Child and Youth Crime Victims Stakeholder Survey
October 2015

Project Contacts

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Below is a brief summary of the results of a stakeholder survey conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) project. The Commonwealth of Virginia plans on focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the stakeholder survey was to obtain information on current screening and assessment practices of children and youth in the Commonwealth of Virginia. Information was also collected on training associated with these screening and assessment tools and inter-agency collaboration. The information collected was used to inform Vision 21: LSC staff about common practices *prior* to the Resource Mapping events.[1] The target sample for the stakeholder survey was direct service providers (i.e., front-line workers).

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia collected information about potential participants from members of the Partner Agency Team (PAT). The PAT is made up of decision-makers from state government agencies. The Vision 21: LSC staff was able to utilize a snowball sampling technique in which PAT members were asked to forward the survey link to direct service line staff associated with the following agencies:

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[1] Resources and gaps in serving child and youth crime victims and their families in the Commonwealth of Virginia will be explored in detail at these events.

This product was supported by cooperative agreement number 2014-VF-GX-K015, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Vision 21 Virginia
Linking Systems of Care for Children and Youth

Dept. of Criminal Justice Services (DCJS)	Dept. of Social Services (DSS)	Dept. of Juvenile Justice (DJJ)	Dept. of Education (DOE)	Dept. of Behavioral Health and Developmental Services (DBHDS)	Virginia Dept. of Health (VDH)
Child Advocacy Centers	Local DSS (CPS, Foster Care, IL)	Court Services Units	School counselors	Community Services Boards	Family planning programs
Victim/witness	Congregate care facilities/ group homes	Juvenile probation & parole	School psychologists & social workers	Children's residential treatment facilities	Home visiting programs
Sexual assault programs	Domestic violence programs	Juvenile detention facilities			Children with Special Health Care Needs programs
CASA	Healthy Families				
Law enforcement	Child abuse treatment				
	Child care & child development				

In addition to state government agencies, the survey was disseminated to nonprofit organizations that are represented on the V21: LSC committees, as well as Trauma-Informed Community Networks in the Richmond Metro Area, Northern Virginia and Tidewater regions.

The survey link was accessible between July 6th and August 10, 2015. In most instances, the Vision 21: LSC staff did not have direct contact or contact information for front-line workers. The Vision 21: LCS staff asked PAT members and other contacts who had shared the survey to send one email reminder about the survey. When contact information was available, the Vision 21: LSC staff emailed the reminder.

Results

Participants. A total of 1,294 individuals accessed the survey link. Thirty-nine percent of respondents reported being direct service providers, 38.1% were managers, 9.5% were administrative support staff, and 25.5% classified themselves as other (e.g., probation officers, school resource officers, executive directors, etc.).[2]

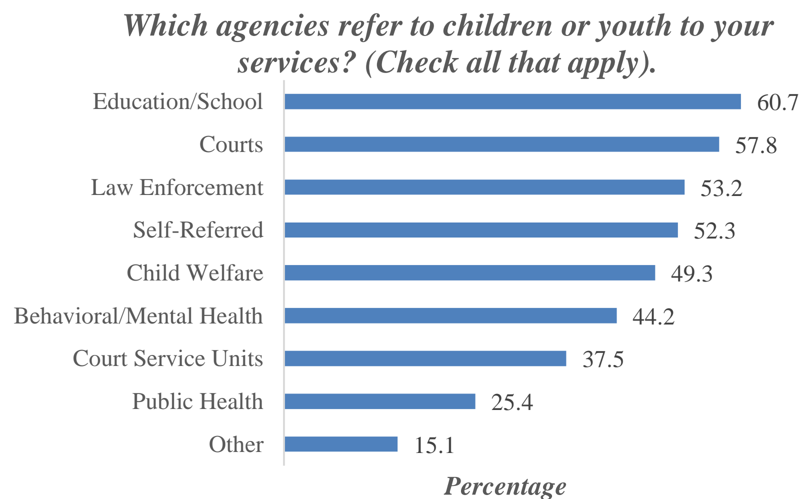
Agencies. Nineteen percent of respondents reported being associated with juvenile intake/probations, followed by law enforcement (11%), education (9%), behavioral or mental health (8%), child welfare (7%), and domestic/sexual violence prevention (7%). Over 18% responded as 'other' which was made up of primarily of child care services.

[2] Respondents were able to check *all* response options that applied. Therefore, totals will exceed 100%. Please note that this rule applies to several of the items on the survey.

City/County served. All counties were represented to some degree (0.7% to 8.5%). It is important to note, however, that nearly 9% percent of respondents indicated that they served Richmond City, followed by Chesterfield (6.2%), Henrico (5.9%), Fairfax (5.7%), Virginia Beach (5.5%), and Prince William (5.3%). These counties and cities are located in the most populous regions in the state.

Referral Agencies. Respondents indicated that nearly two-thirds of their referrals come from the education or school sector (60.7%), followed by the courts (57.8%), law enforcement (53.2%), self-referrals (52.3%), child welfare (49.2%), and behavioral/mental health services (44.2%, see Figure 1).

Figure 1. Referral Agencies



Background Information. Over 81% of respondents indicated that they collect social history on the child, youth, and/or families they serve. Additionally, over 70% of respondents collect medical history, behavioral/mental health information and education history from their clients.

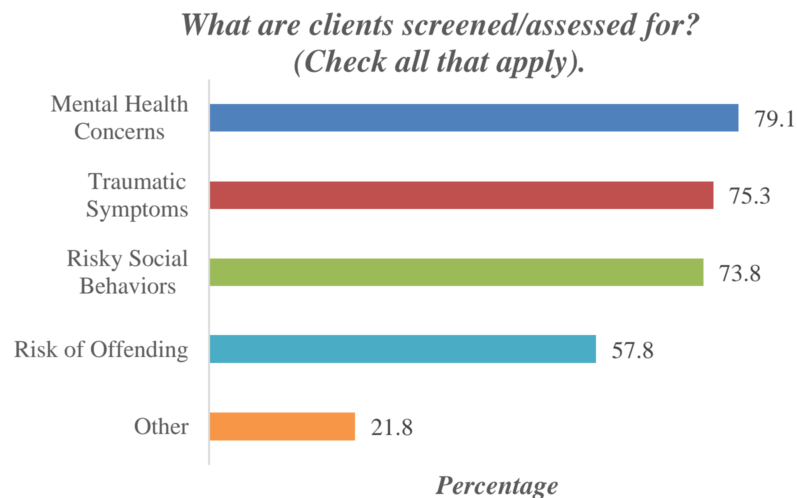
Collaborating Agencies. Over 75% of respondents indicated that they frequently work with behavioral/mental health professionals when serving their clients. Respondents also indicated working with the Courts (67.9%), child welfare workers (65.1%), juvenile justice workers (49.9%), and advocacy organizations (35.4%). Other agencies mentioned included schools, public health agencies, and member engagement.

Screening and Assessment. Over 56% of respondents indicated that their organization performed screenings or assessments on children and youth for various issues, including trauma, risk of reoffending, mental health conditions, etc.).

Sixty-five percent of these respondents reported performing screenings or assessments *themselves*. The Child and Adolescent Needs and Strengths (CANS) tool was reported by 54.5% of respondents, followed by the Youth Assessment and Screening Instrument (YASI, 44.48%), and Adverse Childhood Experience Study (ACES, 30.9%). Other instruments included the Massachusetts Youth Screening Instrument (MAYSI), Project Broadcast Brief Screening Tool,

Substance Abuses Subtle Screening Inventory (SASSI), and Detention Assessment Instrument (DAI). Respondents also reported that juvenile justice workers (41.0%), behavioral/mental health workers (36.2%), and child welfare workers (14.8%) often performed screenings and assessments. Although mental health concerns (79.1%) top the list of issues for which clients are screened, Figure 2 illustrates other relevant issues (e.g., traumatic symptoms and risky behaviors).

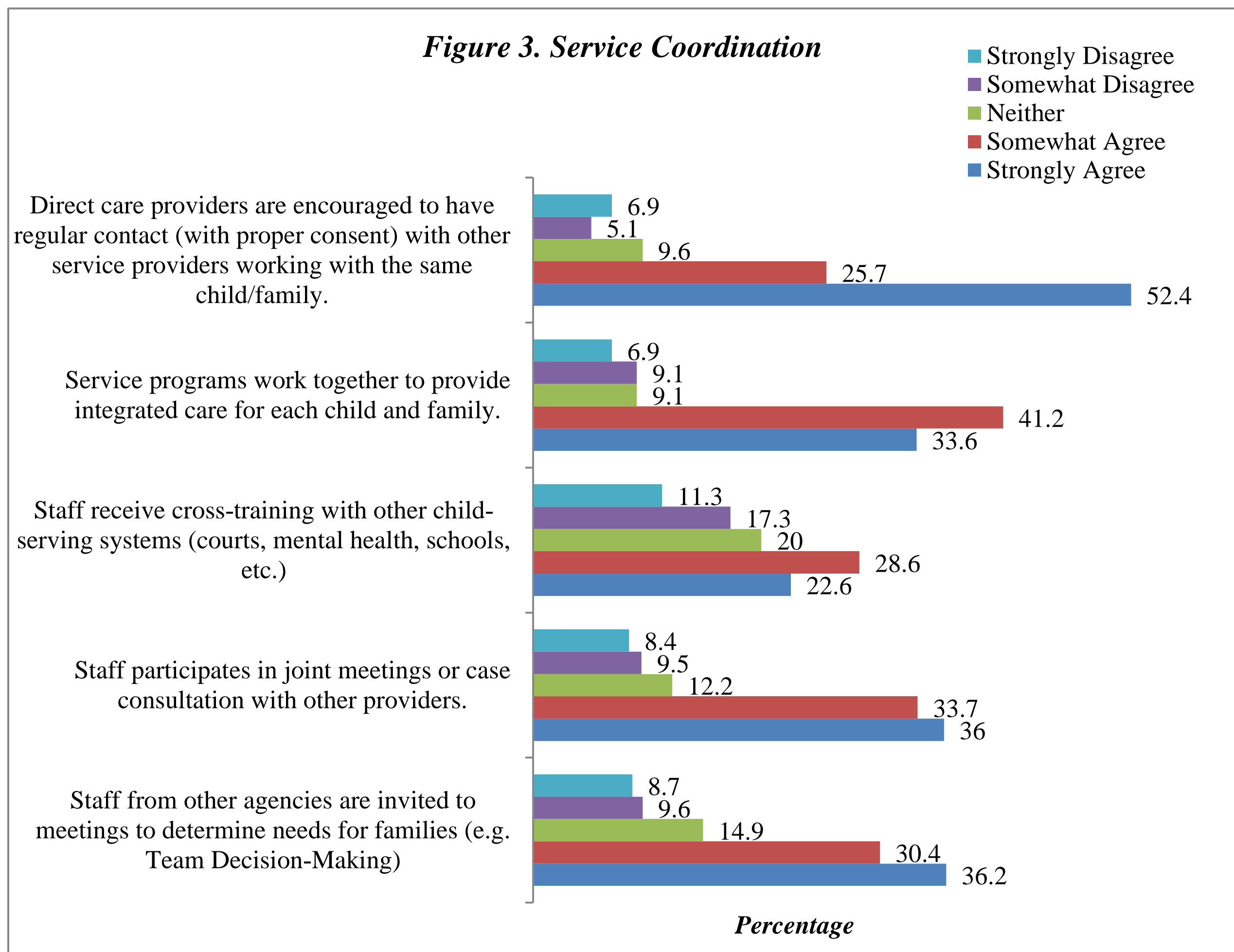
Figure 2. Screening/Assessment Concerns



Training on Screening/Assessment Tools. Of the respondents who reported screening and assessing children and youth, 47.9% reported receiving six hours or more of training, followed by 1-2 hours (9.4%), 3-4 hours (9.2%), and 5-6 hours (5.2%). The remaining respondents indicated they were uncertain about the number of training hours or that the hours varied. Over 91% of respondents indicated that they received in-person training, followed by web-based training (58.3%), and a written self-study guide (22.7%).

Service Coordination. Respondents were also asked whether they agreed or disagreed with five statements related to service coordination with other agencies (see Figure 3). It is important to note that 50% or more of the respondents *somewhat or strongly agreed* with all of the statements. The following statements received the *most* affirmative responses:

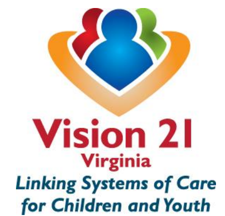
- Direct care providers are encouraged to have regular contact with other service providers working with the same child/family (78.1%).
- Service programs work together to provide integrated care for each child and family (74.8%).
- Staff participates in joint meetings or case consultation with other providers (69.7%).
- Staff from other agencies are invited to meetings to determine needs for families (66.6%).
- Staff receives cross-training with other child-serving systems (51.2%).



Conclusions

The Vision 21: LSC for Child and Youth Stakeholder Survey provided valuable information on types of screening and assessment tools currently used by agencies who serve children and youth, as well as trainings for these tools. Additionally, participant indicated on referring agencies, commonly collected client information, and collaborative efforts *between* agencies when serving children and youth.

Results suggest that the majority of agencies collect similar information (i.e., social, medical, behavioral/mental health, and education) from their clients. The use of screening and assessment tools, however, varies depending on agency, type of concern (e.g., trauma, risk of reoffending, mental health conditions), and agency funding requirements. The CANS, YASI, and ACES were *most commonly* reported by respondents. Nearly half of the respondents indicated receiving six or more hours of training. However, screening and assessment training varied for the



remaining respondents. The majority of respondents indicated that they received in-person training, followed by those who received web-based training or a written self-study guide.

Two-thirds of respondents indicated direct care providers are encouraged to have regular contact with other agencies and offer integrated care for children and families. Additionally, nearly 70% of respondents indicated that staff participate in joint meetings or case consultation with other providers. However, only 50% of respondents reported that staff receive cross-training with other child-serving systems. Data suggests that agencies may want to offer co-training opportunities to enhance the collaborative process.

Overall, front-line workers expressed a desire and commitment to working *across* systems in an appropriate and efficient way, including the sharing of personal information of identified victims. There is consensus for the need for adequate follow-up with referral and services after victims have been identified. Moving forward, this project will continue to identify gaps in resources and referrals, as well assess interests sharing of information between agencies and avoiding duplication.