

WEATHERING FISCAL UNCERTAINTY: A STUDY OF THE EFFECTS OF THE ILLINOIS BUDGET IMPASSE ON RAPE CRISIS CENTERS



ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

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Abstract: Rape crisis centers provide crisis counseling, victim advocacy, mental health services, and community education free at the point of service in Illinois. This study sought to understand how Illinois rape crisis centers were affected by the two-year state budget impasse (2015 to 2017), during which many social service programs were unsupported by state funding. Analyzing administrative data from 29 rape crisis centers, we found statistically significant yet minimal decreases in hours of service provided to victims for criminal justice advocacy, individual counseling, and telephone counseling. Findings showed that despite substantial funding loss during the budget impasse, RCCs managed to continue serving sexual violence survivors though several service categories were affected. Findings underscored the effect state budgets can have on service provision, the importance of unrestricted funds, and the need for rape crisis centers to initiate budget planning and resource development to the best of their abilities to be prepared for, and overcome, future fiscal crises. This study is especially salient given the economic downturn projected due to the global COVID-19 pandemic, which may hit state budgets particularly hard.

Introduction

Rape crisis centers (RCCs) in Illinois and the United States serve thousands of survivors each year and remain the only specialized services that help individuals recover after a sexual assault. Lack of funding is often cited as a major barrier to providing services to victims of gendered violence, yet the effects are rarely systematically documented.¹ Fiscal constraints at the federal and state levels can have deep impacts on social service delivery as non-profits rely on government grants and allocations to support their daily operating budgets.

In 2015, the state of Illinois entered a nearly two-year budget impasse, during which many social service programs were unsupported by state funding.² This set off a period of financial uncertainty and hardship for many RCCs, which lost a significant amount of their operating budgets and a large portion of unrestricted funds. Given the projected global economic downturn due to the COVID-19 pandemic,³ financial hardship and uncertainty will likely continue to be an issue in the years to come. Analyzing the short and long-term effects of the Illinois budget impasse can provide much-needed insight into how RCCs might weather future fiscal uncertainties.

Funding for Rape Crisis Centers

Funding for RCCs in Illinois and the United States began in the 1970s. The Illinois Coalition Against Sexual Assault (ICASA) formed in 1977 as a statewide group of RCC leaders and advocates devoted to expanding services for sexual assault victims.⁴ One of the earliest sources of funding for ICASA's work came from federal block grants administered by the Illinois Department of Public Health starting in 1982.⁵ Federal funding sources included Victims of Crime Act (VOCA) and Violence Against Women Act (VAWA) funds, first passed in 1984 and 1994, respectively. From 1995 through 2000, Illinois used VAWA funding for comprehensive planning and coordination across state-level coalitions for domestic violence and sexual assault.⁶ During that time period, the funding helped ICASA support the opening of RCCs throughout Illinois. ICASA helped open RCCs in rural parts of the state and supported the opening of an agency focused specifically on Latina women in response to the increasing Latina population in the state.⁷ Today, ICASA RCCs serve victims across 98% of the state population with funding support from VOCA, VAWA, Illinois General Revenue funds, and other grants.⁸

While federal funding continues to be an important source of operating dollars for RCCs, the State of Illinois also plays an important role in funding. RCCs receive state General Revenue appropriations annually in the form of unrestricted funds, meaning the centers can decide how to use the funds and may put them toward overhead or other costs not covered by VOCA, VAWA, or other grants. Large funding gaps remain for providers, however. A study of domestic violence and sexual assault programs in North Carolina revealed the lack of consistent funding to be the most-identified challenge to providing services, with the issue inhibiting centers' ability to recruit and retain qualified staff.⁹ Another RCC study conducted in four states along the East coast found similar results: funding cuts created problems that trickled down to staffing and

programmatic decisions, which negatively affected the centers' ability to engage in community outreach and law enforcement training.¹⁰

Nationally, funding for VAWA was at its highest level in 2010, with the U.S. government spending over \$625 million on VAWA programs, while in 2015 national spending dipped to 2000 levels of approximately \$450 million.¹¹ The level of spending has since increased to around \$482 million.¹² While few U.S. studies link state victim service funding and service provision (and none that directly link them to budget cuts), scholars in the United Kingdom have begun to study the issue systematically. Their findings demonstrate the difficulties agencies experience when financial futures become uncertain. Service providers in the United Kingdom experienced a round of deep budget cuts to social services following the 2008 global recession, with cuts estimated to be 31% between fiscal years 2011 and 2012.¹³ There was a shift in responsibility from national to local level for services for violence against women, and, at the discretion of regional officials, funding streams were drastically cut. Service providers experienced shorter contract lengths of three to six months.¹⁴ Agencies reported service delivery costs exceeded the amount of funding provided by the government and smaller agencies were forced to compete with larger agencies for the funding contracts.

The United Kingdom's funding issues increased turn-away rates at shelters for women who experienced violence and resulted in the downsizing and even closure of agencies that work with historically underserved populations, such as Black, Asian, and other minority ethnic women.¹⁵ Finally, the budget cuts disproportionately impacted agencies providing services to smaller and lower-income communities.

Research is limited on the effects of state-level budgeting issues on agencies that provide support for victims of interpersonal violence. While the United States and the United Kingdom have different systems of funding social services and vastly different population sizes and compositions, impacts of U.K. victim service budget cuts at the national and local levels may provide insight into issues that arise due to funding instability.

Current Study

This study aimed to understand how RCCs throughout Illinois were affected by, and coped with, significant budget cuts during the 2015 to 2017 state budget impasse. There may be lessons to be learned and carried into the looming economic crisis due to the COVID-19 pandemic and resulting global economic recession. Research is limited on the effects of state-level budgeting issues on agencies that provide support for victims of interpersonal violence.

This section reports the answers to the following guiding research questions:

- Were there measurable effects of the budget impasse on victim services (represented by contact hours, or amount of time a victim (or client) received a service)?
- Were urban and rural centers affected differently by the budget impasse?

Methods

The researcher analyzed select InfoNet data collected from RCCs. InfoNet is a web-based data collection and reporting system managed by ICJIA and used by victim service providers in Illinois.¹⁶ The database was created in 1998 and serves as the only centralized data management system for victim service providers in the state. The database tracks the amount and type of services provided, client information and needs, and various community education activities undertaken by service providers.

Procedures

The researcher analyzed 63 months of data from August 2013 to August 2017 for this study.¹⁷ The full study was approved by the Institutional Review Board at the University of Illinois at Chicago (in agreement with ICJIA) and followed all protocols for responsible research with human subjects.

Measures

The quantitative dataset included monthly client, hotline, community service, and overall staff hours. *Client services* in this study included advocacy and counseling. The Illinois Coalition Against Sexual Assault sets forth definitions of services recorded in InfoNet. Clients are defined as those given an internal identification number from a RCC upon engaging them in services beyond those needed in an initial crisis intervention incident. Clients include direct victims of sexual violence and those seeking assistance dealing with the sexual assault of a loved one.

Advocacy was sub-divided into the following three categories:

- **Criminal justice advocacy** is defined as “individual advocacy with police, sheriff, state’s attorney, judge, or anyone in the court system.” It also includes being present when reporting to law enforcement or following up.
- **Medical advocacy** refers to helping survivors with “individual advocacy related to medical procedures both at the hospital/medical care facility and during follow-up care.” Many hospitals connect survivors to rape crisis hotlines; hotline volunteers send out advocates.
- **“Other” advocacy** includes advocacy with third party agencies and other service providers, such as school personnel and social service agencies.

For the purpose of this study, client services included individual, group, telephone counseling, and hotline services.

- **In-person counseling** includes face-to-face verbal assistance intended to be helpful to and supportive of victims of sexual assault or the significant other(s).

- **Group counseling** is defined as counseling provided to more than two victims or significant others who meet together on a regular basis over a period of time. This includes support groups, counseling groups, therapy groups, psycho-educational groups.
- **Telephone counseling** is distinct from hotline services and refers to time spent on the hotline or on another telephone line providing assistance to a center client who is dealing with sexual assault.
- **Hotline services** represent crisis calls to the agency's designated hotline number. Many RCCs in Illinois operate hotlines specifically to connect survivors to hospitals (for forensic exams) and law enforcement (for reporting), though some provide crisis counseling only.

Sample

The final quantitative sample consisted of data from 29 Illinois RCCs providing services from 65 sites including satellites. The rural dataset includes 18 centers. Agency data was collected over a period of 49 months, from August 2013 to August 2017. RCC surveyed were located in every region of the state.¹⁸ A recent InfoNet user survey found 30% of RCCs in Illinois considered their service areas to be mostly or all rural, 18.2% considered their service areas to be mostly or all urban, 15% considered their services areas to be a mix of urban and suburban, and 30% considered their services areas to be a mix of rural and suburban.¹⁹ Only about 6% considered their service areas to be mostly or all suburban. RCCs employ between 3 and 60 staff members, with 19 being the average.²⁰

Analytic Strategy

The software program Statistical Package for the Social Science (SPSS) version 25 was used to perform time series modeling, or interrupted time series analysis. This is a quasi-experimental design that was used to compare RCCs before and after the state budget impasse began. Monthly totals for each of the service categories for each month of interest were calculated by using a filter variable for year and then constructing crosstabs for each month in that year by service category.

Three variables were used for the interrupted time series Analysis included time (month); the intervention, indicated as 0 or 1 (budget impasse month); and the outcome for that time period (service category total for the month, the time variable). Data was then coded for analysis. Pre- and post-three-, six-, 12-, and 24-month columns were added to center the time period of interest. Two other columns were added called Phase and Interact to indicate the onset of the 'intervention' to facilitate calculation of pre-slope equations to the time of interest.²¹

Time series regression models were constructed for each variable of interest using the SPSS Time Series Modeler, Expert Modeler function. This function tested for effects at 3, 6, 12, and 24 months after the onset of the crisis in July 2015. This process finds the pre-intervention slope of the regression line and calculates the level effect, p-value and standard error for each level effect.²²

For the comparison of urban and rural areas, the dataset was split into two smaller datasets separately containing rural and urban service providers. The urban or rural designations were based on definition of a rural county used by the U.S. Office of Management and Budget as calculated by the USDA Economic Research Service.²³

Results

Interrupted time series analysis of aggregate data from all RCCs revealed statistically significant decreases at 24 months after the onset of the impasse for criminal justice advocacy and individual counseling (Table 1).

Table 1
Effects of the Budget Impasse on RCC Services by Category Across all Agencies

Service category	Effect of impasse by July 2017	<i>p</i> -value
Criminal justice advocacy	Decrease of 25%	<i>p</i> = .006
Individual counseling	Decrease of 27%	<i>p</i> =.003
Medical advocacy	No change	ns
‘Other’ advocacy	No change	ns
Group counseling	No change	ns
Telephone counseling	No change	ns
Hotline	No change	ns

Source: Analysis ICJIA InfoNet data

Advocacy Services

Results showed the budget impasse led to a marked decrease in criminal justice advocacy hours and no effects on medical and other advocacy. Before the budget impasse, RCCs reported an average monthly increase in criminal justice advocacy hours of 13 ($p < .01$) (Figure 1). At three and six months after the onset of the impasse, there were no statistically significant effects. However, at 12 and 24 months, RCCs reported significant decreases in criminal justice advocacy hours of 14% ($p < .05$) and 25% ($p < .01$), respectively. The centers reported no statistically significant effects at any interval on medical and other advocacy (Figures 2 and 3).

Figure 1
Criminal Justice Advocacy Hours by Quarter 2013-2017

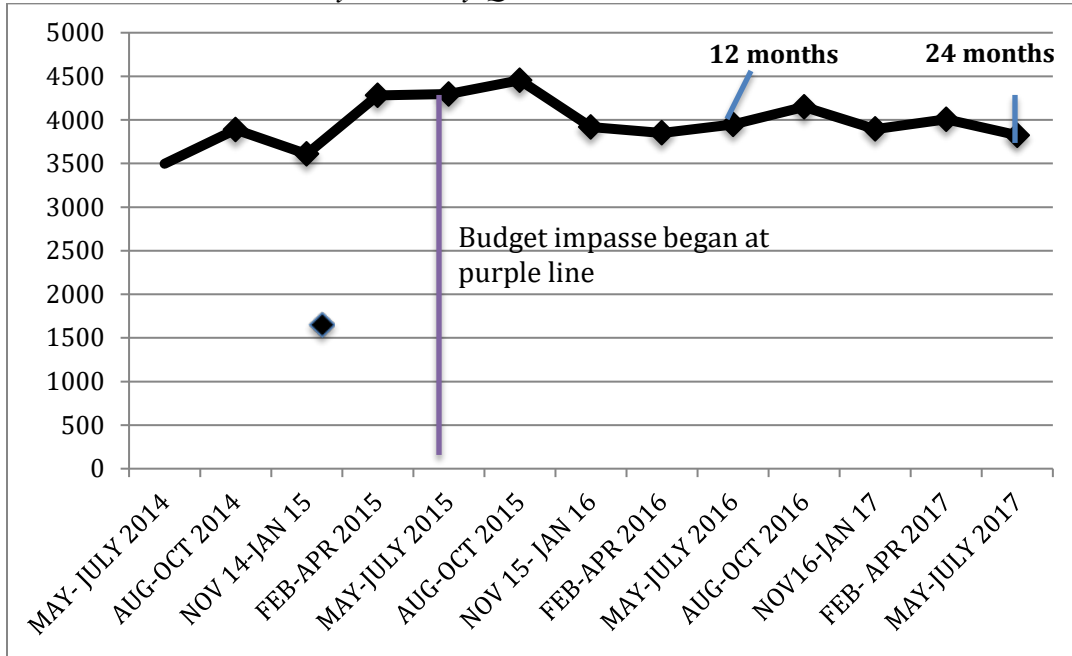


Figure 2
Medical Advocacy Hours by Quarter 2013-2017

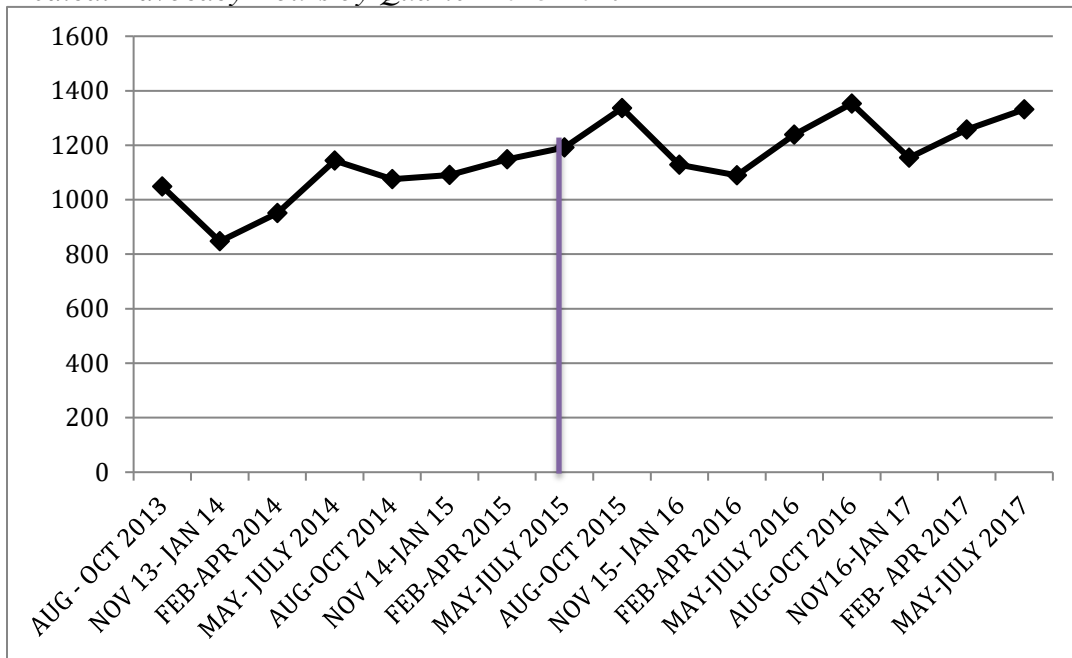
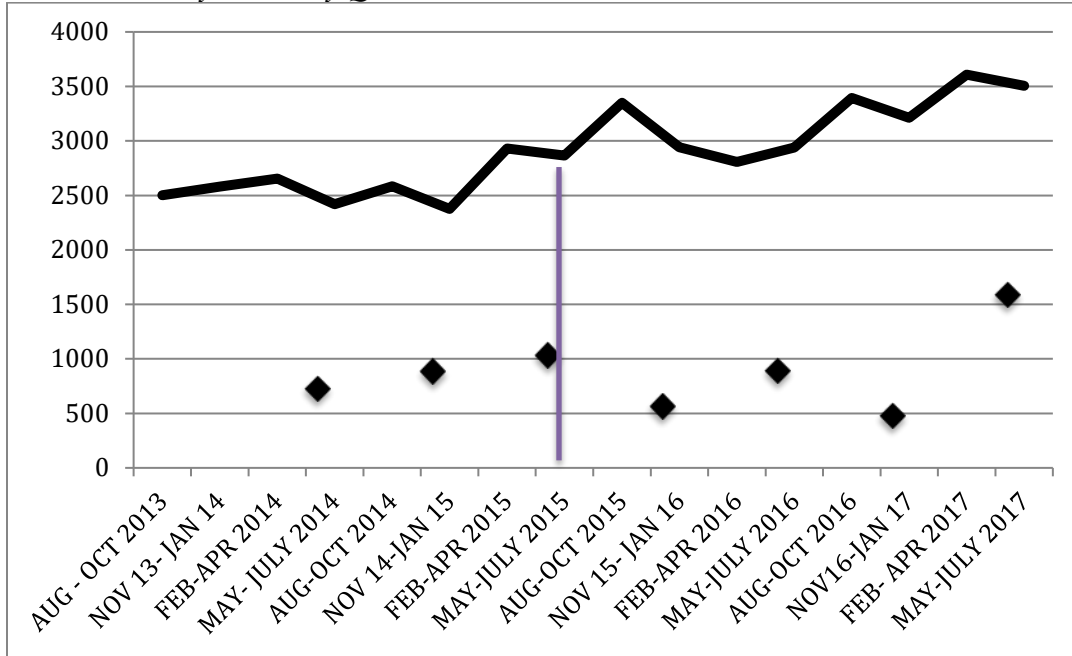


Figure 3
Other Advocacy Hours by Quarter 2013-2017



Counseling Service Hours

RCCs individual counseling hours increased on average 21 hours each month prior to the onset of the budget impasse in July 2015 (Figure 4). There were no statistically significant effects at three and six months post-impasse. At 12 months, a marginally significant decrease was in individual counseling hours of nearly 17% ($p < .10$) and the 24-month relative effect was a decrease of 27% ($p < .05$).

Telephone counseling hours showed significant effects at three, six and 12 months (Figure 5). Telephone counseling decreased by 10.8% ($p < .05$) at three months, 11.3% ($p < .05$) at six months and 12.4% ($p < .05$) at 12 months. However, these effects were not lasting and dissipated by 24 months.

Group counseling hours showed no significant effects from the budget impasse, with the hours staying relatively consistent over time (Figure 6).

Figure 4
Individual Counseling Hours by Quarter 2013-2017

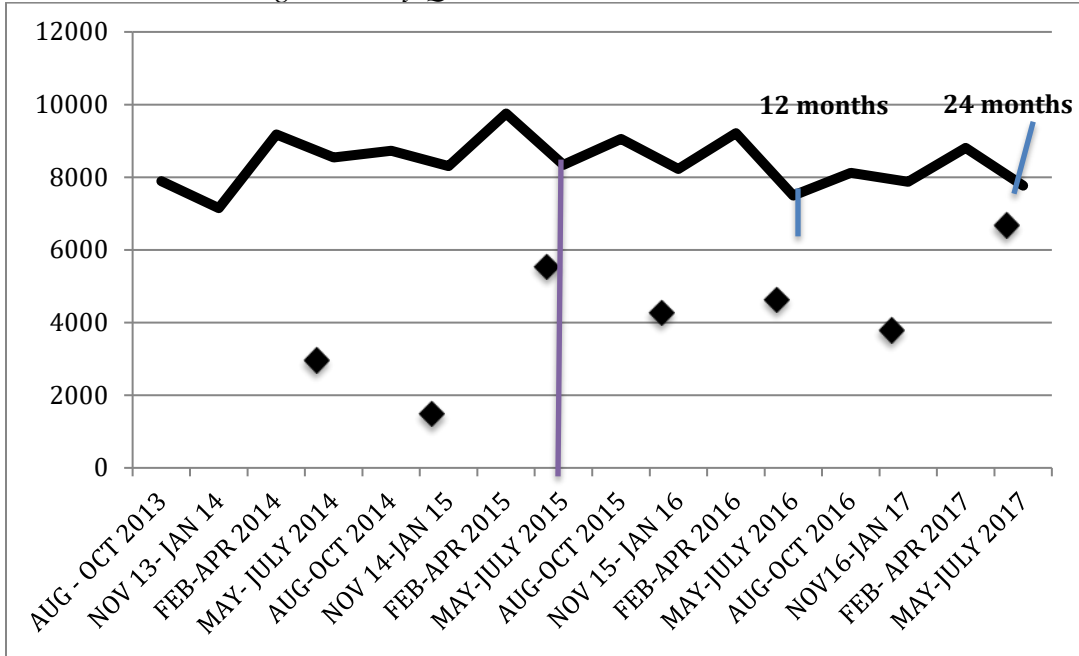


Figure 5
Telephone Counseling Hours by Quarter 2013-2017

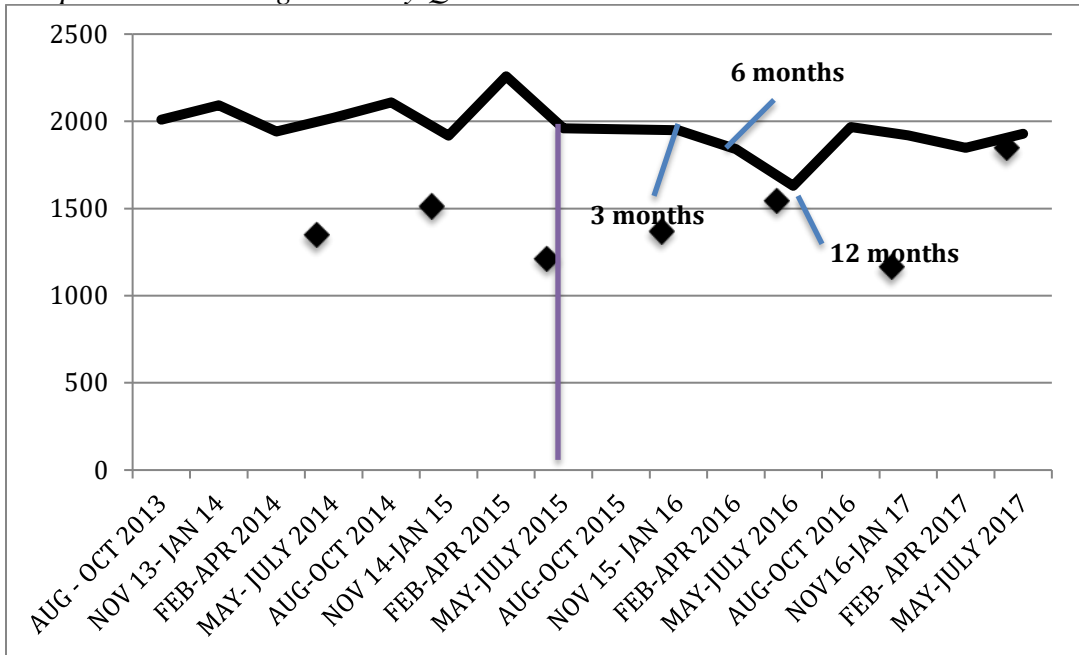
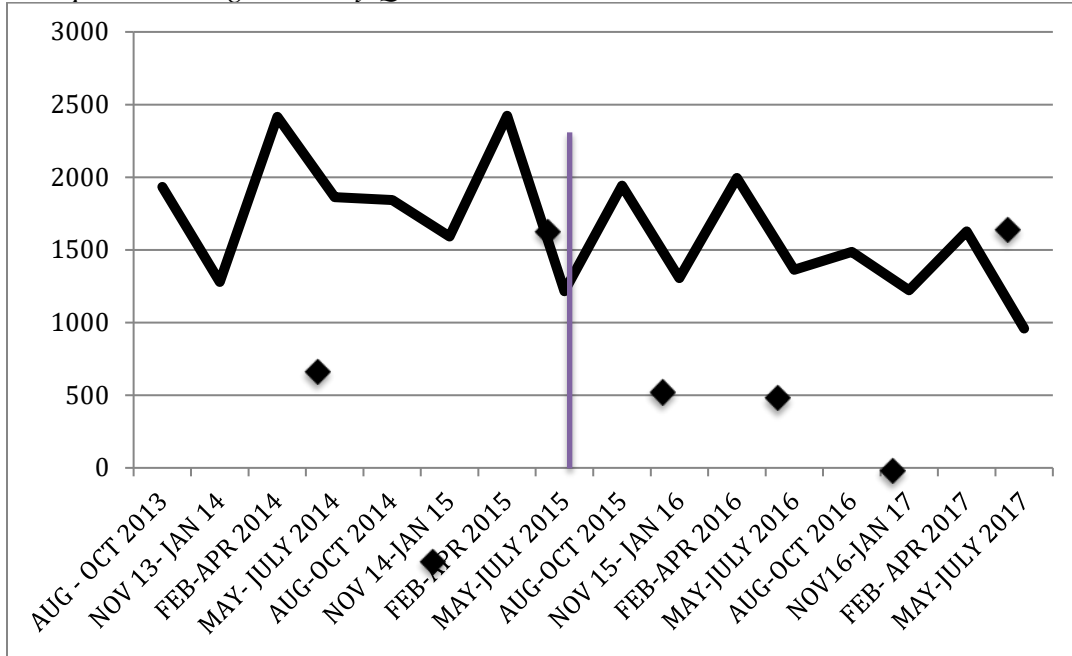


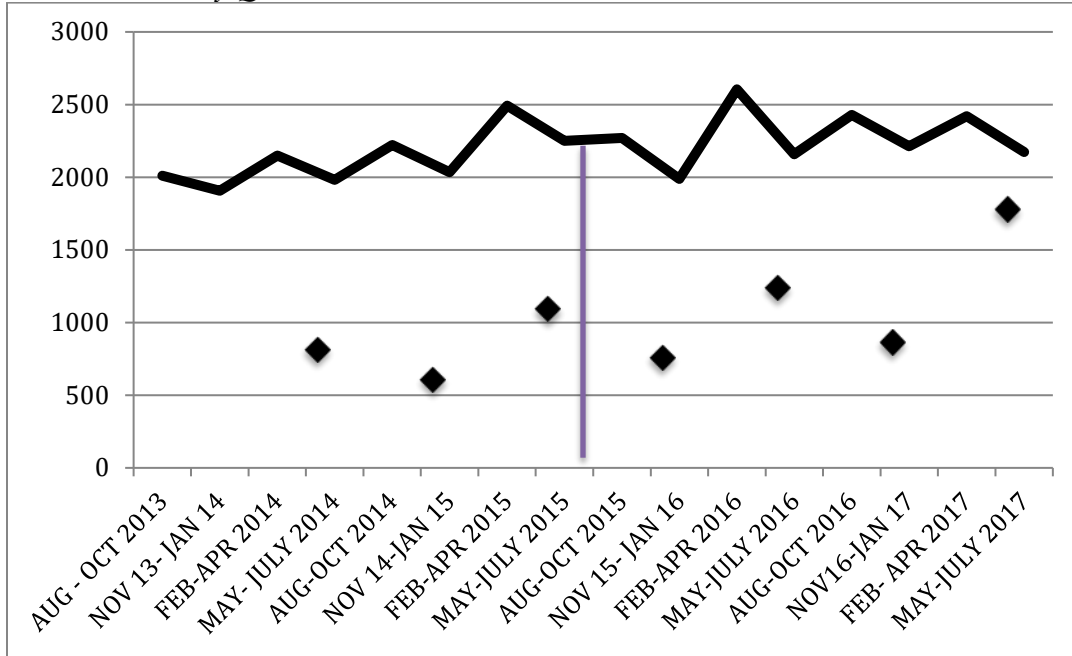
Figure 6
Group Counseling Hours by Quarter 2013-2017



Hotline Hours

The interrupted time series analysis showed no effect on hotline hours at any interval during or after the budget impasse. Hotline hours were increasing an average of six per month prior to the crisis and were not significantly affected by the impasse (Figure 7).

Figure 7
Hotline Hours by Quarter 2013-2017



Rural Rape Crisis Centers

RCCs in rural counties were analyzed separately to account for any unique effects of their rural status. A total of 18 rural and 40 non-rural (urban, suburban, or mixed) centers were included in the dataset. Rural RCCs showed notable effects that were not present in the other datasets.

First, interrupted time series analysis of rural agencies revealed no effects on individual or group counseling hours. However, the analysis showed significant *increases* in telephone counseling hours at six, 12, and 24 months into the budget impasse (Table 2). Second, medical advocacy hours significantly decreased at 24 months. Criminal justice advocacy also significantly decreased at six, 12, and 24 months.

Table 2
Effects of Budget Impasse on Rural Rape Crisis Centers

Service category	Effect of impasse by July 2017	p-value
Criminal justice advocacy	Decrease of 71%	$p < 0.001$
Medical advocacy	Decrease of 32%	$p = .011$
Telephone counseling	Increase of 111%	$p < 0.001$
‘Other’ advocacy	No change	ns
Individual counseling	No change	ns
Group counseling	No change	ns
Hotline	No change	ns

Source: Analysis ICJIA InfoNet data

Recommendations for Policy & Practice

Assessing the impact of the state’s 2015 and 2016 budget impasse can inform service delivery planning for future fiscal crises, including the looming recession triggered by the global COVID-19 pandemic. The following recommendations may help offset unforeseen financial hardship.

Shore up Reserve Funds and Build Equity

RCCs largely retained their core counseling and advocacy services. RCCs throughout the country have weathered low funding levels and manage to maintain victim service delivery on small and unpredictable budgets. However, this study showed that when funding dramatically decreases and remains uncertain, some services may be affected. One way to help prevent a future funding crunch and resulting service impact is to begin building reserve funds, credit, and assets that can be leveraged for lines of credit.²⁴ These resources will allow agencies to bridge funding gaps during times of financial crisis, which may become more frequent given the looming financial fallout of the coronavirus pandemic.

Invest in Equipment that Enhances Telephone or Virtual Counseling

Study results indicated rural RCCs experienced an increase in the use of telephone counseling during the budget impasse, suggesting that perhaps some in-person services were shifted to telephone as a survival mechanism. This finding is also important in the context of a global pandemic, which may limit the ability of clients and advocates to meet face to face for prolonged periods. Recent InfoNet data shows a substantial increase in telephone counseling hours during the pandemic. Investments in tele-health software and programs, as well as secure wi-fi and laptops, can enhance the quality of services without disruption and increase accessibility generally for victims who prefer telephone/virtual services. These resources are especially useful in rural areas, where many victims face transportation barriers.

Access Funding for Rural Rape Crisis Centers

This study revealed an increased vulnerability among rural RCCs to financial fluctuations and severe budget cuts compared to non-rural centers. Rural centers often have fewer staff and resources (but not always, as some cover large geographic areas and may have more staff for this reason) and may be more difficult for clients to access. Due to having smaller budgets, rural RCCs may not always have access to lines of credit or the ability to build large financial reserves. Policymakers and statewide coalitions should consider these factors as important to long-term victim service sustainability, especially in rural areas where clients travel further to see providers and there may be less space in budgets to save for large capital projects. Helping centers purchase their own buildings, for example, would allow them to reduce overhead costs and redirect funds into reserves or direct services.

Conclusion

Study findings showed RCCs' service delivery was negatively affected by the budget impasse, with criminal justice advocacy and individual counseling significantly decreasing after 24 months of the budget impasse. Aggregate telephone counseling hours rose sharply at first but resumed a normal pattern after 12 months of the budget impasse. This suggests a direct relationship between state funding and service delivery.

Rural RCC services were more affected by the budget impasse than those of their urban counterparts. Rural centers saw a statistically significant reduction in group counseling hours at 12 and 24 months. Medical advocacy hours also significantly decreased at 24 months. However, telephone counseling showed significant increases at six, 12, and 24 months into the budget impasse. It is not surprising that rural RCCs, to which clients face perennial transportation barriers, would increase their telephone counseling hours while decreasing in-person counseling.²⁵

Overall, RCCs were negatively affected by the budget impasse with decreases in service hours for some categories yet no centers closed their doors during this time. This survival is a testament to the hard work and resilience of Illinois RCCs amid a period of fiscal uncertainty and instability. More research is needed to assess the qualitative and long-term affects of the impasse and should take into account any new funding made available in state fiscal year 2018, including increased VOCA funds. Long-term financial sustainability is not easy to accomplish with few sources of unrestricted funds. This study suggests RCCs are good at planning for financial uncertainty and coming up with solutions when finances are tight.

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