



COVID-19

**IMPACT OF COVID-19
ON NORTH CAROLINA'S
VICTIM SERVICE PROVIDERS**

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"Tell the story of the mountain you climbed. Your words could
become a page in someone else's survival guide."

-Morgan Harper Nichols

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EXECUTIVE SUMMARY

The COVID-19 pandemic has impacted individual lives, families, and communities everywhere in North Carolina. To explore this impact on victim service providers (VSPs), RTI deployed a rapid assessment survey to a statewide sample of VSPs between August and September 2020. The objective of the RTI study was to understand in real time how agencies were impacted by and responding to the COVID-19 pandemic. Findings in this report are informed by responses from 89 VSPs representing different geographic locations, service provision scope, and victim types.

The results of this survey serve as a reminder that VSPs across the state are providing essential care to crime victims who, even under circumstances without a public health crisis, are often emotionally, socially, and financially vulnerable. COVID-19 has laid bare existing social inequalities, and the effects of the pandemic are magnified among already vulnerable groups, including victims of crime.

RTI's study finds that impacts of the COVID-19 pandemic have resulted in widespread disruptions to service delivery for victims of crime. The reported reasons for these disruptions ranged from access to the personal protective equipment (PPE) or space necessary to ensure the health and safety of both staff and clients to restrictions or closures of institutions in which service provision typically takes place, such as schools and courts. Some survey responses indicated an increase in the pressures and expectations on VSP staff, including adapting services to new modalities, participating in fundraising activities, finding ways to provide in-person services to clients in a safe manner, and more.

However, despite these challenges, this study finds that VSPs worked rapidly to continue to provide services with minimal disruption. Some services, such as hotlines, were mostly able to continue without interruption, but almost all survey respondents (92%) had adapted at least one service they provided. Whether by moving service delivery online, changing physical locations for service delivery, procuring PPE, and/or implementing sanitization practices, VSPs were able to shift resources to continue some core aspects of their service delivery.

This study identified six main challenges to service delivery among North Carolina's service providers: changes in demand for services, changes in immediate client needs, client access to technology for virtual service delivery, limited referral ability, stretched resources, and concerns about client and staff safety and well-being. Survey respondents also provided insight into strategies they had used to navigate these challenges and find ways to continue their essential work given these conditions.

These strategies, shared throughout this report, may not be easy or even feasible for all agencies. They are included here because they demonstrate the creativity and ingenuity that agencies have accomplished in adapting services, as well as provide insight into the needs of VSPs at this time, critical to policymaker understanding.



WHAT VICTIM SERVICE PROVIDERS NEED



Specific adaptations that providers reported implementing during the COVID-19 pandemic are shared throughout this report. Accompanying these adaptations, we provide ideas about tangible support strategies that funders, policy makers, and community members can take to support VSPs in this time.

TO SUPPORT CLIENTS

Over 66% of VSPs experienced an increase in demand for services (see page 12)

- Compile strategies that providers are using to adapt their services, perhaps by pulling from grantee quarterly reports or convening webinars.
- Clearly communicate the ways VSPs can or cannot adapt their services with current fiscal resources.
- Compile and communicate additional fiscal resources available that are more flexible to support adaptation or the purchase of technology to increase client access.
- Hold a technology drive to collect devices that can be distributed to clients in need.

What VSPs suggest...

- Prepare for flexibility in responding to needs.
- Anticipate that all clients may not have access to virtual services.

TO SUPPORT STAFF

87% of VSPs noted increased stress on their staff and volunteers (see page 22)

- Use staff meetings to communicate how grant or administrative funds can be used to support staff well-being.
- Provide additional funds for staff to upgrade technology to increase capacity for service delivery from remote locations.
- Compile and provide example protocols VSPs can adopt to routinize staff well-being check-ins.

What VSPs suggest...

- Check in with staff about their well-being regularly.
- Ensure staff have technological capacity for service delivery from remote locations.

TO BE PROACTIVE ABOUT TECH

27% of VSPs said that tech support would have been helpful during COVID-19 (see page 16)

- Curate resources for VSPs on strategies they can use to creatively adapt in-person services online.
- Provide agencies additional funding to support the technology needed to adapt services.

What VSPs suggest...

- Think creatively about how to adapt in-person services online.
- Ensure agency technology can support adapted services.

TO PRIORITIZE NETWORKING

55% of VSPs continued providing information and referrals during COVID-19 (see page 8)

- Connect VSPs who serve the same geographic location to strategize about how to address needs in their region.
- Create and distribute a resource list of resource availability.
- Fund provider time to strategize on building stronger networks and adapt services during the pandemic.

What VSPs suggest...

- Network with local providers to share available services, adaptation approaches, and other lessons learned.
- Create a resource list of adapted resource availability.

TO PREPARE FOR FINANCIAL SHIFTS

More than half of VSPs (55%) said additional fiscal resources would have been helpful in meeting client needs during COVID-19 (see page 21)

- Connect VSPs with funders who can provide flexible resources to meet basic needs.
- Curate resources for VSPs budgeting for service shifts.
- During crises, funders may adopt and communicate a policy on the types of financial changes that need to be approved and reviewed and the timelines associated with these changes in order to equip providers to plan accordingly.

What VSPs suggest...

- Create an aid fund that is not tied to grant-related restrictions.

TO ESTABLISH CLEAR & EASY-TO-USE PANDEMIC PROTOCOLS

18% of VSPs had pandemic protocols in place prior to the COVID-19 crisis (see page 22)

- Compile protocols to aid providers in how to implement swift service delivery in various crisis scenarios.
- Support VSPs to develop protocols that support staff well-being and stress reduction.

What VSPs suggest...

- Create protocols for swift service delivery in all scenarios.
- Create protocols to support staff well-being and stress reduction.
- Create contingency plans for fundraising events.

PROJECT BACKGROUND

PROJECT BACKGROUND

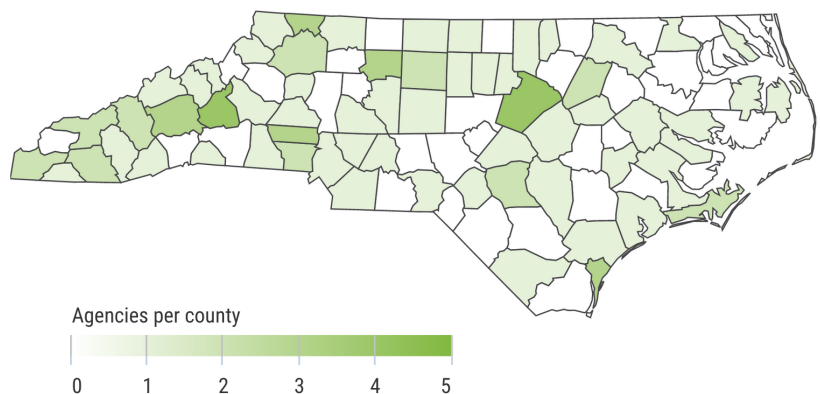
Victim service providers (VSPs) support survivors of crime in the wake of crises and throughout their trajectory of healing. VSPs often prioritize aligning their services with “best practices” in the field. However, best practices emerge from and are built for optimal functioning. What are the best practices for VSPs when supporting victims through victimization *and* a global pandemic? What guidance is available to VSPs under unpredictable and resource-strained conditions? **What are next-best practices for VSPs at this time?**

VSPs are currently adjusting their services both to meet the needs of their vulnerable clients and to prioritize public health and well-being via social distancing requirements. Although government agencies and crisis response nonprofits provide guidance for the best ways to achieve these goals, the nuances and challenges of providing support for victims of various types of crime can be easily overlooked or difficult to achieve. For example, many areas have implemented limitations on the number of individuals allowed in an enclosed space, and sanitation requirements are encouraged or mandated. Although this guidance is effective in preventing the spread of COVID-19, it creates unique challenges for those supporting individuals experiencing or recovering from victimization.

To explore the unprecedented challenges VSPs face in light of the COVID-19 pandemic, this RTI study surveyed VSPs in North Carolina to better understand the impact of COVID-19 on their service provision and what resources they needed to support necessary changes to service delivery.

WHO DID WE HEAR FROM?

RTI distributed surveys to 176 of North Carolina's VSPs. Overall, 89 agencies responded in full to the web survey (RR=50%). Responding agencies primarily served victims of domestic violence and/or sexual assault (54%). Agencies serving victims of child abuse and neglect were also common respondents (29%), followed by VSPs who served multiple types of victims (17%).



VSPs who completed the survey were located in counties across North Carolina, with 62 of the state's 100 counties being represented in the study's sample. Between 1 and 4 agencies responded per county (see map for representation across North Carolina counties). Responding agencies were from mostly urban (47%) or mostly rural (42%) counties, according to the U.S. Census Bureau designation.

Responding VSPs were typically small to moderate in size, with the majority having fewer than 50 employees (90.91%) and fewer than 50 active volunteers (87.64%) prior to the onset of COVID-19. In 2019, over one-quarter of VSPs served 201-500 victims. RTI's survey was most likely to be completed by a VSP's Executive Director (68.54%). Surveys were also completed by other leadership (19.1%), case managers (6.74%), and other staff (5.61%).

WHAT SERVICES DID VSPs PROVIDE BEFORE THE ONSET OF COVID-19?

On average, VSPs offered 10 of the direct services listed in this table. The number of services provided ranged from 2 to 15. Nearly all VSPs provided information and referrals. The next most commonly provided services were crisis and medical or legal advocacy.

When asked the primary locations where these services were provided, the most common place was at the agency (97%), followed by shelters (48%). Some also provided services at schools, medical or community centers, or off-site training sites.

We also asked VSPs how they came in contact with the victims they serve. The majority received referrals from law enforcement (96%) or other service providers (83%). Additional avenues included clients who found the services on their own (81%) or referrals from mental health professionals (69%).

Services provided by North Carolina VSPs (N=89)

Services Provided	N	Percent
Information and Referral	87	98%
Crisis	71	80%
Medical Advocacy	71	80%
Legal Advocacy	71	80%
Case Management	67	75%
Hotline	60	67%
Community Member Training/Education	60	67%
Victim Training/Education	56	63%
Financial Assistance	52	58%
Shelter	47	53%
Mental Health	47	53%
Relocation/Safety	42	47%
Emergency Medical	36	40%
Interpretation/Sign Language	36	40%
Legal Assistance	26	29%
Transitional Housing	15	17%
Other	13	15%
STD/HIV	12	13%
Supervised Child Visitation	9	10%

Over 67% of VSPs stated that they provide services to specific groups of victims. Many of these agencies endorsed supporting marginalized groups, including victims identifying as having disabilities (42%), being of immigrant or refugee status (40%), LGBTQ+ (40%), Indigenous (37%), or currently incarcerated (25%).

HOW DID THINGS CHANGE AFTER THE ONSET OF COVID-19?

This survey addressed the ways that victim service delivery had been impacted by COVID-19. Participants shared ways that specific services had to be halted, adapted, or could continue as usual. Trends in service provision disruptions are explored further below.

36% of VSPs had services that were HALTED.

These services could or would not be offered during the pandemic.



Thirty-six percent of VSPs halted at least one of the services they provided, with 24% of VSPs halting only one service. The most commonly halted service was community member training and education (35%) due to school closures (62%) and concerns about adhering to strict sanitization practices (57%).

Within the 32 VSPs who halted at least one service, other types of services halted included medical advocacy (13%) and victim training and education (10%). The most common reasons for halting any service were school closures (53%), other reasons not listed in the survey (50%), and concerns about adhering to strict sanitization practices (47%). Halting community education and training due to school closures may be because these activities were being conducted with school-age children, because the activities typically took place in school facilities that had been closed, or due to VSP or community members' inability to attend due to increased childcare needs as a result of school and daycare closures.



92% of VSPs had services that ADAPTED.

These service continued, but with transitions like reducing the number of clients seen to sanitize facilities, using personal protective equipment (PPE), shifting to telehealth, making changes in referrals offered, etc.



Almost all VSPs had adapted at least one service they provided (92%). VSPs needed to adapt 57% of the services they provided due to COVID-19. On average, VSPs adapted five services due to COVID-19 (M=5.48).

Of those who provided mental health support, 89% needed to adapt this service, with the most common adaptations being the use of video or telehealth (83%) or PPE (60%).

Other highly adapted services included legal advocacy (76%), legal assistance (73%), shelter (70%), and victim training and education (75%). Looking across all services that were adapted, the most common adaptations were the use of PPE (84%), followed by the use of video or telehealth (76%) and the adoption of sanitization practices (71%). A little less than half of VSPs also reported that they adapted at least one of their services by providing the service at a different space or location (42%).

83% of VSPs had services that CONTINUED AS USUAL.

There were no changes in the way these services were provided.



The majority of VSPs also reported being able to continue some services as usual (83%). Of those who operated a hotline, 93% continued to provide this service as usual, the highest percentage across all services VSP provided and all possible service changes. Additional services that continued as usual were information and referral (55%), financial assistance (46%), and relocation/safety services (48%).

Across these three service categories—information and referral, financial assistance, and relocation/safety service—VSPs were split around 50/50 as to whether they adapted or continued these services as usual. The most common adaptation across all three of these service types was the use of PPE, followed by either the use of video or telehealth or the adoption of sanitization practices.



92%

*of VSPs **adapted** at least one of
their services in response to
COVID-19.*

36%

*of VSPs **halted** at least one of
their services in response to
COVID-19.*

CHALLENGES & ADAPTATIONS

OVERVIEW

RTI also explored what challenges VSPs have faced serving victims during the COVID-19 pandemic and what adaptations they may have to address to overcome these challenges.

Our survey found that the following were the most frequently cited challenges to service delivery during COVID-19:



Changes in Demand for Services



Changes in Immediate Client Needs



Client Access to Technology for Virtual Service Delivery



Limited Referral Ability



Stretched Resources



Client and Staff Safety and Well-Being

Each of these challenges and associated adaptations are discussed in further detail on the following pages. The strategies shared may not be easy or even feasible for all agencies. They are included here because they represent the creativity and ingenuity that agencies have demonstrated in adapting services and they provide insight into the needs of VSPs at this time, which is critical to policymaker understanding.



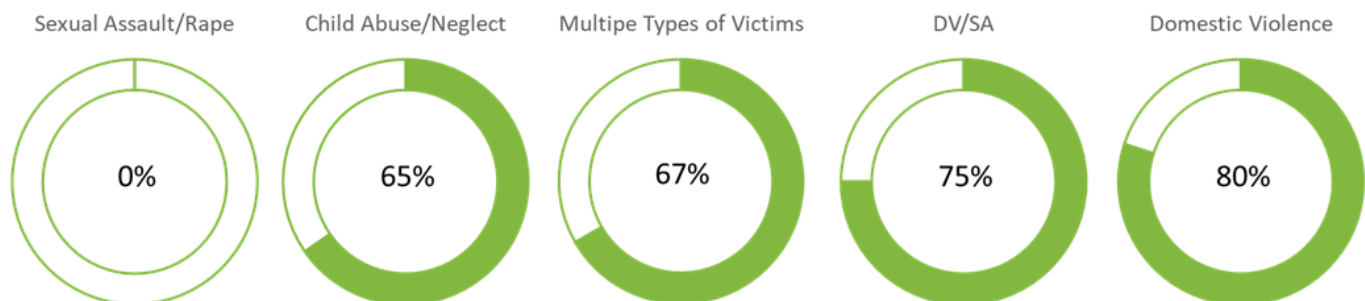
CHANGES IN DEMAND FOR SERVICES

What VSPs are saying...

“Initially, our shelter and children’s advocacy center client counts decreased due to isolation and decreased opportunities for abuse disclosure, but our numbers have significantly increased...” (VSP serving Multiple Victim Types)

Many agencies reported a notable change in the demand for their services. Most agencies experienced an increase in demand for services (66%) or no change in demand (22%). A small number of agencies noted a decrease in demand (11%). There were no significant differences in these trends across rural and urban areas. VSPs serving those impacted by domestic violence were the group most likely to report an increase in need for services (76%).

Percentage of Providers Who Reported an Increase in Demand by Type of Provider



Although agencies often provide a range of services, many agencies noted in their open-ended responses that demand for specific types of services—such as hotline support, financial support, or forensic interviews—has increased since the onset of the pandemic.



Moreover, the amount and types of support that clients need have changed over time as our understanding of the pandemic has unfolded. Some agencies reported that they experienced a decrease in demand for services initially followed by a surge in demand above what is typical. It is likely that this initial decrease in service demand followed the shelter-in-place orders and mandated business closures initiated early in the pandemic crisis response.

The surge in demand following this initial decrease in service provision is an important reminder that service *need* did not end or diminish due to the pandemic; in fact, only 3% of agencies reported a decrease in demand for services due to a suspected decrease in victimization. Rather, some survey respondents surmised that community members may not have had the capacity to reach out for services due to the prioritization of more pressing needs, the social limitations inherent in sheltering-in-place, and/or the closing of social institutions such as schools, which may have limited the avenue for child abuse disclosure and/or reporting.

What VSPs are saying...

"We shifted our work quickly in response to the need. The word I keep hearing is 'pivot,' and we pivoted quickly and well."
(VSP serving Domestic/Dating Violence)

WAYS AGENCIES ADAPTED *to changes in demand for services*

VSPs reported responding to this challenge in a variety of ways, which may be helpful to other providers. Underneath these reported strategies, we provide some tangible steps providers may take to work toward this adaptation.

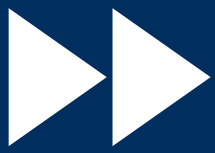


■ **Prepare and budget for ebbs and flows in service provision.**

VSPs may implement this suggestion by connecting with a financial analyst willing to donate time to provide guidance on how to prepare for fluctuations in budgets. VSPs may also engage funders early and often about changes in service and victimization trends, exploring how to reallocate funds to identified needs.

■ **Consider alternative avenues for clients to contact the VSP when traditional reporting mechanisms are interrupted.**

VSPs may find that demand remains the same, but the ability of clients to contact the VSP becomes challenged. For example, victims may have limited capacity to contact a VSP while quarantined with an abuser. VSPs may consider alternative contact mechanisms, like text or social media direct messages, during times of crisis.



CHANGES IN IMMEDIATE CLIENT NEED

What VSPs are saying...

"Our most crisis-oriented services (hotline, emergency shelter) have seen sharp increases in demand. In the April-June 2020 quarter, we sheltered twice as many people as we did during the same time period the year before. The stay-at-home orders that kept most people safe were based on the idea that home was a safe place to be—that is not true for many domestic violence victims, so they reached out for help and left when they could." (VSP serving Domestic/Dating Violence)

Some respondents indicated that the most pressing needs of clients had shifted in response to the pandemic. Although few agencies reported a decrease in demand for services, the majority of those who did cited prioritization of other victim needs as the reason (n=7). The most notable changes reported were an increase in the need for financial assistance to meet basic needs and the need for shelter provision due to impending homelessness or to escape abusive domestic situations.



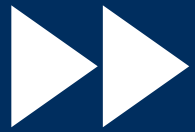
Although the pandemic has undoubtedly impacted all individuals and families across North Carolina, it is worth considering the ways that clients of VSP agencies may be especially vulnerable during public health and other widespread crises. Some survey respondents indicated that providing financial aid to clients to meet basic needs was not a service they typically provided and that it was a challenge to find funding to provide support for things such as rent assistance, food provision, or even school supplies.

What VSPs are saying...

"Our agency has done a great job in adapting quickly and efficiently to the pandemic.

New protocols and implementations allowed our agency to keep our doors open while maintaining our staff and clients' safety."

(VSP serving Multiple Victim Types)



WAYS AGENCIES ADAPTED *to changes in immediate client need*

VSPs reported responding to this challenge in a variety of ways, which may be helpful to other providers. Underneath these reported strategies, we provide some tangible steps providers may take to work toward this adaptation.



■ **Network widely to expand your referral services in the event that victim needs are out of the traditional agency scope of service.**

In addition to accessing traditional networks (e.g., coalitions) VSPs should find creative ways to expand their networks. For example, VSPs may connect with funders in their state to inquire whether they fund providers who can address specific victim needs.

■ **Create an internal fund for emergency resource allocation for clients. When internal funding is not possible, partner with an area agency that already provides these services.**

VSPs may contact agencies, such as the United Way or the Red Cross, to see whether they would support this effort. Providers may also strategize with their boards about how to set up and sustain an internal fund.



CLIENT ACCESS TO TECHNOLOGY FOR VIRTUAL SERVICE DELIVERY

What VSPs are saying...

“One of our biggest challenges in our rural area is reaching people with limited connectivity. The technology to reach individuals who are seriously isolated is not up-to-date. We have many clients with no internet access at home.” (VSP serving Domestic Violence & Sexual Assault)

Several service provider agencies reported challenges related to technology, especially when services were necessarily adapted to virtual platforms. Technology challenges were reported on both the provider and client ends. For clients, reported challenges ranged from ensuring that clients had access to both the hardware (i.e., capable computer, tablet, or smartphone) and connectivity (such as access to the internet with sufficient speed and privacy) to engage in virtual service provision. Providers also faced issues with outdated or insufficient technology on their end. Over a quarter of survey respondents (27%) indicated that having technical support would have been a helpful resource in their response to the COVID-19 pandemic.

There were differences in adaptations by video or telehealth based on agencies' settings: those in mostly urban settings adapted at least one service digitally (83%) more frequently than those in mostly rural (76%) or completely rural (50%) settings.

Percentage of Adapted Services that Were Switched to Video/Telehealth





Some of the problems with technology were more complicated than access or connectivity. For example, providers had much less control over the environment in which services took place for clients. Children, in particular, presented a great challenge because they often relied on their parents for access to the device needed to connect with providers, and those adults in turn were often nearby or even in the same room with the child during their meetings with providers.

Importantly, there are ways in which virtual service provision does not fully replace what can be offered in person. As one provider described, “While we did a great job in adapting our in-person services to virtual ones, because of the nature of our work, it doesn’t replace in-person contact,” (VSP serving Rape/Sexual Assault).

WAYS AGENCIES ADAPTED *to technological challenges*



VSPs reported responding to this challenge in a variety of ways, which may be helpful to other providers. Underneath these reported strategies, we provide some tangible steps providers may take to work toward this adaptation.

■ **Ensure agency technology is up-to-date and can support adapted service provision (e.g., video-conferencing).**

VSPs may try to locate a local IT agency that is willing to assess your technology needs pro-bono. Providers may also assess whether funders are willing to support new technology or upgrades to support these adaptations.

■ **Establish a small surplus of devices to loan or provide to clients who need them.**

VSPs may partner with local businesses that are willing to donate gently used devices they no longer need.

■ **Provide tech equipment for staff that mirrors an in-office experience.**

Staff well-being is paramount, and improving the work-from-home setting may support morale. If possible, reallocate funding intended for in-office expenses to support staff at home. Also see recommendations above regarding donations.

■ **Think creatively about how to adapt in-person services to virtual formats.**

VSPs should lean on free, accessible online resources to adapt services. Strategize with other service providers about the ways they have adapted services. Keep client accessibility at the forefront when considering changes.



LIMITED REFERRAL ABILITY

What VSPs are saying...

“Many of the services and institutions we rely on to support clients have been impacted (courts, hospitals, etc.), so some of our services are curtailed due to outside factors beyond our control.” (VSP serving Rape/Sexual Assault)

Some service providers reported that, despite adapting their own practice in order to remain available to clients, they faced issues in being able to refer clients to other agencies for additional service needs beyond the scope of what their own agency provides.

The most frequently cited referral challenge was for shelter. As one respondent described, “The biggest challenge we have experienced is being able to obtain shelter services for our sexual violence and human trafficking survivors. Other than a hotel, we have virtually no resources for folks that have shelter needs,” (VSP serving Rape/Sexual Assault).

40%

of providers who had to adapt their transitional housing services did so by changing their referral processes.





Providers attributed this to both the need for social distancing within existing shelter spaces and the increase in demand for beds. One provider described how the need for shelter had increased. “All local shelters are full, likely due to reduced number of usable beds because of the pandemic. [Clients] can no longer ‘dorm style’ room share,” (VSP serving Multiple Victim Types).

Some providers discussed how they were unable to utilize their normal referral processes because those services were unavailable during the pandemic. They noted that this was especially true for services that were typically provided in institutions that were closed or inaccessible due to COVID-19, such as courts and hospitals.

WAYS AGENCIES ADAPTED *to limited referral ability*

VSPs reported responding to this challenge in a variety of ways, which may be helpful to other providers. Underneath these reported strategies, we provide some tangible steps providers may take to work toward this adaptation.



■ **Create a resource list of adapted resource availability and protocols for accessing those resources.**

With so many VSPs adapting their services, service providers in the area may have different capacity than is typical. VSPs should connect with their networks to identify who can offer which services during times of crisis. When possible, strategize with networks and coalitions to distribute effort and fill as many services gaps as possible. VSPs may connect with funders to ask them to connect to providers who are in your same region/service area.

■ **For those providing shelter or transitional housing services, pre-negotiate hotel room rates with local hotels.**

VSPs serving individuals needing housing may consider negotiating costs for both individual rooms and half/full floors, if considering implementing or continuing programming for sheltered individuals.



STRETCHED RESOURCES

What VSPs are saying...

"Financial assistance has been difficult for us. Due to the pandemic, we have been unable to fundraise, and donations have been limited; therefore, it has become more difficult to meet the needs of our clients."
(VSP serving Domestic Violence & Sexual Assault)

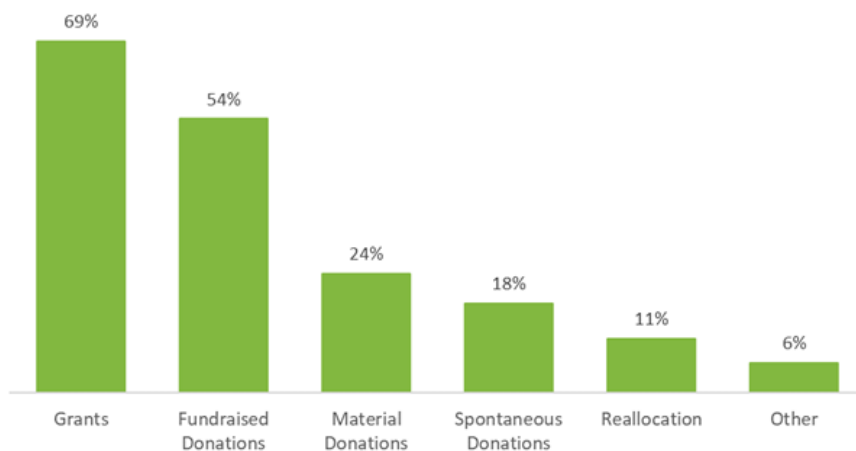
A common theme among reported challenges involved a surge in financial need. A common financial burden associated with the pandemic for service providers was for additional short-term housing space for clients, as shelter bed capacity was limited due to social distancing requirements. Providers often turned to hotels for additional bed space, which came at significant cost.

Additionally, some respondents shared that clients were presenting with new and different needs due to the pandemic, which often involved meeting basic needs: things like rent assistance or food provision. Providers expressed that having discretionary funds available was important to meeting these kinds of urgent client needs, even if this fell outside their normal scope of services provided.

Over half of agencies included in the survey did not require additional funds to support adaptations or additions to their typical changes (66%). However, those who did cited the following funding methods as supporting service changes or additions during the COVID-19 pandemic.

Method by Which Changes or Additions to Services Were Funded

Most adaptations or additions to service provision were funded by grants or fundraised donations. Other approaches included material donations (e.g., donated PPE), spontaneous donations, and reallocation of existing funding.



At the same time the demand for service provision was increasing, some survey respondents discussed how their normal fundraising activities had been impacted, thus affecting the agency's bottom line. For example, one respondent said, "Loss of discretionary funds has been difficult due to having to cancel fundraisers and lack of local contributions that we usually are able to count on. We were just beginning a capital campaign, which has been delayed," (VSP serving Domestic Violence/Sexual Assault).

1 in 10

VSPs reported needing to lay off or furlough staff as a result of the COVID-19 pandemic.



Although opportunities to fundraise in many traditional ways were curtailed, our survey found that almost a quarter (22%) of agencies experienced increased pressure on their staff to fundraise.

Unsurprisingly, survey results reveal that more than half of agencies surveyed (55%) would have found additional fiscal resources helpful in meeting client needs, and 40% indicated that the flexibility to reallocate existing resources would have been helpful.

WAYS AGENCIES ADAPTED *to stretched resources*



VSPs reported responding to this challenge in a variety of ways, which may be helpful to other providers. Underneath these reported strategies, we provide some tangible steps providers may take to work toward this adaptation.

■ Create an aid fund that can be distributed when necessary and is not tied to any grant-related restrictions.

VSPs may strategize with board members around how to establish and sustain a flexible fund. They may also explore if other relief foundations have funds available for clients' basic needs.

■ Create contingency plans for annual/regular fundraising campaigns that can be adapted to virtual formats.

Much like service provision, many efforts can be translated to virtual formats. VSPs may think creatively about how their community can be reached most effectively during times of crisis (e.g., social media) to pursue fundraising efforts.



CLIENT AND STAFF SAFETY & WELL-BEING

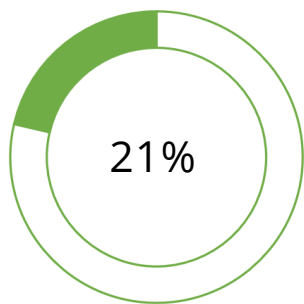
What VSPs are saying...

"The stress professionals and clients are experiencing is higher than ever. We are concerned about burnout and the overall impact of balancing direct services and the needs of clients with the needs of service providers."

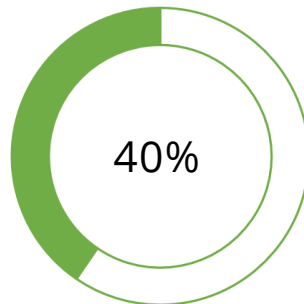
(VSP serving Multiple Victim Types)

A fundamental challenge commonly described by survey respondents was the issue of maintaining safety for clients and staff. Some respondents reported having difficulty obtaining the PPE or cleaning supplies during the initial months of the pandemic, which were crucial to providing any face-to-face services in a safe manner.

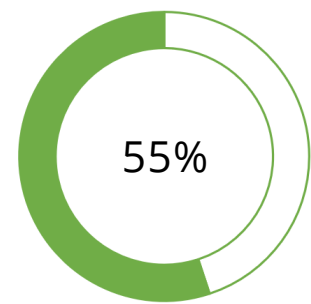
The Percentage of VSPs Who Noted the Following Resources Would Have Been Helpful in Their Response to COVID-19



A safe and confidential
space to serve clients



An established plan



Access to PPE and/or
sanitization materials

Agencies were also unprepared in terms of plans: only 18% of surveyed agencies had pandemic protocols in place prior to the COVID-19 crisis. Nearly all of these respondents reported that these protocols had proven to be helpful. Of those who did not have protocols in place, 89% have since developed them, and the remaining 11% of respondents are in the process of creating such protocols or plan to do so.

Keeping staff members feeling safe and healthy was also a concern among survey respondents. One agency reported deploying staff surveys to gauge their staff's feelings

of well-being. Others reported taking proactive measures such as phased working hours for staff or contingency staffing plans in case an essential staff member needed to quarantine. Some respondents also discussed the stress that the pandemic had placed on staff members, noting that the essential nature of some of their work was hard on staff who were concerned about contracting COVID-19.

87%

of VSPs noted increased stress on their staff and volunteers as a result of the COVID-19 pandemic.



WAYS AGENCIES ADAPTED *to challenges with client and staff safety*



VSPs reported responding to this challenge in a variety of ways, which may be helpful to other providers. Underneath these reported strategies, we provide some tangible steps providers may take to work toward this adaptation.

■ Check in with staff about their well-being regularly.

VSPs may incorporate staff well-being into supervision meetings. They may also have a brief “wellness moment” at staff meetings, to share strategies staff are using to cope or take the time to practice meditation together.

■ Keep PPE and sanitization materials on hand.

VSPs may ask for donations of these items from individuals, community groups, or local businesses that may be producing them in bulk.

■ Reduce communal activities for clients when possible.

When in-person connection would benefit clients meaningfully, VSPs can identify larger community spaces where clients can connect while maintaining distance.

■ Create protocols for client and staff safety that include contingency planning and stress-reduction strategies.

VSPs should create should create or update pandemic and/or crisis protocols to incorporate lessons learned. VSPs may create policies to incorporate “wellness moments” into supervision and staff meetings. VSPs may also identify, create, and/or distribute resources about stress reduction strategies to clients and staff.

■ Share lessons learned with other area providers to develop consistent processes and avenues for working together.

VSPs should prioritize sharing their successes with their networks. For example, dedicate a portion of multidisciplinary team meetings to sharing these lessons or encourage larger coalitions to collect and distribute lessons learned.

ADDITIONAL STUDY INFORMATION

PROJECT METHODOLOGY

Four initial phone interviews with representatives from North Carolina VSP agencies (e.g., child advocacy centers, domestic violence shelters) were conducted to develop a formative understanding of VSP experiences during the COVID-19 pandemic. Responses were used to support the development of the web survey.

The study's web survey was distributed to 176 VSPs across the state of North Carolina. Representatives from VSPs serving victims in the prior 6 months (before the onset of COVID-19) were eligible to complete the survey. Publicly available contact information was used to compile the sampling frame, and snowball sampling procedures were used to further distribute the survey and solicit responses from VSP agencies. VSP agencies were encouraged to share the survey within their VSP networks, and North Carolina VSP coalitions were provided with a flier about the survey to share with their networks.

Ultimately, n=89 VSPs completed the survey in full, with a response rate of 50% (see table for response rates by urbanicity). Notably, urbanicity was described

Response Rates by County Urbanicity

Urbanicity	N Contacted	N Completed Surveys	RR
Completely Rural	19	13	68%
Mostly Rural	65	32	49%
Mostly Urban	92	44	48%
Total	176	89	50%

at the county level. Thus, some VSPs may exist within communities that are different than their county's designation (e.g., a mostly rural community in a mostly urban county).

Survey questions asked about the characteristics of the agency prior to the onset of COVID-19, impacts of COVID-19 on service delivery, reasons for these impacts, challenges the agency encountered in navigating the new service landscape, and successes they have achieved in service delivery despite the pandemic.



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We would like to thank the VSPs who are committed to serving victims, often putting themselves at risk to seek healing and justice for those they support. We thank them for taking this survey and contributing their valuable experiences to this project. Your resiliency and dedication to this work in the face of a global pandemic is truly inspirational. We hope this report can provide you with new ideas to further support those who are harmed and especially vulnerable in this time.

For more information, visit www.rti.org/victim-services.