



# **Improving Victim Services for Hate Crime Survivors in the Bay Area: A Report on Survivor Experiences and Systemic Gaps**

## **I. Executive Summary**

This report presents findings from a combination of compiling publicly available information, conducting interviews with representatives from the Victim Services Divisions (VSD) in the District Attorney Offices of Alameda, Contra Costa, and San Francisco counties, facilitating focus groups for survivors, and collecting responses from survivors through a digital survey. The aim is to take stock and inventory existing services available to crime survivors locally, highlight challenges or gaps in service delivery, and identify promising strategies for continuing to best meet the needs of survivors as they identify for themselves—particularly those affected by hate crimes, with attention to marginalized communities including AAPI and immigrant survivors. Key insights reveal strengths in advocacy and outreach, alongside systemic barriers including language access, housing insecurity, and policy exclusions.

## **II. Bay Area County Victim Service Division (VSD) Comparison**

### **San Francisco County**

#### **Service Access & Referral**

Survivors in San Francisco often get connected to services through word of mouth from family and friends. They are also referred by law enforcement, the Special Victims Unit (SVU), and SF General Hospital. The Victims Services Division (VSD) also conducts community outreach and field visits, primarily in the Tenderloin neighborhood. Recently, a rise in AAPI-targeted scams (such as the “blessing scam”) prompted a PSA which aired on KTSF. Blessing scams primarily target elders in the AAPI community to give their valuables for “purification” but they are instead swapped for something of no value.

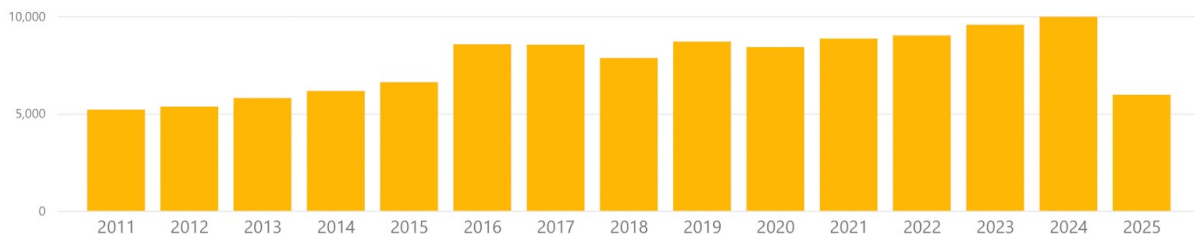
## Key Policies & Motivations

The VSD reports that they work for their policies to be shaped by community needs and survivor engagement with an emphasis on cultural competency. The interpreter policy for non-English speakers includes having documents available in the city's three most common languages- Spanish, Chinese, and English, as well as free interpretation service (usually by phone for less common languages). They champion compliance with Marsy's Rights (California Victims' Bill of Rights Act of 2008) by providing ongoing training to staff and getting feedback from survivors.

## Service Timeline & Reach

While services are not contingent on case status, the VSD only engages survivors for the duration of their case. On the VSD webpage, the dashboard shows service volume by crime type.

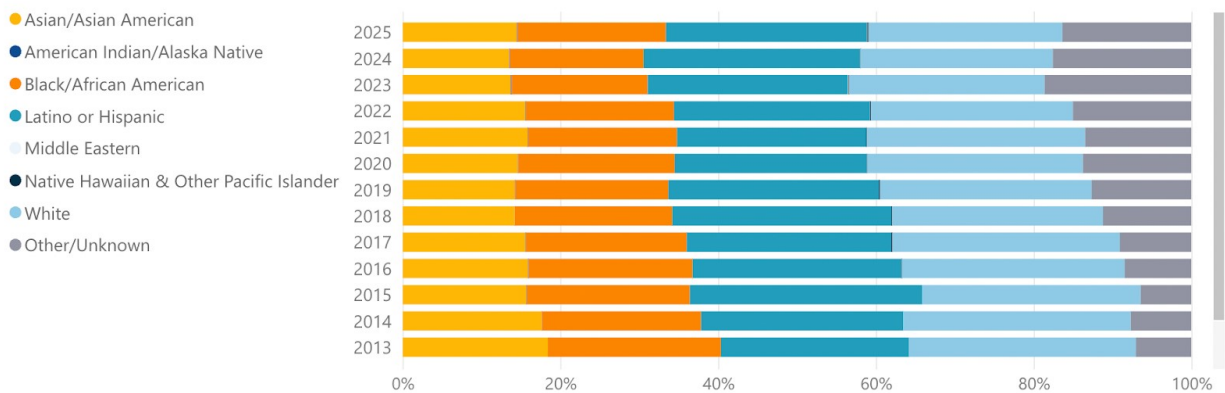
### Victims Served by the Victim Services Division



114,552

Total Victims Served

Distribution of Victims Served by Victim Race/Ethnicity and Year



## Service Needs and Barriers

Financial assistance and housing remain critical needs. Domestic Violence survivors face unique challenges such as a lack of shelter beds, especially for those with pets and without children.

Post-pandemic mental health provider shortages have impacted access to therapy. Furthermore,

the office noted a difficulty sourcing culturally and linguistically aligned therapists particularly for AAPI survivors. Finally, the Victim Compensation Board policies and therapist reimbursement delays hinder access to mental health services.

### **Assessment & Feedback**

Survivor feedback is gathered via community engagement and informal check-ins. Survivors report that they benefit most from court accompaniment and consistent advocacy. Advocates with community roots and trauma-informed training are most effective. Access to temporary shelter and long term housing programs remains a need and key frustration for survivors. Impact is measured through interagency referrals and case management metrics.

## **Alameda County**

### **Service Access & Referral**

Survivors connect to the VSD through medical referrals, courthouse, the Family Justice Center, and word of mouth. The VSD also conducts ongoing community outreach and tabling at public events.

### **Key Policies & Motivations**

Alameda County employs Safety-first policies aligned with Marsy's Law. They also provide specialized services for children, elders, and hate crime victims. Staff training is informed by community listening sessions and legal mandates.

### **Service Timeline & Reach**

It is a goal of the division to contact survivors within 72 hours; 48-hour window for in-custody charges. In 2024: 14,113 individuals served; 71,275 services provided. In 2025 YTD: 2,218 victims served (on track to exceed prior years). Of those 2,218, 831 identified as Asian, 1674-Black, 2333-Hispanic, and 1384-White Non-Latino.

### **Survivor Needs & Challenges**

Crisis housing and transportation are frequent and ongoing needs. Deep-rooted distrust of law enforcement and stigma are common, especially in immigrant communities. Language barriers are worsened by interpreter shortages. AAPI survivors in particular require language-accessible court education and culturally grounded mental health care.

## **Assessment & Feedback**

The VSD gathered feedback through court debriefings, evaluations, and listening sessions. Impact benchmarks were measured with participation rates, compensation applications, engagement of underserved communities. Important skills that were appreciated in staff by survivors include cultural humility, legal knowledge, trauma-informed care. The most valued services were victim compensation, court support, safety planning, CBO referrals. Frustrations included the length of trials, lost wages, and insufficient childcare.

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## **Contra Costa County**

### **Service Access & Referral**

Referrals to the VSD in Contra Costa come from law enforcement, hospitals, and community partners like the Family Justice Center. Services initiated when cases are filed by the District Attorney and matched with advocates based on geography and grant funding.

### **Key Policies & Motivations**

They self report that their services prioritize violent crimes and underserved populations. The policies are shaped by staff collaboration and survivor input.

### **Service Timeline & Reach**

While there has been no change in overall crime post-COVID, there has been a notable shift in service needs, especially for mental health. Particularly a loss of in person services, remote service delivery, mental health reimbursement issues, and policy changes have reduced access to therapeutic care needed by survivors.

### **Survivor Needs & Challenges**

Financial assistance and shelter are primary needs of survivors. There are limited local shelters and housing resources in Contra Costa. Furthermore, a high staff turnover post-COVID and inconsistent training has led to newer attorneys being less skilled in survivor centered approaches. AAPI survivors, in particular, often face language barriers (especially Cantonese speakers) and cultural stigma. Many avoid court, preferring to stay informed from a distance due to fear or trauma and community perceptions.

## **Assessment & Feedback**

Feedback was gathered through surveys, listening circles, and court followups. Survivors reported a need for skill building in the following areas: relationship-building, system navigation, trauma literacy. The most helpful services included warm handoffs to community providers, FJC advocacy, training, and outreach. Frustrations centered around service delivery included delays, mental health access, under-resourced legal and shelter systems. Effectiveness is measured through quantitative tracking for grants; qualitative input from survivors and partners.

### **Shared Themes**

#### **1. Commitment to Survivor-Centered Services**

All three counties emphasize a survivor-centered approach, prioritizing advocacy, safety planning, and culturally competent care. Each division engages in community outreach, strives to provide language access, and focuses on trauma-informed services. The importance of court accompaniment, victim compensation assistance, and ongoing survivor support is consistently highlighted.

#### **2. Language Access as a Critical Barrier**

Language access challenges are a persistent theme across all counties. While interpreter policies exist, shortages of qualified bilingual and culturally competent providers remain a significant barrier, especially for AAPI and immigrant survivors. This impacts survivors' ability to fully engage in legal processes and access mental health services.

#### **3. Housing and Financial Insecurity**

Survivors' urgent needs for stable housing and financial assistance are emphasized county-wide. Gaps in shelter availability, especially for domestic violence survivors and those with children or pets, are reported as major frustrations. Economic instability—exacerbated by COVID-19—is a common factor limiting survivor recovery.

#### **4. Mental Health Services Under-Resourced**

Across counties, there is a noted shortage of culturally sensitive and language-accessible mental health services. Issues such as therapist availability, reimbursement delays, and stigma around seeking therapy affect survivors' mental health outcomes.

#### **5. Importance of Community Partnerships and Survivor Feedback**

All counties rely on collaboration with community-based organizations (CBOs) and survivors themselves to inform policies and enhance service delivery. Listening sessions, surveys, and informal feedback are regularly used, though there is recognition of the need to expand these mechanisms.

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## **Key Differences**

### **1. Scale and Scope of Services**

- Alameda County reports the largest volume of survivors served (14,113 in 2024), with extensive demographic data tracking and formalized outreach at courthouses and public events.
- San Francisco County emphasizes targeted community outreach in specific neighborhoods (e.g., Tenderloin) and media campaigns (e.g., AAPI scam PSAs).
- Contra Costa County shows more limited service scale, with ongoing challenges in staff retention and resource constraints impacting outreach and mental health services.

### **2. Policy Implementation and Service Eligibility**

- San Francisco and Alameda show more progressive interpreter policies and legal frameworks aligned with Marsy's Rights, with proactive survivor engagement informing policy.
- Contra Costa demonstrates greater challenges with policy enforcement, particularly regarding mental health reimbursement and limited shelter access, partly due to fewer local resources and higher staff turnover.

### **3. Survivor Demographics and Specific Community Needs**

- Alameda County serves a larger and more racially diverse population, including significant numbers of Asian, Black, and Hispanic survivors, reflected in tailored outreach and language services.
- San Francisco highlights rising scams targeting AAPI elders, influencing targeted public awareness campaigns.
- Contra Costa notes specific challenges with Cantonese-speaking AAPI survivors and greater reluctance among survivors to engage directly with courts due to fear or trauma.

### **4. Impact of COVID-19 on Service Delivery**

- Contra Costa reports more pronounced setbacks in service delivery and mental health access post-pandemic, with staffing and training difficulties.
  - San Francisco and Alameda have maintained more robust continuity of care but still acknowledge increased demand and economic hardship among survivors
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## **Summary**

While the counties share common goals of survivor empowerment and safety, resource allocation, demographic diversity, and policy enforcement vary significantly. Alameda's extensive outreach and data-driven approach contrast with Contra Costa's resource limitations and staffing challenges. San Francisco balances targeted community engagement with systemic policy efforts. Addressing these disparities requires tailored strategies that respect each county's unique context while fostering collaboration and knowledge-sharing to elevate overall service effectiveness.

## **III. Survivor Focus Group Findings**

### **Policy Awareness**

Participants highlighted systemic barriers that limit access to essential services and protections. These include the lack of a Social Security Number (SSN), challenges faced by mixed-status families, restrictive income thresholds, age-related discrimination, and inaccessibility of public benefits. These exclusions disproportionately affect immigrant survivors and contribute to a deepening sense of marginalization. Additionally, job loss and economic instability—exacerbated by the COVID-19 pandemic—have had lasting impacts on survivors' ability to secure housing, healthcare, and financial security.

### **Service Barriers**

Language access remains a significant obstacle. Many reported difficulty accessing services in their primary language, limiting their ability to seek help. Shortages in emergency and transitional shelter—especially for survivors of domestic violence—further compound these challenges. Temporary closures of government offices and community-based organizations (CBOs) during the pandemic disrupted the continuity of care. Survivors also described dismissive or biased responses from law enforcement, especially toward those with limited English proficiency. Furthermore, legal and medical services are inconsistently available to immigrant communities, leading to uneven outcomes and unmet needs.

### **Policy Feedback**

Participants expressed frustration with restrictive eligibility criteria for housing, healthcare, and other social services. These rules often leave survivors without options when fleeing unsafe situations. Despite being long-term residents and taxpayers, many immigrant survivors feel that their needs are routinely overlooked. There is a lack of services specifically tailored to immigrant communities, which exacerbates their vulnerability.

### **Court Experience**

Survivors shared mixed experiences within the court system. While some courts offer effective language interpretation services, others do not, leading to confusion and misinformation.

Common concerns included long wait times, lack of clear communication, and inadequate follow-up on cases, which contribute to feelings of disempowerment and distrust.

### **Engagement and Advocacy**

Many survivors are actively involved in advocacy through organizations such as Mujeres Activas and the Women's Building. They expressed a strong desire to engage in policymaking processes. However, they often feel excluded due to their immigration status and a lack of outreach from decision-makers. There is a clear call for more inclusive practices that recognize the voices and lived experiences of immigrant survivors.

### **Summary and Analysis**

The focus group revealed significant structural and systemic barriers faced by immigrant survivors, particularly in the aftermath of the COVID-19 pandemic. Participants described widespread exclusion from essential services due to restrictive policies, such as the requirement of a Social Security Number, income and age limits, and a general lack of services tailored to mixed-status families. These limitations are compounded by economic hardship and job instability, which have only worsened in recent years.

Access to services remains highly uneven. Language barriers—especially for Spanish-speaking survivors—limit the ability to navigate systems and seek help. Participants reported inadequate shelter availability, inconsistent legal and medical access, and harmful encounters with law enforcement, including bias and dismissiveness toward non-English speakers. Court experiences also varied widely, with some survivors encountering helpful interpretation services, while others faced long delays and misinformation.

Despite these challenges, survivors are politically engaged and eager to participate in shaping policies that affect them. However, they often feel excluded from formal advocacy and decision-making processes due to their immigration status or lack of targeted outreach.

### **Key Themes:**

- **Systemic exclusion** from benefits and protections.
- **Language and service access barriers** for immigrants.
- **Inconsistent legal and institutional support**, particularly in courts and law enforcement.
- **Desire for inclusion** in policymaking despite structural marginalization.

Overall, the findings highlight the urgent need for more inclusive, culturally competent, and immigrant-responsive policies and services.

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## **IV. Survivor Survey Results**

### **Overview**

This report summarizes findings from a survey conducted to understand the experiences of crime survivors, particularly focusing on their interactions with community-based organizations (CBOs) and government agencies. A total of 106 responses were collected.

### **Demographic Breakdown**

The largest age group represented among respondents was 35 to 44 years old, with 38 individuals, followed by 25 to 34 years old with 29 respondents. Other age groups included 45 to 54 (13 respondents), 18 to 24 (10 respondents), 65 and older (8 respondents), 55 to 64 (6 respondents), and under 18 (2 respondents).

In terms of race and ethnicity, respondents identified as Black or African American (36), Latine/Latinx/Hispanic (24), White or Caucasian (20), American Indian or Alaskan Native (11), Asian (9), Native Hawaiian or Pacific Islander (4), and Middle Eastern or North African (2).

Regarding gender identity, the majority of respondents identified as female (50), followed by male (47), nonbinary (8), and one respondent who preferred not to say.

### **Experiences with Harm and Justice**

Sixty-nine respondents, accounting for 65 percent of the total, reported experiencing something they consider to be a hate crime. Seventy-eight respondents, or 74 percent, were familiar with the concept of restorative justice.

### **Support Services Received**

Support from community-based organizations was received by 91 respondents, making up 86 percent of the total. The average effectiveness rating for these organizations was 4.07 out of 5. Many respondents noted that their experiences were understood and their needs were centered by the staff of these organizations.

Support from government agencies, such as police departments or district attorney's offices, was received by 87 respondents, or 82 percent. The average effectiveness rating for government

agencies was 3.98 out of 5. However, fewer respondents felt that their needs were centered by government services in comparison to community-based organizations.

### **Duration and Nature of Support**

A significant number of respondents indicated that they needed and received support for more than a year. The most helpful services mentioned included therapy, domestic violence shelters, parole support, and case management. Key needs identified by respondents included mental health services, consistent case management, housing support, and assistance with avoiding further involvement in the criminal justice system.

### **Suggestions for Improvement**

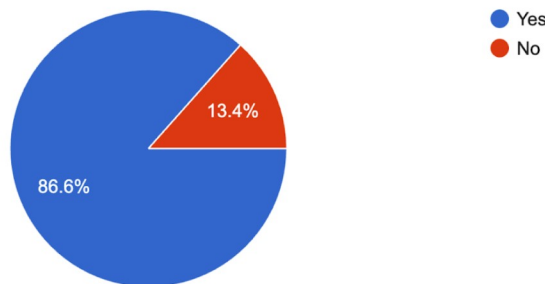
Respondents suggested the creation or expansion of several services. These included monthly support groups or crisis phone lines, services specifically for mothers and families in crisis, increased accountability and reform within police departments, and greater financial assistance for crime survivors.

### **Conclusion**

The survey findings highlight the essential role of community-based organizations in supporting crime survivors. They also underscore the need for improved coordination, trust, and survivor-centered approaches within government agencies. The responses reveal a strong interest in ongoing community dialogue and the development of new, more effective support services.

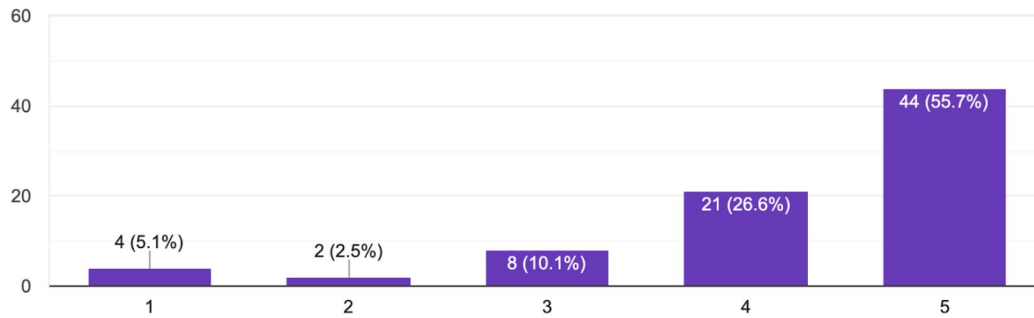
Have you received support from a community-based organization, such as a domestic violence shelter, food bank, etc.?

82 responses



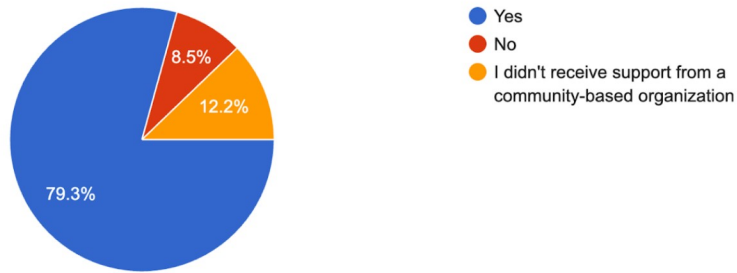
If yes, how effective were those services overall on a scale of 1 to 5?

79 responses



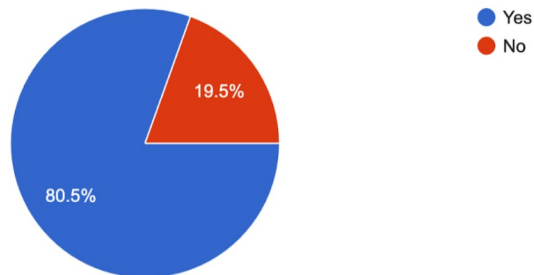
Did you feel like your experience was understood and your needs were centered by the community-based organization that supported you?

82 responses



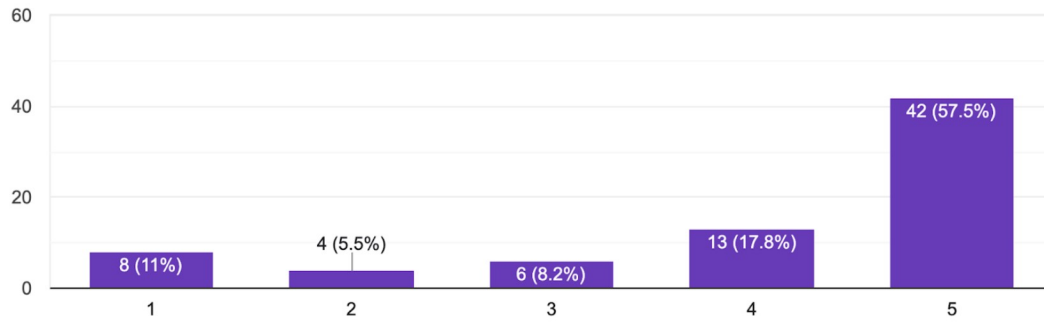
Have you received support from a government agency, such as a district attorney's office, police department, etc.?

82 responses



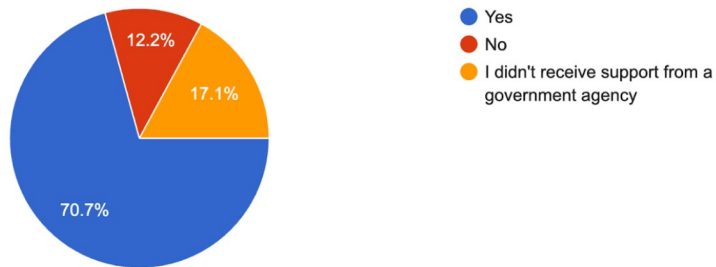
If yes, how effective were those services overall on a scale of 1 to 5?

73 responses



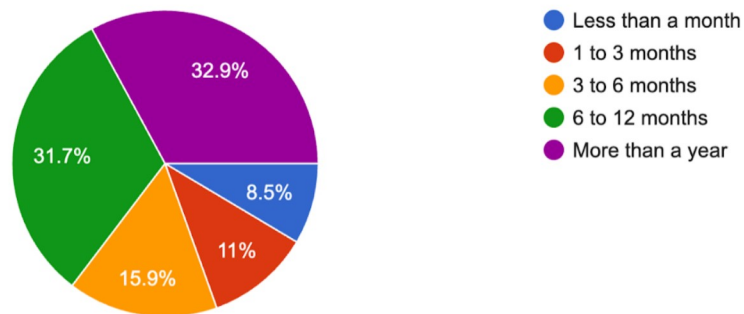
Did you feel like your experience was understood and your needs were centered by the government agency that supported you?

82 responses



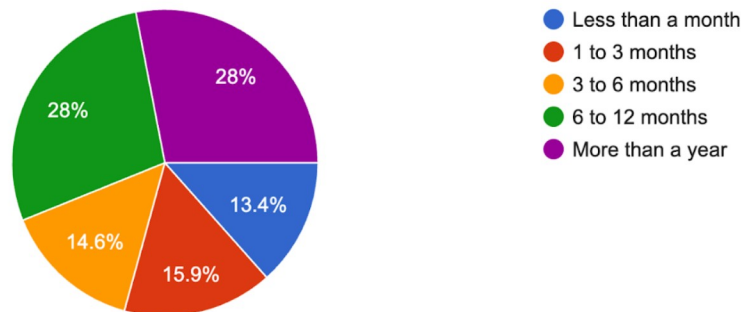
How long did you need support?

82 responses



## How long did you receive support?

82 responses



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## V. Recommendations

To address the systemic and service-level gaps identified in this report, we propose the following actionable recommendations for improving support for hate crime survivors—especially those from immigrant, AAPI, and other marginalized communities—in the Bay Area. These recommendations are grounded in the voices of survivors and frontline practitioners. Implementing them will strengthen the Bay Area’s response to hate crimes and advance equity for all survivors, particularly those facing language, immigration, and systemic barriers.

**Courts** should take immediate steps to strengthen language access and survivor navigation. This includes standardizing interpretation services across counties and ensuring the consistent availability of trained interpreters in high-need languages such as Cantonese, Mandarin, Vietnamese, Tagalog, and Spanish. Courts should also develop multilingual, plain-language resources—such as printed guides and instructional videos—to help survivors understand legal processes and their rights. Implementing trauma-informed court protocols is essential; strategies might include creating survivor-only waiting spaces, reducing wait times, and assigning trained survivor liaison staff to support case navigation. Courts are also encouraged to track and report service equity data, including interpreter usage, case processing outcomes for survivors with limited English proficiency, and survivor satisfaction measures.

**Victim Services Divisions (VSDs)** should expand their cultural competency and deepen service accessibility for marginalized survivors. Each county should establish dedicated advocate roles for AAPI and immigrant survivors, prioritizing hires with bilingual capacity and demonstrated community trust. To ensure stability and continuity of care, VSDs should provide services beyond the timeline of active cases, particularly for survivors dealing with unresolved trauma,

housing instability, or ongoing threats. Partnerships with culturally aligned mental health providers should be expanded and streamlined to mitigate delays in Victim Compensation Board reimbursements for therapeutic services. Additionally, staff development should include ongoing training in trauma-informed care, cultural humility, and the unique dynamics of hate crimes. Mobile advocacy models—such as field-based services and home visits—should be scaled to reach survivors in linguistically or geographically isolated areas.

**Community-Based Organizations (CBOs)** play a critical role in survivor recovery and empowerment and should deepen collaboration with public agencies. CBOs are encouraged to formalize warm handoff protocols with VSDs to ensure seamless transitions for survivors accessing shelter, legal aid, and counseling services. Developing peer-led survivor engagement programs can elevate lived experience as a central component in the design and evaluation of services. Furthermore, CBOs should invest in culturally grounded, in-language support groups that address the isolation and stigma many immigrant and AAPI survivors experience. Joint public awareness campaigns—especially those targeting scams, hate crime reporting, and survivor rights—should be conducted in multiple languages and include input from impacted communities. Finally, CBOs should document and share survivor outcomes and feedback with courts and VSDs to help improve interagency coordination and responsiveness.

**Policymakers** must remove exclusionary barriers and enact equity-based reforms to ensure that all survivors can access care and protection. This includes revising eligibility criteria for public benefits such as housing, victim compensation, and healthcare to include undocumented survivors, mixed-status families, and long-term residents regardless of immigration status. Greater investment is needed in culturally and linguistically accessible shelter options—particularly for domestic violence survivors without children, LGBTQ+ individuals, and those with pets, who are often excluded from traditional housing services. Each county should be required to develop and publish a language access plan that includes measurable goals, community input, and transparent funding allocations. Policymakers should also establish a formal Immigrant Survivor Advisory Board composed of directly impacted individuals and advocates to inform county- and state-level policy development. Finally, cross-county funding and infrastructure should be created to support shared training, resource development, and service consistency across jurisdictions, while allowing for local adaptation.

Taken together, these recommendations offer a path toward a more inclusive, survivor-centered system. By centering the needs of immigrant and AAPI communities, the Bay Area can ensure that all survivors of hate crimes receive the support, protection, and justice they deserve.

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## VI. Conclusion

This report shows that victim services across San Francisco, Alameda, and Contra Costa counties play an essential role in survivor recovery, especially after hate crimes. However, persistent challenges—such as limited language access, insufficient mental health care, and exclusionary policies—continue to impact those most in need. Survivors across counties are asking not only for safety, but for **dignity, cultural respect, and long-term care**. Delivering this requires cross-county collaboration, bold policy change, and sustained investment in survivor-led, community-based solutions.

While each county employs unique strategies to support survivors, common challenges persist—particularly for survivors of color, immigrants, and those affected by hate crimes. Advancing culturally responsive, survivor-centered policy requires expanded services, systemic reform, and meaningful survivor participation in decision-making.

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