



WHO ARE UNDERSERVED VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT?

Underrepresented Victim Populations and Barriers to Service Seeking



Who are Underserved Victims of Domestic Violence and Sexual Assault? Underrepresented Victim Populations and Barriers to Service Seeking

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Abstract

Improving victim services for underserved populations is a Victims of Crime Act (VOCA) funding priority. While VOCA does not define who “underserved populations” are, it does provide guidelines state administering agencies (SAAs), the entities that distribute VOCA funding, should use to designate underserved victims within their states. These guidelines state SAAs must base their definitions on victim characteristics (e.g., race, residence, income) and/or victimization type (e.g., sexual assault, robbery). The present study examines the definition of underserved in the context of Illinois sexual assault and domestic violence victims. Domestic violence and sexual assault service provider perspectives were solicited directly via focus groups, which included a discussion on provider definitions and experiences related to underserved victims and reflections on findings of a statistical and geographic analysis of domestic violence and sexual assault service receiving victims in Illinois. Researchers found service provider definitions were rooted in individual barriers victims face during and after victimization. Their definitions diverged both from the framing of the VOCA guidelines and definitions suggested by researchers’ analysis of service data. Researchers found the barrier-focused definition preferred by service providers and the analysis of demographic characteristics used to identify underrepresented victim populations complemented each other; combined these perspectives offered a more comprehensive understanding of underserved victims in Illinois.

Introduction

“Underserved” is a term commonly used by both researchers and victim service practitioners when discussing domestic violence and sexual assault populations (Newmark, 2006; Sered & Butler, 2016; Zweig et al., 2002). To support victim service provision, the Victims of Crime Act (VOCA) created the Crime Victims Fund; criminal fines and fees are deposited into the Fund and billions of dollars are disbursed annually to support victim services and related programs nationally (Office for Victims of Crime, 2019a; Victims of Crime Act of 1984, 2016; Victims of Crime Act Victim Assistance Program, 2016). VOCA funding rules require that 10% of each state’s VOCA funding award is allocated to providing services and supports to underserved victims (Victims of Crime Act Victim Assistance Program, 2016). The U.S. Office for Victims of Crime, the federal entity that administers VOCA grants to states, permits state administering agencies (SAAs), the state entities responsible for distributing criminal justice funding (e.g., VOCA, Edward Byrne Memorial Justice Assistance Grants), to define underserved victims, but it requires that the definition is based on the characteristics of the victims to be served, including the type of victimization (e.g., robbery or assault) and demographics, such as race, gender identity, sexual orientation, income, and/or region of residence (Office for Victims of Crime, 2019b). Thus, SAAs have the authority to determine which victim sub-population(s) are underserved in their respective states and where to distribute funds.

Due to the sensitive nature of domestic violence and sexual assault, it is difficult to accurately estimate victimization; it is even more challenging to learn who is underserved. Despite the traumatic nature of the crimes, most sexual assault and domestic violence victims do not receive services; a 2018 nationally representative study of victimization in the U.S. found that only 18.1% of intimate partner violence victims received victim services (Morgan & Oudekerk, 2019). Additionally, fewer victims reported these crimes to police compared to victims of other crimes. Only 24.9% of sexual assault and 47% of domestic violence victims reported the crime, whereas 60.5% of aggravated assault and 62.6% of robbery victims reported their

victimizations (Morgan & Oudekerk, 2019). These findings suggest sexual assault and domestic violence victims are underserved because while likely to benefit from additional services, such as counseling, many do not receive those supports. Because most victims neither formally seek help nor report it is challenging for researchers, providers, and funders to estimate victimization prevalence.

Illinois's SAA requires all VOCA and Violence against Women Act (VAWA) funded domestic violence and sexual assault victim service agencies to record services provided to victims in InfoNet, an online case management system. VAWA provides grants to states to address gender-based violence (Congressional Research Service, 2019). InfoNet was launched in 1997 and has become a large source of deidentified victim services data (e.g., client demographics, service needs, and records) that affords the SAA and its research partners a unique opportunity to examine those victim populations receiving federally funded victim services in Illinois (Houston-Kolnik & Hiselman, 2018). The data is owned by victim service providers and managed by the Illinois Criminal Justice Information Authority (ICJIA), the state agency that houses both the SAA and the Illinois Statistical Analysis Center, or state entity responsible for conducting research to assist with the administration of criminal justice. Researchers have used InfoNet data to examine characteristics of help-receiving victims in Illinois (Grossman et al., 2005; Vasquez & Houston-Kolnik, 2017). When combined with publicly available datasets, such as American Community Survey (ACS) estimates of population, InfoNet data can offer crucial information about those who are not receiving services, in addition to those who are receiving them.

Current Study

Historically, a disconnect has existed between victim studies research findings and their applicability to practice; specifically, some practitioners have reported not always feeling that research topics are relevant to practice (Murray & Smith, 2009). This practitioner perspective, at least in part, may be due to a lack of

communication and dialogue between researchers and practitioners (Murray & Smith, 2009). The present study sought to bridge this divide by providing a forum, via focus groups, for domestic violence and sexual assault providers to discuss the results of a quantitative analysis. The analysis was conducted using InfoNet data and other publicly available datasets to better understand underserved victim populations in Illinois. The researchers recognize providers understand a great deal more about their data in terms of practice and victims' lives—knowledge and insight that the data simply does not and in many instances cannot record—than a researcher far removed from service provision. Their perspectives are crucial for understanding not only the data and what it does or does not say, but what victims experience as they seek or decide not to seek certain supports. By the same token, research benefits are limited if the research remains disconnected from victim service provision and/or practitioners do not see findings as relevant or useful.

Methods

Domestic violence and sexual assault providers and funding agency representatives were invited to participate in focus groups on underserved victim populations in Illinois. Preliminary quantitative findings were integrated as discussion prompts. This created a structured forum for providers to share their own perspectives; review, engage with, and provide feedback on ongoing quantitative analyses of InfoNet data; and discuss policy recommendations to address underserved victims in collaboration with funding agencies.

Structure of Focus Groups

Focus groups were structured as two cohorts (one for domestic violence and one for sexual assault) with two focus group sessions for each cohort. Only service providers attended the first session. Funding agency representatives were excluded to give providers space to discuss any experiences they might have been uncomfortable sharing with grant administrators present. Prior to the session, participants received packets containing preliminary findings from an analysis of public data, including InfoNet data, which showed estimates of total victims, victims with police contact, and victims receiving service by location and race/ethnicity. Questions focused on providers' definitions of underserved, their experiences serving victims, InfoNet data, and the findings presented. After the first session, the data analysis and presentation packet were updated to incorporate feedback from the first session; a video walkthrough containing an overview of the maps, data, and findings was shared.

The second sessions' attendees included providers, many who had attended the first session, and two grant administration representatives, one from the SAA and another from the Illinois Coalition Against Domestic Violence (ICADV) for the domestic violence session or the Illinois Coalition Against Sexual Assault (ICASA) for the sexual assault session. The coalitions are comprised of providers whose coordinating body administers grants, and provides training, technical assistance, and opportunities for their members to engage in advocacy projects.

Questions for the second session prompted participants to examine and ask questions about the data, including a summary of the first session and a revised data analysis presented as maps. Providers were asked to further elaborate on or react to the results of the prior session. The group then pivoted to a policy discussion that included representatives from the SAA and ICADV or ICASA.

Materials

In the first session, participants were presented with a series of dot density maps generated by ICJIA researchers. The series included adult female Illinois residents (based on the ACS), total victims in Illinois (based on a model derived from National Crime Victimization Survey [NCVS] rates), Illinois help-receiving victims (InfoNet), and domestic violence victims with police contacts (based on a model of the Uniform Crime Reporting [UCR] incident level supplemental for Illinois; Gruschow & Schaffner, in press). Each dot was color coded for race/ethnicity and represented the approximate location of an adult female resident of Illinois over a five-year period, from 2013 to 2018. The maps depicted raw data to allow provider to provide their own interpretations of who did not report or seek help in Illinois without influence of researchers' views of the data.

Researchers created the second session maps to incorporate provider feedback received in the first session. These materials included color coded area maps of Illinois, depicting the four largest race-ethnicity groups (i.e., Asian, Black, Latinx, and White), and the gap or difference in the number of InfoNet clients expected by race/ethnicity when comparing InfoNet data to ASC estimates of race/ethnicity and limiting the analysis to households earning \$50,000 or less annually. Unlike the maps for the first session, this second set visually represented findings, that Asian and White individuals were underrepresented among help-receiving domestic violence and sexual assault victims, whereas Black and Latinx individuals were overrepresented among help-receiving victims (Gruschow & Schaffner, in press).

Maps provided to participants in advance of both focus group sessions are located in the Appendix.

Participants

After ICJIA's Institutional Review Board granted the study exempt status, providers were recruited for participation via an email solicitation to the executive directors of all VOCA-funded domestic violence ($n = 51$) and sexual assault ($n = 34$) agencies in Illinois, who were encouraged to forward the invitation to their staff. All agencies contacted for participation provide services to victims in Illinois and use InfoNet to record client data and service records. Focus groups were conducted virtually using the Cisco Webex online meeting platform. Participants provided their availability for focus group sessions via an online poll, allowing the researchers to select a timeslot based on number of attendees, attendee geographic and racial-ethnic representation, the racial representation of clients attendees served, and, for the second group, the availability of funding agency representatives. Informed consent was gathered electronically via Qualtrics, a secure online survey tool, prior to each focus group.

Providers and representatives from Illinois's grant administering agencies, ICJIA (the SAA), and ICADV, or ICASA, participated in the second focus group. Nine participants attended the first domestic violence session and eight participated in the second session (including one representative from ICJIA and one from ICADV). Nine providers attended the first sexual assault session and 12 participated in the second session (this included one representative from ICJIA and one from ICASA).

Focus Group Data Analysis

Two researchers who attended and moderated the focus groups separately content coded recurring themes for each focus group session, reviewing recorded audio and Webex generated transcripts. The codes were merged, and researchers discussed common codes, such as barriers and underserved victim groups, and divergent codes like the role of outreach and training, which were resolved. Transcripts of the first focus group was analyzed prior to the second and summarized results were briefly presented at the beginning of the second focus group.

Findings

Overall, the findings indicated practitioners applied a definition of underserved that differed from the definition framed in VOCA guidelines. While VOCA guidelines describe underserved populations using victim characteristics (e.g., race, residence, income) and/or victimization type (e.g., sexual assault, robbery), domestic violence and sexual assault providers emphasized the role of barriers in their definitions.

Defining Underserved Victims

Providers defined underserved victims as victims who encounter one or more barriers to receiving services. While providers were familiar with underserved victim characteristics (e.g., racial or LGBTQ+ identity), they asserted the barriers the various groups encounter are what determines which victims are underserved. As two examples, they reported the myriad forms of marginalization and discrimination faced by Black individuals in society created barriers to service seeking for Blacks victims and that the lack of LGBTQ+ cultural competency among providers and community members around LGBTQ+ issues was a reason that population does seek services. Participants shared that ICADV formally defines underserved victims as victims who encounter one or more barriers to service receipt.

That definition stands in contrast to how VOCA guidelines (Office for Victims of Crime, 2019b) frame underserved victims. It also contrasts with definition researchers used in the quantitative data analysis – that underserved victims are those receiving few or no services. In their analysis, researchers identified where demographic groups were disproportionately underrepresented within InfoNet data relative to local population estimates (Gruschow & Schaffner, in press). One participant summarized this contrast well, recognizing that providers' definition of underserved described the underserved, whereas the mapped data depicted those who were "zero-served," or those whose needs could not be captured because they had not received services from a victim service agency or made a report.

Groups Comprising Underserved Victims

Both sexual assault and domestic violence service providers identified the following groups as underserved:

1. LGBTQ+ people.
2. Immigrants (especially those who are undocumented).
3. Those with lower English proficiency.
4. People of color, particularly Black and Latinx racial/ethnic individuals.
5. Those with inadequate transportation and/or living in rural locations.
6. Those from small communities (rural or urban).

Provider perspectives contrasted sharply with conclusions researchers were likely to have drawn from the quantitative analysis. Preliminary findings showed clear evidence that Asian and White populations were underrepresented among help-receiving victims captured in InfoNet and that Black and Latinx populations were overrepresented. In the first focus group, providers posited this finding could be driven by economic inequities between racial/ethnic groups. Participants suggested Asians and Whites may have more financial resources to hire private attorneys and/or therapists to meet their needs.

In the second session, providers were presented with revised analyses. This included maps showing the over/under representation effects even when victims from InfoNet were compared to Illinois households earning under \$50,000 per year. Providers' responses were mixed. Some participants responded to White underrepresentation as evidence that all sexual assault and domestic violence victims are underserved. Other participants interpreted the overrepresentation of Black and Latinx victims relative to the population as evidence of provider success in reaching those in need because those populations represent high-need victims.

The finding that Asian participants were underrepresented in InfoNet data was consistent with providers' experiences that they served few Asian victims. Providers noted that access to interpretation and translation services for languages other than Spanish was inadequate or unavailable in their communities, presenting a barrier for some Asian immigrants. Several providers knew that communities of Asian, South Asian, and Middle Eastern origin resided near their agencies but noted they rarely had contact with individuals from those groups.

Provider Response to Data and Materials

The visual representation of findings presented in the first focus group session were designed to depict data (i.e., demographic breakdowns of race/ethnicity in each region) rather than findings (e.g., the number of Asian victims that received help in Chicago's Chinatown was fewer than expected). This presentation format did not resonate with providers, who requested color-coded area maps for the second session. Revised analyses and maps were presented at the second session. Providers liked the new format because they found it easier to read and interpret. Their interpretations and conclusions about the data did not change though.

Notably, providers suggested that based on the number of help-receiving victims recorded in InfoNet, NCVS results showed an underestimation of the number of domestic violence and sexual assault victims in Illinois.

Discussion and Policy Recommendations

Through this project, researchers sought to facilitate communication between practitioners, researchers, and funding agencies on how victim service data, captured via InfoNet, can be used to understand gendered violence and inform government and/or service provider policy on identifying and reaching underserved victims. In isolation, an analysis of InfoNet data indicates Asian and White and populations are “underserved,” or not receiving services from an Illinois domestic violence or sexual assault victim service agency proportionate to where they reside. However, the purely quantitative analysis of the data points is incomplete, as providers emphatically asserted that Asian, Black, and Latinx individuals frequently face substantial barriers and receive fewer services than needed. Therefore, the authors recommend researchers, providers, and funders examine the impact of barriers on service utilization in concert with victim services data to assess those who are underserved.

Definitions of underserved victims, shaped by VOCA guidelines and operationalized by grant administering agencies (e.g., SAAs, other funding bodies), should be revisited. While demographics and location are important attributes for consideration in defining underserved victim populations, it is necessary to consider barriers that inhibit access to services. If the definition of underserved victims were reframed to include these barriers, providers could more readily use funding to reduce them. Sexual assault providers posited that a funding shift toward prioritizing the dismantling of barriers to services would result in more “zero-served” or unserved victims receiving services and/or services that more fully met their needs. Specifically, they pointed to the need for increased resources to train first responders, emergency room staff, and/or law enforcement on how to interact with victims in a victim-centered and culturally responsive way, to increase their knowledge of laws guaranteeing certain victim protections, and to grow their ability to facilitate victim connection to services.

Study Limitations

This research was conducted in part to address limitations inherent in quantitative data; however, the present study is not without its own limitations. First, focus group participants comprised only a subset of Illinois providers and their participation was determined primarily by their availability. In addition, rural providers were underrepresented, with no participation from Illinois's southern region. Additionally, the virtual format of focus groups may have prevented researchers from observing non-verbal cues typically useful for directing facilitation of the discussion or assessing participant agreement.

Conclusion and Future Directions

This study afforded researchers the opportunity to engage in meaningful discourse with providers on Illinois's underserved victim populations. Researchers learned providers see underserved victims as those who encounter multiple barriers to receiving services, often resulting in many service-seeking victims with needs that have not been fully met. This presents a challenge for the SAA and other funding agencies responsible for ensuring equitable victim service delivery. Statistical evidence gathered from InfoNet suggests victim populations providers describe as being underserved are over-represented relative to their population size and household income levels. So, while Illinois Statistical Analysis Center researchers have succeeded in recent years to better understand victimization prevalence, victim characteristics, and underserved victim populations (Houston-Kolnik et al., 2017; Vasquez & Houston-Kolnik, 2017), further work is needed to capture accurate and reliable estimates of domestic violence and sexual assault victimization in Illinois, including estimates of non-service seeking victims and those who do not report victimization to law enforcement.

Funding agencies can benefit from research on underserved victim populations; data can inform adaptations of current underserved victim or policy definitions guiding funding allocation and distribution. A comprehensive victimization study of all Illinois residents is crucial for defining the term underserved. Such a study would provide clear evidence as to which Illinois residents experience victimization, their awareness of victim services, which victim populations encounter multiple barriers to service receipt, and victims whose needs are unmet or only partially met as a result. This study would have the potential to identify underserved victim populations in Illinois that should receive specifically designated VOCA funding.

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Appendix

Focus Group Maps

Domestic Violence

Focus Group #1

- Map #1: Representative sample of Illinois women, 2013–2018
- Map #2: Illinois women receiving DV services in InfoNet, 2013–2018
- Map #3: Illinois female domestic violence victims estimate, 2013–2018
- Map #4: Illinois domestic violence cases reported to police, 2013–2018

Focus Group #2

- Map #5: Demographic representation of InfoNet domestic violence clients in Illinois, adjusted for income, 2013–2018
- Map #6: Demographic representation of InfoNet domestic violence clients in Chicago, adjusted for income, 2013–2018
- Map #7: Driving time to domestic violence service providers in Illinois
- Map #8: Distance to domestic violence providers, Chicago area

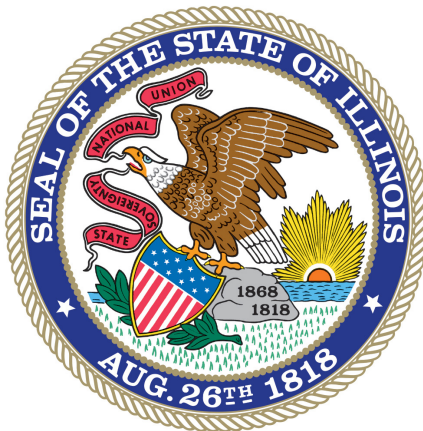
Sexual Assault

Focus Group #1

- Map #9: Representative sample of Illinois women, 2013–2018
- Map #10: Illinois women receiving SA services in InfoNet, 2013–2018
- Map #11: Illinois female sexual assault victims estimate, 2013–2018

Focus Group #2

- Map #12: Demographic representation of InfoNet sexual assault clients in Illinois, adjusted for income, 2013–2018
- Map #13: Demographic representation of InfoNet sexual assault clients in Chicago, adjusted for income, 2013–2018
- Map #14: Distance to sexual assault providers in Illinois
- Map #15: Distance to sexual assault providers, Chicago area



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