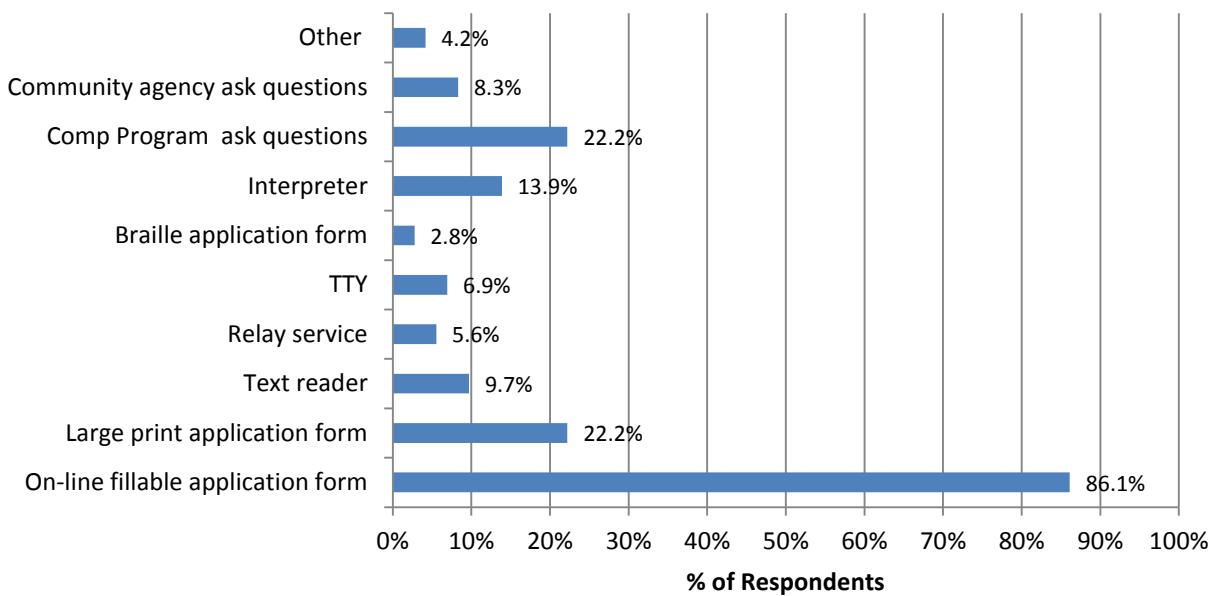
Remaining responses were about evenly divided between referrals always being eligible, being eligible at least half of the time, and somewhere in between.

Applying to the Victims Compensation Program

The survey asked how many people service providers had helped apply to the Victims Compensation Program during the past year. Responses ranged from zero to 200, and averaged 4.4 among all who responded to the question (with a median and mode of zero). About one-third of those who responded to the question had helped someone apply during the past year, and the average number of people helped among these individuals was 14.

Sixteen percent of respondents indicated that they might have been better able to help someone apply if they had access to some type of assistive technology or other type of support. Another 43 percent said that they weren't sure if some type of assistive technology or other support would have helped. Among those who responded, 86 percent said that an on-line application might have made applying easier (see Chart 4).¹⁰ More than one-fifth of respondents (22.2 percent) indicated that a large print application form would have been beneficial (2.8 percent would have found a braille application form helpful).

Chart 4: What type of assistive technology or other support might have helped you to assist someone complete an application?



More than one-fifth of respondents (22.2 percent) thought it would have been helpful if a representative from the Victims Compensation Program had asked them the questions, while

¹⁰ Although the application currently can be downloaded from the VCCVS website, it cannot be completed on-line.

8.3 percent said that having someone at an agency in their community do so would have been beneficial. Respondents also indicated that an interpreter (13.9 percent), text reader (9.7 percent), TTY (6.9 percent) or other relay service (5.6 percent) would have made it easier for them to assist an applicant.

The survey included an open-ended question asking for ways to make the application process easier. Of the 92 responses, some comments focused on making the application more accessible to people by simplifying language, making forms clear and as brief as possible, and having various types of application options.

De-jargon the paragraphs in the application related to health care permission and pay back.

Have a wide range of application processes – on-line, via phone, mail, and advertise widely that you grant accommodations/can assist anyone in completing an application in the way that works best for them.

The print on the brochure is quite small, but there's a lot to cover and it still needs to fit on a brochure rack. Maybe make the availability of more accessible print options MORE PROMINENTLY displayed on the brochure application?

The document is long and has lots of printed directions. This is brilliant: "We realize that this is a difficult time for you. If you need help filling out this form, call" Make this statement BOLD and set it apart on the page so people see it before they are put off by the sheer length and complexity of the application.

Just get the word out and people will apply. People don't even know what 'restitution' means, so to know they could be eligible for some compensation as a victim would be huge.

Many respondents focused on the importance of providing help in completing forms either from program staff or community service providers/victim advocates. A few respondents suggested that completing an application be part of the law enforcement or court process.

Having forms in multiple formats is important, but also having individuals with experience working with people with disabilities available to directly assist people.

Ask the victim what they need, follow up and update those needs and let the victim know if you can fit those needs. At this point it feels like the victim (or in our case the RJ [Restorative Justice] program) is left to sift through the eligibility requirements and submit an application leaving our fingers crossed that they're accepted. We luckily have the benefit of calling or emailing to ask before we submit the application and the staff has always been so supportive. The difficulty comes in receiving the information and weeding out what applies to whom, and when.

Not sure if current version specifies to get everything together before submitting an app, but for people who are frazzled to begin with, being able to get the process started and

having a staff person follow up with them might be easier than trying to track all the moving parts and submit them at once.

Friendly, helpful people trained to guide a novice through the process on the first call. Make the first call more about listening and options and less about eligibility.

Reasons Some People Do Not Report Crimes

The survey asked service providers to identify, based on their experience, the two most significant reasons why some people with specific types of disabilities and seniors don't report crimes to the police. Between 14.2 and 47.9 percent of respondents said they didn't know. Respondents were most likely to say this for people who are Deaf/hard of hearing or blind/visually impaired. Table 3 shows the percentages of service providers who selected a particular response, after excluding those who selected "don't know."

Table 3: Based on your experience, what are the two most significant reasons why some people don't report crimes to police (separate question for each category of people)?*

Reason:	Type of Disability					
	Physical	Intellectual/ Developmental	Mental Illness	Deaf/Hard of Hearing	Blind/Visual Impairment	Aged 65+
Believe nothing will happen	62.4%	32.9%	68.3%	40.0%	43.7%	53.6 %
Don't know how/who to report to	31.2%	67.1%	40.7%	42.1%	55.2%	56.8 %
Told not to/threatened/afraid to report	74.4%	60.1%	59.3%	43.2%	50.6%	66.4 %
Difficulties communicating	26.4%	39.2%	27.6%	77.9%	49.4%	13.6 %
Injuries resulting from crime	1.6%	1.4%	1.4%	4.2%	3.4%	6.4%
Other	7.2%	3.5%	5.5%	3.2%	6.9%	6.4%

* Number of respondents ranged from 87 to 143 for this series of questions. Multiple responses permitted so percentages exceed 100. Dark gray indicates most frequent response; light gray indicates next most frequent response(s).

Most survey respondents (74.4 percent) thought that some people with *physical disabilities* don't report crimes to the police because they are told not to/threatened/too afraid to do anything, and/or because they believe that nothing will happen if they report a crime (62.4 percent of respondents). Respondents indicated that some people with *intellectual/developmental disabilities* don't report crimes because they don't know how or who to report to (67.1 percent) and/or because they are told not to/threatened/too afraid (60.1 percent). Respondents were most likely to say that some people with *mental illness* don't

report crimes because they believe nothing will happen (68.3 percent), and/or because they are told not to/threatened/too afraid (59.3 percent).

Approximately three-quarters (77.9 percent) of survey respondents cited difficulties communicating as the primary reason that some people who are *Deaf/hard of hearing* don't report crimes. About 40 percent of respondents also selected each of the following reasons: believe nothing will happen; don't know how or who to report to; and they are told not to/threatened/too afraid.

Respondents were most likely to cite not knowing how/who to report to as a reason that some people who are *blind/visually impaired* (55.2 percent) do not report crimes. About half of respondents also cited difficulties communicating (50.6 percent) and being told not to/threatened/too scared to report a crime (49.4 percent). Finally, respondents thought that some *seniors* don't report crimes because they are told not to/threatened/too afraid (66.4 percent). Respondents were about equally likely to say that some seniors don't know how/who to report to (56.8 percent) and/or that they believe nothing will happen (53.6 percent).

Although few respondents suggested some other reason that people in these groups may not report a crime (i.e., not a reason listed on the survey), those that did pointed to such reasons as dependence on the perpetrator of the crime, a distrust of the criminal justice system and shame/embarrassment.

In sum, the most frequently selected reason why some people don't report crimes differed across most groups, with respondents selecting being told not to/threatened/too afraid selected most often for people with physical disabilities and seniors; not knowing how/who to report to for people with intellectual/developmental disabilities and people who are blind/visually impaired; believing that nothing will happen for people with mental illness; and difficulties communicating for people who are Deaf/hard of hearing. However, at least 40 percent of respondents also selected between one and three other reason(s).

Barriers to Accessing Services

The survey asked respondents to identify the three most significant barriers to accessing social services among people with various types of disabilities and seniors. Those who responded to the question were most likely to cite a lack of knowledge of resources among people with *physical disabilities* (63 percent of respondents) as well as a lack of transportation (62.2 percent; see Table 4), followed by a lack of resources in the community (43 percent) and lack of financial resources (42.2 percent).

Table 4: Based on your experience, which of the following are the three most significant barriers to accessing social services (separate question for each category of people)?

Barrier (Lack of ...)	Type of Disability					
	Physical	Intellectual/ Developmental	Mental Illness	Deaf/Hard of Hearing	Blind/Visual Impairment	Aged 65+
Spoken language accommodations	5.9%	12.3%	2.9%	13.2%	4.2%	0.7%
Accommodations - blind/visually impaired	5.9%	2.9%	0.7%	3.3%	63.0%	0.7%
Accommodations -Deaf/hard of hearing	11.1%	3.6%	0.7%	59.5%	0.8%	1.6%
Accommodations - physical disability	31.1%	4.3%	2.1%	4.1%	2.5%	4.7%
Resources in the community	43.0%	47.1%	54.3%	47.1%	50.4%	43.4%
Knowledge of resources	63.0%	77.5%	77.9%	58.7%	58.0%	79.1%
Financial resources	42.2%	36.2%	51.4%	26.4%	27.7%	58.1%
Transportation	62.2%	46.2%	50.7%	31.4%	42.0%	60.1%
Child care	1.5%	2.2%	5.7%	1.7%	2.5%	1.6%
Access to a computer/internet/phone	11.1%	10.9%	12.1%	8.3%	4.2%	30.2%
Access to assistive technology equipment	11.1%	11.6%	5.7%	28.9%	25.2%	4.7%
Cultural competency (service providers)	15.6%	27.5%	20.0%	18.2%	17.6%	10.1%
Other	2.2%	9.4%	10.7%	1.7%	0.8%	4.7%

* Number of respondents ranged from 87 to 143 for this series of questions. Multiple responses permitted so percentages exceed 100. Dark gray indicates most frequent response; light gray indicates next most frequent response(s).

Respondents also indicated that a lack of knowledge of resources is a significant barrier to accessing resources among people with *intellectual/developmental disabilities* (77.5 percent), followed about equally by a lack of resources in the community (47.1 percent) and a lack of transportation (46.2 percent). Respondents were also most likely to cite a lack of knowledge of resources as a barrier to accessing services among people with *mental illness* (77.9 percent), followed by a lack of resources in the community (54.3 percent), lack of financial resources (51.4 percent) and lack of transportation (50.7 percent).

Respondents were most likely to think that a lack of appropriate accommodations is a significant barrier among people who are *blind/visually impaired* or *Deaf/hard of hearing* (59.5 and 63 percent of respondents, respectively). The difference in the percentage of respondents citing this reason for people who are Deaf/hard of hearing and lack of knowledge of resources was minimal, however (58.7 percent). Approximately half of respondents also thought that a

lack of resources in the community is a significant barrier for people who are Deaf/hard of hearing (47.1 percent), and 58 percent of respondents selected a lack of knowledge of resources as a significant barrier to accessing social services for people who are blind/visually impaired.

For *seniors* aged 65 or older, respondents were most likely to select a lack of knowledge of resources as a barrier to accessing services (79.1 percent), followed about equally by lack of transportation (60.1 percent) and lack of financial resources (58.1 percent).

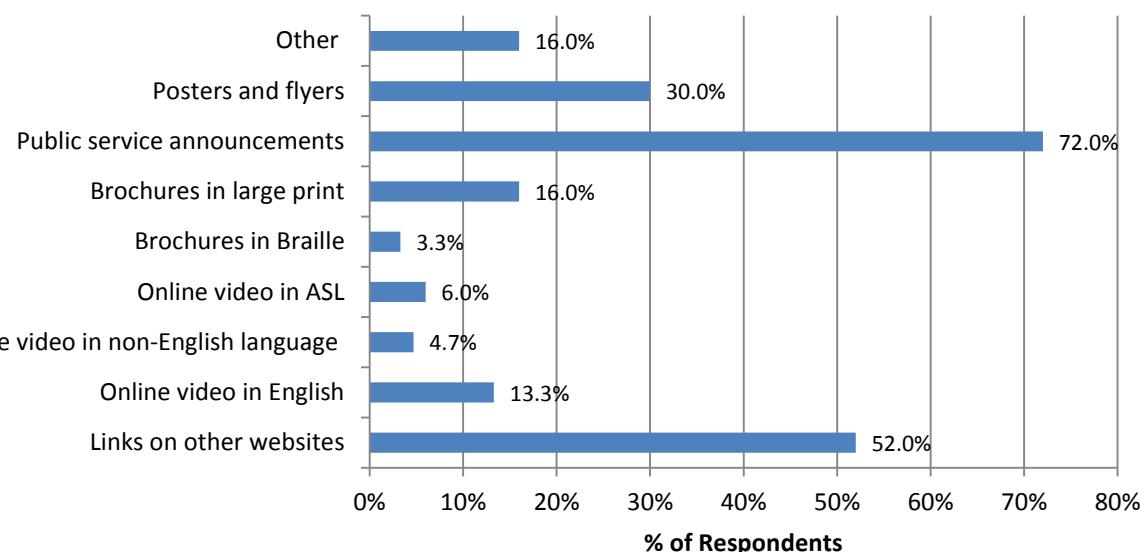
Few service providers selected the “other” response category, but among those who did isolation was most frequently noted as a barrier to accessing social services among people with each type of disability and seniors. Several respondents said that a lack of accommodations/understanding of how to assist people with intellectual/developmental disabilities and mental illness is a barrier, as well as the disability itself (e.g., inability to understand what is available). Fear or shame was also noted for all groups except people who are Deaf/hard of hearing and people who are blind/visually impaired.

Thus across all types of disabilities and seniors, service providers most frequently cited a lack of knowledge of resources as being a significant barrier to accessing social services, except among people who are Deaf/hard of hearing or blind/visually impaired. For these two groups, respondents were slightly more likely to select a lack of appropriate accommodations as a barrier. Among people with a physical disability, respondents chose a lack of transportation about as frequently as a lack of knowledge of resources.

Ways of Informing People about the Program

The survey asked service providers to identify the two most effective ways of informing people (generally) about the Victims Compensation Program. Chart 5 shows responses. Nearly three-quarters of respondents thought that Public Service Announcements (PSAs) are important. PSAs could help VCCVS move toward the goal suggested by one respondent of “making Victims Compensation Program public knowledge, not after the fact information.”

Chart 5: Based on your experience, which of the following would be the two most effective ways to inform people about the Victims Compensation Program?



About half of respondents selected links on other service providers' websites (52 percent) and 30 percent chose posters/flyers as important ways of informing people about the program. Respondents exhibited less consensus about other listed options, most of which are targeted toward people with a specific type of disability. "Other" suggestions primarily included outreach/providing training to other service providers who could in turn make a referral to the Victims Compensation Program.

The survey also included an open-ended question asking for suggestions of ways to get the word out about the program. One hundred service providers answered this question. Most responses would have fit into a category on the previous closed-ended question, but some respondents elaborated in their open-ended response. Respondents commonly pointed to the media as a way of publicizing the program—specifically PSAs on the radio, and PSAs and commercials on television. Only a few respondents suggested newspaper ads. Many respondents emphasized the importance of educating service providers about the program, particularly first responders and others who deal directly with victims.

Continuously reach out to service providers who work with under-served populations to make sure THEY know how to support victims. We know [under-served] people are especially vulnerable and are more likely to be victimized, so we should also know how to help them report and apply.

I think first responders such as police need to get the word out. Many victims go for weeks to months needing victims comp but they don't hear about the program until they get channeled to an advocate.

This latter quotation points to the importance of providing victims information about the program quickly. Assuring that police, Emergency Medical Technicians, Domestic and Sexual Violence crisis teams, doctors, nurses and other hospital staff are educated about the program *and are conveying information to victims* is seen as critical by some respondents. Following up with the victim shortly after the time of the incident would also likely increase use of the program since victims may not be able to process/remember this information initially. State's attorneys, victim advocates, the courts, and Community Justice Centers were all mentioned as key victim contact points. Several respondents suggested that informing victims about the program or completing an application be a mandatory part of either law enforcement's or the court's interactions with victims.

Other respondents suggested outreach efforts that target service providers who work with people with disabilities and seniors. Several emphasized the importance of trying multiple strategies to publicize the Victims Compensation Program.

Through peer-to-peer organizations via their websites, PSAs created by the peer group to reach people with the same forms of disabilities, workshops hosted by peer organizations.

I don't think one approach will fit all. I think a variety of strategies would be most successful, depending on the audience.

Ways of Communicating with People who are Receiving Services

The survey asked service providers to identify the two most effective ways of communicating with people with each type of disability and with seniors while they are receiving compensation services. Across all groups, respondents were most likely to select talking in-person as a preferred communication method, with an interpreter provided if needed. The percentage of respondents who selected this response option ranged from 53.8 percent for people who are Deaf/hard of hearing to 84.1 percent for people who are blind/visually impaired (see Table 5).

Table 5: Based on your experience, which of the following would be the two most effective ways to communicate with people (separate question for each category of people)*

Way of Communicating:	Type of Disability					
	Physical	Intellectual/ Developmental	Mental Illness	Deaf/Hard of Hearing	Blind/Visual Impairment	Aged 65+
Written correspondence	33.0%	20.9%	26.4%	37.1%	7.1%	54.7%
E-mail	26.5%	9.4%	12.9%	25.0%	7.1%	5.1%
Text messages	11.8%	4.3%	9.3%	16.7%	1.6%	.7%
Any Relay service	5.1%	5.8%	4.3%	18.2%	9.5%	1.5%
Phone	39.0%	31.7%	32.1%	4.5%	55.0%	52.6%
TTY	.7%	1.4%	1.4%	28.8%	11.1%	1.5%
Talking in-person	56.6%	83.5%	81.4%	53.8%	84.1%	76.6%
Social media	16.2%	12.2%	10.7%	10.6%	4.0%	1.5%
Video chat	9.6%	10.8%	6.4%	6.8%	9.5%	2.3%
Other	.9%	14.4%	11.4%	3.8%	7.9%	4.4%

*Number of respondents ranged from 126 to 140 for this series of questions. Multiple responses permitted so percentages exceed 100. Dark gray indicates most frequent response; light gray indicates next most frequent response(s).

Respondents also thought that telephone and/or written correspondence (via the U.S. Postal Service) were important methods of communicating, particularly for seniors. As one would expect, the exceptions were communicating with people who are Deaf/hard of hearing (written correspondence was selected by 37.1 percent of respondents; phone was selected by 4.5 percent), and people who are blind/visually impaired (telephone was selected by 55 percent of respondents; written correspondence was selected by 7.1 percent).

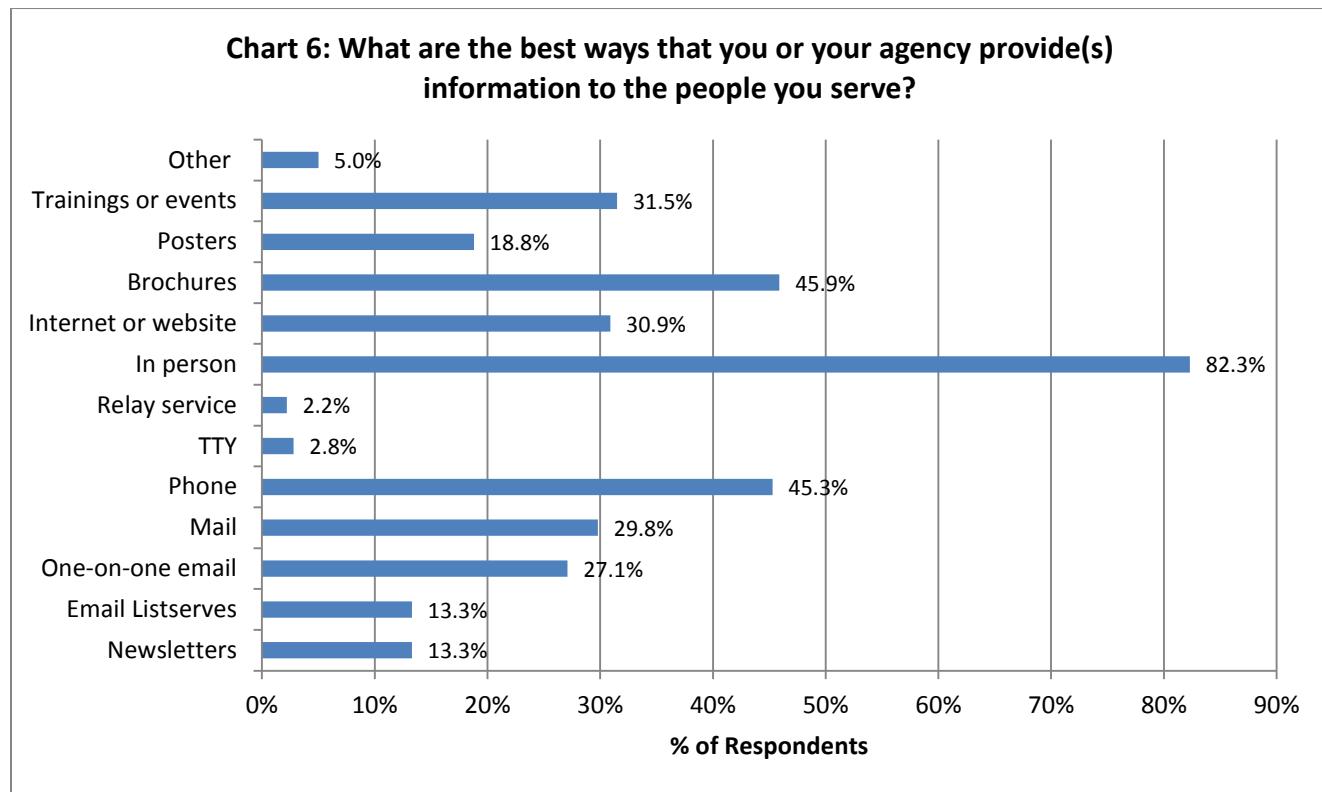
Some who selected the “other” response recommended asking individuals what communication method(s) they prefer. Some noted that aside from individual preferences, the characteristics of a specific disability may influence preferred methods of communicating. Among people with intellectual/developmental disabilities and people with mental illness in particular, some respondents suggested involving a case worker, peer or other support person to determine preferred and accessible communication methods.

It would depend on the type of intellectual/developmental disability.

Ask what works for them and consider including others in their lives who provide services, either formally or informally.

Consistent with respondents’ emphasis on talking directly with people who are receiving services, most service providers (82.3 percent) indicated that this is one of the best ways that their own agency provides information (see Chart 6). Fewer service providers, but almost half, said that their agency provides information via brochures (45.9 percent) and telephone (45.3

percent). Close to one-third of respondents said that their agency provides information via trainings and events (31.5 percent) and internet/website (30.9), and slightly fewer via mail (29.8) and email (27.1 percent). Remaining response options were selected by between 2.2 percent (relay service) and 18.8 percent (posters) of respondents, with the “other” category consisting primarily of social media or referrals to appropriate agencies.



Ways to make it Easier for People to Get Services

The survey concluded with an open-ended question asking for ways to make it easier for people to receive services. Seventy-five people answered the question, but for the most part respondents reiterated previous suggestions pertaining to outreach and the application process. Some respondents focused on the need to increase publicity and strengthen relationships with/training service providers or establishing additional program offices. Others focused on the application process, particularly expanding accommodations, “meeting victims where they are,” and follow up with applicants.

Explain the steps in the process - follow up with applicants so they know what to expect and when and if there are any additional steps needed. Make as few steps as possible. Systems can be hard to navigate. Put less work on the victim, more on the program staff.

Give a list of providers who can assist clients with receiving services to police, court, mental health agencies. Also provide trainings to providers statewide in how to assist clients in applying for VCP [Victims Compensation Program].

Assist employees and volunteers to talk to people in person, travel to their homes or have meetings and trainings locally.

Ask the victim what they need, follow up and update those needs and let the victim know if you can fit those needs.

Summary

- Two hundred service providers (15 percent of the 1,334 individuals surveyed) responded to an electronic survey designed to assess barriers to reporting crimes and accessing social services among people with disabilities and seniors, and identify ways to improve both access and the provision of services to people in these groups.
- Respondents represented a wide range of types of agencies, but were most frequently employed by an agency that provides some type of advocacy (this may be in addition to other types of services). Eighty-seven percent of respondents indicated that their agency serves at least some people with disabilities and/or seniors.
- The survey used a convenience sample of service providers, 90 percent of which had heard of the Victims Compensation Program prior to receiving the survey. Most learned about the program through their jobs/volunteer work. Fewer respondents knew the specifics surrounding types of expenses covered and eligibility requirements, but most knew how to obtain this information.
- About half of the 21 people who had not heard of the Victims Compensation Program were affiliated with an agency that provides services to people with mental illness. Among those who had heard of the program, but did not know the eligibility requirements or what types of expense are covered, offender re-entry was the most common type of service provided by their agency. These responses suggest a focus point for the program's outreach efforts.
- About half of service providers had ever made a referral to the Victims Compensation Program. Among the (fewer) respondents who answered a follow-up question asking how many people they had referred during the past year, respondents averaged 11 referrals within the past year. Most respondents had not helped anyone apply to the program within the past year, but among those who did, the average number of people assisted was 4.4.
- Sixteen percent of service providers indicated that they might have been better able to help someone apply to the program if they had access to some type of assistive

technology or other type of support (another 43 percent weren't sure). An on-line application was most frequently cited as potentially making the process easier, followed by a large-print application and/or having a representative from the Victims Compensation Program or someone at an agency in their community ask them the questions.

- Responses to an open-ended question asking for ways to make the application process easier focused on simplifying language and making forms clear and as brief as possible, having various types of application options, and providing help in completing the process either by program staff or other service providers in the community.
- Service providers most frequently cited a lack of knowledge of resources as being a significant barrier to accessing social services for all groups except people who are Deaf/hard of hearing or blind/visually impaired. For these two groups, respondents were slightly more likely to select a lack of appropriate accommodations as a barrier. Among people with a physical disability, respondents chose a lack of transportation as a significant barrier about as frequently as a lack of knowledge of resources.
- Service providers' perceptions of the most significant reasons that some people don't report crimes differed across most groups, with being told not to/threatened/too afraid selected most often for people with physical disabilities and seniors; not knowing how/who to report to for people with intellectual/ developmental disabilities and people who are blind/visually impaired; believing that nothing will happen for people with mental illness; and difficulties communicating for people who are Deaf/hard of hearing.
- Asked to identify the most effective ways of informing people (in general) about the program, service providers were most likely to select Public Service Announcements, followed by links on other service providers' websites and posters/flyers. Responses to a similar open-ended question also emphasized using media outlets and educating service providers about the program, particularly those who have direct contact with victims immediately after a crime occurs. Others pointed to the importance of educating service providers who work directly with people with disabilities and/or seniors, and designing some outreach efforts and program materials in ways that are most accessible to people in these groups. Assuring that police, Emergency Medical Technicians, Domestic and Sexual Violence crisis teams, doctors, nurses and other hospital staff are educated about the program *and are conveying information to victims* is seen as critical by some.
- Asked for the most effective ways of communicating with people while receiving services, service providers were most likely to select talking in-person for people with each type of disability and for seniors, with an interpreter provided if needed. Respondents also thought that telephone and/or written correspondence (via the U.S. Postal Service) were important methods of communicating, particularly for seniors. The exceptions were communicating with people who are Deaf/hard of hearing (written

correspondence far more likely to be selected than phone), and people who are blind/visually impaired (telephone far more likely to be selected than written correspondence). Some noted that aside from individual preferences, the characteristics of a specific disability may influence preferred methods of communicating. Among people with intellectual/developmental disabilities and people with mental illness in particular, some respondents suggested involving a case worker, peer or other support person to determine preferred and accessible communication methods.

- Service providers' responses suggest that both general publicity and targeted outreach efforts specific to victims, people with various types of disabilities and seniors are needed. Publicizing the program via other agencies' websites and educating staff at various agencies about the program could be important strategies. In addition, training some service providers in select agencies to assist with the application process and outreach is a logical step.
- As with outreach efforts, service providers suggested making changes to the application process and service provision to increase accessibility for the general public, and more targeted changes to make these processes easier for under-served groups. Service providers clearly view individualized personal communication as a critical component of service provision, and some emphasized the importance of follow-up and reducing the burden on victims.

Conclusions and Recommendations from Service Provider Survey

Service providers suggested that both increased publicity about the Victims Compensation Program generally, and targeted outreach efforts specific to people with various types of disabilities and seniors are needed. People cannot apply to a program they are not aware exists. A higher statewide profile is important both so that crime victims will know about the program, and so that family members and friends will also know about the program and may encourage victims to seek assistance.

Service providers represent a key access point to crime victims and under-served groups. Publicizing the program via other agencies' websites and educating staff at various agencies (particularly those that work directly with victims, people with disabilities and seniors) about the program are important strategies. Working to educate those who routinely have contact with victims and asking them to inform victims about the program as part of their protocol is seen as paramount by many service providers. So too is placement of brochures, posters and flyers in locations where crime victims are likely to see them (e.g., police stations, court houses), as well as in other public places within communities. Training some service providers in select agencies to assist with the application process and outreach is a logical step, even if this involves providing some compensation to the agency. Because victims may not be able to follow through with an application immediately after a traumatic event, providing information initially is important, but follow up by service providers is also critical.

Service providers made suggestions surrounding the application itself. These include changes that would benefit applicants generally (e.g., on-line application; working to simplify language and the application process) and more targeted changes to benefit people with disabilities (e.g., large-print applications; use of an interpreter). The availability of these options must of course be publicized in accessible ways.

With regard to communicating with individuals while receiving services, service providers again suggested taking steps that would benefit all applicants (e.g., asking them how they prefer to correspond), and having assistive technology and other types of support in place to increase accessibility for people with disabilities and seniors. Service providers clearly view individualized and personalized service as critical components of service provision (e.g., talking in person with those receiving services), and some emphasized the importance of follow-up as well.

VICTIMS COMPENSATION PROGRAM APPLICANT SURVEY

In January 2015 VCCVS mailed a survey to all 911 individuals who applied to the Victims Compensation Program in Fiscal Years 2012 and 2013 (July 1, 2011-June 30, 2013). To assure respondent anonymity, the surveys did not include an identification number. Instead, VCCVS sent a second mailing to the entire group two weeks later, after first removing the names of 60 individuals whose first mailing was returned as undeliverable. An additional 474 surveys from the two mailings combined were subsequently returned as undeliverable for a total of 534 ($60 + 474 = 534$). Deducting half of this number (267) from the total number of surveys for each mailing resulted in 644 viable addresses/individuals ($911 - 267 = 644$). In other words, 644 individuals received the survey.

In addition to the survey, VCCVS included a cover letter from the Victims Compensation Manager and a self-addressed postage-paid return envelope. The cover letter provided a link to an electronic survey, which included the survey in (written) English as well as videos of an interpreter conveying the questions and responses in American Sign Language. Of the 644 Victims Compensation Program applicants with viable addresses, 121 returned surveys by mail, and 12 individuals completed surveys on-line for a total of 133. Two people appeared to have completed the survey twice. After eliminating the two duplicate surveys, the total number of completed surveys was 131, yielding a response rate of 20.3 percent.

The survey asked how individuals learned about the Victims Compensation Program, where they got the application, whether they needed help filling it out and if so what type of help was needed. It also asked for the best ways to let people know about the program, what would make the application process easier, as well as their preferred ways of communicating while receiving services. Some questions asked about the type of crime(s) respondents were the victim of, what they needed help with from the program, both immediately after the crime and later on, whether their application was approved, and whether they got as much compensation as they requested. Finally, the survey asked whether the applicant had ever considered *not*

applying for compensation, and if so why, as well as some socio-demographic questions, including disability status.

Description of Respondents

Tables 6 – 10 show characteristics of survey respondents. Seventy-eight percent of those who responded to the question were women; 21.1 percent were men; and one person self-identified as a gay man (.8 percent; see Table 6).

Table 6: Gender Identity of Respondents		
I am a ...	Count	%
Woman	96	78.0%
Man	26	21.1%
Transgendered man	0	0.0%
Transgendered woman	0	0.0%
I self-identify	1	0.8%
Total	123	100.0%

Most respondents (57.8 percent) were between the ages of 35 and 64; 31.7 percent were less than 35; and 10.5 percent were 65 and older (see Table 7).

Table 7: What is your age group?		
	Count	%
Less than 18	4	3.3%
18-24	11	8.9%
25-34	24	19.5%
35-44	16	13.0%
45-54	28	22.8%
55-64	27	22.0%
65-74	10	8.1%
75-84	2	1.6%
above 84	1	0.8%
Total	123	100.0%

Of those who provided information about whether they are Hispanic/Latino, 3.4 percent identified themselves as such (see Table 8).

Table 8: Are you of Hispanic/Latino origin?

	Count	%
Yes	4	3.4%
No	115	96.6%
Total	119	100.0%

Most respondents (92.6 percent) identified themselves as Caucasian; 3.3 percent as Native American; 1.7 percent as Black; 1.7 percent as more than one race; and .8 percent as “other” (see Table 9).

Table 9: With which race do you primarily identify?

	Count	%
Caucasian	112	92.6%
Native American	4	3.3%
Black	2	1.7%
More than one race	2	1.7%
Other	1	0.8%
Asian	0	0.0%
Pacific Islander	0	0.0%
Total	121	100.0%

Adding those who identified themselves as Hispanic/Latino (all of whom are Caucasian) to those who identified with a racial minority yielded 10.9 percent of respondents who identified themselves as a racial/ethnic minority.

Asked whether any of five types of disabilities (or some other type) applies to them, 45 of 131 respondents or 34.3 percent responded affirmatively. Calculating percentages using 131 respondents as the base number yields the following: 18.3 percent of *all respondents* indicated that they had a physical disability not related to hearing or vision; 14.5 percent had an intellectual or developmental disability; 6.1 percent had been diagnosed with a mental illness; 5.3 percent were Deaf/hard-of-hearing; 3.1 percent were blind/visually impaired; and 2.3 percent had some other type of disability. Among those who responded to the survey, age was not associated with having a disability in general. However, those aged 65+ were more likely to have a physical disability not related to hearing or vision and less likely to have an intellectual disability than younger respondents.

Using only the 45 individuals who indicated that they had at least one type of disability as the base number, just over half (53.3 percent) of those with a disability had a physical disability not related to hearing or vision; 42.2 percent had an intellectual or developmental disability; 17.8 percent had been diagnosed with a mental illness; 15.6 percent were Deaf/hard-of-hearing; 8.9 percent were blind/visually impaired; and 6.7 percent had some other type of disability (see Table 10).¹¹

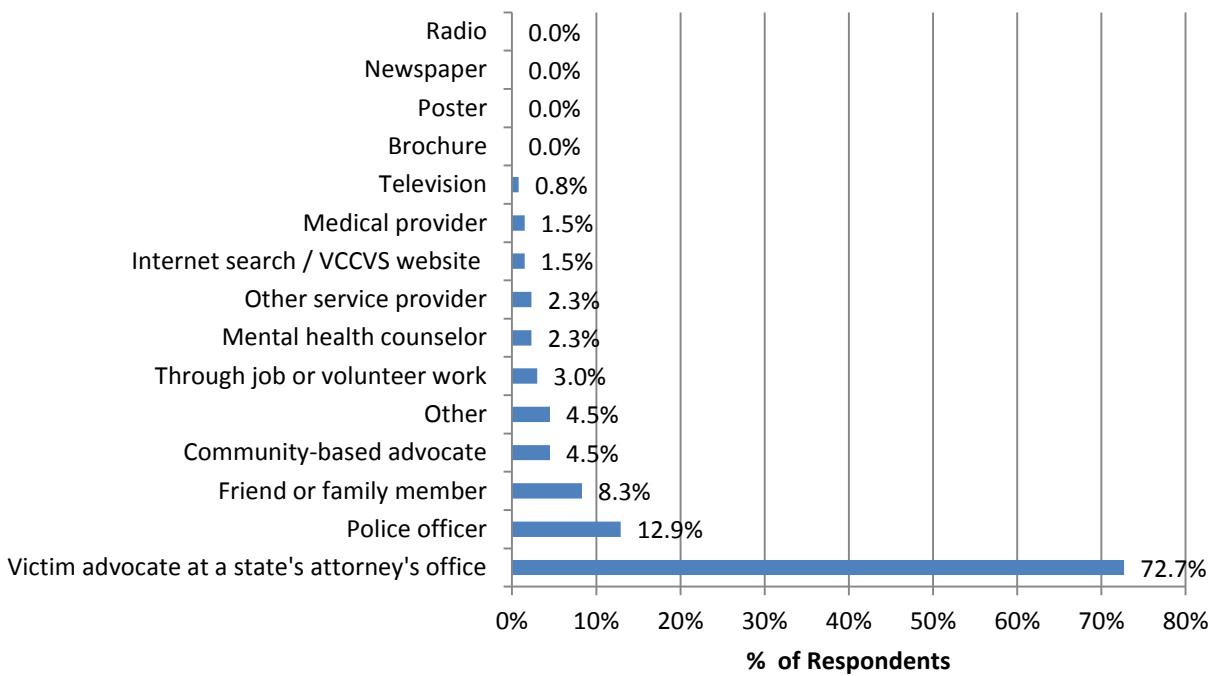
Table 10: Disability Status of Respondents (Do any of the following apply to you?)		
Total n=45	Yes	
	Count	%
Other	3	6.7%
Blind/visually impaired	4	8.9%
Deaf/hard-of-hearing	7	15.6%
Diagnosed with a mental illness	8	17.8%
Intellectual or developmental disability	19	42.2%
Physical disability not related to hearing or vision	24	53.3%

Extent to Which Respondents Knew about the Victims Compensation Program, How They Learned about It, and Best Ways to Inform People

Fewer than 10 percent of survey respondents (9.2 percent) knew about the program prior to becoming a victim/survivor of crime. Seventy-four percent of respondents learned about the Victims Compensation Program from a victim advocate at a state's attorney's office (see Chart 7).¹² Although cited much less frequently, other sources of information included a police officer (13 percent of respondents), and friend or family member (8.4 percent). The percentages of respondents who learned about the program from other sources ranged from 5.3 percent for community-based advocate to .8 percent for television. No one learned about the program from a brochure, poster, newspaper or the radio.

¹¹ We do not know how representative survey respondents are relative to all program applicants during Fiscal Years 2012 and 2013. Due to database issues, VCCVS was unable to provide information on the sex, race/ethnicity and age of program applicants. Applicants are not asked about their disability status.

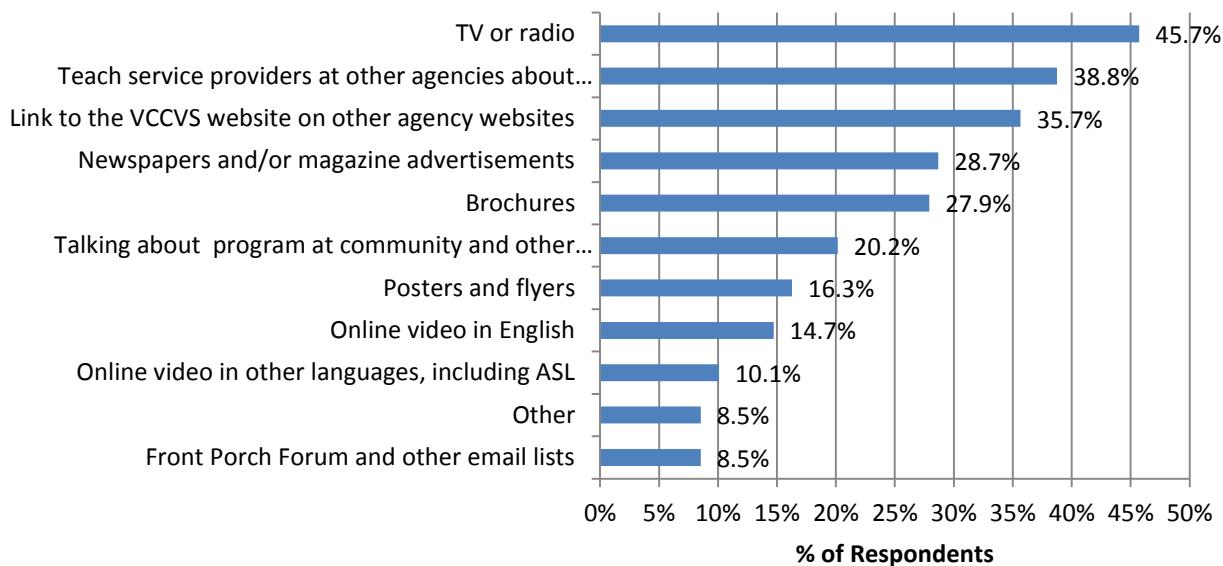
Chart 7: How did you learn about the Victims Compensation Program?



The survey then asked respondents to identify the best ways to tell people about the program. Chart 8 shows these responses (multiple responses were permitted). Respondents most frequently selected television or radio (45.7 percent of respondents). Respondents also favored teaching service providers at other agencies about the program and putting a link to the VCCVS website on other agency's websites (38.8 and 35.7 percent of respondents, respectively). Approximately 29 percent of respondents selected newspapers and/or magazine advertisements (28.7 percent); and 27.9 percent chose brochures. Other responses ranged from 20 percent for having a VCCVS staff or volunteers speak at community/other types of meetings to 8.5 percent for posting information on Front Porch Forum or other email lists.¹³

¹³ Although 8.5 percent of respondents checked “other” as one of the best ways to tell people about the program, only three specified what that should be (two said victim advocate at a state’s attorney’s office, and one said through emergency room, doctors or police department).

Chart 8: What do you think would be the best ways to tell people about the Victims Compensation Program?



Examining responses by characteristics of respondents showed some significant differences in preferred ways of telling people about the Victims Compensation Program. Younger respondents were more likely to favor posters and flyers and teaching service providers about the program than respondents aged 65+. Respondents who did not have a disability were more likely to select on-line videos and TV/radio relative to respondents with a disability, and those who were the victim of a personal crime were more likely to recommend posters and flyers than were respondents who were the victim of a property crime.

The survey also included an open-ended question which asked for suggestions of how to get the word out about the Victims Compensation Program. Responses were by and large similar to the previous closed-ended question, but some respondents provided more detail.

Community-based advocates (e.g., DCF [Department for Children and Families], medical providers and police departments)

Links on the state of Vermont website; brochure in welfare, doctors, unemployment offices etc.

One way to get the word out would be a blurb on all traffic tickets that are written.

Some respondents advised targeted outreach efforts, but a few recommended more general outreach efforts.

Advertise in areas that are not targeted towards only victims, but towards the general public instead.

Be more present in the community.

A few people apparently were not pleased with their experience with the Victims Compensation Program and used the space or a separate piece of paper to complain.

Not sure it matters. They were not helpful.

This program should be shut down or terminated if the claims specialist cannot communicate.

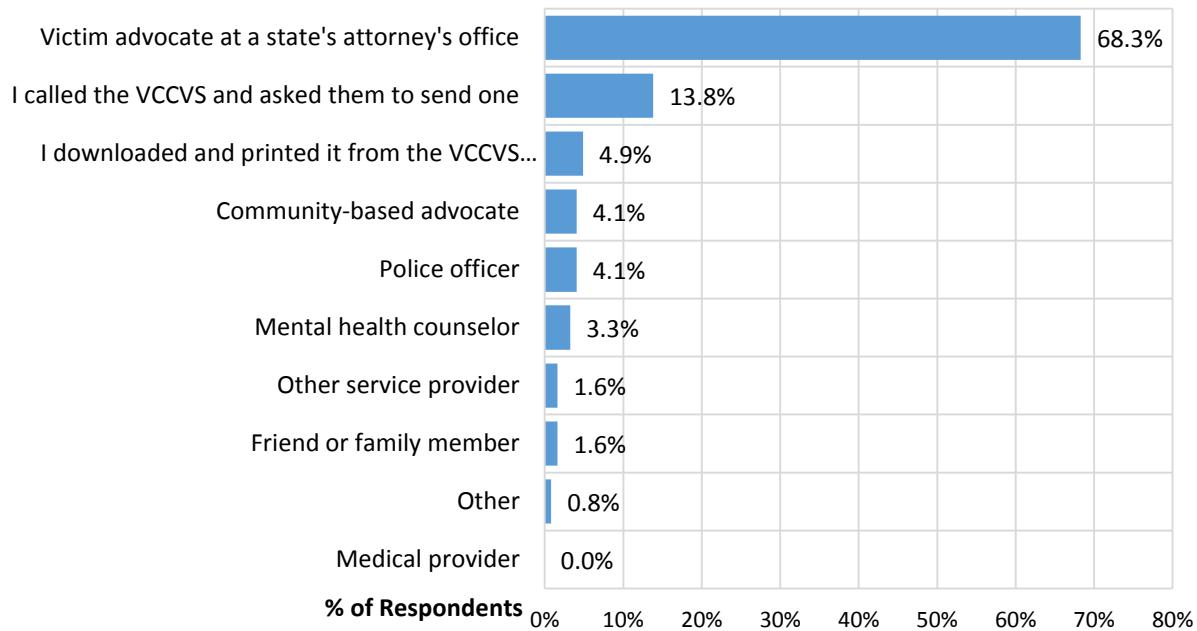
Why are you referred to as Victims Compensation Program?? I was never compensated for the injuries I suffered which will and have affected the rest of my life!!

Applying to the Victims Compensation Program

Since most respondents learned about the Victims Compensation Program from a victim advocate at a state's attorney's office, it is not surprising that most—though fewer—also obtained an application form from a victim advocate (68.3 percent of respondents; see Chart 9). Approximately 14 percent of respondents called the VCCVS to ask that an application form be sent to them, and 4.9 percent downloaded and printed the form from VCCVS's website. The percentages of respondents who received an application from another source ranged from 4.1 percent each for a community-based advocate and police officer to zero percent from a medical provider.¹⁴

¹⁴ One person who selected “other” said that they received a phone call, not an application; the second said that they received an application by mail, but did not specify who sent.

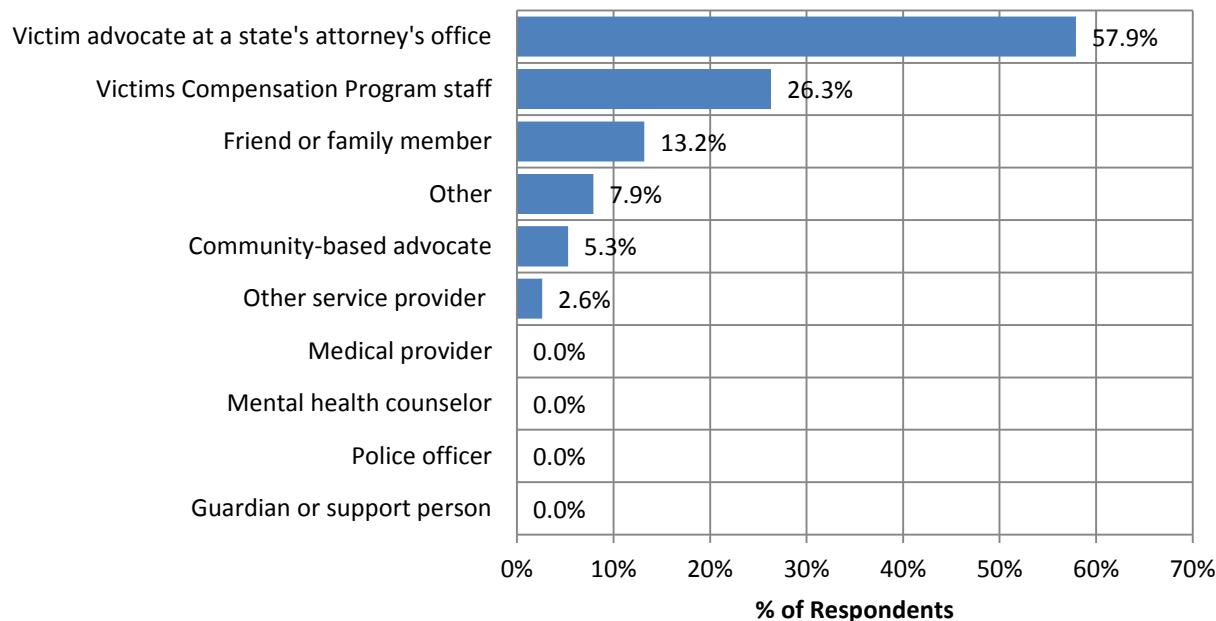
Chart 9: When you filled out the application form for the Victims Compensation Program, where did you get it from?



Thirty-two percent of respondents indicated that they needed help filling out the application. Chart 10 identifies who helped respondents complete the application.¹⁵ Again, a victim advocate in a state's attorney's office was the most frequent source of assistance (57.9 percent of those who responded to the question), followed by a Victims Compensation Program staff member (26.3 percent) and a friend or family member (13.2 percent). Remaining sources of assistance included a community-based advocate (5.3 percent), and other service provider (2.6 percent). None of those who selected "other" (7.9 percent) specified who that person was, and none of the respondents received help from a medical provider.

¹⁵ Note that more people said that they received help than said they needed it. In other words, some people answered the question asking who helped them even though they were instructed to skip it.

Chart 10: Who helped you complete the application?



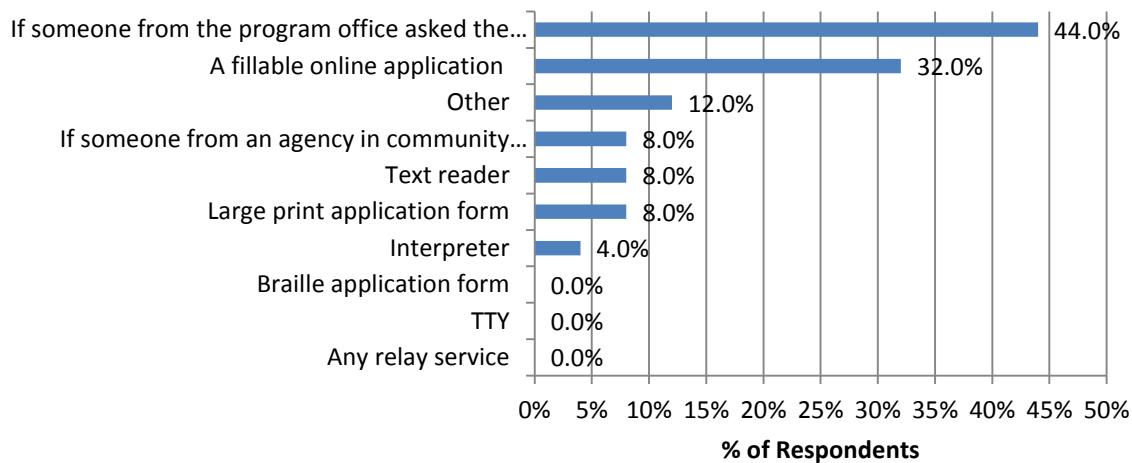
The survey then asked those who needed help completing an application if they would have been able to complete an application by themselves if they had some type of assistive technology or other support. Of the 44 individuals who responded to the question, 54.5 percent said yes; 27.3 percent said they weren't sure; and the remaining 18.2 percent said no.¹⁶

Chart 11 shows the type of assistance that would have helped some respondents complete an application on their own (25 individuals responded to this question). The most prevalent response was if someone from the Victims Compensation Program staff had asked them the questions over the phone or in person (44 percent of those who responded to the question), followed by a fillable on-line application (32 percent). Fewer respondents selected someone from an agency in their community asking them the questions (8 percent); a large print application form (8 percent) or a text reader (8 percent). Four percent of respondents said that an interpreter would have helped them, and 8 percent selected some "other" type of assistance.¹⁷ No one selected TTY, any relay service or a braille application form.

¹⁶ Again, some people who answered this question had been instructed to skip it because they said that they had not needed help filling out the application.

¹⁷ Both of these respondents identified domestic violence advocacy organizations.

Chart 11: What type of assistive technology would have helped you complete an application yourself?



The survey also included an open-ended question asking for suggestions of ways to make the application process easier. Eighty-five respondents wrote something, although a dozen individuals said that they didn't know/were not sure, and a few said that the question repeated a previous one. Some people made general suggestions (e.g., "Have the information attainable"; "Any way possible."; "Help them."), or suggestions that were unrealistic for the program (e.g., "Have less crime."). About a dozen respondents said that the application process was already easy. A few used the opportunity to complain about the program or their experiences.¹⁸

Remaining responses were divided between those that addressed outreach efforts (e.g., "Flyers with instruction on what is eligible and what isn't." "Have applications at public places like post office, library, and bulletin board."), and those that were relevant to the application process, as the question asked. The latter largely reflected responses on the previous closed-ended question—shorter and simpler forms; on-line applications; ask questions over the phone or in person; follow up and be polite.

Reasons some Applicants Considered not Applying

Asked if they had ever considered *not* applying to the Victims Compensation Program, 42.4 percent of respondents said yes. A subsequent question asked for the main reason that respondents had considered not applying. Responses are shown in Table 11. The most frequent reason selected was a belief that they would not be given compensation (43.5 percent of those who responded to the question). This was followed by focusing on recovering from emotional

¹⁸ The survey did not ask specific questions about satisfaction with the program. The Victims Compensation Program sends their own survey to program applicants designed in part to assess this.

injuries (30.4 percent); focusing on recovering from physical injuries (19.6 percent) and “other” (also 19.6 percent).¹⁹ The percentages of respondents who selected additional responses ranged from 10.9 percent for being embarrassed to talk about the crime to zero percent for the application being too difficult or the application not being in the applicant’s language.

Table 11: What was the main reason that you considered not applying to the Victims Compensation Program?		
	Total n=46	Yes Count
		%
The application was too hard	0	0.0%
The application was not in my language	0	0.0%
I could not complete the application without help from someone else	1	2.2%
I didn't have access to technology or other support that I needed	1	2.2%
I did not want to file a police report	3	6.5%
I was embarrassed to talk to a Victims Compensation Program staff person about the crime	5	10.9%
I was focused on recovering from physical injuries	9	19.6%
Other	9	19.6%
I was focused on recovering from emotional injuries	14	30.4%
I did not think that the program would give me money for my case	20	43.5%

Types of Crimes and Types of Services Needed

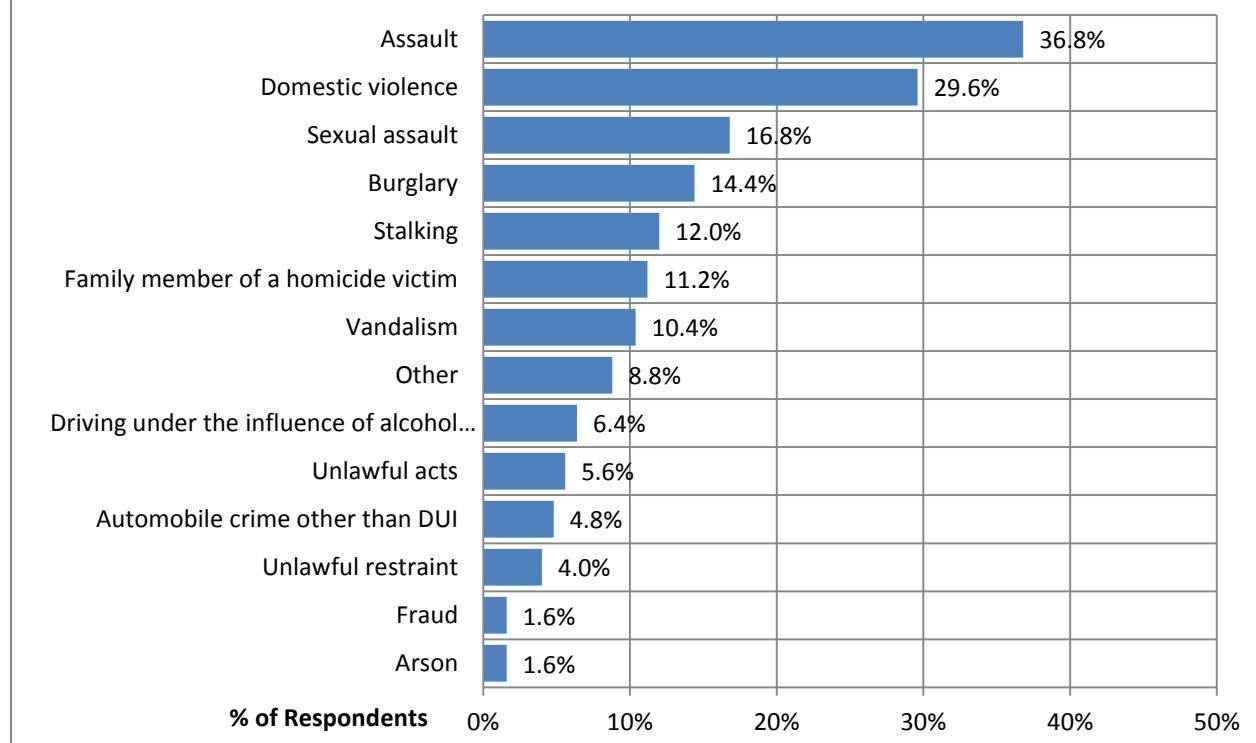
The survey asked respondents what type of crime(s) they were the victim/survivor of when they last applied to the Victims Compensation Program. As Chart 12 shows, respondents were most frequently the victims of assault (36.8 percent of crimes), followed by domestic violence and sexual assault (29.6 and 16.8 percent, respectively).²⁰

¹⁹ Most “other” responses focused on not wanting to ask for help/ wanting to do it on their own, not needing the money, and not wanting to be labeled a victim. One person said that it was not VCCVS’s responsibility. Another respondent may have misunderstood the funding sources of the program, stating that s/he considered not applying because “the program is not supported by defendant fines, but by civil lawsuit funds paid to the victims. It is just an advance repaid by victim.”

²⁰ The Victims Compensation Program provided a breakdown of crimes for which the program paid claims in Fiscal Years 2012 and 2013. Comparing these numbers to the breakdown among survey respondents showed more respondents being the victim of assault and fewer of domestic violence than among all applicants, but the

Approximately 14 percent of respondents indicated that they were victim of a burglary and 12 percent stalking; 11.2 percent had a family member who was murdered; and 10.4 percent were the victim of vandalism. The frequency of other types of crimes ranged from 8.8 percent for “other” to 1.6 each for arson and fraud.²¹

Chart 12: Which type of crime were you the victim/survivor of when you last applied to the Victims Compensation Program?



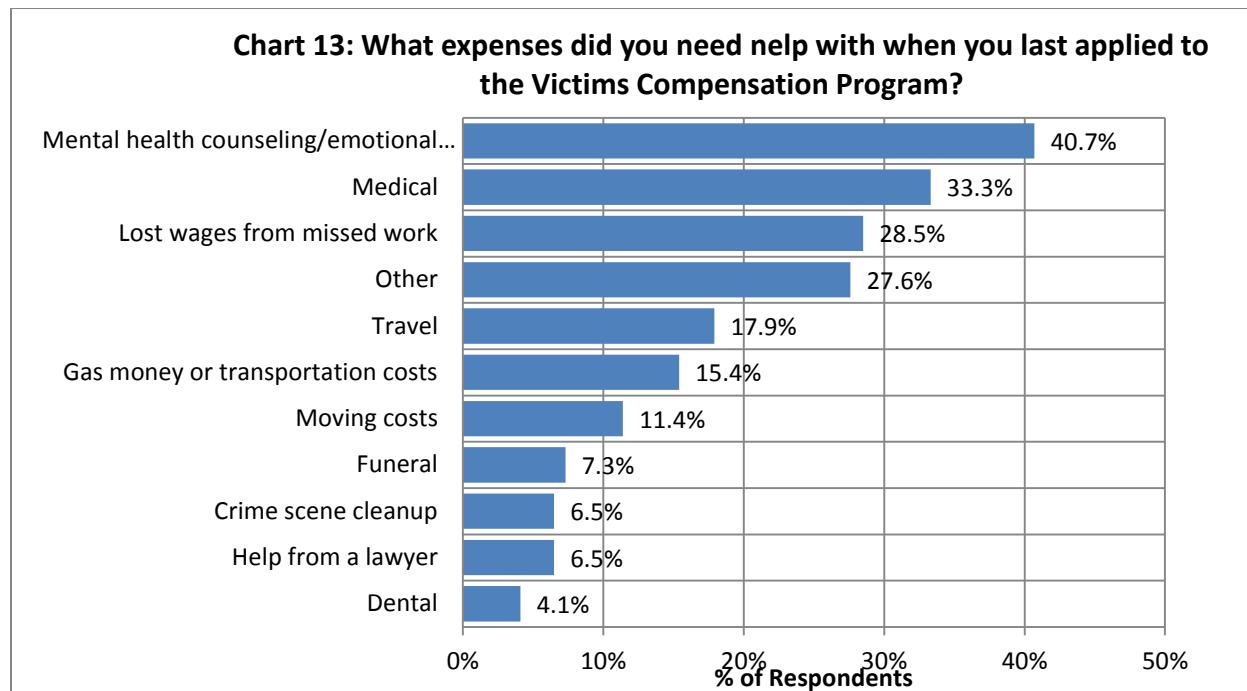
Examining type of crime by disability status showed that respondents who identified themselves as having a disability were significantly less likely than others to have been the victim of an assault or unlawful restraint. Some age differences were also apparent, with those less than age 25 being significantly more likely to have been the victim of a sexual assault than others; those aged 25-44 were more likely to have been the victim of domestic violence and vandalism; and those aged 45 and older were more likely to have been the victim of burglary.

The expenses that survey respondents most needed help with are shown in Chart 13. Approximately 41 percent of respondents said that they needed help with mental health counseling/emotional support followed by medical expenses (33.3 percent), lost wages from

percentages are close when the two categories are combined. The percentages of those who identified themselves as victims of sexual assault were nearly the same for survey respondents and all applicants to the program. The percentages of survey respondents in other categories were higher than those among all program applicants, but this is likely because the survey permitted multiple responses while the program selects a primary crime for its reporting (it tracks separately whether crimes are related to domestic violence).

²¹ “Other” responses included animal cruelty, trespassing and damage to a car by the respondent’s girlfriend.

missed work (28.5 percent) and some “other” expense (27.6 percent).²² The frequencies of additional types of help ranged from 17.9 percent for travel expenses to 4.1 percent for dental expenses. Additional analyses found that respondents who were the victim of a personal crime were more likely to need medical and “other” expenses than those who were the victim of a property crime, but the latter group was more likely to need help with crime scene clean up.



The survey also asked what type of service the respondent most needed right after the crime, and then later on. Responses are shown in Charts 14 and 15. The three most frequently-needed services immediately after the crime were mental health counseling/emotional support (51.3 percent of respondents); medical (35.9 percent) and money for lost wages (22.2 percent). More than half of respondents also needed mental health counseling/emotional support later on (52.5 percent), but were more likely to need money for lost wages more than medical services later on, as would be expected. Respondents were about equally-likely to need help from a lawyer at both time points, but were more likely to say they needed other financial assistance (not related to lost wages) and help finding a safe place to stay later on rather than right after a crime.

²² “Other” responses included compensation for emotional or physical pain and suffering, insurance deductible, some personal property, and security system.

Chart 14: What type of service did you most need right after the crime?

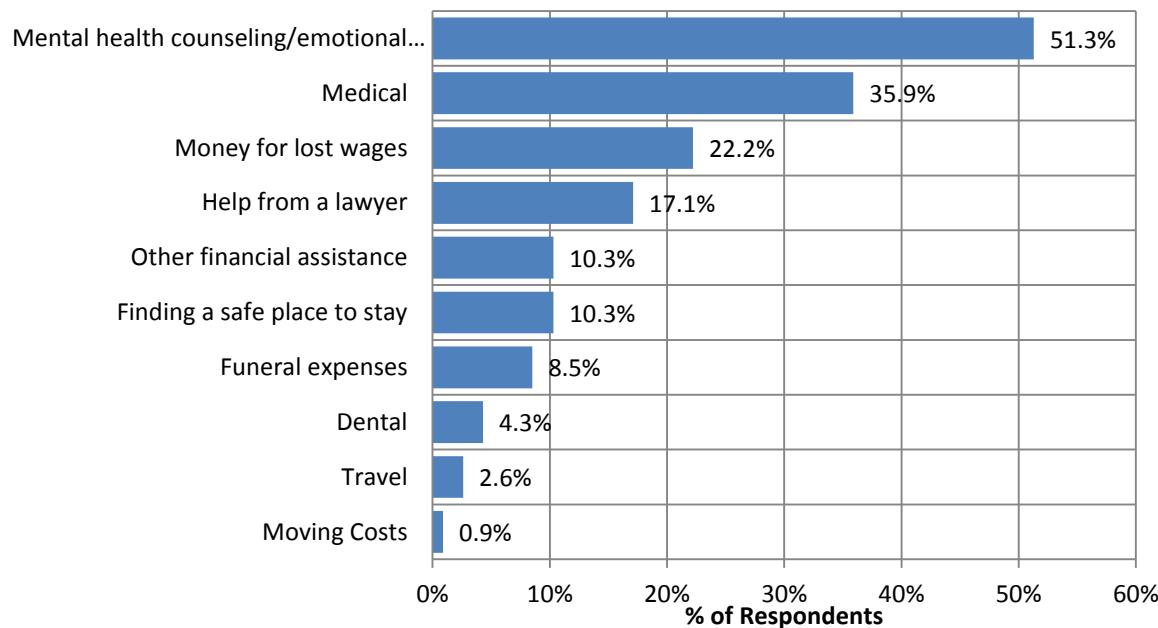
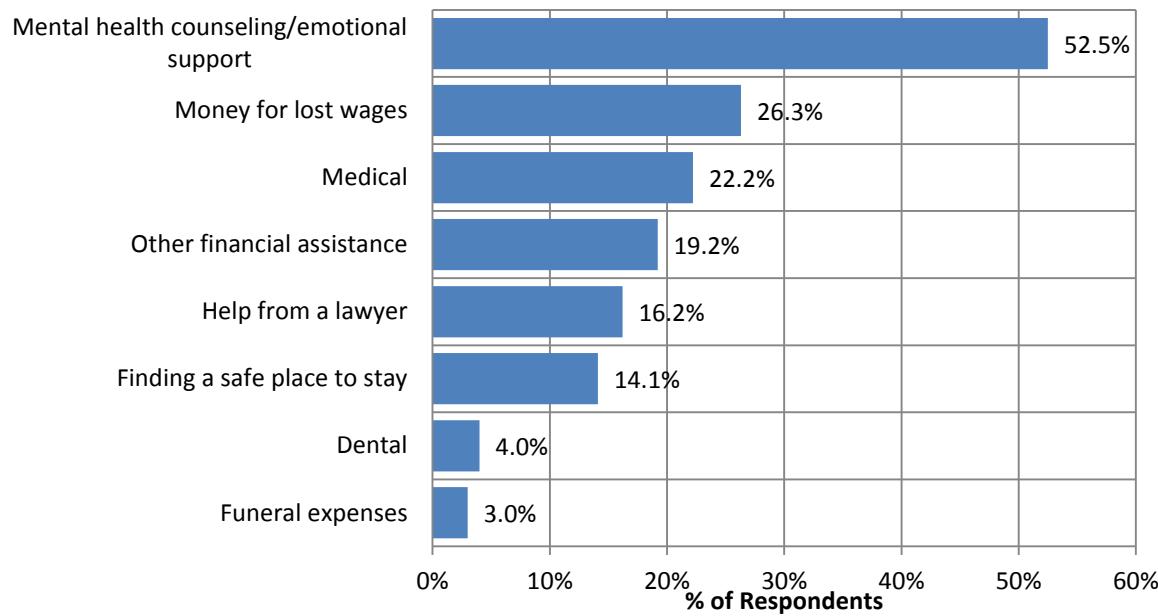


Chart 15: What type of service did you most need later on?



Perceptions of Adequacy of Compensation Received

Approximately three-quarters of those who responded to the question (74.4 percent) said that their last application to the Victims Compensation Program had been approved, and 25.6 percent said it was not. Among those whose application was approved, 65.5 percent said that they received as much compensation (money) as they requested, while 34.5 said that they did not.

Asked if they requested compensation for a loss or expense that the program could not cover, 15 percent of respondents said yes; 62.5 percent said no; and 22.5 percent weren't sure (see Table 12).

Table 12: Did you request compensation (money) for a loss or expense that the Victims Compensation Program could NOT cover?		
	Count	%
Yes	18	15.0%
No	75	62.5%
Not Sure	27	22.5%
Total	120	100.0%

A follow-up question asked what type of expense was not covered. Responses included compensation for pain and suffering/emotional distress; personal property (e.g., jewelry, clothing, lap top); lost wages; and medical expenses. The extent to which these expenses are not covered by the program or were not articulated to program staff by the applicant is unknown. A few respondents indicated elsewhere on the survey that they were not aware that some expenses listed on previous questions were covered by the program, so program staff may not have fully convened all that the program covers.

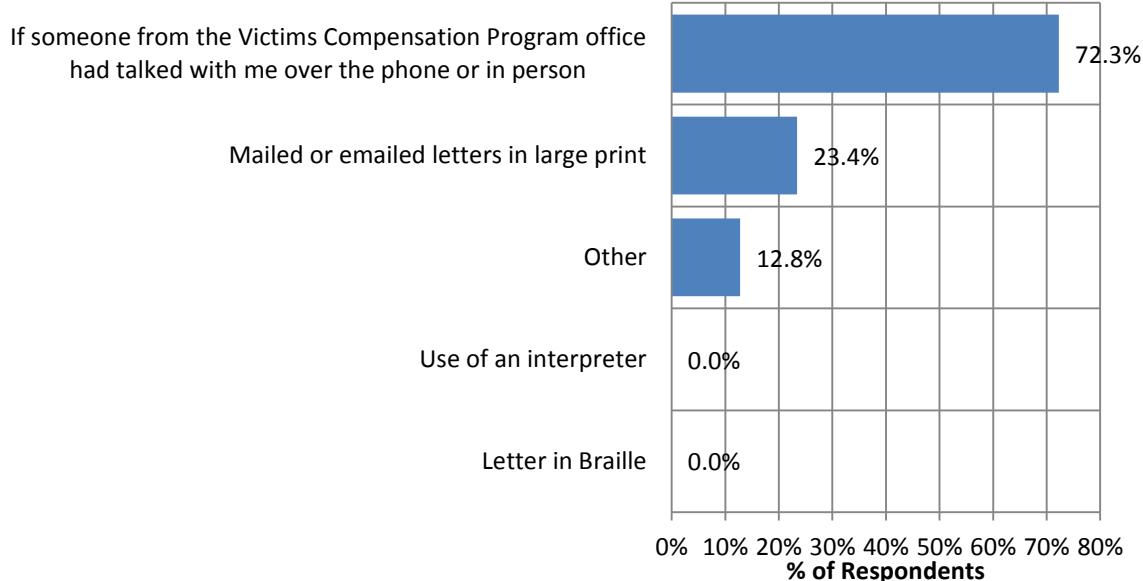
Ways to Make Communicating with People who are Receiving Services Easier

The survey asked what would have made it easier to communicate with Victim Compensation Program staff in order to receive services after submitting an application. Responses are shown in Chart 16. Approximately three-quarters of those who responded said that talking with a staff member over the phone would have made it easier (72.3 percent of respondents), while 23.4 percent said that mailed or emailed letters in large print would have been helpful.²³

²³ A few respondents (12.8 percent) selected the “other” response. One indicated that following up with her/his therapist to be sure s/he was getting what s/he needed would have been helpful. Another said that due to a brain injury, more help clarifying things was needed. Someone else said that having forms on-line would have been helpful (e.g., travel forms).

Although no one selected “use of an interpreter” as something that would have made it easier to communicate while receiving services from the Victims Compensation Program, three people indicated on a later question that they use American Sign Language, and three said they use foreign language interpretation.

Chart 16: What would have made it easier for you to communicate with program staff after you submitted your application?



The survey included a separate, more general question asking for the best ways for service providers (not only VCCVS) to communicate with those receiving services. More than half of those who responded to this question selected phone calls (54.5 percent), and 41.3 percent chose written letters sent via the USPS. Approximately 30 percent of respondents (29.8 percent) chose email correspondence; 23.1 percent, talking in person; and 9.1 percent selected text messages. Respondents were not interested in communicating via TTY, social media, video chat, relay or some other method. Thus, respondents clearly favor more conventional methods of communication. Additional analyses found that respondents who indicated that they had a disability were significantly less likely to prefer communicating by letter or email than those who did not identify themselves as having a disability.

Ways to make it Easier for People to get Services

An open-ended question asked for suggestions of ways to make it easier for people to receive services. Some people said that they weren't sure, and some said to see their responses to the previous related closed-

Better communication about what is covered and why.

Explaining what is covered. By reading this questionnaire, I just learned there is a lot more that may have been covered.

ended question. Some who offered suggestions focused on eligible expenses not being communicated to them.

Some said that the response time by staff was too long. Several respondents emphasized the importance of someone answering phone calls, especially when the client is returning a phone call to a staff member. Providing this level of service may require adding more program staff members.

A few people expressed their general dissatisfaction (e.g., "Completely dissatisfied with the program."), while others were complimentary ("Thank you for the great work you do." "What you're already doing is great.").

I ended up not getting assistance because of a potential lawsuit settlement with insurance company. The settlement was good but took a while so immediate assistance would have been good.

The wait time between submitting receipts and getting payment was too long. I fell behind in bills.

Workers who call the victim need to be available when the victim calls back. This needs improvement.

Phone calls when a real person picks up the phone.

Summary

- VCCVS mailed a survey to all 911 individuals who applied to the Victims Compensation Program during Fiscal Years 2012 and 2013. Of the 644 viable addresses, 131 individuals completed surveys after two mailings, for a response rate of 20.3 percent.
- The survey was designed to determine how applicants learned about the program and how they got an application form, and suggestions for outreach efforts; what might have made the application process and provision of services easier, including communication methods and types of technological assistance; whether their application was approved, what type of assistance they needed, and whether they got as much compensation as requested; and whether they had considered not applying and if so, why.
- Three-quarters of respondents were women; more than half were between the ages of 35 and 64; 10.9 percent identified themselves as being a racial/ethnic minority; and one-third indicated that they had at least one type of disability, most frequently a physical disability not related to hearing or vision.
- Fewer than 10 percent of survey respondents knew about the Victims Compensation Program prior to becoming a victim/survivor of crime. Three-quarters learned about the program from a victim advocate at a state's attorney's office, and most obtained an application from a victim advocate.
- Asked to identify the best ways to tell people about the program, some respondents suggested general outreach efforts while others favored a more targeted approach

toward victims/survivors. Respondents most frequently selected television or radio, followed by teaching service providers at other agencies about the program and putting a link to the VCCVS website on other agency's websites. Younger respondents were significantly more likely to favor posters and flyers and teaching service providers about the program than respondents aged 65+. Respondents who did not have a disability were more likely to select on-line videos and TV/radio relative to respondents with a disability, and those who were the victim of a personal crime were more likely to recommend posters and flyers than were respondents who were the victim of a property crime.

- About a third of respondents indicated that they needed assistance completing the application, and most received it from a victim advocate. Asked what type of support or assistive technology might have helped them complete the application on their own, most of those who responded said that it would have helped if a program staff member had asked them the questions by phone or in person, followed by a fillable on-line application. These responses were reiterated in an open-ended question as well, along with suggestions to make the application form shorter and simpler, and to follow-up with those who obtained but did not complete an application.
- Forty-two percent of respondents indicated that they had considered *not* applying to the program. The most frequent reason given was a belief that the program would not give them money. Those who were the victim of a personal crime were more likely to respond in this way than those who were the victim of a property crime.
- Survey respondents were most frequently the victim of some type of violent crime: assault (36.8 percent); domestic violence (29.6 percent) and/or sexual assault (16.8 percent). Examining type of crime by disability status showed that respondents who identified themselves as having a disability were significantly less likely than others to have been the victim of an assault or unlawful restraint. Some age differences were also apparent, with those less than age 25 being significantly more likely to have been the victim of a sexual assault than others; those aged 25-44 were more likely to have been the victim of domestic violence and vandalism; and those aged 45 and older were more likely to have been the victim of burglary.
- Approximately three-quarters of respondents said that their last application to the Victims Compensation Program was approved. Of these, approximately two-third received as much compensation as they requested. Respondents were most likely to have needed mental health counseling/emotional support, followed by medical expenses and lost wages from missed work and "other" expenses. Respondents who were the victim of a personal crime were more likely to need medical and "other" expenses than those who were the victim of a property crime, but the latter group was more likely to need help with crime scene clean up.

- Fifteen percent of respondents said they requested compensation for a loss or expense that was not covered by the program. Most of these expenses included compensation for pain and suffering, some types of personal property, lost wages and medical expenses. The extent to which all of the expenses noted were in fact not covered or information was not conveyed by applicants to staff or vice versa is unknown.
- Three-quarters of survey respondents indicated that talking over the phone would have made it easier to communicate with program staff members while receiving services. Nearly one-fourth said that (mailed or emailed) letters in large print would have made communication easier. Another question asked about the best ways to communicate with service providers generally. Respondents favored more conventional methods of communicating—most preferred phone calls (54.5 percent), followed by mailed letters (41.3 percent), email (29.8 percent), and talking in person (23.1 percent). Fewer than 10 percent selected text messages. Respondents who indicated that they had a disability were significantly less likely to prefer communicating by letter or email than those who did not identify themselves as having a disability.

Conclusions and Recommendations from Victims Compensation Program Applicant Surveys

Applicants to the Victims Compensation Program provide an important source of information about the program. Survey respondents' lack of knowledge about the program prior to becoming victims/survivors of crime underscores the needs for the program to assume a higher profile throughout the state. While most respondents learned about the program from a victim advocate at a state's attorney's office, not all crime victims have contact with a state's attorney's office. The more widespread information is about the program, the more likely those who become the victim of a crime will consider applying to the program, or be encouraged to do so by family and friends.

Respondents recommended using traditional media sources to inform people about the program, particularly television and radio (no respondents learned about the program in these ways), as well as printed sources, including brochures. General approaches to advertising the program, along with educating and partnering with service providers, particularly those who have contact with victims and other vulnerable populations, would provide a good first step toward increasing awareness about the program. Becoming more informed about the program prior to needing it may also reduce the percentage of respondents who said that they had considered not applying to the program, most frequently because they did not think that they would be given compensation (conceivably some victims did not apply to the program for this or other reasons so were not among the applicants surveyed).

Making the application process as easy as possible and providing any needed supports may also encourage people to follow through with an application. Although no one said that they

considered not applying because the application was too difficult, those who found the application process to be difficult may not have applied so are not among those surveyed.

Survey responses suggest that providing as much personal contact and follow-up from staff members as the applicant desires particularly via phone would be welcome, as would an on-line fillable application. Although one-third of respondents indicated that they had some type of disability, few identified a need for specific types of supports other than large print correspondence. Having an array of technological and other supports such as ASL and foreign language interpreters at the ready would likely make the application and service provision experience easier for some, however.

NEEDS ASSESSMENT: MAJOR CONCLUSIONS AND RECOMMENDATIONS

This needs assessment included three primary components—focus groups with people with disabilities (participants did not self-identify as victims); a survey of service providers; and a survey of Victims Compensation Program applicants. Although these three groups represent distinct vantage points, there was considerable consistency in their suggestions of ways to increase awareness of and accessibility to the Victims Compensation Program among underserved populations.

- To varying degrees, all three groups emphasized the importance of both general and targeted outreach efforts. Increasing knowledge of the program and what it covers among the general population via media outlets and service providers will likely increase usage both because current and future victims or their family and friends will become aware of the program and its benefits. Increasing the public's knowledge of the program may also reduce the number of people who decide not to apply because they don't think the program can help them or because they feel embarrassed or stigmatized either by their victimization or by asking for assistance. Suggestions for targeted outreach included educating service providers and utilizing existing service provider networks and educational forums, particularly among service providers who have contact or victims, people with disabilities and/or seniors, and tailoring outreach material to target these groups in content and outreach locations, and in preferred/most accessible methods of learning about programs.
- All groups exhibited considerable consistency in suggested ways to make the application process easier. Respondents emphasized having a program staff member or knowledgeable service providers in their community available to assist with the application process either face-to-face (office or home visit if needed) or via telephone. An on-line fillable application form (compatible with screen readers), large print applications, and readily available (and advertised) interpreters were also seen as important, along with simpler forms and otherwise reducing the burden on applicants. Providing applicants options and accommodating disabilities or other barriers are

paramount, and following up with those who request an application but do not submit it was recommended.

- Focus group participants and survey respondents also emphasized offering choices and allowing applicants/clients to choose how they want to communicate with program staff while receiving services. Again, accommodating disabilities or other barriers is critical, but some people prefer communicating in particular ways depending on their comfort level with technology and their personality. Despite new technological methods of communicating, most respondents prefer interacting with another person either face-to-face or on the telephone—someone who can answer questions and provide other support as needed.
- Carrying out these suggestions involves expanding the Victims Compensation Program's infrastructure, both technologically and in the staff needed to implement them. A dedicated outreach coordinator is recommended who can (among other things) develop outreach materials and strategies. The coordinator can also identify and train service providers in communities statewide to conduct outreach and help program applicants to complete forms. Educating and engaging service providers more broadly is also important, as well as making use of existing networks and agency/organization websites to increase awareness of the program. An outreach coordinator could also be responsible for public and targeted educational/advertising efforts among the general public and among underserved individuals and communities. Whether additional office personnel will be needed may depend on the ability and willingness of current staff to provide the level of personal contact, support and follow-up that some people need and many people prefer.

APPENDIX: Responses to Selected Questions, Focus Groups

Ways of Learning about Programs and Services

Friends, family, acquaintances
Co-workers, caseworkers and caregivers
Networking (e.g., senior meals sites)
Craig's List
E-lists (e.g., Front Porch Forum)
Internet search/Google
"Helpful Links" on other websites
National Federation for the Blind news line (audio access to local newspaper via a toll free number)
TV, especially WCAX TV (some local TV stations have applications for content; can receive via I-phone)
Newspapers
Radio (not relevant to people who are Deaf)
Video Blogs (for people who are Deaf)
Posters/flyers
Washington/Lamoille County Mental Health
Vermont Division for the Blind and Visually Impaired
Vermont Center for Independent Living
Vocational Rehabilitation Services
Central Vermont Council On Aging
Green Mountain Self-Advocates
Posters/Flyers, but "big print and not too high up" (note that English is a second language for some people who are Deaf)
Closed caption TV
Home care provider
Advocates
Schools
Police Department
211 (phone number for social service referrals)
Libraries
Capstone (formerly Central Vermont Community Action Council)
Housing Authorities
Senior Centers (announcements at lunches)
Church
Occupational therapists
Hospitals
Solutions (state program for seniors)
PALS program (for people with low vision)

Preferred Methods of Communicating , Including Social Media

E-mail
Texting
Face Book (events; staying in touch with people, particularly relatives)
Twitter (some newspapers and radio stations use Twitter now)
Phone
Printed mail (not preferred by those with visual impairments)

Personal visits
You-Tube
Instagram (pictures)
Pinterest
My Space
Google chat/hangout
Face Time
Skype
Linked-In
National Federation for the Blind news line (audio access to local newspapers via 800 number)
Speech reading software on computer and phone (for those who are blind/visually impaired)
Applications to get news on I-phone
Talk to people
Blog

Outreach Suggestions

Police and courts/state agencies and office buildings (websites, Facebook, brochures, posters, and educating staff)
Regular, large print and American Sign Language flyers/brochures (focus group participants who are blind/visually-impaired did not think braille is needed)
Develop brochures that feature people with disabilities
Develop brochure for family and friends of victims encouraging them to help get services for victim
Develop brochures sensitive to those who feel embarrassed by or responsible for victimization
Provide interpreters (ASL and foreign language)
Put video about program on You-Tube
Big print card/refrigerator magnet with VCCVS contact information
Use existing groups and meetings (e.g. support groups) to help spread the word
Educate/train service providers about the program (conference presentations; webinars—not useful for people who are Deaf, but ASL or CART, Communication Access Real-Time Translation)
“Helpful Link” on town office, police agency, service providers and any other relevant sites (ideally with Video Blog)
Communal meals sites
Nursing homes
Support and Services at Home (SASH)—goal of keeping people in their homes
Vermont Center for Independent Living
Central Vermont Council on Aging
Visiting nurses and home health agencies
Town offices
Post offices
Town meetings
“Community Cares” groups
Develop referral form for service providers (different than actual application)
TV ads (like the ones with injury lawyers—they do catch peoples’ attention).
Across the Fence (WCAX)
WDEV’s talk show
Vermont Edition (VPR)
Highway rest areas
Restrooms, especially women’s rooms

Trailer parks
Apartment units
Laundromats
Buses
Food pantries
Fitness centers
Work places
211 (social service assistance)
Libraries
Churches
High schools; colleges/universities
Homeless and domestic violence shelters
Veteran's associations
Provide brochures/information/presentations at conferences (Veterans; Traumatic Brain Injury; Senior Living; others)
Ads in newspapers/newsletters, particularly free and local ones
Public Service Announcements (TV, radio)
Hospitals (waiting areas/rooms; educate staff)
Community lunches
Restaurants
State information channel (recorded news)
Front Porch Forum; Yahoo groups
Contact all victims