



Victim Service Providers'  
*Toolkit for Transitioning to  
Teleservices Project*

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SUMMARY REPORT OF  
FOUR VICTIM/SURVIVOR/ADVOCATE ROUNDTABLES

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*June 2021*

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## Introduction

The National Crime Victims Research and Treatment Center (NCVC) at the Medical University of South Carolina, with support from the U.S. Department of Justice Office for Victims of Crime, is developing a *Toolkit for Transitioning to Tele-services* for victim/survivor service providers (VSPs). The goal of this Project is to strengthen the capacity of VSPs to effectively incorporate technology into their important, ongoing work with crime victims and survivors. The Roundtables convened and documented for this Summary Report fulfill the first objective of the Toolkit: to gather information about the current use of technology in victim service delivery activities by VSPs via a literature review, facilitated Roundtable discussions with a wide range of VSPs, allied professionals and survivors, and personal interviews of national victim service organizations that have experience with technology-enhanced victim services and tele-services. A Project Overview is included in *Appendix A*.

## Methodology

In order to achieve comprehensive input from the field about the development and focus of the Toolkit, the Project sponsored four virtual Roundtables in May 2021 that represented the diversity of the victim/survivor assistance profession (national, state, local and Tribal organizations that are both system- and community-based), and included participants who are diverse by geography, gender, ethnicity, race and age. Four Roundtable discussions that ranged from 90 minutes to two hours were held with four groups of participants representing:

1. Rural, remote, Tribal and/or frontier organizations;
2. East Baton Rouge, LA, that adapted early during the COVID-19 pandemic to provide teleservices for victims;
3. Statewide victim services leaders;
4. Victim/survivor service leaders and providers from urban and suburban jurisdictions.

A roster of the 30 Roundtable participants and the Project Team is included in *Appendix B*.

A detailed discussion guide was developed for each Roundtable, along with a Roundtable-specific agenda that was emailed in advance to participants. All Roundtables were conducted virtually using Zoom and recorded (with participant verbal consent) to allow for later review.

This Roundtable methodology provided a foundation for robust and honest discussions that are documented in this Summary Report, and that will contribute to the creation of the *Toolkit for Transitioning to Tele-services*.

## Benefits of Teleservices for Crime Victims and Survivors

All Roundtables identified myriad benefits of teleservices, although some of the “benefits” were also listed as “challenges or barriers,” and many require advance planning with victims to help them adapt to the use of various technologies. Efforts to provide continuity in victim services during the COVID-19 pandemic – such as the expansion of broadband in rural and Tribal jurisdictions to accommodate virtual learning in schools – provided a strong foundation to initiate ongoing teleservices for victims. It was suggested that this Project should leverage

“lessons learned” from the COVID-19 pandemic in the overall context and content of the Toolkit.

All Roundtables also concurred that teleservices were particularly helpful in rural, remote, Tribal and frontier jurisdictions.

Specific examples of teleservices include virtual reviews of coroner reports for homicide victims; helping victims to exercise their statutory rights in court, i.e., remote filing of protective orders, automated victim notification, and virtual victim impact statements; and telemedicine to conduct SANE and other evidentiary medical exams. One Roundtable discussed how the use of telemedicine can lead to providing more follow-on medical services to victims who need them.

There was consensus across all four Roundtables that teleservices enhance victim/survivor safety, as victims do not have to be seen or identified in public and could access services (such as filing protective orders) from the privacy of their homes. It was noted that victims need preparation in how to access teleservices both from the technology standpoint, and from the perspective of maintaining safety, i.e., ensuring that their alleged perpetrator is not in the same room with them.

The use of teleservices also “helped identify previous barriers” to the capacity of victims to access services that teleservices mitigated or eliminated, including:

- The need for and costs of transportation, and time needed to travel to receive victim services
- Limited access to services for victims who live or have moved out of the jurisdiction or state (human trafficking victims were cited as an example)
- Need for child care
- Need to take time off from work to participate in justice processes or receive victim assistance
- Scheduling barriers and limited flexibility of appointments for victims
- Communication lags during emergent issues or cases

There was strong consensus that teleservices enhanced three of the core tenets of victim services: victim privacy/anonymity, confidentiality, and autonomy. Sometimes in-person office visits can pose a danger to victims who do not want to be seen publicly in such venues; similarly, virtual interactions with law enforcement may preclude the victim being identified as a cooperating witness. Offering the option of teleservices to victims can be “empowering,” “less intimidating,” and enhance victims’ choices and self-agency. Teleservices also improve access to victim services and support, thus providing greater equity to victims and communities that are traditionally under-served or marginalized.

It is notable that all Roundtables discussed how younger people prefer teleservices and are more comfortable with the technologies that support them. For youth victims who are “introverts” or victims of bullying, teleservices provide a safe option for them to confidentially access services and support.

## Benefits for Victim Service Providers

Roundtable participants also identified clear benefits of teleservices for VSPs, their agencies and organizations:

- Virtual services improve collaboration with and access to a wide range of agencies that are not centrally located and are geographically remote from each other.
- Victim/survivor and public outreach efforts are enhanced.
- There are significant cost savings resulting from reduced expenses such as office space and parking.
- Technology can enhance the capacity of VSPs to stay in touch with each other, and with allied professionals and agencies/organizations.

A participant in the rural/remote/Tribal Roundtable reported that efforts to collaborate among VSPs greatly improved because of the time savings resulting from “not having to travel so much.”

## Challenges or Barriers to Implementing Teleservices

Across the four Roundtables, participants identified not only challenges and barriers to implementing teleservices, but also their personal concerns related to the effectiveness of teleservices, and their impact on their staff and overall agencies and organizations.

Each Roundtable addressed challenges related specifically to technology infrastructure:

- “Technology deserts” with little or no infrastructure to support teleservices (e.g., lack of access to consistent Wi-Fi or high-speed Internet);
- Lack of broadband and bandwidth capacity (especially in rural/remote/Tribal/frontier jurisdictions);
- Technology “glitches” that can interrupt the continuity of victim service provision or criminal/juvenile justice proceedings;
- Clients’ limited cell phone data plans that preclude ongoing provision of needed services;
- The cost of some commercial platforms that precludes many victim service agencies from purchasing them to expand teleservices.

Just as “privacy and confidentiality” were identified as a benefit of teleservices, they were also identified as a potential challenge and ethical concern of VSPs. There were concerns about the use of various platforms across the many disciplines that serve victims, specifically related to data sharing and the complexities of the data; HIPAA compliance; and some VSPs’ use of non-secure technology applications (i.e., personal cell phones) to communicate with victims and survivors. There were also concerns about victims’ personal safety at home when using teleservices, particularly when their alleged or convicted perpetrator lives in the home.

Some VSPs feel that in-person victim services are important to build personal rapport and trust with victims. It was suggested that an initial in-person meeting be conducted prior to offering teleservices to create and strengthen a personal connection between a VSP and his/her client.

In addition, it was noted that in-person meetings allow a VSP to observe the victim’s demeanor directly and personally, and any physical bruises, injuries or other potential evidence resulting from the victimization.

One observation is that for some victims whose abuse involved video recordings, any teleservice that incorporates video or audio recording may be a “trauma cue” for them. Some victims may have concerns about where video recordings/records of meetings and interactions are stored and their privacy.

A helpful suggestion is to develop a process to follow-on with victims and survivors who utilize teleservices, and assess their comfort and satisfaction with teleservice provision, as well as any recommendations they have for improvements.

Some victims may be less amenable to teleservices because of personal challenges to using technology, lack of “tech savvy” or “technophobia,” including victims and survivors:

- Who are elderly;
- Who are young (children and some adolescents);
- With physical, intellectual or developmental disabilities;
- Who are Deaf or hearing-impaired;
- Who are homeless (and difficult to reach);
- With Limited English Proficiency;
- Whose primary language spoken at home is not English, and who may need translation services.

Challenges to criminal and juvenile justice system processes emerged during the pandemic, including some with a direct impact on victim services:

- Impact on overall due process;
- Technology and its applications related to the chain of evidence;
- Criminal defense objections to the use of technology applications;
- Criminal justice system prohibitions of specific technologies;
- Victims may want to face the alleged perpetrator *in person* during court proceedings (which is supported by victims’ constitutional and statutory rights in many states);

All Roundtables expressed a variety of concerns about the capacity of victim service programs to ensure that staff have the proper skills and agency support as they move toward teleservices; and the impact of teleservices on VSPs, their agencies and organizations:

- Staff supervision can be more challenging.
- Case reviews and debriefings can be more difficult.
- It is difficult to “keep up with the technology” and its application to victim/survivor teleservices.
- The number of platforms used for teleservices can be overwhelming and confusing.
- Providing teleservices “can be overwhelming for providers.”
- Some staff experience technology “fatigue” that results from using new technology applications and, during the pandemic, trying to balance working from home with common personal distractions within the home.

- It can be difficult for supervisors to emphasize the importance of and/or monitor staff self-care.
- There is often a “lack of consistency” across allied agencies in technology platforms and their application to victim/survivor services.
- Organizations must commit to an “internal investment in sustainability” to ensure the continuity of quality teleservices well into the future.

One Roundtable participant recommended that victim service organizations “revisit all of their best practices” and assess if and how they can be adapted to a teleservice model.

The process of providing teleservices to victims – either alone or adjunct to traditional in-person victim services – *requires a significant change in an organization’s culture*. Teleservices can “change the dynamic” of the provision of victim services, with one Roundtable participant noting that “we don’t have the home field advantage anymore.” Victim service agencies and organizations must be prepared to address “resistance to change,” and provide long-term support to their staff as they transition to teleservices.

### Recommendations to Address Challenges, Barriers and/or Concerns

- Develop agency and inter-agency policies and procedures that promote consistency in the use of technology across agencies and platforms; and that address staff training and supervision.
- Although it is unlikely that most VSPs would be considered “covered entities” under HIPAA, agencies that do provide counseling services could consider using the standardized [HIPAA Security Risk Assessment Tool](#) to identify any risks or vulnerabilities related to the provision of teleservices.
- Provide training about how to provide teleservices in a manner that maintains a personal connection to clients, promotes empathy, and increases VSPs’ confidence in their use of various technology applications.
- Develop guidelines for victim/survivor safety when they will be accessing teleservices from home.
- Develop a strategy to assess victims’ comfort and satisfaction with teleservices.
- Create a “game plan” to prepare for and address technology glitches that are often unavoidable.
- Develop a change management strategy to strengthen the organizational/agency culture as it transitions to teleservices.
- Develop a long-term sustainability plan to support continuity in teleservices.

### Successes and Promising Practices in Implementing Teleservices

In May 2020, the East Baton Rouge District Attorney published and publicized the availability of new teleservices, “[The New Normal: EBR District Attorney Adaptation to the Pandemic](#),” which detailed COVID-19-related adaptations to the criminal justice system and juvenile court, including changes in victim advocacy services and ways in which the system responds to

criminal cases involving domestic and dating violence, sexual assault and child abuse. “The New Normal” informed people about how to access services that were virtual, in-person, or hybrid. It is designed to be a fluid, flexible document that can be updated to reflect new innovations in teleservices and conducting the business of the criminal and juvenile justice systems.

East Baton Rouge also enhanced victims’ access to teleservices by creating free wireless “hot spots” across the community within schools, libraries, bookstores, and parking lots.

In rural/remote/Tribal communities, partnerships were established with universities and libraries to expand the number of physical locations where victims who lack technology could access teleservices at no cost.

Some victim services agencies purchased smart phones for elderly victims or tablets for victims that are pre-loaded with linkages to victim services.

During the COVID-19 pandemic, some state victim compensation programs initiated reimbursements for teleservices, which had previously been unavailable.

Victim services staff training programs – including State Victim Assistance Academies – were held virtually for the first time.

Agreements and/or policies related to victim confidentiality and migration to teleservices were developed.

Current research about telehealth ethical standards were reviewed and applied to victim/survivor teleservices.

Victim needs assessments were successfully conducted virtually.

A coordinated effort was developed to determine if and how allied victim services and criminal/juvenile justice agencies were using teleservices to improve collaboration, and victim information and referral services.

Work telephones of VSPs used technology (such as Google Phone) that make it impossible to trace the origin of a call.

## Technologies Utilized

Across the four Roundtables, participants referenced 12 specific types of technology applications they used to facilitate and enhance teleservices:

1. Adobe Connect
2. Cisco Videoconference
3. DocuSign
4. Doxy.me telemedicine software
5. EmpowerDB (encrypted database designed specifically for victim service organizations)
6. Facetime
7. Google (various applications)
8. QR codes to access reports and/or services
9. Microsoft Teams



10. VineLink (information/notification)
11. WhatsApp (commonly used among Spanish-speaking clients)
12. Zoom (including breakout rooms)

## Best Toolkit Strategies and Modalities

Most Roundtable participants were familiar with online Toolkits – especially those available from OVC – and appreciated the creation of an online *Toolkit for Transitioning to Teleservices*. Their recommendations address the accessibility, virtual design, and content of this Project’s Toolkit.

### Accessibility

- Use of the Toolkit should be *required* for all VOCA grantees and sub-grantees.
- The Toolkit should be broadly promoted by the NCVC, OVC, state VOCA/Victim Assistance Administrators, and state Victim Compensation Administrators.
- Continuing education credits (CEUs) should be offered for completion of Toolkit modules.

### Virtual Design

- Upon entry to the Toolkit, there should be a tutorial that describes its goals, content and how to use it.
- The Toolkit should feature multiple modalities that cater to the learning and communication styles of adult learners (e.g., auditory, visual).
- All videos, scenarios and tutorials should be concise, brief, and “easily digestible.”
- A “troubleshooter” function should be available to help end users with any challenges or difficulties using the Toolkit.
- Clear guidelines about end-user confidentiality and security should be provided.

### Content

- Courses and content should be self-paced, engaging and “not intimidating” to end users.
- Content should be available for and specific to both supervisors/managers and line staff.
- The Toolkit should be available in English and Spanish.
- General “agency core deficiencies” in adapting to teleservices should be identified and addressed.
- Common “red flags” in victim advocacy skills and client interactions that occur in the transition to teleservices should be identified, with suggestions about how to address or mitigate them.
- Suggestions and strategies to market and promote teleservices to clients and the community should be included.

## Appendix A: Project Overview

### **Victim Service Providers' *Toolkit for Transitioning to Tele-services* Project**

#### **OVERVIEW**

The National Crime Victims Research and Treatment Center (NCVC) at the Medical University of South Carolina, with support from the U.S. Department of Justice Office for Victims of Crime, is developing a *Toolkit for Transitioning to Tele-services* for victim/survivor service providers (VSPs). The goal of this Project is to strengthen the capacity of VSPs to effectively incorporate technology into their important, ongoing work with crime victims and survivors.

Over the past year, the COVID-19 pandemic has resulted in significant increases in tele-services for crime survivors in direct service delivery, implementation of victims' rights, and participation in virtual criminal and juvenile justice proceedings. This experience, combined with successful, evidence-based models of tele-health service delivery across the Nation, provide a strong foundation for the *Toolkit for Transitioning to Tele-services* Project.

This Project goal will be achieved by three objectives:

- Gather information about the current use of technology in victim service delivery activities by VSPs via a literature review, facilitated Roundtable discussions with a wide range of VSPs, allied professionals and survivors, and personal interviews of national victim service organizations that have experience with technology-enhanced victim services and tele-services.
- Create an online Toolkit that will provide at least five key resources:
  1. Information about the benefits of tele-service platforms for crime victim services organizations and VSPs, and how tele-services can address and mitigate barriers to care;
  2. Strategies to promote staff engagement in tele-service delivery;
  3. Information about widely-used tele-health platforms;
  4. Asynchronous practice exercises using the available platforms; and
  5. Platform-specific resources that can be shared with clients to educate them about tele-service delivery and how to access it.
- Deploy the online Toolkit and evaluate it, using web-based analytics and user evaluation reports.

**For additional information, please contact Daniel Smith, Ph.D., at [smithdw@muscc.edu](mailto:smithdw@muscc.edu).**

## Appendix B: Roster of Roundtable Participants and Project Team

### Roundtable Participants

#### Rural/Remote/Tribal/Frontier Roundtable

**May 3, 2021**

Ada Peco Melton	<i>American Indian Development Associates, LLC, Albuquerque, New Mexico</i>
David Melton	<i>American Indian Development Associates, LLC, Albuquerque, New Mexico</i>
Dee Jay Chino	<i>American Indian Development Associates, LLC, Albuquerque, New Mexico</i>
Cortney Cottrell	<i>Albemarle Hopeline, Elizabeth City, NC</i>
Heather Putnam	<i>Victim Witness Services, United States Attorney's Office - District of Maine, Portland, Maine</i>
Jeremiah Morton	<i>Office of Criminal Justice Programs, Tennessee Department of Finance and Administration, Nashville, TN</i>
Miriam Walker	<i>South Carolina Law Enforcement Division – Special Victims Unit, Columbia, South Carolina</i>
Patricia Davenport	<i>Our House, Inc, Greenville, Missouri</i>
Samantha Rice	<i>Valdez Native Tribe – Victims Services Program, Valdez, Alaska</i>
Virginia Locklear	<i>Rape Crisis Center, Lumberton, North Carolina</i>

#### East Baton Rouge Criminal Justice and Victim Services Professionals

**May 4, 2021**

Caitlin Babin	<i>The Office of the District Attorney, East Baton Rouge Criminal Justice, Baton Rouge, Louisiana</i>
Hillar Moore	<i>The Office of the District Attorney, East Baton Rouge Criminal Justice, Baton Rouge, Louisiana</i>
Kristen Raby	<i>The Office of the District Attorney, East Baton Rouge Criminal Justice, Baton Rouge, Louisiana</i>
Susana Martinez	<i>The Office of the District Attorney, East Baton Rouge Criminal Justice, Baton Rouge, Louisiana</i>

#### Statewide Victim Services Leaders

**May 5, 2021**

Angie McCown	<i>Texas Department of Criminal Justice – Victim Services Division, Austin, Texas</i>
Courtney Dunkerton	<i>North Carolina Coalition Against Sexual Assault, Raleigh, NC</i>
Elizabeth Cronin	<i>New York State Office of Victim Services, Albany, New York</i>
John Gillis	<i>Justice Department's Office for Victims of Crime, Washington, DC</i>

Nancy Lewis	<i>Colorado Organization for Victim Assistance, Denver, CO</i>
Scott Beard	<i>South Carolina Victim Compensation, Columbia, SC</i>
Steve Derene	<i>National Association of VOCA Assistance Administrators, Madison, Wisconsin</i>
Verna Wyatt	<i>Tennessee Voices for Victims, Nashville, TN</i>

**Urban and Suburban Victim Services Leaders and Providers  
May 6, 2021**

Bridgette Stumpf	<i>Network for Victim Recovery of DC, Washington, DC</i>
Erin Pollit	<i>DC Forensic Nurse Examiners, Washington, DC</i>
Kimiko Lighty	<i>Restorative Arlington, Arlington, Virginia</i>
Elyne Greene	<i>Las Vegas Metropolitan Police Department - Victim Services, Las Vegas, Nevada</i>
Helen O'Brien	<i>Oregon Department of Justice - Division of Victim Services, Salem, Oregon</i>
Jennifer Dunn	<i>Victim/Witness Assistance Program, Waukesha, Wisconsin</i>
Princess Fortin	<i>Health Alliance for Violence Intervention, Jersey City, New Jersey</i>
Greg Smith	<i>Johnson County Sheriff's Office – Government, Veteran, and Crime Victim Affairs, Johnson County, Kansas</i>

**Project Team**

Dr. Daniel W. Smith, Project Director  
 Anne Seymour, Associate Academic Program Director  
 Aurelia Sands Belle, Victims Service Specialist  
 Dr. Hannah Espeleta, Project Coordinator