

Utah's Victims Services: Developing a Well-defined and Meaningful Evaluation Framework

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by Richard Fowles, PhD, and Sheena Yoon, MA



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The Economic Evaluation Unit
Department of Economics
University of Utah
260 Central Campus Drive
Gardner Commons Room 4100
Salt Lake City, UT 84112
(801) 581-7481

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INTRODUCTION

This report is a culmination of a research initiative between the Economic Evaluation Unit (EEU) and the Utah Office for Victims of Crime (UOVC) to produce research for a more evidence-based framework with guidelines to better inform UOVC and service providers on investment decisions for victims service programs and service delivery. Given the ongoing context of UOVC facing significant reductions in federal funding for victims service organizations, this pertinent research gap emerged in order to address the greater need to inform strategic planning for more cost-effective and sustainable victim services. While plans for reduction of funds are currently met with plans for gradual decreases, diversified funding, and increased monitoring—establishing priority areas and defining core victim services for UOVC has been recognized as a rising necessity for broad strategic planning in response to the anticipated reductions in funding across service providers in Utah. Additionally, the growing need for cost-effective strategic planning was identified with a particular concern for the category of sexual assault and domestic violence victim services. As a result, the EEU collaborated with UOVC to investigate Utah’s current victim services investment decisions, policies, and experiences across stakeholders.

As UOVC aims to adopt innovative practices to increase effectiveness and quality of victim services while also reducing costs based on evidence-based research, this report highlights through data analysis and interviews conducted across providers that a baseline evaluation framework for capturing effectiveness and quality of victims services is underdeveloped across providers and within the system requirements. Given this discovery, this report highlights the broad economic costing literature and the subsequent use/misuse of existing cost and performance data provided for this report in Section 1. This section indicates the vast qualitative differences in current measures that are comparable across providers to inform meaningful evaluation of victims services expenditures and outcome measures statewide. Section 1 importantly highlights how cost-benefit analysis for victims services cannot be conducted meaningfully when the benefits of victims services are not systematically and comparably defined across service providers nor fully qualitatively reflective of the services. Arising from this identified gap in a robust evaluative framework, Section 2 highlights important literature which informs why comprehensively defining a conceptual framework for evaluating victims

services, including outcome measures and conversion factors, is an imperative starting point to develop a meaningful and accurately reflective evaluation approach. Section 2, then introduces different examples and resources that can be adopted to operationalize a fully defined conceptual framework for evaluation once service providers and agencies have collaboratively developed a framework that is reflective of their services. This section was developed through the interview process of leading agencies nationwide and through the service delivery evaluation literature. Lastly, Section 3 presents the Top 6 important thematic findings from the qualitative interviews conducted across leading agencies and providers. This section importantly highlights how service providers across Utah are already well-positioned to adopt innovative practices for victim services to enhance service delivery, organizational well-being, and already demonstrate a strong desire to understand important outcome measures to evolve services to be more cost-effective in the long-run. However, this final section also highlights the common thematic barriers service providers in Utah face in expanding these innovative practices and how UOVC can play a pertinent role in alleviating these barriers so that service providers can reach their goals more successfully and sustainably.

It is intended that this study will provide UOVC and service provider agencies with a (1) full understanding of the limitations of the current evaluative framework which may lead to distorted analysis, (2) a starting point for creating a more robust, meaningful, and evidence-based approach to evaluate victims services and (3) a thematic snapshot of the qualitative interviews conducted across important stakeholders in victims services in Utah and nationwide.

SECTION 1:

Economic Costs of Sexual Assault in Utah

In 2019, Utah taxpayers spent over \$1.8 billion on direct costs associated with crime.¹ These direct expenditures include taxpayer costs for police, courts, and corrections and represent about 1% of Utah's Gross Domestic Product. As large as these direct costs are, when victim explicit and implicit costs are considered, the costs of crime are immense.²

Of particular importance are the victim costs, both explicit and implicit, relating to violent sexual assault. While direct costs associated with reported rape for 2019 are conservatively estimated to be over \$75 million, victim costs are over double that amount at \$158.2 million.³ In that only a fraction of violent sexual assault are reported, these estimates are conservative.⁴ Recent research by the Utah Department of Health that imputes the economic burden for unobserved violent sexual assault estimates costs at nearly \$5 billion.⁵

These costs are so large that interpersonal violence (IPV) is now considered to be a major public health concern in the United States. Because of the unseen nature of IPV, the costs are typically masked so taxpayers and policymakers may only be aware of costs relating to other aspects of IPV including other forms of violence, poor mental health and general health outcomes, suicide, economic losses, job loss, homelessness, and intergenerational poverty.

Also because of the enormous costs associated with IPV, expenditures on programs that can

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1 Direct cost crime estimates relate to taxpayer expenditures associated with murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Incidences of crime are based on the FBI Uniform Crime Report. Cost estimates includes expenditures on the state, county, and municipality level. State expenditures are updated from CCJJ (2012). Data were obtained from the Governor's Office of Planning & Budget and include total operating budgets for public safety, adult corrections, juvenile justice, board of pardons, and the attorney general's office. Utah Gross Domestic Product (GDP) is from Utah Economic Council, "Economic Report to the Governor," 2019.

2 Explicit victim costs are those that are directly observable such as medical care expenditures, lost wages, property damage, and treatment. Implicit victim costs measure, in monetary terms, the costs associated with suffering and loss of quality of life. These are described in some detail in Appendix A.

3 Victim costs are conservatively estimated based on CCJJ (2012). For 2019, explicit victim costs are \$9.3 million and implicit costs are \$148.8 million. Appendix A provide time series plots of taxpayer and direct victim costs for Utah over the period of 2010 to 2019 for Part 1 reported crimes.

4 See Mitchell and Peterson, "Rape in Utah 2007," Commission on Criminal and Juvenile Justice, 2007.

5 See Cowan, "Costs of Sexual Violence in Utah 2015," Utah Violence and Injury Prevention Program Utah Department of Health, 2015; and also see Hopkins and Cheng, "Utah Sexual Assault Needs Assessment," Social Research Institute, University of Utah, 2018.

alleviate taxpayer and victim costs can be highly efficient in an economic sense.⁶ Even programs that only achieve modest reductions in IPV can be taxpayer efficient. In that violence reduction is not market priced, however, surrogate metrics need to be developed in order to measure an analog to a return-on-investment for IPV related programs and services.

Utah's Office for Victims of Crime (UOVC) provides financial support to victim programs throughout the state and this report strives to develop meaningful metrics that UOVC and Utah program providers can utilize in order to measure program efficiency and effectiveness. With decreasing Federal funding directed to UOVC, steps toward such types of analyses becomes increasingly important.

In the follow sections, this report examines the extent to which existing performance and cost data can be used to inform UOVC and agency providers to better direct scarce funds. Section 2 demonstrates that simple cost ratios can be helpful, but that these ratios mask important program characteristics and that direct cost per victim comparisons are inherently problematic. In order to develop better performance metrics, Section 3 details a range of methodologies and approaches to develop meaningful outcome measures from the literature and interviews conducted across agencies nationwide.

6 See Fowles and Nystrom, "Introduction to an Econometric Cost-Benefit Approach," CCJJ, 2012.

SECTION 2:

The Use and Misuse of Existing Cost & Performance Data

Cost benefit ratios are designed to provide information that can be readily utilized to highlight programs that achieve high returns on investment. As discussed above (and in Appendix B), victim costs associated with violent sexual assault are extraordinarily large. Programs that can alleviate the incidence of sexual assault or that provide services to enhance the quality of life for victims, even if the gains are minimal, can be viewed as economically efficient.⁷

Major difficulties in analyzing economic efficiencies arise when the benefits of those services are not well defined. Because reductions in criminal activity are not market priced, estimates of benefits are required. Ways that other states in the US have approached this task is presented in Section 3 of this report. The other side of assessing economic efficiencies requires an understanding of the unit costs of victim services. Again, these unit costs are not observed in the market and must also be estimated.

The most direct estimates of costs are based on the economic concept of average cost. This is a ratio that is formed by taking expenditure divided by a quantity metric. From a policy perspective, the estimated average costs may serve as good substitutes for prices as long as the ratios coherently measure appropriate quantity metrics. In this section we examine the extent to which data provided by Utah's Office for Victims of Crime (UOVC) can be utilized to understand program pricing.

The data we utilize merges detailed UOVC annual expenditure data that is organized over 109 distinct agencies (grantees) within Utah along with data from the Department of Justice's Performance Measurement Tool (PMT).⁸ Grantees submit PMT counts for the total number of victims served along with sub-tabulations of counts of services organized by victim race,

7 See, for example, Fowles and Nystrom, "Introduction to an Econometric Cost-Benefit Approach," CCJJ, 2012 and Fowles, et al. "The Cost of Crime: A Cost/Benefit Tool for Analyzing Utah Criminal Justice Program Effectiveness," CCJJ, 2005.

8 In this report we utilize the most recent annual data which covers October 1, 2019 to September 30, 2020.

gender, age, crime type, and special victim types.⁹ The PMT data also provide counts of types of victim service provision such as information and referral, personal advocacy, emotional support, shelter, and justice assistance.

With the merged expenditure and count data, the most direct cost ratio takes the total annual expenditure divided by the total number of victims served. At first, this ratio might seem an intuitively useful metric to compare performance because the dimensions of the numerator (dollars) and the denominator (victim counts) sound the same across the 109 agencies supported by UOVC funding.

As an example, for the entire year, UOVC expended \$20,939,171 to provide 132,910 victim service contacts. The raw expenditure ratio of \$279.70 represents the overall average cost. How this overall average changes through time might be of interest and comparing one year's expenditure ratio with another year's can result in useful information. This would hold true as long as the nature of the data in both the numerator and the denominator remained somewhat the same.

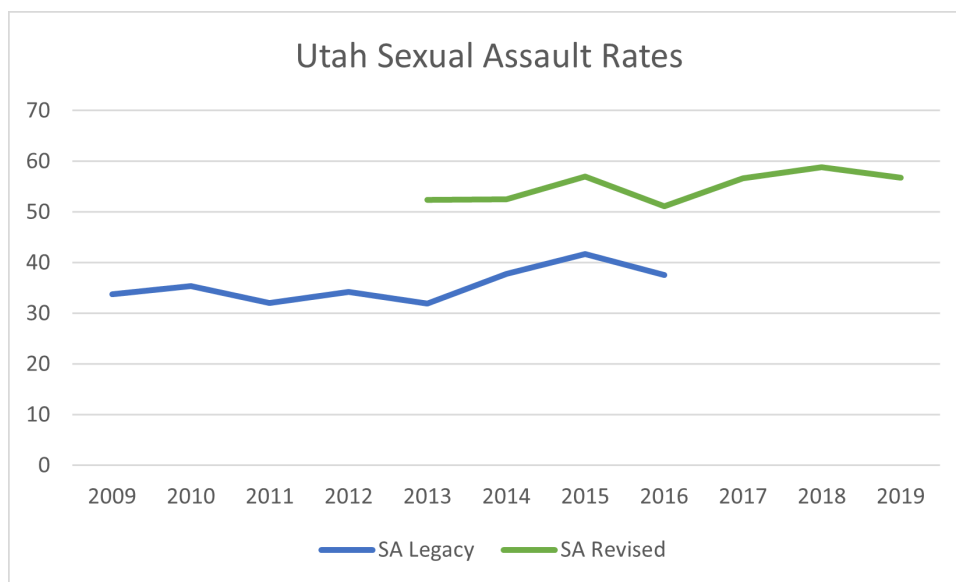
The validity would also be useful for an individual grantee. In the PMT data, for example, the Utah Office of the Attorney General provides a total of 16,205 victim service counts associated with UOVC expenditure of \$191,302. The resulting expenditure ratio of \$11.80 can be a useful metric to observe over time.

Time series assembles data (such as expenditure ratios) attached to a time stamp and patterns observed over time can reveal important characteristics such as structural change, trend, or stability. The importance of monitoring the data can be seen in the following figure that plots Utah's reported rape rates for 11 years¹⁰.

9 Special tabulations include counts for victims who are deaf, homeless, refugees, LGBTQ, veterans, and other categories.

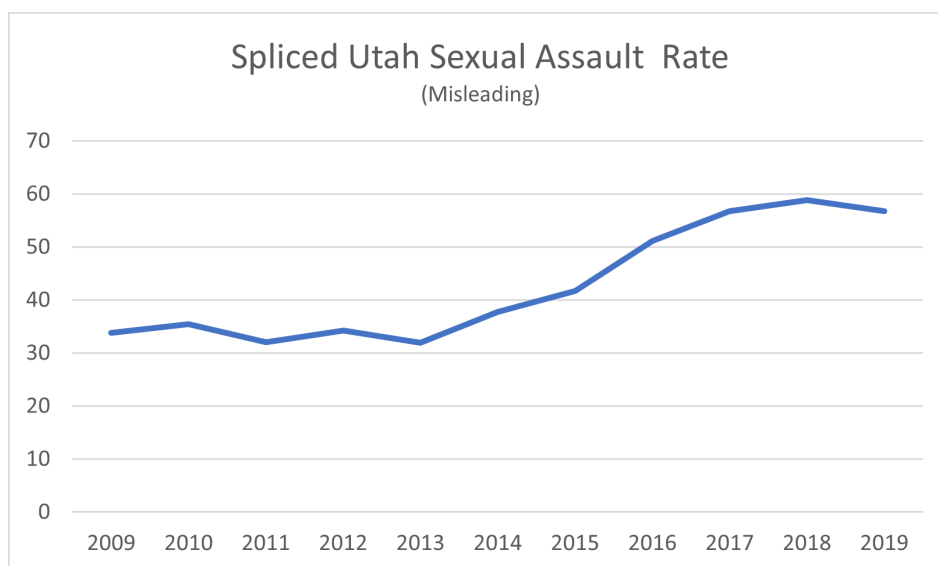
10 These data are from the FBI's Uniform Crime Report (UCR). In 2013 the FBI began to revise the rape data without the term "forcible rape." In 2016, the legacy series was removed from the UCR.

Figure 2.1: Utah Sexual Assault Rates



Without knowing that the definition of rate changed, one might make the error in thinking there was some sort of jump in sexual assaults in the state. If instead of plotting both the legacy and revised time series to alert the viewer of the change, the data were spliced together at 2016, the picture would reveal a structural change, as shown here. In Figure 2.2, the data are not incorrect, but the interpretation of the increase needs to be highlighted.

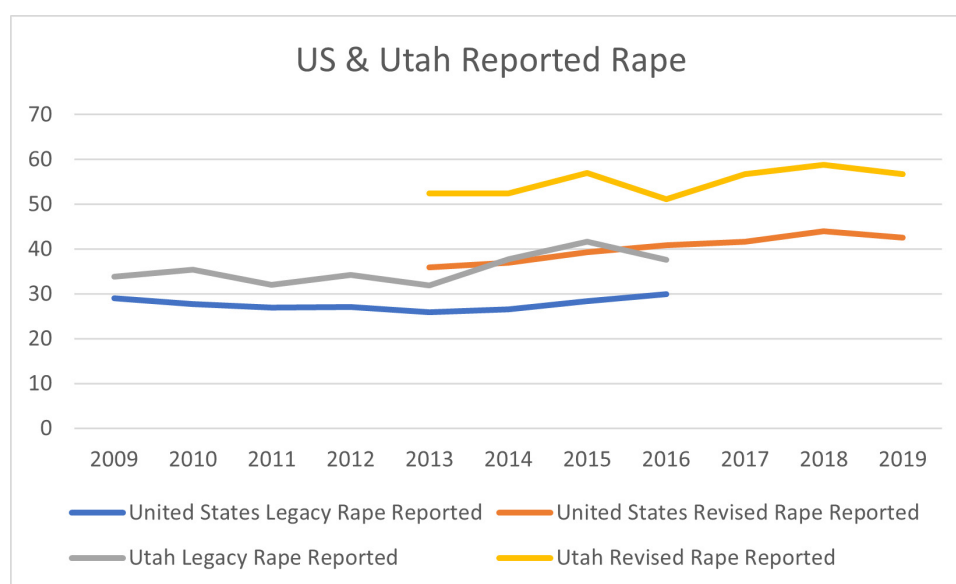
Figure 2.2: Spliced Utah Sexual Assault Rate



The data used in this report are not time series, but are cross sectional. In that the nature of statistics is to detect patterns via comparisons of the data, it is important to be aware that some comparisons make sense and others might be misleading (as in Figure 2.2).

It is often reported, for example, that Utah's Sexual Assault Rate is high.¹¹ In fact, if we look at the FBI's Crime Data Reporting System, we do see that Utah's Revised Rape Rate is over 10 offences per 100,000 population higher when compared with the US total.¹² This is shown in Figure 2.3.

Figure 2.3: U.S. and Utah Reported Rape



In Figure 2.3, we are comparing Utah with the US. Using the terminology that we adopt next, Utah's statistical neighbor is the US. When we calculated the two expenditure ratios above, we can think about the vast difference between the overall ratio of \$279.70 and the ratio of \$11.80 for the Utah Office of the Attorney General. The striking difference is only apparent when we

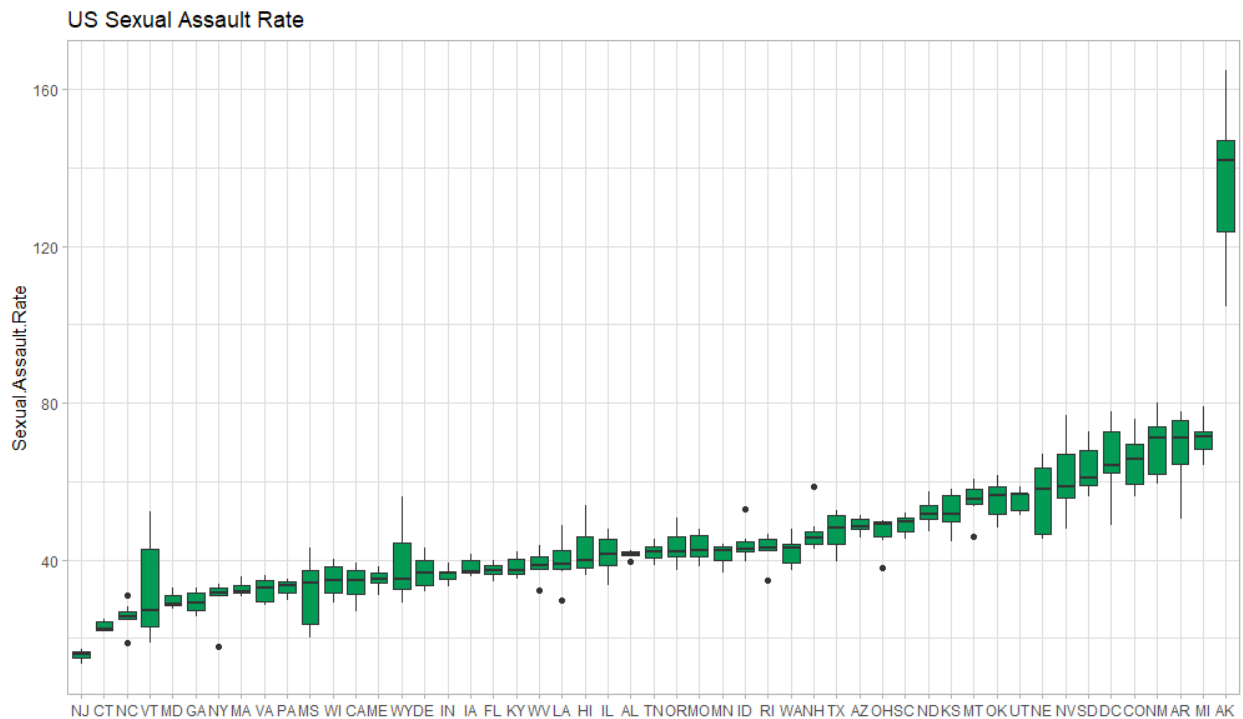
¹¹ See, for example, Mitchell and Peterson, "Rape in Utah 2007," Commission on Criminal and Juvenile Justice, 2007; Cowan, "Costs of Sexual Violence in Utah 2015," Utah Violence and Injury Prevention Program Utah Department of Health, 2015; and also Hopkins and Cheng, "Utah Sexual Assault Needs Assessment," Social Research Institute, University of Utah, 2018.

¹² See, FBI Crime Data Explorer, <https://crime-data-explorer.app.cloud.gov/pages/explorer/crime/crime-trend> (accessed 4/15/2020).

juxtapose the two values.

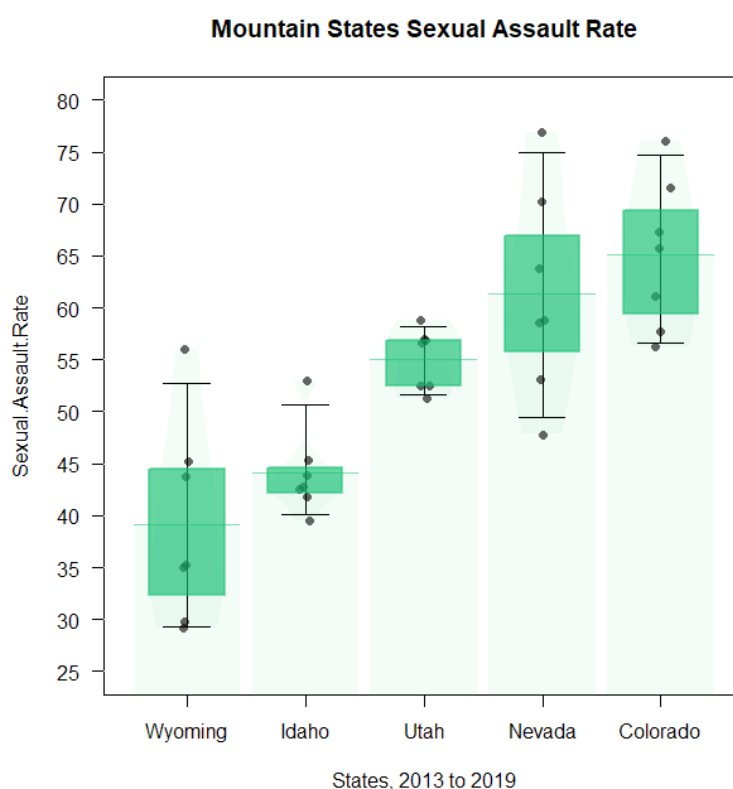
The importance of carefully defining a neighborhood is an important aspect of analysis. For example, Figure 2.4 visually summarizes states reported sexual assault rates from 2013 to 2019 (revised definition) using box and whisker plots (these plots will be explained in further detail in what follows). Each box summarizes each state's 7 observed rates. It is convenient to think that we are plotting a bunch of data values for each state (in this case, 7 of them) and most of the data values would be in the green boxes. The smaller the box, the more closely the data values would be to each other. The "whiskers" above and below the boxes extend to reach the typical upper and lower values of the data so we can observe the maximum and minimum values we'd see. In Figure 2.4, the boxes are sorted from the low to high based on the state's median rate (a solid black line within each box). In the figure, we can see that Utah's rate is higher than the majority of other state's rates. The lowest 7 values are for New Jersey and the box for New Jersey is very small, so the 7 values are very close to each other. Alaska has substantially higher values and the 7 of them are more spread out.

Figure 2.4: US Sexual Assault Rate



If we select a narrower neighborhood to view the data, we see things a bit differently. In Figure 2.5, we view the rates for the traditionally defined mountain states. This box and whisker plot provides a bit more detail in that we see, for each state, the 7 yearly data values (the dots) along with whiskers that extend above and below the boxes that represent, in this case, data percentiles. Compared with the other mountain states, Utah's reported rates are right in the middle. Also, over the 7 years, we see that Utah's rates are more tightly clustered about the middle values when compared, for example, with the Wyoming or the Nevada data values which indicate more variability.

Figure 2.5: Mountain States Sexual Assault Rate



The choice of an appropriate neighborhood to make comparisons is designed to assist in making “apples to apples” comparisons. Because we will be exploring how well the merged UOVC expenditure and PMT count data can be utilized as a basis to assess economic program efficiency we next address ways to select appropriate statistical neighborhoods for the UOVC supported

grantees.

Section 2.1: Selecting Grantee Neighborhoods

As noted above, it is important when making statistical comparisons to pay attention to neighborhood (or cluster) homogeneity. In this section, we discuss three methods for cluster formation, one based on PMT defined grantee designation, one based on a refined UOVC grantee designation, and the third based on statistical methods that calculates multidimensional similarity.

Section 2.1.1: Neighborhoods Based on Defined Designation

One of the most straightforward ways to delineate clusters is based on defined PMT category designations. The PMT data summarizes victim contact counts for 109 grantees within 12 designations as shown in Table 2.1.¹³ In this table, the number of grantees within the defined designation is shown in column 2 (Group Count), the total number of victims served in column 3, and the total expenditure for the group in column 4.¹⁴

The UOVC category designation simplifies the number of clusters, reducing the number of neighborhoods from 12 to 9. Group counts and expenditures are shown in Table 2.2. Like in Table 2.1, Group Count is shown in column 2, the number of victims served in column 3, and the total expenditure for the group in column 4. One aspect of the UOVC designation compared with the PMT designation is that there are no groups with only one grantee. Under the UOVC designation, there are two small neighborhoods, Coalitions and Government Other.

Although the simple expenditure per victim served ratio is easily computed using columns 3 and 4 from Tables 2.1 and 2.2, the vast difference between services in the areas of, for example, campus-based victim services and coalition services may make any comparisons between the designations invalid. In other words, the quantity metric used in the denominator of the average cost ratio qualitatively differs across the groups. This is discussed in more detail in what follows.

Within clusters, there are 33 law enforcement grantees for both PMT and UOVC designations and 24 prosecutor grantees for PMT designations and 25 prosecutor grantees using the UOVC

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13 In this section, we break apart the defined PMT “Other” category into two categories, “Other Government” and “Other Nonprofit.”

14 Note that the number of total victim served does not count the number of unique clients but represents the number of victim contact counts that include repeated clients.

classification. These two designations comprised the largest group counts for both methods. There are four designations with only one group member using the PMT designation. These four singleton areas would stand alone and form their own (and exclusive) neighborhoods. Using the UOVC designation, the four singletons are subsumed to other categories. With PMT classification, the sexual assault services agencies and organizations for underserved victims also form small cluster groups with only 3 and 4 respective members. Using UOVC classification, there are two designations with 2 members (Coalitions and Government-Other).

As noted above, it might not be appropriate to compare expenditure metrics across neighborhoods. Whether or not it is appropriate to compare expenditure levels within these defined neighborhoods depends on further analysis of within group homogeneity. Ways to calculate group similarity is discussed in the next section.

Table 2.1: PMT Defined Clusters

PMT Designation	Group Count	Number of Victims Served	Group Expenditure
Campus-based victims services	1	158	\$67,933.00
Coalition (e.g., state domestic violence or sexual assault coalition)	1	2630	\$71,892.00
Courts	1	16205	\$191,302.00
Domestic and Family Violence Organization	6	4987	\$2,715,348.00
Law Enforcement	33	26521	\$2,766,822.00
Organization by and/or for a specific traditionally underserved community	1	61	\$138,363.00
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	4	1014	\$489,111.00
Organization Provides Domestic and Family Violence and Sexual Assault Services	9	14826	\$4,904,434.00
Other (Government)	17	18556	\$2,838,245.00
Other (Nonprofit)	9	14506	\$3,056,559.00
Prosecutor	24	31415	\$2,788,984.00
Sexual Assault Services organization (e.g., rape crisis center)	3	2031	\$910,178.00
Total	109	132910	\$ 20,939,171.00

Table 2.2: UOVC Defined Clusters

UOVC Designation	Group Count	Number of Victims Served	Group Expenditure
Children's Justice Center	15	13458	\$2,328,752.00
Coalition	2	2815	\$442,114.00
Domestic Violence & Sexual Assault (DVSA)	15	19599	\$7,048,464.00
Government Other	2	5098	\$509,493.00
Law Enforcement	33	26521	\$2,766,822.00
Nonprofit Family Support Center	4	2733	\$520,974.00
Nonprofit Legal services	6	11581	\$2,265,501.00
Prosecutor	25	47620	\$2,980,286.00

Statistical Distance and Group Homogeneity

Statistical distance measures the degree of similarity between the grantee organizations based on a subset of PMT counts (numeric data) and PMT or UOVC categories as utilized above (categorical data).

The measures used in this section are based on important PMT variables that include counts of the number victims served organized by race and gender, sexual assault, violent offenses, the number of individuals assisted with compensation, and service counts for information and referral, personal advocacy, emotional support, shelter and housing, and for criminal or civil justice system assistance.¹⁵ There are 5886 unique distances for the 109 distinct grantees in the PMT data.¹⁶ As examples, the closest distance (most similar) in these data is between the Summit County Children's Justice Center and the Juab/Millard County Children's Justice Center.¹⁷ The furthest distance (least similar) in the data is between Utah Legal Services and the Utah Office

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15 In the PMT data, there are over 110 variables that could be used for analysis. Most of these variables, however, duplicate information. We selected a set of core victim count variables to be representative of key features of the PMT count data. Because the variables utilized to form statistical distance are both numeric and categorical, a commonly accepted Gower metric was utilized (Gower, J. C. (1971) A general coefficient of similarity and some of its properties, *Biometrics* 27, 857–874.). Technical details on the computation of the distance can be provided on request.

16 The distance matrix is provided in Appendix B.

17 This distance is 0.00435.

for Victims of Crime.¹⁸ Table 2.3 provides summary statistics for the 5886 distances between the 109 agencies.¹⁹

Table 2.3: Statistical Distance Summary Statistics

Distance Summary (5886 symmetric metrics for 109 agencies)					
Min	1st_Qu	Median	Mean	3rd_Qu	Max
0.004355	0.1313	0.17986	0.19783	0.25905	0.61913

Using these distances we can compute the degree of statistical similarity between members of PMT defined categories as defined in Tables 2.1 and 2.2 where the number of members is greater than one. These distances are summarized in Tables 2.4 and 2.5.

Table 2.4: PMT Defined Clusters (Non Singleton)

Designation	Group Count	Average Within Group Distance	Minimum Within	Maximum Within Group Distance
Domestic and Family Violence Organization	6	0.128	0.0219	0.268
Law Enforcement	33	0.0684	0.00464	0.283
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	4	0.0193	0.00915	0.0288
Organization Provides Domestic and Family Violence and Sexual Assault Services	9	0.139	0.0274	0.267
Other (Government)	17	0.107	0.0043	0.365
Other (Nonprofit)	9	0.140	0.0063	0.382
Prosecutor	24	0.0976	0.00623	0.311
Sexual Assault Services organization (e.g., rape crisis center)	3	0.117	0.0080	0.175

¹⁸ This distance is 0.619.

¹⁹ The distance “between” a member and itself is zero and distances are symmetric (the distance between A and B is the same as the distance between B and A).

Table 2.5: UOVC Defined Distance Summary

Designation	Group Count	Average Within Group Distance	Minimum Within	Maximum Within Group Distance
Children's Justice Center	15	0.0779	0.00434	0.229
Law Enforcement	33	0.0684	0.00464	0.283
Coalition	2	0.234	0.234	0.234
DVSA	15	0.221	0.0353	0.387
Other (Government)	2	0.345	0.345	0.345
Nonprofit Family Support	4	0.165	0.116	0.245
Nonprofit Legal Services	6	0.212	0.0115	0.364
Prosecutor	25	0.1133	0.00623	0.513
Underserved	7	0.139	0.00915	0.272

Of the PMT defined categories, the four organizations by and/or for underserved victims of crime are the most similar. This group has the lowest average, the lowest minimum, and the one of the lowest maximum values (columns 3, 4, and 5 of Table 2.4). These four agencies include the Asian Association of Utah, Holding Out Help, the Segoe Lily Center for the Abused Deaf, and the Urban Indian Center of Salt Lake. From analytical perspective, this is a very homogeneous group.

The next most homogeneous groups include law enforcement agencies and prosecutor designations. However, there is indication of some dissimilarity for both of these designations as shown by rather high group maximum distances. This pattern holds also for organizations providing domestic and family violence, providing domestic family violence and sexual assault, and for both other categories (government and nonprofit).

The most mixed group, Other (Nonprofit), has a mean distance of 0.140 which is just over the first quartile distance of 0.131. Within this group, there is considerable heterogeneity as evidenced by the high maximum within group distance of 0.382.

When comparing heterogeneity in Tables 2.4 and 2.5, we see that there is typically less homogeneity within groups using the UOVC designation. Law enforcement agencies (unchanged designations between Tables 2.4 and 2.5) are the most similar, followed by the Children's Justice Center group which has the lowest distance for group minimum and maximum values. Given these statistical

distances, it may not be appropriate to make comparisons between members within this group.

Section 2.1.2: Neighborhoods Based on Statistical Distance

In the above discussion, neighborhoods are defined solely by their defined PMT or UOVC designations. Another approach is to group grantees by distance only, without considering their defined designation. Cluster analysis based on distances is often used to organize groups of observations into statistical neighborhoods. Main research questions using this technique address the questions of how many neighborhoods should be formed and whether or not PMT or UOVC defined neighborhoods should be split. As noted above, for example, there exists some degree of dissimilarity for law enforcement as shown in column 5 of Tables 2.3 and 2.4. Based on PMT data, we can explore the extent to which it is sensible to split apart the 33 agencies and arrive at a more homogeneous cluster.

Unfortunately, there are no “right” answers to these questions and various approaches can be considered. With the PMT raw data, a parsimonious clustering automatically selects just three clusters and more nuanced clustering suggests that up to ten clusters would be automatically selected.²⁰ That so few clusters would be selected based on automatic methods indicates that PMT data may not be suitable for making within neighborhood comparisons. Collapsing the neighborhoods from twelve to just three likely discards highly relevant information.

Figure 2.6 plots two dimensional summaries of the discovered multidimensional distances from the PMT data using a ten cluster target. Table 2.6 details cluster designation and membership. In Figure 2.6, we are collapsing dimensions to two in order to visualize cluster identity. These dimensions are computed as the two most important mixtures of the primary PMT numeric data counts in accounting for the data’s variation.²¹

As shown, there are tight clusters, yet some overlap exists. Such overlap is a signal that the PMT data may not be well suited to create perfectly homogeneous neighborhoods.

There are four agencies that form their own singleton neighborhoods based on PMT victim count statistics. The Utah Office for Victims of Crime (Cluster 2), the Rape Recovery Center (Cluster 6), the Utah Office of the Attorney General (Cluster 8), and Utah Legal Services (Cluster 10) have such distinct count data that they stand apart from the other agencies. Of these, only

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20 Computation details for this are available on request.

21 Dimension 1 and Dimension 2 are conventionally referred to as the two primary principal components.

the Utah Office of the Attorney General is a singleton in the defined designation from Table 2.1 (Courts). The other singleton agencies from Table 2.1 merge into other neighborhoods via cluster assignment using count data. As discussed below (and expanded in the next section), this might be an indication of PMT data deficiency.

A very crowded neighborhood is seen in Cluster 4 (green blur) which contains 49 members. As shown in Table 2.6, this cluster is comprised of a diverse mixture of agencies as defined by the PMT designation. It includes, for example, the single campus-based victims service (Utah State University's SAAVI Program), two domestic and family violence organizations, 18 law enforcement agencies, the single organization by and/or for a specific underserved community, four agencies for underserved victims of crime, 13 other designated organization, and 9 prosecutor agencies.

The diversity of this cluster in terms of designation, but the similarity of the members of this cluster as measured by victim count data (the reason for their membership) highlights another aspect of the fact that PMT count data may not be sufficiently nuanced to capture the richness of services provided by each of these agencies. This will be highlighted below when we examine expenditure per victim served and it serves as the primary motivation in the next section of this study, which demonstrates the need for better metrics in order to appropriately measure the services that UOVC agencies provide to victims.

Figure 2.6: Ten Cluster Model

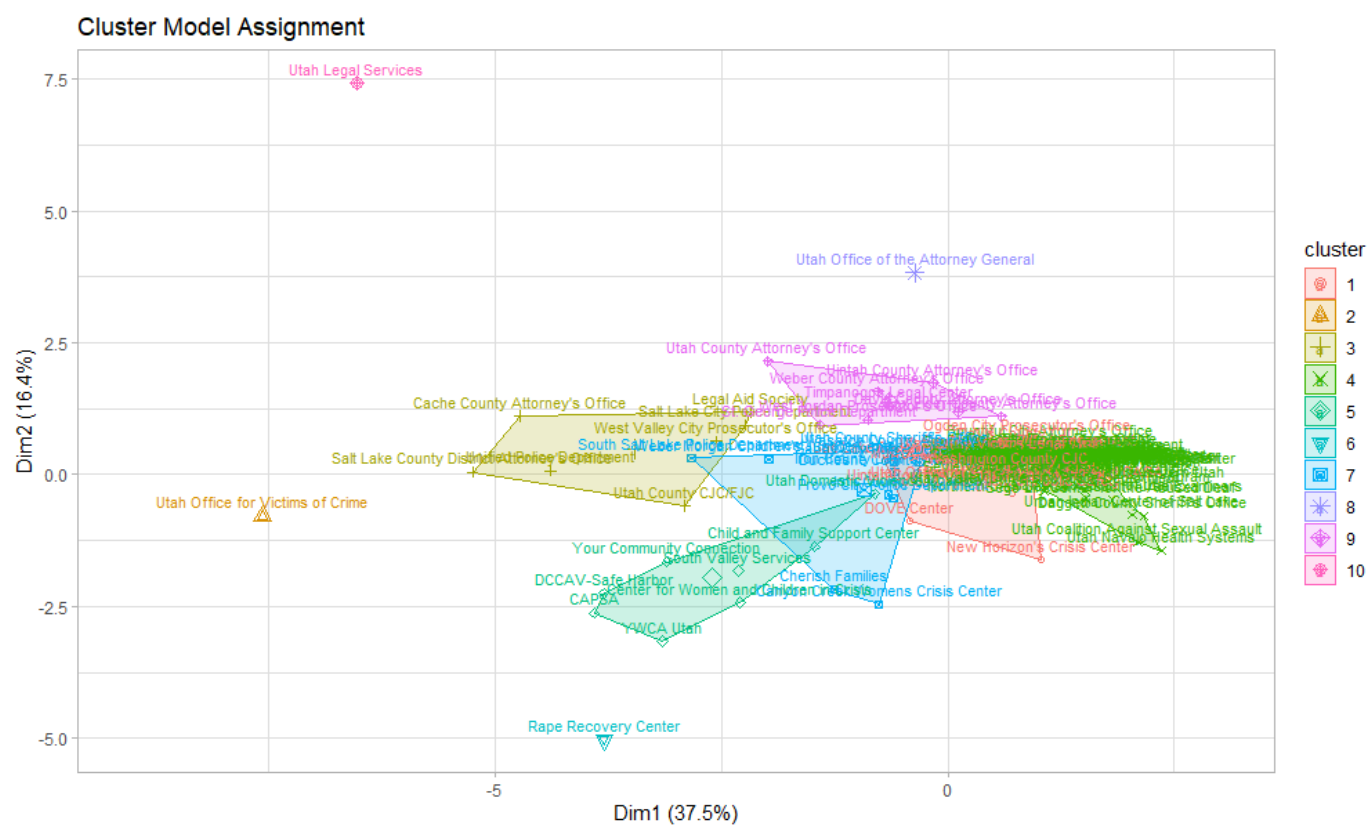


Table 2.6: Cluster Information with Defined Designation & Membership

Cluster 1		Cluster 2	
Designation & Membership Count		Designation & Membership Count	
Domestic and Family Violence Organization	2	Other (Govt)	1
New Horizon's Crisis Center Peace House, Inc.		Utah Office for Victims of Crime	
Law Enforcement	7	Grand Total	1
American Fork Police Department Carbon County Sheriff Murray City Police Department Ogden City Police Department Orem City Police Department South Jordan Police Department Utah Department of Public Safety		Cluster 3	
Organization Provides Domestic and Family Violence and Sexual Assault Services	2	Designation & Membership Count	
DOVE Center New Hope Crisis Center		Law Enforcement	2
Other (Govt)	6	Salt Lake City Police Department Unified Police Department	
Cache County CJC Davis County CJC Salt Lake County CJC Uintah County Children's Justice Center Utah Office of Guardian ad Litem and CASA Washington County CJC		Other (Govt)	1
Other (Nonprofit)	1	Utah County CJC/FJC	
Utah Crime Victims Legal Clinic		Other (Nonprofit)	1
Prosecutor	3	Legal Aid Society	
Clearfield City Juab County Attorney's Office Ogden City Prosecutor's Office		Prosecutor	3
Grand Total	21	Cache County Attorney's Office Salt Lake County District Attorney's Office West Valley City Prosecutor's Office	
		Grand Total	7

Cluster 4	
Designation & Membership Count	
Campus-based victims services	1
Utah State University-SAAVI Program	
Domestic and Family Violence Organization	2
Family Support Center of Ogden Valley Behavioral Health	
Law Enforcement	18
Beaver County Sheriff Daggett County Sheriff's Office Herriman City Police Department Kaysville City Police Department LaVerkin City Police Department Moab City Police Department North Ogden Police Department Pleasant Grove Police Department Price City Police Department Riverton City Police Department Santa Clara Ivins Police Department Saratoga Springs Police Department Spanish Fork Police Department Tooele City Police Department Utah Valley University Police Department Vernal City Police Department Washington City Police Department Weber County Sheriff's Office	
Organization by and/or for a specific traditionally underserved community	1
Utah Navajo Health Systems	
Organization by and/or for underserved victims of crime (e.g., drunk driving, homicide, elder abuse)	4
Asian Association of Utah Holding Out Help Sego Lily Center for the Abused Deaf Urban Indian Center of Salt Lake	

Organization Provides Domestic and Family Violence and Sexual Assault Services	1
Family Support Center of Southwestern Utah	
Other (Govt)	7
Carbon County CJC Duchesne County CJC Juab/Millard County Children's Justice Center Sanpete County Children's Justice Center Sevier County Children's Justice Center Summit County Children's Justice Center Tooele County CJC	
Other (Nonprofit)	4
Catholic Community Services of Utah Family Institute of Northern Utah Holy Cross Ministries Utah Domestic Violence Legal Services	
Prosecutor	9
Bountiful City Attorney's Office Emery County Attorney's Office Kane County Victim Services Payson City Attorney's Office Roy City Prosecutor's Office San Juan County Attorney Sanpete County Attorney's Office Springville City Attorney's Office Syracuse City Attorney's Office	
Sexual Assault Services organization (e.g., rape crisis center)	2
Northern Utah Sexual Assault Nurse Examiners Utah Coalition Against Sexual Assault	
Grand Total	49

Cluster 5	
Designation & Membership Count	
Coalition (e.g., state domestic violence or sexual assault coalition)	1
Utah Domestic Violence Coalition	
Domestic and Family Violence Organization	1
YWCA Utah	
Organization Provides Domestic and Family Violence and Sexual Assault Services	5
CAPSA Center for Women and Children in Crisis DCCAV-Safe Harbor South Valley Services Your Community Connection	
Other (Nonprofit)	1
Child and Family Support Center	
Grand Total	8

Cluster 6	
Designation & Membership Count	
Sexual Assault Services organization (e.g., rape crisis center)	1
Rape Recovery Center	
Grand Total	1

Cluster 7	
Designation & Membership Count	
Domestic and Family Violence Organization	1
Cherish Families	
Law Enforcement	5
Iron County Law Enforcement Provo City Police Department Sandy City Police Department South Salt Lake Police Department Utah County Sheriff's Office	
Organization Provides Domestic and Family Violence and Sexual Assault Services	1
Canyon Creek Women's Crisis Center	
Other (Govt)	2
Iron County CJC Weber Morgan Children's Justice Center	
Prosecutor	3
Duchesne County Attorney's Office Layton City Attorney's Office Wasatch County Attorney	
Grand Total	12

Cluster 8	
Designation & Membership Count	
Courts	1
Utah Office of the Attorney General	
Grand Total	1

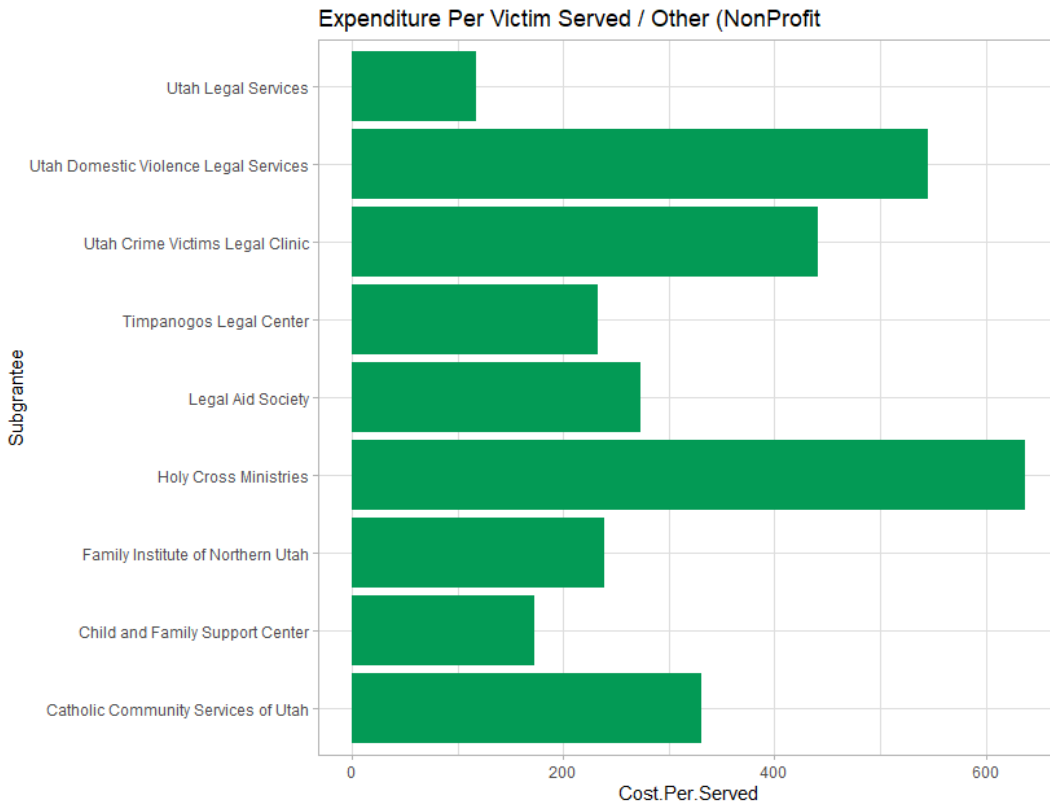
Cluster 9	
Designation & Membership Count	
Law Enforcement	1
St. George Police Department	
Other (Nonprofit)	1
Timpanogos Legal Center	
Prosecutor	6
Box Elder County Attorney's Office Davis County Attorney's Office Uintah County Attorney's Office Utah County Attorney's Office Weber County Attorney's Office West Jordan Prosecutor's Office	
Grand Total	8

Cluster 10	
Designation & Membership Count	
Other (Nonprofit)	1
Utah Legal Services	
Grand Total	1

Expenditure per Victim Ratios

In this section we explore basic expenditure per victim served ratios organized by both PMT and UOVC designations and by cluster definition. We utilize boxplots to visualize important characteristics of these ratios. These boxplots conveniently summarize the average expenditure ratios for members of each neighborhood and provide a simple way to see the neighborhood lower and upper values. For example, Figure 2.7 shows the raw calculated expenditure ratios for the nine members the Other (Nonprofit) PMT designated category.

Figure 2.7: Expenditure Per Victim Served / Other (Nonprofit)



For these nine values, the average expenditure per victim served is \$332.30 and the median is \$273.30. The dispersion in the nine values can be summarized by comparing the first and third quartiles of these values (\$232.30 and \$440.70). The difference between these values is the interquartile range, which is \$208.40 in this set.

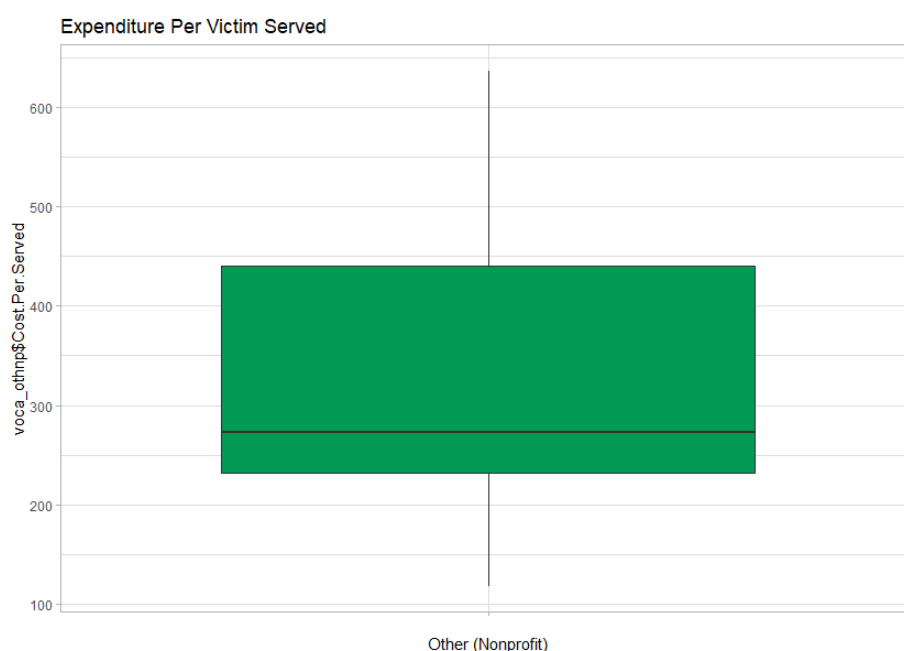
A standard statistical procedure to see if there are unexpectedly large or small values within a set data is to see if there are values that are greater than one and a half times the interquartile range. In this example, the upper limit takes the value of the third quartile (\$440.70) and adds one and a half times \$208.40, or $\$440.70 + \$312.60 = \$753.30$. Any observed value greater than this value is a potential outlier worth more attention.

A box and whisker plot (boxplot) is a convenient way to summarize and to visualize all nine data values and to highlight outlier identification. Boxplots put together multiple values in one plot.

The values of the lower and upper limits of the box (in green in Figure 2.8 below) are the first and third quartiles. Within the box, a solid black line within the box is drawn at the median value. The lines above and below the box are whiskers and these extend to the lowest and highest values of the data, as long as these lower and upper values are within the one and a half times what we will refer to as a control limit. If a value falls outside this limit, the value is shown as a distinct dot and is a potential outlier.

Figure 2.8 is a boxplot of the expenditure ratio for the nine data values of the Other (Nonprofit) category as presented above, in Figure 2.7. The lowest ratio in this group is for Utah Legal Services (\$117.9) and the highest value is for Holy Cross Ministries (\$637.40). Neither of these values fall outside of the standard control limits.

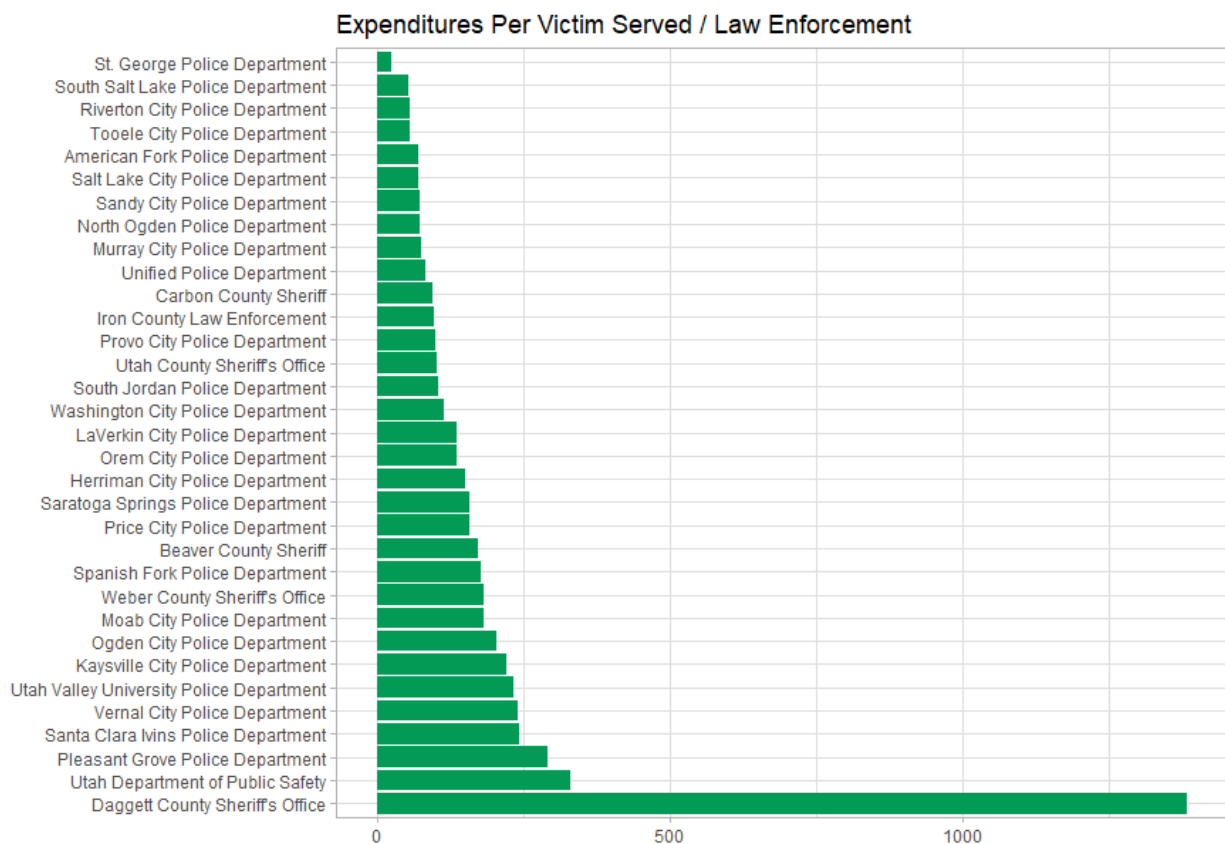
Figure 2.8: Boxplot for Expenditure per Victim Served / Other (Nonprofit)



If we look at the expenditure ratios for the law enforcement category, we do see an unexpectedly high value.

Figure 2.9 plots the expenditure ratios for the 33 members of this neighborhood sorted by the expenditure ratio. This group does exhibit a large variation. The lowest value is \$25.31 for the St. George Police Department and the highest value of \$1382.82 is for the Daggett County Sheriff's Office. For these 33 values, the first quartile is \$76.67 and the third quartile is \$183.85. The interquartile range is 107.18 and the upper control limit is thus \$344.62.

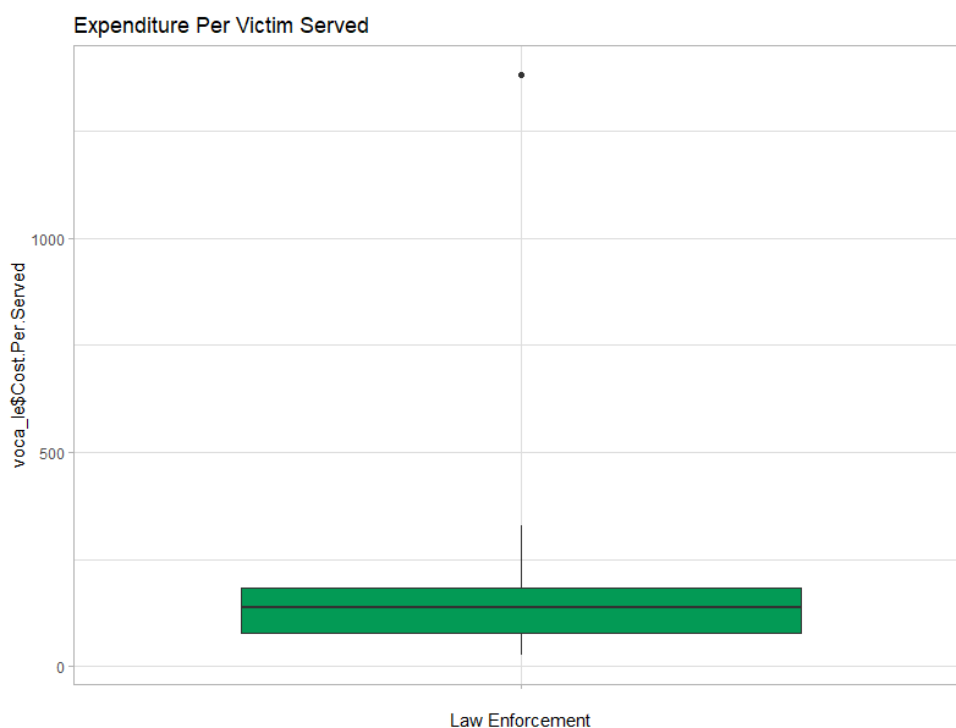
Figure 2.9: Expenditure per Victim Served / Law Enforcement



The corresponding boxplot for these data is shown in Figure 2.10. The plot shows that the data values are tightly centered about the median value and that there is one value outside the standard limit. That is, of course, the value for the Daggett County Sheriff's Office. Why this value is high should be explored. Often, high values of ratios occur because of particularly low values of the

denominator, and low values can be associated with high values of the denominator.²² Also, of course, box and whisker plots are useful to detect data entry error.

Figure 2.10: Expenditure per Victim Served / Law Enforcement



With this background, Figure 2.11 assembles boxplots for the twelve PMT defined categories and Figure 2.12 does the same for the nine UOVC defined categories.

For the four singleton categories (Campus-based victims services, Coalition (e.g., state domestic violence or sexual assault coalition), Courts, and Organization by and/or for a specific traditionally underserved community), the expenditure ratios are plotted just as solid lines.

Over the whole dataset in Figure 2.11, there are a total of five ratios that are above the standard upper limits. In addition to the one value for Law Enforcement, there are two high values for Prosecutors, one for the Organization Provides Domestic and Family Violence and Sexual Assault Services designation, and one for Domestic and Family Violence Organization. In Figure 2.12 we

²² For these data, the Daggett County Sheriff's reported total number served was just 17 which is substantially lower than the value of next lowest count for the Beaver County Sheriff (114). The average number of victims served by law enforcement is 803. The first quartile is 291.

see three potential outliers for Prosecutors, one for the Underserved, one for Law Enforcement, and two in the DVSA cluster.

Figure 2.11: Expenditure per Victim Served (PMT)

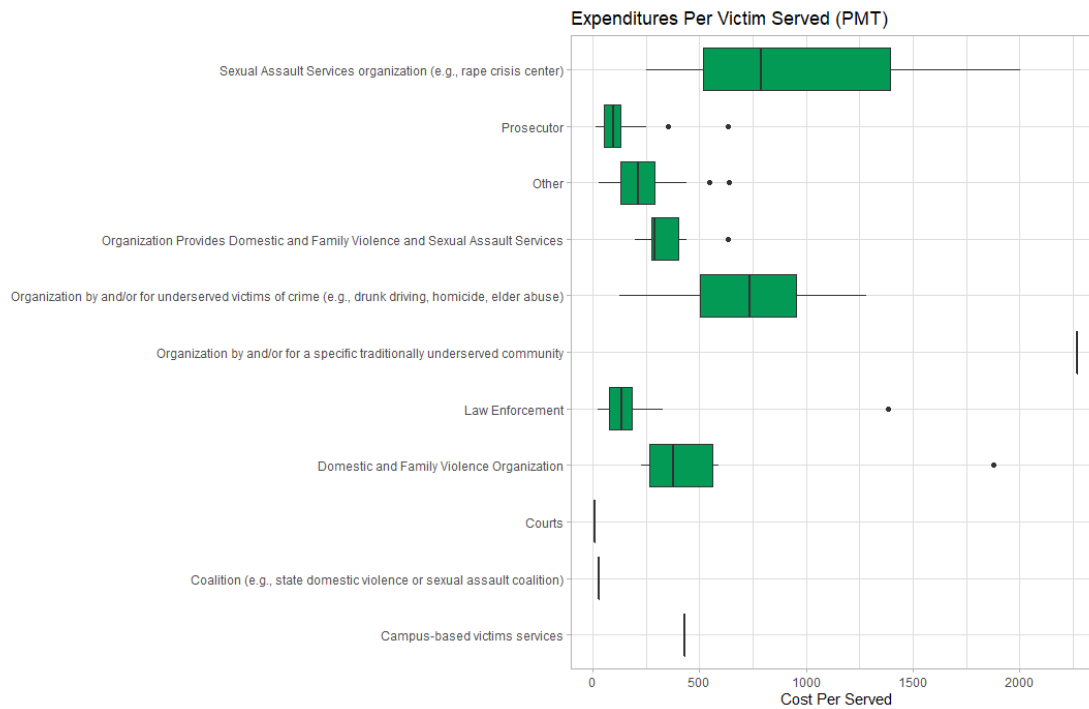
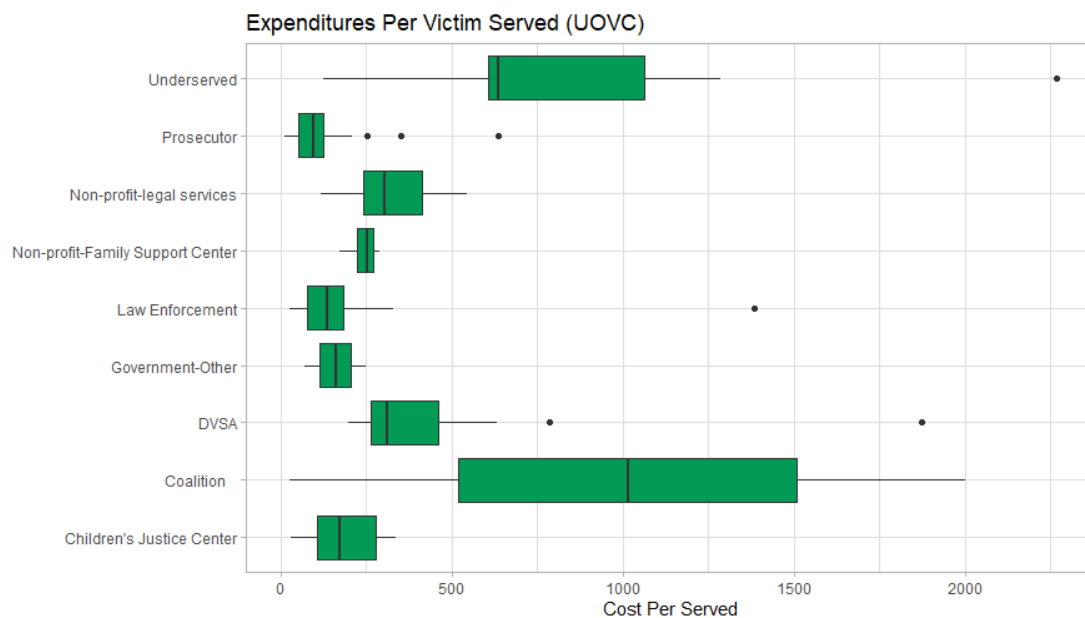


Figure 2.12: Expenditure per Victim Served (UOVC)



Using UOVC designations, there are fewer neighborhoods than with the PMT designation and the UOVC neighborhoods have few potential outliers. The following plots (Figures 12.13 a through 12. 21 b) provide complete information for each UOVC neighborhood; first we see the average expenditure ratio for each member (the “a” plots) followed by the neighborhood’s boxplot (the “b” plots).

Figure 2.13a: Expenditure per Victim Served / Government Other

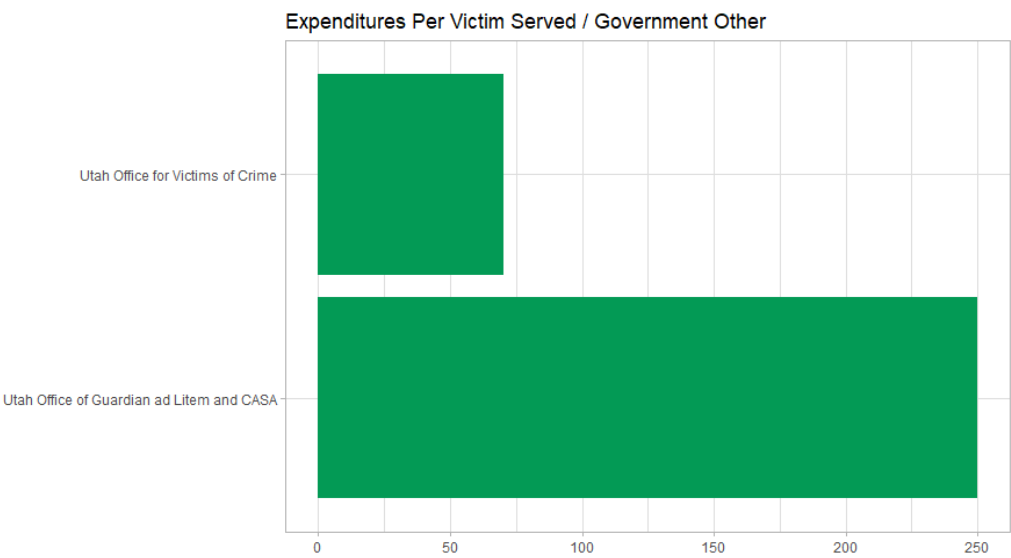


Figure 2.13b: Expenditure per Victim Served / Government Other



Figure 2.14a: Expenditure per Victim Served / Coalition

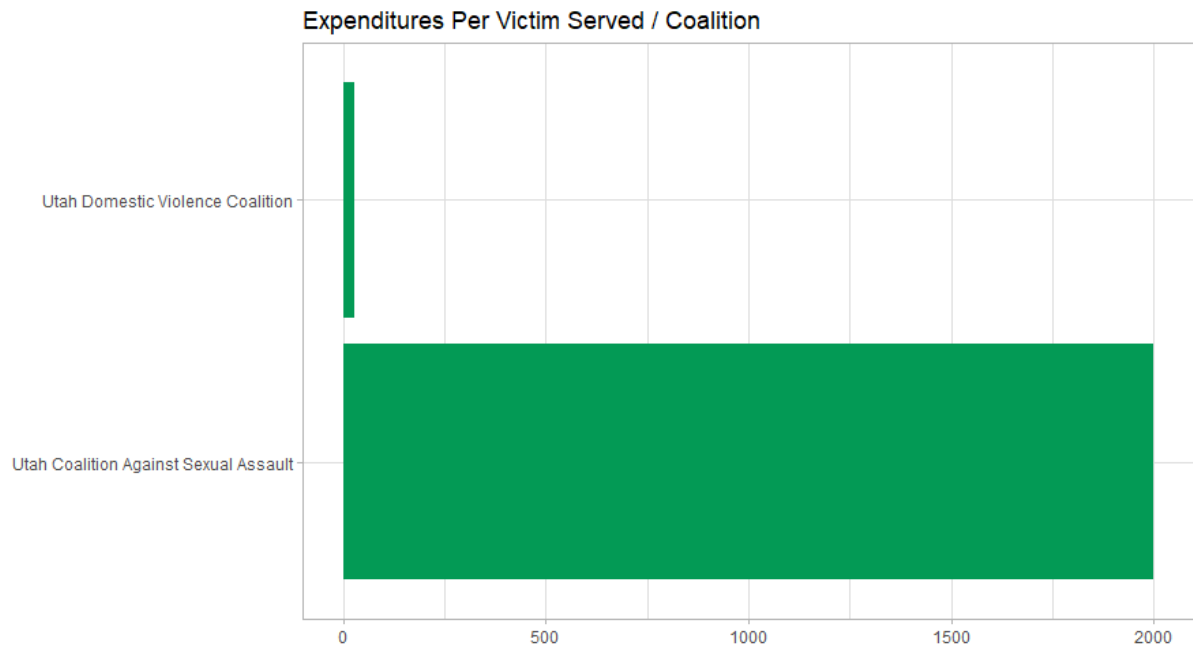


Figure 2.14b: Expenditure per Victim Served / Coalition



Figure 2.15a: Expenditure per Victim Served / Nonprofit Family Support

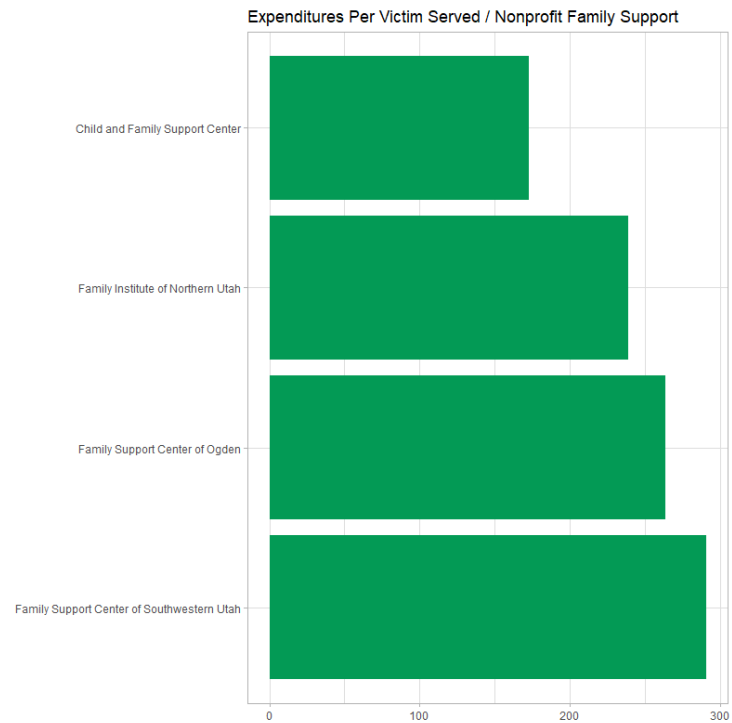


Figure 2.15b: Expenditure per Victim Served / Nonprofit Family Support

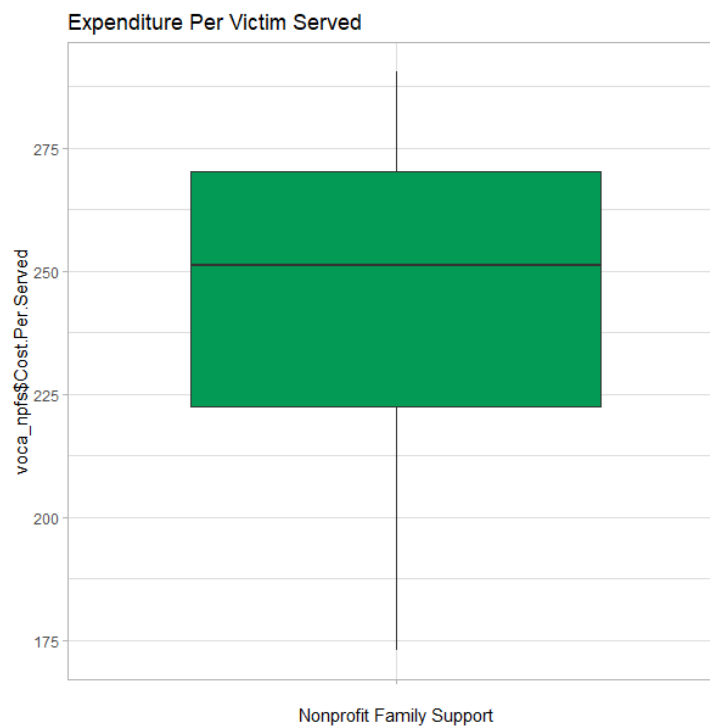


Figure 2.16a: Expenditure per Victim Served / Underserved

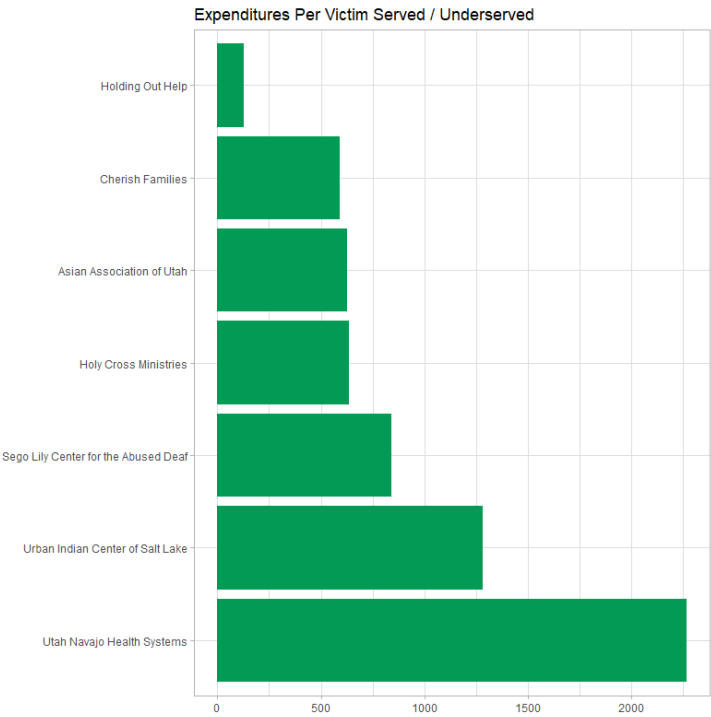


Figure 2.16b: Expenditure per Victim Served / Underserved

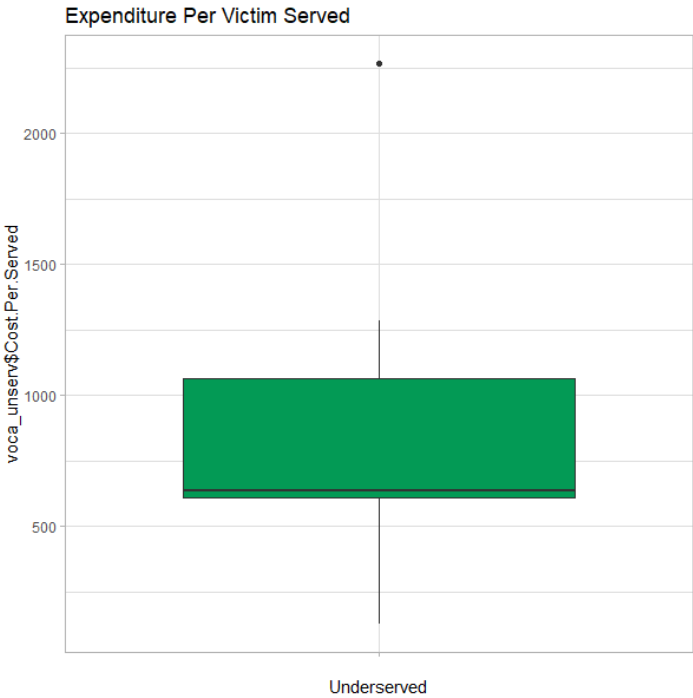


Figure 2.17a: Expenditure per Victim Served / Nonprofit Legal Services

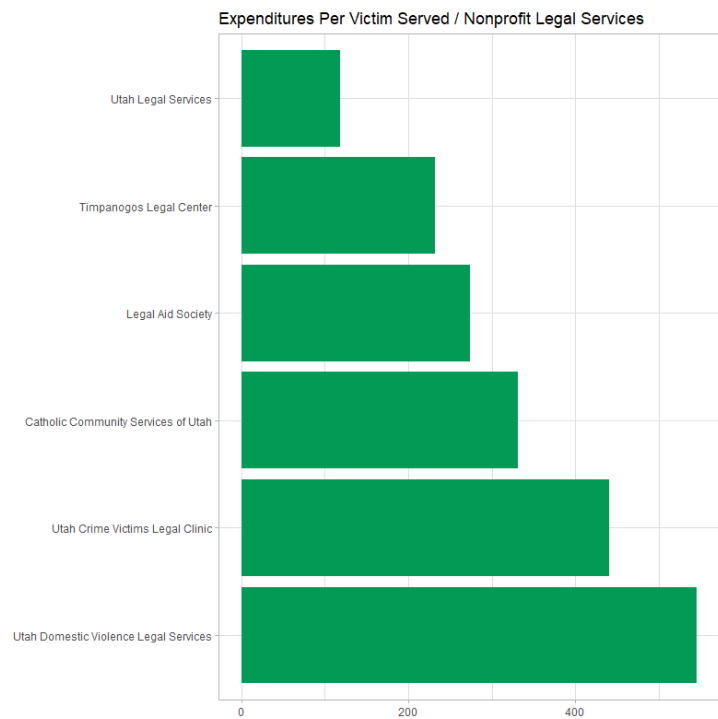


Figure 2.17b: Expenditure per Victim Served / Nonprofit Legal Services

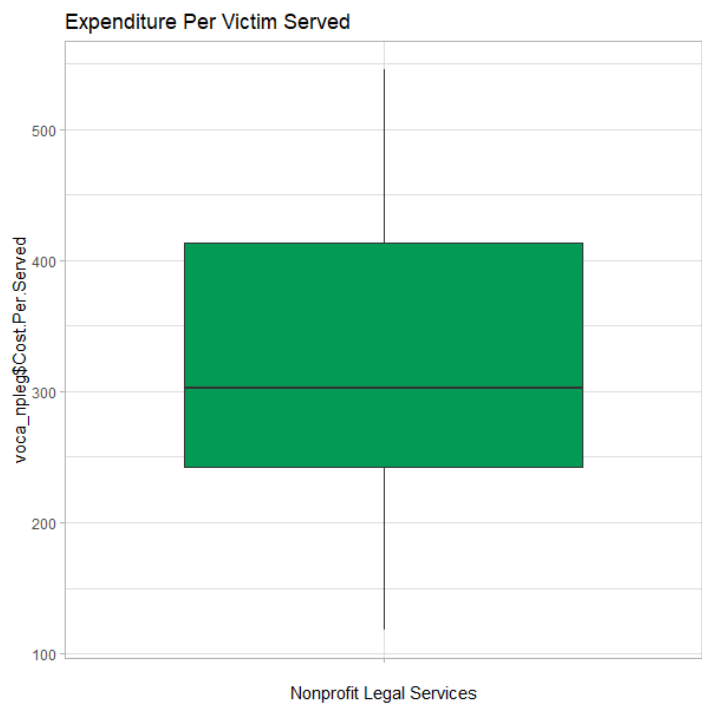


Figure 2.18a: Expenditure per Victim Served / Prosecutor

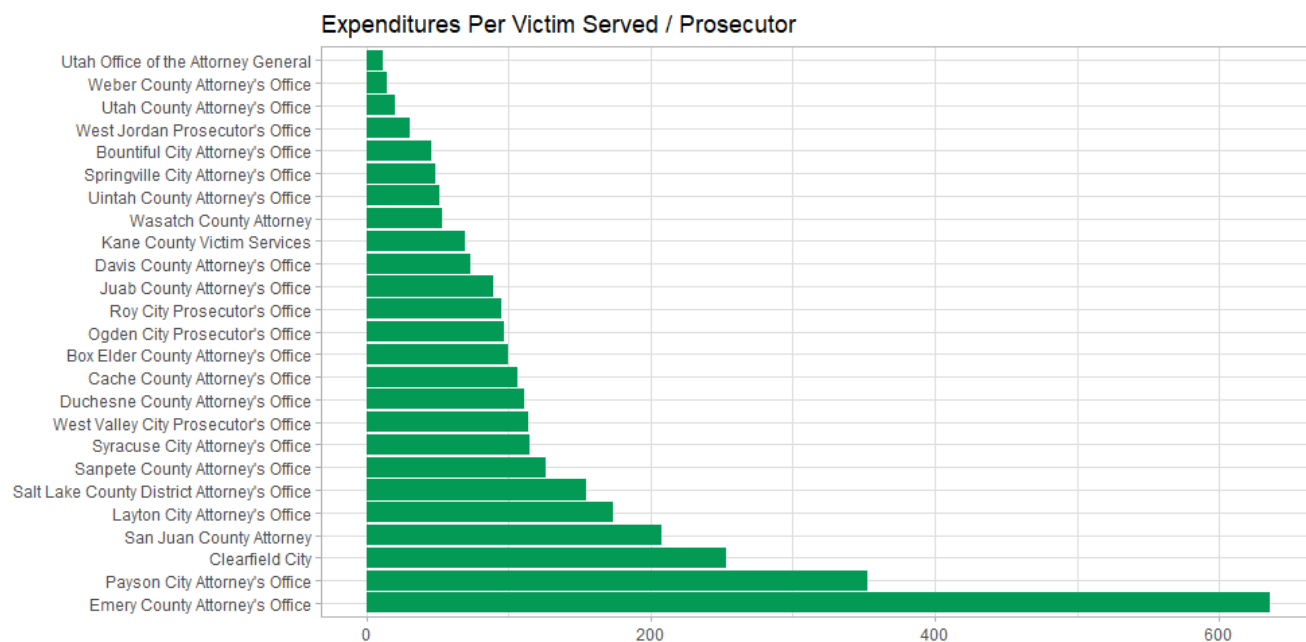


Figure 2.18b: Expenditure per Victim Served / Prosecutor

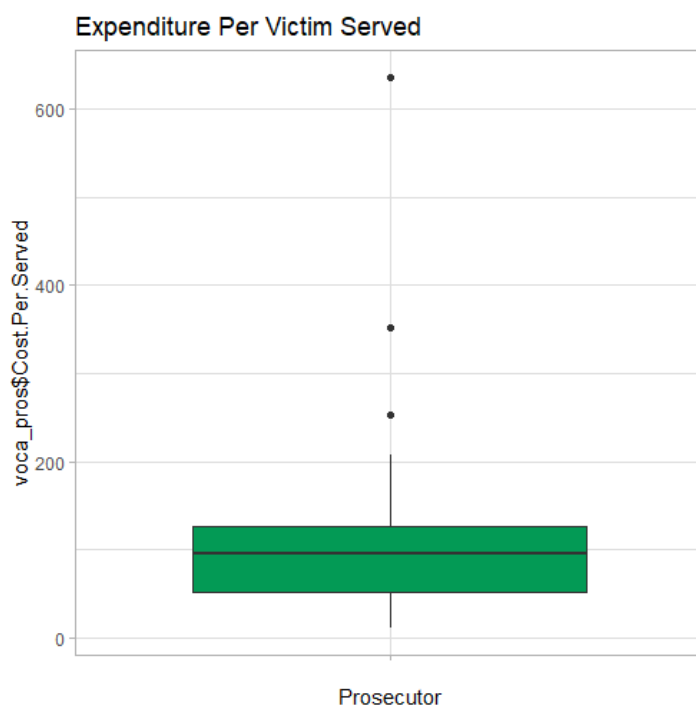


Figure 2.19a: Expenditure per Victim Served / DA

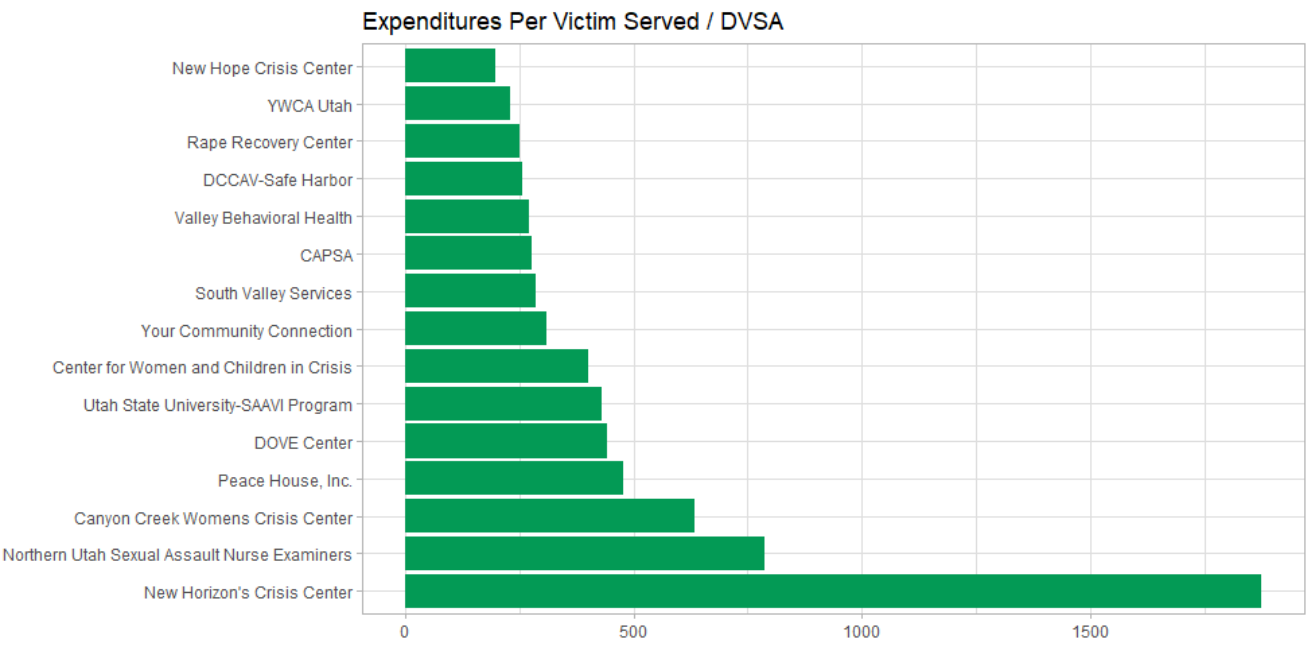


Figure 2.19b: Expenditure per Victim Served / DA

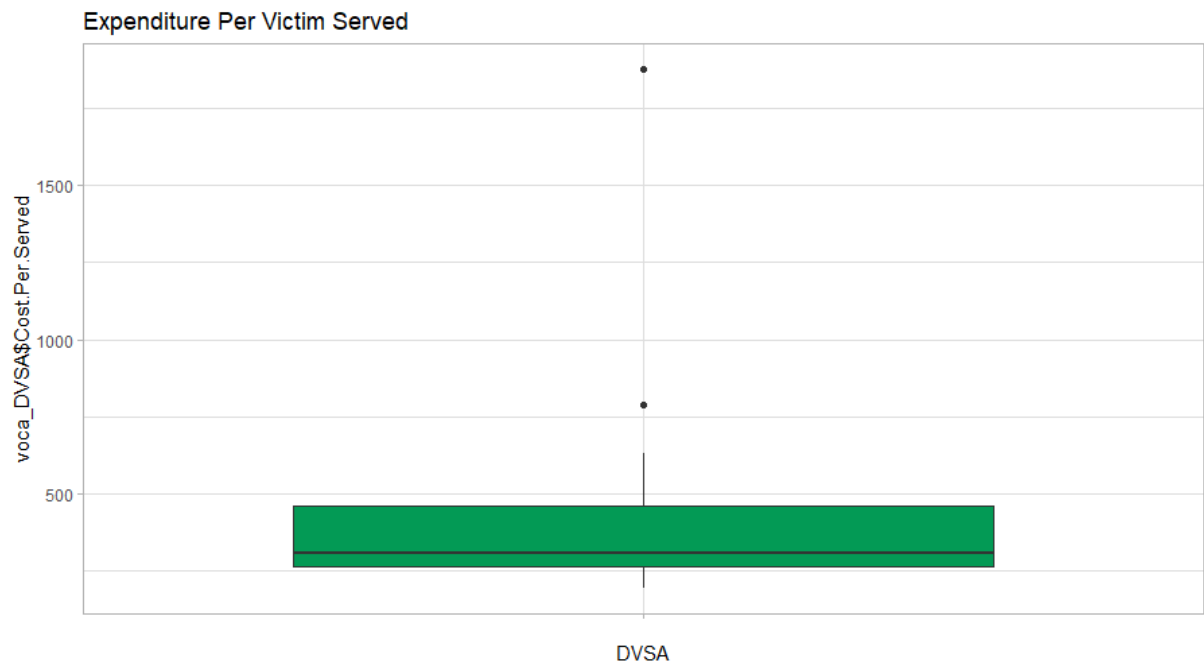


Figure 2.20a: Expenditure per Victim Served / Law Enforcement

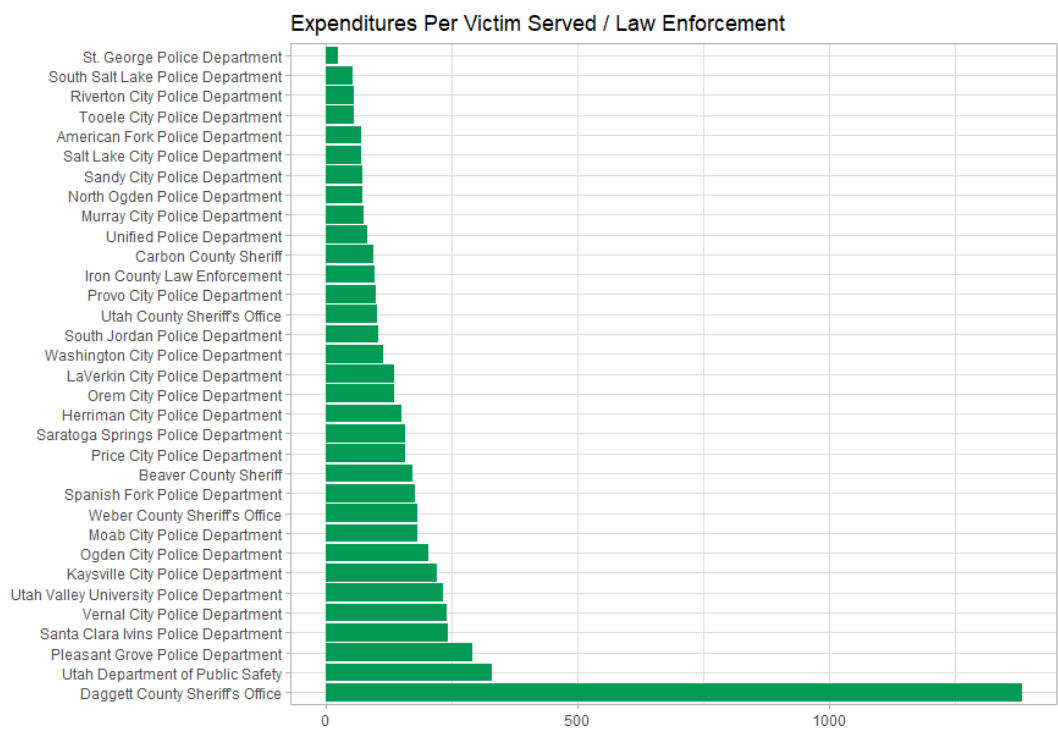


Figure 2.20b: Expenditure per Victim Served / Law Enforcement

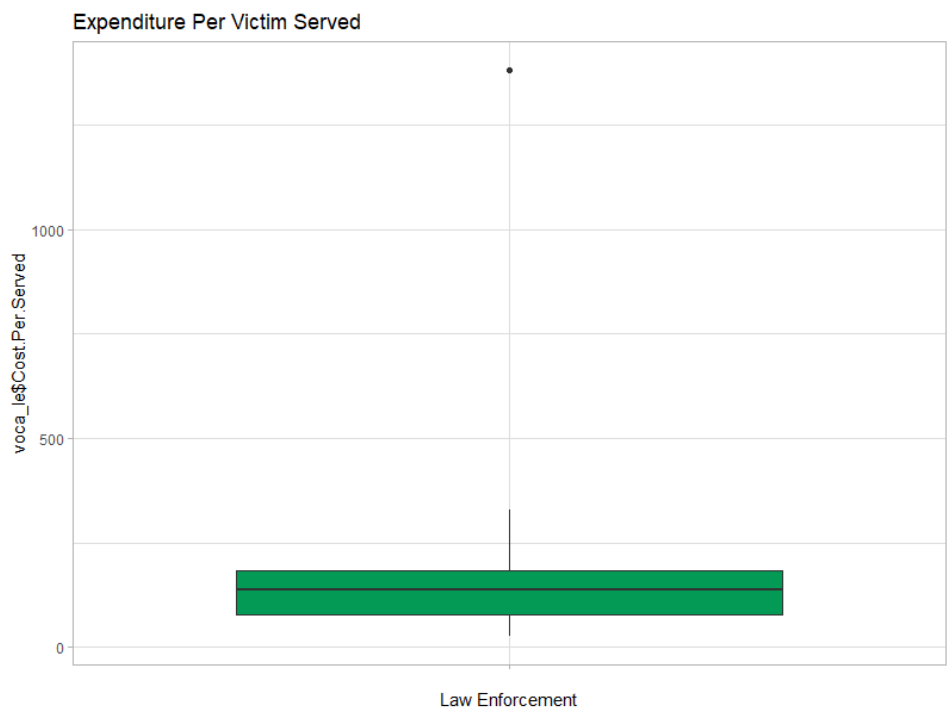


Figure 2.21a: Expenditure per Victim Served / Children's Justice Centers

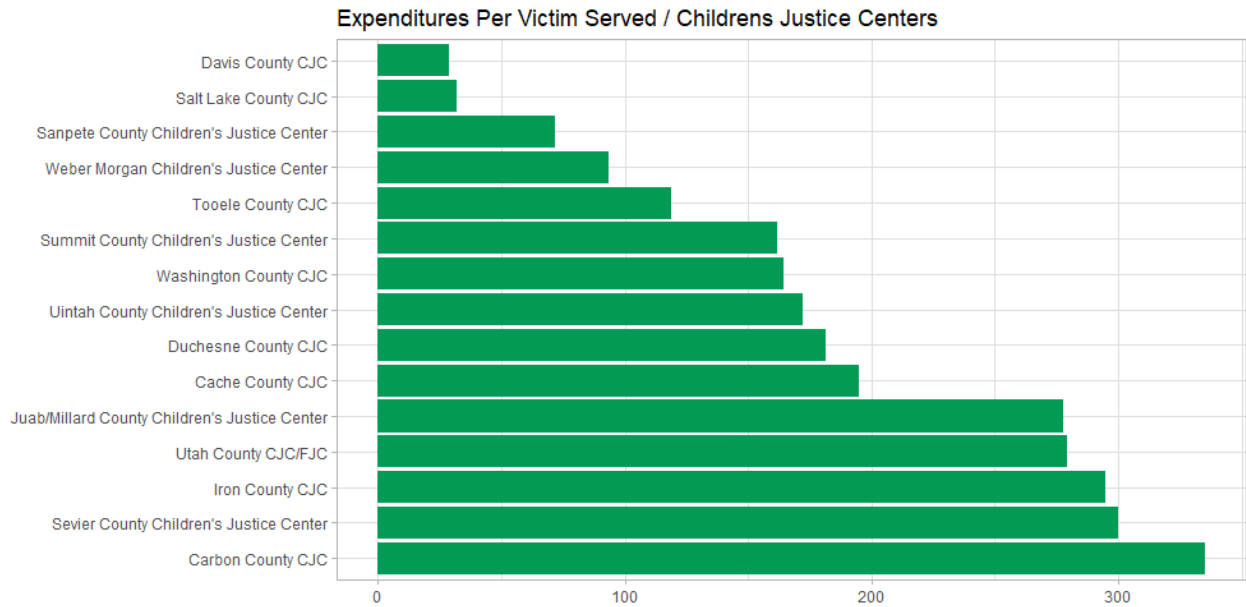
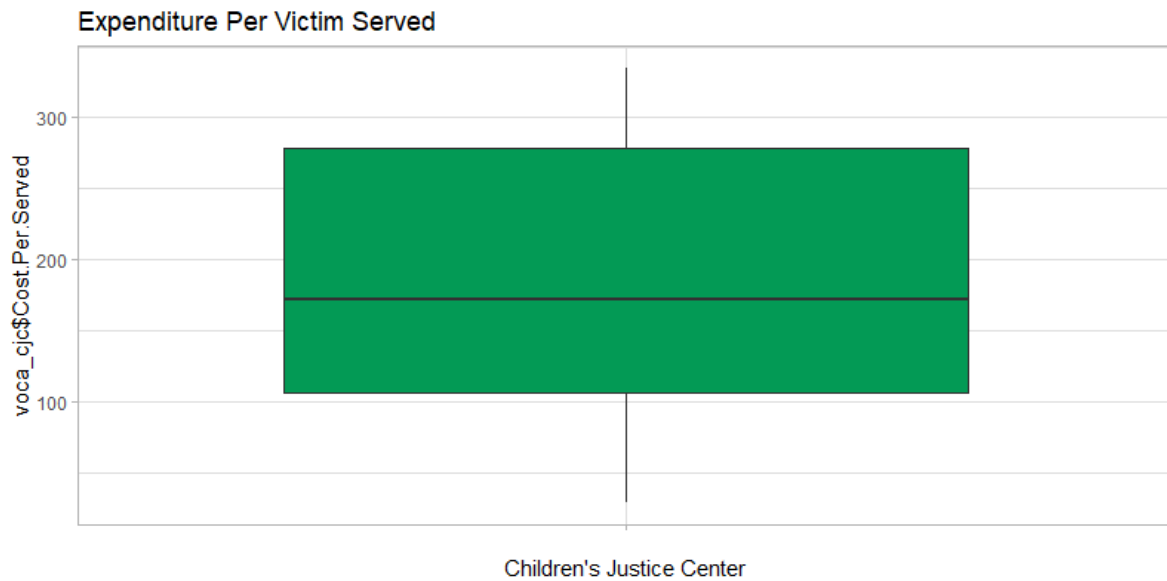


Figure 2.21b: Expenditure per Victim Served / Children's Justice Centers



From Figure 2.11, the two high expenditure ratios for the Prosecutor designation are for the Emery County Attorney's Office (\$635.27) and for the Payson City Attorney's Office (\$352.76). The average expenditure ratio for this group comprised of 24 agencies is \$130.91. Like with the Law Enforcement group, the high ratios for the two agencies might be due to relatively low victim served counts. Similar patterns are seen in Figure 2.12.

The one high value for the Organization Provides Domestic and Family Violence and Sexual Assault Services designation (9 members) is for the Canyon Creek Women's Crisis Center (\$632.38). The average expenditure ratio for this group is \$341.14. Expenditure ratios in this group are rather tightly packed with a relatively low median value. The flagged status for Canyon Creek is likely due to a relatively small interquartile range.

The one flagged ratio that appears in the Domestic and Family Violence Organization group comprised of six members. The high value is for New Horizon's Crisis Center is \$1874.90 which is about three times the average for this group (\$617.99). It is not apparent that the high value in this group is due to a denominator issue. New Horizon's is also flagged as a high value in the UOVC designation (along with Northern Utah Sexual Assault Nurse Examiners).

We now examine the expenditure ratios organized by statistical clusters as defined in Table 2.4. Again, these clusters are formed only using distances computed by PMT counts of the number victims served organized by race and gender, sexual assault, violent offenses, the number of individuals assisted with compensation, and service counts for information and referral, personal advocacy, emotional support, shelter and housing, and for criminal or civil justice system assistance. Cluster formation does not utilize information captured by the PMT designation, a qualitative variable, nor is any information regarding expenditure used.

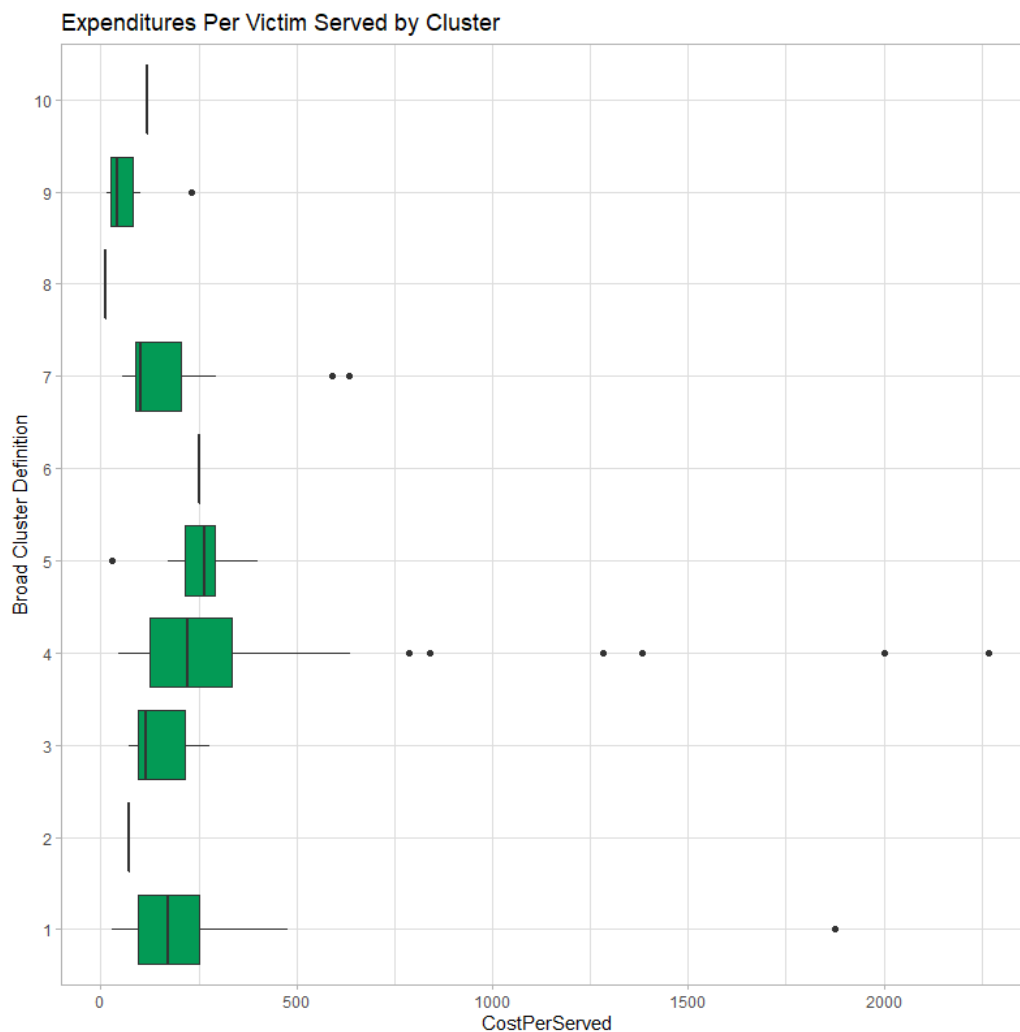
Boxplots of expenditure ratios organized by cluster are presented in Figure 2.22. Compared with the analysis pictured above in Figures 2.11 and 2.12, there are now more than double the number of expenditure ratios flagged as being outside of conventional limits. In Cluster 5, for example, there is an excessively low value. In that cluster, comprised of 8 members, the average expenditure ratio is \$244.50. The Utah Domestic Violence Coalition's ratio was \$27.33. Members of this cluster come from 4 designations (Coalition (e.g., state domestic violence or sexual assault coalition), Domestic and Family Violence Organization, Organization Provides Domestic and Family Violence and Sexual Assault Services, and Other (Nonprofit)).

In Cluster 1, comprised of 21 members, the high value outside the control limit is \$1874.90 for the New Horizon's Crisis Center. The average expenditure ratio in this cluster is \$273.25. Within

this cluster there are members from 6 designated categories (Domestic and Family Violence Organization, Law Enforcement, Organization Provides Domestic and Family Violence and Sexual Assault Services, Other (Govt), Other (Nonprofit), and Prosecutor).

The most diverse cluster and the one with the most members (49) is Cluster 4. In this cluster, members from ten of the twelve designated categories appear. The overall average expenditure ratio in this cluster is \$347.14. The maximum ratio in this cluster is \$2268.25 and the minimum is \$46.20. Once we know cluster membership category and expenditure, we can ask the extent to which victim count data are relevant to making meaningful decisions. The diversity in Cluster 4 points to the fact that even by utilizing detailed PMT count data, the quantity metrics may not allow for appropriate average cost comparisons.

Figure 2.22: Expenditure per Victim by Cluster



The determination of what member goes into what cluster is based on the similarity of PMT victim count data. While the clusters exhibit a high degree of within homogeneity in terms of numerical victim counts, the vast qualitative differences that appear when information regarding expenditure and category designation is merged into the cluster point to the issues of data adequacy. In other words, a victim count, even in a refined definition, as recorded by the Weber County Sheriff's Office is qualitatively different than the victim count in the same refined definition as one recorded by Valley Behavioral Health. The qualitative differences are likely to be vast and thus highlight the need for improved metrics in order to make both sensible comparisons between agencies and to provide meaningful data on how victim expenditures can translate to observable reductions in victim costs. These considerations are detailed in the following sections of this report.

SECTION 3:

Meaningful Outcome Measures

3.1 Where are we now

Currently, the resource-based approach of accounting for performance by the PMT is limited in its ability to link the current data to a meaningful translation of outcome evaluation on measures of effectiveness (mitigating costs), efficiency and equity. The reason the linkage to a meaningful evaluation framework is weak is because the current resource-based framework by focusing primarily on tally counts, expenditures, and service utilization, while necessary, does not fully account for whether these resources are appropriate, accessible/equitable, effectively utilized, or reducing the long-run costs associated with crime victimization particularly that of IPV. For example, interviews conducted across service providers for crime victims revealed the following type of thematic concerns regarding service delivery and effectiveness, which are not fully formally accounted for in monitoring and evaluation currently: Is the health care (medical examination) a victim receives trauma informed and provide a sense of security and respect? Does the access to mental health services permit anonymity and accessibility? Can victims access services without being shamed in their communities? Are the protective orders established by the legal system for the victim enforced in practice? Is job re-entry/program participation for a victim not re-traumatizing and safe/dignified or does it put the victim in more precarity of revictimization? Are the shelter stays for the victim re-traumatizing and limiting their process of healing/recovery? Do survivors feel safe and welcome to express their current situation if they did in fact return to their abusers? Can survivors trust advocates knowing that they will not be shamed or guilty when they return for services? Do victims of underserved communities feel safe and trust system-based service providers?²³

Due to this dominant resource-based framework for accounting for crime victimization, the federal standard of evaluation (PMT) of victims services are predominantly measured in such a way of accounting for quantities of inputs and outputs. Federally, the current performance measures used for grantees of victim services tracks number of victims served, victim demographics, types of victimization, and services provided as highlighted in SECTION 1. For instance, how

23 The questions outlined here are inherently linked to the conversion factors on a personal, social, and environmental level highlighted in Strenio (2020) later discussed in this section.

many nights stayed at a shelter, what monetary amount was provided for temporary relief, or how many calls received at a hotline. Given that a significant portion of crime victim services in the U.S. are federal grantees, agencies nationwide are inevitably obligated to this resource-based framework for evaluation and are provided little incentive nor resources to track beyond these measures outside of narrative based documentations. Although, some service providers already do have more meaningful evaluation measures than the PMT given the organization's internal understanding of why tracking beyond outputs is meaningful to improve service delivery. SECTION 3 further highlights this point.

Through semi-structured interviews across nine U.S. state victim service grantor agencies (D.C., OR, NE, OH, CO, IA, NY, AZ, and UT) and 16 victim service providers in Utah (see Appendix C for list of agencies) this section briefly highlights the findings of these interviews conducted in 2020 which asked "What evaluation tools are currently used federally and at the state-level?" and "How are these measures utilized and evaluated?". One of the core findings of these interviews nationwide and across service providers in Utah is that this resource-based evaluative framework of input/output counts can create unintended consequences by motivating program design and delivery to fulfill a certain grant requirement in order to protect and maintain scarce funding and/or to potentially acquire more in the future while not always completely compatible with the program's goals. One of the ways this can create perverse incentives is by prioritizing victim serviced counts more than the quality (to what extent the services provided expanded the victims well-being or how many direct hours was provided for each victim) and the fidelity of victim services.²⁴ From the interviews conducted, it was discovered that an unintended consequence that this framework can result in is by creating incentives to inflate number counts and/or influence program design and delivery due to the competitive nature of grant allocations across service providers. For example, a common challenge this evaluative framework can unintentionally create is a prioritization of shelter-based services (maintaining and expanding shelter facilities) over community-based services as current performance measures and funding formulas of federal grantors can prioritize shelter nights as program outcomes rather than the successful transition of victims to reach their needs. This inevitably creates perverse incentives for providers fighting to stay afloat financially to be confined to prioritizing shelter-based services to serve all victims despite the case that it may not always be the best intervention for the victim rather than transitioning the agency's program

.....
24 One way this can be disadvantageous for smaller agencies serving a smaller group of victims but with more time intensity is that agencies serving a higher volume of victims but with significantly less time intensity are more likely to be recognized as cost-effective despite the wide variation in quality-of-service delivery.

design towards community-based programs or alternative programs that are more effective in reaching the primary and intermediary outcomes of each agency.

As a result, the federally and state-mandated data collection and evaluation efforts are severely limited in how informative these performance measures are when the collection of data does not fully capture how victims were served with fidelity and to what extent the services provided enhanced the victim's welfare. This also unfortunately, limits how useful these existing measures are in gauging long-term progress and steering current/future investment in victim services that have rigorously demonstrated to have successful and meaningful outcomes.

However, the findings of these interviews do not discount the fact that this information does exist but that it is not "formally" represented in data collection and evaluation efforts on state and federal levels. This information does indeed exist but informally or internally among service providers, which was discovered by the interviews conducted (see Section 3). The interviews revealed that most service providers base their program design and delivery based on their own expertise, experience and intuition having their own feedback from the victims they personally work with and the success they personally see in the programs they implement. Yet, this expertise and evaluation of a wide range of outcomes that have existed are not captured formally with the exception of limited word count narratives on federal/state mandated evaluations. This unfortunately is disadvantageous for service providers to demonstrate the effectiveness and efficiency of their programs in improving the lives of the victims they serve and the critical role providers have in reducing the long-term costs associated with crime victimization.

Moreover, when the experiences of crime victims, their well-being, and the intersectionality of their victimization goes unmeasured, this will consequently lead to a severe undervaluation of the meaningful work crime victims services provide, a misplacement of accessible/equitable interventions for victims, and a miscalculation of the severity of crime victimization and its associated costs. Together these can collectively contribute to the precarity crime victims services already faces as its misunderstandings and misuse of data can attract austere scrutiny.

3.2 How Can We Move Forward:

Meaningful Evaluation of Crime Victimization Programs

Given the magnitude and long-term costs of crime victimization for victims and for society at large, the underlying assumption in victims services (arising from interview findings) is that program design and delivery is conducted in such a way to alleviate these long-term costs in all its

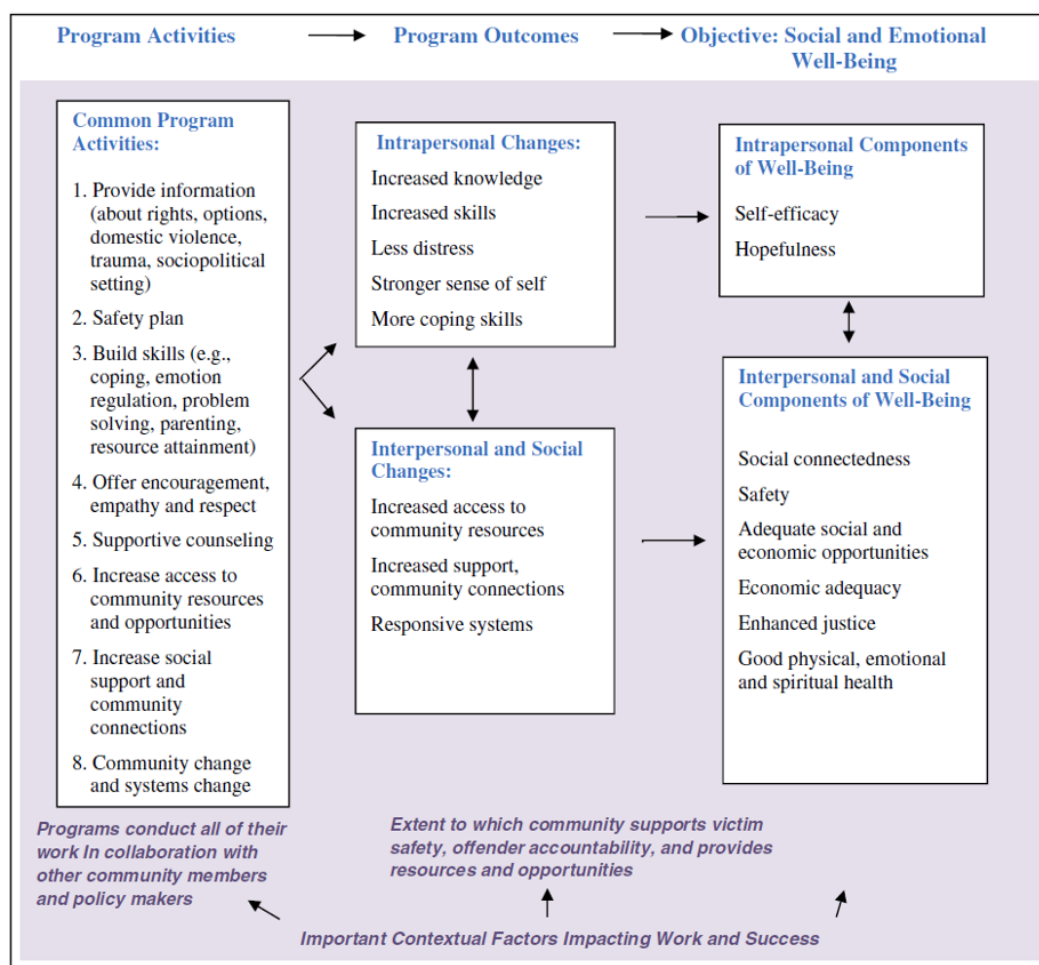
forms and to enhance the quality of life for survivors of crime victimization and the communities in which it impacts. Given this assumption, the evaluation of program performance (efficiency and effectiveness) should reflect the values and goals outlined by the victim service providers themselves. More specifically, the goal of economic evaluation is to identify whether service provision and interventions are a good use of scarce resources which requires a comparison of costs associated with these services/interventions and the outcomes achieved by these services/interventions (Lorgelly 2015). As Section 1 empirically outlined, the way in which performance metrics are gathered today have severe limitations in capturing important program characteristics and genuine performance metrics. And when these benefits of services are not formally well-defined, evaluating programs and demonstrating their effectiveness is impossible to conduct rigorously.²⁵

To tackle this challenge and as a starting point, the first question to ask for service providers and agencies is, given the direct core services of providers serving crime victims: What are the intended benefits of these services? And what are the range of outcomes these services are linked to? Thereafter, the subsequent question would be: How can we measure enhancing the quality of life for a crime victim? What does this entail?

In the literature and across the interviews conducted among victim services providers in Utah, the core program activities and its related general outcomes are illustrated in the conceptual framework below as categories of: providing information about adult and child survivors' rights, options and experiences, safety planning, building skills, offering encouragement, empathy, and respect, supportive counseling, increasing access to community resources and opportunities, increasing social support and community connections, and community change and systems change work (Sullivan 2018).

25 Major difficulties in analyzing economic efficiencies arise when the benefits of those services are not well defined.

Figure 3.1: Conceptual Model Illustrating How Domestic Violence Program Activities Impact Adult and Child Survivors' Well-Being (Sullivan 2018)



These categories and the conceptual model in Figure 2.1 were developed and refined through the empirical understanding of what promotes social and emotional well-being for survivors and the known empirical impacts of previous programs on survivor's lives (Sullivan 2018). While this framework is universally understood among the service providers interviewed in Utah, how this was measured and captured remains largely unaddressed and a challenge to approach conceptually in a way that would make relative performance measures comparable across agencies. Additionally, this conceptual framework, while a useful starting point, misses a critical intermediate phase of 'conversion factors' before program outcomes are achieved which would vary by each individual and are necessary for capturing the underlying process of program effectiveness. This is loosely

referenced in the subtext in the figure indicating “Important Contextual Factors Impacting Work and Success” which directs to “Programs conduct all of their work in collaboration with other community members and policy makers” and “Extent to which community supports victim safety, offender accountability, and provides resources and opportunities”. This subtext, which can be referenced as ‘conversion factors’ is what is importantly missing in the resource-based evaluative framework by not capturing the important underlying process of how resources are being used, the fidelity of services, and how it impacts different groups of survivors. Hence, what would be an appropriate framework that would capture the underlying process or the conversion factors which determine the success of program outcomes for a range of survivor groups at intersecting backgrounds and identities? Or in other words: How might we expand the current resource-based evaluative framework to be more meaningful, informative, and representative of the survivor’s experience in evaluation? The next section addresses these questions.

3.3 Capability Approach for Evaluating Crime Victimization Program Outcomes

The Capability Approach is a framework, while originating from welfare economics, that is widely used across disciplines of development studies, education, disability studies, public health and gender studies (Robeyns 2006).²⁶ The approach expands the traditional resource-based approach of accounting primarily income or commodities but rather on the “functionings” and “capabilities” and the necessary “conversion factors” to achieve these for an individual.²⁷ Capabilities are the doings and beings that individuals can achieve given the ability to choose to be (the real freedoms someone has to make a substantive choice to be well-fed, educated, working, enter healthy relationships) and functionings are capabilities that have been realized (Sen, 1985, 1993). However, how a person can take resources/services and convert them into a functioning of having a specific capability (i.e., successfully going to school and becoming educated or successfully receiving counseling and exhibiting reduced chronic trauma symptoms) depend on three important conditions of personal, sociopolitical, and environmental factors which are considered to be the “conversion factors”.

Integrating the Capabilities Approach broadens the traditional resource-based framework of crime

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26 For instance, this approach is one that has been used by the United Nations Development Programme in their Human Development Reports, a global study of extreme poverty and social exclusion, which importantly shapes national and local policy discussions around human development.

27 The central concepts of the capability approach include multidimensionality, the intrinsic value of freedom of choice, equity, and the objective valuation of welfare for use in interpersonal comparisons and social policies. (Simon 2013)

victimization intervention and measure of well-being towards a more nuanced understanding that “more is not actually better” as traditionally assumed in a resource-based framework and instead “how a resource expands capabilities and functionings” may be more relevant. In other words, how a resource is most appropriate to an individual’s unique needs to achieve a capability and how resources are converted effectively to become a capability the individual desires (i.e., freedom from violence) is far more relevant. By incorporating this approach in evaluation, it would capture the diverse needs of people and the variation in everyone’s conversion factors. For instance, those experiencing crime victimization (IPV) will require unique legal, child care and mental health needs than those who had not experienced such violence. Or even within the survivor population, the distribution and access to necessary resources are important but these will vary and require different conversion factors across demographic groups. For example, crime victims in tribal nations or rural communities will require not only a different subset of resources but unique “conversion factors” for them to convert such resources into capabilities and functionings. While resources such as shelters and clinics are “available” for survivors, when victims face additional barriers of anonymity in tight communities, significant travel distances to reach resources, community shame and other restrictive norms—these are significant barriers for a survivor to convert resources into actual capabilities and functionings. When these conversion factors are unaddressed and unaccounted for, victim service programs risk becoming labelled cost-ineffective given the lack of progress in achieving the pertinent capabilities of survivors and hence, the program outcomes. As a result, capturing these conversion factors in data is pertinent to understanding what they are and to improve how resources can be better converted to real capabilities for survivors. These conversion factors can be personal such as one’s circumstance of mental health, social by the sort of religious/gender norms restricting one’s perceived ability, or environmental such as the distance it takes to reach the closest health clinic. Hence, this framework can better inform policy by asking not only are there enough resources available, but is it accessible? it is relevant? and is it effective in converting to capabilities and functionings for the needs of survivors? These questions importantly link what makes a program effective and efficient in meeting not only broad outcomes that providers have but also refine more targeted and specified proximal outcomes that are directly linked to each victim services provider’s program activities.

By integrating the capabilities approach, this allows the evaluation of interventions for crime victims to broaden the analysis of the numerous challenges underlying crime victimization and the survivor’s conversion factors of resources/services. For instance, a crime victim of a different

generation and/or cultural background may perceive their victimization as an entirely acceptable process of interpersonal relationships given that it occurs among most women in their community or because that was how they were raised to believe as an expectation or simply by the fear of not perceiving any real alternative option as a possibility. These considerations inform policy interventions and evaluation by understanding that simply providing a subset of resources/services are not enough without the nuanced consideration of what are the survivors' personal, social and environmental barriers of converting such resources into functionings? Or more specifically as an example, what are the restrictive socio-cultural norms limiting the self-efficacy²⁸ of survivors, the perception of their circumstance, and their belief in the rights and justice they deserve? Or more broadly in the crime victimization (IPV) literature, what limits/creates the empowerment of a survivor?

3.4 Operationalizing the Capabilities Approach in Evaluation

As the previous section highlighted from the interview findings, there is an overrepresentation of accounting for costs, inputs, and outputs than there is on what the pertinent capabilities and conversion factors are to reduce the long-run costs of crime victimization. The assumption here is that crime victim service programs are broadly aimed at reducing these common long-term costs (psychological, physical, professional, opportunity, financial) which correspondingly relates to the broad program outcomes highlighted in Figure 1.1 of intrapersonal changes (increased knowledge, increased skills, less distress, stronger sense of self, more coping skills) and interpersonal and social changes (increased access to community resources, increased support/community connections, responsive systems). Thus, the next question for developing an evaluation framework for crime victim services linking Figure 1.1 with the Capabilities Approach is (1) What are the capabilities that survivors desire to achieve? This importantly preserves the current survivor-driven approach of victims services by advocating for those being served to determine which capabilities they find relevant and provides a range of options of what is a good life for survivors rather than restricting what a good life ought to look like for survivors (Robeyns 2006). Then, (2) How are the program activities designed in such a way to help survivors expand their freedoms and remove barriers in order to achieve these capabilities defined by the survivors? Once these are defined, the

28 In the Psychological literature Self-efficacy is "the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations." Self-efficacy is a person's belief in his or her ability to succeed in a particular situation. Bandura (1997) described these beliefs as determinants of how people think, behave, and feel.

next question to address is (3) What are the important conversion factors (personal, social, and environmental) for survivors of diverse backgrounds and intersecting needs (i.e., socioeconomic and race)? Underlying this question is not only capturing survivor's access to resources but also the fidelity of services based on the survivor's feedback.

For example, if the evaluation is in reducing the long-term psychological costs, then how are the functioning outcomes of mental health capabilities for a survivor captured in the evaluation of receiving counseling services over a period of time? One way a specific functioning could be captured is by evaluating the capacity in which a survivor can focus on their job responsibilities or to what extent the survivor feels limited in their ability to be in public for extended periods of time for example. These illustrate the important capabilities for a survivor to achieve a functioning, which here can be defined as maintaining a job successfully through the capability of improved mental health functionings.

Most importantly, this section is intended to be a point of departure for victim service programs to participate in an iterative process that collectively identifies the capabilities/functionings that a community finds valuable to evaluate for survivors.²⁹ The next section discusses how some states have already accomplished this iterative process to develop a meaningful evaluative framework. (Appendix C offers a potential starting point of a list of core capabilities that have been developed by Robeyns (2003) to evaluate gender inequality.) This iterative participatory process also applies to how the changes in well-being are assessed once the important functionings/capabilities have been selected. This process will require asking survivors what kind of meaningful (positive/negative) impacts were noticed once participating in the program services intended to help survivors reach their top functionings. Once these are defined, programs should be able to measure the benefits that arise from their direct services in terms of its welfare-enhancing effects for survivors. While prices are not directly used to aggregate all the benefits and costs with this approach, the capability assessment does provide a framework for measuring the relevant outcomes for programs and its changes over time. This then can be triangulated with costing literature to approximate monetary cost reductions of victims services in the long-run.

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 29 For example, a study on the multi-dimensional assessment of wellbeing using the Capabilities Approach measured specific functionings related to health, education, knowledge, social interaction, and psychological conditions (Enrica Chiappero-Martinetti 2000).

3.5 In Practice: What Other Agencies and Providers Have Already Been Doing

This section highlights findings from state interviews where some evaluation measures already have taken place while not entirely or directly integrative of the Capabilities Approach, they serve as useful examples of what is being done and ways in which these examples can be adopted. This section will also present a selective menu of different survey options of how these can be measured specifically for crime victimization program services as discovered in the service delivery literature.

Arizona

Among the states interviewed, Arizona has one of the most comprehensive approaches to collecting data and using it in a meaningful way beyond PMT requirements. Through a participatory process of engaging service providers, Arizona developed performance measures that capture the quality of victim services through collectively defined upon “core outcomes” categorized in three important areas of 1) Knowledge, 2) Engaging, 3) Experiencing change. For example, the program outcomes are geared towards survivors 1) knowing their rights, 2) engaging in services and 3) experiencing change. These core outcomes were collected across like-minded service providers (i.e., Domestic Violence and Sexual Assault) together by asking: “If you are all serving the same kind of crime victims, what would you want their core outcomes in the service you are providing?”. This highlights the important participatory process of service providers to define the important capabilities and functionings that are linked to their program design.

Once these outcomes were defined collectively with the service providers, the outcomes defined by the service providers were narrowed into their contracts which created incentives for programs to reach the exact outcomes relevant to their program’s design and as a result, be more effective. Survivors responded to a survey developed from this process on a Likert scale of “strongly agree to strongly disagree” or on whether “Yes/No: I have a better understanding of the resources available to me.” Most importantly to measure change, there was a victim-level pre and post test of their outcome measures in order to capture the changes occurred after interventions took place. The core performance measures were developed and applied for sexual assault programs, sexual assault hotline programs, domestic violence programs, victim witness programs, and child abuse programs in Arizona. The full performance measures developed in Arizona are presented in Appendix E, but an example of core measures for Sexual Assault programs is presented below.

Core Measures for Sexual Assault programs

Note: The term *victim* is interchangeable with: *victim*; *secondary victim*; *co-victim*; and *victim proxy* (i.e. parent or guardian).

Goal 1: Healing

Experiencing: (choose at least two)

1. # and % of clients reporting they have an improved support system.
2. # and % of clients who report having increased functioning and feelings of well-being.
3. # and % of clients who report a reduction in distressing symptoms due to services provided.
4. # and % of discharged clients completing treatment plan objectives.

You may optionally provide any additional outcomes of your own choosing.

Goal 2: Economic Restabilization

No core outcome measures were identified. Identify at least one related outcome.

Goal 3: Justice

Knowledge: (choose at least one)

1. # and % of clients reporting increased knowledge of legal system.
2. # and % of clients report an increased knowledge of their victims' rights.

You may optionally provide any additional outcomes of your own choosing.

Goal 4: Safety (choose at least one from any subcategory)

Knowledge:

1. # and % of clients demonstrate increased knowledge of safety and protection.

Engaging:

1. # and % of clients who accept safety planning services.
--

Experiencing:

1. # and % of clients report an increased capacity to maintain safety.
--

You may optionally provide any additional outcomes of your own choosing.

Quality Measures: (choose at least two from any subcategory)

Specific Satisfaction:

1. % of clients report overall satisfaction with counseling service.
2. % of client satisfaction with crisis service.
3. % of clients who reported that advocacy services were helpful.

General Satisfaction:

1. % of caregivers surveyed reporting helpfulness of information/tools provided.
2. % of clients reporting cultural sensitivity of therapist.
3. % of clients surveyed reporting overall satisfaction with services provided.
4. % of clients reporting they would recommend our services to other victims.

Collaborator Satisfaction:

1. % of collaborating organizations (law enforcement, hospitals) report satisfaction with agency
2. % of referring partners reporting average and above feedback.

You may optionally provide any additional quality measures of your own choosing.

Arizona is one of the best-case studies on how the capabilities approach can be operationalized through a participatory process and framing evaluation based on these defined outcomes. Moreover, by including quality measures these surveys attempt to importantly address the fidelity of services in meeting the victim's needs. One aspect that is missing however, are important conversion factors that are important to capture underlying the process of change for different

groups of survivors.

Washington D.C.

Washington D.C. similarly worked with service providers to develop outcome measures but across victim service categories. These categories with specifically defined outcomes measures are [Case Management and Advocacy](#), [Crisis Intervention and Hotline](#), [Education and Training](#), [Financial Reimbursement or Compensation](#), [Housing and shelter](#), [Language Access](#), [Legal Services](#), [Medical and Forensic Services](#), [Mental Health Services](#), [Outreach](#), and [Prevention and Community Engagement](#). Under each service category a goal and outcome were defined and specifications on how these would be measured and verified were also defined. The specifications on how these were measured and verified were given substantial room for interpretation for each service provider on a validated instrument of their choosing that is evidence-based. For example, below illustrates one of three define outcome measures for the Housing and shelter service category.

Housing and shelter. For the purposes of the OVS PMI, housing and shelter services are any services that provide victims of crime with safe housing or shelter, towards the overall goal of stabilizing the life of the crime victim and their family.			
Goal	Outcome	How Measured	How Verified
To ensure the stability of survivor's future housing	Survivor achieves long-term stable housing	Determination of whether the victim returned to the housing program and/or experienced a new incident of violence within the year Of the number of new victims received into the housing program during the reporting quarter: <ul style="list-style-type: none">• Number that had sought services from your agency during this fiscal year• Number that had sought services from another housing agency in this fiscal year	Demonstration that the grantee program is able to track whether the victim returned to the housing program within the year.

The remaining goals (#a) and corresponding outcomes (#b) for the [Housing and shelter](#) category are: (1a) To provide access to safe nights. and (1b) Victim's need for safe housing is achieved.

For the category of [Financial Reimbursement or Compensation](#), the following are two defined outcome measures for service providers.

Financial reimbursement or compensation. For the purposes of the OVS PMI, financial reimbursement or compensation services are those services that provide a tangible, financial award to the crime victim to alleviate an emergency need or to stabilize the victim's life in the aftermath of victimization. Examples including providing security deposits for relocation, changing locks, paying a deductible, etc.			
Goal	Outcome	How Measured	How Verified
To provide for the client's basic emergency financial needs	Whether the emergency financial assistance met the stated need of the victim	<p>Measured by the extent to which the program is able to fulfill the stated needs of the victims</p> <p>Number of requests for emergency financial assistance made during the reporting quarter</p> <p>Number of requests for emergency financial assistance fully met during the reporting quarter</p> <p>Number of requests for emergency financial assistance partially met during the reporting quarter</p>	Demonstration that grantee maintains a tracking system about the request for financial assistance and what is actually provided by the grantee
To enable the victim to maintain their status previous to the victimization	Whether the emergency financial assistance provided successfully prevented the loss of the victim's previous status	<p>Measured by the category of assistance in which each financial award was made</p> <p>Of the number awards for emergency financial assistance met during the reporting quarter, what number paid for:</p> <ul style="list-style-type: none"> Housing deposits Child care expenses Utilities Property repair or replacement Clothing or toiletries Lock change Food Other not listed 	Demonstration that grantee is able to track and measure the categories of assistance in which the funds were awarded

For the category of [Mental Health Services](#), the following is one of three outcomes measures defined for service providers. The remaining goals (#a) and corresponding outcomes (#b) are: (1a) To improve the general functioning of a crime victim. (1b) Increase in the victim's ability to function on an individual level and social level. (2a) To reduce the stigma of accessing mental

health services in various (specific to the grantee) communities. (2b) Increase in the victim's willingness to engage with mental health resources, indicating that the victim feels supported and less isolated.

Mental health services. For the purposes of the OVS PMI, mental health services means professional care provided by a clinician with appropriate licensure that is intended to treat symptoms of trauma, reduce symptoms of trauma, and improves the crime victim's general functioning after victimization.			
Goal	Outcome	How Measured	How Verified
To reduce trauma symptoms of crime victims who are engaged in mental health services	Reduction of trauma symptoms between first appointment and a second, pre-determined visit	<p>Measured using a validated instrument of the provider's choice</p> <p>NOTE: The provider only needs to report on 1 measure of trauma symptom reduction. If the provider uses more than one instrument to measure reduction in trauma symptoms, the provider should choose one for reporting and keep it consistent throughout the grant period.</p> <p>Number of unique victims served through mental health services</p> <ul style="list-style-type: none"> Number of new victims served Number of continuing victims served <p>Number of victims that received therapeutic or counseling services in the reporting quarter but had not yet received T1</p> <p>Number of victims that withdrew from therapeutic or counseling services during the reporting quarter prior to T1 testing for trauma symptoms</p> <p>Number of unique victims who did not complete a T2 in this reporting period</p> <p>Number of unique victims served that demonstrated a reduction of trauma symptoms at T2 during this reporting period</p> <p>Any qualitative information that the grantee wants OVS to know about the reduction in trauma symptoms during this quarter</p>	<p>Demonstration that the grantee is using a validated instrument to measure trauma symptoms, demonstration that the grantee is measuring those trauma symptoms at intervals determined by the grantee, and demonstration that the information provided in the instruments is consistent with the data provided to OVS</p> <p>Information needed from the grantee:</p> <p>Name of validated instrument that the grantee is using to measure progress</p> <p>Standard time between T1 and T2</p>

For the category of [Case Management and Advocacy](#), the following is one of three outcomes measures defined for service providers. The remaining goals (#a) and corresponding outcomes (#b) are: (1a) To engage the victims in systems of care or justice that the victim chooses. (1b) The victim demonstrates an ability to participate in the systems of care or justice that he or she chooses. (2a) To use the victim/survivor experience to advance a larger mission of system change. (2b) The agency utilizes the experiences of the victims/survivors with whom they work to develop improved and seamless services.

Case management and advocacy. For the purposes of the OVS PMI, case management and advocacy services are those that engage the victim in a (usually) intermediate to long term relationship for the purpose of empowering that victim post-trauma, assisting that victim in engaging the systems of care and justice that the victim chooses, and using the victim's experience to advance a larger mission of system change. Case management and advocacy services are intended to be intermediate or longer term services that meet needs of the victim that occur after the point of crisis.			
Goal	Outcome	How Measured	How Verified
To empower the victim post-trauma	The victim demonstrates increased empowerment, resiliency, and coping skills after a period of case management or advocacy	Measured based on pre- and post-test validated assessments, e.g. resiliency scale, coping scale, or empowerment scale of the provider's choice Number of unique victims for whom you provided case management and advocacy Number of new victims for whom you provided case management and advocacy Number of continuing victims for whom you provided case management and advocacy Number of unique victims not assessed at T1 (e.g. client refused assessment, did not engage past intake or crisis point) Number of unique victims that demonstrated an increase in empowerment, resiliency, or coping between T1 and T2 in this quarter? (NOTE: Victims who had a T1 assessment in another reporting period and a T2 assessment in this reporting period, SHOULD be included in this number.) Number of unique victims assessed at T1 but not at T2	Demonstration that the grantee is using a validated assessment of the provider's choice, demonstration that the provider is measuring the victim at Time 1 (intake) and Time 2 (as determined by the grantee's policies), and demonstration that the data provided to OVS is supported by the data held by the provider. Information needed from provider: Validated assessment instrument used Time lapsed between T1 and T2

The interview from Washington D.C. highlighted the value of these evaluative frameworks providing comparable measures across agencies for funding decisions stating:

"...What are we taking into consideration when we're making our determinations around how to allocate limited funding? [...] So, performance has to be part of that consideration. But the way the system had been before, it was it was all apples to oranges. There was no ability to do any real substantive or useful analysis across programs and across services."

As a result of this evaluative framework taking place for enough years, the interviewee highlighted its broad benefits for not only the state agency but also for the service providers themselves and the importance of actually funding resources for these frameworks to be implemented:

"If we're giving you all of these taxpayer dollars, we want to see what it is. So, the first-year in performance hearings, they came in to complain about it. The second year when they realized they weren't going to go away. It was about, you know, having the resources. And so, we've been in that process of rolling out additional resources. The third year, not only did no one complain, but at least three organizations talked about how they are using the data to make changes in their services, which was my hope for it in the long run. Right, that not only are we using it to make our determinations, but you as a service provider are looking at, wow, we're not achieving the outcomes that we thought we were with this service. What does this mean? Do we need to revamp the service? Or perhaps we're doing really well with service A, but not so good with service B. Maybe we should just put all of our eggs in the basket of service A since that's where we're really doing the outcomes. So, we've started to see grantees using that information on their own, we're obviously looking at it in terms of looking for themes that need to be addressed around training or technical assistance, looking at outcomes and how they fit with the priorities for us, for our mayor, as well as for our agency. I will say that one area that we have not used them as much as I would like and that I'm hoping will be able to do in this next fiscal year with the addition of a specific position as a program analyst is to really incorporate the data into the funding decision making process."

The interviewee also highlighted how collecting the data itself is not only important but also having trauma-informed staff able to understand these data points as the nuanced reality of people's lived experiences is crucial:

"There also has to be a recognition of the reality of people's experiences. And that has to be true. There has to be that shared understanding among the people who are looking at the data. So as an example, mental health services, the measure is a reduction in trauma symptoms. But one of the things that we know about trauma is that when people start doing that work, it'll often get worse before it gets better. Because you are peeling back that onion or opening that lid or picking that scab, [...] And so once you actually start addressing that trauma, your trauma symptoms in the immediacy may actually get worse because you are now starting to actually go back and address that. You're starting to integrate those responses. And so, you may have a mental health services provider who shows you data that if you took it on an individual client level, that between one and two touchpoints, someone's trauma symptoms actually increased and even between two and three touchpoints, they increase. But then maybe by four to five, you start to see that reduction. So, it's important that you have someone who understands when they're looking at that data, what that data could actually mean and not just look at and go, "oh, my gosh, not only are your services now working, they're doing harm because this person's trauma symptoms are getting worse." It can be difficult to measure. But I do think it's absolutely measurable as long as you build in that understanding of what the information actually means."

The implementation of the evaluation framework (PMI) also revealed gaps in service delivery for DV victims and allowed for the state agency to better lead and coordinate system change across service providers:

"One example are housing providers, which are all domestic violence housing providers, whether that's emergency crisis, emergency or transitional housing. They are all reporting on outcome measures around how somebody exited housing and what they were exiting to. So, are they leaving for safe and permanent housing? Safe but temporary housing, tenuous housing, which would be like couch surfing or going into a shelter or going be homeless because they're leaving. Looking at that data across the providers actually allowed us to recognize that there was not enough

coordination happening amongst the providers and actually set up what we call our DV Housing Continuum. I think about two years ago now, to really have all the housing providers consistently coming together to look at how are they moving people through the various housing systems and how can we streamline that and make it easier for people to access and move into the type of housing that will be beneficial for them. So, we have used the data to look at not only individual elements of agencies, but then also where can we do more systemic changes."

Moreover, the evaluation framework (PMI) was highlighted to be imperative to enhancing the continuum of care for victims:

"PMI has to identify where there may be gaps in the continuum of care regardless of where a victim enters services. We want to have this continuum of care so that regardless of where a victim enters services, they can access all of the services they need, knowing that there is no single provider in the District of Columbia who will meet all those needs. [...] So, what it has allowed us to do is identify with the grantees when they're not able to meet a certain need that their client or clients are identifying and either then connecting them with a resource that already does exist or that we do fund or that we go out and actually try and find and fund and support and bring into our continuum of care."

Lastly, the interviewee expanded on the importance of warm hand-offs in the continuum of care through a unified hotline for all crime victims:

"We set up the hotline to be the single point of entry where all crime victims can get connected with a trained victim assistance specialist who can talk with them and work to assess what is it that the services that they need and then make a connection to those services. And ideally, that's a warm handoff. So, it would be I'm talking to you. We determine that you need emergency housing. And I would be like, no, hold on, hold on the line for a second. I'm going to call over to D.C. safe and patch them in. And so, we can have a conversation about how to schedule you to get over there for intake and to get into emergency housing tonight rather than just saying, here's another number you should call. For us, that has actually had probably the biggest difference in enhancing victims' access to services and in a way that minimizes the burden on them. And again, goes into that sense of continuum of care right around getting people what they need, regardless of what those needs are."

Iowa

An interview with the state agency in Iowa revealed how measuring Direct Service Hours are more meaningful to capture in evaluation as outputs as they stand in the PMT incentivize double-counting to inflate counts, but service hours are more closely linked to service provision for clients which are harder to inflate. The agency suggested this served as a better proximal measure of victims service delivery ranging from transportation to counseling. The interviewee highlighted that:

“Surprisingly, one would expect the program hours should be spent mostly on direct services for victims but this is not necessarily the case. This creates a new way of tracking where are they putting their time in services, what are they doing most? Legal advocacy? Outreach? Support groups? This helps the Iowa office to know where the money is going and where the investment is and helps tell the story to legislators and federal funders of how important the services are.”

This agency also highlighted the importance of tracking diversions in housing to understand whether victims’ needs are being appropriately met. This tracking was achieved by asking the following questions of “How many people asked for shelter but through your assessment realized shelter is not what they needed?” and “What was provided instead of or housing through which alternative methods such as rental assistance/mortgage with state dollars, safe homes, hotel/motels, transitional housing, or other?” By tracking these diversions, the agency highlighted how expanding the traditional statistics on shelter nights informed the extent of meaningful diversion and what types of alternative housing were meeting the needs of victims.

Evaluation Literature

While limited, the literature on evaluation methods in crime victimization program services offer useful examples and coincidentally carry some similarities to existing Capability questionnaires. For example, one of the most comprehensive questionnaires for crime victimization (IPV) services designed by Riger et al. (2002) ask the following questions for victim counseling services:

- a) I have someone I can turn to for helpful advice about a problem
- b) I have someone who would help me in times of trouble
- c) I trust my ability to solve difficult problems
- d) I am confident about the decisions that I make
- e) I feel like I’m in control of my own life

-
- f) I have ways to help myself when I feel troubled
 - g) I know the abuse was not my fault
 - h) I am able to talk about my thoughts and feelings about the abuse
-
- a) I was an active participant in setting goals with my counselor(s)
 - b) I have made progress toward my goals
 - c) My counselor(s) helped me develop the skills I needed to be able to meet my goals
 - d) Counseling has given me new ways of looking at abuse.
 - e) I have a better understanding about the effects that abuse has had on my life
 - f) I have a better understanding of the choices and resources available to me
 - g) My counselor(s) listened respectfully and took me seriously
 - h) My counselor(s) understood the impact the abuse had on me
 - i) My counselor(s) let me know I am not alone
 - j) My counselor(s) helped me develop a safety plan
 - k) My counselor(s) explained that domestic violence is not only a personal problem but also a social problem
 - l) Staff respected my racial/ethnic identity
 - m) Staff respected my cultural customs
 - n) Staff respected my religious/spiritual beliefs and practices
 - o) Staff respected my sexual orientation

Sullivan (2018) also provides some guidelines on how victim outcomes can be measured in both the short and long-term. In the short term, it is recommended to measure outcomes at two points of entry and exit to measure proximal change. The program outcomes for the short-term may include (There will be an overlap of process and outcome measures): a survivor's immediate safety, the immediate safety of the survivor's children, a survivor's increased knowledge about domestic violence, a survivor's increased awareness of options, a survivor's decreased isolation, a community's improved response to battered women and their children, the public's increased knowledge about domestic violence, a perpetrator's cessation of violence. In the long-term, measures should be reflective of short-term outcomes that are expected to long-term outcomes which can include measures such as: increased survivor safety over time, reduced incidence of

abuse in the community, reduced homicide in the community, improved quality of life of survivors.

Another study by White et al. (2019) “Envisioning Future Directions: Conversations with Leaders in Domestic and Sexual Assault Advocacy, Policy, Service, and Research” also provides a useful list of short and long-term indicators of success:

Table 2. Indices of Success: Short- and Long-Term Indicators Across Levels of the Social Ecological Model.

Short-term outcome indicators (<2 years)	
Individual: Victims	<ul style="list-style-type: none"> a. Actions: Disclosure, reporting, safety planning b. Psychosocial: Feelings of vulnerability, safety, empowerment c. Re-victimization, new victimization d. Access to resources (material and emotional) e. Economic security f. Attitudes toward responders, providers, and systems g. Impact on children
Individual: Offenders	<ul style="list-style-type: none"> a. Arrest b. Conviction c. Probation d. Diversion program e. Alternative to CJS f. Completion of intervention programs
Individual: Service Providers	<ul style="list-style-type: none"> a. KAP: Changes in Knowledge, Attitudes, Practice b. Trauma-informed approach c. Increase in relevant skills and quality of delivery
Organizational Level	<ul style="list-style-type: none"> a. Changes in capacity b. Changes in interorganizational, intersectoral collaboration c. Culturally sensitive approaches d. Accessibility to target populations
Community Level	<ul style="list-style-type: none"> a. Increased awareness b. Changes in attitudes c. Impact of community-based interventions (such as bystander intervention)

Long-term outcome indicators (>2 years)	
Individual: Victims	a. Safe (no more victimization) b. Increased well-being c. Empowered
Individual: Offenders	a. Violence cessation b. Increased well-being
Individual: Service Providers	a. Continuous skill improvement b. Continuous increases in KAP
Organizational Level	a. Sustainability b. Documented effective collaborations c. Effective implementation and dissemination of best practices d. Use of cultural tailoring in all practices
Community Level	a. Changes in social norms b. Policy changes

Note. CJS = Criminal Justice System; KAP = knowledge, attitudes, practice.

An Illinois statewide evaluation study by Bennet et al. (2004) on the “Effectiveness of Hotline, Advocacy, Counseling and Shelter Services for Victims of DV” is also a useful example to see how once these data points are collected, how they can be used for a rigorous evaluation of services across service providers. This statewide evaluation used the exact comprehensive questionnaires previously outlined in this section by Riger et al. (2002).

A study by Goodman et al. (2015), A guide for using the Measure of Victim Empowerment Related to Safety (MOVERS), provides another similar but different evaluation framework as Riger et al. (2002).

	Never true =1	Some times true =2	Half the time true =3	Mostly True =4	Always true = 5
Factor 1: Internal tools					
1. I can cope with whatever challenges come at me as I work to keep safe.				X	
3. I know what to do in response to threats to my safety.					X
5. I know what my next steps are on the path to keeping safe.				X	
7. When something doesn't work to keep safe, I can try something else.				X	
9. When I think about keeping safe, I have a clear sense of my goals for the next few years.		X			
11. I feel confident in the decisions I make to keep safe.				X	
Total Internal Tools (4+5+4+4+2+4) = 23					
Factor 2: Expectations of support					
4. I have a good idea about what kinds of support for safety that I can get from people in my community (friends, family, neighbors, people in my faith community, etc.).				X	
8. I feel comfortable asking for help to keep safe.			X		
12. I have a good idea about what kinds of support for safety I can get from community programs and services.			X		
13. Community programs and services provide support I need to keep safe.			X		
Total Expectations of support (4+3++3+3) = 13					
Factor 3: Trade-offs					
2. I have to give up too much to keep safe.		X			
6. Working to keep safe creates (or will create) new problems for me.				X	
10. Working to keep safe creates (or will create) new problems for people I care about.				X	
Total Trade-offs without reverse coding (2+4+4) = 10					
Total Trade-offs with reverse coding (4+2+2) = 8					
Total Safety-Related Empowerment Score (23+13+8) = 44					

The [Empowerment and Satisfaction Questionnaire](#) is also another commonly used method in assessing service delivery for victims. Section 3 highlights a UT service provider already utilizing this questionnaire to better inform their service delivery and design.

The next step arising from this report, is to merge the variations of existing crime victimization outcome measures highlighted from other states and the literature of different survey questionnaires with the Capabilities Approach by carefully outlining the specific functionings that should be connected to the program outcomes that are directly tied to the direct program activities of crime victim services (Figure 2.1). These merged outcomes measures and the subsequent questionnaire should capture the underlying process in which these program outcomes come to be through the changes in individual functionings and most importantly the conversion factors necessary for the individual functionings to arise. For instance, the previously raised question of “Does the access to mental health services permit anonymity and accessibility? Can victims access services without being shamed in their communities?” captures the necessary conversion factors that would even allow an individual to develop a functioning of reduced mental trauma symptoms. Another psychological conversion factor that can be captured is through the Rosenberg (1965) Self-Esteem Scale which captures the self-efficacy of individuals which is necessary for a functioning to arise (various activities one can engage in). The Rosenberg scale is widely used across the psychological literature and in impact development questionnaires as the questions below are featured in an Oxfam guide to measuring women’s empowerment (Lombardini 2018).

Figure A4.1: Self-confidence

To what extent do you agree or disagree with the following statements?	1 = Strongly disagree	3 = Partly agree
	2 = Partly disagree	4 = Strongly agree
I feel that I’m a person of worth, at least on an equal plane with others		<input type="checkbox"/>
I feel that I have a number of good qualities		<input type="checkbox"/>
I feel I do not have much to be proud of		<input type="checkbox"/>
I am equal to my peers (e.g. sisters, friends, colleagues, etc.)		<input type="checkbox"/>

Moreover, the previously raised questions of: “Is the health care (medical examination) a victim receives trauma informed and provide a sense of security and respect? Does the access to mental health services permit anonymity and accessibility? Can victims access services without being

shamed in their communities? Are the protective orders established by the legal system for the victim enforced in practice? Is job re-entry/program participation for a victim not re-traumatizing and safe/dignified or does it put the victim in more precarity of revictimization? Are the shelter stays for the victim re-traumatizing and limiting their process of healing/recovery? Do survivors feel safe and welcome to express their current situation if they did in fact return to their abusers? Can survivors trust advocates knowing that they will not be shamed or guilted when they return for services? Do victims of underserved communities feel safe and trust system-based service providers?" are all critical components to integrate into the evaluation of program outcomes in order to capture the necessary conversion factors for outcomes to be successfully realized. These are some findings of conversion factors that were raised in the interviews conducted across service providers in Utah.

Developing an updated crime victimization evaluation framework by integrating the capabilities approach with the evaluation of functionings and conversion factors is crucial in not only expanding our understanding of what the real outcomes are for crime victims but it serves as an important tool to shape service delivery for crime victims that is representative of their needs/barriers and can capture the underlying process in which services can or cannot lead to important program outcomes that are inherently tied to improving the wellbeing and capabilities of an individual. In the long-run, measuring and tracking this underlying process of how resources are being used, the fidelity of services, and distribution of it will be necessary to expand the understanding of how crime victimization can be reduced, mitigated and its associated long-term costs. And this can be achieved by rigorously assessing how interventions are economically efficient by demonstrating successful conversion of resources to actualized functionings for survivors. Additionally, it also can reveal more accurately and help pinpoint for service providers how program design and delivery disproportionately benefits/disadvantages different groups of survivors across categories of race, gender, LGBTQ+ status, disability, and socioeconomic status. Lastly, this will help guide investment decisions on what works best in a systematized way (as seen in the D.C. case study) and that is truly reflective of survivors' experiences by formally incorporating their experiences in data collection efforts.

Section 4:

Top Interview Recommendations

This section highlights the important common thematic findings that arose from semi-structured interviews conducted in 2020 across nine U.S. state victim service grantor agencies (D.C., OR, NE, OH, CO, IA, NY, AZ, and UT) and 16 crime victim service providers in Utah (see Appendix C for list of agencies). In particular, this section highlights the main findings from identified leading agencies and service providers in their field following from the interview questions that were developed in collaboration with UOVC (see Appendix D). These thematic findings present qualitative recommendations for both service providers and state agencies by illustrating success points and common barriers faced in service delivery.

1) Shelter is a Process, Housing is a Solution

Among both the state grantor agencies and victim service providers interviewed, a large majority of providers emphasized the importance of moving towards more community-based programs rather than shelter-based as it better meets the needs of survivors individually and is more cost-effective in the long run.

For example, one Utah County service provider that had integrated the Housing First Model in their programs emphasized the significant value VOCA housing grants has created for victims as

"...it's a low barrier, survivor driven approach to assist victims with temporary housing assistance. And it has unbelievably exceeded our expectations of how successful it is. [...] This is very unique because it's a very, very low barrier. You don't have to do anything, and it's specifically for victims of crime. [...] We can deliver a rent check to [a victim] within that day or hours, sometimes hours. We're super-fast and we have an excellent collaboration with all of our law enforcement advocates and agencies."

This was also emphasized as more cost effective:

"So how inexpensive is it for us to pay for, let's say, even four months at four hundred dollars a month, as opposed to putting someone in a shelter? It's way more cost effective." While shelter-based services were recognized to be necessary in circumstances as "It's a safe place and it's

good to go there for some people.”

The limitations of these shelter-based services were highlighted as:

“[...] you can only go for thirty days. You have to pack up your kids. What do you do with your dog? What about school? What about work? You know, it works for some people, but my opinion is a very small minority or minority of victims actually use shelter. [...] How many of those victims do you shelter? Hardly any that I worked within four years, maybe sent a couple people to shelter because they have houses, they have jobs, they have apartments, they have a life. They just need temporary help to get to the next point.” And that “[...] you got to do more. There’s got to be a hookup to the next step. Are they going to be self-sufficient maybe when they got this job or they did this? Or are we going to help them get into low-income housing like housing vouchers and longer-term things?”

Moreover, the flexibility of VOCA housing grants have allowed agencies to better serve victims to their individualized needs and circumstances:

“Sometimes it’s safer to go to a shelter than even your own family [...] until you can get a protective order or figure out what you want to do next. This housing program, this is filling the need, the gap that there is, like I said, to come in and pay rent so you could stay where you are and you can figure out what you want to do next. [...] So, I think it does give victims the support they might be looking for to make that choice for themselves to think, you know, to have a little more confidence, if you will.”

A system-based advocate discussed the better use of shelter-based funding towards more appropriate services individualized to the survivor’s needs:

“[...] we figured out that between grants and shelter and community service, each victim is using about ten thousand dollars in funding after a domestic violence case when they go into a shelter. I would much prefer that we give them really, really good advocate, housing, financial, wraparound type services to help figure out what they truly need to change their life, instead of us plugging a victim into what a shelter has determined that they can do.” And the importance of integrating a more survivor-driven approach “I would every time [prefer] a more individualized response than a system, any one of us, whether it’s community, nonprofit government, instead of all of us deciding what’s best

for the survivor and telling them this is what you can do, it needs to be the survivor telling me what they need.”

A leading provider in Iowa (Friends of Family) spoke on how shelters can be inaccessible for more rural communities and how rehousing victims in these regions is more effective in helping people in the long-term. This provider also highlighted the cost-savings from re-housing interventions compared to shelters:

“We were seeing interventions, like we could have a three-month intervention for a housing between a thousand to fifteen hundred dollars that could be effective. And we were looking at, a 70 percent clip of still housed at six months with a thousand- or fifteen-hundred-dollar interventions, which just seems phenomenal. You’re really not putting that much money into helping somebody find a permanent solution. We know that housing people is cheaper than sheltering people, just like rapid rehousing is cheaper than transitional housing.” This service provider specifically highlighted that in their programmatic work “shelter is a process and housing is a solution” and that: “[...]that’s really our thought process, right, like if we can keep [survivors] out of shelters and keep them housed and out of the trauma that is created in a shelter that’s so much better, so much better.”

2) Flexible/Fluid Funding Serves a Critical Role in Victim’s Survival

Across the stakeholders interviewed, flexible and fluid forms of funding sources were noted as critical resource in addressing the many unintended funding gaps that arise due to administrative barriers, timing, and meeting grant requirements. Having a flexible funding source was noted across all agencies as necessary in their day-to-day service delivery often meeting the immediate needs of survivors and their families.

For the Children’s Justice Centers interviewed in Utah, this flexible funding pot was utilized for gas and grocery vouchers to meet the basic needs of families being served and highlighted the significance of these funds as: “...if you’re stressed about how are you going to put food on the table, then providing for your child’s emotional needs after they’ve experienced the trauma gets put on the back burner, not because it’s not important, but because, you know, these basic needs of shelter, food and clothing come first.”

Similarly, a provider in Cache County, emphasized the importance of these flexible funds when met with a situation where:

"[...] if I get a call on a family violence thing, I do ask if you have enough food, what kind of food do you have? Your milk, eggs, a few things. And then because a lot of times people won't have those things, my choices, I have nowhere to send them. I have nowhere to turn to because of the weekend. So, I can't send them to the food bank. I can't send the LDS bishop's storehouse for food [...] they're closed. Most food banks and all these bishops' storehouse are usually open Monday through Friday. There's paperwork that needs to be done. And so, I will do a food order for Wal-Mart. That way I control what's purchased. I have a receipt and I know exactly what a family's getting and I know what they need." The flexible funds provided by VOCA was noted to be "It's critical, that funding is absolutely critical, more so than anything else. I mean, we just can't help a lot of people with rent because the rents are so expensive. We can try to help people with some things like utilities or cell phone bills. But primarily it's food."

Another community-based program in the Salt Lake region also emphasized its agile use and importance: "I think we are always going through our client assistance money. From everything from groceries, diapers, [and] car seats that families need to just get through day to day."

A system-based advocate also illustrated the importance of these funds as it could have prevented a revictimization of a client served many years ago:

"[DV] victim, she got into a shelter, everything was going perfect, she was the most motivated client, day one in the shelter, she'd found a new job. By day three, she was in counseling. By day five, she had identified the apartment complex she wanted to move out to and what it would cost for a budget to get there. I mean, in the midst of horrible trauma, she functioned so well and she was right on it. And so, I think it was either a flat tire or it was some it was about a three-hundred-dollar emergency expense popped into her pathway and she couldn't find a solution quick enough to meet her needs. And all the dominoes fell and she went back home to her. And fast forward years later, now we have victim emergency funds and we have survivor-driven housing. I lament that one of those two, given that girl three hundred dollars ten years ago, what had changed her life?

Right. Three hundred bucks probably cost her it derailed her faith in herself, her ability to maneuver. It just became the one last barrier she couldn't get past. And had we had a better system in it, it keeps me up at night going. Three hundred bucks. And she didn't reach out to any victim services. She just placed in her own mind. It was done. And so, we didn't learn about it till about a year later. [when she had returned back for victim services]"

3) Developing and Aligning with Meaningful Outcomes Measures

Most statewide service providers interviewed in Utah had minimal or no formalized initiatives on developing outcomes measures and actively tracking these measures through client surveys often due to capacity/funding limitations of the organization and due to the already existing administrative burdens they face. However, most providers emphasized an interest in the technical assistance to develop these outcome measures often as a part of state-wide plan and expressed an interest in receiving investment in research capacity/databases to make meaningful evaluations in their organizations.

For example, one service provider emphasized:

"[...] it would be really cool for us to have some capacity to do some actual research based on the data we're already collecting. So, we're looking at this to inform our services, but it's not the capacity that we have. We don't have any research analyst staff. We don't currently have any research analysts looking at our data. So, we're tracking the data and we're reporting it to the various branch entities and we're looking at it to help us inform services, but not as broadly as we would like to use it." This service provider also highlighted how this would better help their organization make more cost-effective investment decisions in their programs and improve service delivery in the long-run: "So how do we across the board, [our organization] and all service providers identify what's actually the most bang for the buck in terms of these funds, because we're not going to be able to turn back the clock on those cuts. We know the cuts are coming. So therefore, for us it would be helpful. We do not yet have the capacity to actually slice and dice that data to make really long-term decisions about service delivery and where we put our resources. Like we have data, but we don't even really have all the tools we need to evaluate the data."

Another service provider serving the Salt Lake region also expressed interest in developing meaningful outcome measures and the difficulties of doing so:

"...[we] are struggling to do our own kind of data with confidentiality to even capture like all the services provided by all the different service providers. So, I think that the victim advocacy world is still kind of catching up to some of that. We see why this is important. But I know programs that still don't have a database [...] still doing everything on a spreadsheet. So, is there anyone up with you that I can connect with? Because these questions are vitally important. That piece is trying to have that to build back into the infrastructure. Like what should we be trying to capture? What should we try to measure?"

However, even among the service providers who had the most advanced systems in place for capturing outcomes measures and tracking client outcomes despite not having full research evaluation capacities highlighted that tracking these measures actively have allowed their organization to better serve victims:

"[...] the reason [why] our services are so robust is because we're doing some of this and we're consistently looking at data, but we're doing it from a very like provider kind of lens and not from like a data outcomes line."

This particular provider integrated the approaches highlighted in Section 3 in their data collection efforts by capturing the impacts interventions have had on clients through different time points by asking the following questions:

"So examples are for really young kids. "I feel like I know somebody in the community I could go to if I needed help" or One of them is about gender. Like "it's OK for boys to cry." Agreeing more with that statement shows that there is a more open and clear understanding of how gender norms impact violence. So, we're talking like a big kind of idea, especially with the young people, because we're not talking about sex. We're talking about consent in the broad way of like, how do you tell someone you don't want to them to hug you or what does it mean to say no when you are ten?" and "... the one that is for our LATINX family cohort, some of the ones that are in the pre and posttest are like, "Anyone can be a victim of sexual and domestic violence" so there was a higher rate of people agreeing to that statement at the end of doing the programming, or if me or someone I know has experienced a problem like domestic or

sexual violence or bullying, "I know at least one person I can trust and go to for help." Or A more kind of gender based protective factor or is "a boy should start the relationship" and there is a higher or a lower rate of agreeing with that at the end to show like gender doesn't have to do with power and initiation. These highlighted questions were developed to capture the baseline of risk factors of clients and then once again when interventions took place to capture the intervention effects for example: "[...] based on the information you've learned in the curriculum did your risk factors, go down [and] show the increase of knowledge."

This provider also highlighted the complexity of outcome measures: "because the units of measure between goal one to goal five etc. are all different. So, some are measured by hours of service and some are measured by total number of groups hosted per year, and some are measured by clients. And again, that's part of this like maybe lack of understanding of all of these goals accumulate over time and not asking enough pointed questions around what should the units be or could we convert them all into hours of service? And what would that look like? Because right now, even comparing goals to a goal is a little challenging because they're all in different units of measure."

This provider among the providers interviewed, had one of the most comprehensive questionnaire methods in place by using the Empowerment and Satisfaction Questionnaire. Lastly, this agency also highlighted how unifying outcome measures could be meaningful statewide:

"...maybe we could have like some type of shared outcomes to where [...] In the terms of big scale statewide support, that makes sense for every single granter to be making up our own in some ways, right? You want to have control over it in some ways, but I could see it being really effective to have guidelines around. What are the overall statewide goals too so that these programs are working together as well and that I think our outcomes could be much less complicated. I definitely don't want the state telling us how we should run our programs, but if there were more shared outcomes, we could then figure out, oh, OK, this work falls under this like larger macro-outcome."³⁰

While most service providers had rudimentary feedback surveys (5-6 questions), CJC also had a

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30 Fortunately, Washington D.C.'s approach in developing meaningful statewide outcome measures, highlighted in Section 3, where providers also have freedom to define their own outcomes is a useful example as a starting point for Utah's statewide plans to develop outcomes measures for future evaluation.

more systemic and meaningful survey: "...we do implement what we call an outcome measurement survey. And this is a nationally approved survey. So, we are part of the National Children's Alliance and we are an accredited center through them. And so this outcome measurement survey we give them when they come in to the center to get feedback from the families about their experience. [...] And then we'll also follow up with them in two months and ask those questions again. One of the things that we asked them in the follow up survey is "how do you feel like you were given the resources, the information that you need in order to help your child." So I think for me, that's what their response is on. That says a lot about how we did and in helping that family." (The specific questionnaires referenced in this interview are available at this link)

And other smaller agencies serving rural underserved communities have more informal but meaningful policies in place to track outcomes:

"We're already following up with people just by virtue of the fact that. You know, we're all in the same community, and so if somebody falls through the cracks, it's like who's following up on that person that is still doing, OK? So, we'll try to try to come back around to the things. And we just recently set up a system in Apricot that's a social services software we use to track all of our output, all of our activities. And we also set up this flag. It's like, have you heard from this client?"

4) Prevention for More Effective Service Delivery: Offender Accountability

Prevention was a theme consistently brought up as a broader challenge for service providers, often in reference to a lack of offender accountability in Utah.

For instance, one service provider in the Salt Lake region detailed that among the victims they serve "...of those who returned last year, about twenty six percent reported the abuser as the same person." But the provider highlighted that this "highlights the complexity of getting out of situations that it often takes, leaving several times in order to get out completely for many, many reasons. It could be part of offender accountability, but it could also be child care. It could be housing. It could be financial resources. I mean, there's so many variables that I think play into that and it just shows the complexity of getting out of difficult situations."

Another community-based service provider in Washington and Kane County emphasized how the lack of offender accountability limits the progress providers can make for survivors in the long-run: "[...] offender accountability is missing in our state. It's just inadequate. It's completely inadequate. And I know that the VOCA funding is not responsible for offender accountability or services, but it's like we're swimming upstream if all we can do is serve victims and our offender accountability and monitoring is inadequate. We're just going to keep pedaling. We're going to continue to have more and more work to do. But if we have a balanced system and we have centralized and coordinated bodies at the state level, that helped to ensure the people who are appropriate to oversee and monitor offender accountability, we're raising that bar, then our efforts, I think, go further. And our funding probably has more impact because it's like, you know, this repeat offense, because domestic violence is cyclical and sexual assault is it's a serial offense. Of all the sexual assaults there are, there's a small number of perpetrators because it's a serial offense. So, think about if we could strengthen the offender accountability and prosecution, what that will do for increasing safety to victims and reduce the victimization that keeps happening."

This service provider also spoke on the complicated nature of offender accountability and how that would be resolved with better treatment interventions for offenders:

"It's a tough thing to prosecute because oftentimes you have victims that either aren't willing to cooperate and disclose and report or they recant their report for fear of retaliation [...] Like the cycle after the explosion of the assault. The perpetrator, if they have a relationship with that person, becomes very apologetic. And, you know, "this will never happen again. I love you. I can't live without you." So, they're not going to want to go away, leave their partner out to try to apologize. They're remorseful. So, they learn, you know, but it doesn't really get them very far. But if we had a better balance and more treatment for offenders that was effective, I think our survivors would probably see that and be like, "hey, I want that from my partner. I want them to be able to get that service about treatment." And "I've now had the cops come to my house three different times and nothing's changing. I think it's time." [...] offenders are not being held accountable. And if once they do get held accountable by the court, they get a little slap on the wrist and they have to go to a handful of classes. Yeah, and it just pisses them off, so

unfortunately, [in] our culture, in a way, is just kind of saying good luck to you survivors. You've got victim services. Go find them. Go talk to them. They'll help you. And then it all falls on these service providers with limited funding to solve this ginormous problem."

5) Formalize System Collaboration and Coordination to Strengthen the Continuum of Care for Victims

Across both system and community-based providers, the interviews conducted suggested that there are mixed results regarding strong collaboration and coordination across system levels.

A strong example of positive collaboration and coordination is by a service provider in Washington and Kane county with their Coordinated Community Response:

"... we took our local Washington County coalition and just completely replaced it with this whole county coordinating response team. [...] We took all of the participating coalition members and said, hey, the coalition has been great, but it's not really serving the purpose that it could be. Why don't we convert it to a CCR? Let's just transform it, take the same partners, the same group of people, but get more [...] a whole bunch of other agencies that are not represented here and convert it to a coordinated community response team that's guided by the structure of a CCR and that can cover a lot more ground and actually affect change in our local system. So, increase the rate of prosecution, decrease the rate of recidivism, increase access to services for victims, increased resources for underserved populations like there's so many things we can do when we are coordinating. So, we're approaching two years of that conversion. And it's generating a lot of momentum. It's been really awesome. [Our] center is heavily present in that group."

The provider also indicated that a VOCA grant to support the CCR was also important to fund an advocate's time to attend meetings: "...so that it's not just, oh, we can donate an hour of an advocate's time once a month to go attend a meeting and nothing else that's been historically the way it's functioned. If we're going to get anything done, you need more than one hour a month. So, we've dedicated some hours so an advocate can do the in-between work. OK, we've got assignments, ABC, and we've got to coordinate with people. We've got to follow up, make sure they're doing their assignments. We've got to gather data; we've got to compile it. We've got to share it. Like there's so much in between work."

So, we've been working to do that."

As a result of this Coordinated Community Response, the provider indicated how it has been beneficial in better serving underserved victims and improve the continuum of care:

"I think that's probably part of why are our underserved population numbers are growing each year. Because we have a partnership with our Native American tribal leaders, they are our referral source. [For example, if] it's a member of their community saying, "gosh, you need you need shelter services. Let's get you connected to this center" and can actually jump on the phone with the client and call together [saying] "Hi, Is Tracy from your services? I've got someone I'm working with we'd like to talk to you about accessing shelter services. I have someone who's high risk." [...] So, there can be some partnering in that way. Without that [type of partnering and coordinated response], [the victim] is much less likely to call and present until they're in dire straits."

However, the provider indicated that the informal nature of the current Coordinated Community Response was limiting their ability to build more formal collaborations with system-based providers and that they need a more centralized leadership to legitimize their coordination:

"...that's what's been so slow going for us is we need to develop an MOU and we need more representation at the table from like probation and parole. We've invited them, but they're like, well, "What are you?" We don't have a formal document created that we can give them. Because, [of that] well, we got a good question. We better organize some documents and some policies and procedures. And like, there's just some structural stuff that if you formalized like a national model [...] Nobody's taken on the responsibility of guiding and instructing and consulting. It's more informal."

Additionally, a system-based provider in the Salt Lake region indicated that the lack of coordination across systems and agencies had created additional barriers in serving victims effectively. For instance, the advocate illustrated an example where meeting the needs of a victim can be met with unnecessary barriers: "[...] when I go out on a call out at 2:00 in the morning and I have to call six shelters to find anyone who can help me, I've had to learn [that] I can't do that in front of the victim anymore. I have to go out to my car. If the victim hears that the two shelters don't want to help her. She's done. She's like, "I don't want to be a bother to you. Never mind. I can just stay here." And even the shelter model, they all want an

intake, they want to count how many victims they couldn't help to try to go get funding. So, they want to put a victim through an intake. Only to say no at the end, and I'm like, this lady is in trauma and in crisis and she's bleeding and she's just been strangled and no, I'm not going to let you to put her on the phone. I just need you to tell me if you have space for a woman with three children. And then I will have her call. I can't have her call six places and get [Nos] at 2:00 in the morning. It's just not a model that works in that situation."

Alternatively, this service provider suggested: "...what would be ideal is if I got out there, I helped stabilize Gotham, the emergency food, clothing, and then we called the shelter who was like, yep, she's approved and drop her off. And I could just take her right there and we can work so well together when we're all on the same page. But it really, frankly, requires a ton more cooperation than I think we have. Right now, some of my hardest days are when I have to advocate with another victim service provider to help the victim and like I shouldn't have to be fighting [the victim service provider] to get the victim into your house."

Arising from these difficulties, the service provider expressed concerns of doing a warm-hand off of victims successfully to other service providers raising concerns whether the victims will be dismissed or fully taken care of due service providers facing scarce resources and overwhelmed capacity. However, the provider suggested this is due to the overburdened nature of victim service provision: "Frankly, I would say there's very few entities out here that aren't doing the best they can. Yeah. It's again just not well thought out and not well coordinated. It's more. Crisis management, it's almost like, what are we going to do with this one victim, we're so busy helping this one victim, we can't think of the next three and we can't think of what we're going to do differently next year".

The same provider highlighted a model that they experienced working most optimally for coordinating effective services and care for the victim, victim's own success, and the resulting job satisfaction of working in a well-coordinated system:

"I've had times where it's worked flawlessly. [...] some of my days at the Family Justice Center when we would get confidentiality waivers so the victim would be OK with everybody working together. There was something incredible, about 10 different, highly invested, long term, well-educated victim service providers coming up with ideas for a new scenario that a survivor couldn't

get past and just working together. I slept better at night knowing survivors were treated better. I had more satisfaction in my job. Survivors were happier. Our evaluations and our feedback surveys were through the roof. And I know we were making a difference. More people were permanently safe. Not that reoccurring violence you're seeing at the Family Justice Center when you were there, because that was probably when we had the best model that I've seen in my career. As far as lawyer, pro bono lawyers were there, cops were their advocates, therapists, community based, systems based. Religious groups, the shelter, day care, every resource we can possibly bring together was all there and with victim provision, was working as a well-oiled unit to come up with that individualized plan."

Alternatively, another system-based provider in Cache County, reflected on how their organization was able to have successful seamless coordination and collaboration: "The one really critical thing, as I look back at this, I had a senator asking me, why is your program different than so many others? And what it was, is when we established this program. Scott, [...] who was our [...] county attorney, he put the victim advocates on the same level as a prosecutor, basically. So even though prosecutors had gone to law school and I have a four-year degree, he put us on basically the same level. So, when prosecutors screen a case, they include the victim advocates. When law enforcement comes over and screens the case, we're included in that. We have just as much say. And I think that sets us apart from just about anywhere else. I'm not expected to be a secretary."

Moreover, this provider highlighted the importance of warm-hands offs in the continuum of care: "Again, it's not giving somebody a brochure, because what we have found over the years is, you know, I'll go to and go to a home and we'll find brochures on the kitchen table or sticky notes. And at the Children's Justice Center, we find sticky notes out in the car, in the parking lot. We found them on the furniture where somebody has written a name and a and a number down. And what we've done is it's kind of different. We actually connect them personally through either a text or we bring somebody over and we say, "Hey, this is this is Reese from the family place" and we'll introduce them right then and there, like a warm hand off on scene. [...] It just works so much better that way. It's kind of for us, but I feel like it's in the best interests of the victims. If we don't give them a piece of paper, if we don't give them a brochure, but we actually connect them with that person. And there's

a life.”

A service provider interviewed in Iowa also shared some insights on the importance of coordinated collaboration to enhance the continuum of care for victim’s long-term goals in their program design:

“[It’s] all about resource and referral and helping people connect. Right. Like what resources do they need to bring into the home that will help them stabilize further when our intervention is no longer involved. [...] You read the community connection is huge for people that have faced homelessness [and victimization]. And how do you find support systems that may not even agency based, but how do you connect with people? How do you feel like you’re a part of the community? I think that’s a big piece of it. [...] And we have to continue to kind of evaluate how do we maintain good connections in our community with resources that we know oftentimes the person that our services need so that we can have better referrals and more accurate referrals so people aren’t wasting their time.”

Interviews with nationwide victim’s service agencies, particularly Iowa and Arizona, also suggested the vital role strong coalitions have in facilitating collaboration and coordination across service providers. For Arizona specifically, the office had developed their own coordination team comprising of staff with good relations with coalitions who would meet regularly with service provider executive directors once a month to ask “What are you seeing, What are you struggling with?”. As a result, the members of the coordinating team are able to report back what agencies are going through and their challenges/successes with a strong emphasis on relying on coalitions to inform decision-making by asking “what is your missions, what are your goals, etc.”.

Lastly, Washington D.C. has uniquely formalized a requirement for all grantees to participate in the [Victim Assistance Network \(VAN\)](#) in addition to some non-funded organizations. The VAN operates as a formal network that meets every other month and subcommittees within the VAN meet more routinely. The VAN “...is really about ensuring that we are coordinating and collaborating for services so that there is no wrong door for any victim. [...] We at the agency started it. [...] It was somewhere around twenty twelve, I think, and again, around creating that continuum of care. So, we facilitated. There is a leadership council of the VAN that do the actual coordination of the meetings set the agenda as those pieces work to ensure the committee structure and the outputs and outcomes, but we provide the administrative infrastructure and support for it.”

The agency highlighted that this is different from coalitions as “this is more focused on the

provision of services and the coordination and collaboration around services and elevating victim services as a whole in the District rather than sort of being focused on a particular issue which coalitions actually are often are, whether it's DV or SA. And it's a little similar, but it doesn't include sort of the policy and advocacy work that you typically see in coalitions."

6) Prevent Turnover: Support Care for Service Provider Staff

Due to the financially and organizationally constrained nature of service providers, staff turnover was often brought up as a detrimental component of providers being able to progress in their work with longevity and stability. Reasons often for turnover were highlighted as a result of low, the risk of vicarious trauma that is often a nature of the job, and job stability given the insecure nature of whether these jobs will exist in the near future. However, many providers were taking both formal and informal measures to reduce turnover with preventative programs by emphasizing mental health care, self-care, community-care, and additional resources to support employees.

One example of an agency serving Salt Lake, highlighted their formal employee assistance program in promoting self-care:

"We have an employee assistance program for our entire campus, our entire agency, so they are able to access services for mental health. And yeah, I mean, I think that we do have a lot of focus on self-care and being able to understand and work through some of the things that may come up while working with victims of trauma. We use our sanctuary models as kind of our framework for understanding trauma and how we function as an organization. And I think that that has a high emphasis on self-care."

Another agency highlighted that "... due to being a nonprofit and the funding that we receive, we work on the lower scale, especially with our therapists. We see a pretty high turnover with our advocates and our therapist positions because they get some pretty robust training being at our organization. And then eventually it's like, "OK, like I need to pay off my student loans" or that kind of thing. And so, we are we're always working on pay equity as an organization, but we're limited by our funding... You know, it's like if you are experiencing burnout due to the trauma and then maybe like you're barely paying your bills, it's sort of a cumulative factor".

Yet, even when these providers faced these challenges, they developed intentional approaches to mitigate its effects:

"But as an organization [we are] intentional about organizational culture. So, the expectations set from interview on is that we are a collaborative agency. We have shared leadership. So as the executive director, I don't make decisions in silo with the board. The staff are part of that. And there's also an expectation of not tolerating things like macro micro aggressions and that we are an agency that's committed to serving all survivors. So yes, it's hard because. But it's because it's a part of our intentional culture. We're always doing things like we have retreats; we have staff meetings that we're consistently coming back to these issues. We're currently right now doing a whole summer section on burnout, specifically in the work that we do. And so, we're we are very intentional as an organization. Even if we didn't have a high turnover, we would still be doing."

Another agency serving a more underserved and rural part of Utah highlighted the significance of addressing vicarious trauma through important training provided by UOVC, having programs in place to make sure employees are constantly having check-ins and cared for, and allowances to support employees:

"...we really started looking at the vicarious trauma and [...] bringing in and it was one of the grants the Intermountain Health Care gave us was actually care for advocates. And so now we have these robust self-care [efforts] of what are you doing? And checking in on each other. And it's amazing. We have weekly meetings where we're doing, it was actually a video that UOVC sent around, [where] this woman would do vicarious trauma training. It's like a 10 week [course] we're just finishing up next week and it's like, what are we doing? What are our policies? Are we following up? And it's not just lip service in our organization. You're doing your self-care. And period, you're just doing yourself care. And so, we pay for it like we have an allowance is like, what are you doing for self-care? What did you do this week? What is it when you're constantly throwing up [...] We're not letting this slip through the cracks and we can see each other when we start to get burned out so much, it's like, OK, you're off work for the rest of the week. You go relax, you got to do something because this isn't this isn't working. So we're constantly watching for that. And we do. [Since] we have high risk for secondary trauma as well."

Strong relationships and shared community activities was also a common approach in ameliorating

the emotionally and psychologically taxing nature of the job. For example, for a system-based provider facilitated communal activities with staff in nature often as place for release and relational connection:

"We hike about once a week, early in the morning or on the weekends. We're pretty good friends and we hike a lot. That's how we literally get through everything, we do spend some for example, we just we went to Wyoming and we did this training and it could have been done online and virtual. But I just made a decision that we needed to get away and tell you that in the month of July, I know every victim advocate was as busy as I was. I work twenty seven out of thirty-one days both holidays. I pulled six all-nighters and had seven death notifications and that was just me alone. So, every advocate has a caseload like that."

Other providers highlighted funded trainings and mental health services to facilitate building protective factors of knowledge and resilience for staff. A system-based service noted:

"One thing that actually funded for us a couple of years ago was our staff does 10 hours a week working on not only helping our team and our staff become more trauma informed, but also on retention and building resiliency. So, we do we do quarterly trainings with our staff to try and build some resiliency. We definitely encourage them to take mental health days if they need to. We train across training a lot so that there's always going to be coverage if someone needs to take some a little bit of time off because they're feeling burned out. And of course, we check in with our staff and ask them how they're doing. [...] And one thing, too, we implemented a few years ago, probably like four years ago, was through our county. We have an EPI program, so employee assistance program where they can go to therapy. And we have that actually is paid time. If they need to go and talk to a therapist, that's paid time."

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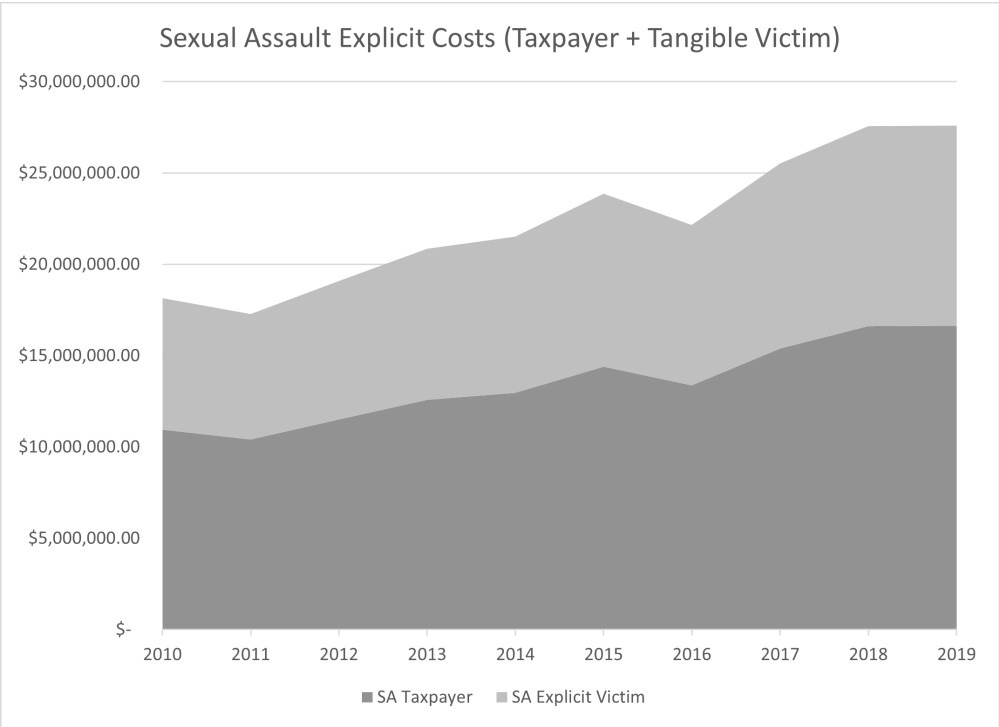
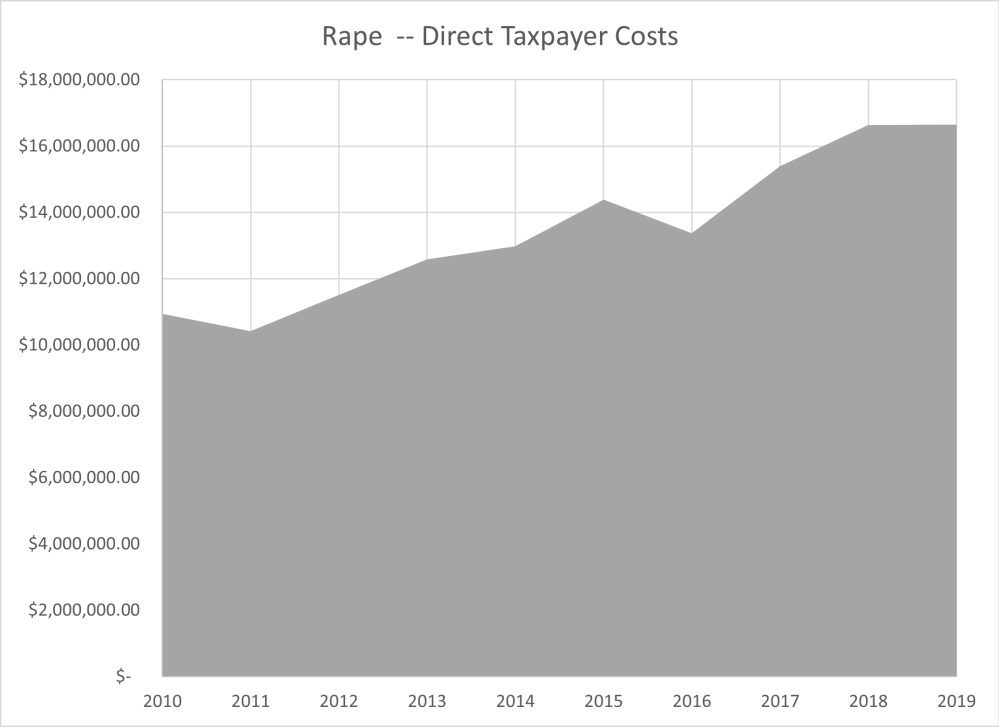
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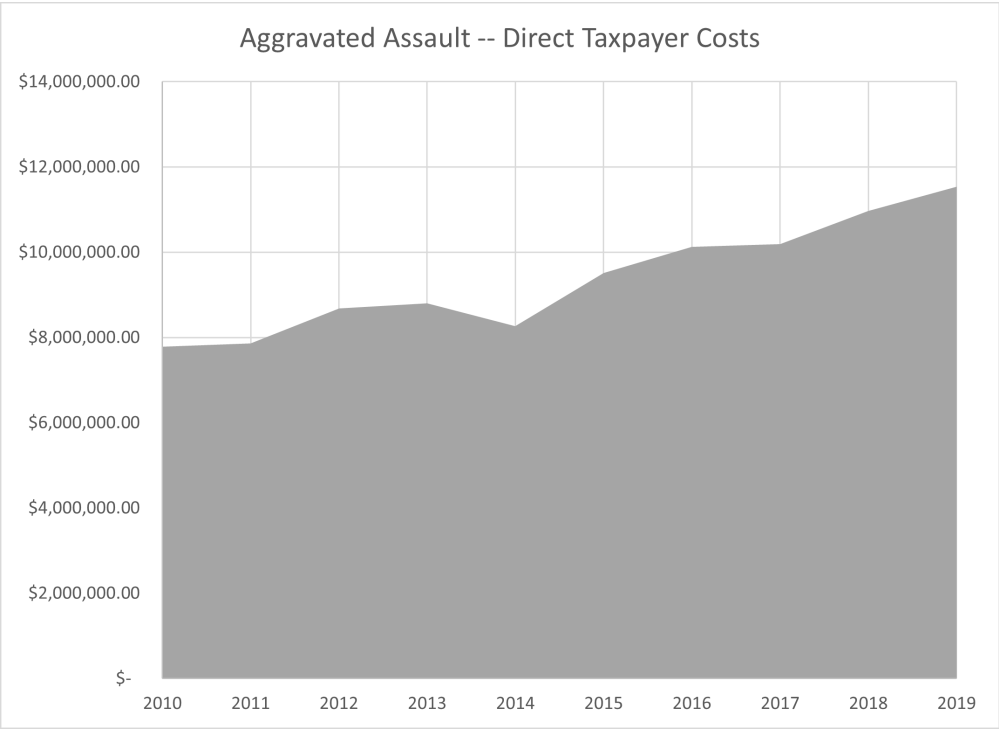
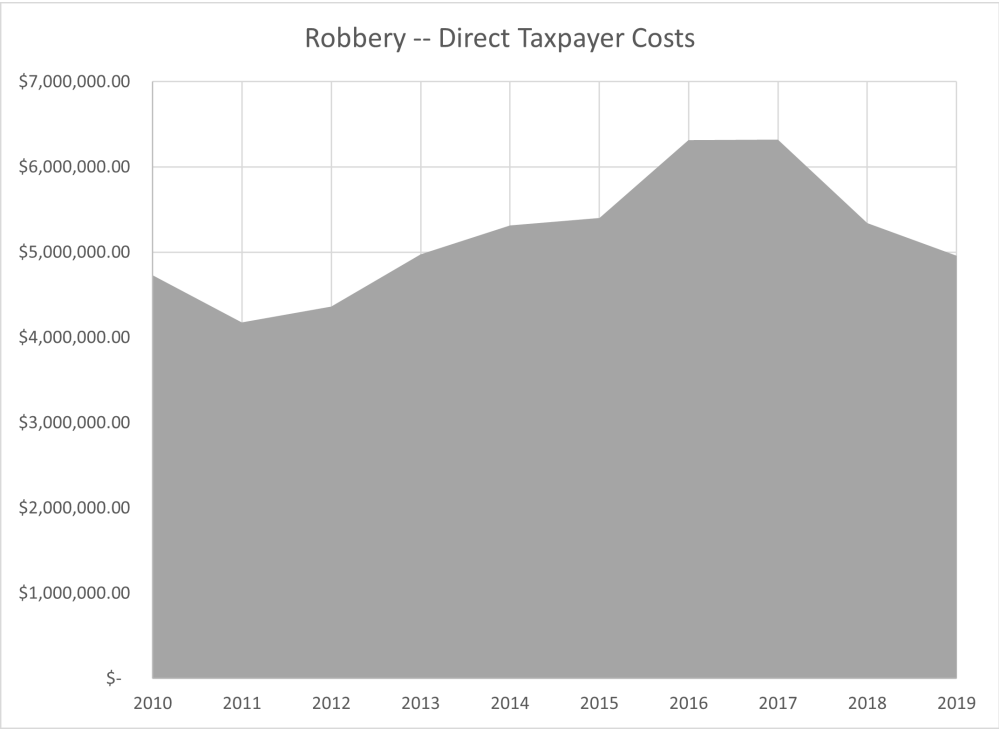
APPENDIX A

Direct Taxpayer Costs Associated with Person Crime in Utah

This appendix provides information for updated direct taxpayer costs associated with reported Part 1 person crimes (murder, rape, robbery, and aggravated assault) in Utah from 2010 to 2019. Calculations are based Fowles & Nystrom (2012) and the most recent data from the FBI’s Uniform Crime Report. Direct taxpayer costs are those associated with apprehension, adjudication, and incarceration. Also, explicit victim costs associated with reported sexual assault are shown in this appendix. Explicit costs do not account for implicit victim losses, such as quality of life.







APPENDIX B

PMT Distance Matrix

The following image shows part of the PMT Distance Matrix (the full matrix is available on request). Lower values (green) show grantees that are statistically closer and higher values (red) indicated grantees that are further apart from each other. As an example, the value of 0.0276 between the American Fork Police Department (column 2) and the Carbon County Sheriff is very close.

	American	Asian Assc	Beaver Co	Bountiful	Box Elder	Cache Cou
American Fork Police Department		0.169793	0.059103	0.154323	0.164109	0.358293
Asian Association of Utah	0.169793		0.12907	0.146018	0.156658	0.408138
Beaver County Sheriff	0.059103	0.12907		0.130185	0.155487	0.416801
Bountiful City Attorney's Office	0.154323	0.146018	0.130185		0.034977	0.288343
Box Elder County Attorney's Office	0.164109	0.156658	0.155487	0.034977		0.261908
Cache County Attorney's Office	0.358293	0.408138	0.416801	0.288343	0.261908	
Cache County CJC	0.135196	0.163256	0.168354	0.159029	0.166115	0.359854
Canyon Creek Womens Crisis Center	0.252295	0.241619	0.257204	0.264953	0.270855	0.428584
CAPSA	0.341431	0.376839	0.39184	0.380492	0.382872	0.305871
Carbon County CJC	0.164548	0.125903	0.122561	0.138155	0.156179	0.41173
Carbon County Sheriff	0.027615	0.143418	0.032478	0.129701	0.142029	0.384323
Catholic Community Services of Utah	0.171775	0.130884	0.115061	0.130614	0.157049	0.418957
Center for Women and Children in Crisis	0.223859	0.262225	0.277225	0.267071	0.268489	0.320282
Cherish Families	0.235377	0.255946	0.27185	0.265745	0.282769	0.384213
Child and Family Support Center	0.214584	0.243066	0.250183	0.245762	0.252638	0.315417
Clearfield City	0.150914	0.147065	0.149408	0.024717	0.045539	0.268702
Daggett County Sheriff's Office	0.064471	0.132307	0.005962	0.134656	0.160855	0.422764
Davis County Attorney's Office	0.164132	0.19141	0.174905	0.045392	0.037813	0.244824
Davis County CJC	0.14065	0.151872	0.146818	0.1353	0.153207	0.382534
DCCAV-Safe Harbor	0.314972	0.358479	0.37348	0.356133	0.342463	0.321797
DOVE Center	0.16999	0.20199	0.217021	0.213202	0.214497	0.352206
Duchesne County Attorney's Office	0.181654	0.194026	0.201104	0.073442	0.081777	0.265434
Duchesne County CJC	0.157574	0.124935	0.127059	0.135301	0.147519	0.401448

APPENDIX C

List of Agencies

Type of Agency by Victim Services	Number of Agency Interviewed
DV / Dual Programs	Total: 3
YWCA New Horizons Crisis Center DOVE Center	
Sexual Assault	Total: 1
Rape Recovery Center	
Housing	Total: 1
Center for Women and Children in Crisis	
System-based Advocates	Total: 2
Cache County Attorney's Office Salt Lake City Police Department	
Children's Justice Centers	Total: 2
Utah County CJC Uintah/Dagget CJC	
Underserved	Total: 2
Cherish Families Utah Navajo Health Systems	
Legal Programs	Total: 1
Legal Aid Society SLC	
Coalitions	Total: 2
UCASA UDVC	
Prosecutor	Total: 1
Attorney General's Office-CJC Program	
Other Funders	Total: 1
Dept of Human Services-DV Programs	
All Agencies	Total: 16 Agencies

Robeyns (2003): Point of Departure for Capabilities of Victims of IPV	
1.	Life and physical health: being able to be physically healthy and enjoy a life of normal length.
2.	Mental well-being: being able to be mentally healthy.
3.	Bodily integrity and safety: being able to be protected from violence of any sort.
4.	Social relations: being able to be part of social networks and to give and receive social support.
5.	Political empowerment: being able to participate in and have a fair share of influence on political decision-making.
6.	Education and knowledge: being able to be educated and to use and produce knowledge.
7.	Domestic work and nonmarket care: being able to raise children and to take care of others.
8.	Paid work and other projects: being able to work in the labor market or to undertake projects, including artistic ones.
9.	Shelter and environment: being able to be sheltered and to live in a safe and pleasant environment.
	Mobility: being able to be mobile.
11.	Leisure activities: being able to engage in leisure activities.
12.	Time-autonomy: being able to exercise autonomy in allocating one's time.
13.	Respect: being able to be respected and treated with dignity.
14.	Religion: being able to choose to live or not to live according to a religion.

APPENDIX D

Preliminary UT Service Provider Interview Questions

General:

- Org info, location, what makes them unique and what core services they provide under grant dollars:
- Tell us about some of your success stories or highlighted outcomes that your organization is most proud of?
- On a day to day basis, what are the challenges your organization faces? Administratively or serving victims.
- Where is your outreach mostly concentrated in? What active efforts do you have for outreach for underserved communities?

Financial/Administrative:

- Given an anticipation of 10-20% in funding cuts. How will your agency respond to this anticipated cut? Where will this cut most likely affect first?
- Where does your largest financial burden lie?
- What other streams of funding sources do you rely on?
- What are the most pressing administrative burdens you face most frequently?
 - How have your org's indirect costs assisted you in addressing this administrative burden?
 - What are your recommendations for reducing the administrative burden while maintaining the compliance to federal guidelines?
- What services do you find people asking for most often?
- What programs do you wish you could put more funding towards?
- At the end of the day, who is the last person standing at your organization? What is their demographic characteristic? Why was your organization unable or insufficiently able to serve their needs?

Services (Quantity & Quality):

- Which services do you find most effective for the victims you serve?

-
- How does your organization measure success? What does that look like both quantitatively/qualitatively?
 - What are the different outputs and outcomes you measure and aim to achieve? How is effective service delivery defined?
 - Do you have active efforts of tracking and evaluating the victim's service experience? Are there any measures regarding quality of service?

Collaboration:

- In your regional area of service delivery, are you aware of similar organizations doing the same work you are doing or are there complementary organizations your org is collaborating with?
 - In your service area of X, do you collaborate with similar service providers or make referrals to these organizations for your clients? What does the coordination of other services for crime victims look like beyond your org's services?
 - Do you feel that there is a duplication of the services you provide in your area of service?
- What is the relationship of collaboration and coordination your organization has across the state of UT with coalitions and other service providers? (From knowledge transfer/trainings to client referrals)

Specific questions for DV/SA services:

- What are the most common challenges your organization's advocates/staff members/volunteers face in delivering the services? What can better serve their needs to help them serve their clients better?
- As we are seeing a larger shift towards community-based services vs shelter-based services, we are curious if your organization is also moving towards this shift or considering this option given the flexibility this provides for victims and their unique needs.
 - How much is approximately spent on maintaining your shelter? How many people are served under shelters? Do you think more people could be served with a more community-based model?
- Dual Service Providers:
 - As a dual service provider, what distinct efforts of outreach and service delivery is made for specifically SA victims?
 - How are SA victims, outside IPV, served by your organization? How do they reach your

service?

- Rape Recovery Center:
 - As the only standalone SA service provider in UT, do you face challenges in reaching all victims across UT? To what extent do you collaborate with dual-service providers?

Preliminary UT Coalition/Funder Interview Questions

General:

- Asking about their coalition/division. What is their overall mission? Who do they serve?
- Does the coalition/division directly fund any programs either directly or as passthrough dollars? If so, who do they fund, what are the parameters of that funding, and how does it collaborate with and differ from VOCA/VAWA funds?
- A framework for why we are completing this study and why we need their input. Reference SOW Section 2, "Are existing funding programs and practices in Utah effective in servicing victims appropriately, equitably, and realistically?" This should be the baseline of the interview then all other information could stem from there.
- Also reference VOCA Rule 28 CFR Part 94.103 Strategic Planning. SAA [State Administering Agencies] are encouraged to develop a funding strategy which should consider the following: The range of direct services throughout the State and within communities; the sustainability of such services; the unmet needs of crime victims; the demographic profile of crime victims; the coordinated, cooperative response of community organizations in organizing direct services; the availability of direct services throughout the criminal justice process, as well as to victims are not participating in criminal justice proceedings; and the extent to which other sources of funding are available for direct services.

Financial/Administrative:

- In relation to the programs that you work with, where have you seen increases in services in the past five years? How has this been effective? Are there gaps that still exist?
- Given an anticipation of 10-20% in funding cuts. How do you think the agencies you work with will respond to this anticipated cut? Where will this cut most likely affect first?
- What other streams of funding sources do the agencies you work with rely on?
- What would be your recommendations as to how UOVC should award decreased funds in the

upcoming years?

- What ideas would you have for an equitable distribution of VOCA funds for victims services programs across the state? (Keeping in mind that VOCA funds both community-based and system-based programs with a wide array of services for all types of crime victims.)

Services (Quantity & Quality):

- Which services do you find most effective for the victims you serve?
- If applicable, what types of reports do you require from the programs that you work with? What are the different outputs and outcomes you measure and aim to achieve? How is effective service delivery defined? How do you measure success?
- Do you have active efforts of tracking and evaluating the victim's service experience? Are there any measures regarding quality of service?
- What emerging best practices have you seen that can provide a high value of services to victims of crime without a high cost? (e.g. Housing First Programs) Do you see how we could implement any of these new and innovative programs in our state? What would be the costs and benefits?

Collaboration:

- Where have you seen a positive example of collaborative relationships among service providers and how can this be replicated in order to more effectively serve crime victims?
- In general, how well do you see the programs that you work with collaborating with other agencies in their area? Is there room for improvement?
- Do you feel like there are duplications of services in the state? How do you feel those could be better addressed?

Specific questions for DV/SA Coalitions/Divisions (UDVC, UCASA, DHS):

- As we are seeing a larger shift towards community-based services vs shelter-based services, we are curious if the organizations you work with are also moving towards this shift or considering this option given the flexibility this provides for victims and their unique needs.
 - How much is approximately spent on maintaining shelters across the state? How many people are served under shelters? Do you think more people could be served with a

more community-based model?

- What are your thoughts on dual programs versus stand-alone services for rape and sexual assault victims? What do you see as being the best option and why?

Preliminary Nationwide State Agency Interview Questions

- In your state, what are the most cost-effective or least cost-effective services identified? (Particularly for DV/SA services) What sort of metrics are utilized in order to assess effectiveness?
- How are your outputs and outcomes defined across agencies?
- Are gaps in service delivery frequently identified? If so, how were new demographic groups reached if identified? For example, how were services for rural communities improved?
- What is the balance between community-based vs system-based agencies for victims services?
- How has the quality of services and reaching the needs of victims sustained while facing reductions in financial funding?
 - “What is your contingency plan for the upcoming decrease in VOCA funding and how do you plan to implement that in your state?”
- What technological tools/systems/platforms/apps have been utilized in the process of improving victim services?
- What evaluation tools/methods have been used to track short and long-term outcomes of agencies? How were agencies met with to get onboard new forms of monitoring and evaluation?
- Does your office receive VOCA, VAWA, SASP, FVPSA, RPEG, TANF, and other federal funds for serving crime victims? What about state funds? If the funds go through another office or to a coalition, how do they work together?
 - What is the extent of inter-agency collaboration? How is this best facilitated or utilized in your state?

APPENDIX E

Arizona Resources

Available at the following [link](#).