

Nevada Victim Services Needs Assessment Report

Nevada Division of Child and Family Services

November 2022



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Acknowledgements

Special thanks and acknowledgements are extended to the following organizations and individuals for their contributions to the Victim Services Needs Assessment.

- Julie Lindesmith, Nevada Division of Child & Family Services
- Jean Booth, Nevada Division of Child & Family Services
- Amanda Bullard, Nevada Coalition to End Domestic and Sexual Violence
- Amber Batchelor, Nevada Coalition to End Domestic and Sexual Violence
- Jenny Escalera-Guerrero, Nevada Division of Child & Family Services

1. Introduction and Background

The State of Nevada Division of Child and Family Services contracted with the Center for Surveys, Evaluation and Statistics (CSES), School of Public Health at the University of Nevada, Reno to conduct the needs assessment for Victims of Crime Act (VOCA) and Family Violence Prevention & Services Act (FVPSA) funding of victim services in Nevada. The goal of VOCA funding is to fund provision of statewide services to victims of crime, through allocation of passthrough federal dollars. The federal program requires periodic re-evaluation of state needs and allocation procedures. The Family Violence Prevention and Services Act (FVPSA) Program provides federal funding to support emergency shelter and other for victims of domestic violence and their children. The goals of the needs assessment included:

- 1) identifying current victims of crime service needs and gaps, and;
- 2) determining how best to distribute Nevada's VOCA and FVPSA funding among the four priority categories and the state's geographic regions. This report summarizes Nevada crime data and stakeholder data collected for this needs assessment, including service provider surveys and interviews and survivors of crime focus groups.

The Victims of Crime Act (VOCA)

The Victims of Crime Act was signed into federal law in 1984 to address perceived inadequacies in services to victims of crime within states. Administered at the federal level by the Office for Victims of Crime (OVC), and disbursed through a statutory formula, the Act continues to be the central source of grant funding for direct services to victims of crime in every state, the District of Columbia and U.S. Territories. Funding is derived from the Crime Victims Fund (CVF), maintained through criminal fines, forfeited bail bonds, penalties, special assessments of federal court systems, and private donations. Thus, funding for VOCA grants derives largely from criminals and perpetrators, not from taxpayer monies. OVC and CVF have established guidelines and mechanisms for funds distribution and management at the federal level, and given states discretionary power to disburse funds at the local level. This is customarily done through sub-grants to organization serving victims of crime, with some stipulations.

OVC has previously supported a competitive bidding process, but State Assistance Agencies (SAAs) have full discretion to provide direct services through state-run projects or through sub-recipients, and to cover administrative and training costs of the SAA (not to exceed 10% of total grant). Furthermore, SAAs have sole discretion to determine which

organizations will receive funds, based upon local needs and subject to minimum federal requirements. SAAs must ensure that projects provide services to victims of federal crimes on the same basis as to victims of crimes under State or local law. Participation in the criminal justice process is not a requirement for receipt of services to victims. Neither is receipt of services dependent upon immigration status. Indeed, undocumented victims of crime are eligible for special visas, enabling them to stay legally in this country. In general, OVC stipulates that services should (1) Respond to the emotional, psychological, or physical needs of crime victims; (2) Assist victims to stabilize their lives after victimization; (3) Assist victims to understand and participate in the criminal justice system; or (4) Restore a measure of safety and security for victims.

Guidelines for the Distribution and Use of VOCA Funding

State Assistance Agencies (SAAs) are encouraged to develop a funding strategy which encompasses several considerations:

- The range of direct services throughout the State and within communities;
- The sustainability of such services;
- Unmet needs of crime victims;
- Demographic profile of crime victims;
- 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 who are not participating in criminal justice proceedings;
- The extent to which other sources of funding are available for direct services.

In allocating funds within a state, SAAs must maintain a documented methodology for selecting all sub-recipients. Typically, OVC encourages a competitive process where possible, entailing an open solicitation of applications and a documented determination, based on objective criteria set in advance by the SAA (or pass-through entity). SAAs are not permitted to use more than 10% of VOCA grants to fund their own direct services unless a waiver is granted by the Director. Furthermore, VOCA requires that SAAs shall allocate a minimum of ten percent of each year's VOCA grant to each of the three priority categories of victims specified in the certification requirement in VOCA, at 42 U.S.C. 10603(a)(2)(A), which, as of July 8, 2016, includes victims of: Sexual assault; Spousal abuse; and Child abuse.

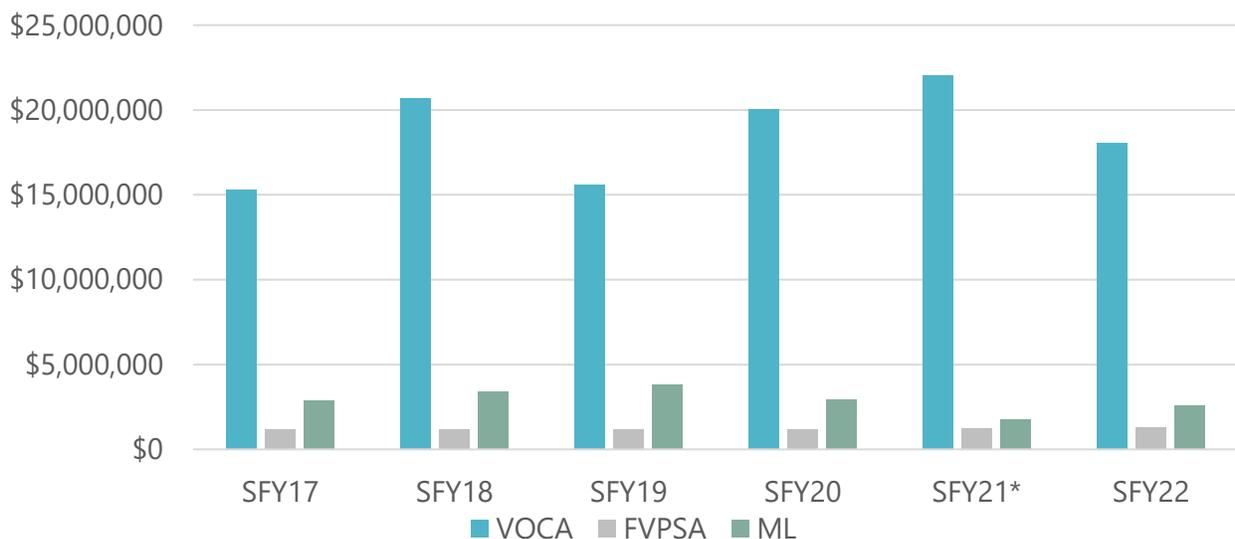
SAAs are also required to allocate 10% of total grant funds to underserved victims of violent crime as specified in VOCA, at 34 USC 20103. SAAs must identify services for underserved victims of violent crime either by the type of crime they experience (e.g.,

elder abuse), or by characteristics of the victim (e.g., children), or by both type of crime and victim characteristics. Underserved victims may differ between jurisdictions.

Nevada Victim Services Funding

Nevada VOCA allocations over the past six years have ranged from a low of \$15,305,294 in SFY17 to a high of \$22,010,99 in SFY21, which also includes \$2,039,999 of supplemental funding available that year (Figure 1). Additionally, Nevada receives Family Violence Prevention and Services Act (FVPSA) federal funding which is designated for domestic violence services and prevention. Since SFY17, FVPSA funding has ranged from a low of \$1,162,653 in SFY18 to a high of \$13,000,000 in SFY22. Marriage License (ML) funding derived from the state’s marriage license revenue is a third source of funding which is used to provide services for victims of domestic violence or sexual violence and is mainly for shelter and shelter-related services. In the past six years, ML funding has ranged from a low of in \$1,776,990 in SFY21 to a high of \$3,818,068 in SFY19.

Figure 1. Nevada VOCA, FVPSA and ML Funding SFY17-SFY22



Nevada Demographics

Nevada has an area of 110,000 square miles. It is composed of 16 counties and one independent city. It is the 32nd most populated, yet the 9th least densely populated, state in the United States. The capital of Nevada is Carson City, and the largest city in Nevada is Las Vegas, which contains nearly three quarters of the population. The bordering states of Nevada are Arizona, California, Idaho, Oregon, and Utah. The majority of Nevada’s population resides in two Metropolitan areas, Las Vegas-Paradise in Clark County and

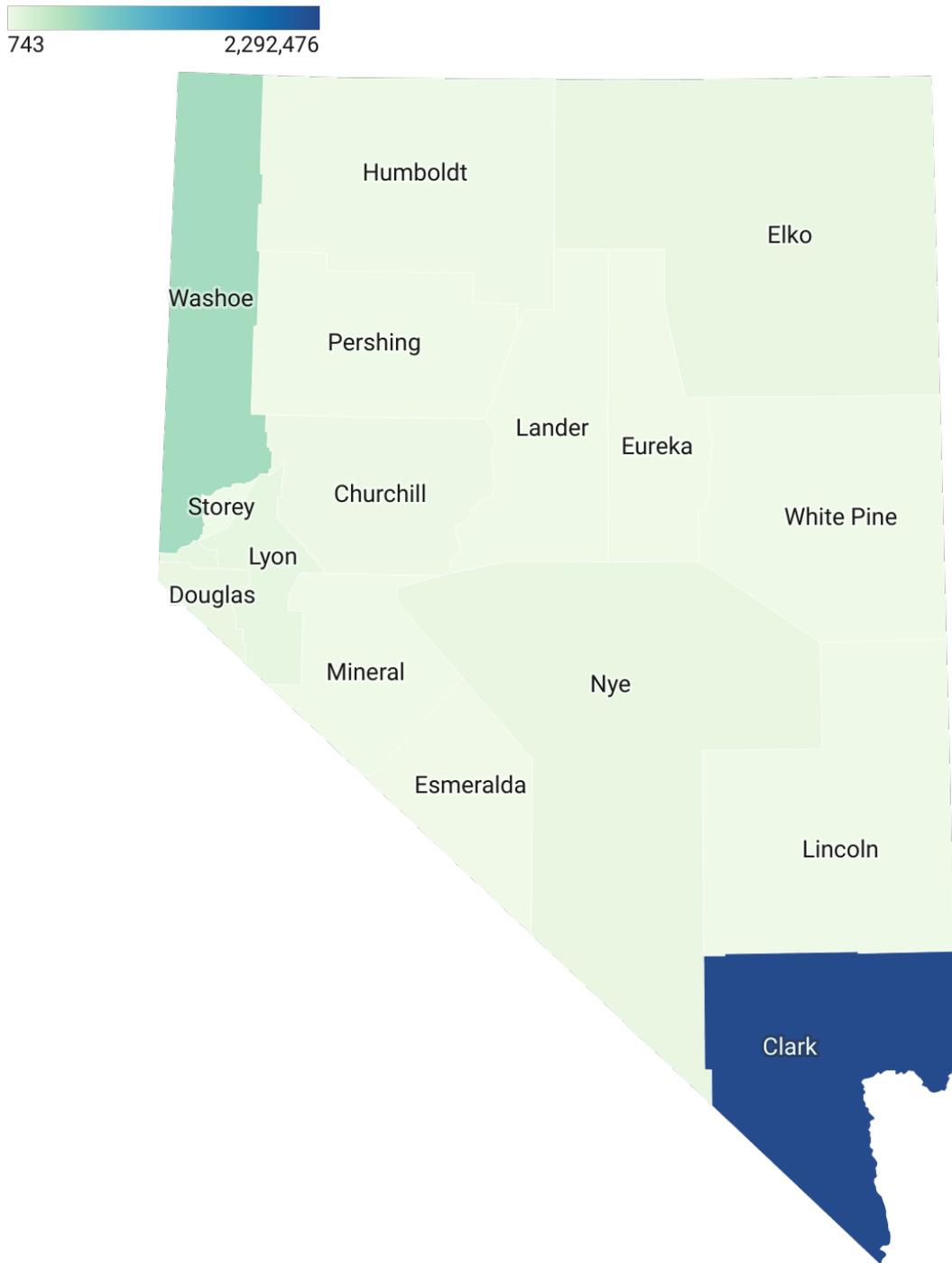
Reno-Sparks in Washoe County. These areas hold 89.4% of the population. The remainder of the population, 11.6%, resides in rural areas in Nevada. In 2021, Nevada’s total population was estimated to be 3,143,991, 16% higher than the last census, which was 2,700,551 in 2010 (Table 1; Figure 1). The following data are population estimates as of July 1, 2021 (U.S. Census Bureau, 2021).

Table 1. Nevada Population by County

County	Population	Percentage
Carson City	58,993	1.9%
Churchill	25,723	0.8%
Clark	2,292,476	72.9%
Douglas	49,870	1.6%
Elko	53,915	1.7%
Esmeralda	743	0.0%
Eureka	1,903	0.1%
Humboldt	17,648	0.6%
Lander	5,798	0.2%
Lincoln	4,525	0.001%
Lyon	60,903	1.9%
Mineral	4,586	0.1%
Nye	53,450	1.7%
Pershing	6,741	0.2%
Storey	4,143	0.1%
Washoe	493,392	15.7%
White Pine	9,182	0.3%
Total Nevada	3,143,991	100%

Figure 1. Nevada Population by County, 2021

73% of Nevada's population reside in Clark County; 16% reside in Washoe County.



Total population 2021 = 3,143,991

Source: Source: U.S. Census Bureau (2021). Population Estimates Program (PEP). • Created with Datawrapper

Nevada is primarily composed of people between the ages of 19 and 64, who comprised 55.6% of Nevada’s population (Figure 2; U.S. Census Bureau, 2021b). The proportion of women and men who compose Nevada’s population is nearly equal (Figure 3; U.S. Census Bureau, 2021b).

Figure 2. Nevada Population by Age

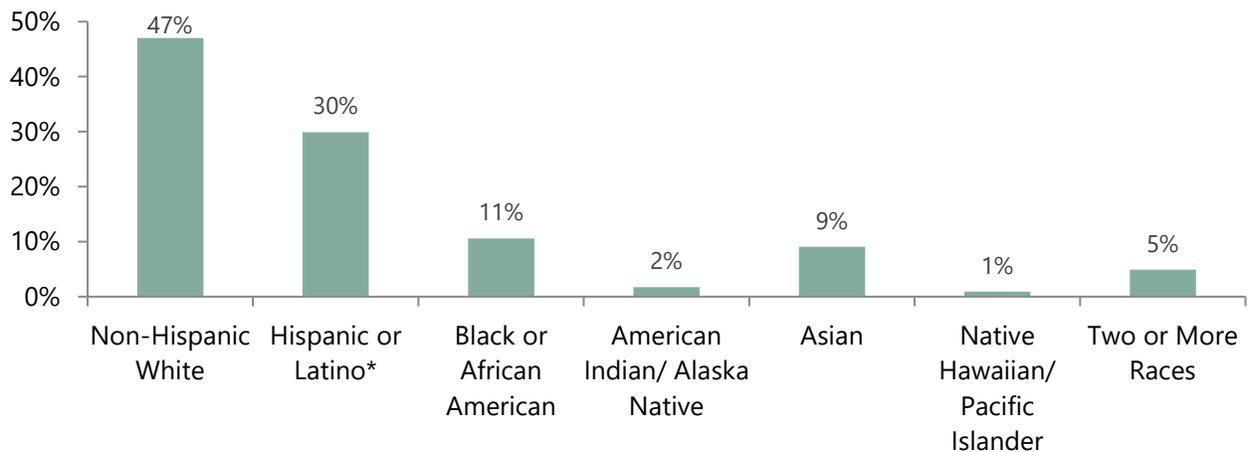


Figure 3. Nevada Population by Gender



Nevada is a relatively diverse state. Although the majority of the population (72.8%) is White, it should be noted that 29.9% of Nevada residents self-identify as Hispanic, compared to 18.9% nationally (Figure 4; U.S. Census Bureau, 2021b). However, as Hispanics can be of varied race, those who denoted such in their census response were included in the applicable race categories. Non-Hispanic minorities compose about 27.2% of Nevada’s, compared to 24.2% nationally.

Figure 4. Nevada Population by Race and Ethnicity, 2021



2. Needs Assessment Methods

CSES worked with DFC and VOCA stakeholders to design the needs assessment plan and data collection tools. The needs assessment methods included analysis of crime, victim and victim service data and primary data collection which included key stakeholder interviews, a provider survey, victim focus groups, and a victim survey.

Crime and Victim Data

Crime data were gathered and analyzed from a variety of sources to describe the incidents and rates of various categories of crimes and types of victims in Nevada. The Federal Bureau of Investigation's (FBI's) Uniform Crime Reporting (UCR) Crime Date Explorer, Nevada Crime Statistics site, Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) reports, Nevada Division of Child & Family Services (DCFS), were main sources of data.

Provider Survey

CSES staff attempted to locate every agency providing services to victims of crime within the state of Nevada, excluding policing. A 21-item online survey was distributed to 92 service agencies throughout the state, including agencies both VOCA-funded and non-VOCA-funded agencies (see list in Appendix). Of the 92 agencies, 57 responded for a response rate of 62%.

Key Stakeholder Interviews

Interviews were conducted with senior staff at 12 key agencies. The interview contained 13 items and were done via the Zoom platform.

Survivors of Crime Survey and Focus Groups

CSES sent requests to 92 agencies that offer services to crime victims, asking them to disseminate invitations for current and former clients to participate in focus groups. Participants were offered \$25 gift cards to compensate for their time in focus group. It was challenging to recruit focus group participants with many survivors reluctant to share their stories. However, two virtual focus groups were conducted with a total of 10 participants. The focus groups included eight questions. After the focus groups, an online survey was created and the agencies were asked to disseminate the link. Recruitment for the survey was challenging as well. The online survey was completed by 18 respondents. The survey contained 26 items. No compensation was offered for completing the survey.

3. Needs Assessment Findings

Crime and Victim Statistics

To understand who should be served by VOCA funding in Nevada, and what types of services might be needed, the rates of crime occurring across the traditional categories of crime compensation are presented. The first three categories of victims funded in Nevada and nationally are (1) domestic violence, (2) sexual assault, and (3) child victims of abuse and neglect. Other commonly funded crime victims are (4) assault victims, (5) survivors of homicide victims, (6) impaired driving victims, (7) robbery victims, (8) elderly victims, (9) LGBTQIA+ victims, and (10) human trafficking victims. In 2017, Nevada identified several victim populations as “previously underserved.” These included (11) persons with disabilities, (12) persons who are homeless, (13) immigrants, and (14) tribal communities.

1. Domestic Violence in Nevada

Services for victims of domestic violence are the most commonly funded victim services in Nevada and throughout the United States. However, comparing victim funding to incident rates is often difficult, as traditional reporting does not classify this crime as a separate category in crime statistics; it is often reported as a sub-type of other crimes. For example, domestic violence incidents may fall under homicide, assault, sexual assault, and other reported categories. As such, the following sections analyze domestic violence incident rates in Nevada based on estimated incident rates from various sources.

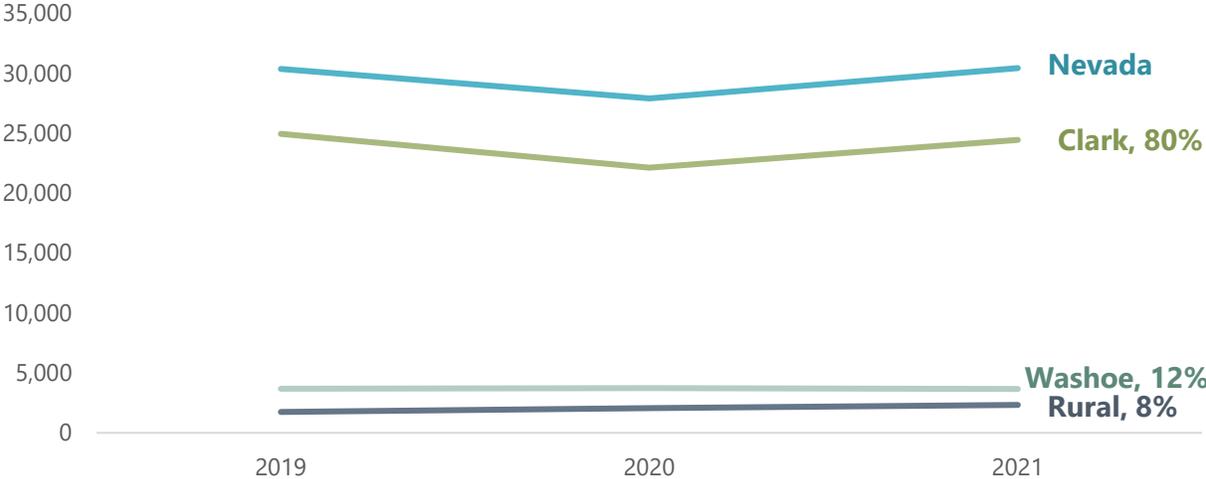
1.1 Homicides related to domestic violence in Nevada

The Violence Policy Center (VPC), a national non-profit organization advocating for gun control, tracks national domestic-violence-related homicides by looking at rates of women killed by men (VPC, 2022). The most recently available analysis is based on 2020 fatalities. Nevada ranked 18th highest in the nation for women killed by men, with a count of 27 female homicide victims, a rate of 1.72 domestic violence homicides per 100,000 female residents, compared to the national average of 1.34 per 100,000. This represents a decrease for Nevada from 2019, in which it ranked 3rd highest in the nation for women killed by men, with a count of 35 female homicide victims, a rate of 2.28 domestic violence homicides per 100,000 female residents, compared to the national average of 1.18 per 100,000. In the past, Nevada consistently ranked in the top 10 states for domestic violence homicides, often holding the number 1 spot (e.g., 1996, 1999, 2005, 2006, 2009, and 2010). Whether this 2020 drop is an anomaly or a new trend for Nevada is unclear until 2021 data are available in the VPC report available in September 2023.

1.2 Other domestic violence incidents in Nevada

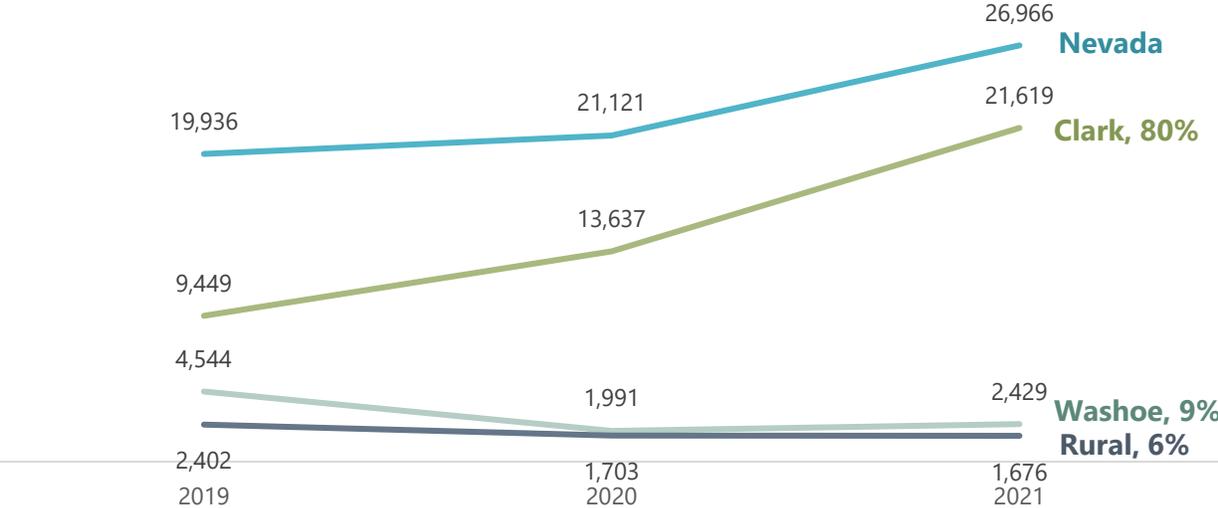
Reported domestic violence incidents decreased slightly in Nevada in 2020 but increased in 2021 (Figure 5; Nevada Crime Statistics, 2021). Clark County accounted for 80% of domestic violence incidents in 2021 and Washoe County for 12%.

Figure 5. Domestic Violence Incidents in 2019 in Nevada, by County



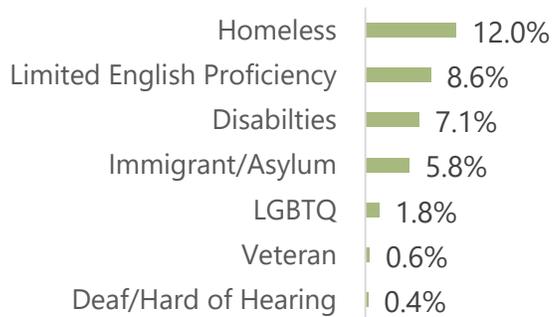
The Nevada Coalition to End Domestic and Sexual Violence (NCEDSV) compiles statistics for domestic violence services in Nevada. The NCEDSV report (2021) revealed that 26,966 adults and children received domestic violence services, an increase from 2019 and 2020 (Figure 6).

Figure 6. Number of Individuals Receiving Services for Intimate Partner and Domestic Violence 2019 to 2021 in Nevada, by County of Residence



Eighty percent of the victims receiving services resided in Clark County; 9% in Washoe County, 6% in rural counties, were from out of state and the residence of the remainder was unknown. Of those served, 12% were homeless, 9% had Limited English Proficiency, 7% had disabilities, 6% were immigrants, and 2% were LGBTQ (Figure 7).

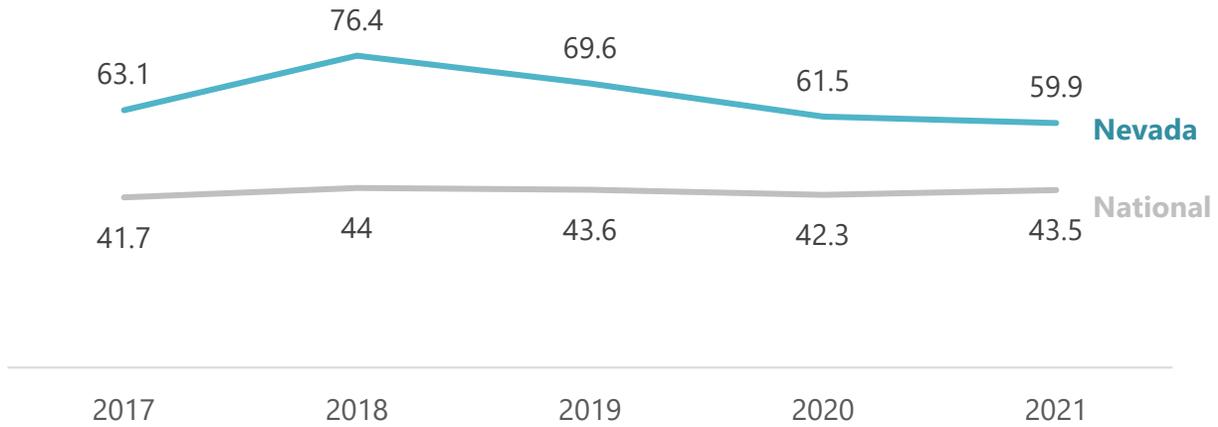
Figure 7. Percentage of Individuals from Special Populations Receiving Domestic Violence Services 2021 in Nevada



2. Sexual Assault

Sexual assault is any sexual contact that occurs without the consent of a victim, including rape attempts, completed rape, fondling or unwanted sexual touches, and forcing a person to perform sexual acts. Despite these all being a form of sexual assault, the only data to be consistently recorded at either federal or local levels pertain to rape. Due to the discrepancy, the discussion presented in this section will focus on rape. According to the National Intimate Partner and Sexual Violence Survey (NISVS, 2018), about 43.6% of women and 24.8% of men in the United States have experienced some form of sexual violence in their lifetime. More specifically, 21.3% of women and 2.6% of men reported complete or attempted rape. Nevada consistently ranks in the top ten states with the highest rape rates. As seen in Figure 8, Nevada rape rates have been decreasing since 2018 (FBI, 2021). It should be noted that experts consider rape to be extremely underreported. For this reason, statistics on rape do not accurately depict the accurate incidence of sexual assault.

Figure 8. Rates of Rape, National and in Nevada (Rates per 100,000)



Rape rates decreased from 2019 to 2021 in Clark County, but increased in Washoe County (Figure 9; Nevada Crime Statistics, 2021). For the rural counties combined, the rape rate decreased in 2020 but increased to higher than the Clark County rate in 2021. Due to its large population, Clark County comprises the largest percentage of rape incidents in the state, followed by Washoe County (Figure 10).

Figure 9. Rates of Rape in Nevada, by County (Rate per 100,000)

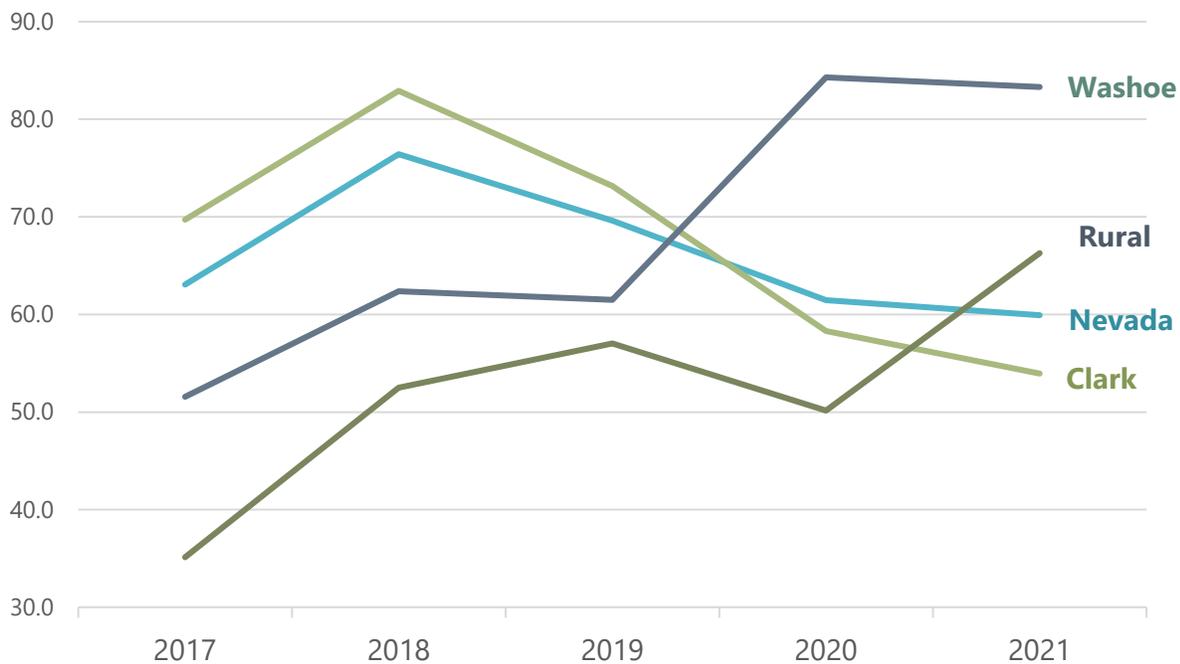
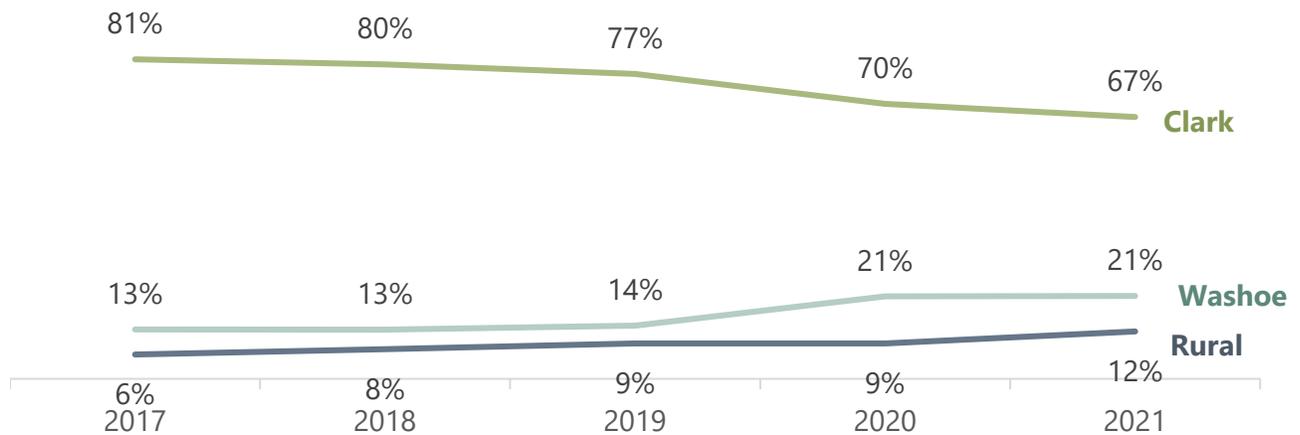


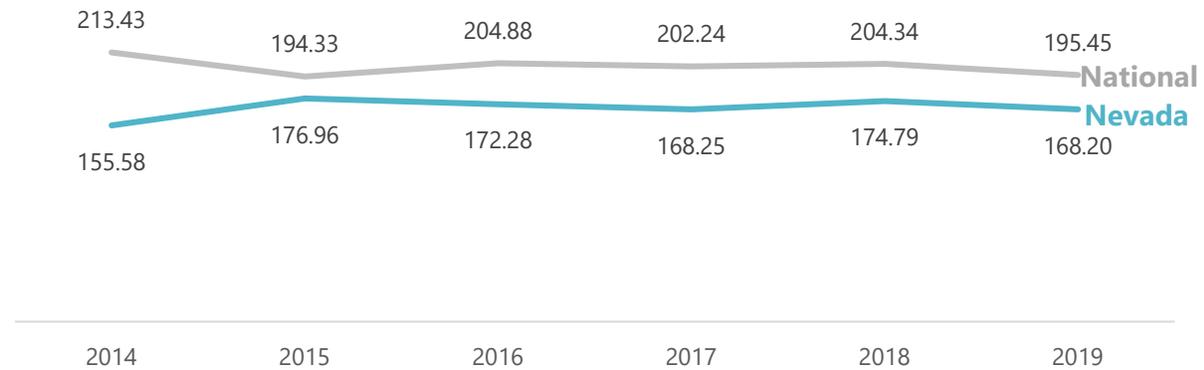
Figure 10. Percentage of Rape Incidents by County



3. Child Abuse

Federal legislation considers child abuse to be “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious injury, or emotional harm, sexual abuse or exploitation” (The Federal Child Abuse and Prevention and Treatment Act, 2010). Before investigating a child abuse case, the potential cases are screened in or screened out. A case is screened out when the investigation does not meet the necessary criteria (e.g., scores not meeting the necessary thresholds on trauma and welfare assessments). These cases are then referred to other services. On the other hand, a case that is screened in meets the criteria to be investigated. Nevada has lower rates of substantiated child abuse cases when compared to the national rate (ACF, 2021; Figure 11). Nevada currently ranks 19th among the states for child maltreatment.

Figure 11. Substantiated Child Abuse Incidents in Nevada and Nationally (Rate per 100,000 of Population)



The number of substantiated child abuse incidents increased in Clark County from SFY2020 to SFY2022, while the number remained fairly stable in Washoe and the Rural Counties (Nevada DCFS, 2022; Figure 12). Eighty percent of incidents occurred in Clark County. Although the number of incidents increased in Clark County, the percent of substantiated incidents remained fairly stable in Clark County ranging from 19% to 21% over the five-year period (Figure 13). The percent of substantiated incidents was higher in Washoe and the rural counties compared to Clark County and represented increases from previous years.

Figure 12. County of Substantiated Child Abuse Incidents in Nevada, By County

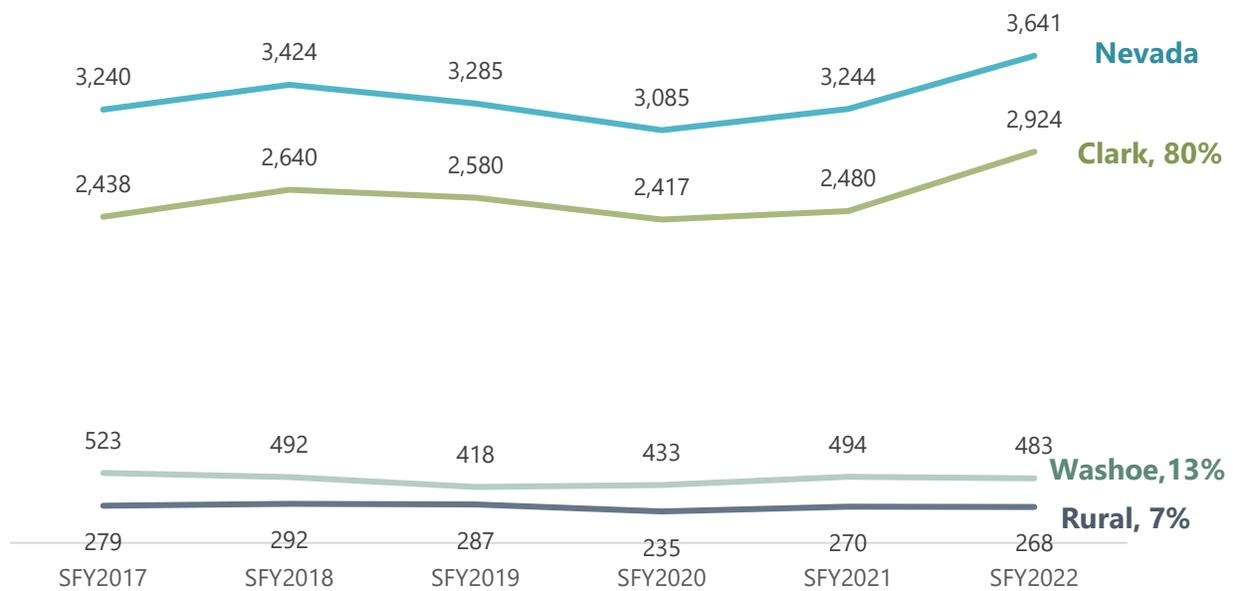
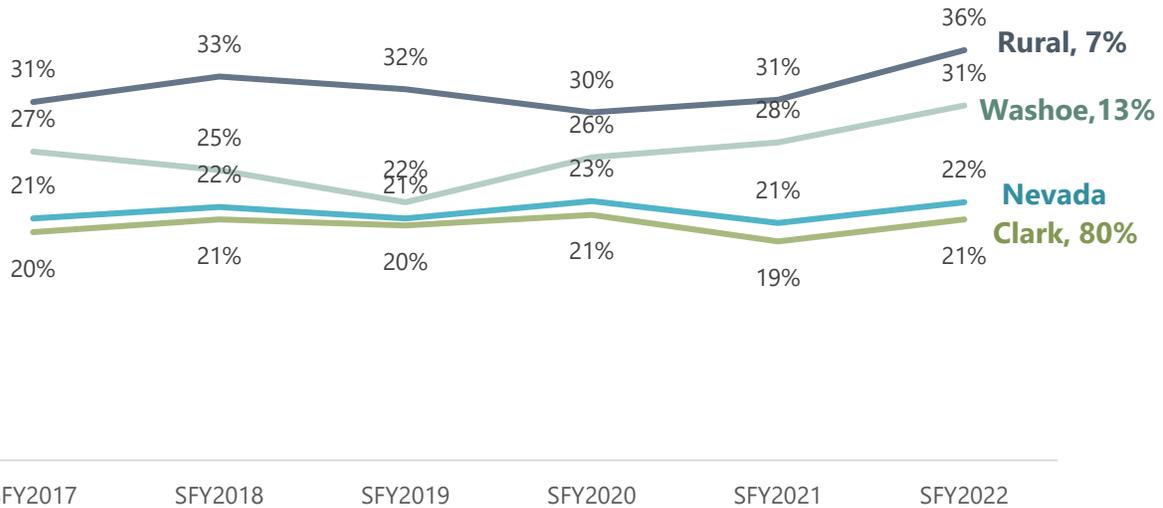
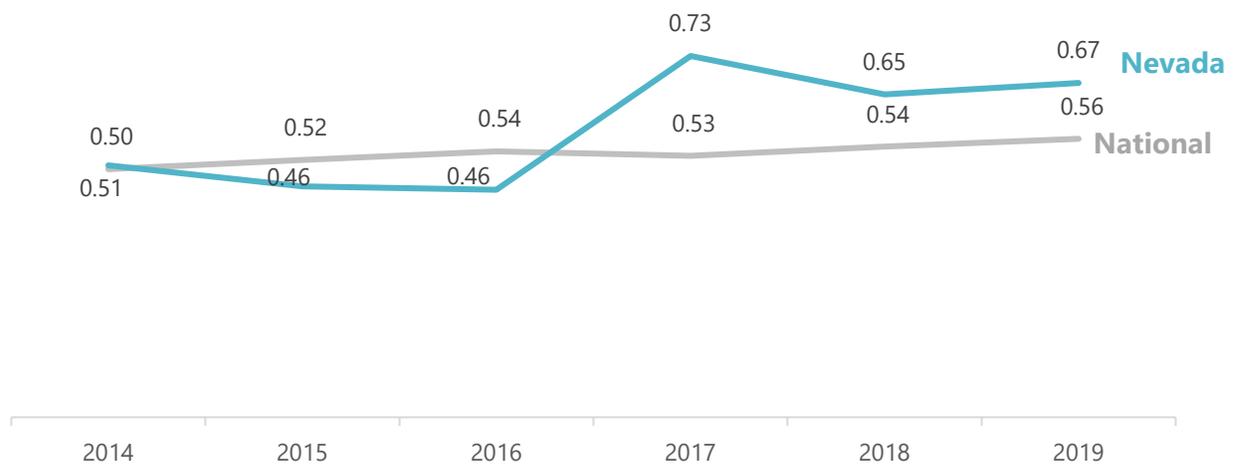


Figure 13. Percent of Substantiated Child Abuse Incidents in Nevada, By County



In 2019, it was estimated that 1,840 children died from abuse and neglect in the United States. This was a 10% increase from 2015, when it was estimated that 1,660 children died from abuse and neglect. In 2019, Nevada reported 20 fatalities related to child abuse and neglect. This was a 53% increase from 2015, when it was reported that 13 children died from abuse and neglect. As seen in Figure 14, Nevada’s rates of child fatalities related to child abuse and neglect increased from 2016 to 2019 (ACF, 2021).

Figure 14. Rates of Child Fatality in Nevada and Nationally (Rates per 100,000)



4. Assault

Assaults come in two forms – simple and aggravated. Simple assaults are “assaults that occur without the use of a firearm, knife, cutting instrument, or other dangerous weapon and in which the victim did not sustain serious or aggravated injuries.” Aggravated assaults are “assaults that are committed unlawfully by one person upon another to inflict

severe or aggravated bodily injury.” This type of assault usually is carried out with a weapon or by means likely to produce death or great bodily harm. Simple assault data is not collected by the Federal Bureau of Investigation’s Uniform Crime Report. Therefore, only aggravated assault data can be examined when comparing national and Nevada statistics. Nationwide, it appears that aggravated assaults are the most common type of crime. Further, it appears that national rates are increasing; between 2014 and 2019, aggravated assaults increased by 12%. On the other hand, Nevada’s aggravated assault case rates appear to fluctuate. For instance, between 2014 and 2016, rates increased by 10%. Then, between 2016 and 2018, rates decreased by 7%. Overall, between 2014 and 2019, rates decreased. Despite this decline, Nevada’s rates of aggravated assault are above the national average, and Nevada ranks 11th among states with the highest aggravated assault incidents.

Figure 15. Aggravated Assault Incidents in Nevada and Nationally (Rates per 100,000)



Data show that, between 2014-2019, 76% to 84% of aggravated assaults were reported in Clark County, while 10% to 17% of aggravated assaults were reported in Washoe County. The remainder of aggravated assault reports, 6% to 7%, occurred in Nevada’s rural counties.

Figure 16. Aggravated Assault Incidents in Nevada, by County

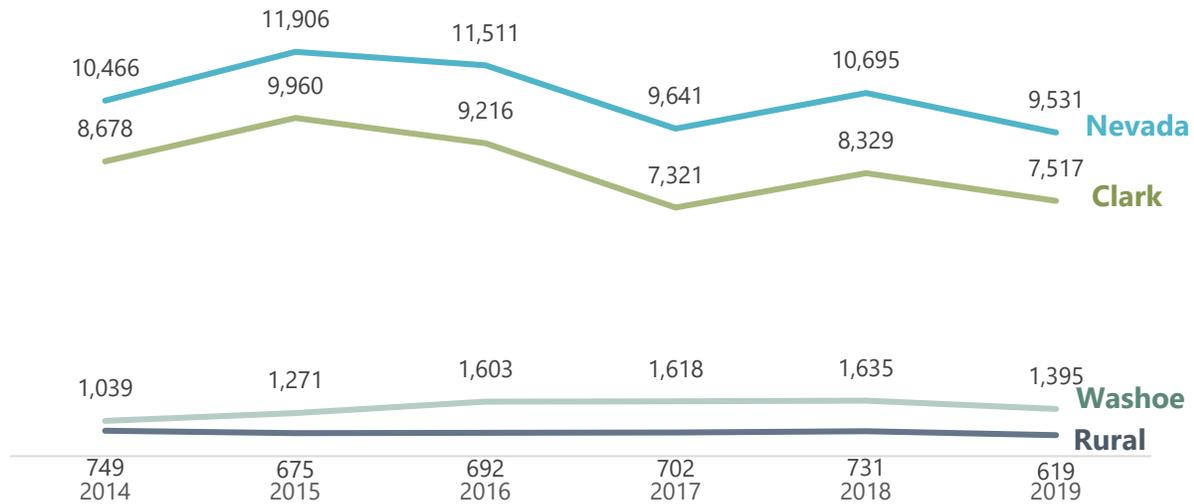
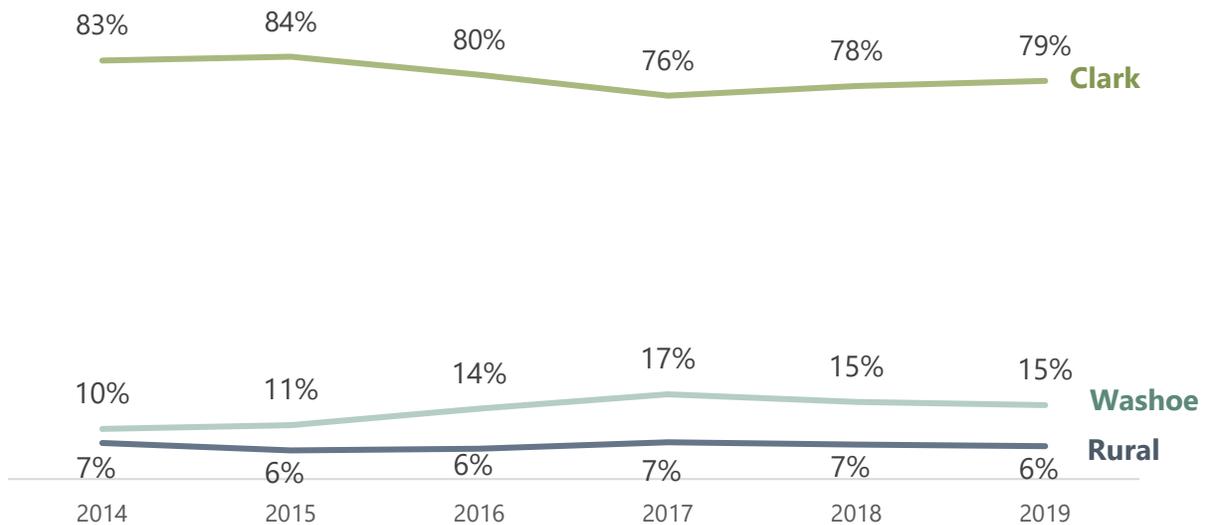


Figure 17. Aggravated Assault Incident Percentages in Nevada, by County

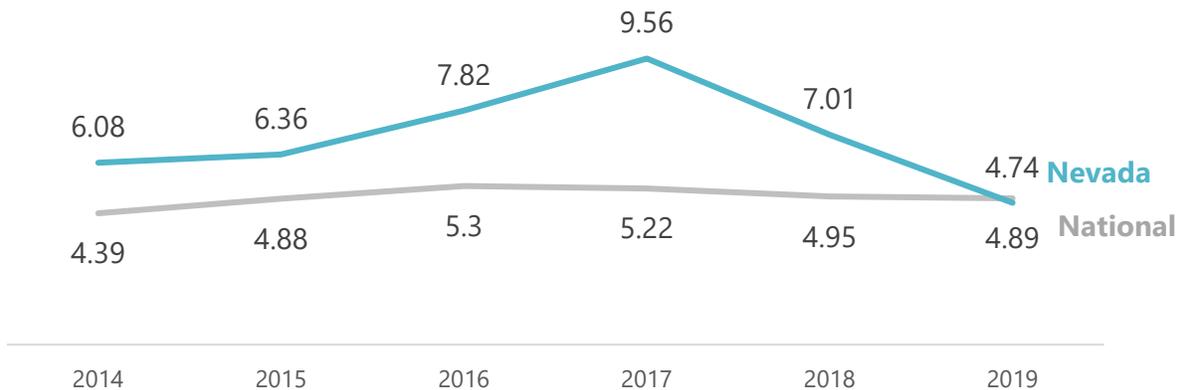


5. Murder

Between 2014 and 2016, murder incident rates rose about 21% nationwide, then fell about 7% between 2016 and 2018. Overall, between 2014 and 2019, murder incidents increased by 11% nationwide. Nevada followed a similar pattern, with incident rates rising by about 29% between 2014 and 2016 and declining 10% between 2016 and 2018. However, the national and Nevada rates diverge when specifically examining the overall shift between 2014 and 2019. Between 2014 and 2019, Nevada murder incidents decreased by 22%.

Nevada's rates of murder are consistently higher than the national rates. Nevada ranks 24th among the states with the highest murder rate in the country.

Figure 18. Murder Incidents in Nevada and Nationally (Rates per 100,000)



As depicted in Figure 20, approximately 80% to 90% of murders reported in Nevada are reported in Clark County. After Clark County, Washoe County receives approximately 5% to 11% of murder reports. The remainder of the reports (up to 8%) come from Nevada's rural counties.

Figure 19. Murder Incidents in Nevada, by County

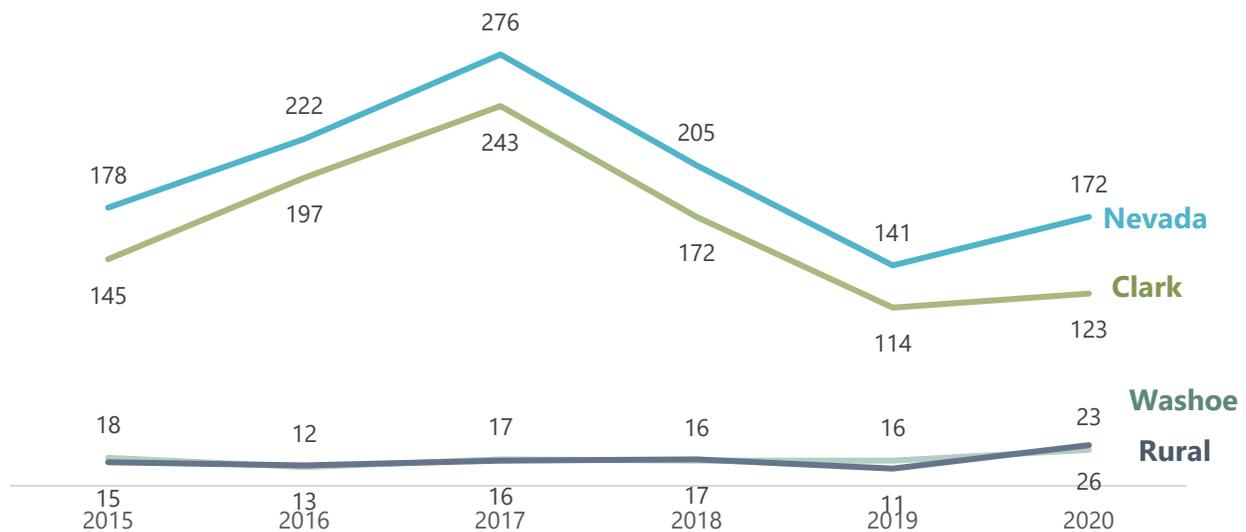
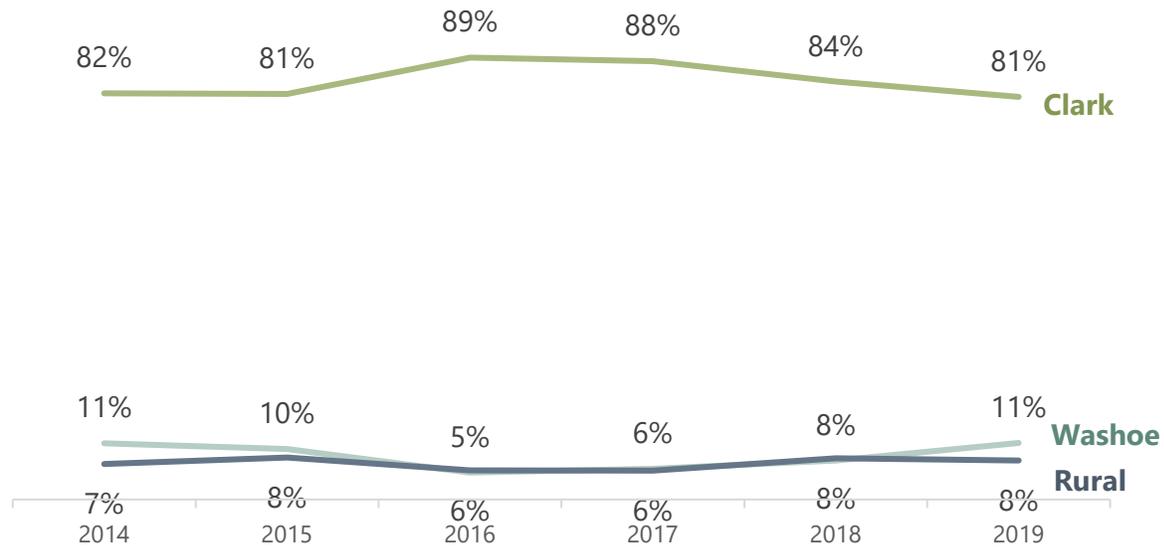


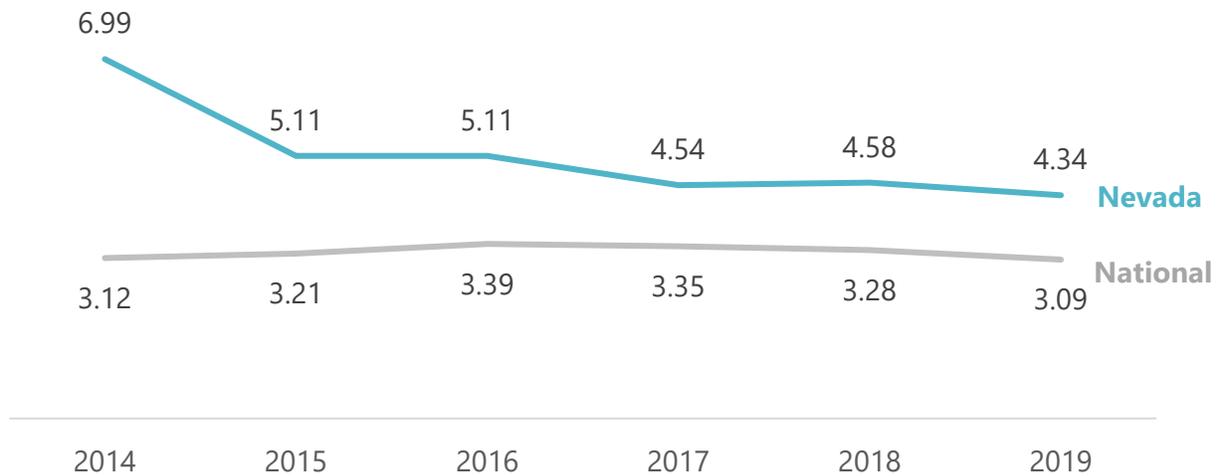
Figure 20. Murder Incident Percentages in Nevada, by County



6. Deaths Due to Driving Under the Influence

In 2019, driving under the influence was ranked number two for factors that contributed to drivers involved in fatal crashes (National Highway Traffic Safety Association, 2020). The National Highway Traffic Safety Association (NHTSA) has noted that, between 2014 and 2019, the rate of DUI fatalities decreased by 1% in the United States (See Figure 21), yet fatalities remain high. The NHTSA (2020) reported that between 2014 and 2019, 62,922 persons died due to alcohol-impaired driving crashes in the United States. In the same period, Nevada saw 787 impaired driving fatal crashes and 875 fatalities. From 2014 to 2019, the rate of fatalities decreased by 38% (See Figure 21). With the assistance of the Nevada Department of Transportation and the Nevada Department of Public Safety, the organization Zero Fatalities (2021) found that 68% of these fatalities occurred on urban roadways and the other 32% on rural roadways. The rate of crashes on rural roads is far higher than indicated by the rural population of Nevada, suggesting that either tourists or urban dwellers are more likely to crash on rural roads. As with other crime statistics, between 2015 and 2019, Clark County reported the majority of violations; it reported 388 fatal impaired crashes, the highest number of crashes in any Nevada county.

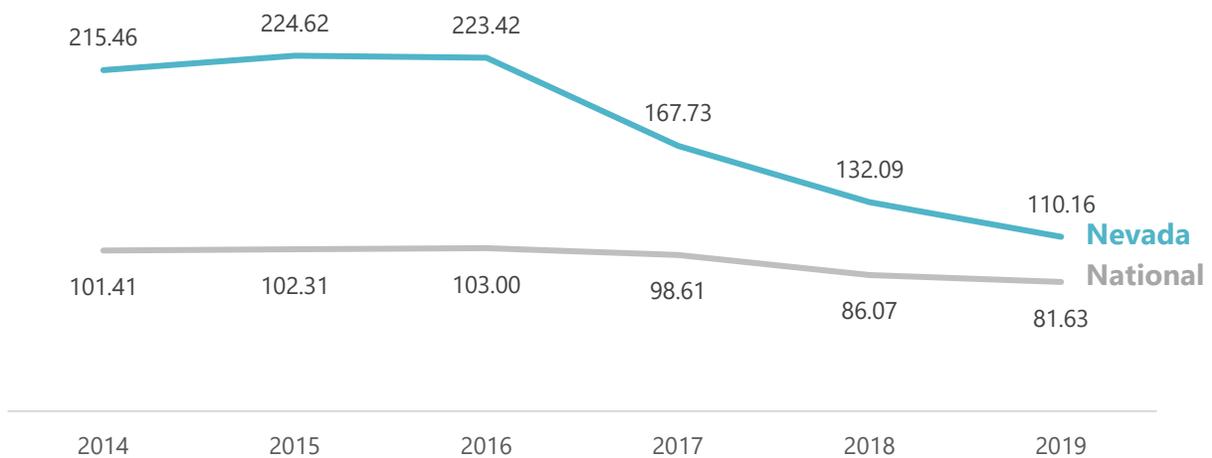
Figure 21. Deaths Due to Driving Under the Influence of Alcohol Nationally and Impaired Driving Nevada (Rates per 100,000)



7. Robbery

Robbery is the second most common type of violent crime in the United States. Despite its prevalence, rates of robbery appear to be decreasing both nationally and in Nevada. Nationwide, robbery rates decreased 17% between 2014 and 2019. Nevada’s decline was more than double the national average: Robbery in Nevada decreased nearly 45% between 2014 and 2019. Nonetheless, Nevada still experiences 107 robberies per 100,000 residents, higher than the national average, and the state ranks number five for the highest robbery rate among the states.

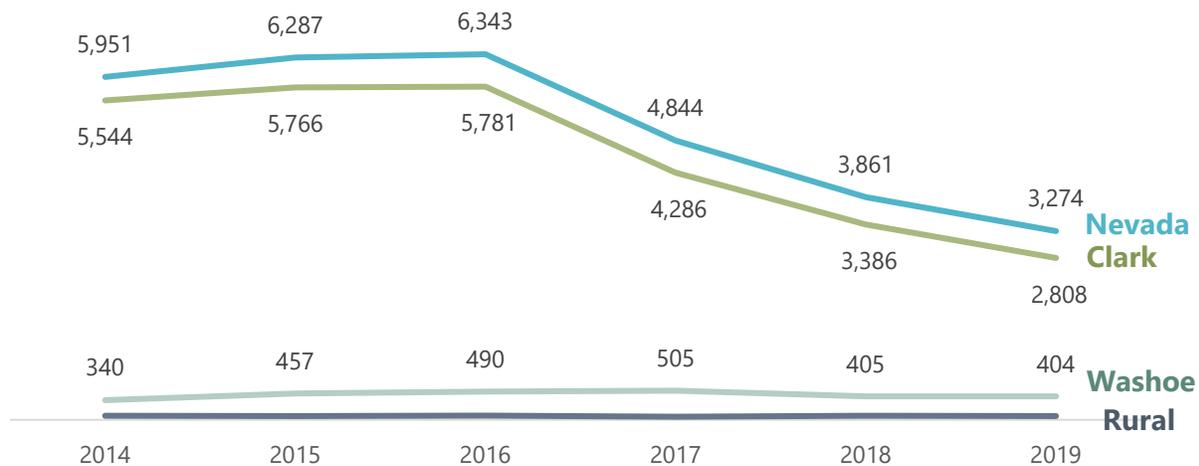
Figure 23. Robbery Incidents in Nevada and Nationally (Rates per 100,000)



As depicted in Figure 24, the vast majority of Nevada’s robberies (73%-83%), are reported in Clark County, probably due to its larger population and high tourist traffic. Research

shows that tourist destinations frequently experience higher crime rates than elsewhere, as tourists typically carry large amounts of cash or valuables and are likely to be less vigilant while on vacation (Harper, 2001). However, tourists are less likely than residents to report crimes, to avoid further disruption of their trip (Harper, 2001). Washoe County receives the second highest number of robbery reports, 11% to 17%. The remainder of robbery reports (up to 9%) come from other Nevada counties. Again, statistics roughly reflect population and visitor numbers.

Figure 24. Robbery Incidents in Nevada, by County



8. Elder Abuse

Elder abuse includes physical, emotional, sexual, and financial abuse, exploitation, neglect, and abandonment. It can occur at the hands of victims’ children, spouses, and other family members. It can also occur in assisted living and nursing homes at the hands of staff.

The crime of elder abuse has historically been a silent issue that does not receive much attention. As a result, national data on crimes against the elderly are limited. The National Council of Aging (NCOA) (2019) estimates that approximately one in ten Americans over the age of 60 have experienced some form of elder abuse. Other studies estimate approximately five million elders are abused each year. However, it is estimated that only one in twenty-four cases is reported to the police (Storey, 2020), making it difficult to ascertain the true extent of the problem. Fortunately, Nevada has tracked alleged incidents of elder abuse by county, race, and type of abuse. Although rates of elder abuse in Nevada have fluctuated, overall, between 2014 and 2021, the rate of elder abuse in Nevada decreased (Figure 25). Data show a large, unexplained, decrease in elder abuse cases in Nevada in 2018. It may have been an anomaly in data recording, rather than an

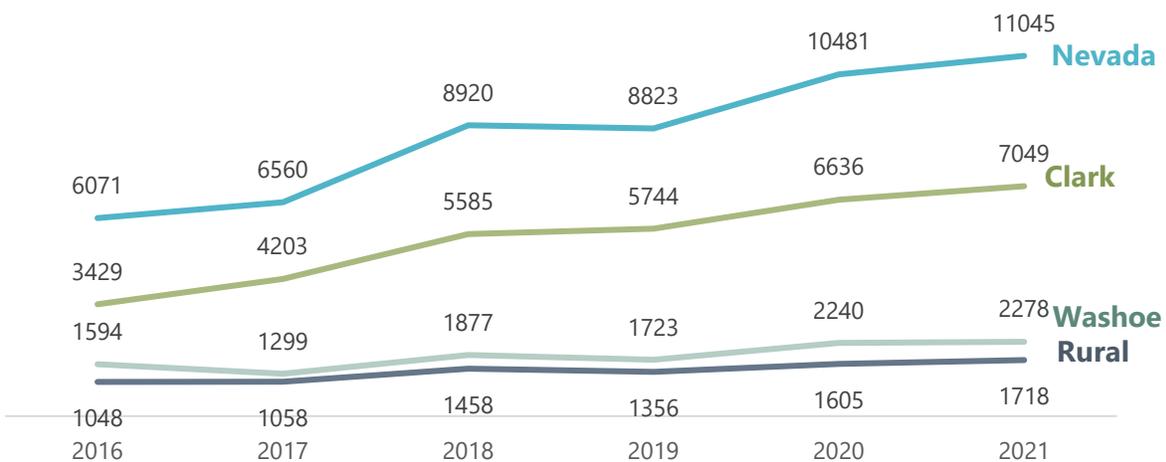
anomaly in occurrence. As such, the 98% rate decrease in 2018, followed by a rise of 82% the following year should be considered with caution.

Figure 25. Elder Abuse in Nevada (Rates per 100,000)



Elder abuse incidents by county are only recorded for substantiated cases. As with other crimes, the majority (56% to 65%) of substantiated elder abuse incidents are reported in Clark County, although this appears low compared to percentage of population (Figure 26). Washoe County reports 20% to 26% of elder abuse incidents. Lastly, Nevada’s rural counties report 15% to 17% of elder abuse incidents.

Figure 26. Substantiated Cases of Elder Abuse Incidents in Nevada, by County



9. Hate Crimes

The Department of Justice defines hate crimes as crimes committed on the basis of race, religion, national origin, sexual orientation, gender, or disability (United States Department of Justice, 2022). Hate crimes are typically of a violent nature, such as assault, arson, murder, vandalism, or the threat of such. Hate crimes not only harm intended victims, but also those who are perceived to be like them. Nevada hate crime statistics are sparse due to inconsistent recording practices among counties. Figures 27-29 depict rates of hate crimes as recorded nationwide and in Nevada. Nevada is further broken down by the counties where the hate crime occurred. In the absence of reliable Nevada data, Figure 29 shows nationwide reports of hate crime by victim identity.

As seen in Figure 27, national rates appear to be steadily increasing; between 2014 and 2019, the national hate crime rate increased by nearly 30%. On the other hand, Nevada's hate crime rate fluctuates. As depicted, between 2014 and 2015, the rate increased by about 138%. Between 2015 and 2017, the rate decreased by 92%. Lastly, between 2017 and 2019, the rate increased by 1247%.

Figure 27. Hate Crime in Nevada and Nationally (Rates per 100,000)



Figure 28. Hate Crime Report Percentages in Nevada, by Select Jurisdiction

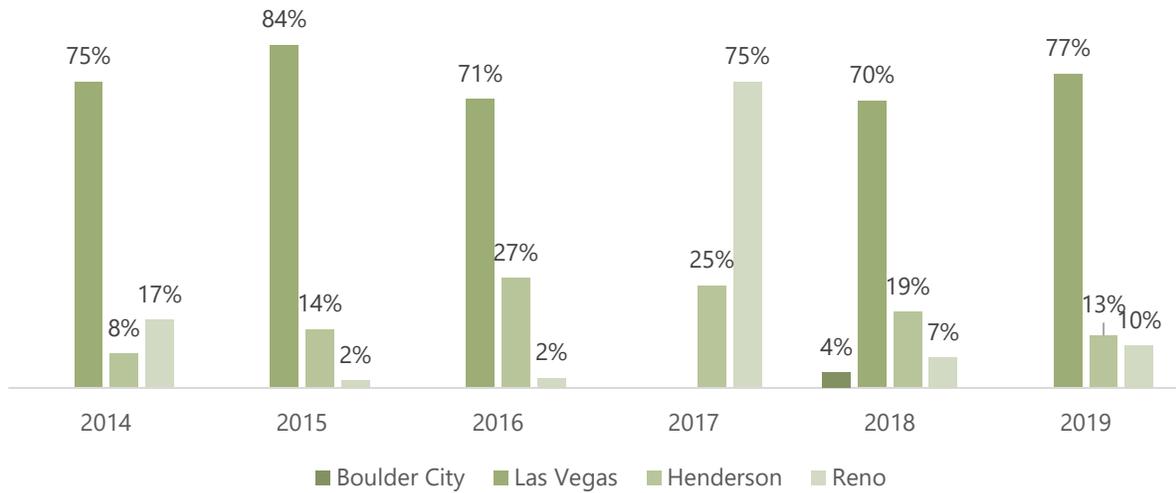
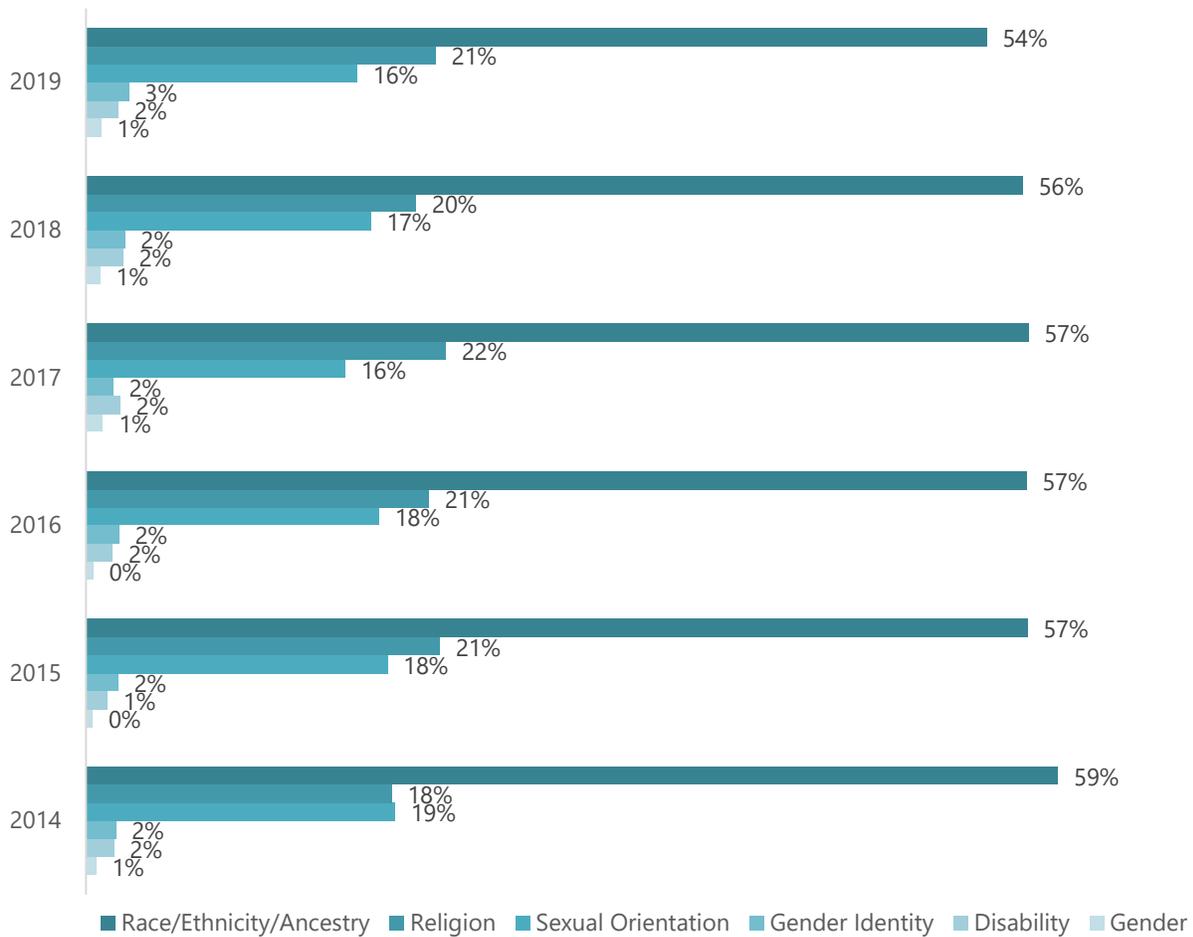
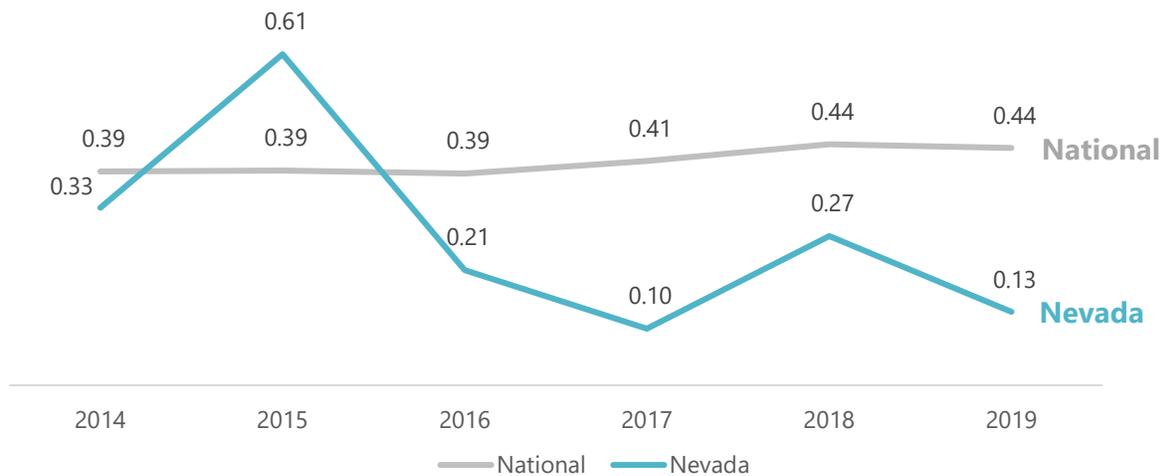


Figure 29. Hate Crime Incident Percentages Nationally, by Bias Motivation



9.1 LGBTQIA+ Community – Crimes Motivated by Sexual Orientation and Gender Identity
 Crimes against members of the LGBTQIA+ community are considered to be hate crimes committed on the basis of sexual orientation and gender identity. The William Institute, at the University of California, Los Angeles (2017) found that those in the LGBTQIA+ community are four times more likely than non-LGBTQIA+ community members to experience violent victimizations, including sexual assault, aggravated and simple assault. Perpetrators might be strangers or well-known to victims (William Institute, 2017). It is estimated that fewer than half of these hate crimes are reported to the police (William Institute, 2017). Accordingly, statistics depicted in Figure 30 should be considered with caution. Despite a sharp rate increase (i.e., 85%) between 2014 and 2015, the sexuality motivated hate crime rate has decreased by 61% between 2014 and 2019. According to available data, Nevada does appear to experience sexuality motivated hate crimes at a lower rate when compared to the national rate. However, we question whether data are consistently collected and recorded, and cautions against making any funding decisions based on rates shown.

Figure 30. Sexuality Motivated Hate Crime Incidents in Nevada and Nationally



10. Human Trafficking

Human trafficking is defined as the recruitment, transportation, transfer, harboring, or receipt of people through force, fraud, or coercion to exploit them for profit. The primary forms of human trafficking are for labor and sex work. Human trafficking affects all genders, races, and ages but has been shown to disproportionately affect racial minorities, members of the LGBTQIA+ community, and those of lower socioeconomic status (Gajic-Veljanoski & Stewart, 2007; House, 2021; Preble & Black, 2019). Although most victims are *identified* as female adults, a majority were first *victimized* as young persons.

Historically, the identification of male victims has been complicated by stigma, but of late, increasing numbers of male victims are being identified.

A large portion of human trafficking victims, especially those trafficked for sex, are arrested on criminal charges. Polaris (2019), a nonprofit organization that focuses on improving victim identification, assistance, and prevention, has found that sex trafficking victims are often charged with prostitution, possessing drugs and weapons, or using a stolen identity. To better assist victims of human trafficking, Nevada introduced safe harbor laws in 2016. Safe harbor laws are meant to prevent youth victims of human trafficking from entering the judicial system; instead, they are supposed to receive immunity and diversion (Williams, 2017). The only safe harbor law that Nevada currently complies with is diversion, which allows victims to be diverted to survivor services for rehabilitation instead of facing criminal proceedings (Williams, 2017). This practice is primarily for youth; thus, adult victims are still more likely to be prosecuted than assisted by Nevada's judicial system.

The extent of human trafficking cases in the United States is unclear because tracking has not been regulated until recently. The Federal Bureau of Investigation and Nevada did not start tracking and publishing human trafficking cases in their respective Uniform Crime Reports (UCR) until 2014. Furthermore, incidents of human trafficking are severely underreported, as victims fear prosecution or reprisals. Consequently, most data come from non-profit organizations attempting to assist victims, often making them disjointed and discrepant. Nevada data have been pulled from three sources (i.e., FBI UCR, Nevada UCR, and the National Human Trafficking Hotline) and are presented in Figures 31-34. National and Nevada rates of human trafficking have steadily increased between 2014 and 2018, although this might be due in some part to increased reporting, rather than increased incidence. While the national rate continued to increase between 2018 and 2019, Nevada's rate decreased by 25%. Despite this decrease, the Nevada rate remained higher than the national rate. Nevada's rate of human trafficking is consistently higher than that of the nation.

Figure 31. Human Trafficking in Nevada and Nationally (Rate per 100,000)

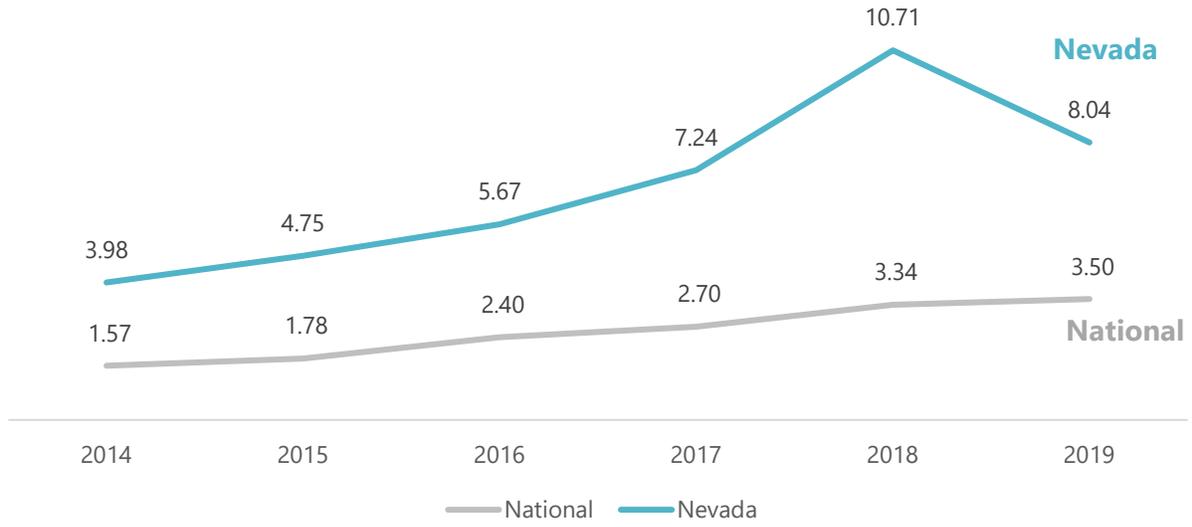


Figure 32. Human Trafficking Incident Percentages in Nevada, by Type of Human Trafficking

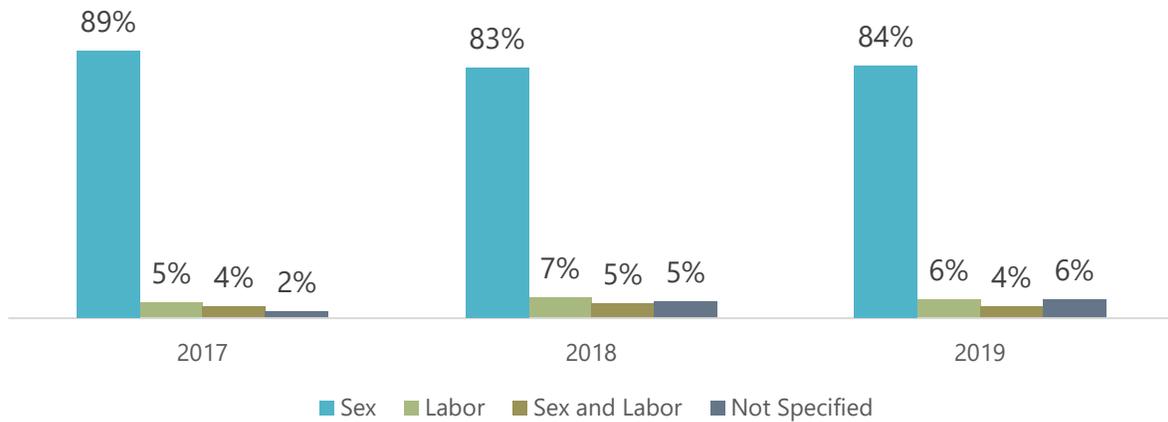


Figure 33. Human Trafficking Incident Percentages in Nevada, by Age

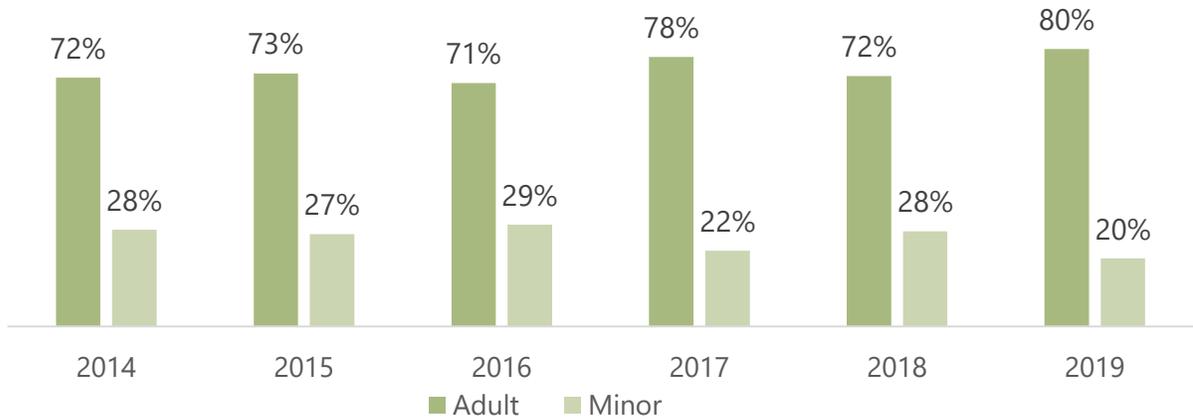
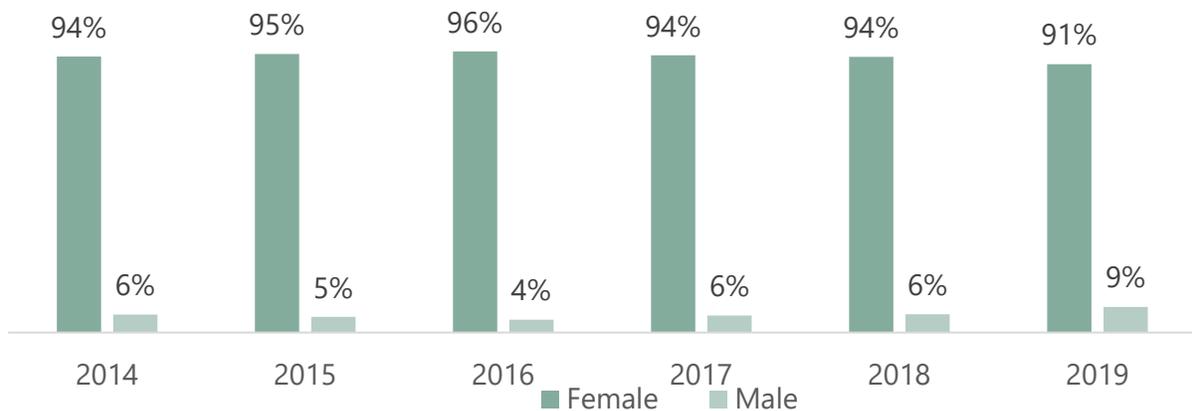


Figure 34. Human Trafficking Incidents in Nevada, by Gender



11. Underserved Populations

Underserved populations are identified as populations in which there is a lack of services on a national and local level. Lack of data does not mean that the identified populations are not being victimized. It does, however, mean the lack of data affects a population's access to adequate services to address their needs after victimization.

11.1 People with Disabilities

The National Crime Victimization Survey (NCVS) and the American Community Survey (ACS; U.S. Census; 2021) have been used to track victimization experienced by those with disabilities. Nevertheless, data on such victimization is limited. The Bureau of Justice Statistics (BJS) classifies disabilities into six categories - hearing, vision, cognitive, ambulatory, self-care, and independent living. The 2017 National Crime Victimization

Survey found that persons with disabilities had a higher rate of violent victimization than persons without disabilities (Bureau of Justice Statistics, 2019). It was also found that persons with a cognitive disability experienced 76 violent victimizations per 1,000 persons ages 12 or older, the highest rate among persons with any disability.

In 2019, the rate of violent victimization against persons with disabilities was nearly four times the rate against persons without disabilities (BJS, 2019). Persons with disabilities were victims of 26% of all nonfatal violent crimes, while accounting for only 12% of the population. Victims with disabilities are less likely to report their experience to the police: BJS reports that violent crimes against persons with disabilities are less likely to be reported to the police than violence against those without disabilities. This affects data collected, including that of Nevada, which does not have a regulated database of cases of crimes committed against those with disabilities. More research and regulation of data collection must be done to ensure that persons with disabilities who are victimized receive the services they need.

11.2 Homeless

Crimes against the homeless are thought to be motivated by prejudice. On this basis, attacks on the homeless could be characterized as hate crimes. However, the Federal Bureau of Investigation does not currently consider it as such, and data on crimes against the homeless are classified by type of crime rather than by identity of victims. Violence against the homeless includes arson, beatings, murder, rape, and theft. However, data are collected by some non-profit organizations, such as the National Coalition for the Homeless (NCH). Figure 35 presents estimated data on homeless populations nationwide and in Nevada. Overall, the rates of homelessness in the nation and Nevada have decreased. Between 2014 and 2019, the national rate decreased by 4% while the Nevada rate decreased by 22%. Despite the larger decrease in the homelessness rate, the Nevada rate of homelessness is consistently higher than the national rate.

Figure 35. Cases of Homelessness in Nevada and Nationally (Rates per 100,000)



The NCH (2012) reports that violence against homeless persons has risen steadily since 1999. Since 1999, the NCH reports that 1,852 persons who are homeless have been attacked, and 515 persons have died. Between 2014 and 2015, the NCH reported 192 attacks on the homeless, of which 58 were lethal. Two of these attacks occurred in Nevada, which is a higher rate than would be suggested by the state's percentage of the national population (NCH, 2012). However, it is important to note that attacks on the homeless are likely severely underreported. In fact, in 2019, the Bureau of Justice Statistics (2019) found that only 44% of victimizations experienced by persons who are homeless were reported to the police. Thus, it is likely that the number of attacks on persons who are homeless is much higher.

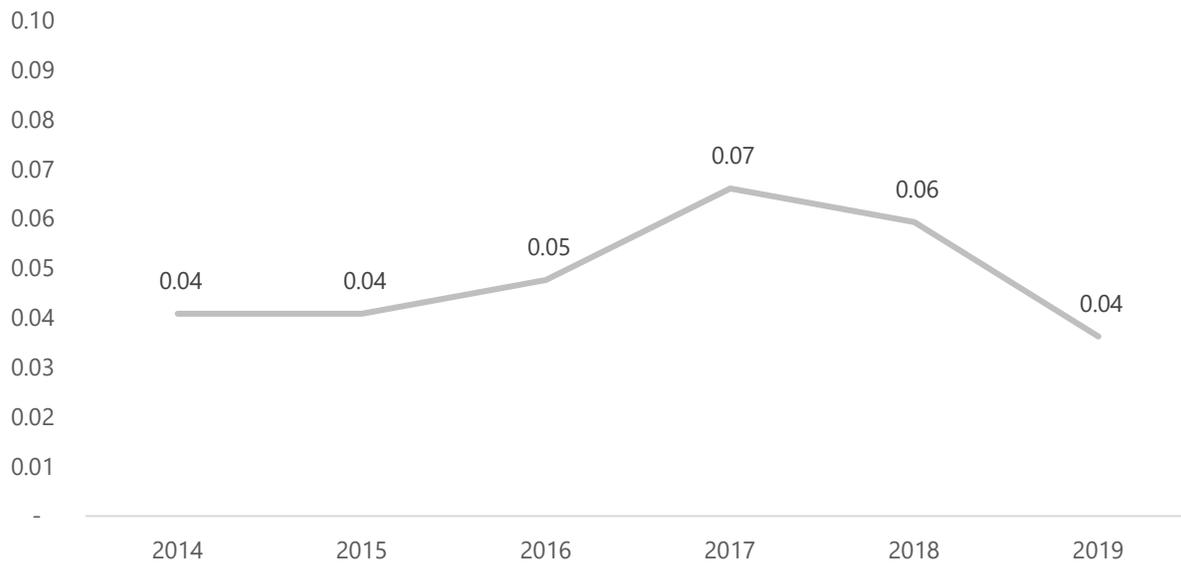
11.3 Immigrants

Despite qualification for special visa status if victimized by violent crime on US soil, crimes against immigrants, including those with legal status, tend to be underreported, due to fear of recrimination or deportation. Accordingly, there is a lack of data that truly highlights the extent of crimes committed against immigrants. Anti-Hispanic hate crime data could be used as a parallel, but this would lack verisimilitude as an anti-Hispanic hate crime might be committed on the basis of race, not immigration status. Due to fear of deportation, it could be assumed that data surrounding crimes against illegal immigrants will continue to be hard to garner. Perhaps this difficulty will continue until laws change to protect immigrants, legal or illegal, when crimes are committed against them. Additionally, more research should be done to better assist immigrants who have committed crimes against them.

11.4 Tribal Communities

When examining crimes committed against tribal communities, anti-American Indian and anti-Alaska Native hate crimes can be used as a parallel. Figure 36 depicts national statistics on anti-American Indian and anti-Alaska Native hate crimes. From 2014 to 2017, the rate of hate crimes against anti-American Indian and anti-Alaska Natives increased by nearly 75%. Between 2017 and 2019, rates are shown to have decreased by 43%. Overall, the hate crime rate against anti-American Indian and anti-Alaska Natives decreased by 12% between 2014-2019. It is important to note that Nevada did not record instances of anti-American Indian and anti-Alaska Native hate crimes, although this does not imply that none occurred. Official data do not adequately highlight the crimes committed within tribal communities in Indian Country.

Figure 36. Anti-American Indian and Anti-Alaska Native Hate Crime Incidents in the U.S.



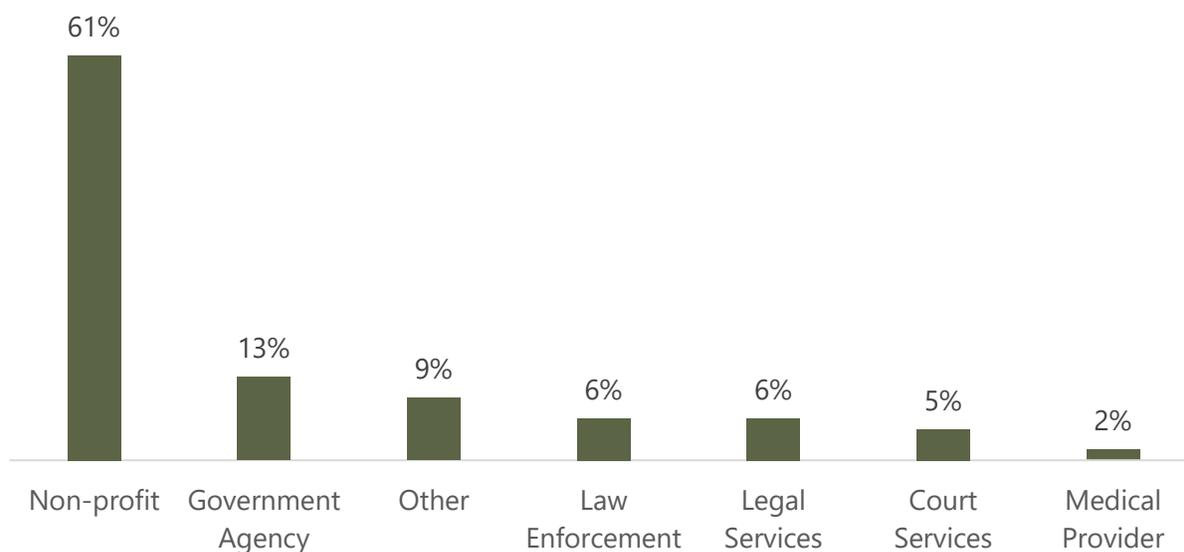
Solely examining hate crimes against those who belong to tribal communities ignores the crimes committed within tribal communities in Indian Country. There is a lack of research focused on crimes committed against tribal communities in Indian Country. Instead, most data are collected from self-identified American Indians and Alaska Natives. BJS states that American Indians and Alaska Natives experience violent crimes at higher rates than the wider public. More than one and five American Indian and Alaska Native women and men have experienced violence in their life (Rosay, 2016). The Justice Department also found that Native American women are two to three times more likely than women of any other race to experience violence such as sexual assault and stalking (Rosay, 2016). Lastly, in 2016 alone, there were 5,712 cases of missing and murdered American Indian and Alaska Native women and girls (Urban Indian Health Institute, 2018).

Despite Indian Country being given separate funding to address internal crime victimization needs, victims may leave Indian Country territory to receive victimization assistance. This is a possibility if one's perpetrator resides within the same Indian Country territory. Research has shown that women living on reservations have murder rates that are ten times higher than the national average; it is the third leading cause of death for Native women (Petrosky et al., 2021; Urban Indian Health Institute, 2018). Therefore, considering Nevada is comprised of 20 federally recognized tribes and 27 separate reservations, more research should be conducted specifically on tribal communities in Indian Country. This would help ensure that the proper services are created and maintained to assist those who have been victimized.

Provider Survey

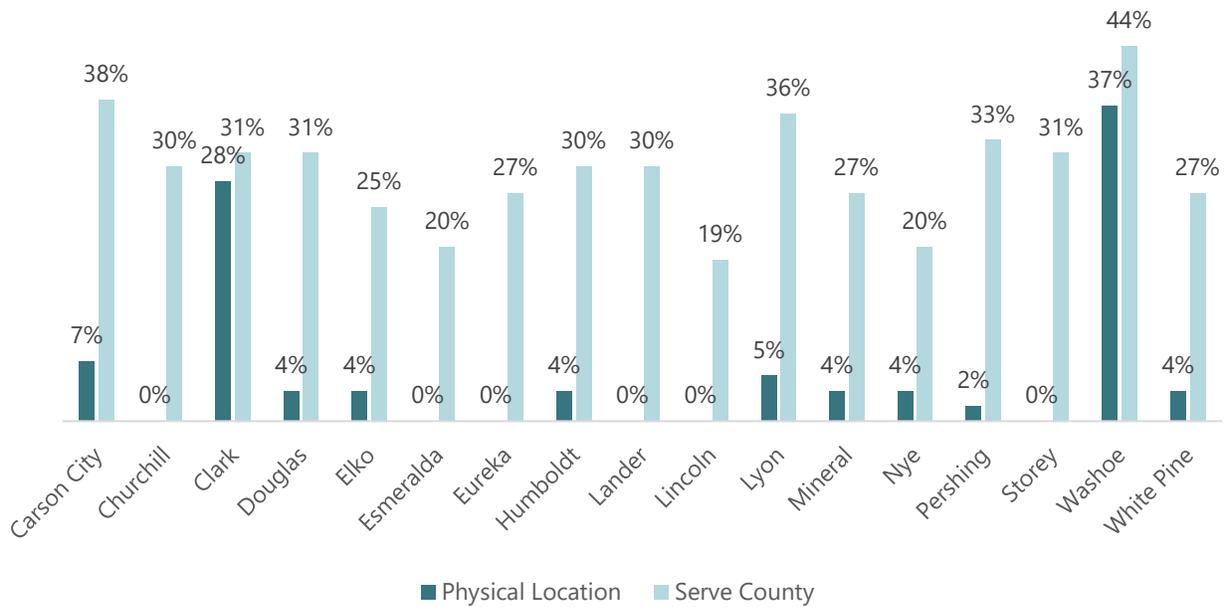
Of 64 respondents, 61% represented non-profit agencies and 13% represented government agencies (Figure 37). Sixty percent of the respondents' organizations had received VOCA funding during the most recent grant year, but 40% were not current recipients.

Figure 37. Provider Survey Respondent Type of Organization



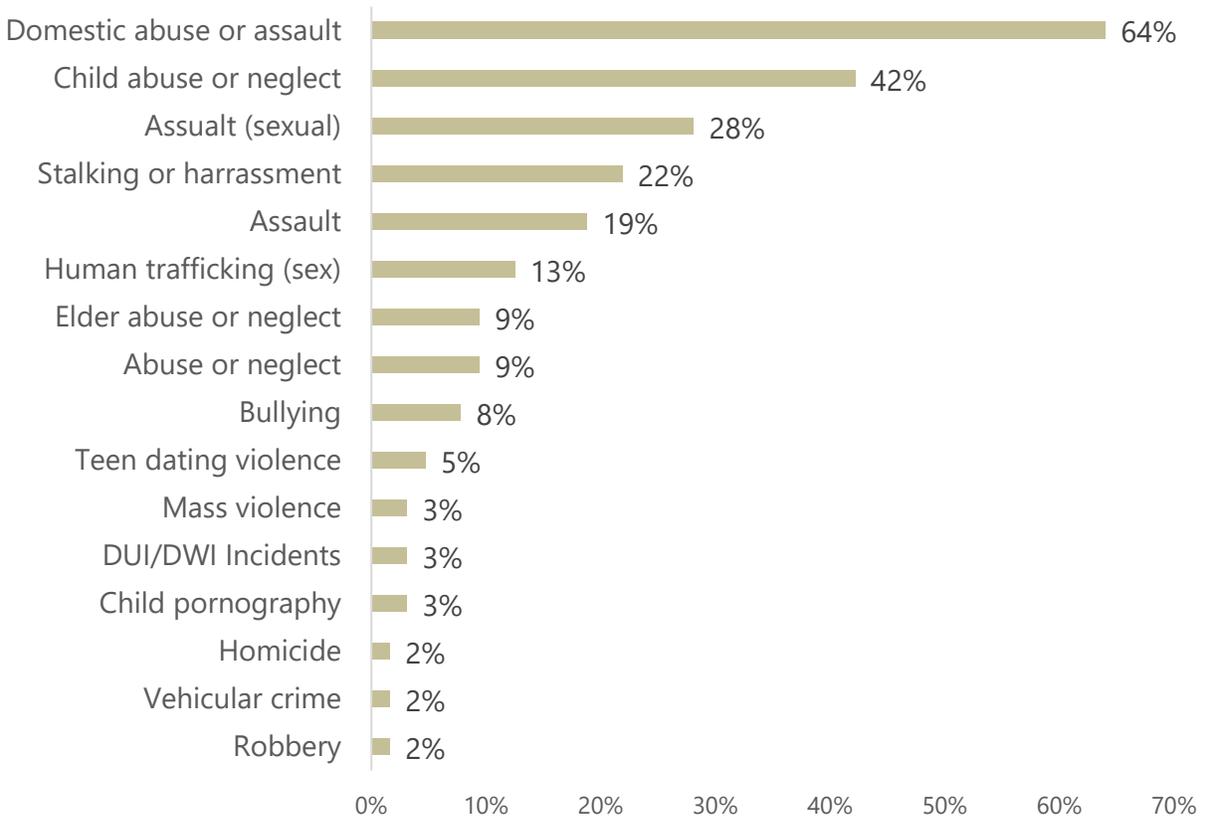
The largest percentages of responding organizations were physically located in either Clark (28%) or Washoe (37%) County (Figure 38). Of Nevada's 17 counties, six were not represented by any resident agency responding to the survey, but each was served by at least two agencies. Ten (16%) of the responding agencies provided services to the entire state, and many served residents in multiple counties. However, several agencies served only the county where they are located. Seventy-seven percent offered remote services.

Figure 38. Provider Survey Respondent Physical Location of Organization and Counties Served



The majority of respondents (56%) served more than 50 clients per month. Sixty percent served less than 50 new clients per month. Respondents were asked which crimes their clients were most frequently victimized by, to which the largest percentage (64%) responded domestic abuse or assault, followed by child abuse or neglect, sexual assault, stalking or harassment and physical assault (Figure 39).

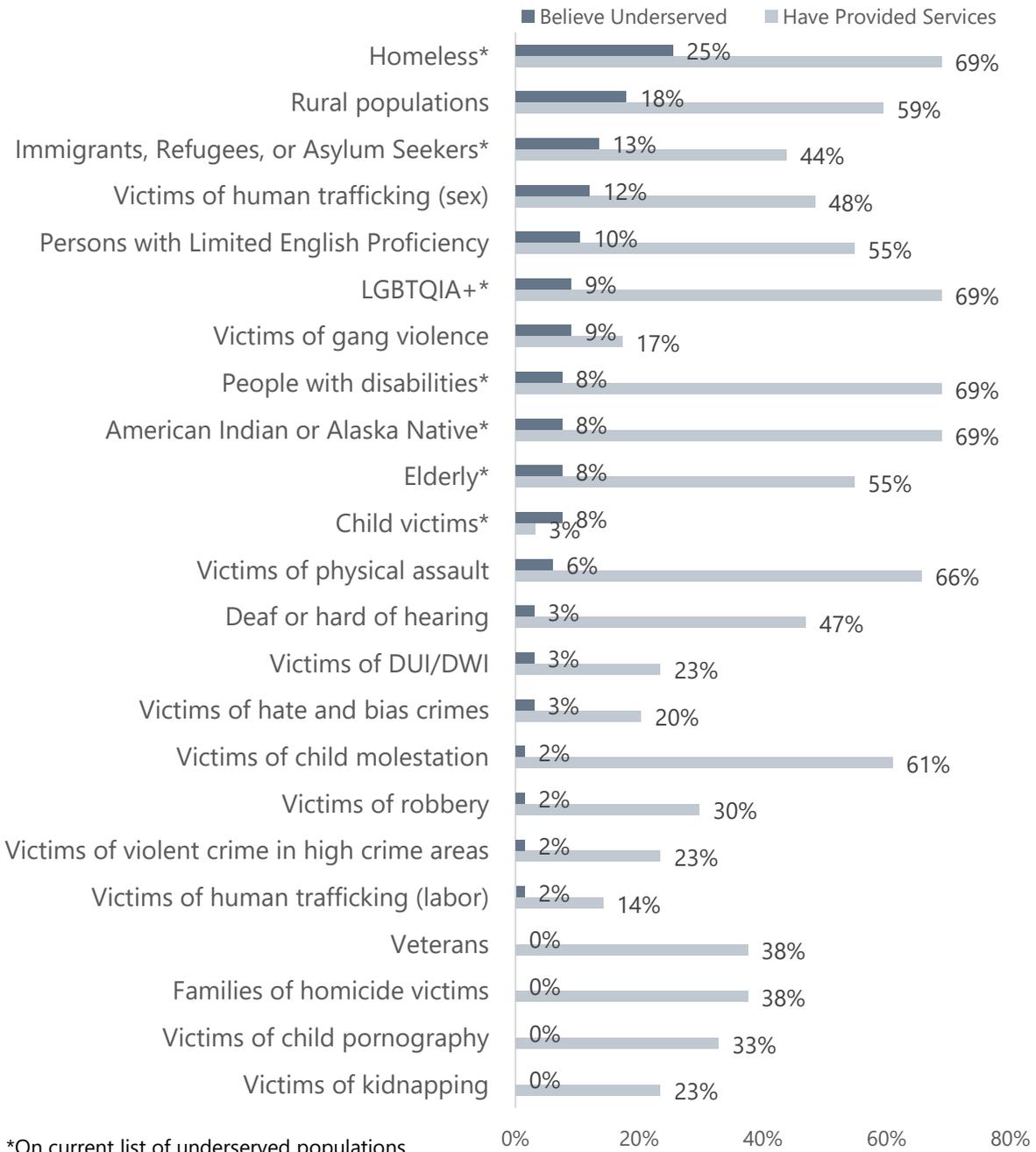
Figure 39. Most Frequent Types of Client Victimization



Services for Vulnerable and Underserved Groups

In SFY2022, 20% of Nevada’s VOCA funding was designated for underserved populations. Provider respondents were asked to choose up to three populations they felt were underserved (Figure 40). The most frequently chosen population was persons experiencing homeless (25%), which is currently on the list of underserved populations. Rural populations was next with 18%, which would be a new addition to the list for Nevada. Other new potentially underserved populations providers selected included victims of human trafficking (sex), persons with limited English proficiency, and victims of gang violence. Eight percent wrote in child victims describing needs for children in foster care and children with cognitive or developmental delays. The highest percentages of organizations had provided services to the homeless, LGBTQIA+, people with disabilities, American Indians or Alaska Natives, victims of physical assault, victims of child molestation, rural populations, victims with Limited English Proficiency, and the elderly.

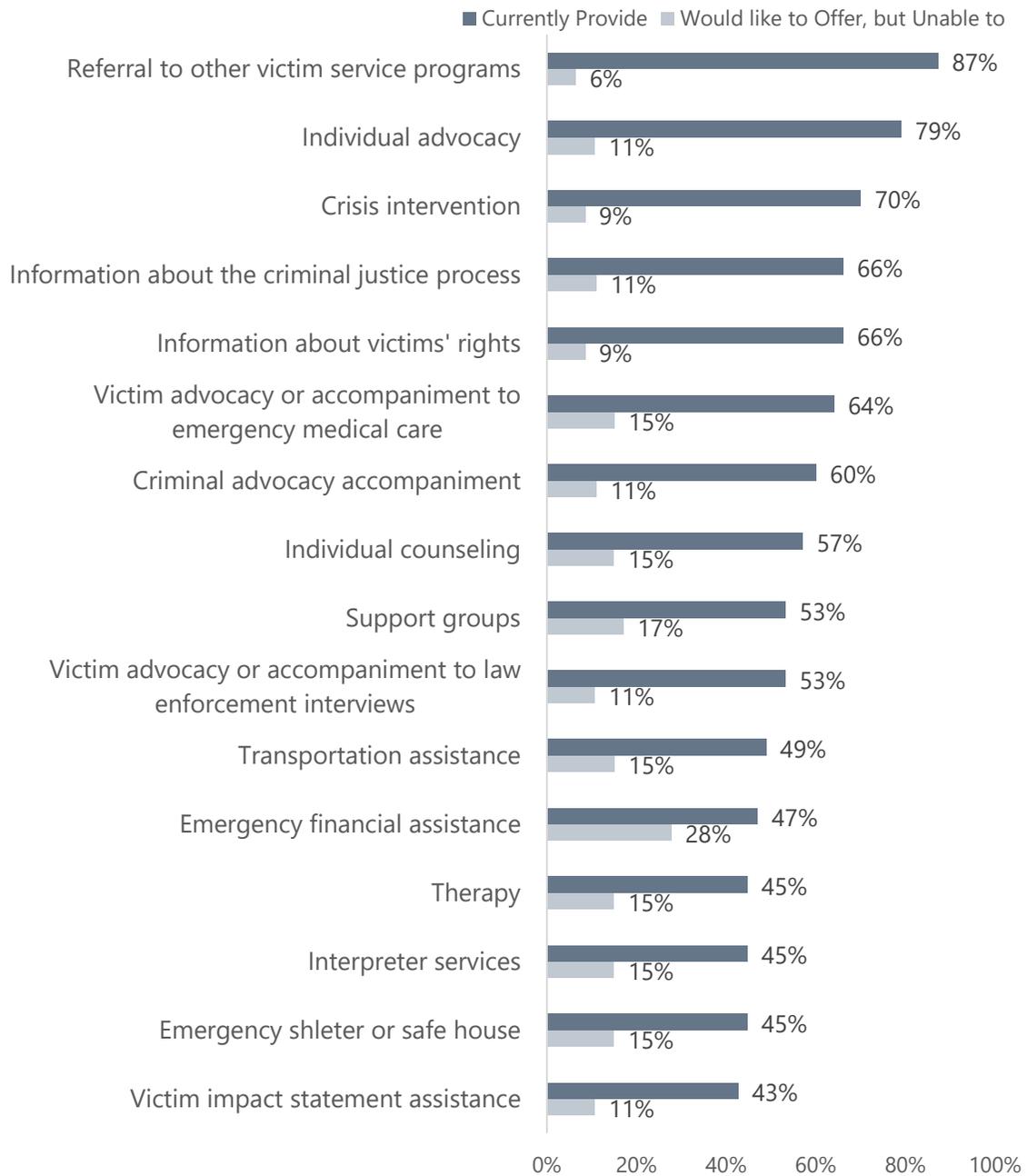
Figure 40. Percentages of responding agencies indicating populations were underserved and have provided services to them



Of the respondents completing the question, 47 (86%) indicated they provided direct services to crime victims. Respondents indicated which services they currently provided to clients, and which they would like to offer but were unable to (Figures 40a & 40b). The most frequently provided services included referral to other victim services programs, individual advocacy, crisis intervention, information about the criminal justice process and

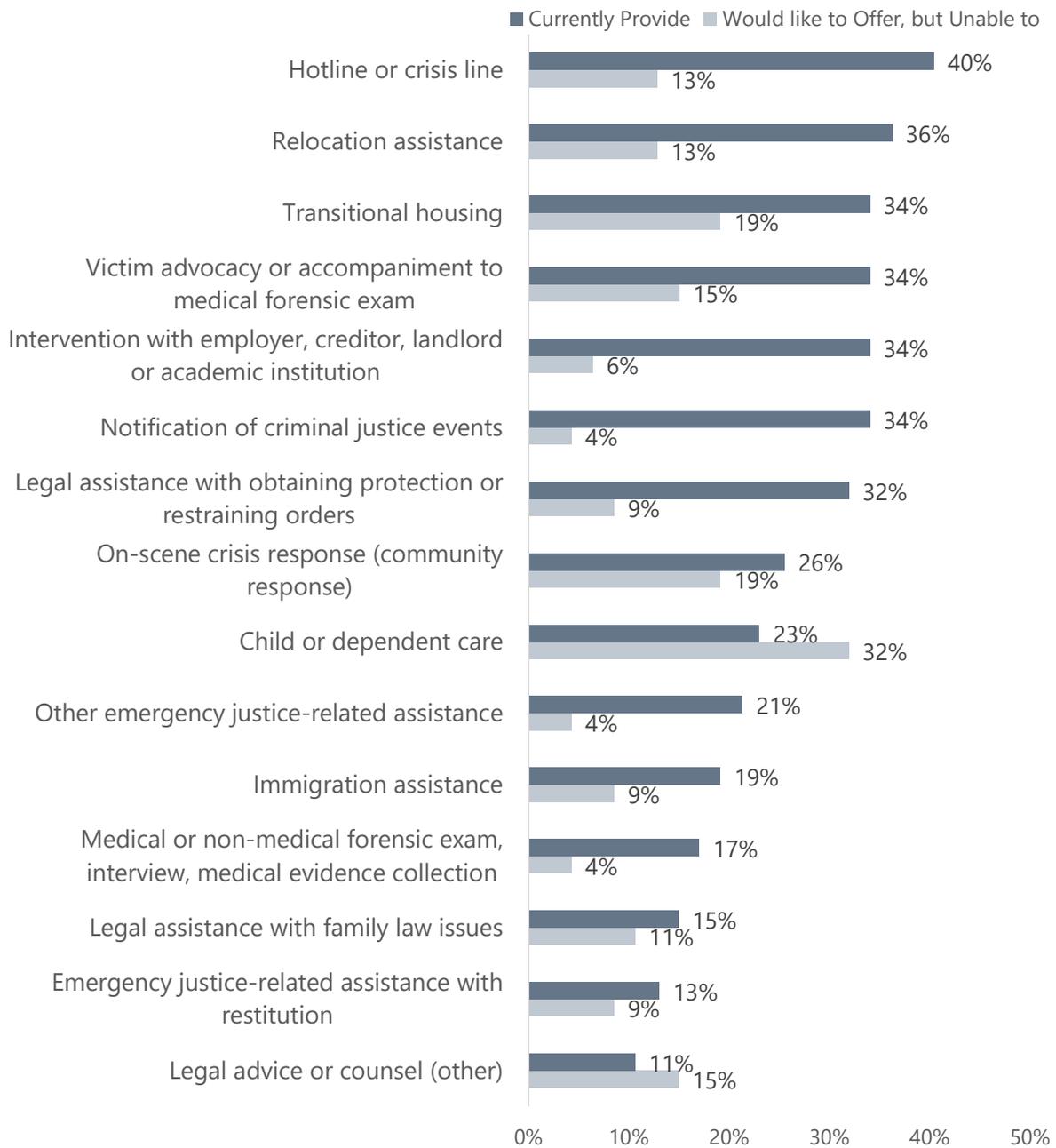
victims' rights, victim advocacy or accompaniment to emergency medical care, criminal advocacy accompaniment (Figure 41a).

Figure 41a. Comparison of Services Provided and Services Would Like to but Unable to Offer



Services providers most frequently wanted to offer but were unable to included child or dependent care, emergency financial assistance, on-scene crisis response, and transitional housing (Figures 41a & 41b).

Figure 41b. Comparison of Services Provided and Services Would Like to but Unable to Offer (Continued)



Reasons for Denial of Services

Agencies did not discriminate against victims, but 54% of those responding reported that they periodically denied services to victims (21 responses of total 39). Reasons given for denying services were unrelated to victim identity, centering more on lack of capacity (full or with a waitlist), funding and staffing shortages, need being beyond agency scope of work, or client aggression or other unacceptable behavior. On the other hand, 46% of respondents (18 of 39) state that they did not deny services to clients.

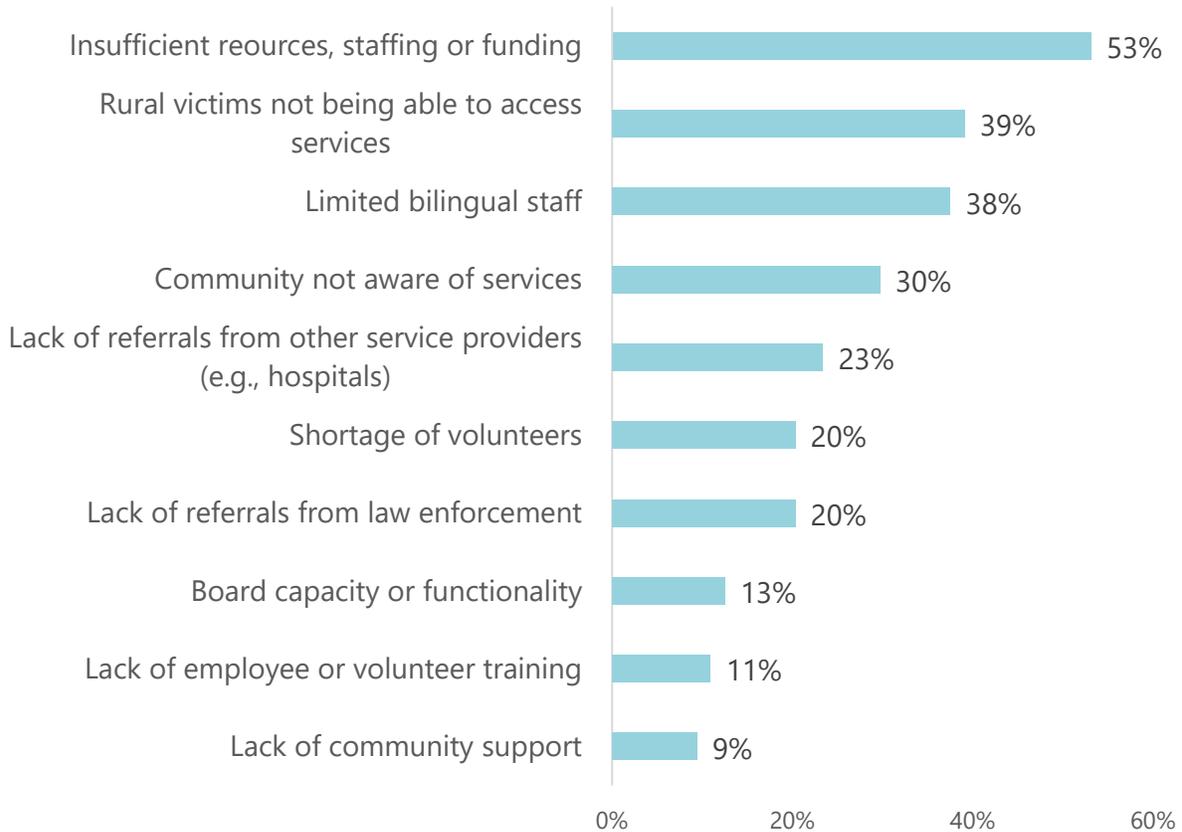
Reason for Denial of Services	Number (%) Reporting
Capacity, lack of resources, staff shortages	9 (16%)
Clients posing danger to other clients or unable to follow rules	3 (5%)
Requirements are beyond agency scope of practice	7 (12%)
Do not meet program criteria (e.g., not a veteran or age restrictions)	4 (7%)

Explanation for ability to serve all comers	Number (%) Reporting
Clients might be put on waitlist but not denied	2 (3.5%)
Policy, NRS requires that all victims be served	4 (7%)
If unable to serve, will refer to other sources	3 (5%)
Program has capacity and/or resources to get paid	8 (14%)

In addition to direct services, respondents indicated which other activities they engaged in. Outreach and community education to the general population were activities for 58% of the respondents. Half attended victim-related conferences; 45% provided training for providers; and 38% engaged in prevention efforts.

When asked about barriers to providing services to victims of crime, the most frequent barriers were insufficient resources, staffing or funding; rural victims not being able to access services, and limited bilingual staff (Figure 42). The highest percentage of respondents (50%) identified insufficient resources, staffing or funding as their most important barrier.

Figure 42. Barriers to Providing Services



Overall, responding agencies indicated a degree of frustration with service provision, generally attributed to insufficient resources and therefore probably beyond the scope of Nevada’s VOCA program to address unilaterally. However, four themes emerged as most pressing in terms of capacity deficits:

- Low-income housing, including emergency shelters, transitional placements, and long-term relocation. Several respondents mentioned the need for emergency shelter for special populations such as women with adolescent sons, people of color, non-English speakers, and those identifying as LGBTQIA+;
- Ongoing mental and emotional health support and counseling, particularly for those needing long-term assistance and for clients who were victimized in the past;
- Access to affordable and pro-bono legal advice and counseling, in addition to simple information or assistance; and,
- Transportation and accessibility of services.

Interviews with Provider Agencies

Providers were forthcoming about the perceived benefits and challenges associated with the VOCA program in Nevada. Several interviewees mentioned that funding is limited for every population and victims of every crime. They recognized that federal source funding is limited, but also wondered if additional funds could be found from local sources to meet the needs of victims, which can extend far beyond available resources.

Cultural Barriers

Providers recognize that victims from cultural minority backgrounds might have different needs than those from mainstream groups. This includes people of color and LGBTQIA+ individuals as well as those from immigrant or indigenous populations. Such people might be uncomfortable entering emergency shelters, where they are afraid of further victimization based on identity. Furthermore, some programs are limited as to who they can accept. Mothers with adolescent sons have great difficulty finding emergency shelter when seeking to flee intimate partner violence. Language (i.e., not speaking fluent English) can also be a barrier to service.

Immigrant Communities

Providers indicated that undocumented immigrants who were victims of violent crime on US soil are entitled to immigration visas as a result of their victimization. However, they are often afraid to report crimes committed against them, for fear of deportation. Making matters worse, unscrupulous *noteros* within immigrant communities frequently complicate – and even ruin - visa applications through lack of legal training or licensure.

Service Navigation

Many victims are unaware of services that can help them through their recovery process. Moreover, accessing services can be time-consuming and difficult, especially as most providers are open during office hours only. Providers acknowledge that navigating services and legal systems can be challenging, especially under the circumstances faced by victims. Trauma, lack of resources, fear of repercussions, language, and geographic distance all make it harder for victims to access services in the first place, make appointments, and follow up on referrals.

Legal Assistance

Depending upon the crimes committed against them, survivors might face any number of legal complications, for which most are ill-prepared. While several agencies are able to offer guidance on completing various forms, accompaniment to appointments, and help with navigating court systems, there is a severe shortage of qualified legal advice or

representation for victims, especially in the areas of immigration and family law. This puts survivors at great disadvantage and can deter them from fleeing abusers or seeking redress.

Mental Health Support

Many providers mentioned the critical nature of mental, emotional and behavioral health support for victim recovery, adding that cultural awareness by providers is key to victim success. Eligibility criteria to receive mental health services can be restrictive, with the result that emergent recovery can be inhibited as eligibility wanes or funding expires. Victims on Medicaid rarely receive adequate mental health support as allowances are minimal.

Bureaucratic Barriers to Service

As mentioned above, eligibility for services can be restricted by funding requirements, legal regulations, or by individual providers restricting their service community. It appears that some services are proscribed in the absence of timely police reports.

Shelter and Housing

Several providers cited a shortage of emergency shelter space, transitional residence opportunities and low-income permanent housing as one of the greatest barriers to service and recovery for victims of crime. It may be that the sample was skewed toward agencies serving victims of intimate partner abuse, sexual assault, and trafficking, but there can be no doubt that these are some of the most common forms of victimization in Nevada, requiring protracted, intensive recovery times and multiple layers of victim services. However, shortages of transitional and permanent housing for persons with low incomes are noted throughout Nevada. As a result, victims might be forced to stay in unsatisfactory lodgings for protracted periods, which delays personal recovery and prevents others from accessing services.

“There is a lot of no-value fraud [in the immigrant community], where individuals who are not authorized to practice law, especially immigration law, take advantage of those who have already been victimized.” –Service Provider

“Someone’s life is being threatened and the police report is three weeks out. Can you take an oral report from the police so that person doesn’t die while waiting for the paperwork?”–Service Provider

***“A lot of low-income individuals cannot afford time off work to access services.”
–Service Provider***

“Counseling in the traditional sense may not work for all cultures.”

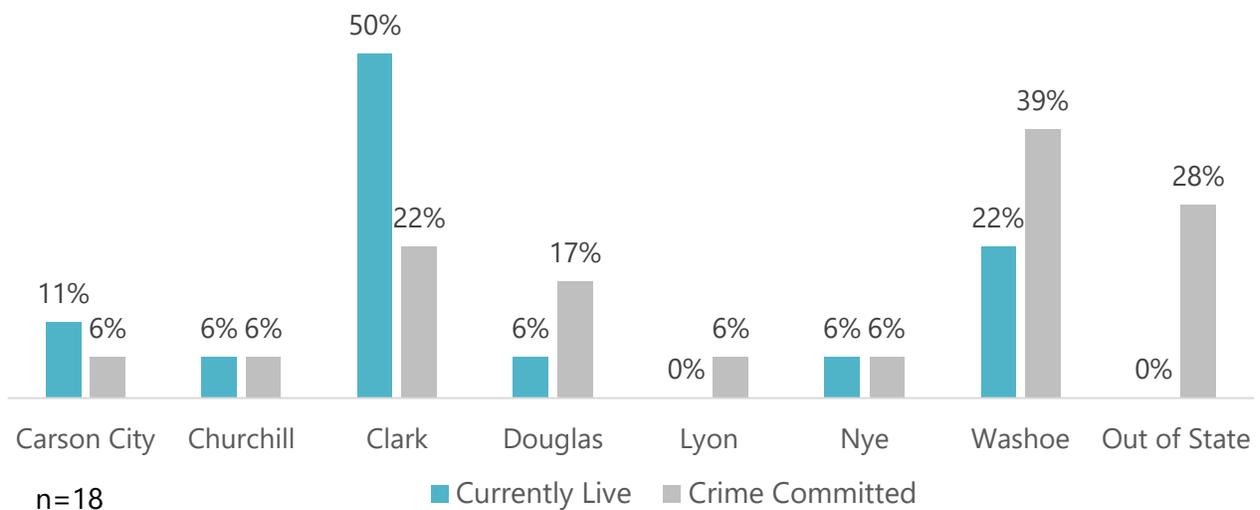
–Service provider

“If I were a lesbian woman, I could go to a shelter but my abuser could follow me right in.” –LGBTQIA+ Service provider

Survivors of Crime Survey & Focus Groups

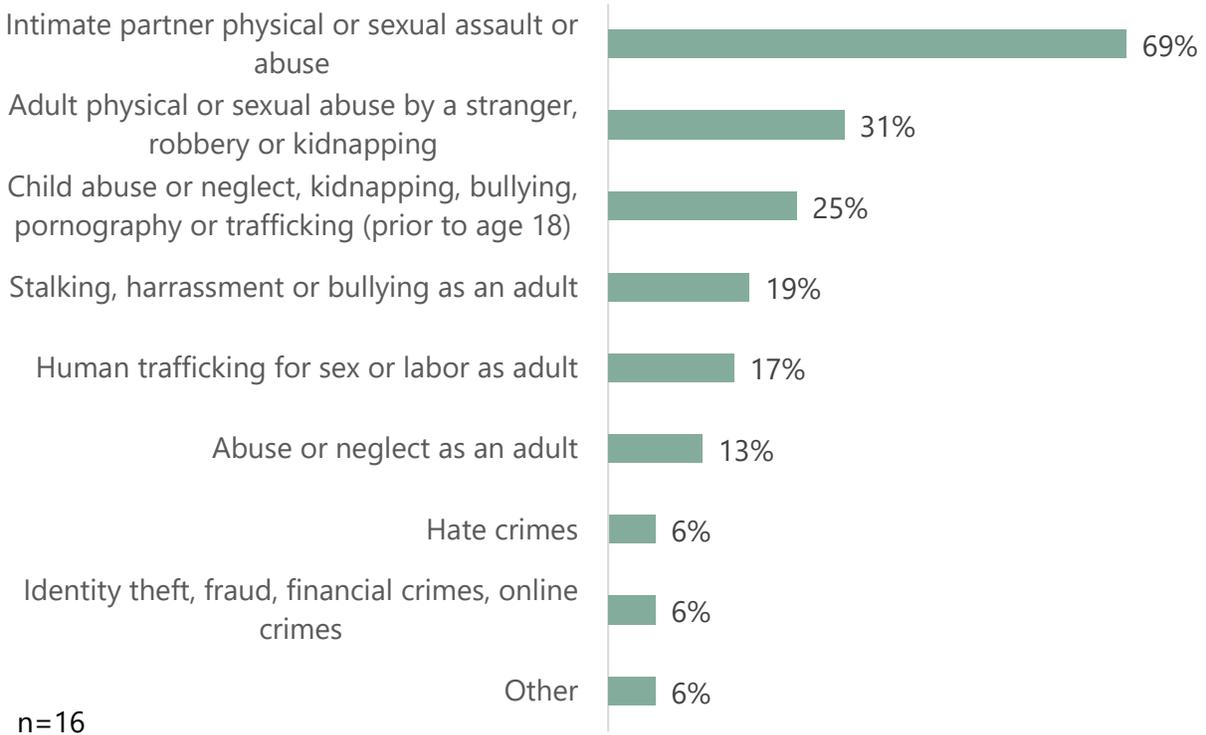
While the sample size for the survivor survey is small and not representative of survivors of crime across the state, both the focus group and survey responses provided some valuable insight about their experiences dealing with the impact of crime, seeking services, and what supports and services they needed as survivors of crime. Survey respondents lived in six of Nevada’s 17 counties. Half of the survey respondents currently lived in Clark County, and 22% in Washoe County (Figure 43). The majority of respondents had been victimized in Nevada, while 28% have been victimized out of state. Within Nevada, the highest percentage of respondents had experienced the crime in Washoe County, followed by Clark and Douglas Counties.

Figure 43. Survivors of Crime Survey Respondents: County of Residence and Where Crime was Committed



Of the 16 survey respondents who told CSES about the crimes committed against them, the most common occurrence was abuse or assault by an intimate partner (69%), followed by physical or sexual assault by a stranger (31%; Figure 44). Four respondents (24%) reported having been abused or assaulted as children. One respondent (6%) reported having been victim of hate crimes based on sexual identity.

Figure 44. Types of Victimization Reported by Survey Respondents

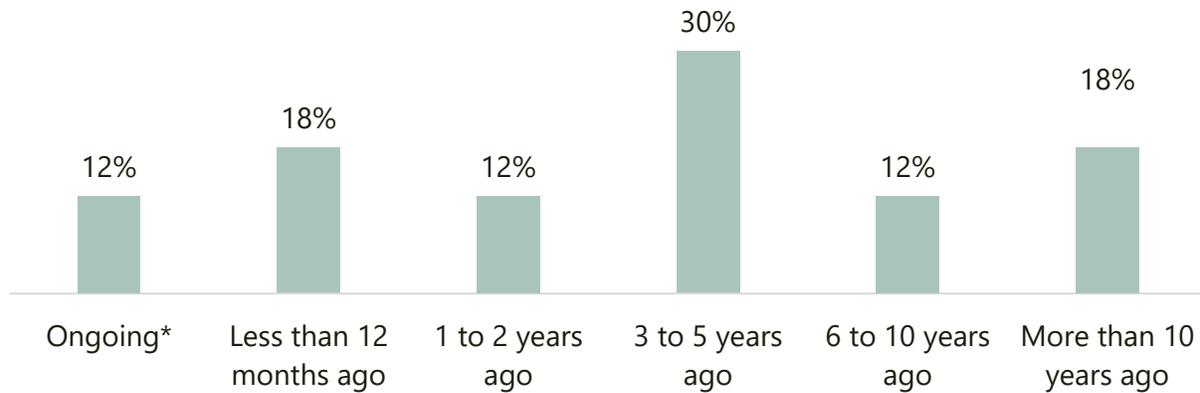


Of the total 27 respondents, 13% were victimized as children only, 31% as adults only, and 56% as both children and adults. Two respondents reported that the crimes were still being committed against them, but most had occurred more than 12 months ago.

Figure 45. Life Stage During Victimization



Figure 46. Recency of the Victimization



Of those responding, half had received services related to the victimization; 31% hadn't received services but had wanted services; and, the remaining 19% had not received services and hadn't wanted to. Of those that had received services, 88% (n=7) received them in the county in which they lived, while 13% (n=1) had not.

In general, survivors were grateful for the services they receive, particularly for safe housing. However, there was a common theme that service providers were unaware of the extent to which trauma can impede survivors' ability to advocate for themselves, and that providers seem not to maintain consistent contact with their clients. Furthermore, receiving lists of names and contact details from whom to seek further help seems insufficient, as trauma can render survivors unable to take the initiative for themselves, or to persist in reaching out for help. Several respondents suggested that having survivors "on the front lines" would help them feel understood. We question whether this would be wise in the long term, as it might impede recovery for clients, or even trigger trauma transference for providers. We suggest that it might be wiser to provide thorough training in trauma awareness for providers who are not also victims.

A few survivors reported that the process of locating services was challenging, especially while traumatized. Some recounted having been unaware that help was available, or that the services were not available in the area where they live, necessitating visits elsewhere. They also noted that accessing services was not always simple, especially as providers often had waitlists. Concerns about eligibility were also mentioned, as providers tend to focus on specific victim groups or crimes. If a survivor does not meet those criteria, they might be denied services, despite their victimization. Confusion increases for those victimized as tourists to Nevada, or if Nevada residents are victimized out of state. Under

such circumstances, we were told that questions arise as to whether the home state or the state where victimization occurred is responsible to provide services.

Respondents were grateful for the opportunity to receive financial assistance, although several expressed concerns about insufficient funds and difficulty of access. This is particularly notable when survivors seek permanent housing (which is in short supply in Nevada, especially for low-income families), when survivors need legal representation, and for mental or behavioral health treatment.

The most notable comments from survivors were regarding the long-term impacts of victimization. All respondents reported suffering ongoing consequences, regardless of length of time elapsed since the crimes were committed against them. Indeed, several mentioned that they had not sought services immediately due to the trauma they had suffered or concerns for their safety. Furthermore, concern was expressed that eligibility for services not expire, regardless of whether or not a crime was reported at the time of occurrence. Victims – especially minor victims, undocumented persons, or non-binary adults – are not always capable of reporting crimes at the time of occurrence, but might come forward for assistance many years later. Staff turnover at provider agencies can also impede recovery progress for survivors, who mentioned having to “start over again with each new advocate.”

“Trauma prevents you from making a living.” –Crime survivor

“Everyone wanted to give me a phone number, paperwork, but there wasn't any help - either I couldn't afford it, or didn't qualify for assistance.”

–Crime survivor

“My brain was numb.” –Crime survivor

Victim Services and Funding in Nevada

The lack of consistent, accurate and reliable data in Nevada makes it difficult to assess the extent to which service provision aligns with levels of victimization. However, basing services merely upon crime statistics does not reflect the varying needs of victims, the costs of restitution for different crimes, or the lengthy and extensive process of recovery from traumatization. We now examine the intent of the Victims of Crime Act and its implementation in Nevada.

Regulations for Victims of Crime Act funding and services are contained in the Nevada Revised Statutes, NRS 217.005 –NRS 217.590. Nevada’s VOCA grants typically include a

20% match requirement for all subrecipients, other than federally recognized American Indian or Alaska Native tribes, or projects that operate on tribal lands. During the COVID-19 pandemic, the state waived 100% of match requirements.

Nevada observes federal allocation requirements, dedicating at least 10% of total state funding to each of (i) victims of sexual assault, (ii) victims of domestic or intimate partner violence, and (iii) victims of child abuse (total 30%). At least 10% of funds are also reserved for victims of violent crimes who were “previously underserved.” During a previous need assessment and gap analysis (May 2017), it was determined that these funds were to be dedicated to services for children and minors, immigrants, the elderly, people with disabilities, people identifying as LGBTQIA+, members of tribal communities, and people experiencing homelessness.

In June 2021, Nevada Department of Child and Family Services allocated \$18 million to 63 agencies across the state. Funds were awarded in six priority areas: child abuse, domestic violence, sexual assault, underserved populations, other crimes, and innovative projects (Figure 39) Fifteen agencies received funding within the “Innovative Projects” category. To qualify as “innovative”, programs were required to meet one or more of the following criteria: research-based; incorporating technology to improve access or efficiency; using new resources or techniques; replicable; increasing efficiency, productivity, or quality; enhancing existing services; reducing costs; improving consumer satisfaction; borrowed from another field and adapted to meet the needs of victims; or reaching a new population.

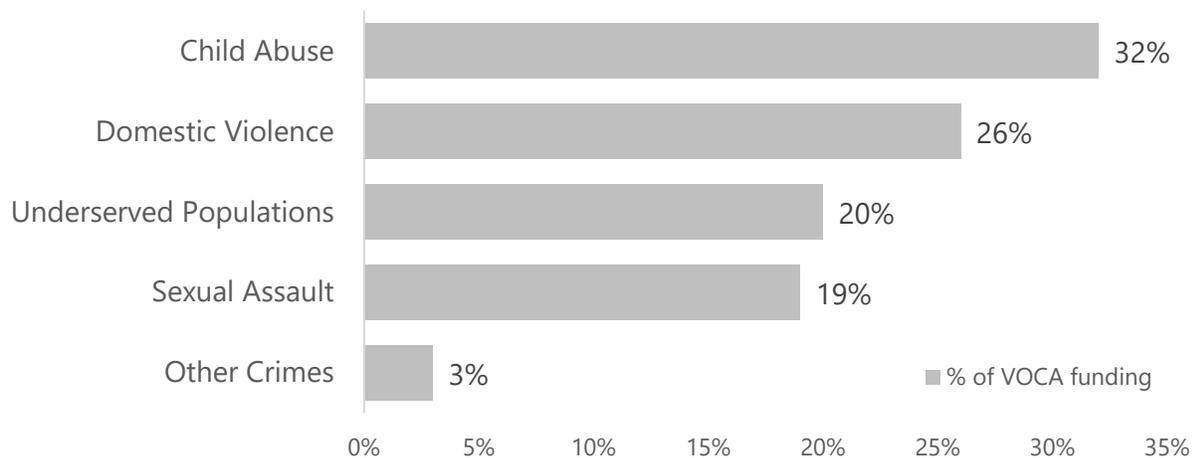
Funding by Priority Areas

Child Abuse received the highest amount of VOCA funds in SFY22, followed by Domestic Violence, Underserved Populations, Sexual Assault, Innovative Projects and Other Crimes (Figure 47). Within the innovative project funding, most of it was used for projects related to the priority areas.

Figure 47. Amount of SFY22 VOCA Funds Distributed by Priority Area



Figure 48. Percentage SFY22 VOCA Funds Distributed by Crime & Population



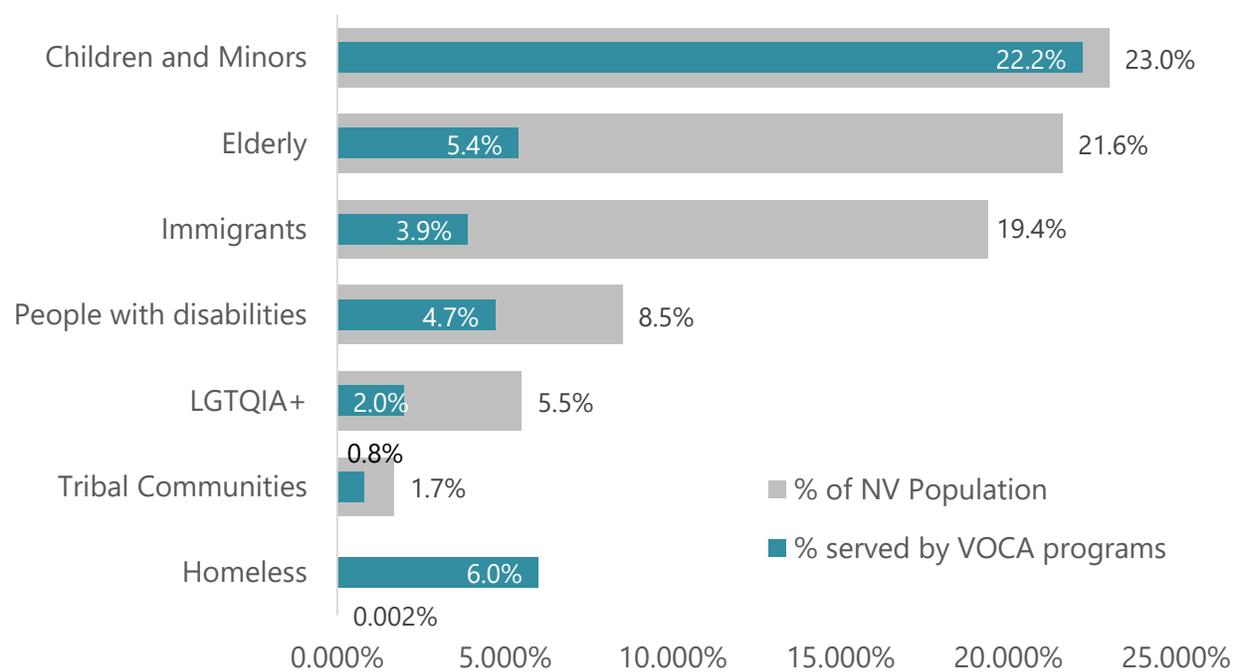
The proportions of underserved populations receiving VOCA services in SFY22 are compared to their proportions found in Nevada’s population in Figure 49. Children and minors make up the largest percentage of underserved populations—both in proportion served and proportion found in the state. These data suggest that children and minors may be served adequately. However, several provider survey respondents specifically mentioned children as an underserved population.

People experiencing homelessness represent a small proportion of the Nevada population; however, crime data estimates that they comprised 5.4% of the crime victims in Nevada in 2019. They represented 6% of individuals served by VOCA in SFY22, which may seem to demonstrate a closed gap, but crimes against individuals experiencing

homeless are greatly underreported (National Coalition for the Homeless, 2018). Homeless were

The other underserved populations have gaps between their proportions in the state population and the proportion served by VOCA. The gap is largest for the elderly and immigrants, and smaller gaps are found for people with disabilities, people who identify as LGBTQIA+, and people from tribal communities.

Figure 49. Percentage of Individuals from Underserved Populations Served by SFY22 VOCA Programs compared to Populations in Nevada



Funding by Geographic Area

Clark County received 69% of SFY22 VOCA funds, but represented 73% of the state’s population, and 74% of substantiated incidents of child abuse, 78% of rape incidents, and 84% of domestic violence victims served in the state (Figure 50). Washoe County received a higher percentage of VOCA funding compared to its population, while the remaining counties received funding in proportion to their population.

Figure 50. Distribution of SFY22 VOCA Funds by Geographic Area Compared to Percentage of Population

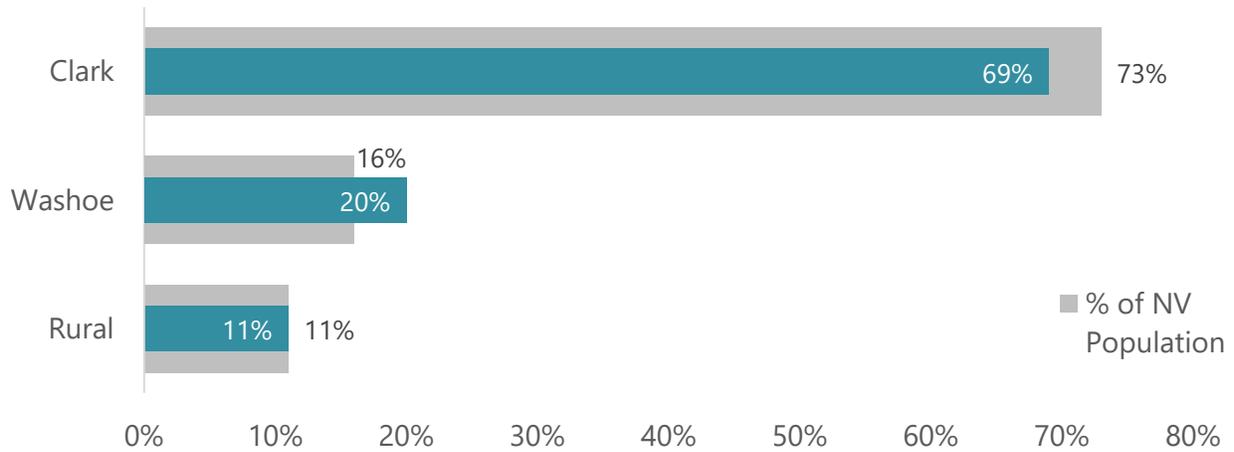
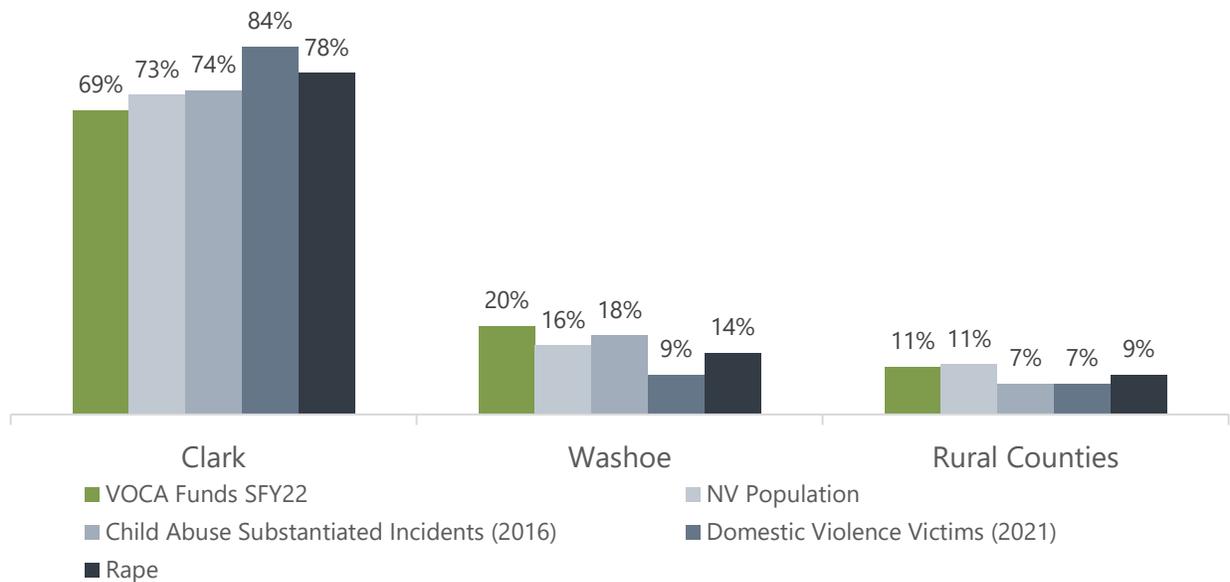


Figure 51. Distribution of SFY22 VOCA Funds by Geographic Area Compared to Percentage of Population and Percentage of Priority Area Crimes



Discussion and Recommendations

Overall, it seems that the services provided were well-received and helpful to people who have been victims of crime(s). However, there are geographic, client-based, and crime-based inconsistencies in service provision, making it difficult for some survivors to access the full extent of help to which they might be entitled. There also seem to be obstacles to receiving services for those victims who do not meet the client profile of certain agencies.

Many providers mention offering service referrals to other agencies, but survivors dispute the extent to which this is helpful. Trauma and time constraints can make it difficult for victims to follow up on reaching out to multiple providers, especially in cases where the criteria and parameters for service might be unclear. Being turned down for services due to ineligibility or waitlists serves to dissuade victims from trying again, with potentially dangerous consequences, especially in cases of ongoing abuse. Survivors appreciate having an advocate assigned to them, who will help them seek and receive the services they need, particularly in overcoming obstacles to service or restitution. However, several survivors mentioned that turnover was high among advocates, forcing them to work with several during their recovery period. This is frustrating as they feel they must “start over with every new advocate”. They expressed a desire to work with the same advocate for the duration of their need for services. They also mentioned that advocates should check in with them, rather than expecting survivors always to make the call. Dealing with trauma and disruption to their lives can cause victims to “shut down,” making it hard for them to maintain contact, which is essential to their recovery and might help keep them on track.

Both victims and providers mention the severe shortage of low-income housing in Nevada as a barrier to full recovery, especially for those in shelters who wish to move on with their lives. While assistance with completing legal forms and accompaniment to hearings is helpful, lack of affordable legal representation is a major obstacle for victims, especially in family law cases, where abusers might control family finances. Fear of losing their children is still a primary reason for women to stay in abusive relationships. In such cases, the availability of affordable or pro bono legal counsel could help save lives. Legal counsel is also often necessary when seeking compensation or restitution for losses due to victimization, especially in cases where claimants are denied at first. Denial often occurs due to expiration of eligibility or incomplete forms, both of which should be avoidable.

Victims and providers both state the need for ongoing access to mental and behavioral health resources for victims, regardless of when victimization occurred. Lack of health insurance and shortage of funding or providers were cited several times as an obstacle to receiving help in this area. Cultural differences were also mentioned as obstacles to recovery, especially for non-English speakers and LGBTQIA+ individuals.

“I hit a brick wall.” –Crime survivor

“We just don’t have enough housing, period.” –Service provider

“I was given \$1000 for counseling but it didn’t even come close to working through my trauma.” –Crime survivor

“We have seven full time attorneys representing victims of domestic violence. We could use forty.” –Service provider

Funding Distribution Recommendations

OVC encourages SAAs to develop state funding strategies to considers 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 who are not participating in criminal justice proceedings; and the extent to which other sources of funding are available for direct services.

Geographic Distribution

Current funding levels are lower for Clark County than their population percentage in the state, although they bear a heavier burden of crime and victims than the other counties for most crimes. Based on our analysis of the crime data and interview, focus group and survey data, we recommend the funding be distributed according to the population of the three geographic areas:

Recommended Geographic Distribution of Funding

Clark County	Washoe County	Rural Counties
73%	16%	11%

Distribution by Priority Areas and Populations

Determining distribution of funding among the priority areas, underserved populations and other crimes is more challenging than the geographic distribution as there are many factors to consider. The current funding levels provide more than the minimum 10% for the priority areas and underserved populations. While the funding is heavily skewed towards the priority areas of child abuse, domestic violence, and sexual assault, this needs assessment demonstrates justification for such funding levels. Child Abuse currently is funded at 32% of VOCA funding. While the child abuse rate in Nevada is now below the national average, Nevada’s rate for child fatalities due to maltreatment is higher than the national rate. It is recommended to make a small adjustment in the percentage to 31%, as children are also included as an underserved population. Domestic violence is funded at 26% of VOCA funding; it is recommended to adjust this percentage to 25%. This closely matches the percentage of crime victims experiencing domestic violence in Nevada. Nevada does have a high incidence of domestic violence and the service requirements are great and challenging with the need for transitional housing and other supports;

however, ML and FVPSA are other sources of funding that can be used to support domestic violence victims. Sexual Assault is currently funded at 19% of VOCA funding. It is recommended to maintain this level of funding as it is still a major concern in Nevada, even more so due to frequent underreporting as well as poor data collection and reporting. Nevada’s rate of sexual assault appears to be decreasing in recent years; however, it is still one of the highest rates in the nation. Underserved populations are currently funded at 20% for the group. It is recommended to maintain that level overall. Some suggestions are made below for potential additions to the list of underserved populations in Nevada. Finally, all other crime currently is funded at 3%. We recommend adding 2% to this category raising it to 5% as Nevada has very high rates of some other crimes such as aggravated assault. This could allow additional victims of these crimes to access services that previously were unavailable to them.

Recommended Priority Area Distribution of Funding

Child Abuse	Domestic Violence	Underserved Populations	Sexual Assault	All Other Crimes
31%	25%	20%	19%	5%

Underserved populations

It is recommended to keep the current underserved populations. While it seems that children and minors may be adequately served based on percentages receiving services, several providers specifically mentioned particular children that are still underserved. It also is recommended to keep the elderly, immigrants and refugees, people with disabilities, people who identify as LGBTQIA+, people from tribal communities and people experiencing homelessness on the list of underserved populations.

Several potential additions to the underserved populations list are offered as recommendations. Victims with limited English Proficiency are being served at lower levels than the rate of crime they experience. Provider survey respondents also noted them as underserved along with rural populations and victims of human trafficking (sex). Having a variety of underserved populations also allows a variety of service providers to apply for VOCA funding and fill gaps in services.

Recommended Underserved Populations

Current	Potential Additions
Elderly	Persons with limited English Proficiency
LGBTQIA+	Rural populations
People experiencing Homelessness	Victims of human trafficking (sex)
Immigrants and refugees	
People with disabilities	
Tribal communities	

Other Recommendations

Based on our analysis of conditions within the state, and on comments from both providers and survivors, CSES offers several additional recommendations to help OVC meet the objectives for use of VOCA funds:

- Supporting direct services
- Improving victim access to services
- Increasing victim knowledge of the criminal justice system
- Supporting victim participation in investigation or prosecution (only if and when a victim is willing and able)
- Assessing impact of funded programs using performance management data
- Emphasis on evidence-based programs and practices
- Increasing partnerships among agencies working with crime victims

Full implementation of these suggestions might entail restructuring the way services are provided in the state and may require :

- The need for additional housing is beyond the scope of VOCA or this assessment. However, emergency shelter is a critical component of victim services. While most shelters are regularly full, additional transitional housing could open up emergency beds for new victims in crisis. Furthermore, there might be available in a nearby community, if any given shelter is full. Conserve resources by reducing redundancy of service provision: Coordinate a state-wide victim response capacity, with a centralized clearing system to maximize service access and bed allocation within in the state. Provide smaller shelters for special populations, such as elderly, LGBTQIA+, women with adolescent sons, immigrants with limited English proficiency. Centralized clearing for other services could also help reduce wait times, by promoting maximal access and usage.

- Let the experts do their job. Total service provision might be more effective if each organization were to focus on specialized services, at which they could become expert, rather than attempting to provide a full range of services to all comers. For example, an agency providing emergency shelter might not be the best place for clients also to expect legal counsel. Perhaps they should receive legal help from an agency whose prime focus was the provision of legal assistance. However, it would be important to provide navigators for victims to help link them to specialized services.
- Many providers offer referrals to additional services from other providers, but survivors stated that mere lists of contact details are seldom helpful. Survivors described struggling to cope with the basics of life, let alone navigating the multiple tasks suggested to them. Furthermore, we know that “warm hand-offs” are typically far more successful than otherwise. We suggest assigning victims a single advocate who will help them through every step of the recovery process, including transportation and in-person introductions to other providers. Train advocates from different agencies to work with each other so that every victim can be supported to access legal support, counseling, etc.
- Victims need clear, unambiguous, and simple information about how to get in touch with someone who can give them the help they need, in a timely way, and preferably with a warm hand-off (as mentioned above). Advertise services in mainstream media outlets and social media. Advertising a single, centralized point of initial contact could reduce the need for every agency to advertise its own services, saving resources for vital services. Services do not need to be in every community, but every community should have a way to safely, expeditiously connect victims to help, in case of emergency. Emergency safe spaces and transportation should be provided between remote communities and service hubs.
- Eliminate barriers to eligibility, such as filing a police report or seeking help within a specific time period. Victims might be unable to comply with such requirements, particularly if they are minors, or were when the crime were committed against them, or if they are immigrants afraid of deportation (this includes documented immigrants).
- While innovation is vital to ensuring that services keep up with changing social trends, it must be remembered that federal guidelines advocate using evidence-based practices, to ensure efficacy, efficiency and avoidance of potentially damaging practices. Each agency should be provided with the means to conduct

periodic evaluations of the services they provide, to ensure they are achieving desired outcomes and avoiding mission drift.

- Survivors strongly opine that provider staff seem to be unaware of the impacts of trauma on victims' ability to function, even at the most basic level. Additionally, staff must understand that behaviors or solutions acceptable in mainstream culture might be unacceptable to members of minority groups. Providers must receive training in trauma awareness and in cultural competency.
- Many providers and survivors stressed the critical nature of mental or behavioral health support and legal representation. However, eligibility for free services is severely limited, with the result that many victims are forced to do without. They do not qualify for pro bono services, but cannot afford co-pays, or have no insurance. To effectively help low-income victims recover from the crimes perpetrated against them will require additional funding for these vital services.
- Not all crimes are violent, but the majority of Nevada's VOCA funding serves victims of some type of violence. Allocate some funds to non-violent crimes, legal assistance, rebuilding after loss, etc. These crimes were not in evidence in our investigation but that might be due to having spoken largely with providers currently receiving VOCA funding, and survivors being served by those agencies. In other words, we doubt that this limited assessment can be representative of the full spectrum of victims.
- Telehealth services is one way that providing additional services to victims and survivors in rural areas can be accomplished. Another way to provide additional services is to work with transportation agencies in Nevada to provide transportation to larger counties so that services can be received.
- Implement more evaluation of the outcomes and impacts of the victim services provided. Evaluate effectiveness beyond counting numbers served and services provided and beyond customer satisfaction. Requiring program evaluation from funded agencies could help ensure that the most effective services are funded in the future and could be used to leverage additional funds from federal grants, foundations and other sources.

CSES recognizes that implementing these recommendations constitute a major overhaul of victim services in Nevada. However, we do not suggest that this could – or should be achieved overnight. Several providers suggested that some movement has already been begun in this direction, but that more is needed. Nevertheless, the recommended changes would have significant impacts on provider agencies, who should be intimately involved in setting new directions for a coordinated, statewide victim services plan. We therefore recommend further investigation and assessment of how changes might be designed and

implemented over an extended period, giving providers the opportunity to define their own areas of expertise and to learn how best to coordinate with other providers.

Conclusion

This analysis underscores the perception that the needs of crime victims in Nevada are more extensive than providers can currently meet. The extensive land area of our state and very uneven distribution of population between urban and rural areas create unique challenges to providing equitable services for every victim in every place. Providing services in sparsely populated rural counties is more expensive – and considerably more difficult - than doing so in urban areas, where efficiencies can be achieved. Furthermore, the low tax base in areas of low population density, plus the nature of the state’s tax structure, make it unlikely that additional funding will be easily found to expand services. It should be noted, however, that OVC fully supports the supplementation of VOCA funds from local sources. Thus, it seems essential to spend funds in such a way that the greatest benefit can be achieved for the greatest number of victims. This might not include adding services in sparsely populated areas, but rather, coordinating and streamlining services in and around population centers and transportation hubs, while ensuring that victims in rural communities can access them easily and without stigma.

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Appendix A: Provider Survey



University of Nevada, Reno

VOCA Survey for Service Providers

Block 1

Dear \$ {m://FirstName},

Introduction

The Nevada Department of Health and Human Services, in conjunction with the Nevada Center for Surveys, Evaluation, and Statistics at the University of Nevada, Reno (UNR), is conducting the 2022 VOCA Needs Assessment. The purpose of the survey is to allow agencies serving victims of crime to provide confidential feedback on their assessment of service provision and accessibility in our state, and how those might be improved in the future. All responses will be kept confidential and will go directly to the Nevada Center for Surveys, Evaluation, and Statistics at UNR. All data given to UNR will be compiled in group format with names and any other identifying information redacted. Your privacy is important to us.

Instructions

If you have already completed this survey, please do not take it again. On the following pages you will be asked several multiple-choice, matrix and open-ended questions. Please answer each question as most accurately reflects your agency and services. The survey will take approximately 10-15 minutes to complete. Please make sure to finish the survey. You will receive a message once the survey is complete informing you that you are done. Please try to complete this survey in one sitting, if possible. If you are unable to finish the survey in one session, you may come back later by using the link from your email message. If you have any problems or questions about the survey, you may email Elizabeth Christiansen at elizabethc@unr.edu or call (775) 682-6853.

ACKNOWLEDGEMENT AND AUTHORIZATION By marking Yes, you agree that you understand the above description of this survey. You also agree that your questions have been answered, and that you want to take part in this survey.

- Yes, I agree
- No

Default Question Block

Which of the following best describes the type of organization for which you are completing this survey? *(Please check all that apply)*

- Court Services
- Government Agency
- Law Enforcement
- Legal Services
- Medical Provider
- Non-profit (includes faith-based organizations)
- Tribal Community
- Other: Please explain

Which Nevada county or counties does your organization serve? *(Please check all that apply. If you serve the entire state, just check the first box)*

- We serve the entire state
- Carson City/County
- Churchill County
- Clark County
- Douglas County
- Elko County
- Esmeralda County
- Eureka County
- Humboldt County
- Lander County
- Lincoln County
- Lyon County
- Mineral County
- Nye County
- Pershing County
- Storey County
- Washoe County

White Pine County

Of the counties listed below, where is your physical office located?

- Carson City/County
- Churchill County
- Clark County
- Douglas County
- Elko County
- Esmeralda County
- Eureka County
- Humboldt County
- Lander County
- Lincoln County
- Lyon County
- Mineral County
- Nye County
- Pershing County
- Storey County
- Washoe County
- White Pine County

Old questions block

Over the past three years, which types of crime had your clients most frequently been victimized by? (*Please select up to **three***)

- Abuse or neglect (as an adult, does not include domestic or intimate partner, does not include elder abuse or neglect)
- Assault (physical, as an adult, does not include domestic or intimate partner, does not include elder physical assault)
- Assault (sexual, as an adult, does not include domestic or intimate partner, does not include elder sexual assault)
- Arson

- Bullying (verbal, cyber, physical)
- Burglary
- Child abuse or neglect (includes physical or sexual abuse)
- Child pornography
- Domestic or intimate partner abuse or assault (physical or sexual)
- DUI/DWI incidents
- Elder abuse or neglect
- Hate crimes: Religious/Racial/Gender/Sexual Identity
- Human trafficking: labor
- Human trafficking: sex
- Identity theft, fraud, or financial crimes
- Kidnapping (custodial or non-custodial)
- Mass violence (domestic/international)
- Robbery
- Stalking or harassment
- Teen dating violence
- Terrorism (domestic or international)
- Vehicular crime, other (e.g. hit & run, does not include DUI/DWI)
- Other: please explain

Over the past three years, have any of your organization's clients been from one or more of the following vulnerable or underserved groups? *(Please check all that apply)*

- American Indians or Alaska Natives
- Deaf or hard of hearing population
- Elderly population
- English language learners (people with limited English proficiency)
- Families of homicide victims
- Homeless populations
- Immigrants, Refugees, or Asylum Seekers
- LGBTQIA+ populations
- Persons with disabilities (cognitive, physical, mental)
- Rural populations
- Veterans

- Victims of child molestation
- Victims of child pornography
- Victims of DUI/DWI crimes
- Victims of gang violence
- Victims of hate and bias crimes
- Victims of human trafficking: labor
- Victims of human trafficking: sex
- Victims of kidnapping
- Victims of physical assault
- Victims of robbery
- Victims of violent crime in high crime areas
- Other: Please describe

Does your organization regularly provide direct services to crime victims, such as shelter, hotlines, counseling, or assistance with medical or legal systems?

- Yes
- No

Please indicate which direct services your organization currently provides to victims. *(Please check all that apply)*

- Child or dependent care assistance
- Criminal advocacy accompaniment
- Crisis intervention (in person, includes safety planning)
- Emergency financial assistance
- Emergency justice-related assistance with restitution
- Emergency shelter or safe house
- Hotline or crisis line counseling
- Immigration assistance
- Individual advocacy
- Individual counseling
- Information about the criminal justice process

- Information about victims' rights, how to obtain notifications, etc.
- Interpreter services
- Intervention with employer, creditor, landlord, or academic institution
- Legal assistance with family law issues (custody, visitations, support)
- Legal assistance with obtaining protection or restraining orders
- Legal advice or counsel (other)
- Notification of criminal justice events
- On-scene crisis response (community response)
- Other emergency justice-related assistance
- Medical or non-medical forensic exam or interview, or medical evidence collection
- Referral to other victim service programs
- Relocation assistance
- Support groups
- Therapy
- Transitional housing
- Transportation assistance
- Victim advocacy or accompaniment to emergency medical care
- Victim advocacy or accompaniment to law enforcement interviews
- Victim advocacy or accompaniment to medical forensic exam
- Victim impact statement assistance
- Other: Please describe

Please indicate any other activities your organization engages in related to crime victimization. (*Please check all that apply*)

- Attending victimization-related conferences
- Community education to the general population
- Outreach
- Prevention efforts
- Professional training for providers
- Other: Please describe

Does your agency ever have to deny services to a victim?

Yes

No

If yes, please briefly describe the instances in which your organization has to deny services to victims, and why.

If no, please briefly tell us why you never have to deny services.

Please indicate which direct services your organization would like to provide to victims, but is unable to, due to lack of resources. *(Please check all that apply)*

- Child or dependent care assistance
- Criminal advocacy accompaniment
- Crisis intervention (in person, includes safety planning)
- Emergency financial assistance
- Emergency justice-related assistance with restitution
- Emergency shelter or safe house
- Hotline or crisis line counseling
- Immigration assistance
- Individual advocacy
- Individual counseling
- Information about the criminal justice process
- Information about victims' rights, how to obtain notifications, etc.

- Interpreter services
- Intervention with employer, creditor, landlord, or academic institution
- Legal assistance with family law issues (e.g., custody, visitations, support)
- Legal assistance with obtaining protection or restraining orders
- Legal advice or counsel (other)
- Notification of criminal justice events
- On-scene crisis response (community response)
- Other emergency justice-related assistance
- Medical or non-medical forensic exam or interview, or medical evidence collection
- Referral to other victim service programs
- Relocation assistance
- Support groups
- Therapy
- Transitional housing
- Transportation assistance
- Victim advocacy or accompaniment to emergency medical care
- Victim advocacy or accompaniment to law enforcement interviews
- Victim advocacy or accompaniment to medical forensic exam
- Victim impact statement assistance
- Other: Please describe

Please choose the top three types of victim populations in your area that are not being served due to lack of capacity.
(Please select up to **three**)

- American Indians or Alaska Natives
- Deaf or hard of hearing population
- Elderly population
- English language learners (persons with limited English proficiency)
- Families of homicide victims
- Homeless populations
- Immigrants, Refugees, or Asylum Seekers
- LGBTQIA+ population
- People with disabilities (cognitive, physical, mental)
- Rural populations

- Veterans
- Victims of child molestation
- Victims of child pornography
- Victims of DUI/DWI crimes
- Victims of gang violence
- Victims of hate and bias crimes
- Victims of human trafficking (labor)
- Victims of human trafficking (sex)
- Victims of kidnapping
- Victims of physical assault
- Victims of robbery
- Victims of violent crime in high crime areas
- Other: Please describe

Which of the following barriers has your organization experienced in regard to providing services to crime victims?
(Please check all that apply)

- Bilingual staff limited
- Board capacity or functionality
- Community not aware of services
- Insufficient resources, staffing or funding
- Lack of community support
- Lack of employee or volunteer training
- Lack of referrals from law enforcement
- Lack of referrals from other service providers (e.g. hospitals)
- Rural victims not being able to access services due to distance, lack of transportation or other resources, etc.)
- Shortage of volunteers
- Other: Please describe
- None of the above

Of the barriers indicated in the previous question, which one is the single most important for your organization?

- » Bilingual staff limited
- » Board capacity or functionality
- » Community not aware of services
- » Insufficient resources, staffing or funding
- » Lack of community support
- » Lack of employee or volunteer training
- » Lack of referrals from law enforcement
- » Lack of referrals from other service providers (e.g. hospitals)
- » Rural victims not being able to access services due to distance, lack of transportation or other resources, etc.)
- » Shortage of volunteers
- » Other: Please describe
- » None of the above

In the previous question, you chose "[q://QID99/ChoiceGroup/SelectedChoices](#)", why is this the single most important barrier?

Do you offer virtual or remote services to victims of crime?

- Yes
- No

If you checked "Yes" to offering virtual or remote services to crime victims, please describe the types of services you offer in this format.

If you checked "No" to offering virtual or remote services to crime victims, please tell us why not.

On average, how many total clients do you serve per month?

- 0-5 clients
- 6-10 clients
- 11-25 clients
- 26-50 clients
- 51-100 clients
- More than 100 clients

On average, how many new, individual clients do you serve per month (that you have not served within the previous 12 months)?

- 0-5 clients
- 6-10 clients
- 11-25 clients
- 26-50 clients
- 51-100 clients
- More than 100 clients

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Appendix B: Interview Questions for Providers

Key Stakeholder Interview Questions Victim Services Needs Assessment

1. Organization name:
2. What is your role in your organization?
3. Please briefly describe your organization's mission and objectives
4. Which crimes are most frequently experienced in your community?
Probe:
Adult Physical Assault
Adult Sexual Assault
Adults Sexually Abused/Assaulted as Children
Arson
Bullying (Verbal, Cyber, or Physical)
Burglary
Child Physical Abuse or Neglect
Child Pornography
Child Sexual Abuse/Assault
Domestic and/or Family Violence
DUI/DWI Incidents
Elder Abuse or Neglect
Hate Crime: Racial/Religious/Gender/Sexual
Human Trafficking: Labor
Human Trafficking: Sex
Identity Theft/Fraud/Financial Crime
Kidnapping (non-custodial)
Kidnapping (custodial)
Mass Violence (domestic/international)
Other Vehicular Crime (i.e. Hit and Run)
Robbery
Stalking/Harassment
Survivors of Homicide Victims
Teen Dating Violence
Terrorism Domestic/International
Other
5. In your opinion, who are the un-served and underserved victims of crime populations in your community?

Probe: (Note – if asked, read entire list)

DUI/DWI victims

survivors of homicide victims
American Indian/Alaskan Native victims
Immigrants/refugees/asylum seekers
People experiencing homelessness
Veterans
Victims with disabilities: cognitive/physical/mental
Deaf/hard of hearing
Victims with limited English Proficiency
victims of physical assault
adults molested as children
victims of elder abuse
victims of hate and bias crimes
victims of human trafficking
victims of kidnapping
child victims and adult survivors of child pornography
child victims of sex trafficking
victims of violent crime in high crime areas
victims living in rural areas
LGBTQIA+ victims
victims of federal crimes
victims of robbery
victims of gang violence
Other: Please describe_____

6. For un-served and underserved victims of crime populations mentioned:
 - a. What types of services do they require?
 - b. Are there services required that are unique to their needs as an underserved population?

7. We are aware that funding is limited for all types of crime victims.

7b. What are your top three victimization priorities for funding?

7c. Which three victim groups do you think are most in need of additional funding?

8. Are there any types of victimization that receive disproportionate funding compared to victims of other crimes?

8b. Do you think the RFP/FOA/NOFO that VOCA sends out addresses the needs of the clients you serve? Why or why not?

9. What are the most needed services for victims in your service community?
10. Are there any key barriers for your organization in providing victims of crime with the services they need? Please describe.
Probe: Funding, staff qualifications/training, distance, lack of referrals from other agencies, community not aware of services, shortage of volunteers, other.
11. What services do clients need that you are not able to provide due to lack of resources?
Probe:
What are the service gaps?
Are there services that victims need that do not have enough funding?
12. What are the easiest services to connect victims to? *(Use one of the lists if they need a probe)*
13. What are the hardest services to connect victims to? *(Use one of the lists if they need a probe)*

Appendix C: Survivor Focus Groups

Hello, and thank you so much for participating in this conversation today.

UNR has been asked by the Nevada Department of Health and Human Services to perform an assessment on our state's services for people who have been victimized by crimes. We know that such experiences can be traumatic, and we want to be sensitive to your experiences. Today we want to ask you about seeking and receiving the services you needed to help you cope with the victimization and recover from it. But please, if there's something you don't want to answer, that is fine, and let us know if you need to take a break.

Today our objective is to gain a better understanding of your views and opinions on how we can improve services in the future. **Please be aware that we will be recording this conversation. If you are uncomfortable with that, please feel free to leave the meeting.**

So first, let's just break the ice with each other.

My name is Dr. Roni Dahir and I am the Director of the grant Sawyer Center for Justice Studies at the University of Nevada, Reno. Assisting me today is Kate High, who is a graduate research assistant at the Center for Surveys, Evaluation and Statistics at UNR.

Who would like to go next? Please do not tell us your name or the crime committed against you unless you are comfortable doing so. You are not required to tell us anything – this is all completely voluntary.

Please be aware that we will be recording this conversation. If you are comfortable with that, I will begin recording

1. Who was the first person you told about what happened to you?

Probes if necessary

- *Was anyone with you when it happened?*
- *Did you call a family member? friend? boss?*
- ***At what point did the police get involved, if they did?***
- *Did anyone assist you?*

2. After the crime, what kind of services did you receive and where did you get those services? By services, we mean things like counseling, medical or financial assistance, a place to live, navigating the legal system, and so on.

Were you able to get the help at one agency or did you have to go to more than one agency?

Were you made aware of additional "resources"?

Did the agency help you get to those other resources you needed?

3. Who referred you or how did you get connected with the organization you received services from?

4. How easy or hard was it to get the services you needed? Did you face any challenges getting the services?

- *Did your geographic location make it easier or harder to access services?*

- *Any transportation issues*
- *Financial difficulties?*
- *Scheduling?*
- *Internet access?*
- *Language?*
- *Anonymity?*

5. What worked well with the services you received?

6. How could services you received have been more helpful?

7. What services did you need but weren't able to get?

8. What could be done to make it easier for people to get the help they need?

- *What is the best way to let victims and survivors know about available services and resources?*

Finally -

Is there anything else you think it is important for us to know?

Please remember to complete the short demographic survey at the link we sent you. Then we can send your gift cards. Thank you.

Appendix D: Survey for Survivors of Crime

VOCA Survey for Survivors of Crimes

English ▾

Block 1**Introduction**

The Nevada Department of Health and Human Services, in conjunction with the Nevada Center for Surveys, Evaluation, and Statistics (CSES) at the University of Nevada, Reno (UNR), is conducting a needs assessment for services to people who have been victimized by crime. The purpose of this survey is to allow survivors to provide anonymous feedback on services received and the challenges faced during the recovery process. The goal is to improve those services in the future. All responses will be anonymous and will go directly to the CSES. Both your opinions and your complete anonymity are important to us.

Instructions

If you have already completed this survey, please do not take it again. On the following pages, you will be asked several multiple-choice and open-ended questions. The survey will take approximately 10-15 minutes to complete. Please make sure to finish the survey. You will receive a message once the survey is complete informing you that you are done. The survey must be completed in one sitting. If you have any problems or questions about the survey, you may email Elizabeth Christiansen at elizabethc@unr.edu or call (775) 682-6853.

ACKNOWLEDGEMENT AND AUTHORIZATION By marking Yes, you agree that you understand the above description of this survey. You also agree that your questions have been answered, and that you want to take part in this survey.

- Yes, I agree
- No

You certify that you are 18 years of age or older.

- Yes, I am 18 years of age or older
- No, I am under 18 years of age

County

In which county do you live?

In which Nevada county or counties was(were) the crime(s) committed against you? *Please select all that apply.*

- Carson City
- Churchill County
- Clark County
- Douglas County
- Elko County
- Esmeralda County
- Eureka County
- Humboldt County
- Lander County

- Lincoln County
- Lyon County
- Mineral County
- Nye County
- Pershing County
- Storey County
- Washoe County
- White Pine County
- The crime was committed outside Nevada. Please specify city and state where crime happened.

About the Crime(s)

Please tell us which of the options below most closely describes the crime(s) committed against you. *Please select all that apply.*

- Abuse or neglect as an adult
- Child abuse or neglect, kidnapping, bullying, pornography or trafficking (prior to age 18)
- Elder abuse or neglect
- Adult physical or sexual abuse by a stranger, robbery or kidnapping
- Arson
- Burglary or home invasion
- Intimate partner physical or sexual assault or abuse
- Vehicular crimes, includes DUI or DWI
- Hate crimes: Religious/Racial/Gender/Sexual Identity
- Human trafficking for sex or labor as an adult
- Identity theft, fraud, financial crimes, or other online crimes
- Terrorism or mass violence
- Stalking, harassment or bullying of any kind as an adult
- Other: please explain
- I prefer not to answer.

Were you victimized as a child or as an adult?

- As a child, but not as an adult
- As an adult only
- Both as a child and as an adult

How long ago was this crime(s) committed against you?

- Ongoing. IMPORTANT, if a crime is being committed against you, please seek help immediately!
- Less than 12 months ago
- 1 to 2 years ago
- 3 to 5 years ago
- 6 to 10 years ago
- More than 10 years ago

Services

Which, if any, of the following problems did you have as a result of the crime? Please select all that apply.

- Physical health issues
- Mental health issues
- Money/finances
- Employment
- Family issues
- Housing (Loss of home, landlord, discrimination, foreclosure)
- Transportation
- Health insurance (Private insurance, Medicaid, Medicare)
- Immigration (Visa, citizenship, work permit, deportation)
- Government benefits (Cash assistance, SNAP, disability, unemployment)

- Legal issues
- Education
- Other, please specify:
- None of the above.

Did you receive services related to the crime(s) and these problems?

- Yes
- No, I did not want any help.
- No, but I wanted help.

Did you receive services in the county where you live?

- Yes
- No

Why did you not receive services in the county where you live?

- I moved here since receiving services.
- Services were not available where I lived.
- Other - please explain in the box below

In which Nevada county or counties did you **receive services** related to the victimization and your recovery? *Please select all that apply.*

- Carson City
- Churchill County
- Clark County
- Douglas County
- Elko County
- Esmeralda County
- Eureka County
- Humboldt County
- Lander County
- Lincoln County
- Lyon County
- Mineral County
- Nye County
- Pershing County
- Storey County
- Washoe County
- White Pine County
- Did not receive services in Nevada. Please specify where you received services:

Services Received/Not received

Please indicate which direct services you **received**. Please *select all that apply*.

- Child or dependent care assistance
- Counseling, therapy or professional support groups
- Crisis intervention, includes safety planning
- Emergency financial assistance
- Emergency shelter or safe house
- Hotline or crisis line

- Immigration or interpreter assistance (not with attorney)
- Information and referrals only
- Intervention with employer, creditor, landlord, or academic institution
- Legal assistance, advice or counsel, includes immigration assistance with attorney
- Legal consultation or workshops only
- Medical or non-medical forensic exam or interview, or medical evidence collection
- On-scene community crisis response
- Relocation or other long-term housing assistance
- Restitution or other financial assistance
- Transitional housing
- Transportation assistance
- Victim advocacy, includes accompaniment to medical or justice system exams or interviews
- Victim notification of criminal justice events
- Other: Please describe
- I did not receive any of these services.

Overall, how satisfied are you with the services you received?

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very satisfied
- Does not apply, I did not receive services.

What made you satisfied or dissatisfied with the services you received?

did not receive

Please indicate any services you needed or wanted, but **did not receive**. Please select all that apply.

- Child or dependent care assistance
- Counseling, therapy or professional support groups
- Crisis intervention, includes safety planning
- Emergency financial assistance
- Emergency shelter or safe house
- Hotline or crisis line
- Immigration or interpreter assistance (not with attorney)
- Information and referrals only
- Intervention with employer, creditor, landlord, or academic institution
- Legal assistance, advice or counsel, includes immigration assistance with attorney
- Legal consultation or workshops only
- Medical or non-medical forensic exam or interview, or medical evidence collection
- On-scene community crisis response
- Relocation or other long-term housing assistance
- Restitution or other financial assistance
- Transitional housing
- Transportation assistance
- Victim advocacy, includes accompaniment to medical or justice system exams or interviews
- Victim notification of criminal justice events
- Other: Please describe
- Does not apply.

What were the reasons you did not receive the services you needed or wanted? *Please select all that apply.*

- Did not know what services were available

- Did not know how to get the services
- Did not have transportation
- I felt too ashamed, embarrassed, depressed, and/or traumatized to ask for help
- Waitlist for service was too long.
- Did not like the provider
- Did not feel comfortable with the provider
- Staff did not speak my language.
- Did not have childcare
- Service did not exist in my area
- I could not afford the services.
- Service was only available online but I had no access to the internet.
- Service was only available online but I did not want to receive the service online.
- Services were not available at convenient times.
- I felt I could deal with it on my own.
- Other: Please explain in the box below
- Does not apply. I received the services I needed.

Victim identity

How would you describe your current status related to recovery from the crime committed against you?

- I am still recovering and still receiving services.
- I am still recovering but not receiving services.
- I am recovered and do not feel the need for services at this time.
- Other, please describe:

Select the groups listed below that you belong to, if any.
Please check all that apply.

- American Indian or Alaska Native
- Hard of hearing or person with physical or cognitive impairment
- Elderly
- Person with limited English proficiency
- Family member of homicide victim
- Homeless
- Immigrant, Refugee, or Asylum Seeker
- LGBTQIA+
- Person with disability (cognitive, physical, mental)
- Resident of rural area or county
- Veteran
- Other: Please describe
- None of the above

Missing

What services are missing that could make things better for survivors of crime?

- More advocacy and survivor's rights services
- More help finding and navigating services
- Easier access to medical care
- Easier access to mental health care
- Housing and emergency shelters
- Financial assistance
- Diverse providers survivors feel comfortable working with
- Transportation services
- Improved follow-up with survivors about law enforcement and court outcomes
- Other, please specify:

None

Please describe how you think victim services in Nevada could be improved.

Online Services

Would having some services available online make it easier to get help?

- Yes
 Maybe
 No

What services would you be willing to use online?

Demographics

How do you describe yourself?

- Male

- Female
- Non-binary / third gender
- Prefer to self-describe

Choose one or more races that you consider yourself to be.

- American Indian/Native American or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other, please specify:

What is the highest level of education you have completed?

- Some high school or less
- High school diploma or GED
- Some college, but no degree
- Associates or technical degree
- Bachelor's degree
- Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS etc.)
- Other, please specify

How old are you?

- 18-24 years old
- 25-34 years old
- 35-44 years old

- 45-54 years old
- 55-64 years old
- 65+ years old

Additional Info

Please describe anything else you would like to tell us about the services you received or how services could be improved in the future.

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Appendix E: Actual Responses to Survey Questions

1. Reasons given for denial of services
 - Capacity issues (we have a waitlist), or we have had to deny services if we were unable to obtain the certification needed to pursue the immigration case.
 - Clients who threaten other clients or staff are referred to other service providers and suspended from services for a designated period of time.
 - Emergency Shelter is full, no space available. Safety plan and referrals provided.
 - Funding shortages, staffing shortages.
 - Funding sources, not enough beds available within our shelter.
 - If the services are outside of the Scope of our Agency, example an adult robbery victim with no children.
 - If the victim is not a Veteran, we are not able to provide direct services however, we work collaboratively with community agencies to be able to provide a warm-handoff to the most appropriate organization(s) for the victim's needs.
 - If their needs exceed what we can offer or they are abusive to staff. We still always provide referrals and try to help in other ways, even if it is out of our scope or area.
 - In some instances, if the victim's needs require a higher level of care, or if the victim has additional mental health considerations outside of our therapeutic scope, we will refer them to a more appropriate provider. This is rare, and we typically do not deny services to any victims.
 - Legal advice, we are not attorneys. We can only offer options and understanding, but cannot give advice. We have a shortage of legal options.
 - Not enough resources available to assist.
 - Out of scope.
 - Shelter services if an individual is unable to meet guidelines.
 - the only time the agency has to deny services if their victimization is past 90 days. In that instance we refer out to other domestic violence shelters.
 - Upon discovery of conflict of interest in representation in legal matters.
 - We are not equipped to meet their mental health or substance abuse needs. They do not meet our program criteria, i.e. are not victims of domestic violence.
 - We have a waitlist.
 - We have experienced a huge rise in the need for emergency motels and we have denied requests when our motel budget has been depleted.
 - When capacity levels dictate, we sometimes refer family law matters out when client has means to pay: we still do the protection order representation for these clients, regardless of income.
 - When funding is low, we sometimes can't provide the services needed, but we will make referrals.
 - When mental health issues are outside our scope.

2. Alternatives to denial of services

- Clients may have to wait for counseling on a waitlist, but not turned away.
- It is a policy that we never deny services for individuals in crisis
- Referrals usually come from law enforcement or prosecution
- Right now we do not have a waitlist.
- There is always a way to help those in need, if not within our organization a referral and follow up to another organization
- Usually they are a victim of something, and we can find ways to offer services and assist
- We are able to provide advocacy services to every person who is a victim of crime
- We are not allowed to deny services per NRS
- We do not deny services to anyone; our clients are referred by either LE or DCFS
- We don't have a wait list and if we cannot serve them in our office we help with a referral who is able to help.
- We have a large program
- We have always helped those in need of services.
- We have been able to find the needed resources either formally or informally
- We have enough financial programs to help
- We Just don't!
- We serve all victims, and in some cases their crime occurred outside of Clark County and we link them with appropriate resources
- With VOCA funding and Medicaid able to get all in for counseling