AD HOC VICTIM SERVICES COMMITTEE RESEARCH REPORT

AD HOC VICTIM SERVICES COMMITTEE RESEARCH REPORT

February 2017

Prepared by
Jaclyn Houston-Kolnik, Ph.D., Senior Research Analyst
Amanda Vasquez, M.A., Research Analyst
Megan Alderden, Ph.D., Associate Director
Jennifer Hiselman, M.A., Research Analyst

Suggested citation: Houston-Kolnik, J., Vasquez, A., Alderden, M., & Hiselman, J. (2017). *Ad hoc victim services committee research report*. Chicago, IL: Illinois Criminal Justice Information Authority.

Acknowledgements

TABLE OF CONTENTS

INTRODUCTION

The Illinois Criminal Justice Information Authority's (ICJIA) Ad Hoc Victim Services Committee (Committee) convenes every three years to define priorities for use of S.T.O.P. Violence Against Women Act (VAWA) and Victim of Crime Act (VOCA) funds. The criminal justice, juvenile justice, victim services professionals, and victim advocates who comprise the Committee review crime and victimization trend data, information on current efforts, and data from funded programs to ensure a minimum provision of basic services to victims of crime and prioritize funding.

To assist the Committee at its convening on January 10 and 11, 2017, ICJIA researchers conducted a study to identify crime victim needs and service gaps and measure the existing capacity of Illinois victim service providers. The study focused on crime victimization throughout the state, including a wide range of crime types and victim service practices. This report synthesizes the information collected, literature reviewed, and data analyzed, and provides a set of recommendations based on the research findings.

The recommendations provided in this report are limited to what may be funded through VOCA and VAWA. A complete set of findings that includes a broader discussion about victim needs and services that cannot be addressed by VOCA or VAWA will be made available to the public in early 2017.

Section Overview

Section 1-Research Approach begins with a brief summary of the research methodology employed, including the project's main components and data limitations.

Section 2-Allowable Costs provides an overview of what costs are allowable under federal VOCA and VAWA guidelines.

Section 3-Victim Service Provider Capacity and *Section 4-Underserved Groups* document two overarching themes identified: (1) victim service provider capacity issues and (2) underserved groups. These themes were consistently discussed by study participants and provide an important context for discussions around expanding victim services in Illinois.

Sections 5 through *12* of the report focus on the crime-specific analysis of victimization in Illinois. Researchers examined specific crimes types, most of which constitute violent crimes, to identify particular issues and needs of each victim group. These analyses also revealed similarities and differences across crime types.

Section 5-Community Violence is the first crime type examined. Community violence encompasses a large range of crimes from homicide and robbery to violence in homes, schools, and workplaces. Although subsequent sections provide more detailed analysis of the specific crime types that may fall under the broad definition of community violence used in this report, it was felt that a section devoted to the issue of community violence was appropriate because, from a public health perspective, violence not only impacts individuals, but also family members, loved ones, and communities.

Following the section devoted to community violence, individual crime type reports are presented in the following order: *Section 6-Homicide*, *Section 7-Impaired Driving-related Crashes*, *Section 8-Domestic Violence*, *Section 9-Sexual Assault*, *Section 10-Human Trafficking*, *Section 11-Child Abuse*, and *Section 12-Elder Abuse*. Each crime type report begins

with a map of the rate of victimization in Illinois and the locations of victim service agencies that receive state funding (through ICJIA or other state agencies). Next follows an analysis of the major crime trends and victim characteristics to better understand the nature of victimization. Research on the impact of the crime on victims is then presented to highlight the unique experiences of victims. Lastly, the researchers combine these assessments with data collected from victims, victim service providers, and criminal justice practitioners in order to identify the service needs and gaps of victims by crime type. Taken together, each section provides a discussion of each crime and where the crime occurs, who victims of these crimes are, why victims are in need of services, and highlights what services are needed and where services may be lacking.

Section 13-Recommendations provides a summary of the recommended funding priorities, informed by ICJIA's analysis of victimization in Illinois. Each recommendation includes a brief justification that highlights information collected from crime victims, victim service providers, juvenile and criminal justice practitioners, examination of existing literature reviews, or analysis of the crime data.

SECTION 1: RESEARCH APPROACH

In June 2016, ICJIA researchers conducted a study to identify crime victim needs and service gaps and measure the capacity of Illinois victim service providers. The study was initiated to inform ICJIA's strategic planning process for establishing victim service funding priorities. The project included a review of existing literature, an analysis of administrative data, surveys and interviews of crime victims, and surveys and discussions with victims and their family members, victim service providers, and criminal justice practitioners.

Literature Review

Research staff compiled and reviewed academic literature and government reports about the prevalence and incidence of crime victimization; impact of victimization on one's health and well-being; and the short- and long-term consequences of unaddressed trauma associated with victimization for individuals, families, and communities. The purpose of engaging the literature was to supplement the limited available Illinois-specific data on crime victimization and victim needs and outcomes. Staff also collected information about promising and evidence-based victim service programs to inform existing victim service practices and the development of new services and approaches.

Administrative Data

Research staff identified, compiled, and analyzed administrative data on crime and victim services. Data analyzed and their sources are listed in Table 1. These data were used to examine trends, characteristics, and regional differences to identify where crime hot spots and victim needs exist in Illinois.

Table 1. Administrative Data and Source

Data	Source
Illinois Uniform Crime Reports (I-UCR)	Illinois State Police
Supplemental Homicide Reports	Federal Bureau of Investigation
Domestic violence orders of protection	Administrative Office of the Illinois Courts
Child abuse and neglect	Illinois Department of Children and Family Services Child Advocacy Centers of Illinois
Alcohol-related traffic fatality	Illinois Department of Transportation
Elderly abuse	Illinois Department on Aging
Illinois population characteristics	United States Census Bureau
Victim characteristics and service provision	InfoNet[a]
Other victim service information	Agencies receiving federal funds administered by ICJIA

a. InfoNet is the state's central repository for statewide victim service data specific to sexual assault, domestic violence, and child abuse.

Information about state funding practices and victim service availability were gathered from the Illinois Department of Human Services, Illinois Department on Aging, Illinois Coalition Against Sexual Assault, Illinois Coalition Against Domestic Violence, Child Advocacy Centers of Illinois, and the Office of the Attorney General. This information was used to identify the types of victim

services currently supported with state and federal funds and the service locations across the state.

Surveys and Interviews of Victims

In June 2016, ICJIA contracted with Aeffect, Inc., a marketing and communications research firm, to conduct a statewide victim needs assessment. This assessment involved a literature review, qualitative in-depth interviews, and survey of Illinois residents. Aeffect carried out the research in five stages.

(1) Aeffect staff conducted a literature review detailing the efforts of other states at assessing crime victim needs. The literature review was used to inform subsequent aspects of the project, including interview and survey development.

(2) Aeffect researchers conducted initial interviews with select stakeholders. ICJIA staff identified individuals who direct organizations or offices charged with serving crime victims. These stakeholders represented a wide variety of crime victims, including victims and survivors of homicide, sexual violence, domestic violence, child abuse, driving under the influence, elder abuse, and human trafficking, as well as individuals who could speak to the unique needs of victims from the lesbian, gay, bisexual, transgender, queer (LGBTQ) community and different cultures. The interviews with stakeholders focused on documenting victim needs, strengths, and weaknesses of existing practices related to assisting victims, challenges to addressing victim needs, and funding priorities.

(3) Aeffect used the literature review and initial interviews with the stakeholders to guide development of the interview protocols. Due to the sensitivity of the research topic and concerns about minimizing potential effects of this research on participants, the research materials and interview protocols were reviewed and cleared by an independent Institutional Review Board. This helped ensure respondent confidentiality and privacy, and that participants were provided with appropriate support and counsel, if needed, after participation.

(4) Aeffect researchers conducted 85 in-depth interviews by telephone with victims, victims' family members, victim services providers, and professionals who encounter victims in their work, such as law enforcement personnel, nurses, and state's attorneys. This total does not include the stakeholders interviewed in the initial phase of the project. Respondents discussed their needs resulting from variety of crime experiences, including domestic violence, sexual violence, child abuse, homicide and gun violence, driving while intoxicated, elder abuse, hate crimes, human trafficking, stalking, and identity theft/financial crimes. Researchers used a recruitment strategy to ensure geographic diversity, as well as racial, ethnic, and gender variation. Ten of the interviews were conducted in Spanish.[1] The interviews focused on discussing victim needs, awareness of victim services, barriers to accessing services to address the identified needs, strengths and weaknesses to existing victim services, and ways to improve victim service provision in Illinois. Victims and families members were allowed to share as much or as little about the crime they experienced as they wanted, but the interviews focused on their experiences after the crime and the support services they received or failed to receive.

(5) Using the data collected through the other methodologies previously noted, Aeffect developed an online survey that was them administered to residents statewide. The purpose of the survey was to document victimization prevalence, and to learn from those victims what their needs were following their victimization, whether those needs were addressed, and ways to improve victim services. The survey was administered online to adult residents of Illinois (defined as persons 18 years and older) using a statewide consumer panel. Care was taken to match the sample to U.S. Census data, ensuring that the sample was representative of Illinois geography, gender, age, and socioeconomic status. About 1,042 persons completed the survey and 26.9 percent of them self-identified as having been a crime victim in the last 10 years. To supplement these data, Aeffect recruited additional victims from Chicago and victims who experienced specific crimes, such as child abuse, elder abuse, homicide and gun violence, domestic violence, and sexual assault to ensure their voices were heard.[2] When the state benchmark and supplemental samples are collapsed, the online survey represented the perspectives of 1,565 Illinois residents which can now be used to profile the prevalence of victimization and needs of crime victims.

Surveys and Discussions with Practitioners

ICJIA staff also surveyed victim service providers and conducted seven follow-up focus groups with provider staff. Service providers were identified using public websites and government source lists of more than 500 service providers in Illinois. Researchers sent out recruitment letters and when available, emails, to potential participants. After the initial wave of recruitment, researchers followed up twice by email about participation in the study. Researchers encouraged victim service providers who took the survey to share it with other providers in their area. The survey asked respondents about the needs of crime victims and availability of services and capacity to meet those needs. A total of 235 providers completed the survey.

The final question of the survey informed the recruitment strategy for the second part of the study. At the end of the survey, participants opted-in to be contacted about participating in future focus groups. Ninety agencies that opted-in were recruited to participate in the focus groups. Researchers held focus groups in the Central (2), Collar (1), Cook (2), Northern (1), and Southern (1) regions of the state. Participants represented a variety of agencies serving different victim groups. Across all seven focus groups, 28 victim service providers participated. The focus group discussions centered on the needs of crime victims, successes and challenges in addressing those needs, and service capacity.

In addition, ICJIA staff engaged in informal discussions with criminal justice practitioners to gain their insights into the landscape of victim needs and the criminal justice systems' responsiveness to victim needs. Discussions occurred with practitioners representing police, prosecutors, defense attorneys, and corrections professionals.

---

[1] Aeffect Topline report #2.
[2] Aeffect bi-weekly communication.

Data Limitations

No research study is without limitations. First, much of the data analyzed for this report reflected crimes reported to police, other governmental agencies, or formal service providers. One overarching limitation in victimization research is that many crimes go unreported; a lot of victims never disclose their experiences formally, whether to criminal justice agencies or victim service providers. Data collected through the National Crime Victimization Survey indicate only 47 percent of violent victimizations in the United States in 2015 was reported to police and reporting varied greatly by crime type (rape was the least likely to be reported, whereas aggravated assaults, robberies and motor vehicle thefts were the most likely to be reported).[3]

Care was taken during the research process to include victims who did not report the crimes they experienced to authorities whenever possible. Victims report significant challenges and barriers to disclosing their victimization including stigma, cultural values, fear of reprisals, lack of trust in the criminal justice system, lack of informal social support, and perceptions that reporting will not help. Thus, while an attempt is made to provide the most robust picture possible, the information presented in this report is not fully representative of victimization in Illinois.

Second, Aeffect's research is based upon reflections of residents who may not clearly or objectively recall crime experiences. Though effort was made to include individuals who had experienced crimes recently, often victims were reflecting on experiences that occurred during stressful or emotional times, and as such, they may not remember the actual sequence of events that transpired, or they may not have fully understood why some things occurred in a specific way, particularly with regard to protocols of law enforcement or the legal system.

Third, the qualitative interviews represent a small sample of individuals. While Aeffect attempted to secure enough interviews in which to identify experiential themes and perceptions, the number of interviews conducted especially by crime type limits what can be inferred. The data only represent the opinions and experiences of the people who participated in in-depth interviews and cannot be generalized to the whole State of Illinois.

Fourth, Aeffect's quantitative survey was administered online. While they were able to use a sampling and weighting strategy to reflect a geographically representative sample for Illinois, it may not represent households that do not have access to the Internet. Despite this, households with a lower socio-economic status were included in the sample.

Fifth, this research took place following an Illinois budget crisis and increasing gun violence, specifically within the City of Chicago. These issues may shape some perceptions that were shared, not only among victims, but also by those working in victim services.

Sixth, the sample of victim service agencies may not be representative of all providers in Illinois. The recruitment strategy for the victim service provider survey involved both paper and email outreach. Agencies that had moved, closed, or merged with other agencies may not have received recruitment materials and thus, did not participate in the study. While some of these individuals may have been forwarded the link to our survey, researchers could not identify who participated because the survey was anonymous.

Lastly, many of the analyses of crime trends and characteristics relied heavily on aggregated data. While aggregated data is useful for analyzing numbers and rates across time, it has its limitations. This is particularly true of crime data collected through the state's Uniform Crime

Reporting (I-UCR) program. I-UCR summary data do not offer detailed analyses of crime victim or suspect characteristics[4] that could aid further understanding of victimization risk and impact in Illinois. Where possible, disaggregated data was obtained to better understand the characteristics of victims. Such disaggregated data, however, were not always readily available.

[3] Truman, J. L. & Morgan, R. E. (2016). *Criminal victimization, 2015* (NCJ Publication No. 250180). Washington D.C: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Available at: https://www.bjs.gov/content/pub/pdf/cv15.pdf

[4] For more information about the I-UCR program in Illinois and its limitations, see Hughes, E. (2016). About Uniform Crime Reporting Program. Chicago, IL: Illinois Criminal Justice Information Authority. Available at: http://www.icjia.state.il.us/articles/about-uniform-crime-reporting-program-data

Symbol Chart

For each map, symbols are used to demonstrate the locations of victim service providers who receive state or federal funds for victim services from a state agency. Many providers receive both ICJIA and other state funds. To depict this, we use a triangle to represent ICJIA-funding, a circle to represent other state funding (i.e., Department of Human Services, General Revenue funds, Illinois Department on Aging, the Office of the Attorney General), and a smaller square to represent satellite locations for sexual and domestic violence providers. These symbols represent the presence of state funding in a given county, not the number of agencies operating in each county.

- ▲   ICJIA-funded victim service provider
- ●   Non-ICJIA, state funded victim service provider
- ■   Victim service provider satellite location

Icon Chart

The following icons[1] will be used throughout the report to represent services providers identified as most important for the victims they serve.

Children's Services

Counseling

Criminal/Juvenile Justice System Information & Advocacy

Crisis Intervention

Emergency Housing

Help Applying for Crime Victim Compensation

Housing

Information/Advocacy on Public Resources (e.g., Medicare, Welfare)

Life Skills (e.g., Employment, Education, Financial)

Medical/Health Care Services (e.g., Hospital, Clinic)

Mental Health

---

[1] Icon made by Freepik from www.flaticon.com

SECTION 2: ALLOWABLE COSTS

Victims of Crime Act (VOCA)

The VOCA Victim Assistance Formula Grant Program is administered by the U.S. Department of Justice's Office for Victims of Crime (OVC) and funded by the Crime Victims Fund. Under the VOCA Victim Assistance Program, ICJIA awards subgrants to eligible public agencies and nonprofit organizations to fund direct services to crime victims and supporting and administrative activities. A crime victim is a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime. Direct service efforts respond to the emotional, psychological, or physical needs of crime victims; assist victims to stabilize their lives after victimization; assist victims to understand and participate in the criminal justice system; or restore a measure of security and safety for the victim.

ICJIA may use VOCA funds to provide direct services through subgrantees or through its own projects, and up to 5% of the State's annual VOCA grant to cover its administrative and training costs. Priority of funding is given to programs providing assistance to victims of sexual assault, spousal abuse, or child abuse. By statute, at least 10% of each year's VOCA grant must be allocated for each of these three categories, and 10% must be allocated to underserved victims of violent crime. OVC recently published a VOCA Victim Assistance Program Final Rule that went into effect August 8, 2016 and updates the 1997 Program Guidelines.

Under the Final Rule, VOCA funding may be used by a State Administrating Agency for administration and training to:

(1) Develop service and financial strategic plans and conduct surveys and needs assessments.
(2) Foster coordination and collaboration among federal, state, and local agencies and organizations to improve victim services.
(3) Conduct program evaluations including surveys or studies that measure the effect or outcome of victim services.
(4) Cover the salaries and benefits of staff and consultants to administer and manage the program as well as the cost of training staff.
(5) Monitor compliance of subgrantees with federal and state requirements; support victims' rights compliance programs; provide technical assistance; evaluate and assess program activities; and conduct reporting activities required by federal and state law.
(6) Cover program audit costs, technology and technology support services, memberships in crime victims' or victim assistance organizations, publications, and general program improvements that enhance overall program operations and improve the delivery and quality of services to crime victims throughout the State.
(7) Provide statewide or regional training of direct assistance personnel and allied professionals, as well as managers and Board members of victim service agencies, and training academies for victim assistance.

VOCA funding to subgrantees may be used to provide direct services and supporting and administrative activities that include:

(1) Immediate emotional, psychological, and physical health and safety services including, but not limited to, crisis intervention services; accompaniment to hospitals for medical exams; hotline counseling; safety planning; emergency food, shelter, clothing and transportation; short-term nursing-home placement for adults; short-term in-home care and supervision for children and adults; safety-related repair or replacement of windows, locks, doors and other items; limited emergency medical care, when other funding sources are not expected to be quickly available; and emergency legal assistance.

(2) Personal advocacy and emotional support services including, but not limited to, assessment of the impact of the crime; identification of victim needs and available resources; provision of information and referrals for continued services; case management; management of practical problems created by the victimization; and traditional, cultural and alternative therapy.

(3) Mental health counseling and care; peer-support; public awareness and education presentations to inform victims of rights and services; transportation to receive services and to participate in criminal justice proceedings; forensic medical evidence collection examinations, to the extent that other funding sources such as state appropriations are insufficient; forensic interviews; and assistance in applying for crime victim compensation benefits.

(4) Facilitation of participation in criminal justice and other public proceedings arising from the crime including, but not limited to, victim advocacy; notifying victims of key proceeding dates; accompanying a victim to court; assistance with interpreters for non-witness victims; managing the logistics of non-witness victims participating in proceedings including transportation, meals, lodging and child care and respite care; assistance with Victim Impact Statements, recovery of property taken as evidence and restitution; and victim-centered restorative justice.

(5) Legal assistance services (other than criminal defense and tort actions) where reasonable and where the need arises as a direct result of the victimization. Legal assistance includes but is not limited to emergency legal assistance such as filing for restraining orders, and obtaining emergency custody orders and visitation rights, victims' rights enforcement, motions to vacate or expunge a conviction when allowed by Illinois law based on a person's being a crime victim, and other civil legal actions that are reasonably necessary as a direct result of the victimization.

(6) Transitional housing and relocation for victims who cannot safely return to their previous housing due to the circumstances of their victimization.

(7) Activities that support a multi-system, interagency or multi-disciplinary response to crime victim needs including, but not limited to, coordination with federal agencies to provide services to victims of federal crimes and/or participation on Statewide or other task forces, work groups, and committees to develop protocols, interagency agreements, and other working agreements.

(8) Coordination activities that facilitate the provision of direct services including, but not limited to, statewide coordination of victim notification systems, crisis response teams, multi-disciplinary teams, coalitions to support and assist victims, and other programs.

(9) Payment of salaries and expenses of direct service staff, including those on child and adult abuse multi-disciplinary investigation and treatment teams, coordinators, and necessary supervisory staff that effectively facilitate the provision of direct services; payment of a prorated share of liability insurance; and contracts for specialized professional services that are not available within an organization.

(10) Skills training and materials for direct service providers including paid staff and volunteers to promote quality direct services, training-related travel expenses for paid direct-service staff, and volunteer training activities.

(11) Payment of organizational expenses necessary and essential to providing direct services and other allowable victim services, operating costs, automated systems and technology, equipment and furniture, administrative time spent on VOCA-required documentation, maintaining victims' records, and conducting victim satisfaction surveys and needs assessments to improve victim services delivery in the project, a prorated share of audit costs, and other costs related to program vehicles and essential items that contribute to maintaining a healthy or safe environment for crime victims.

(12) Project evaluations of specific projects in order to determine their effectiveness.

Violence Against Women Act (VAWA)

The S.T.O.P. (Services • Training • Officers • Prosecutors) Violence Against Women Act (VAWA) is a formula grant program awarded by the U.S. Department of Justice's Office Violence Against Women (OVW). VAWA promotes a coordinated, multidisciplinary approach to enhancing victim advocacy and improving the criminal justice system's response to violent crimes against women. It encourages the development and improvement of effective law enforcement and prosecution strategies to address violent crimes against women and the development and improvement of advocacy and services in cases involving violent crimes against women.

By statute, VAWA funds are distributed by an allocation formula: 30 percent to victim services, 25 percent to law enforcement, 25 percent to prosecution, 5 percent to courts and 15 percent discretionary.

All VAWA grant activity must fall within one of the following statutory purpose areas:

(1)   Training law enforcement officers, judges, prosecutors, and other court personnel to more effectively identify and respond to violent crimes against women.

(2)   Developing, training, or expanding units of law enforcement officers, judges, prosecutors, and other court personnel specifically targeting violent crimes against women.

(3)   Developing and implementing more effective police, court, and prosecution policies, and protocols, orders, and services specifically devoted to preventing, identifying, and responding to violent crimes against women.

(4)   Developing, installing, or expanding data collection and communication systems, including computerized systems, linking police, prosecutors, and courts or for the purpose of identifying and tracking arrests, protection orders, violations of protection orders, prosecutions, and convictions for violent crimes against women.

(5)   Developing, enlarging, or strengthening victim services programs, including sexual assault, domestic violence, and dating violence programs, developing or improving delivery of victim services to underserved populations, providing specialized domestic violence court advocates in courts where a significant number of protection orders are granted, and increasing reporting and reducing attrition rates for cases involving violent crimes against women.

(6)   Developing, enlarging, or strengthening programs addressing stalking.

(7)   Developing, enlarging, or strengthening programs addressing the needs and circumstances of Native American tribes in dealing with violent crimes against women.

(8)   Supporting formal and informal statewide, multidisciplinary efforts, to the extent not supported by state funds, to coordinate the response of state law enforcement agencies, prosecutors, courts, victim services agencies, and other state agencies and departments, to violent crimes against women.

(9)   Training of sexual assault forensic medical personnel examiners in the collection and preservation of evidence, analysis, prevention, and providing expert testimony and treatment of trauma related to sexual assault.

(10) Developing, enlarging, or strengthening programs to assist law enforcement, prosecutors, courts, and others to address the needs and circumstances of older and disabled women who are victims of domestic violence or sexual assault.

(11) Providing assistance to victims of domestic violence and sexual assault in immigration matters.

(12) Maintaining core victim services and criminal justice initiatives, while supporting complementary new initiatives and emergency services for victims and their families.
(13) Supporting the placement of special victim assistants in local law enforcement agencies to serve as liaisons between victims of domestic violence, dating violence, sexual assault, and stalking and personnel in local law enforcement agencies in order to improve the enforcement of protection orders.
(14) Providing funding to law enforcement agencies, nonprofit nongovernmental victim services providers, and state, tribal, territorial, and local governments to support a Domestic Violence Protocol Program to support coordinated, supportive responses to domestic violence.

By statute, OVW will award a base amount of $600,000 to each State. Funds remaining after the allocated base amount will be distributed among the States according to population. The most accurate and complete data compiled by the United States Bureau of the Census is used to determine the State populations. By statute, Native American Tribal populations are not included in the population count.

SECTION 3: VICTIM SERVICE PROVIDER CAPACITY

VICTIM SERVICE PROVIDER CAPACITY

In qualitative research, researchers look for repetitive themes, or patterns, across multiple interviews or focus groups. Throughout the research project, a variety of reoccurring themes were identified during the interviews with victims, victim family members, victim service providers, and criminal justice professionals. Many of the themes identified are reflected throughout this document.

One theme, however, offers an important frame for the report: the capacity of service providers. This theme provides the context needed to understand the organizational and capacity barriers that service providers experience in working to meet victim needs. As the State's Administering Agency for VAWA and VOCA funds, we recognize the need for thoughtful dialog on how to increase the internal capacity of service providers to assist victims.

The following barriers and concerns emerged about the existing capacity of victim service providers to adequately meet victim needs:

- **Staff are burnt out and overextended.** Staff report working around the clock to meet victim needs. While agencies often encourage self-care, providers expressed difficulty finding time for themselves and their staff to engage in these activities. Furthermore, salaries that are below a living wage contribute to high staff turnover and additional strain on agencies and staff.

- **In light of the budget impasse, referral agencies have dwindled.** Across the state, providers shared how they have seen their referral networks shrink as many agencies have closed their doors. Mental health agencies as well as organizations that offer support services to increase the ability of victims to receive treatment, such as childcare, have been downsized or eliminated.

- **Waitlists are long.** Where services are available waitlists are long. Service providers reflected on the long waitlist at their agencies as well as agencies to which they refer victims. They expressed frustration over not being able to meet victims' needs when they seek help.

- **Agencies have adapted their services to focus primarily on crisis needs.** Victim service providers said that due to their internal capacity limitations and a high volume of victims, they have shifted services to focus on victims' crisis stage and stabilizing victims. They do not have the capacity to provide needed long-term services.

- **The lack and uncertainty of funding places strain on service providers.** Service providers noted that the uncertainty of funding, especially given the budget impasse in the state of Illinois, caused financial and emotional strain on their agencies because their funding has been uncertain and the lack of funding has decreased their capacity.

- **Differences in reporting requirements from funders burden providers.** Service providers shared how funders have different reporting requirements and there is a lack of consistency among these requirements. Providers expressed a desire for funders to convene to discuss how they might standardize reporting requirements and reduce this burden on service providers.

SECTION 4: UNDERSERVED GROUPS

UNDERSERVED GROUPS

Service providers and researchers alike have identified underserved groups that do not seek, access, or receive formal support services despite being affected by the various crimes examined for this report. Underserved populations include:

- Second language learners.
- Elderly.
- Homeless.
- LGBTQ.
- People with disabilities.

- People of color.
- Males and younger persons.
- Victims on college campuses.
- Victims with an undocumented immigration status.
- Dually-involved persons.

Lack of service engagement is partly due to the lack of existing services. However, it is also the case that a variety of individual, societal, and cultural factors inhibit victim help seeking,[5] and it is important to acknowledge these factors to remove barriers. This section highlights the individuals and groups that are underserved and the factors that influence help seeking by these victims.[6]

It is important to first acknowledge that not all victims feel they need help and some are able to adjust and cope without formal support services. Others, however, may not access services because they are unaware that programs exist or they have negative interactions with practitioners when they do seek help. One of the main avenues through which individuals become aware of or access support services is by reporting the crime to law enforcement. Unfortunately, many victims do not report their crimes to police.

According to data collected through the National Crime Victimization Survey, the most common reasons given for not reporting serious violent victimizations to police, such as sexual assault, robbery, and aggravated assault, include the desire to deal with the matter in another way (25 percent), belief that the police would or could not help (21 percent), or fear of reprisal or getting the offender in trouble (19 percent).[7] Even when they do report, negative experiences interacting with formal systems, such as hospitals and the criminal justice system, may deter victims from engaging with formal support services.

Case characteristics, such as the victim-offender relationship and the perceived seriousness of the incident, can also impact victim decisions to seek help.[8] Victims may not access services out of shame or embarrassment or because they do not believe victim services can help.[9] Insufficient informal support from family and friends can reduce victim use of support services,[10] as can fear or uncertainty about how others will respond. Past experiences of receiving negative reactions following disclosure, such as victim-blaming and infantilizing responses, or the lack of emotional support and validation that the crime occurred may dissuade victims from future reporting and help seeking.[11]

Stereotypes and social norms also may impact and inform victims' decisions to seek help. Individuals may experience victim-blaming responses due to individual characteristics such as disability, gender, legal status, race and ethnicity, sexual identity, or social class.[12] Stereotypes about victims and victimization may inform these harmful responses. Males and younger individuals have been shown to be less likely to seek formal mental health services as compared

to women and older victims,[13] and this may be partly informed by societal expectations and stereotypes. Male victims of sexual violence, for example, may fear others will question their authenticity due to stereotypes that only women are victims of sexual violence or social norms of masculinity that suggest men should be able to protect themselves.[14] Risk-taking and the desire for independence are common features of adolescence and young adulthood, and young persons who are victimized while exercising greater independence may self-blame or fear being blamed.

Individuals from marginalized groups, such as members of racial or ethnic minority groups and the LGBTQ community, may not seek help because they fear (or experienced in the past) harmful, derogatory, or disbelieving responses to their disclosures. Fears may be further exacerbated when violent crime is an act of targeted violence against an individual because of the victim's race, religion, disability, sexual orientation, ethnicity, gender, or gender identity.[15]

Cultural factors may also play a role in help seeking decisions. Individuals from different cultures hold diverse beliefs about help seeking; some victims who are members of particular racial or ethnic minority groups are more likely to seek help from their informal support networks, such as family members, friends, and partners, rather than formal support systems of law enforcement, victim service providers, and healthcare professionals.[16] Some cultures or subgroups may hold stigmatized views of formal support services, particularly mental health services. Furthermore, the absence of diversity among service providers and a lack of culturally sensitive services is yet another barrier to accessing help.

Accessibility is a barrier to seeking support services particularly for victims who are elderly, live in rural areas, whose second language is English, or have a disability. Limited transportation options, long travel times, and a lack of translation services are major barriers to victims seeking and accessing services related to their victimization.[17] Additionally, information about which agencies are equipped to provide specialized services or assistance in order for victims to access services are scarce or are often difficult to identify or locate.

Another underserved group is dually-involved persons, or individuals who are involved with the criminal or juvenile justice systems as both victims and offenders. Prevalence of past victimization among those involved in the criminal and juvenile justice systems varies by gender, level of system involvement, and crime definition. According to the Bureau of Justice Statistics, prior physical and/or sexual abuse was experienced by 57 percent of females and 16 percent of males residing in adult state prisons in 1999, 48 percent of females and 13 percent of males residing in local jails, and 40 percent of females and 9 percent of males on adult probation. Abuse reported by males generally occurred before the age of 18, while females reported prior abuse before and after the age of 18.[18] Similar high rates of victimization experiences also have been noted among youth involved in the juvenile justice system.[19] These victimization prevalence rates increase when one expands the definition to include experiences other than physical and sexual abuse. In a sample of 613 males residing in the Illinois Department of Corrections in 2015, for instance, ICJIA researchers found that 61 percent had experienced a physical assault and 18 percent had lost a loved one to a violent death.[20]

Dually-involved persons have faced barriers in accessing services for many reasons. These include lack of awareness or acknowledgement of prior victimization experiences by criminal and juvenile justice practitioners, limited program availability for persons who are justice system-involved or have violent crime histories.

[5] McCart, M. R., Smith, D. W., & Sawyer, G. K. (2010). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress*, *23*, 198-206.

[6] Although this section focuses on underserved populations, it is recognized that the factors identified in this section may also to some degree affect victim help seeking generally.

[7] Langton, L., Berzofsky, M., Krebs, C. & Smiley-McDonald, H. (2012). *Victimizations not reported to the police, 2006-2010* (NCJ Pub No. 238536). Washington, DC: Department of Justice, Bureau of Justice Statistics.

[8] See McCart et al. (2010).

[9] Institute of State and Regional Affairs (2013). *Crime victim needs: Insights from research*. Harrisburg, PA: Pennsylvania Commission on Crime and Delinquency. Available at: http://www.pccd.pa.gov/Victim-Services/Documents/Volume%20VI%20final.pdf

[10] Ullman SE, Brecklin LR. (2002). Sexual assault history, PTSD, and mental health service seeking in a national sample of women. *Journal of Community Psychology, 30*, 261–279.

[11] Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical framework for understanding help-seeking processes among survivors of intimate partner violence. *American Journal of Community Psychology, 36*, 71-84.

[12] Adams, M. E., & Campbell, J. (2012). Being undocumented & intimate partner violence (IPV): Multiple vulnerabilities through the lens of feminist intersectionality. *Women's Health and Urban Life, 11*, 15-34.

[13] See McCart et al. (2010).

[14] Tsui, V., Cheung, M., & Leung, P. (2010). Help-seeking among male victims of partner abuse: Men's hard times. *Journal of Community Psychology, 38*, 769-780.

[15] Federal Bureau of Investigations. (2016). *Hate crimes*. Retrieved from https://www.fbi.gov/investigate/civil-rights/hate-crimes

[16] El-Khoury, M. Y., Dutton, M. A., Goodman, L. A., Engel, L., Belamaric, R. J., & Murphy, M. (2004). Ethnic differences in battered women's formal help-seeking strategies: A focus on health, mental health, and spirituality. *Cultural Diversity and Ethnic Minority Psychology, 10*, 383–393. See also McCart et al., 2010.

[17] See McCart, Smith, & Sawyer, 2010.
Schneider, D. C., Mosqueda, L., Falk, E., & Huba, G. J. (2010). Elder abuse forensic centers. *Journal of Elder Abuse & Neglect*, *22*(3-4), 255-274.

[18] Harlow, C. W. (1999). *Prior abuse reported by inmates and probationers* (NCJ Pub No. 172879). Washington, DC: Department of Justice, Bureau of Justice Statistics. Available at: http://www.bjs.gov/index.cfm?ty=pbdetail&iid=837

[19] Hawkins, J. D., Herrenkohl, T. I., Farrington, D. P., Brewer, D., Catalano, R. F., Harachi, T. W., & Cothern, L. (2000). *Predictors of youth violence* (NCJ Pub No. 179065). Washington, DC: Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

[20] Reichert, J., Cantrell, D., Gleicher, L., & Konefal, K. (in press). Trauma and posttraumatic stress in a sample of men prisoners. Chicago, IL: Illinois Criminal Justice Information Authority.
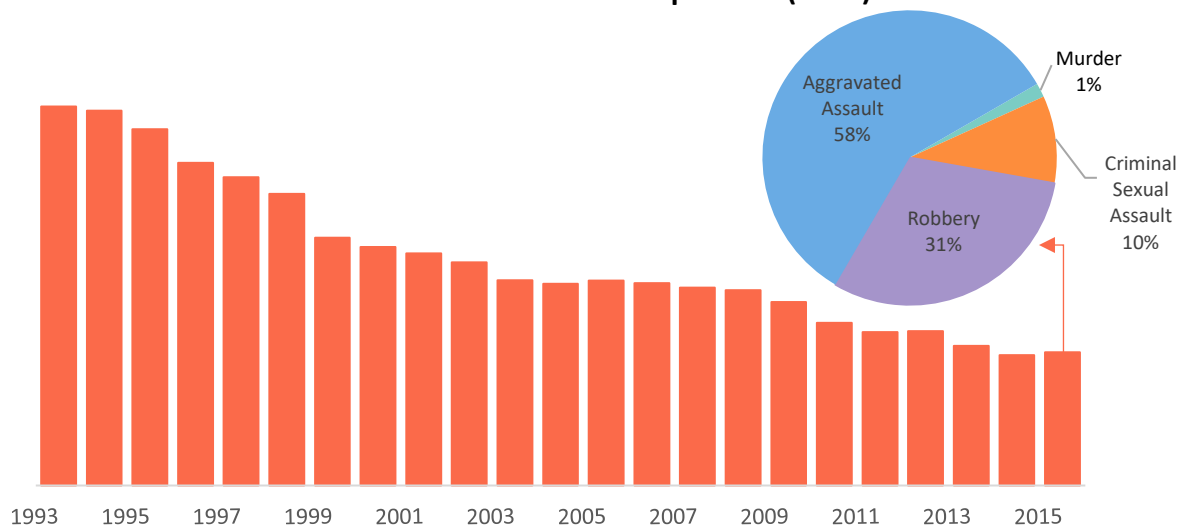
SECTION 5: COMMUNITY VIOLENCE

Trends and Characteristics

Exposure to community violence is defined as experiencing or witnessing violence in one's home, school, work, or neighborhood. This can include homicide, gun violence, interpersonal and domestic violence, sexual violence, robbery, and aggravated or simple assault. No single source of data on community violence exists in Illinois, and some types of community violence go unreported or are reported only to non-law enforcement entities such as school personnel (e.g., bullying) or private security (e.g., workplace violence).

Violent Index crime data on murder, criminal sexual assault, aggravated assault, and robbery[21] reported to the Illinois State Police is one measure of community violence prevalence in Illinois. Analysis of this data indicates that the violent Index crime rate in 2015 was 65-percent lower than the rate in 1993, when violent crime peaked in Illinois. Despite this decline, 48,003 reports of violent Index crimes were made to police in 2015. Most reports were for aggravated assault (and battery) or robbery.

Violent Index Crime Rate and Composition (2015)

Source: Illinois Uniform Crime Reporting (I-UCR) data, Illinois State Police

Exposure to community violence can be particularly harmful to children and adolescents. According to national surveys, it is estimated that seven of every 10 youth between the ages of 14 and 17 years have experienced a physical assault, almost two of every 10 youth have been physically assaulted with a weapon, and nearly seven of every 10 youth have witnessed violence in their home or community in their lifetimes.[22] Prevalence rates are even higher among youth of color living in poor urban communities. Surveys of these youth indicate that between 50 and 90 percent of youth in these communities have experienced or witnessed violence in their homes, schools, and neighborhoods.[23]

Impact

Exposure to community violence can result in serious long-term negative outcomes for youth and adults. Community violence is unpredictable, and experiencing or witnessing community violence can increase fear, distrust among community members, and feelings that communities,

homes, and schools are unsafe. Furthermore, individuals may face multiple forms of victimization, contributing to more complex trauma symptoms. Childhood and adolescent community violence exposure is associated with increased internalizing (anxiety disorder, Major Depressive Disorder, post-traumatic stress disorder [PTSD]) and externalizing (oppositional defiant disorder, conduct disorder) behaviors and trauma symptomology in children and adolescents.[24]

Community violence exposure also can increase parental and family stress and conflict, further impacting the long-term well-being and adjustment of children and adolescents. Adolescent males may be particularly vulnerable to exposure to community violence when family support declines.[25] Similarly, adults may experience negative outcomes, including anxiety, depression, PTSD, or other symptoms following exposure to community violence during childhood, adolescence, and adulthood.

Needs and Service Gaps

Surveys and focus groups with service providers indicated the high priority needs of victims and several gaps in existing services in Illinois. Below are the major crisis (0-3 months), intermediate (3-6 months), and long-term (6 months and beyond) services needs of victims identified in ICJIA's survey of victim service providers:
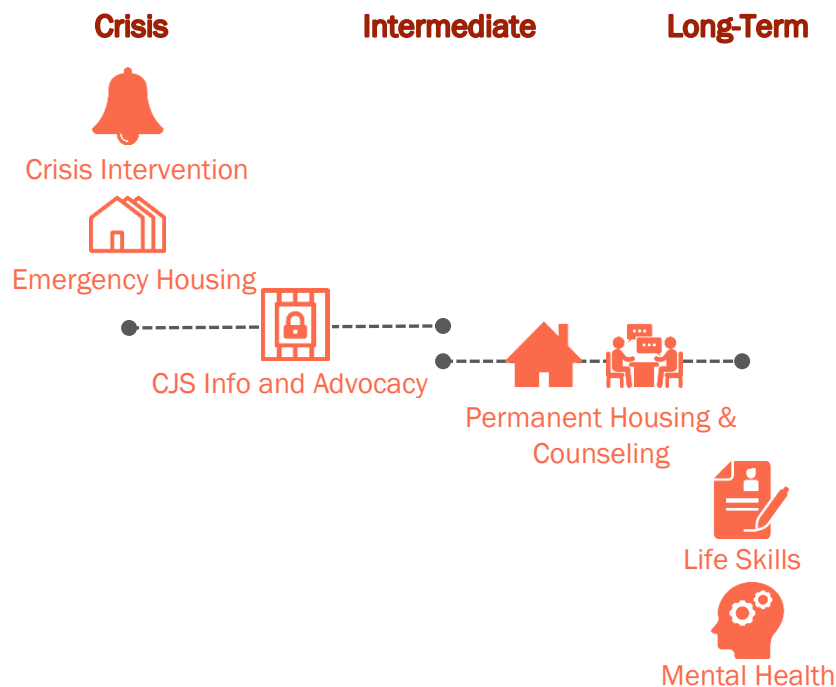
Discussions with service providers and criminal justice practitioners indicated there is a need for early intervention points that increase access and referral to victim services. Hospitals and police agencies are often the first to come into contact with direct victims of community violence, yet both service providers and criminal justice practitioners acknowledged these entities typically have little to no existing advocacy or initial support services to offer victims. Schools also represent an intervention point for children and youth exposed to community violence and research indicates that school-based programs can be effective in producing positive outcomes for children and youth exposed to violence.[26]

Involvement of the entire family in support, counseling, and mental health services should be considered when treating children and youth, particularly when community violence exposure results in an increase in family stress and conflict. This includes providing services to very young children. Research indicates that early intervention services for children under 5 years old and their parents can decrease social-emotional delays, problem behaviors, and parental distress.[27]

Housing and relocation services also are needed for victims and witnesses to violent crime as these individuals may fear or experience retaliation, particularly when cases move forward to prosecution.

Regional gaps in services were noted; the data analyzed and discussions with service providers and criminal justice practitioners suggest that large portions of the state do not have services that address the needs of victims exposed to homicide, gun violence, robbery, or non-domestic related aggravated and simple assaults. However, knowing what services are needed is challenging at the state-level. The definition of community violence used here and in the literature encompasses a wide range of crimes. To best address community violence exposure in the most comprehensive manner, city and county administrators, government agencies, community leaders, and victim service providers should consider the types of community violence occurring in their jurisdictions and individuals who are exposed to that violence.

---

[21] Violent Index crimes do not cover all offenses considered community violence. For instance, they do not include simple assault and misdemeanor-level interpersonal violence.

[22] Finkelhor, D., Turner, H., Shattuck, A., Hamby, S., & Kracke, K. (2015). Children's exposure to violence, crime and abuse: An update (NCJ Pub No. 248547). Washington, DC: Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Available at: https://www.ojjdp.gov/pubs/248547.pdf

[23] Gaylord-Harden, N. K., So, S., Bai, G. J., Henry, D. B., & Tolan, P. H. (2016). Examining the pathologic adaptation model of community violence exposure in male adolescents of color. *Journal of Clinical Child & Adolescent Psychology*, 1-11.

[24] Cecil, C. A., Viding, E., Barker, E. D., Guiney, J., & McCrory, E. J. (2014). Double disadvantage: The influence of childhood maltreatment and community violence exposure on adolescent mental health. Journal of Child Psychology and Psychiatry, 55(7), 839-848. DOI 10.1111/jcpp.12213

[25] Holtzman, R. J., & Roberts, M. C. (2012). The role of family conflict in the relation between exposure to community violence and depressive symptoms. *Journal of Community Psychology, 40*(2), 264-275. DOI: 10.1002/jcop.20511

[26] Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliot, M. N., & Fink, A. A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial. *Journal of the American Medical Association, 290*(5), 603-611.

[27] Delong, C. & Alderden, M. (2016). Addressing child exposure to violence. Chicago, IL: Illinois Criminal Justice Information Authority. Available at: http://www.icjia.state.il.us/articles/addressing-child-exposure-to-violence

SECTION 6: HOMICIDE

Rate of reported homicide per 100,000[2] in the general population (3 year weighted average, 2013-2015)[3]

22

534

16

18

32

Legend

No homicides reported
0.01 - 1.99
2.00 - 3.99
4.00 - 16.55

▲ ICJIA-funded homicide Survivor service provider
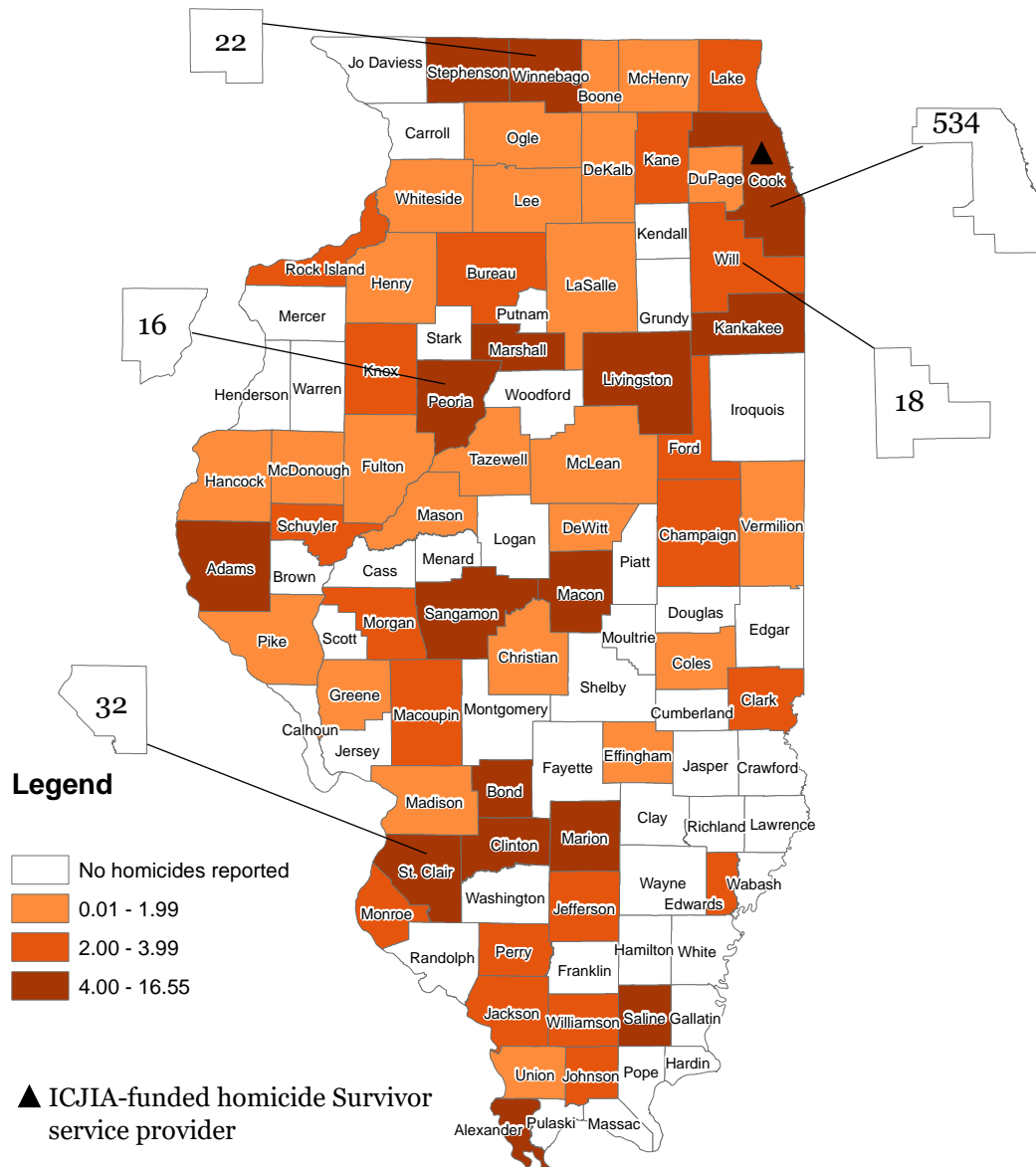
[2] Homicide is the only crime where rates are presented by 100,000 because homicides are often more prevalent in large, urban areas where populations sizes are larger.
[3] Pull-out boxes are the top 5 counties for homicides in 2015.

Trends and Characteristics

There were 724 homicides reported in Illinois in 2015. The 2016 figure is expected to be notably higher as data released by the Chicago Police Department indicates a significant increase in homicides occurring in Chicago in 2016. How much and whether areas outside Chicago will also report an increase is unknown.

Estimates on the number of surviving friends and family members of homicide victims (i.e., homicide survivors) ranges from as low as three to as high as 7-10 homicide survivors.[28] Using the more conservative estimate (three)[29], in 2015, 2,172 surviving family members or loved ones were impacted by homicide in Illinois. Using this same estimate, over the last 10 years, an estimated 22,830 surviving family members or loved ones were impacted.

Number of Homicides and Homicide Survivors in Illinois 1985-2015
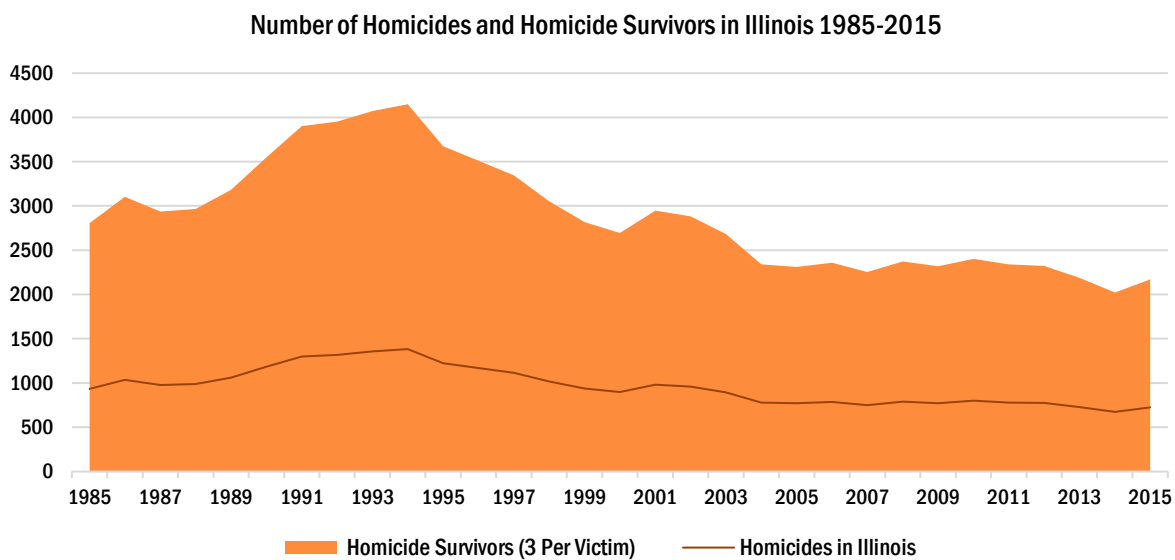

Source: Illinois Uniform Crime Reporting (I-UCR) data, Illinois State Police

Crime is not evenly dispersed, and this is particularly true of violent crime. The impact of violent crime such as homicide is often heavily concentrated within small number of neighborhoods, many of which also experience other types of social and economic disadvantages, including poverty, underemployment, and poor educational outcomes. Neighborhoods in Illinois experiencing these concentrated disadvantages are often communities of color.

Statewide data on the characteristics of homicide victims in Illinois are limited. The state stopped collecting detailed data on homicides in the early 1990s and only recently reinstituted its Supplemental Homicide Reporting Program.[30] Data are available, however, for the cities of Chicago and Rockford through the Federal Bureau of Investigation's 2014 Uniform Crime Reporting Supplemental Homicide Report.[31] These data confirm that young, Black males, and, consequently, their families and communities bear the burden of homicide in these cities.

Impact

In the aftermath of a homicide, surviving family members and loved ones face a variety of obstacles and challenges. Individuals often experience anxiety, depression, and PTSD after the

loss of a loved one to homicide.[32] Children and youth tend to display stronger emotional reactions following the homicide, such as anger and blame, demonstrate more aggressive changes in behavior, and are at a higher risk of future exposure to violence.[33] Other psychological responses, such as feelings of guilt about what more the survivor could have done to prevent the homicide and the process of coping with life without a loved one further complicate the grieving process.[34] Additionally, research has found that individuals lose a sense of security and safety in their neighborhood following the homicide of a loved one. This can contribute to economic stress and social isolation because survivors do not feel they are able to safely leave their homes.[35] Survivors may feel further isolated if support systems respond insensitively or stigmatize the homicide victim and their loved ones.[36] Not addressing these needs may greatly impact a survivor's ability to grieve or return to managing their daily responsibilities. Additionally, many families experience multiple losses and are impacted by multiple forms of violence, further complicating the trauma and their grieving experience.[37]

Service Needs and Gaps

The figures below highlight the most important crisis, intermediate, and long-term needs of surviving family members and loved ones as reported by victim service providers.
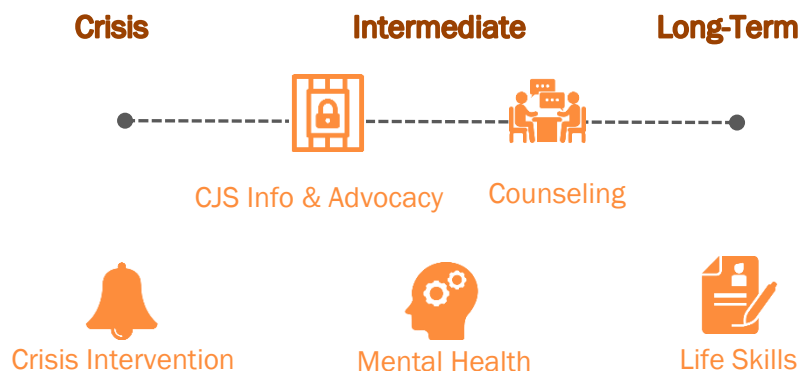
Immediate crisis intervention is crucial to survivors in the aftermath of a homicide to meet pressing needs, such as childcare, crime scene clean-up, de-escalation, and guidance with funeral arrangements, and to connect survivors to longer-term resources.[38]

Following the immediate crisis, survivors may be in need of long-term services to manage and cope with the aftermath of the homicide. Counseling, in particular, was identified as a key need of surviving family members or loved ones. Long-term counseling beyond crisis intervention and support is needed to help survivors process their grief. Research suggests counseling and support services to access compensation funds, support groups, and other resources may ease additional stressors, such as financial strain, lack of social support, and difficulty navigating the criminal justice system, and improve mental health outcomes.[39]

Additionally, survivors may have difficult experiences with the criminal justice system or hospitals. Adequate information on navigating the criminal justice system, for instance, is not always provided to surviving family members or loved ones of homicide victims. Survivors shared that they felt ill-informed about the criminal justice system process and did not feel prepared for lengthy criminal proceedings.[40] The lack of information and support during criminal justice proceedings can cause further distress, complicate the grieving process, and

exacerbate the psychological impacts of loss. Coordinated responses between advocates and law enforcement agencies may help to address this need.

Currently, few programs directly serve survivors of homicide. Only one program specifically provides comprehensive support and services to homicide victims, but this service is only available to those living in Chicago. Other cities experiencing notable numbers of homicides in Illinois may benefit from programs that provide specific services to homicide victims.

[28] Ahmed, F.E., & Feldman, M. (1999). *Survivors for violence prevention: National policy report*. Unpublished Manuscript. Boston, MA: Harvard School of Public Health, Division of Public Health Practice.
Redmond, L. M. (1989). *Surviving: When someone you love was murdered*. Clearwater, FL: Psychological Consultation and Educational Services Inc.
[29] See Ahmed & Feldman (1999).
[30] See http://www.icjia.org/articles/about-uniform-crime-reporting-program-data for more information.
[31] Data can be accessed at: http://doi.org/10.3886/ICPSR36393.v1 through the Inter-university Consortium for Political and Social Research.
[32] Aldrich, H., & Kallivayalil, D. (2013). The impact of homicide on survivors and clinicians. Journal of Loss and Trauma, 18, 362-377.
[33] Connolly, J., & Gordon, R. (2015). Co-victims of homicide: A systematic review of the literature. *Trauma, Violence, & Abuse*, *16,* 494-505.
[34] Office for Victims of Crime. (2012). *Homicide*. Office for Victims of Crime Training and Technical Assistance Center's website:
https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/Resource Papers/Color_Homicide%20Resource%20Paper_2012%20_final_508c%209%2017%202012.pdf.
Spungen, D. (1998). Homicide: the hidden victims: *A resource for professionals* (Vol. 20). Thousand Oaks, CA: Sage.
[35] Masters, R., Friedman, L. N., & Getzel, G. (1988). Helping families of homicide victims: A multidimensional approach. *Journal of Traumatic Stress, 1,* 109-125.
See OVC, 2012.
[36] See Connolly & Gordon, 2015.
[37] Vincent, N. J., McCormack, J., & Johnson, S. (2015). A comprehensive conceptual program model for supporting families surviving a homicide victim. *Child and Adolescent Social Work Journal, 32,* 57-64.
[38] See Vincent, McCormack, & Johnson, 2015.
[39] Asaro, M. R. (2009). Working with adult homicide survivors, Part II: Helping family members cope with murder. *Perspectives in Psychiatric Care, 37*, 115-124.
See Spungen, 1998.
See Vincent, McCormack, & Johnson, 2015.
[40] King, K. (2004). It hurts so bad: Comparing grieving patterns of the families of murder victims with those of families of death row inmates. *Criminal Justice Policy Review, 15*, 193–211.
Rinear, E. E. (1988). Psychosocial aspects of parental response patterns to the death of a child by homicide. *Journal of Traumatic Stress, 1,* 305–322.
Vincent, N. J., McCormack, J., & Johnson, S. (2015). A comprehensive conceptual program model for supporting families surviving a homicide victim. *Child and Adolescent Social Work Journal, 32*, 57-64.

SECTION 7: IMPAIRED DRIVING-RELATED CRASHES

Total alcohol-related vehicular fatalities, 2013-2015

Legend

☐	No alcohol-related vehicular fatalities reported
☐	1 - 2
☐	3 - 6
☐	7 - 213

▲ ICJIA-funded alcohol-related crash victim service provider

● Non-ICJIA, state funded alcohol-related crash victim service provider
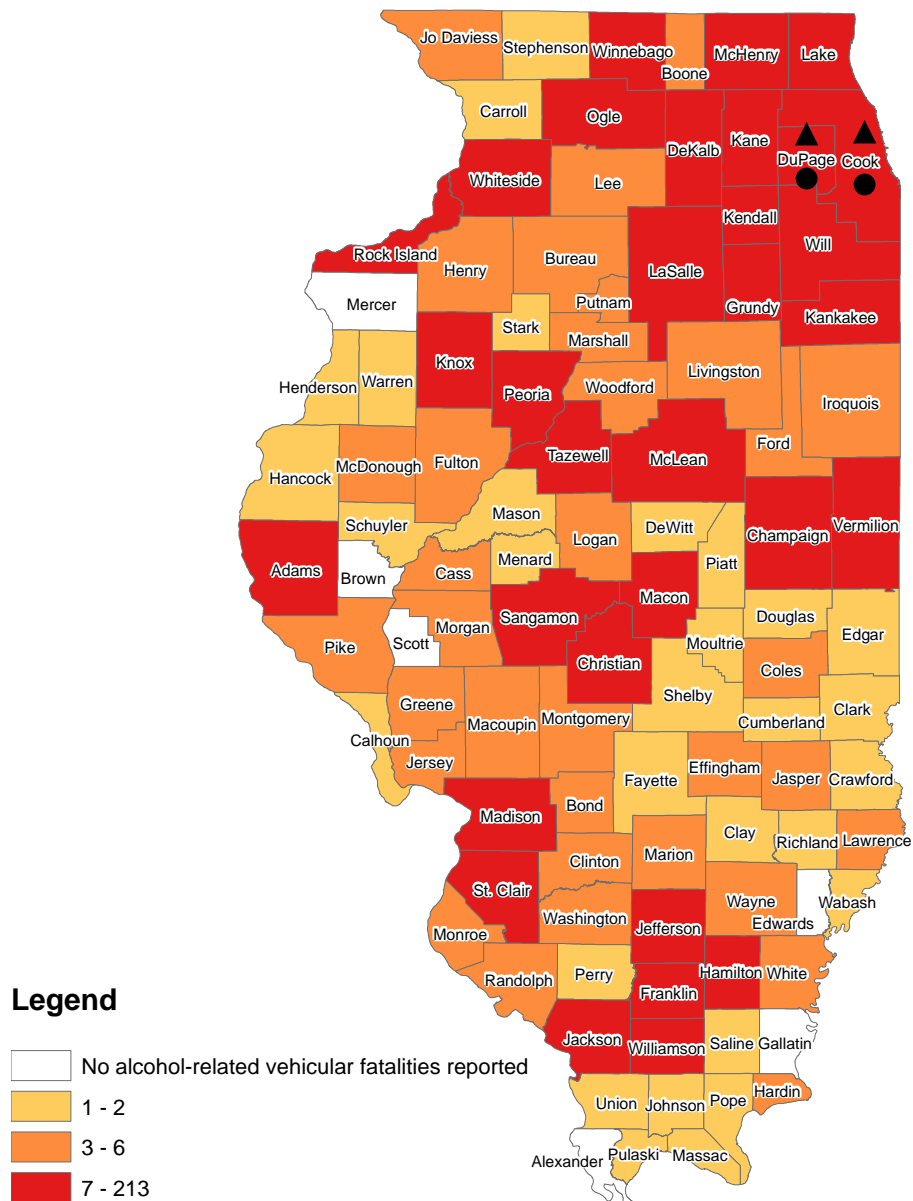
Trends and Characteristics

Impaired driving refers to instances in which drivers are engaged in activities that have been determined to diminish one's ability to safely operate motorized vehicles or devices and are by statute prohibited. Impaired driving can result from alcohol or drug use as well as behaviors that distract drivers, such as texting while driving.

There is a limited amount of data on the various types of impaired driving-related crashes and fatalities in Illinois. The most widely available data is on alcohol-related crashes and fatalities. The Illinois Department of Transportation (IDOT) tracks alcohol-related crashes and fatalities each year. These data indicate alcohol-related crashes and fatalities decreased 43 percent between 2006 and 2015, from 446 to 261. Cook County had the highest number of alcohol-involved crash fatalities in 2015 (94), followed by Madison (14), Will (14), St. Clair (12), and Lake (10) counties.

Number of alcohol-related crashes and fatalities, 2006-2015
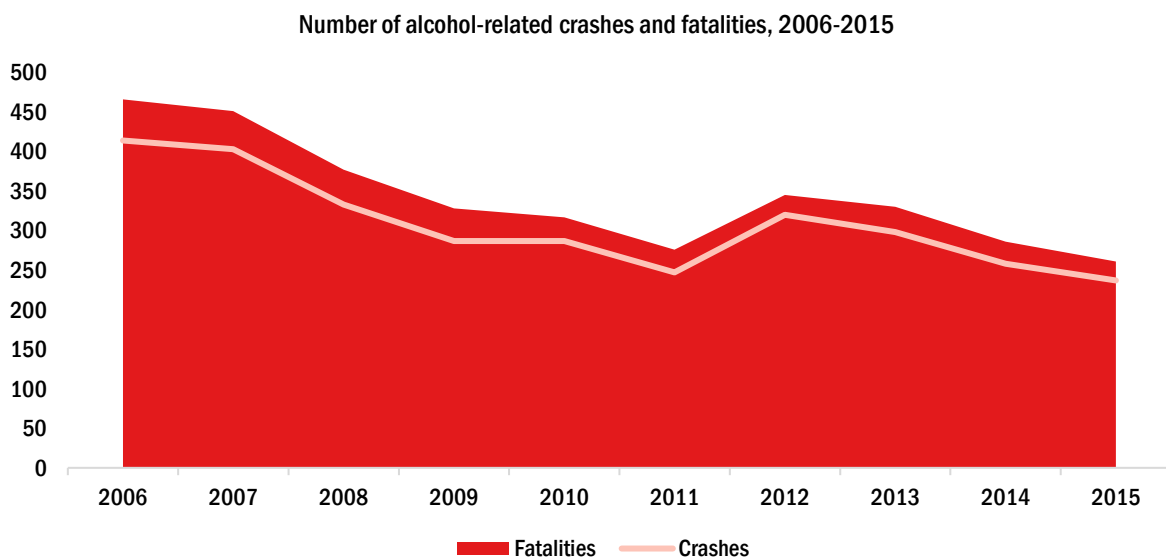
Source: Illinois Department of Transportation

According to the National Highway Traffic Safety Administration 237 people sustained fatal injuries in 2015, accounting for 90 percent of the alcohol-related crash injuries in Illinois. Further data on injuries reveals that drivers were the most likely to sustain fatal injuries in an alcohol-related crash (72 percent), followed by pedestrians (13 percent), and passengers (12 percent).[41] It is unknown, however, whether drivers in the crash who sustained fatal injuries were those who were intoxicated. Males accounted for 81 percent of alcohol-related vehicular deaths. Forty-seven percent of victims were between the ages of 18 and 35 years. Of those who survived an alcohol-related crash (26), 11 people sustained serious injury (42 percent). Of those who sustained a serious injury, all but one were drivers (91 percent), 82 percent were male, and 64 percent were between the ages of 18 and 35 years.
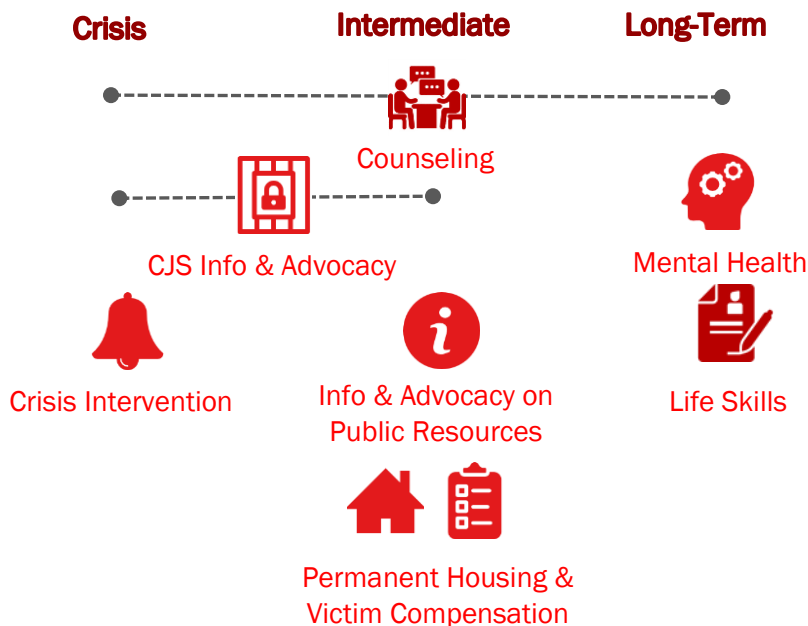
Impact

Impaired driving-related crashes impact both primary and secondary victims. Primary surviving victims of a crash often experience severe bodily harm or disfigurement impacting all areas of

life and potentially result in financial strain. Primary victims may experience psychological impacts of the crime, including depression, PTSD, and heightened feelings of vulnerability, all of which may impact their sleep and daily functioning.[42] For these victims, the physical, psychological, and financial impact of the crime can change their lives drastically, lasting years after the crash.[43]

Surviving family members or loved ones (secondary victims) face similar challenges as those who have lost a loved one to homicide. For instance, PTSD, a common experience of surviving family members of homicide victims also is common among surviving loved ones of victims of vehicular homicides.[44] A nationally representative sample of surviving family members showed that 28 percent developed PTSD in their lifetimes.[45] Depression and other feelings, such as guilt or belief that the crime was preventable, also are common.[46]

Service Needs and Gaps

When asked about the particular needs of victims of impaired driving-related crashes or fatalities, service providers ranked the following as most crucial crisis, intermediate, and long-term services needed.

Crisis   **Intermediate**   **Long-Term**

Counseling

CJS Info & Advocacy   Mental Health

Crisis Intervention   Info & Advocacy on Public Resources   Life Skills

Permanent Housing & Victim Compensation

Information on public resources and assistance with crime victims compensation may be particularly important for primary victims who need expensive, continued care and support. Primary victims face a host of needs, including speicalized medical attention both immediately after the accident and long-term.[47] Some primary victims may need years of medical treatment and surgery for their crash-related injuries.[48] Such treatments are often expensive and sometimes difficult to access due to long travel times, which may pose an added difficulty for those who have sustained debilitating injuries. Advocates who are able to assist victims in accessing information and trained in completing victim compensation applications may be key to obtaining needed treatment and services for victims.

Primary and secondary victims may need assistance navigating a "new normal" and accessing counseling services and support to heal physically and emotionally from their experiences.

Continued work is needed in the area of criminal justice information and advocacy.[49] For primary and secondary victims, the criminal justice process may be long and a lack of knowledge about how the system works may cause further distress. Advocates may be key in providing information and assistance with the criminal justice system.

Mapping the number of alcohol-related crashes and fatalities in 2015 and available services for their victims and surviving victims indicated service gaps throughout the state. Will and Lake counties experienced slightly more crashes and fatalities in 2015 than the statewide average. While the main offices of service providers for this victim population are located in Cook County and through one statewide provider who is located in DuPage County, further funding for victims of impaired driving-related crashes and fatalities is warranted and should consider how these services are reaching victims in counties that have been most affected by the crime.

---

[41] Data can be accessed through the National Highway Traffic Safety Administration: http://www-fars.nhtsa.dot.gov/Main/index.aspx

[42] Office for Victims of Crime. (2012). *Impaired driving*. Office for Victims of Crime Training and Technical Assistance Center's website: https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/Resource Papers/Color_Impaired%20Driving%20Resource%20Paper%202012_%20final_508c%20_%209_13_2 012.pdf.

[43] https://www.ncjrs.gov/ovc_archives/reports/firstrep2001/alcohol.html.

[44] Amick-McMullan, A., Kilpatrick, D. G., & Resnick, H. S. (1991). Homicide as a risk factor for PTSD among surviving family members. *Behavior Modification*, *15*, 545-559.

[45] Ibid.

[46] See OVC, 2012.

[47] See OVC, 2012.

[48] See OVC, 2012.

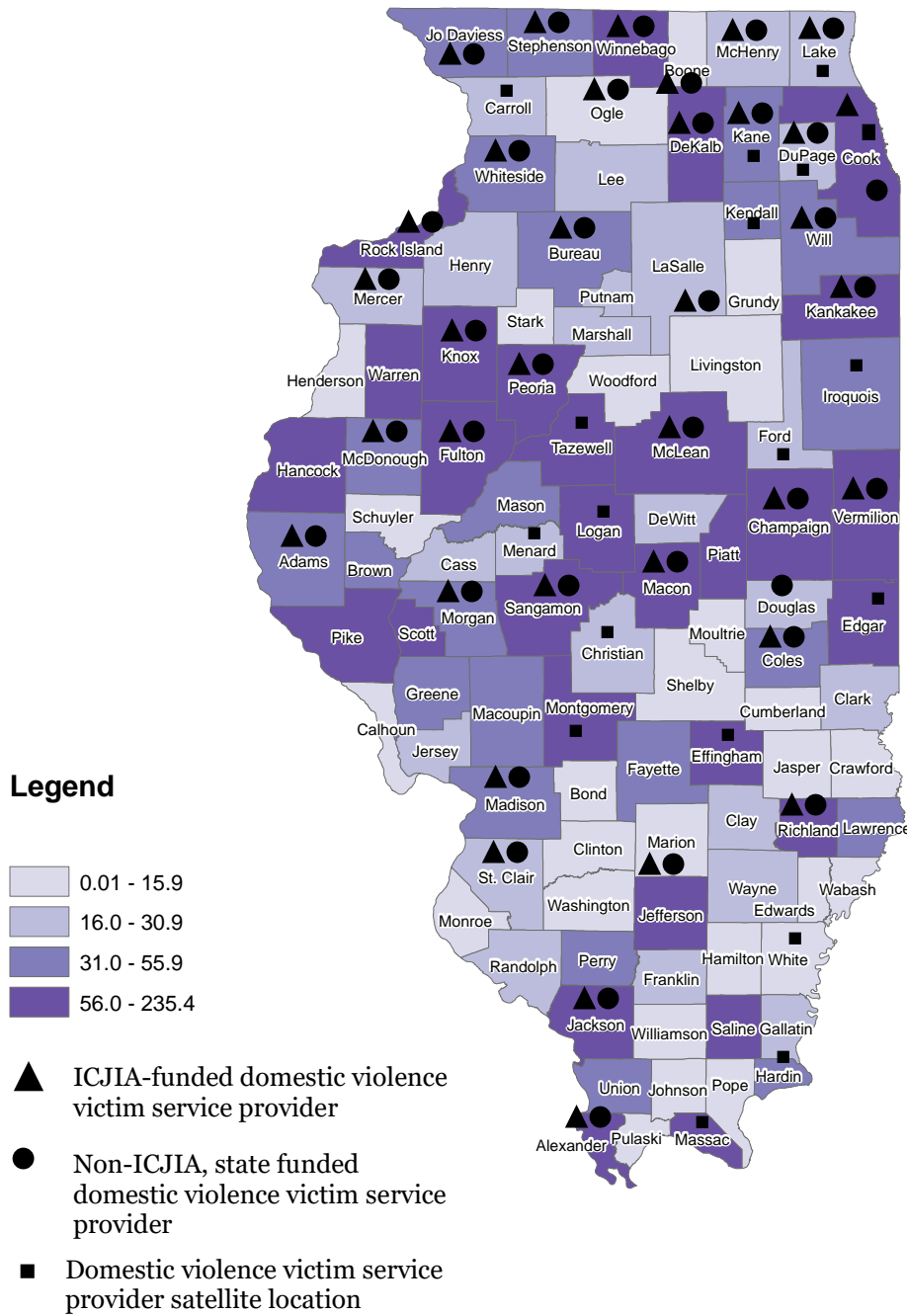[49] See OVC, 2012.

SECTION 8: DOMESTIC VIOLENCE

Rate of reported domestic Index offenses per 10,000 in the general population, 2015

Legend

- 0.01 - 15.9
- 16.0 - 30.9
- 31.0 - 55.9
- 56.0 - 235.4

▲ ICJIA-funded domestic violence victim service provider

● Non-ICJIA, state funded domestic violence victim service provider

■ Domestic violence victim service provider satellite location

Trends and Characteristics

More than 106,000 offenses occurring between family and household members[50] were reported to law enforcement in Illinois in 2015, and just more than half were in Chicago. For a variety of reasons, many domestic violence victims choose not to report crimes to police.[51] Based on 2015 national estimates of domestic violence reporting to police, an estimated additional 78,017 offenses occurred that same year in Illinois but were never reported.[52]

Additional indicators that help gauge prevalence of domestic violence include orders of protection issued in Illinois courts, and the number of victims (adults and child witnesses) who received services from domestic violence service providers. These sources include some victims who did not report crimes to police. All three indicators show domestic violence trends remained relatively stable or decreased slightly over the past decade.

Statewide Indicators of Domestic Violence
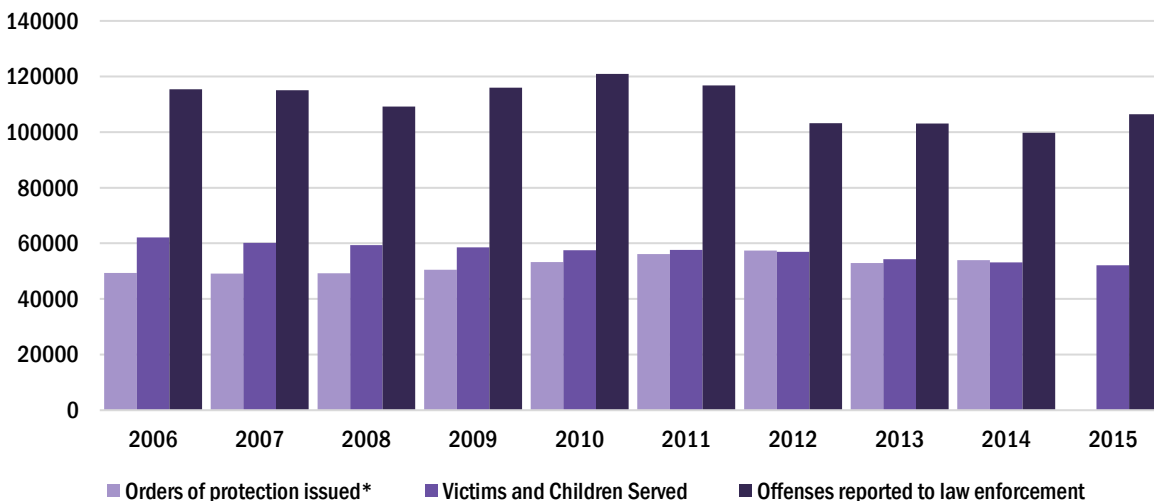
* Orders of protection data not yet available for 2015.
Sources: Illinois Uniform Crime Reporting (I-UCR) data, Illinois State Police; InfoNet System, Illinois Criminal Justice Information Authority, and domestic violence service providers; Administrative Office of the Illinois Courts

Victim demographic data were available on crimes reported to police and on those who received services from domestic violence service providers. In 2015, data indicated women and persons 20 to 39 years old accounted for the largest percentages of victims receiving services, at 86 percent and 53 percent, respectively. They also accounted for the largest percentage of victims of offenses reported to police, at 74 percent and 60 percent, respectively. White and Black victims accounted for the largest proportions of victims who received services, at 47 percent and 27 percent, respectively, and for reported offenses to police, at 35 percent and 52 percent, respectively.

Impact

Domestic violence is associated with a myriad of adverse victim outcomes, and victims who are exposed to repeated violence over time are at greater risk of experiencing them.[53] Beyond physical injuries, victims of domestic violence also may experience anxiety, depression, PTSD symptoms, inability to trust others, emotional detachment, sleep disturbances, flashbacks, and

suicidal behavior.[54] Isolation from social networks, strained relationships with health providers and employers, and homelessness also occur.[55]
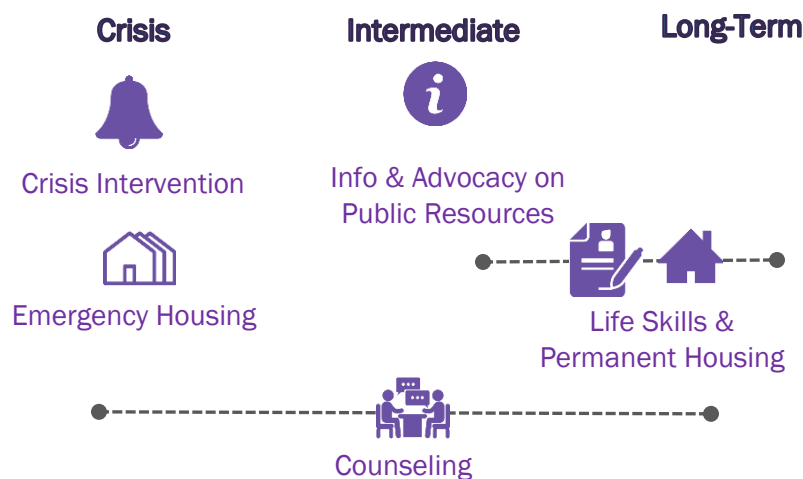
Experience with domestic violence also elevates one's risk for future victimization [56] and offending[57] and is linked to other forms of violence. Adults who are violent toward their partners are more likely to abuse their children.[58] Youth who have been abused by a dating partner are more likely to have suffered abuse as a child, been a victim of sexual assault, or witnessed family violence.[59] Youth who bully others are more likely to have witnessed intimate partner violence than those who do not bully.[60]

Service Needs and Gaps

Service providers who provide direct services to domestic violence victims ranked the services below as most crucial during the following times:

Crisis

Crisis Intervention

Emergency Housing

Intermediate

Info & Advocacy on
Public Resources

Long-Term

Life Skills &
Permanent Housing

Counseling

During interviews[61] and focus groups, domestic violence victims described limited resources for emergency shelter and long wait times for those that were available. In state fiscal year 2016 (FY16), 5,554 adults and their 6,240 children were turned away from domestic violence emergency shelters due to lack of bed space.[62] Providers noted that longer term housing is an unmet need for victims, including male victims as there are few options available. Furthermore, permanent housing options may be non-existent for those with limited means or income.

Additionally, providers identified counseling as an important need for victims after crisis and emergency services. Victims often need help securing employment, child care, and other resources unique to their individualized safety plan and longer term goals, such as legal services. In particular, there is a need for legal assistance with family law cases. Without these services, victims often return to their prior living situation and abusive patterns are more likely to be repeated.

Addressing needs of child witnesses to violence is another area of concern. Some victims indicated counseling services were rarely offered for other household members and data supports this concern. In FY16, providers served more than 43,000 adult victims, of whom 77 percent were parents, with more than 70,000 minor children living with them at least part time. Only 8,167 of these children received services from a domestic violence service provider.[63]

As represented in the map, counties with higher rates of domestic offense in 2015 were most concentrated in the northeastern and central regions of the state. Some southern counties had

higher rates and the region appears to have fewer resources. Victims in this region often must travel longer distances to access services. Ideally, every county, particularly those with higher offense rates, would have access to community-based domestic violence services.

[50] Illinois Domestic Violence Act of 1986 (750 ILCS 60/) defines family or household members as current and former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating relationship, persons with disabilities and their personal assistants, and caregivers.

[51] Department of Justice, Bureau of Justice Statistics. (October 2016). *Criminal Victimization, 2015* (NCJ 250180). Retrieved from http://www.bjs.gov/content/pub/pdf/cv15.pdf.

[52] See BJS, 2016.

[53] Johnson M. P., Leone, J. M. (2005). The differential effects of intimate terrorism and situational couple violence. *J Fam Issues, 26*(3): 322–349.

[54] Black M. C. (2011). Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med, 5*(5):428-439.
Coker A. L., Davis K. E., Arias I, Desai S, Sanderson M, Brandt H. M., et al. (2002). Physical and mental health effects of intimate partner violence for men and women. *Am J Prev Med, 23*(4): 260–268.
Warshaw C., Brashler B., Gil J. (2009). Mental health consequences of intimate partner violence. In Mitchell C., Anglin D., Eds. *Intimate partner violence: a health- based perspective*. New York: Oxford University Press: 147-171.

[55] See Warshaw, Brashler, Gil, 2009.
U.S. Conference of Mayors—Sodexho. (2005). *Hunger and Homelessness Survey: A status report on hunger and homelessness in America's cities, a 25-city survey*. Washington, DC: Author.

[56] Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Re-victimization Patterns in a National Longitudinal Sample of Children and Youth. *Child Abuse & Neglect*, 31(5), 479-502. Retrieved from https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=240708.
Trickett, P. K., Noll, J. G., & Putnam, F. W. (2011). The impact of sexual abuse on female development: lessons from a multigenerational, longitudinal research study. *Development and Psychopathology, 23*(2), 453-476.
Hamby, S., Finkelhor, D., & Turner, H. (2012). Teen dating violence: co-occurrence with other victimizations in the National Survey of Children's Exposure to Violence (NatSCEV). *Psychology of Violence, 2*(2), 111-124. Retrieved from
https://www.ncjrs.gov/App/publications/abstract.aspx?ID=260431.

[57] McCollister, K. E., French, M. T., & Fang, H. (2010). The Cost of Crime to Society: New Crime-Specific Estimates for Policy and Program Evaluation. *Drug and Alcohol Dependence*, *108*(1-2), 98-109.
Max, W., Rice, D. P., Finkelstein, E., Bardwell, R. A., & Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the United States. *Violence and Victims*, *19*(3), 259-272.
Follman, M., Lurie, J., Lee, J., & West, J. (April 15, 2015). The true cost of gun violence. *Mother Jones* (May/June 2015). Retrieved from http://www.motherjones.com/politics/2015/04/true-cost-of-gun-violence-in-america.

[58] Knickerbocker L., Heyman, R. E., Smith Slep A. M., Jouriles, E. N., and McDonald, R. (2007). Co-occurrence of child and partner maltreatment. *European Psychologist, 12*(1): 36-44.

[59] See Hamby, Finkelhor, & Turner (2012)

[60] Baldry, A. C. Bullying in schools and exposure to domestic violence. *Child Abuse & Neglect.* 2003; 27(7):713-732.
McKenna, M., Hawk, E., Mullen, J., and Hertz, M. (2011). Bullying among middle school and high school students—Massachusetts, 2009. *MMWR Morbidity and Mortality Weekly Report, 60*(15):465-471.

[61] Interviews conducted by Aeffect in 2016 through an ICJIA funded project.

[62] Source: InfoNet System, Illinois Criminal Justice Information Authority and domestic violence service providers. Figures may include some duplication as turn-away data are summed to yield a statewide total.

[63] Source: InfoNet System, Illinois Criminal Justice Information Authority and domestic violence service providers.

SECTION 9: SEXUAL VIOLENCE

Rate of reported sexual violence per 10,000 in the general population, 2015

Legend

- None reported
- 0.01 - 1.49
- 1.50 - 2.99
- 3.00 - 5.19
- 5.20 - 12.19

Jo Daviess, Stephenson, Winnebago, Boone, McHenry, Lake, Carroll, Ogle, DeKalb, Kane, DuPage, Cook, Whiteside, Lee, Kendall, Will, Rock Island, Henry, Bureau, LaSalle, Grundy, Kankakee, Mercer, Putnam, Stark, Marshall, Livingston, Knox, Woodford, Iroquois, Henderson, Warren, Peoria, Tazewell, McLean, Ford, McDonough, Fulton, Mason, DeWitt, Champaign, Vermilion, Hancock, Schuyler, Logan, Piatt, Adams, Brown, Cass, Menard, Macon, Douglas, Edgar, Morgan, Sangamon, Christian, Moultrie, Coles, Pike, Scott, Shelby, Clark, Greene, Macoupin, Montgomery, Cumberland, Calhoun, Jersey, Fayette, Effingham, Jasper, Crawford, Madison, Bond, Clay, Richland, Lawrence, Marion, Clinton, Wayne, Wabash, St. Clair, Washington, Jefferson, Edwards, Monroe, Randolph, Perry, Hamilton, White, Franklin, Jackson, Williamson, Saline, Gallatin, Hardin, Union, Johnson, Pope, Alexander, Pulaski, Massac

▲ ICJIA-funded sexual violence victim service provider

● Non-ICJIA-funded, state-funded sexual violence victim service provider

■ Sexual violence victim service provider satellite location

Trends and Characteristics

According to I-UCR, sexual violence includes rape, defined as both completed and attempted sexual penetration without consent.[64] The Illinois Uniform Crime Reporting (I-UCR) data maintained by the Illinois State Police indicate that reported incidents of rape have decreased in the past decade. Data from InfoNet, which tracks the number of clients receiving services for sexual victimization in a given year, reflects a slightly different trend with fluctuating numbers from year to year. It is important to note that InfoNet numbers do not speak to the number of incidents in a year, but rather the number of people who sought services related to their sexual victimization in a given year regardless of when the violence occurred.

Sexual victimization is a largely underreported crime, partially illustrated in a comparison of the number of rapes reported to police and the number of victims receiving services for sexual victimization (represented in the graph below, I-UCR and InfoNet, respectively). A tally of victims receiving services, however, also likely underestimates the prevalence of sexual victimization given it only captures those who receive services. National estimates indicate that only 33 percent of sexual assaults were reported to police in 2015.[65] Using the national rate of unreported sexual assaults to extrapolate numbers for Illinois, the total number of rapes in 2015 would be just over 14,000.

Statewide Indicators of Sexual Violence

Year	I-UCR (area)	InfoNet (bars)
2006	9798	5729
2007	9469	5625
2008	9173	5646
2009	9065	5316
2010	9517	4533
2011	9472	4383
2012	9520	4330
2013	9001	3960
2014	8978	4236
2015	9122	4606

Sources: Illinois Uniform Crime Reporting (I-UCR) data, Illinois State Police; InfoNet System, Illinois Criminal Justice Information Authority
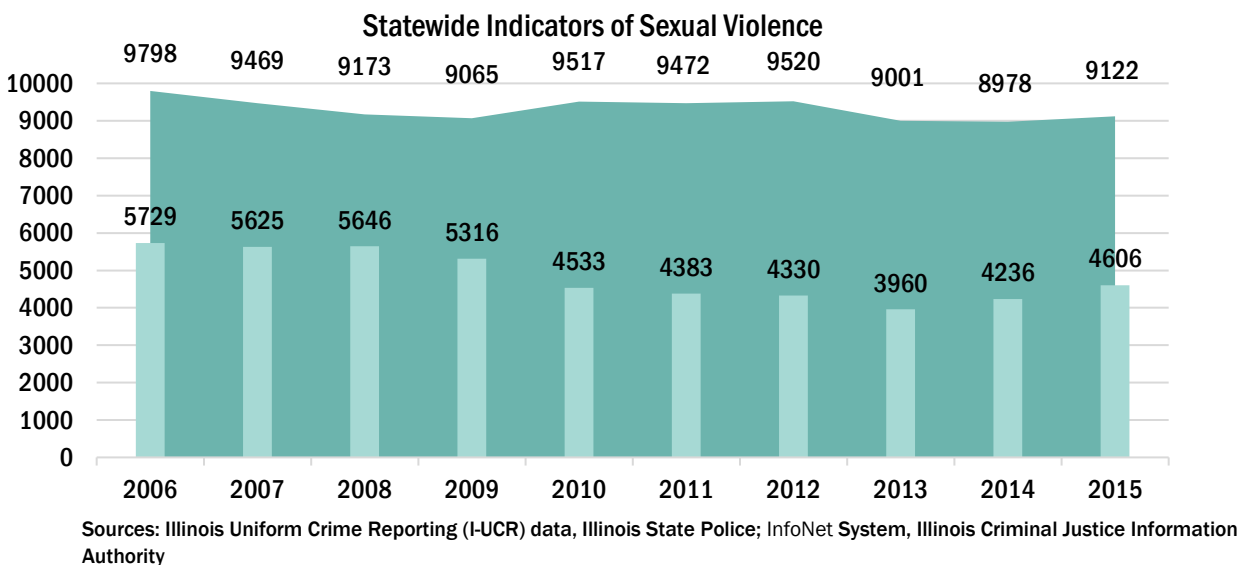
InfoNet data reveal that while sexual assault is a crime that disproportionally impacts women, in 2015, 11 percent of clients seeking services from agencies using InfoNet were male. In addition, individuals ages 20 to 29 years accounted for the highest percentage of help-seeking clients (23 percent) and an increasing number of Hispanic victims are seeking services. Since 2006 the number of Hispanic victims seeking services for sexual assault has nearly doubled; Hispanics represented 12 percent of clients in 2006 and 21 percent in 2015.
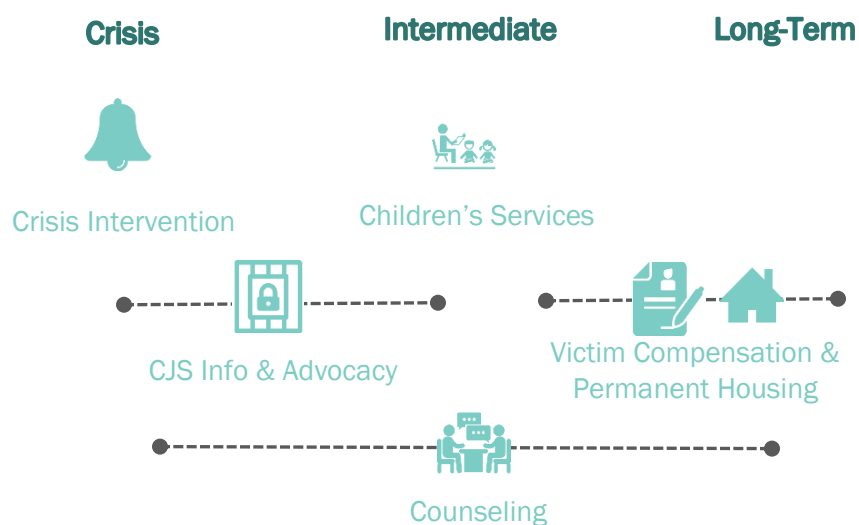
Impact

Victims of sexual violence may experience any number of negative physical and psychological health outcomes as a result of their victimization. Women who experience sexual assault are more likely to experience PTSD, depression,[66] and anxiety during their lifetime. Furthermore, while some symptoms of PTSD emerge shortly after the assault, a number of survivors have PTSD symptoms that persist for years.[67] Research also indicates that survivors of sexual assault may use alcohol to cope with their victimization, i.e. as a form of self-medication. Studies on sexual assault have shown that nearly two-thirds of sexually victimized women will be sexually re-victimized.[68] Furthermore, as most assaults are committed by a person known to the victim, victims may have subsequent interactions with the offender that negatively affect their ability to cope and recover. Sexual violence can disrupt a victim's ability to engage in day-to-day activities, including work and school, which may cause financial burden or emotional distress that impacts their long-term safety and stability.

Service Needs and Gaps

Service providers who provide direct services to sexual violence victims ranked the following services as the most crucial during the following times:

Crisis   **Intermediate**   **Long-Term**

Crisis Intervention

Children's Services

CJS Info & Advocacy

Victim Compensation & Permanent Housing

Counseling

Sexual violence victim services providers identified the importance of counseling services at all stages of the recovery process for victims of sexual violence. They asserted the importance of providing victims with individual counseling, but reported they have been unable to offer the service due to decreasing staff and funding capacity. To adapt, providers reported offering more group counseling opportunities, but the lack of privacy has led some victims to disengage from services.

Victims also are in need of civil and criminal legal information, advocacy, and services. In addition to assistance in navigating the reporting process and obtaining a civil no contact order, victims benefit from new areas of legal remedy, specifically victim rights enforcement in criminal proceedings, including protection of privacy by quashing subpoena for personal records and testimonial accommodations to minimize re-traumatization of the victim. Victims may need advocacy for legal matters related to housing, employment, and in the case of campus-based assaults, advocacy to continue their education in a safe, secure manner on campus.

Stakeholders, victim service providers, and victims identified other needs and gaps in services for sexual violence victims. The availability of Sexual Assault Nurse Examiners (SANEs) is extremely limited throughout the state; based on the number of licensed SANEs in Illinois they could at best staff one-third of hospitals on a full-time basis. The labor cost of the SANE program does inhibit the ability of health care systems to expand this needed service without funding specific to this program. Additionally, the need for multidisciplinary responses to sexual violence that incorporate a variety of responders was highlighted by victim service providers, which research suggests may expedite or enhance victim services through increased communication, problem-solving, and colocation of diverse responders.[69]

Providers serving sexual violence victims noted the need to offer resources to help victims develop life skills that build safety and stability, such as employment assistance and safety planning, and emphasized the importance of creating programs or job trainings that will enable victims to earn a living wage. In addition to life skills, other support service needs of victims include housing and transportation. Several victim service providers reported having little to no transitional and long-term housing resources for victims of sexual violence in the areas they serve. Transportation needs also are often unmet, particularly in more rural communities. Even victims in more urban areas make several connections via public transportation to attend court or to receive services, often relying on providers for transportation funds. Budget cuts have led to decreasing availability of such funds.

Regional analyses reveal further gaps in victim services. Victim service providers are primarily situated in the northern part of the state, particularly in Cook County. Several counties in southern Illinois have relatively high rates of sexual violence with no known service provider in the region. In addition, these areas are largely rural and transportation is limited, further inhibiting victims' ability to access the services they need.

---

[64] Illinois State Police (n.d.) *Crime in Illinois, 2015*.
http://www.isp.state.il.us/docs/cii/cii15/cii15_Intro_Pg1_to_10.pdf
[65] Truman, J. L., & Morgan, R. E. (2016). Criminal victimization, 2015. U.S. Department of Justice.
https://www.bjs.gov/content/pub/pdf/cv15.pdf
[66] Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, M. A., & McCauley, J. (2007). Drug-facilitated, incapacitated, forcible rape: A national study.
https://www.ncjrs.gov/pdffiles1/nij/grants/219181.pdf
[67] Yuan Yuan, N. P., Koss, M. P., & Stone, M. (2016). The psychological consequences of sexual trauma. National Online Resource Center on Violence Against Women.
http://vawnet.org/sites/default/files/materials/files/2016-09/AR_PsychConsequences.pdf
[68] Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual re-victimization: A review of empirical literature. *Trauma, Violence, & Abuse, 6*(2), 103-129.
[69] Gruenenfelder, D. E., Hill-Jordan, J. R., Weitzel, P. C. (2013). Multisite evaluation of the multidisciplinary team (MDT) approach to violence against women in Illinois. Illinois Criminal Justice Information Authority.
http://www.icjia.state.il.us/assets/pdf/researchreports/mdt_report_july_2013.pdf

SECTION 10: HUMAN TRAFFICKING

Reported Human Trafficking Offenses in 2014 and 2015

Legend

☐ No reported offenses

☐ Involuntary servitude offenses

☐ Commercial sex offenses

☐ Both involuntary servitude and commercial sex offenses

▲ ICJIA-funded human trafficking victim service provider
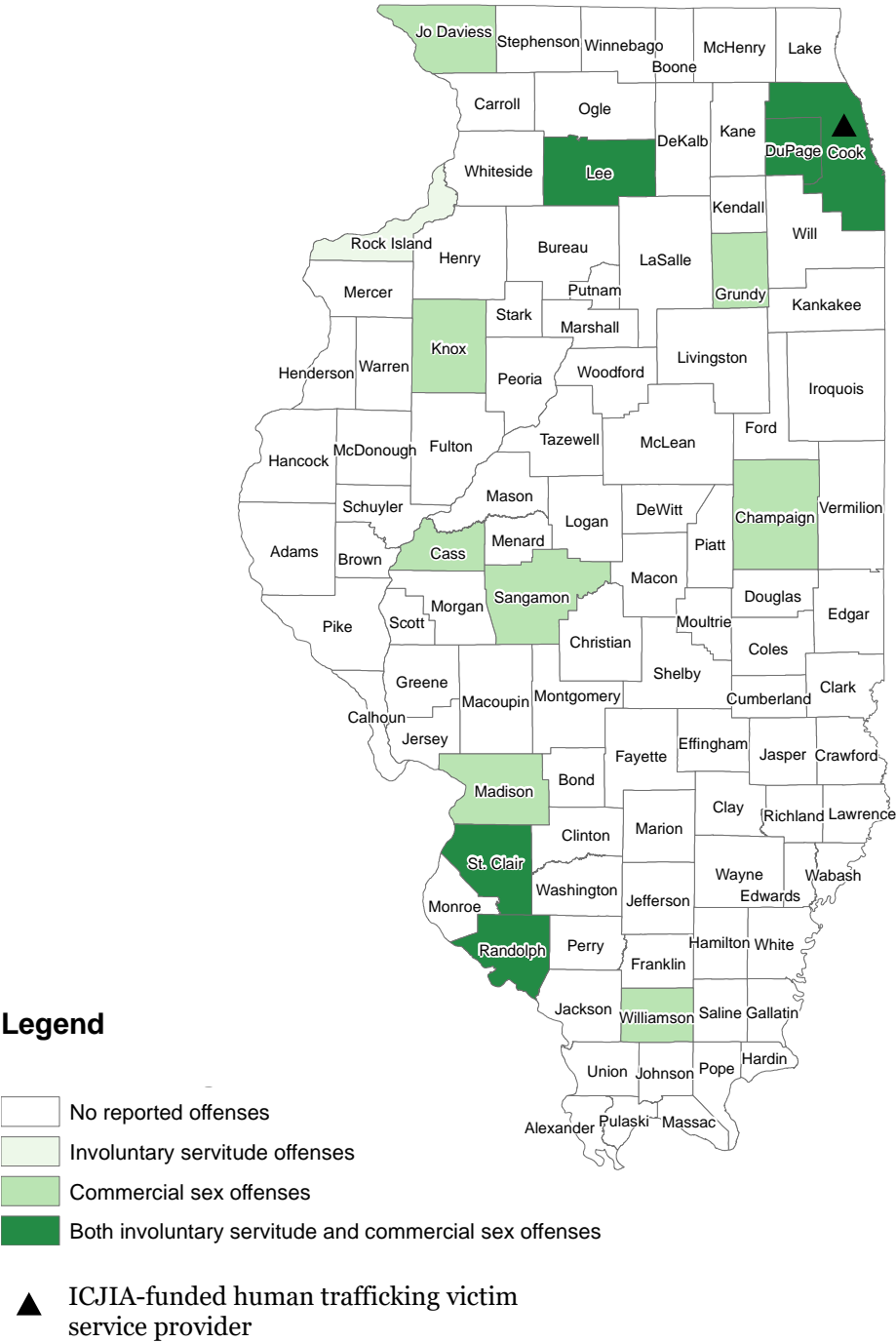
Trends and Characteristics

In 2014, two forms of human trafficking, sex trafficking and labor trafficking, were added as Index crimes to Illinois' Uniform Crime Reporting Program. Trafficking occurs when a person is compelled to engage in sex acts or work by force, fraud, or coercion.[70] Data reported to the Illinois State Police showed a slight increase in reported sex trafficking offenses between 2014 and 2015. It is important to note, however, that human trafficking is an underreported crime. Officials and citizens may not be equipped to properly identify and report human trafficking due to a lack of awareness or training. Also, victim service providers whose primary focus is serving other crime victim populations (e.g., domestic violence, sexual assault) may not have the necessary data collection or reporting tools to track this victim population.

The National Human Trafficking Resource Center (NHTRC) operates a national hotline for trafficking victims and is another source of data. The center documents the number of unique trafficking cases based on calls to their hotline. NHTRC data show a slight decrease in the number of unique cases reported to the hotline in Illinois between 2014 and 2015, represented in the graph below, indicating labor, sex, or other (i.e., both labor and sex, or unspecified) forms of trafficking. However, these totals suggest human trafficking in Illinois is more prevalent than I-UCR data indicate.

Statewide Indicators of Human Trafficking
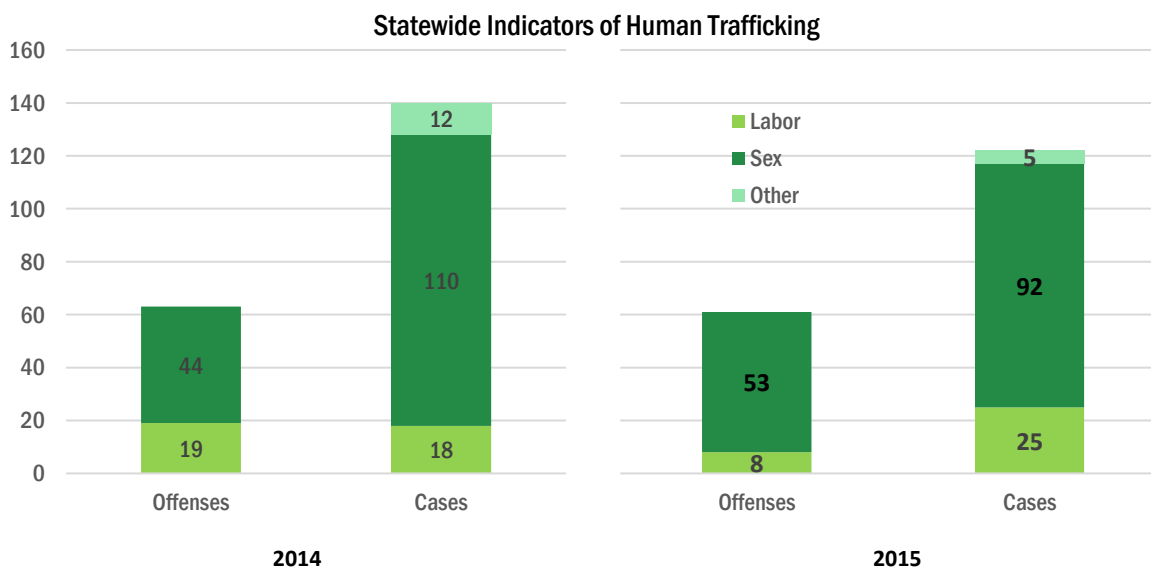
Sources: Illinois Uniform Crime Reporting (I-UCR) data, The National Human Trafficking Resource Center (NHTRC)

NHTRC also reported that in 2015, the majority of hotline calls received were for known cases of adult trafficking (74 percent). In addition, most victims were female (91 percent) and more than a third were U.S. citizens or legal residents (37 percent).[71]
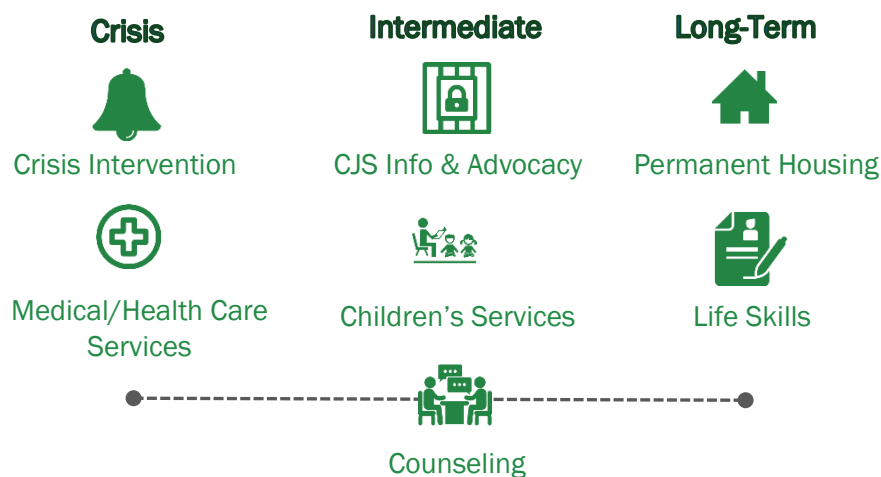
Impact

Victims of trafficking often experience multiple forms of violence, which greatly impacts their health and well-being. Sex trafficking victims experience debilitating physical and psychological

health problems. They frequently report injuries resulting from violence, including head injuries,[72] and high rates of sexual assault (over 60 percent).[73] Victims also experience other chronic health issues, such as memory problems, vaginal or pelvic pain, and hearing problems. Many of these physical health issues are present more than a year post-trafficking.[74] Sexually trafficked women may also be at an increased risk of contracting sexually transmitted infections.[75] Studies show that a large number of trafficking victims suffer from mental health issues. A majority of trafficked victims have experienced depression/sadness (78 percent), have had suicidal thoughts (approximately 30 percent),[76] or have met criteria for PTSD (68 percent). One study found that sex trafficking victims experience the same PTSD severity level as combat veterans. They also report high rates of alcohol use (52 percent) and drug use (48 percent).[77] Research suggests that sex trafficking victims may use substances to cope with their victimization or they may be forced to use substances by traffickers, potentially leading to dependence.[78]

Less research exists on the impact of labor trafficking, but it does indicate victims may be forced to live in harsh conditions and be at risk for work-related injuries resulting from the types of work they must perform and the lack of safety equipment provided.[79]

Service Needs and Gaps

Service providers of direct services to human trafficking victims ranked the following services as most crucial during the following times:

Crisis	Intermediate	Long-Term
Crisis Intervention	CJS Info & Advocacy	Permanent Housing
Medical/Health Care Services	Children's Services	Life Skills

Counseling

Counseling emerged as a consistent need of human trafficking victims in our survey of victim service providers. This finding aligns with research showing that trafficking victims experience negative mental health consequences at alarmingly high rates. Providers also recognize the need for criminal justice system information and advocacy. Advocacy can markedly improve victims' lives by helping them obtain immigration relief[80] and obtain records expungement for criminal prostitution-related charges.[81]

Victim service providers also identified housing as a long-term need for human trafficking survivors. Permanent long-term housing is viewed by service providers as a service gap; victims of trafficking are unable to obtain housing because of their undocumented status or due to poor or insufficient credit history.

Another gap cited by victim service providers is the availiablity of translation services for trafficking victims. Translation services in languages such as French, Tagalog, and Mandarin are needed in court, in preparing for court, and at all other stages of the recovery process with victim service providers and healthcare professionals.

Providers offering services to meet the unique needs of human trafficking victims are exceedingly rare. Sexual assault and domestic violence hotlines frequently receive calls from victims of human trafficking, but have limited options in referring them to agencies who specialize in meeting the unique needs of trafficking victims. Victim service providers and criminal justice practitioners have highlighted a need for further coordination and collaboration among a variety of stakeholders in order to best meet these victims' needs. Presently, ICJIA provides funding for trafficking victim services and a multidisciplinary response team specific to survivors of human trafficking in Cook County, but services outside of Cook County are limited. The Department of Human Services also has some court fines and fees money for direct victim services, which to ICJIA's knowledge has yet to be allocated. While there are a handful of agencies that provide services such as housing or legal aid to survivors of human trafficking, there is a small amount of state funding currently budgeted for services to victims of human trafficking which funds a multidisciplinary response team and a prosecution-based support service program. Furthermore, victim services providers predominantly focus on addressing the service needs of female sex trafficking victims, leaving a gap in services for male victims and victims of labor exploitation.

Without better reporting and data collection methods to build evidence for the need of services, providers may not have the necessary information to expand services in the geographic and programmatic areas where they are most needed. Thus, further serivces, data collection, and evaluation are needed to understand and meet the needs of human trafficking victims in Illinois.

[71] National Human Trafficking Resource Center. (2016). *NHTRC 2015 Illinois State Report*. https://traffickingresourcecenter.org/sites/default/files/NHTRC%202015%20Illinois%20State%20Report%20-%20IL%20-%2001.01.15%20-%2012.31.15_OTIP_Edited_06-08-16.pdf

[72] Illinois State Police (n.d.) *Crime in Illinois, 2015*. http://www.isp.state.il.us/docs/cii/cii15/cii15_Intro_Pg1_to_10.pdf

[72] Farley, M., Cotton, A., Johnson, L., Zumbeck, S., Spiwak, F., Reyes, M. E., Alvarez, D., & Sezgin, U. (2003). Prostitution and trafficking in nine countries: An update on violence and posttraumatic stress disorders. In M. Farley (Ed.). *Prostitution, trafficking, and traumatic stress* (pp. 33-74). Binghamton, NY: The Haworth Maltreatment & Trauma Press.

[73] Raymond, J. G., D'Cunha, J., Dzuhayatin, S. R., Hynes, H. P., Ramirez Rodriguez, Z., & Santos, A. (2002). *A Comparative Study of Women Trafficked in the Migration Process: Patterns, Profiles, and Health Consequences of Sexual Exploitation in Five Countries (Indonesia, the Philippines, Thailand, Venezuela, and the United States)*. New York: Coalition Against Trafficking Women International.

[74] See Farley et al., 2003

[75] See Raymond et al., 2002

[76] See Raymond et al., 2002

[77] See Farley et al., 2003

[78] See Raymond et al., 2002

[79] Office for Victims of Crime. (2012). *Human Trafficking*. http://www.ncdsv.org/images/OVCTTAC_HumanTraffickingResourcePaper_2012.pdf

[80] New York Anti-Trafficking Network. (2009, May 14). *Human Trafficking Forum*. https://nyatn.files.wordpress.com/2009/05/nyatn_powerpoint_may091.pdf

[81] End Demand Illinois. (2015, August). *Human Trafficking and Prostitution Laws*. http://media.virbcdn.com/files/2a/4fb4a212b6932e38-EDILegislativePolicyBriefingGeneralLegalAudienceAug2015.ppt

SECTION 11: CHILD ABUSE

Rate of reported child sexual abuse per 10,000 youth ages 0 to 17, SFY 2015

Legend

☐	None reported
▨	1.0 - 30.9
▨	31.0 - 45.9
▨	46.0 - 60.9
▨	61.0 - 88.9

▲ ICJIA-funded child sex abuse victim service provider.

● Non-ICJIA-funded, state-funded child sex abuse victim service provider
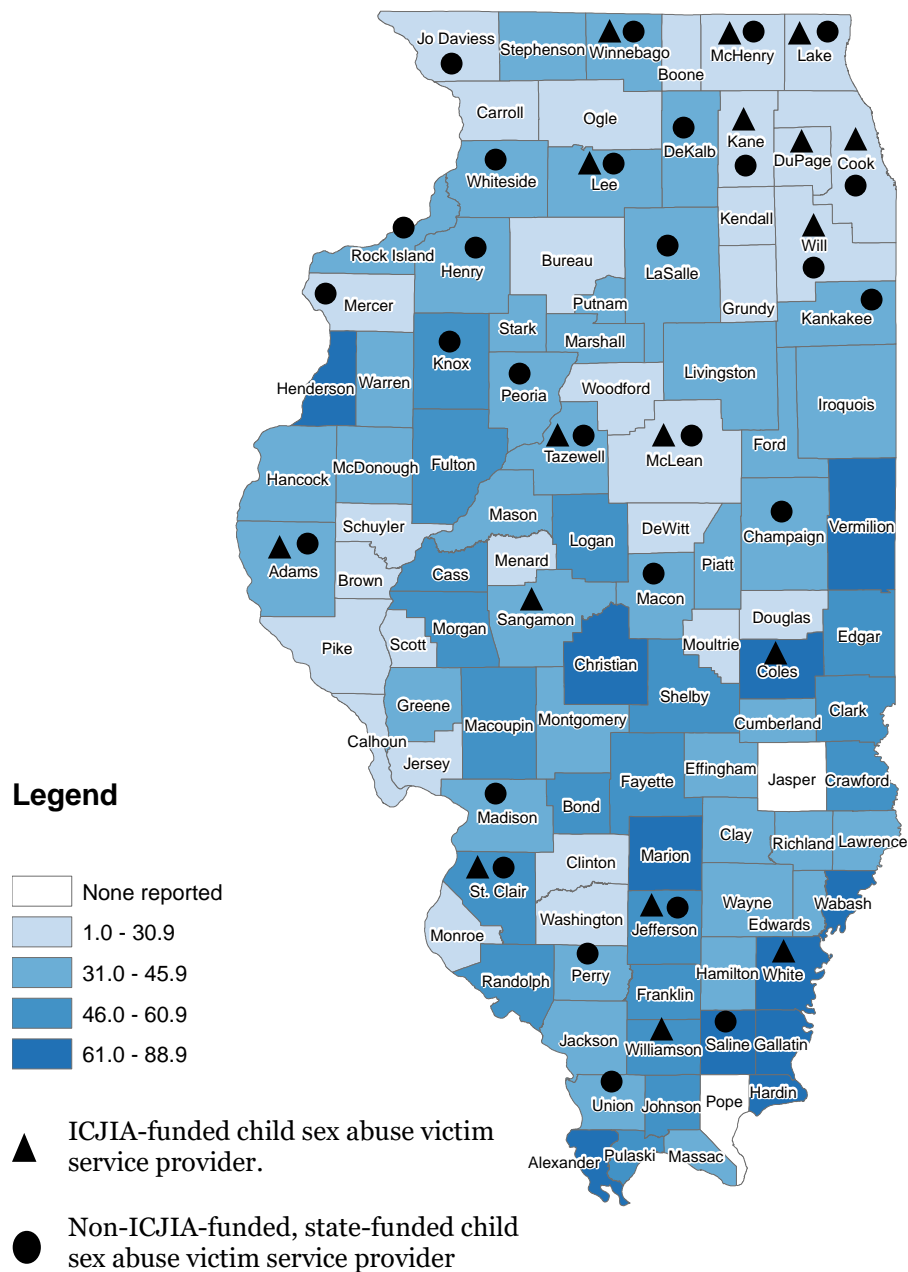
Rates of reported child abuse/neglect per 10,000 youth ages 0 to 17, SFY 2015

Legend

	165.0 - 375.9
	376.0 - 560.9
	561.0 - 750.9
	751.0 - 1,053.0

▲ ICJIA-funded child abuse victim service provider

● Non-ICJIA-funded, state-funded child abuse victim service provider
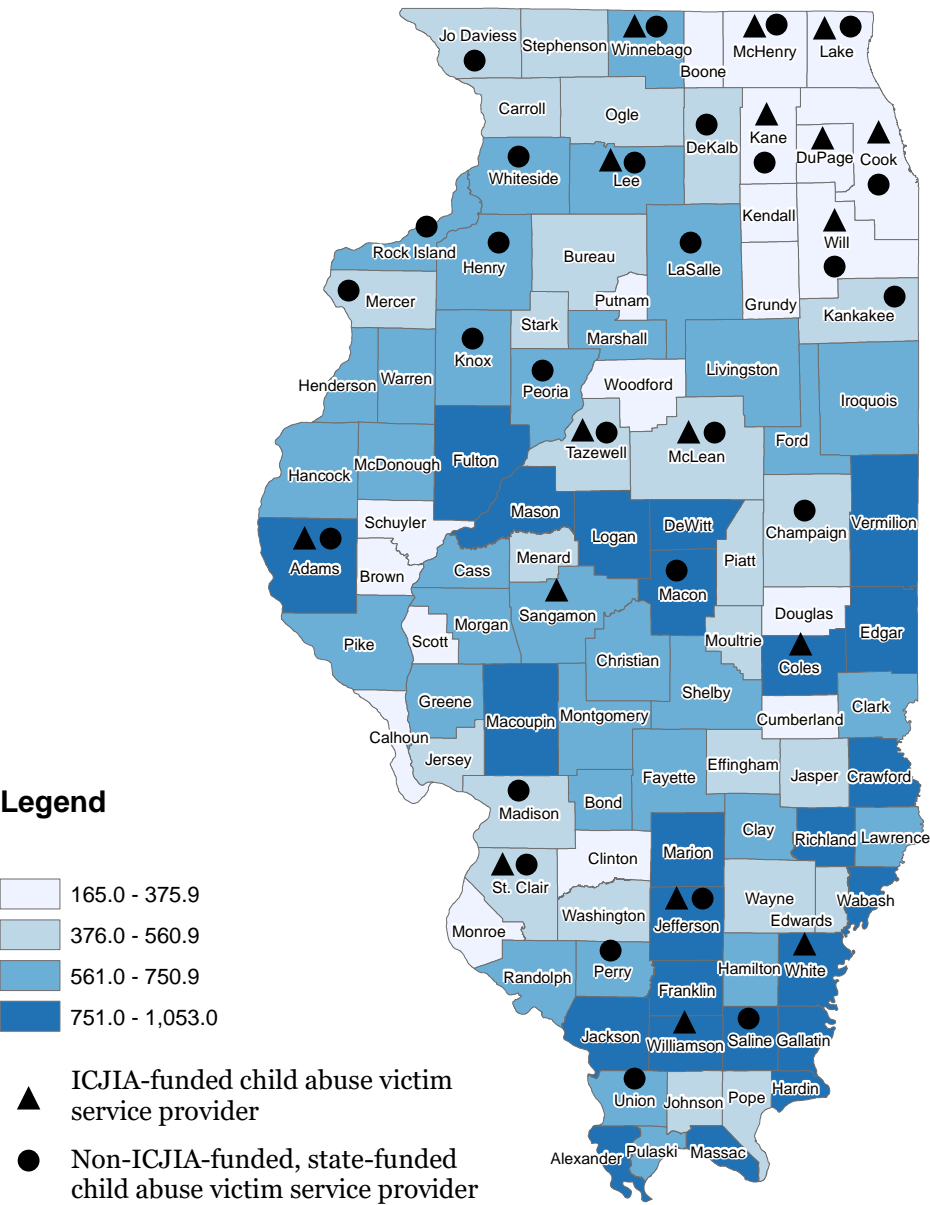
Trends and Characteristics

The rate of reported abuse/neglect has remained consistent since a slight rise in 2012. Reported incidents of sexual abuse remained about the same and accounted for just 6 percent of reported cases. Research suggests that child abuse is an underreported crime and estimates are difficult to ascertain given barriers to identifying such incidents.[82] Counties outside of Cook County accounted for 70 percent of reported and indicated child abuse and neglect cases and about 68 percent of reported and indicated child sexual abuse cases.

Statewide Rate of Reported Child Abuse and Neglect per 100,000

Statewide Rate of Reported Child Sexual Abuse per 100,000

Source: Department of Children and Family Services
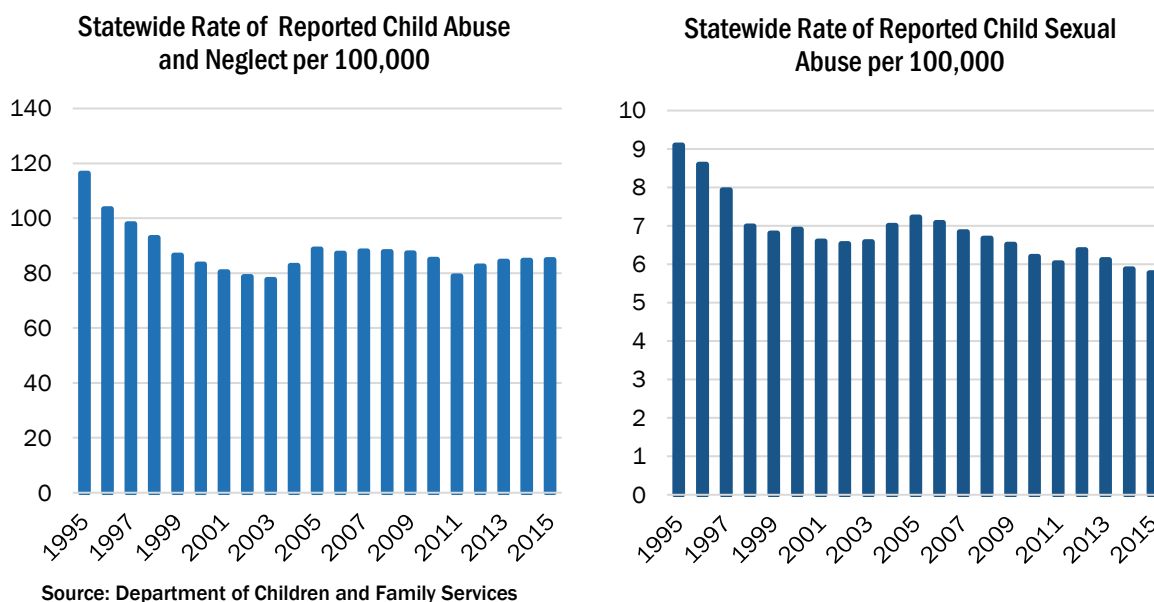
Data on the characteristics of children and youth whose cases were indicated as abuse or neglect were obtained from the Illinois Department of Child and Family Services (DCFS) State Fiscal Year (SFY) 15 Annual Report.[83] Indicated cases were the focus for this research as those represent incidents in which child welfare investigators had enough evidence to confirm abuse or neglect occurred. The data indicated notable age and gender differences by abuse type. Almost half (48 percent) of indicated cases of child abuse and neglect involved children under 5 years of age, while 64 percent of indicated child sexual abuse cases involved youth 10 to 17 years of age. In addition, 50 percent indicated child abuse and neglect involved female victims and 49 percent involved male victims, generally reflecting the female-male distribution in the general population. Females, however, accounted for a much higher percentage of victims of indicated child sexual abuse than males, at 83 percent and 16 percent, respectively.

Slight differences also were noted by race and ethnicity. Whites accounted for the largest percentage of child abuse and neglect and sexual abuse victims (52 percent and 57 percent, respectively), followed by Blacks (35 percent and 24 percent, respectively), and Hispanics (10 percent and 15 percent, respectively). When compared to their representation in the general population, Blacks were overrepresented among both indicated child abuse and neglect and child sexual abuse cases. The percentage of White and Hispanic children who have been victimized was less than their representation in the population.
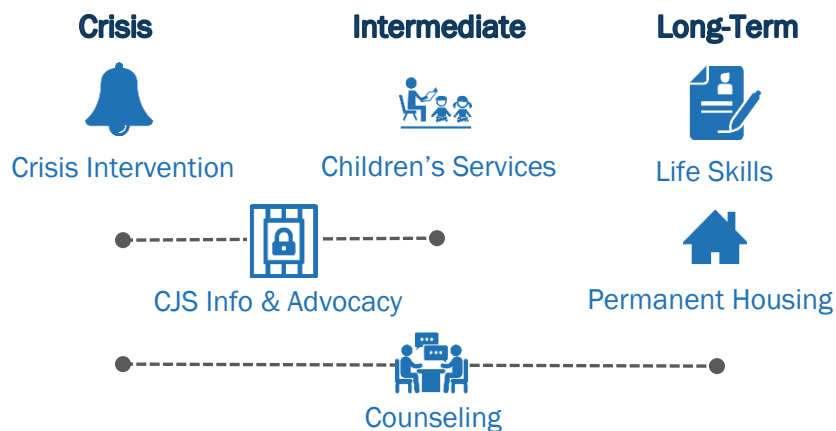
While the data above accounts for cases covered by DCFS, child advocacy centers (CAC) in Illinois respond to some DCFS cases and cases referred through law enforcement agencies or other service providers. In 2015, almost 11,000 children were served by a CAC in Illinois. Of those, 9,528 (88 percent) were sexual abuse cases, which is more than the number of sexual abuse cases reported to DCFS in 2015. While we are not able to separate out the cases referred by DCFS from the data on victims served by a CAC in Illinois, the demographics of children served are similar for race and ethnicity, but different in regards to age and gender. CACs served more females (70 percent) than males and a higher percentage of children ages 7 to 12 (37 percent) and 13 to 17 (32 percent), which is likely due to the high volume of sexual abuse cases handled by these centers.[84]

Impact

The impact of abuse on children has been well-documented. Children are often impacted psychologically and may experience PTSD, depression, and anxiety as a result.[85] Additionally, the abuse and the associated psychological stress can cause severe physical symptoms, such as irritable bowel syndrome, diabetes, and heart disease.[86] For younger children, especially those under the age of 3, physical injuries are likely to be more severe and fatal.[87] Children and youth who are victims of violence also are more likely to experience other forms of abuse. For example, experiencing a physical assault is associated with a 4.9 times greater likelihood of sexual victimization.[88] Childhood victimization can also negatively impact healthy development, including personality development.[89] Outside of physical and mental consequences, children who have experienced abuse or neglect can fall behind in their academic studies and may exhibit behaviors that are delinquent or combative.[90] The stress of being placed in foster care and the potential uncertainty of housing placements may further exacerbate the impact of trauma.

Service Needs and Gaps

Children need a variety of services following child abuse, neglect, or sexual victimization. Service providers who serve child abuse victims ranked the following services as most crucial during the following times:

Crisis   **Intermediate**   **Long-Term**

Crisis Intervention   Children's Services   Life Skills

CJS Info & Advocacy   Permanent Housing

Counseling

Victim services providers serving children and their families who participated in the survey and focus groups noted multiple needs and gaps in services. For instance, a coordinated, multidisciplinary crisis response that is sensitive to the needs of children is important to reduce the strain and re-traumatization for child abuse cases. Additionally, early criminal justice intervention

and advocacy may assist in the collection of better information and evidence, while also preparing the child and family for the court process.

Participants noted a great need for trauma-informed services, especially for children who experience sexual abuse. Services and counseling for the entire family also was noted as important. Counseling that provides options for families to attend counseling individually and together and that improve parent/child interaction may be particularly important.

Access to quality, specialized medical care that is mindful of trauma also was identified as a need. Many agencies in rural counties expressed the difficulties and burdens long travel times place on children in accessing specialized care. Additionally, service providers from all regions emphasized a lack of available childcare for other children in the family as a gap that impacted the ability of families to be present during victims' medical treatments and engaged in longer-term counseling services.

Regional gaps in victimization and service provision are evident. Counties outside of Cook that have high rates of victimization are concentrated in the Southern and Central regions where service providers are largely spread out. This contributes to longer travel times. Further, resources are needed to address the southernmost region of the state and counties that have higher rates and number of reports. Some of these counties include Alexander, Edgar, Jackson, Marion, Mason, Marion, Vermilion, and Wabash.

[82] Diderich, H. M., Verkerk, P. H., Oudesluys-Murphy, A. M., Dechesne, M., Buitendijk, S. E., & Fekkes, M. (2015). Missed cases in the detection of child abuse based on parental characteristics in the emergency department. *Journal of Emergency Nursing, 41*, 65-68.
Lynne, E. G., Gifford, E. J., Evans, K. E., & Rosch, J. B. (2015). Barriers to reporting child maltreatment: Do emergency medical services professionals fully understand their role as mandatory reporters?. *North Carolina Medical Journal, 76*, 13-18.
[83] Reports and statistics from DCFS are available on their website: https://www.illinois.gov/dcfs/aboutus/newsandreports/reports/Pages/default.aspx.
[84] The DCFS Annual Report indicates that females and youth between the ages of 10 and 17 account for a much higher percentage of sexual abuse cases than males and younger youth. This difference likely explains the differences in youth served by DCFS and those served through CACs, given that the CACs served more sexual abuse cases than other forms of child abuse.
[85] Office for Victims of Crime. (2012). *Child abuse and neglect*. Office for Victims of Crime Training and Technical Assistance Center's website: https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/Resource Papers/Color_Child%20Abuse%20Resource%20paper%202012_final%20-%20508c_9_13_2012.pdf.
Nemeroff, C. B. (2016). Paradise lost: the neurobiological and clinical consequences of child abuse and neglect. *Neuron, 89*(5), 892-909.
[86] See Nemeroff, 2016. Paradise lost: the neurobiological and clinical consequences of child abuse and neglect. *Neuron, 89*(5), 892-909.
[87] Finkelhor, D. (2007) Developmental victimology: The comprehensive study of childhood victimization. In R. C. Davis, A.J. Lurigion, and S. Herman (Eds.), *Victims of Crime* (3rd Ed., pp. 9-34) Los Angeles: Sage Publications
See OVC, 2012.
[88] Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2015). Prevalence of childhood exposure to violence, crime, and abuse. *JAMA Pediatrics, 169*(8), 746-754.
[89] Finkelhor, D., and Hashima,P. (2001). The victimization of children & youth: A comprehensive overview. In S.O. White (Ed.), *Law and Social Science Perspectives on Youth and Justice,* 49-78.
[90] See Finkelhor & Hashima, 2001.

SECTION 12: ELDER ABUSE

Rate of reported cases of elder abuse per 10,000 60 and older, 2015

Legend

░	1.0 - 29.9
▒	30.0 - 49.9
▓	50.0 - 74.9
█	75.0 - 158.9
▲	ICJIA-funded elder abuse victim service provider
●	Non-ICJIA-funded, state-funded elder abuse victim service provider
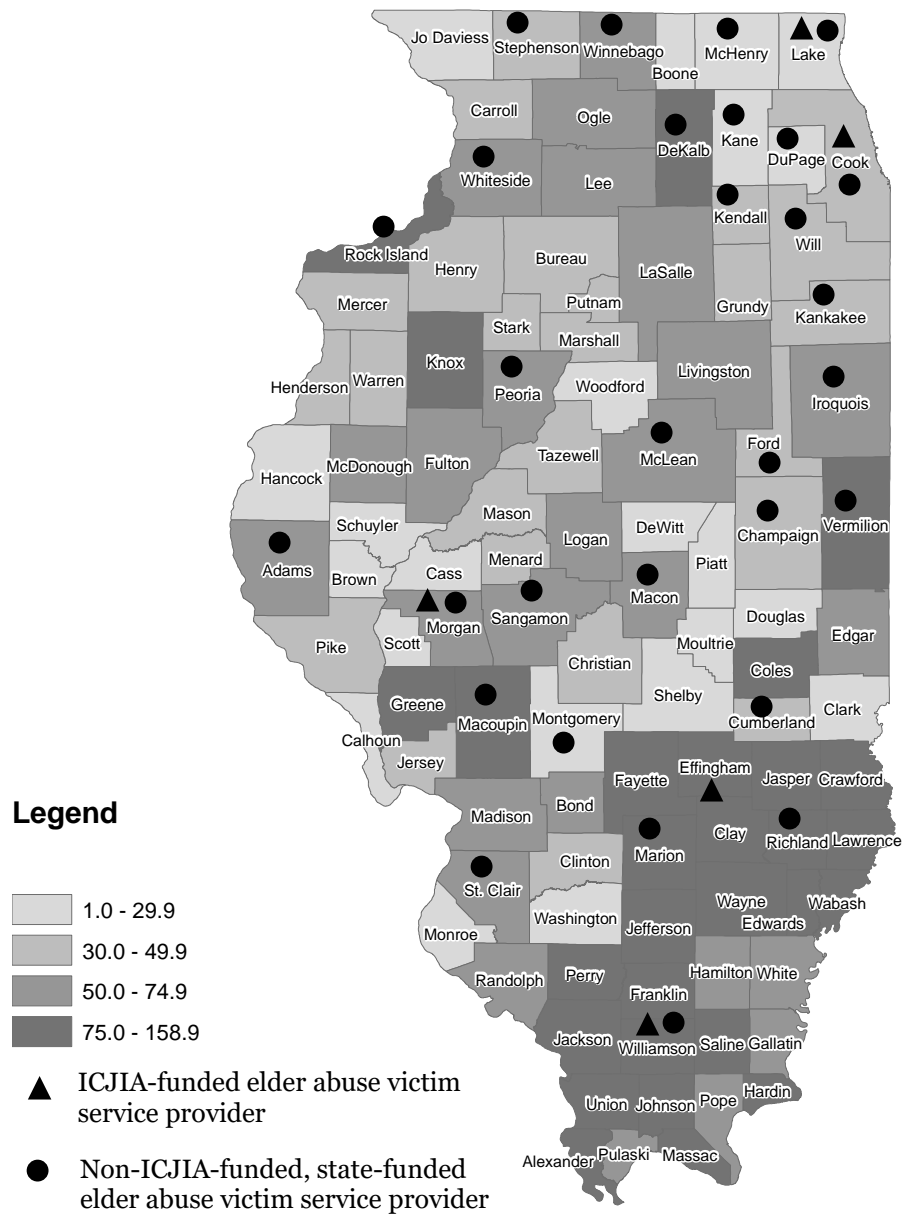
Trends and Characteristics

Illinois Department on Aging (IDOA) Adult Protective Services investigates reports of abuse of the older adults (age 60 or older) and abuse of adults with disabilities (age 18 or older). Abuse may include confinement, emotional abuse, financial exploitation, passive neglect, physical abuse, sexual abuse, and willful deprivation. In 2013, IDOA's Elder Abuse and Neglect Program was expanded to include adult victims with disabilities. Figures used to analyze trends and characteristics were obtained from IDOA, and are limited to what was reported to the department. Elder victims may not report because of limited mobility, disability, or fear of retaliation.[91] Furthermore, caregivers, who are committing the abuse, may impede their ability to report or seek services.

Data from the IDOA indicates that although the statewide rate of elder abuse per 100,000 people was higher in 2015 than in 1995, it has remained about the same since the mid-2000s.[92]

Rate of Elder Abuse Reports, 1995-2015
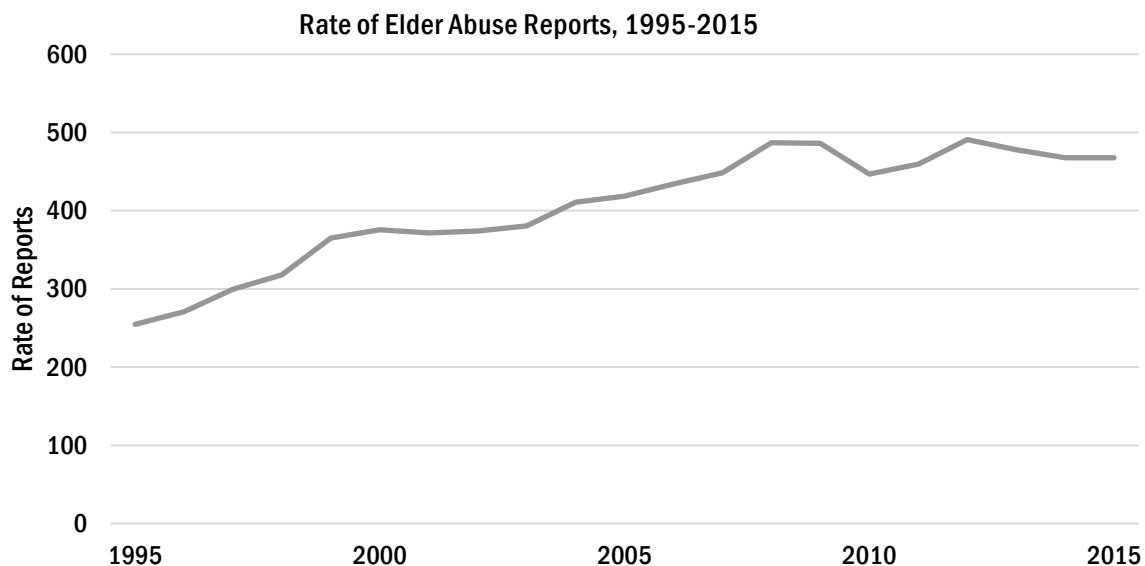
Source: Illinois Department on Aging

According to IDOA, in 2015, financial exploitation is consistently the most often reported type of abuse of this population, occurring in 54 percent of cases. Thse victims frequently experience more than one abuse type, with financial exploitation and emotional abuse typically co-occurring. Nearly two-thirds of reports made to IDOA (64 percent) were of female victims in fiscal year 2015.

Impact

Victims of elder abuse may experience negative physical, psychological, and economic outcomes as a result of their victimization. Elder abuse and neglect victims may present to emergency rooms with health issues such as fractures, dehydration, bruises, and lacerations. As many as 30 percent of abused or neglected elders are subsequently admitted to the hospital for treatment.[93] Older female victims are more likely to report a larger number of negative health outcomes, including digestive problems and chronic pain.[94] Victims of elder abuse have higher mortality

rates[95] and psychological distress than non-victims[96] and may develop depression or anxiety.[97] Economic losses for elder victims of financial exploitation can be substantial. In one study of financially exploited elder victims, individuals lost an average of $87,967. The vast majority of these victims (86 percent) were unable to recover any lost funds.[98]

Service Needs and Gaps

Service providers offering direct services to elder victims ranked the following services as most crucial during the following times:
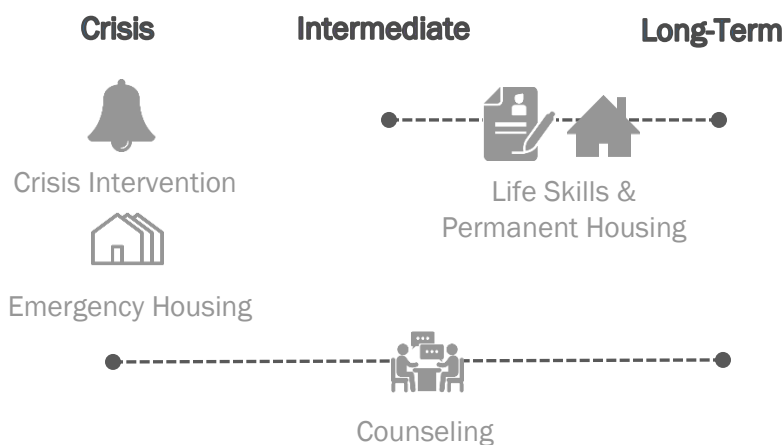
Elder abuse victims often experience poly-victimization, emotional/psychological abuse that is coupled with another type of abuse, such as physical abuse or financial exploitation. The need for counseling that enables victims to recover from the physical and emotional impacts of these crimes was commonly identified by victim service providers. Emergency and permanent housing also is a need that is largely unmet. Elder abuse victims often live with and are physically dependent on their abusers, necessitating the availability of alternative housing. Shelters that typically serve other crime victims, such as domestic violence victims, may be ill-equipped to meet the unique needs of older victims, especially those requiring special accommodations for mobility or other impairments.

Additionally, victim service providers note that both transportation and in-home services for elder victims are gaps in service delivery. Victims of elder abuse may be unable to self-transport to court or to a service provider because of poor health or limited transportation options. They need transportation services that pick them up directly from their home. Alternatively, the availability of in-home treatment would aid in ensuring elder victims receive much needed services.

Victim service providers who work to meet the needs of elder abuse victims are located in more urban areas of the state, such as Cook and the surrounding collar counties, Winnebago, Champaign, and Sangamon. Despite the relatively high rate of reported elder abuse in portions of southern Illinois, few service providers are available to assist those victims. The low density of victim service providers in predominantly rural areas is concerning; without better access to transportation or providers willing to offer in-home treatment service, elder abuse victims will remain largely underserved.

[91] Kahan, F. S., & Paris, B. E. (2003). Why elder abuse continues to elude the health care system. *The Mount Sinai Journal of Medicine, New York, 70*, 62-68.

[92] Table includes data for both elders (age 60 and older) and adults with disabilities (age 18 or older) beginning in 2013. IDOA began investigating abuse reports of adults with disabilities in 2013 and does not provide information on the type of abuse for elders and adults with disabilities separately.

[93] Dong, X. (2005). Medical implications of elder abuse and neglect. *Clinics in Geriatric Medicine, 21*, 293-313.

[94] Fisher, B. S., & Regan, S. L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist, 46*(2), 200-209.

[95] See Dong, 2005.

[96] Comijs, H.C, Penninx, B.W, Knipscheer, K. P. M., & van Tilburg, W. (1999). Psychological distress in victims of elder mistreatment: The effects of social support and coping. *Journal of Gerontology: Psychological Sciences, 54B*(4), 240–245.

[97] See Fisher & Regan, 2006.

[98] Jackson, S. L., & Hafemeister. (2011). Financial abuse of elderly people vs. other forms of elder abuse: Assessing their dynamics, risk factors, and society's response. National Institute of Justice. https://www.ncjrs.gov/pdffiles1/nij/grants/233613.pdf
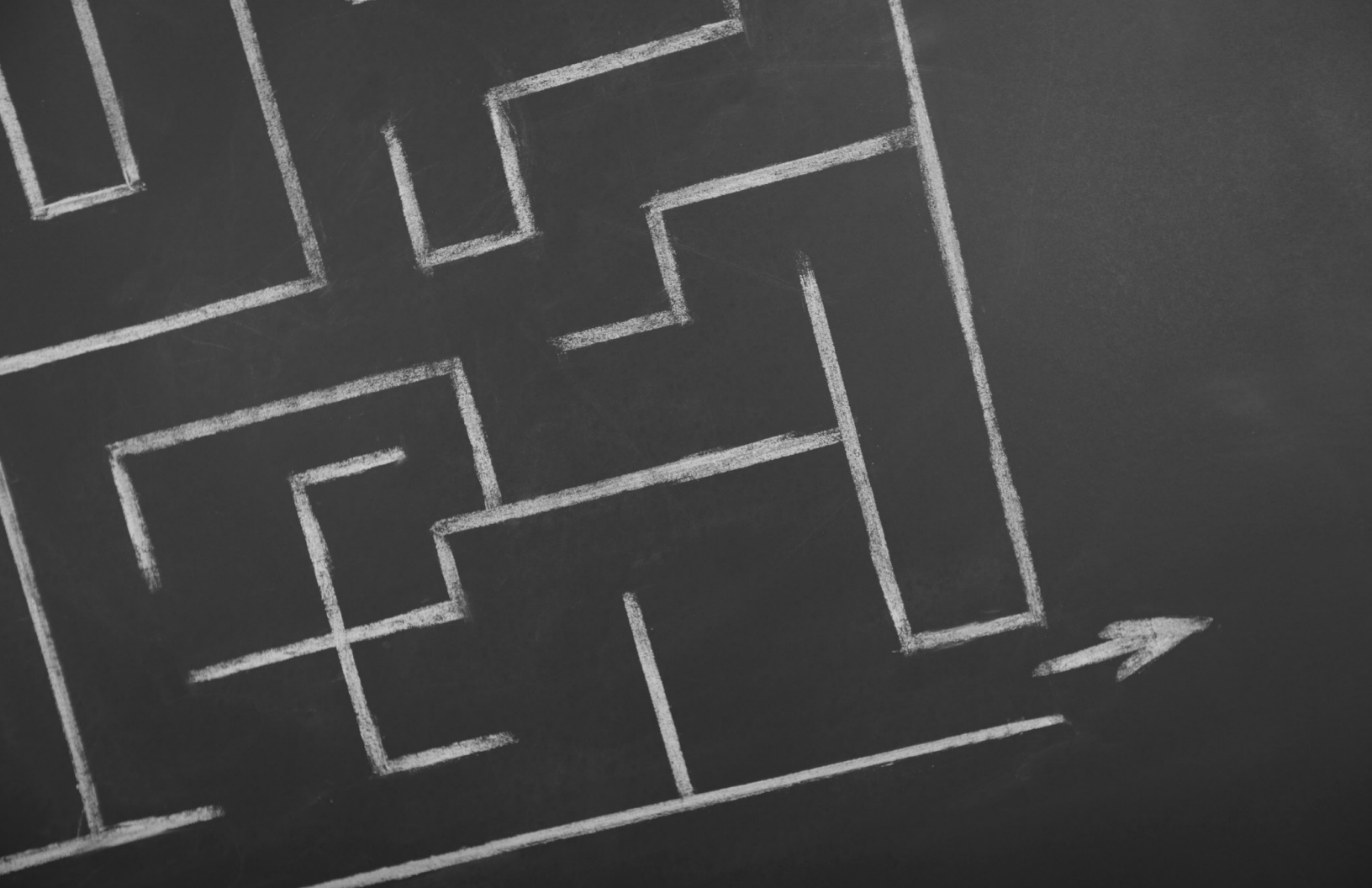
SECTION 13: RECOMMENDATIONS

SECTION 13: RECOMMENDATIONS

This section outlines the recommended funding priorities to address victimization in Illinois based on the research findings and informed by the goals of the VOCA and VAWA funds. As noted in the section outlining allowable costs, the purpose of the VOCA funds is to support direct service efforts that respond to the emotional, psychological, or physical needs of crime victims; assist victims in stabilizing their lives after victimization; help victims understand and participate in the criminal justice system; or restore a measure of security and safety for the victim. VAWA funds are intended to promote a coordinated, multidisciplinary approach to enhancing victim advocacy and improving the criminal justice system's response to violent crimes against women through the development and improvement of effective law enforcement and prosecution strategies and advocacy and services. Specific gaps in services associated with victims of particular crime types identified by the research also informed the recommendations (see the crime-specific sections of the report for service gaps particular to those victims).

Each funding priority is represented in bold, followed by a brief summary of the importance of this priority to address the needs of victims. There is no particular order to the recommendations, although those that were thematically similar are listed together.

Recommendation#1: Fund initiatives that raise the public's awareness of victim services.

Lack of awareness was identified as an obstacle to service seeking by both victims and service providers as well as the larger victimization literature. Greater awareness of services and victim rights gives victims the opportunity to make an informed decision on how best to engage in help seeking and service utilization, based upon their unique needs. Efforts to increase the public's awareness of services also may aid providers in reaching people who are underserved or those who choose not to report their experiences to law enforcement agencies. Initiatives to increase awareness should not only involve notifying the public of the service options available, but also the rights available to them following a victimization. Raising the public's awareness of existing programs also benefits providers. Providers discussed the importance of being informed of the services available in the communities they serve to better assist victims in accessing all of the services they need.

Recommendation#2: Increase funding to address fundamental needs of crime victims.

Victims, service providers, and criminal justice practitioners alike reported that victims in Illinois, regardless of crime type, face barriers to accessing services. Many of these barriers reflect the fundamental needs of victims, such as transportation, language services, housing relocation, emergency and permanent housing, life skills training, and legal assistance. These fundamental needs, when left unmet, can inhibit engagement in treatment and undermine long-term safety plans.

Recommendation#3: Fund core direct services to victims of all crime types.

Another theme that emerged was that victims are in need of comprehensive, wrap-around services. These services include early crisis intervention, criminal justice information and advocacy, mental health and counseling, legal services, housing/relocation, and assistance

applying for victim's compensation. Lack of core services was noted across all of the crime types analyzed (although specific service needs varied). Funding should be made available to ensure all crime victims, both primary and secondary, can obtain these core victim services. Along with funding for these core services, the state should address the existing capacity of victim service providers to offer these services and strategize with providers to support them in an effort to reduce staff burnout and turnover.

Recommendation#4: Increase funding for advocates and social workers within a variety of organizations to improve victim immediate access to services.

Researchers consistently were told that early points of contact are critical to educating, referring, and engaging victims in services, and the need for criminal justice education and advocacy services was identified across nearly every crime type examined. Funding should be used to connect advocates and social workers to victims at earlier points in order to increase service awareness and utilization. Funds may be provided to establish contracts with external advocates and social workers or may be used to form or enhance advocate and social worker units in organizations that often have contact with victims. Collaboration between existing advocacy services and these organizations also is encouraged. Organizations that often have contact with victims include colleges, community-based programs, coroner's offices, courts, hospitals, law enforcement agencies, jails, and schools.

Recommendation#5: Increase funding of services for underserved victims of crime.

Researchers identified several categories of underserved victims in Illinois. These include victims experiencing language barriers, people of color, the elderly, males and younger persons, people who are homeless, victims on college campuses, members of the LGBTQ community, victims with an undocumented immigration status, people with disabilities, and dually-involved persons (those involved in the juvenile and criminal justice systems as both victims and offenders). Underserved victims of crime may not access services due to a lack of awareness, concerns about discrimination and bias, unhelpful or hurtful responses, cultural and social beliefs, and past funding limitations. Funding should be made available to specifically develop, enhance, and expand victim services to the underserved victims identified.

Recommendation#6: Encourage development or expansion of programs that address the impact of multiple victimization experiences.

Funding should encourage the development or expansion of programming or networks of services that attend to the impact of multiple victimization experiences. Some individuals may experience different forms of victimization throughout their lifetimes or may experience the same type of victimization multiple times. Multiple victimization experiences increase one's risk for future victimization, and unaddressed trauma from previous victimization experiences can be further exacerbated by new ones, decreasing the long-term well-being of individuals, families, and communities.

Recommendation#7: Promote multidisciplinary responses to victimization.

Multidisciplinary approaches are effective in addressing a wide range of victimization. Collaborative and multidisciplinary programs have been shown to be more responsive to victims and improve criminal justice outcomes than single agency or disciplinary approaches. Multidisciplinary approaches promote coordinated responses to victimization that can result in

improved case outcomes while minimizing the additional trauma to victims. Funding should be made available for expanding multidisciplinary responses to crime victimization to underserved regions of the state and crime types.

Recommendation#8: Encourage trauma-informed and trauma-focused services for victims of crime.

Research indicates that services that are sensitive to or focused on the trauma of survivors are crucial in mitigating the risk of re-victimization. Trauma-informed services are tailored to meet the needs of crime victims with consideration of their trauma histories and cultural backgrounds (*Appendix A*). Trauma-focused services are services that specifically address trauma symptoms and the impact of trauma on the victim. Funding should encourage and prioritize services that are trauma-informed and trauma-focused whenever appropriate.

Recommendation#9: Fund services that address long-term victim needs, such as counseling and mental health services.

Funding should be made available for agencies to provide services beyond those that address the immediate crisis needs of victims. One of the most notable themes identified was the lack of individual and family counseling and mental health services for crime victims in the state. This gap in services cut across every crime type examined. Illinois' long-standing fiscal crisis has significantly reduced the state's mental health infrastructure, limiting the capacity of those agencies that remain to provide long-term mental health services to crime victims. Research indicates, however, that evidence-based clinical care can significantly improve long-term well-being of child, adolescent, and adult victims.

Recommendation#10: Support programs that specifically address needs of individuals exposed to community violence.

Funding should be specifically allocated for establishing or enhancing services to victims of community violence, particularly those exposed to homicide, gun violence, robbery, or non-domestic-related aggravated and simple assaults. Existing services for these victims in Illinois are scarce and in some places non-existent. Services that are designed to address the particular needs of children, adolescents, and adults are needed. Priority should be given to communities that develop comprehensive plans to address victimization and those which promote the development of community-based approaches for all victims, regardless of circumstance.

Recommendation#11: Encourage the use of evidence-informed (or promising) and evidence-based practices and programming.

For all the recommendations made in this report, emphasis for funding should be placed on defining the outcomes intended for the programs and employing programming most likely to ensure these outcomes. Programming for victims that are informed by or rooted in research are those that hold promise and are likely to result in positive victim outcomes. *Evidence-informed* (or promising) practices and programs are those research suggests lead to positive outcomes; however, further study is needed. *Evidence-based* practices and programming are those that have been proven to be effective by rigorous and multiple independent research studies when implemented with fidelity. Examples of such practices and programs include cognitive-behavioral therapy and multidisciplinary responses and trainings to address violent crime victimization. Funding should encourage and prioritize services that are evidence-informed or evidence-based.

Recommendation#12: Fund activities that encourage data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

In order to assure the effectiveness of the programming recommended here, funds should be earmarked specifically for collecting data and in evaluating the defined outcomes and the programming methods employed to reach them. Gauging the effectiveness of victim services begins with an examination of victim service data. Data collection efforts should focus on documenting the quantity, quality, and effectiveness of victim services in Illinois. Programs should be encouraged to apply for funding that equips and facilitates these data collection efforts in their agency.

Research clearly indicates that evaluation is key to early identification of issues in program implementation and design, ultimately leading to stronger victim outcomes. Without evaluation, providers and funders alike are left to rely on anecdotal evidence about the impact of victim services. Funding should be used to support program evaluations.

APPENDIX A

TRAUMA AND TRAUMA-INFORMED CARE

Approximately 60 percent of men and 51 percent of women living in the United States have experienced a traumatic event in their lifetime.[99] While much debate exists about what qualifies as a traumatic event, at minimum, traumatic events are those that cause significant distress or harm, whether physical, emotional, or psychological, for individuals.[100] These experiences can have a severe impact on well-being by impairing people's daily functioning and emotional health, contributing to higher rates of hospitalization, suicide attempts, substance abuse,[101] and emotional responses, such as anger.[102]

Recent work has focused on a model of trauma-informed care and practices. A trauma-informed approach acknowledges the radiating impact of trauma, recognizes that people's actions and symptoms may be a result of traumatic experiences, and creates policies that are sensitive to such actions and symptoms.

Key components of trauma-informed care are:

1. Recognizing the impact of trauma on multiple areas of life and different paths to recovery.
2. Being aware of the signs and symptoms of trauma.
3. Structuring policies and practices that account for and are sensitive to people's potential trauma histories.
4. Seeking to prevent re-traumatization. [103]

Key principles of trauma-informed care further build on the key components by emphasizing principles that create a trauma-informed setting. They include:

- Safety
- Trustworthiness and Transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, Historical, and Gender Issues[104]

Taken together, these practices work to honor a survivor's history of trauma and the different pathways that survivors may find toward healing and recovery.

---

[99] Davidson, J. R. T. (2000). Trauma: the impact of post-traumatic stress disorder. *Journal of Psychopharmacology, 14*, S5-S12.

[100] Norris, F. H. (1992). Epidemiology of trauma: frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology, 60*, 409-418.

[101] See Davidson, 2000.

[102] Riggs, D. S., Dancu, C. V., Gershuny, B. S., Greenberg, D., & Foa, E. B. (1992). Anger and post-traumatic stress disorder in female crime victims. *Journal of Traumatic Stress, 5*, 613-625.

[103] Substance Abuse and Mental Health Services Administration. (2015). *Trauma-informed approach and trauma-specific interventions*. National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint.

[104] See SAMSHA, 2015.

POPULATION DEMOGRAPHICS IN ILLINOIS

African-American population percentages in Illinois, 2014

Legend

☐	No African Americans
☐	>1% African American
☐	1% - 10% African American
☐	11% - 36% African American

Hispanic population percentages in Illinois, 2014

Legend

- <1%
- 1.0% - 1.9%
- 2.0% - 4.9%
- 5.0% - 31.1%
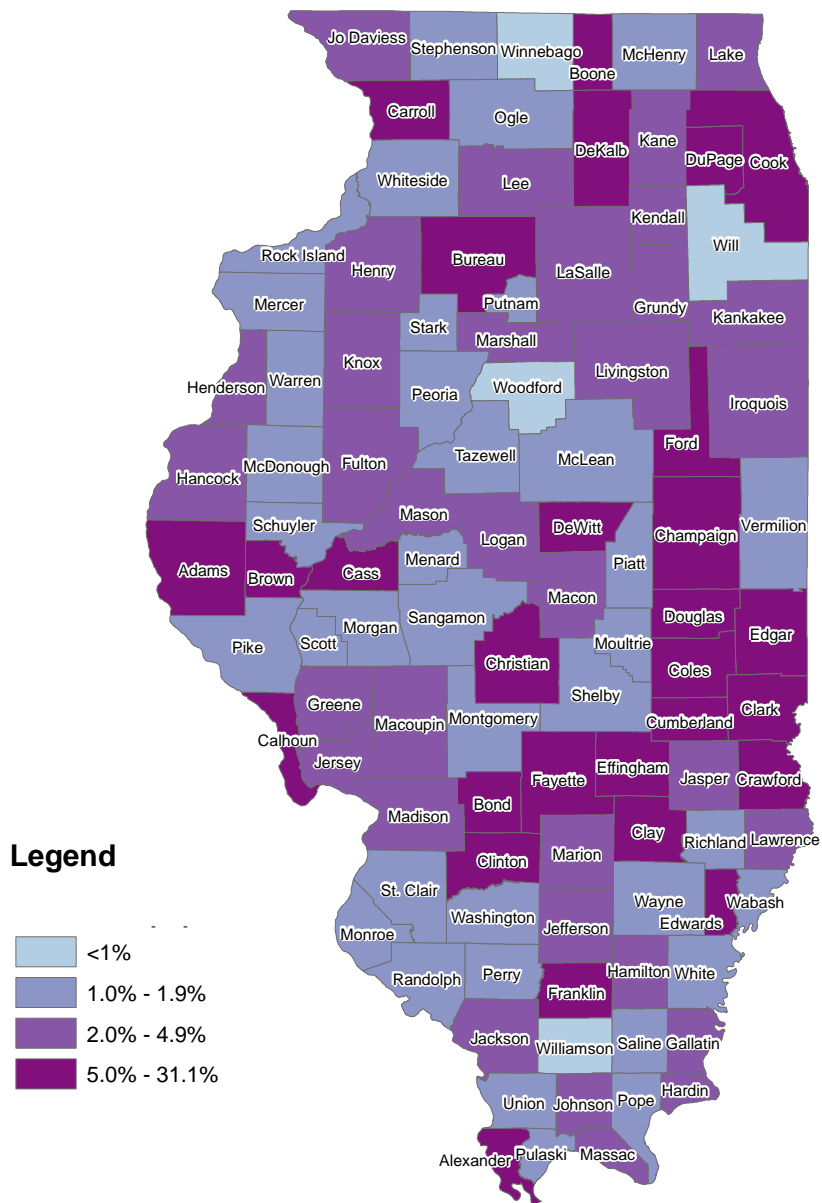
Rate of population living below poverty level per 10,000, 2015

Legend

- 500 - 1,000
- 1,001 - 1,500
- 1,501 - 2,000
- 2,001 - 3,565
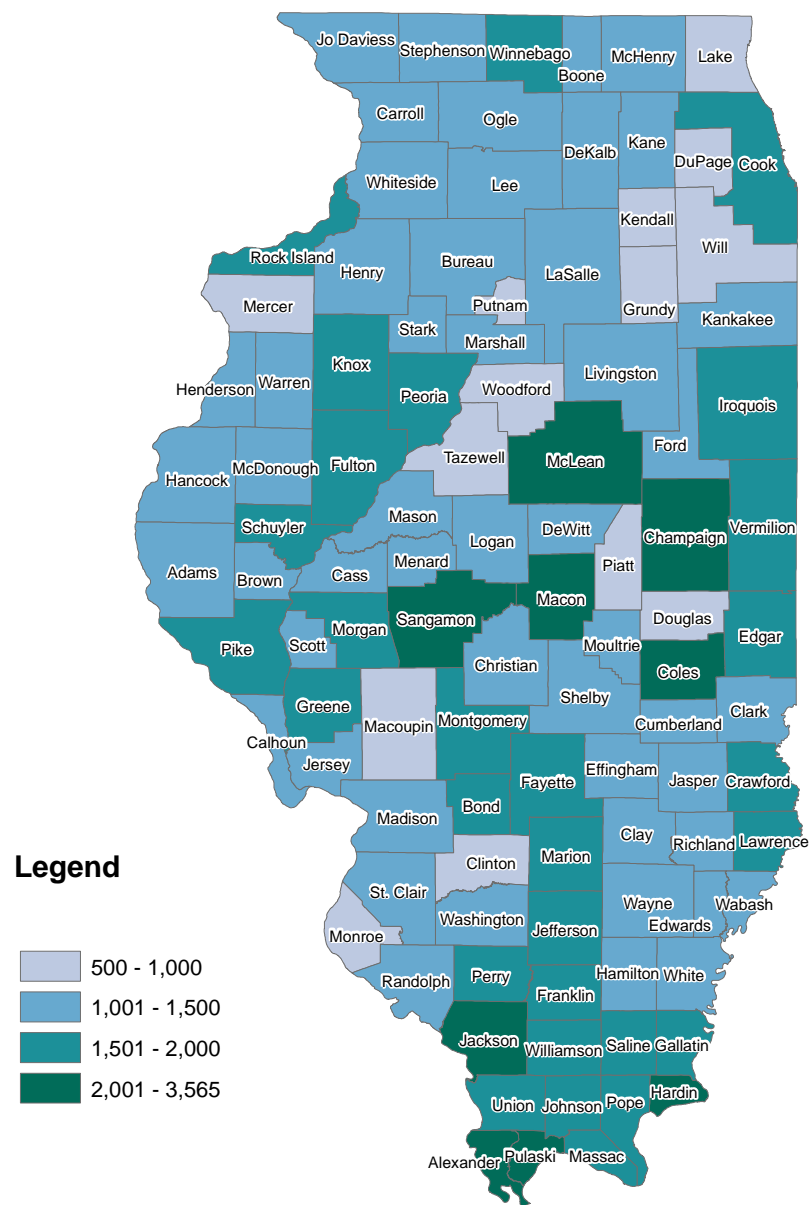
Percentage of population unemployed, 2015

Legend

	3.5% - 5.9%
	6.0% - 7.9%
	8.0% - 9.0%
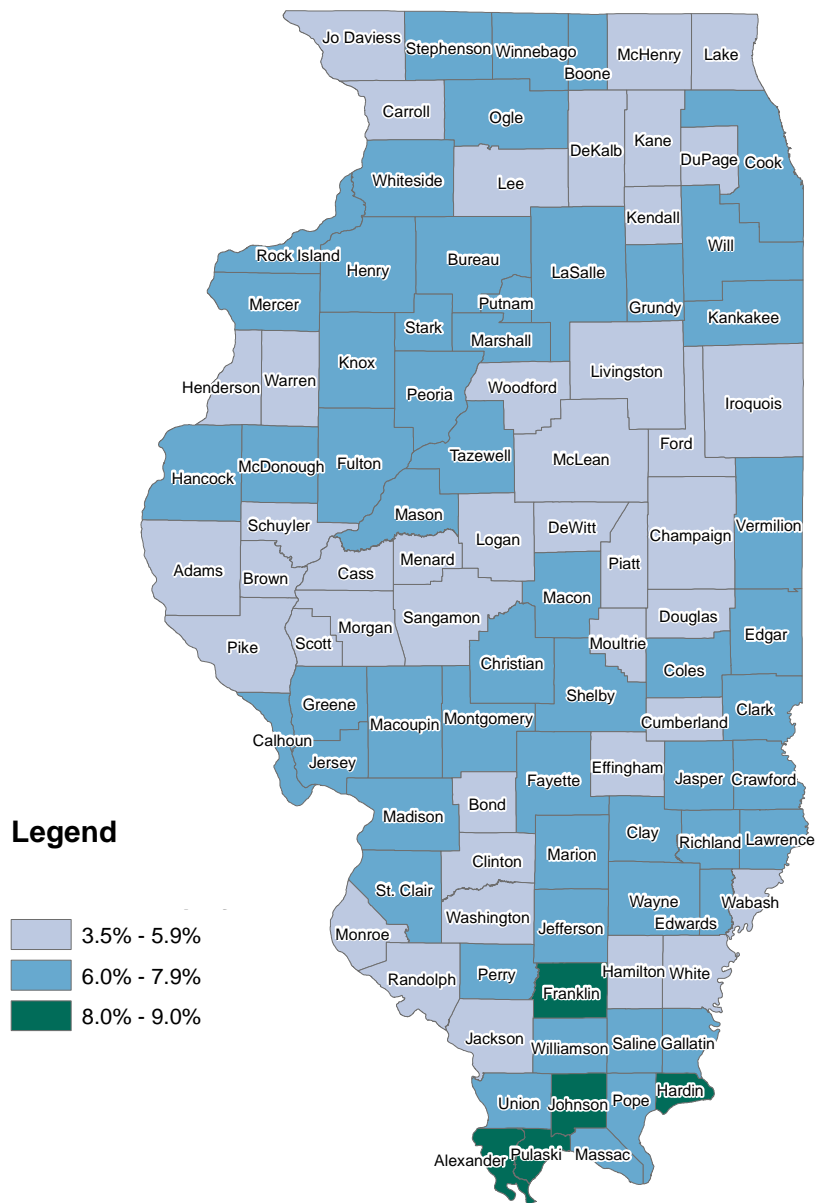
Percentage of Illinois residents ages 25 and over with no high school diploma or equivalent, 2014

Legend

	3% - 9%
	10% - 12%
	13% - 15%
	16% - 26%
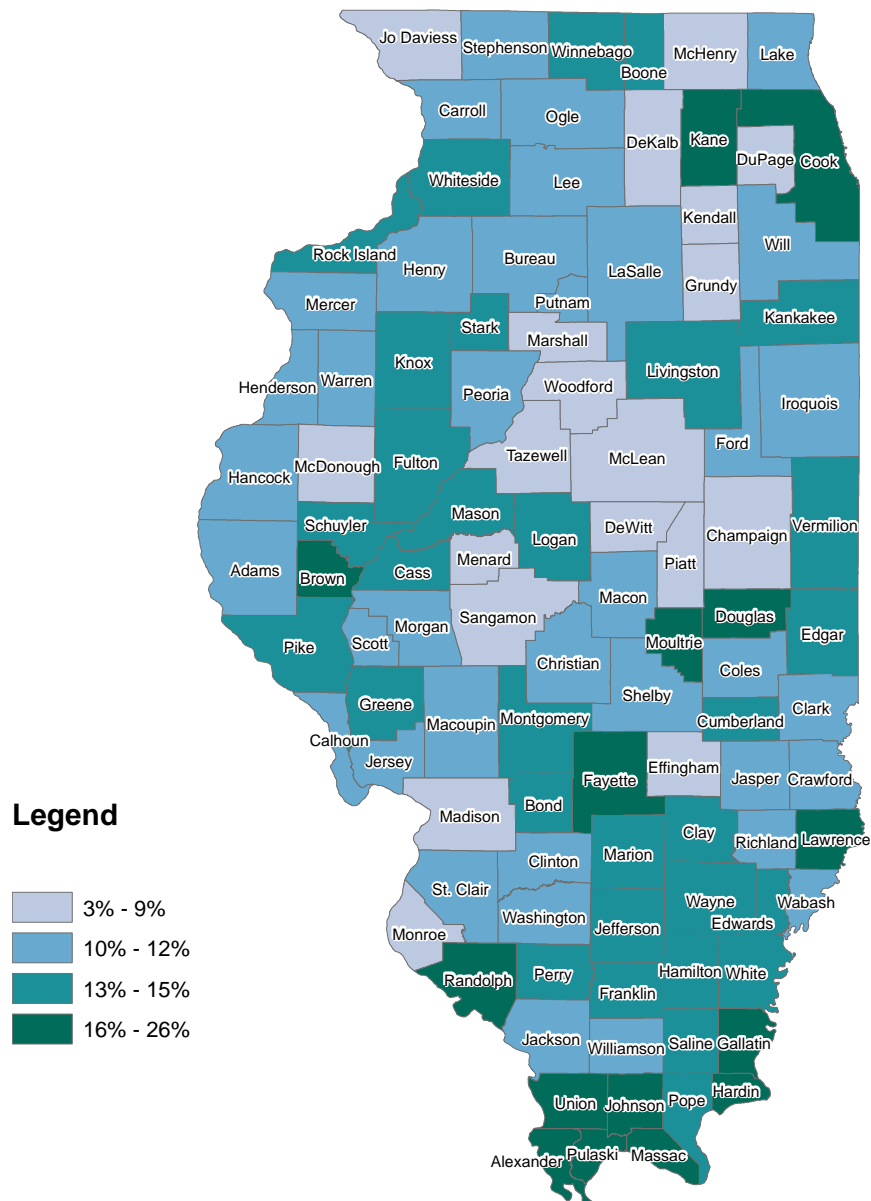
APPENDIX C

GUIDING AND GRANTMAKING PRINCIPLES

Guiding Principles

1. *Legitimacy*: Criminal justice practices and policy should provide an equitable justice system for all Illinois residents by strengthening the trust between the public and the justice system and promoting the fair distribution of rights, resources and opportunities.

2. *Fair and Just*: Criminal justice laws, policies, and practices should be fairly and effectively enforced, ensuring that punishment is proportional to the seriousness of the offense committed, designed to achieve offender accountability, victim restoration and public safety, and limited to the amount necessary to achieve the intended outcomes.

3. *Respect*: Criminal justice practices and policy should ensure that victims are treated with respect in regard to their dignity and privacy, and that their rights are enforced.

4. *Due Process*: Criminal justice practices and policy should ensure that all individuals are afforded equal access to fair treatment under the law.

5. *Recovery*: Support and services should be provided to victims who suffer physical, emotional or financial harm as the direct result of the offender's criminal conduct. These services should be provided whether or not the victims choose to participate in the criminal justice system.

6. *Rehabilitation*: The criminal justice system should require and support offender rehabilitation services to offenders who want them. These services should be provided in a culturally competent, gender sensitive, and trauma informed manner.

7. *Strengthen Communities*: The criminal justice system should strengthen communities and their capacities to prevent crime and violence.

8. *Prevention*: The criminal justice system should prevent crime and violence to mitigate its harmful effects on individuals and communities.

9. *Research Informed*: Criminal justice policies and practices should be informed by statistics, research, and community input. Criminal justice data, statistical analyses, and research should be accessible to all communities.

10. *Collaboration*: The sectors of criminal justice system and victim service providers should collaborate to provide efficient, effective, and expedient justice. This collaboration should foster cross-system coordination and appropriate information sharing.

11. *Efficient*: The criminal justice system should avoid unnecessary costs and maximize its limited resources to achieve its intended outcomes.

Grantmaking Principles

1. The Authority should strive to maximize the use of available federal and state funds, seeking any and all reasonable alternatives to lapsing funds back to the federal or state government.

2. The Authority's decision to award federal and state funds should have a foundation in the best available research, evaluation, practice and professional advice.

3. The Authority's decision to award federal and state funds should take into account the balance of resources across the justice system and its potential impact in other areas of the system.

4. The Authority's federal and state funds should not result in the duplication of efforts already in place.

5. The Authority's federal and state funds cannot be used to supplant other funds.

6. The Authority's federal and state funds should be allocated (a) to areas demonstrating need based on an analysis of the nature and extent of the problem(s) and (b) to programs in areas where there is an opportunity to impact the identified problem(s).

In addition, to the extent permitted by program guidelines, some portion of available federal and state funds should be used for the following:

1. To encourage collaborative approaches to problem solving, planning and program implementation.

2. To encourage innovative pilot or demonstration projects.

3. To evaluate funded projects and support an ongoing program of research designed to further planning and program development.

4. To build the capacity of those in the criminal justice system.
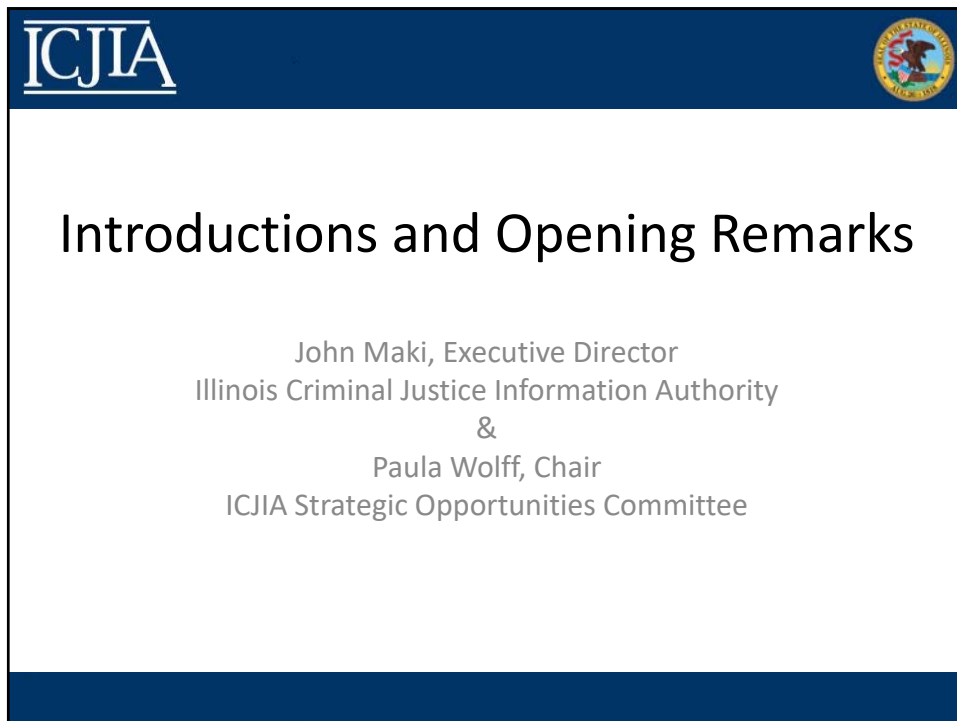
Allowable Costs under VOCA and VAWA

Angie Weis
General Counsel & Chief of Staff

Legal Compliance

- ICJIA's role as State Administering Agency
  - Procedural compliance
  - Substantive compliance
  - Ethical compliance

- Recent changes to allowable costs under VOCA
  - ICJIA webinar available on our website

VOCA Funding Areas

- At least 10 percent of each year's VOCA grant must be allocated for each of the three priority categories of crime victims identified in the Final Rule:
  - Sexual Assault
  - Spousal Abuse
  - Child Abuse

- An additional 10 percent must be allocated for underserved victims of violent crime

- There are no new unallowable costs under the new Final Rule

VOCA Definitions

- *Crime victim* is a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime
  - Victims do not have to participate in the criminal justice process
  - Victim eligibility is not dependent on immigration status
  - Includes incarcerated persons who otherwise fit the definition of a crime victim
- *Direct services* under VOCA include those listed in the statute and those that:
  - (1) Respond to the emotional, psychological, or physical needs of crime victims;
  - (2) Assist victims to stabilize their lives after victimization;
  - (3) Assist victims to understand and participate in the criminal justice system; or
  - (4) Restore a measure of security and safety for the victim

Allowable VOCA Costs

- Volunteer training to provide direct services when these direct services will be primarily done by volunteers
- Automated systems and technology
- Restorative justice services that are victim-centered, voluntary, and reasonably anticipated to provide beneficial or therapeutic value to victims
- Legal assistance services if they are reasonable and the need for such services arises as a direct result of the victimization
- Certain multi-disciplinary response activities

Unallowable VOCA Costs

- Lobbying
- Research and studies
- Active investigation and prosecution of criminal activities
- Fundraising
- Capital expenses
- Compensation for victims of crime
- Medical care
- Salaries and expenses of management
- Criminal defense and tort lawsuits

VAWA Funding Areas

- STOP (Services-Training-Officers-Prosecutors) Violence Against Women Formula Grant Program

- STOP funds must be allocated:
  - 25 percent for law enforcement
  - 25 percent for prosecutors
  - 30 percent for victim services
  - 5 percent for state and local courts
  - 15 percent discretionary

VAWA Service Population

- Women and girls who are victims of:
  - Domestic violence
  - Dating violence
  - Sexual assault
  - Stalking

- Incarcerated victims are allowable

- Men in limited circumstances

VAWA Definitions

- *Victim services* – services provided to victims of domestic violence, dating violence, sexual assault, or stalking

- *Sexual assault* – any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks the capacity to consent

VAWA Allowable Costs

- Certain legal assistance services such as housing, family law, public benefits, and other similar matters
- Transportation costs, if related to safety
- Batterers' intervention programs
- Violence prevention programs
- Programs in schools
- Forensic exams
- Food in the context of victim services

Unallowable VAWA Costs

- Criminal defense
- Placing a survivor in permanent housing after a shelter stay
- Voucher programs for housing or counseling services
- Substance abuse counseling
- Purchase of automobiles

Introduction to the Research Approach

Dr. Megan Alderden

Associate Director of Research

Victim

a **person** who has suffered physical, sexual, financial, or emotional **harm** as a result of the commission of a **crime**

Ranking of Importance
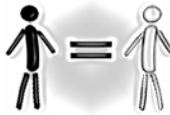
NO ranking or ordering that implies importance to the report or the recommendations

---

Prevalence, impact, needs, and evidence-informed practices

Crime trends and patterns, geographic distribution of crime, and service availability and funding streams

Literature Review

Administrative Data

Strategic, data-driven plan to address victimization

Surveys and Focus Groups with VSP

Surveys and Interviews with Victims

Victim service provider and cjs practitioner insights on victim service needs, gaps, and capacities

Aeffect interviews with and surveys of crime victims about their experiences and needs

2016 Victim Needs Assessment

Presented to Ad Hoc Victim Services Committee
Prepared by Aeffect, Inc.
January 2017

Topics

- Introductions
- Overview
- Summary of Findings: Literature Review
- Summary of Findings: Qualitative Research
- Summary of Findings: Quantitative Research
- Key Takeaways and Implications
- Q&A

Introductions

Michelle Kuhn
Chief Executive Officer
mkuhn@aeffect.com

Jed Lam
Senior Vice President
jlam@aeffect.com

Wendy Joice-Denhard
Vice President
wjoice@aeffect.com

Overview

Overview

What ▶ **Objectives**

– Conduct a robust statewide victim needs assessment for gathering insight to inform short-term and long-term decisions

– Profile victimization statewide

– Benchmark current awareness and usage of victim services

– Identify met and unmet needs of victims and family members

– Reveal barriers to effective victim support

– Understand the "pathways" for victims of violent crime

How ▶ **Methodology**

– Secondary literature review of best practices

– In-depth interviews with stakeholders (10), service providers (25), victims (40) and family members (20)

– Statewide online survey of victims and non-victims (n=1,569)

Overview

Who ▶ **Interview Sample**

– Victim service providers from a broad range of services including advocacy, education, case management, counseling, and legal services. Providers located in urban, suburban, and rural areas in Illinois.

– Professionals included police chief, detective, SANE coordinator/nurse, state victim witness coordinator, state's attorney, hospital social worker, university victim services coordinator, and coroner.

– Victim and family members included:

Domestic Violence (14)	Sexual Assault/Rape (13)
Homicide (8)	Theft/Assault (8)
DUI/Vehicular (5)	Child Abuse (6)
Identity Theft (2)	Senior/Elder Abuse (2)
Hate crime/LGBTQ (2)	

Survey Sample
– Initial survey to statewide consumer panel then supplemented by VSPs
– Benchmark sample of n=1,042 Illinois residents matched to US Census region
– Supplemental sample of n=527 victims and family members
– Ever victim (n=931) and victim of a violent crime in the past 10 years (n=330)

Overview – Initial Findings

- Without help, becoming a victim of violent crime can **damage multiple layers of life**.

- Victims, family members, and service providers say **there are gaps in the services** currently available versus those that are needed.

- **Awareness of victim services is a major barrier** to meeting the needs of victims.

- Without an advocate or someone to guide them through the process, **victims and family members often feel lost** and unsure of what to do next**.**

Summary of Findings: Literature Review

Summary of Findings – Literature Review

- The purpose of the secondary literature review was to identify past victim needs assessments conducted at the state or national level in order to inform development of the current research plan. The literature review explored existing research on the following topics:

    – Best practices in assessing victims' needs

    – Availability of victim needs survey tools

    – Research on meeting victim needs among underserved populations

    – Trends in victim needs research that may affect survey measures

    – Federal guidelines and relevant behavioral or logic models to be considered

---

Summary of Findings – Literature Review

- **Overall, there is little published research on the needs of victims of crime**. Most reports focus on crime statistics, but few conduct primary research among victims or family members. Notable exceptions included projects conducted in California, Maryland, Massachusetts, Oregon, Pennsylvania, Indiana, and Illinois. A few measures from these studies were included for consideration during survey development.

- **Among the studies reviewed, transportation and emergency shelter/housing were repeatedly identified as needs**, particularly for underserved populations. Overburdened transitional housing or the complete absence of affordable housing were common problems. Male victims of domestic violence or sexual assault were particularly vulnerable as few states have transitional housing or shelter options for men.

- Other than a lack of funding or human resources, **lack of awareness of resources and misperceptions of strict or limiting requirements are barriers** to meeting victim needs. Other barriers mentioned included fear of repercussions for undocumented victims, complex forms, and limited language or cultural proficiency.

Summary of Findings:
In-Depth Interviews

Victim Interviews – victimization

- **Many victims reveal their initial response to violent crime and even for some time after is to experience diminished mental capacity.**

- *"I didn't know anything about getting help…I wasn't all me at that time. I didn't know what was going on." (Family Member, Homicide, 47F, Chicago, AA)*

- *"The combination of the abuse and then the financial aspects of it was just so emotionally crippling and debilitating…it would just paralyze a person." (Victim, DV, 50F, Chicago, Hispanic)*

Victim Interviews – long-term impact

- **Victims commonly describe the "domino-effect" that victimization has on their lives, damaging different foundations one by one.**

- *"The shame is crippling … having a position of a great deal of responsibility and then having your life disintegrate to the point where you can't even meet your basic needs." (Victim, DV, 50F, Chicago, Hispanic)*

- *"…the effect it's had on everything from financially, emotionally, how it's affected me at work, how it's affected my other son in school…" (Family Member, DUI, 49M, Rural, Caucasian)*

Victim Interviews – fear for personal safety

- **For all types of crimes, victims describe the ongoing fear they face and the strong need to feel protected and to re-establish their personal safety.**

- *"I felt scared cause I felt like maybe [the offenders'] friends would come try to jump me at the hospital. I was a little traumatized." (Victim, Hate Crime, 30M, Chicago, Hispanic)*

- *"For six months after the [sexual assault] I could not be alone…I've had anxiety since that experience." (Victim, SA, 43F, Chicago, Hispanic)*

- *"I didn't feel safe and I just felt really alone and scared." (Victim, DV, 51F, Chicago, AA)*

Victim Interviews – lack of awareness

- **Most victims know little about Illinois laws, rights, or resources for crime victims.**

- *"Nope, I have not heard of services for victims of crime before." (Family Member, Homicide, 47F, Chicago, AA)*

- *"If you wouldn't of said anything about counseling, I don't think I would of known that they did stuff like that for a victim." (Victim, Gun Violence, 34M, Chicago, Hispanic)*

Victim Interviews – re-victimization

- **More often than not, Illinois victims recount how they feel re-victimized after the crime at different stages of their experience and in multiple settings.**

- *"Sometimes the police are just so harsh and mean…" (Family Member, Homicide, 44F, Chicago, AA)*

- *"Instead of asking me questions…the detective [said] things like, 'But you wanted this to happen. But you were drunk, so how do you know that didn't happen?' " (Victim, SA, 44F, Rural, Caucasian)*

Victim Interviews – feel they are not believed

• **A frequently cited barrier to meeting their needs is that victims often feel they are blamed or not believed.**

• *"I really felt that the police automatically sided with the man…he being the one that was calmer and I am hysterical because I'm the one that was afraid." (Victim, DV, 57F, Suburb, Hispanic)*

• *"The Assistant State's Attorney was very insensitive…she made me feel as if what had happened was my fault." (Victim, SA, 43F, Chicago, Hispanic)*

Victim Interviews – underserved populations

• **Immigrants and undocumented victims are particularly susceptible to not reporting crimes and avoiding victim services, especially if those services are not available in their native language.**

• *"I was afraid because [neighbors] told me that if I spoke up and I didn't have documents they could take [my children] from me and that was a risk." (Family Member, Child Abuse, 43F, Chicago, Hispanic)*

• *"Sometimes not having a Social Security number or not being a resident stops you because you think they won't want to help you if you don't have that." (Victim, DV, 33F, Chicago, Hispanic)*

• *"If you need to go to the police station or you have to speak English, it's hard because you explain things but they don't understand you. It's a struggle. You have to stay there a long time or wait for an interpreter." (Victim, SA, 41F, Chicago, Hispanic)*

Victim Interviews – slow judicial process

- **Delays in the criminal justice system severely impede a victim's ability to achieve closure and move on with their lives.**

- *"There is always a continuance…so we're going on almost a year and it has yet to be heard…you never get over losing a child, but there will be no even trying to heal until it's over." (Family Member, DUI, 37F, Rural, Caucasian)*

- *"The trial's been going on for over three and a half years. I mean the trial hasn't started, but we just continue showing up at court. So it's endless." (Family Member, Homicide, 61M, Chicago, Caucasian)*

Victim Interviews – lack of information

- **Victims feel the information flow from police or state's attorneys is not well coordinated, non-existent, or purposely withheld. This leads some victims to believe the justice system is working against them even though there may be reasonable explanations.**

- *"I haven't heard from the police. They haven't come to my house. They haven't asked me any questions. They haven't sent me a letter or anything, no follow up, no nothing." (Family Member, Homicide, 47F, Chicago, AA)*

- *"I did call the police and State's Attorney several times and any question I had asked, was answered with, 'We're not able to tell you at this time. We can't answer that. The case is ongoing.'" (Family Member, DUI, 37F, Rural, Caucasian)*

Victim Interviews – need a roadmap

- **Victims say they need someone to help guide them through the process. They are unsure of what they should do next whether related to the justice system or to accessing service providers.**

- *"…it would have been nice to have somebody there to say, 'Okay this is what we need to do to follow through on this.' There was nobody, nothing, and it seemed like everybody at the police station didn't care." (Family Member, DUI, 47F, Rural, Caucasian)*

- *I wouldn't of had any idea where to start, where to go, what to do or anything if it hadn't been for the senior center." (Victim, Elder Abuse, 71F, Rural, Caucasian)*

- *"You don't walk into the court system utilizing their vocabulary…these are all going to be brand new words for people…you need to give them a vocabulary sheet." (Family Member, Homicide, 48F, Rural, Caucasian)*

Victim Interviews – lack of staff and longer wait times

- **Victims say service providers are overwhelmed and severely overburdened. Wait times for counseling services have grown leading some victims to perceive they may not qualify for services.**

- *"There's a huge waiting list and the reason is that there are not enough funds to staff it so they can take care of people." (Victim, SA, 41F, Chicago, Hispanic)*

- *"It's been really hard trying to get a hold of [service provider] … they're busy all the time like they don't have enough staffing or something." (Family Member, Child Abuse, 29F, Rural, Caucasian)*

- *"I remembered I looked into [a service provider] and they didn't give me the help I was seeking. I feel that either they are overworked or they take extreme cases only." (Victim, DV, 33F, Chicago, Hispanic)*

Victim Interviews – counseling

- **Counseling is often cited as a major need, both for the victim as well as family members and other secondary victims.**

- *"I think anyone who loses a child should speak with someone in these [service provider] groups." (Family Member, Homicide, 44F, Chicago, AA)*

- *"I probably should have been in counseling, but I didn't have enough money to put myself through it as well as my daughter." (Family Member, Child Abuse, 29F, Rural, Caucasian)*

- *"I just need to have somebody I can talk to that just understands where I've been and just somebody that's neutral, because if I talk to friends and family then they tend to take sides." (Victim, DV, 51F, Chicago, AA)*

Victim Interviews – basic needs

- **Transportation, housing, and child care are repeatedly mentioned as needs.**

- *"There are weekly meetings, but I stopped going because I have no car…or I didn't have enough money to take the bus." (Victim, DV, 45F, Chicago, Hispanic)*

- *"My immediate need was childcare. At the time, I wasn't making too much money so there was no help." (Victim, DV, 42F, Rural, AA)*

- *"I needed a place to keep my daughters safe." (Family Member, Child Abuse, 43F, Chicago, Hispanic)*

- *"Safety and then basic physical needs of food and hygiene and a place to sleep … very basic needs that I had at that moment." (Victim, DV, 50F, Chicago, Hispanic)*

Victim Interviews – success

- **Victim service providers, advocates, and first responders can have a major impact on changing someone's life.**

- *"…they [VSP] respect you as a person and they accept you and lovingly support you unconditionally and they really take care of us." (Victim, DV, 45F, Suburb, AA)*

- *"[The victim advocate] was huge in all of it…The court process is very daunting and confusing and she just answers all of your questions." (Family, DUI, 37F, Rural, Caucasian)*

- *"I went by ambulance to the hospital and upon my arrival, there was a wonderful lady there…she was a lifesaver because I was terrified and she knew just what to say and just how to handle the situation. " (Victim, SA, 44F, Rural, Caucasian)*

Summary of Findings: Benchmark Survey

Summary of Findings – Victim Needs

- **The needs of victims of violent crimes in Illinois are widespread and appear to be beyond the capacity of existing providers.** Over one-quarter of victims of violent crimes (29%) say there are no service providers nearby or they did not have transportation to reach providers (23%). Another quarter of victims (27%) say the wait list for services was too long.

- **Counseling and civil legal assistance are major areas of need. Other gaps in services provided include child care, children's services, housing, and life skills**. Over one-third of victims of violent crimes (40%) identify counseling as a need, which includes individual counseling, family counseling, and support groups. Civil legal assistance is the next most commonly identified need by about one-third of victims (30%). The next largest gaps in stated needs versus received services are for child care and children's services.

Summary of Findings – Barriers to Meeting Victim Needs

- **Nearly half of victims of violent crimes do not report the crime to police.** Over one-quarter of victims of violent crimes who did not report the crime did not believe the police could help (26%) or were concerned they would be blamed (25%).

- **The perception that victim services are "not for someone like me" due to strict geographic or financial requirements or a lack of sensitivity to beliefs, native language, or disability is a strong barrier to receiving services**. Nearly half of victims of violent crimes (45%) did not seek out services because they assumed they did not qualify. Others expressed concerns that the services would not be sensitive to their religious beliefs (16%), their disability (13%), or their primary language (13%).

- **About half of adults in Illinois say they would not know where to go for help if they became a victim. The vast majority are also unaware of compensation available for victims of violent crimes**. Among past victims of violent crimes, more than half (58%) say they do not know where to access victim services. When asked why they did not access or seek out services, the number one reason given is a lack of knowledge or awareness of support services available. One-third of victims of violent crime (30%) said "no one" informed them of resources available to victims. Regardless of crime experience, only one-in-ten surveyed adults in Illinois are aware of compensation available for violent crimes (12%).

Benchmark Survey – Victimization

- Among victims of violent crime, over half (58%) were victims of physical assault.

Victims of Crime
Benchmark vs. Violent
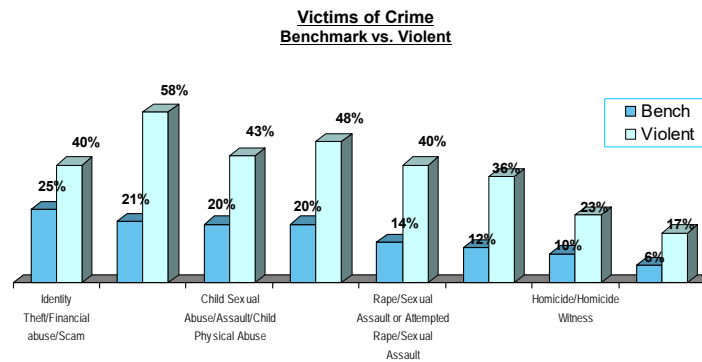
Q5. Have you or a household member ever experienced any of the following?
(Benchmark n=1040 Violent Victim n=330)

Benchmark Survey – Multiple Victimizations

- Among victims of violent crimes, nearly three-quarters (72%) have been the victim of multiple crimes.

Numbers of Crimes Ever Experienced
Benchmark vs. Violent
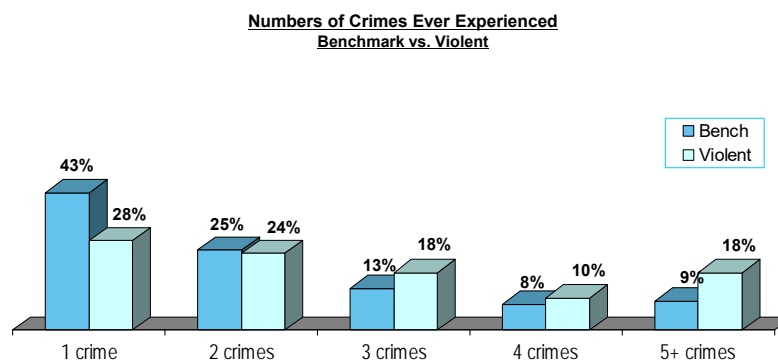
NUMCRIMESSELF: Number of crimes self as victim
(Benchmark n=491 Violent Victim n=288)

Benchmark Survey – Geography

- Compared to the benchmark, victims of violent crime are significantly more likely to be in the City of Chicago by nearly a two-to-one margin (41% vs. 23%).

Location of Crime
Benchmark vs. Violent

Legend:
- ■ Bench
- □ Violent

Location	Bench	Violent
The City of Chicago	23%	41%
Suburban Chicago	28%	20%
Central Illinois	11%	10%
Southern Illinois	8%	4%
Northern Illinois	7%	6%
Outside of IL but in the US	17%	15%

Q9. Where did this crime take place?
(Benchmark n=491 Violent Victim n=288)

Benchmark Survey – Gang/Gun Violence

- One-in-five victims of violent crime (19%) say the crime was related to gang activity and 16% say it involved a gun. Another 17% say the crime was a hate crime.
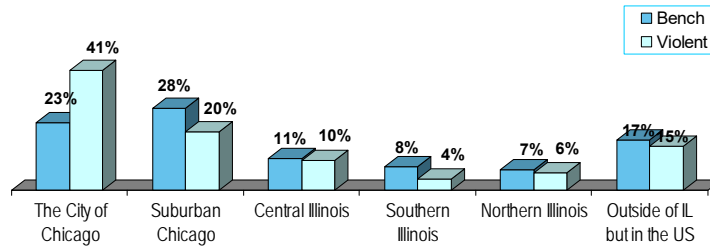
Perceptions of Crime Type
Benchmark vs. Violent

Legend:
- ■ Bench
- □ Violent

	Bench	Violent
Yes, felt crime was related to gang activity	8%	19%
Yes, felt this was a hate crime	8%	17%
Yes, crime involved a gun	10%	16%
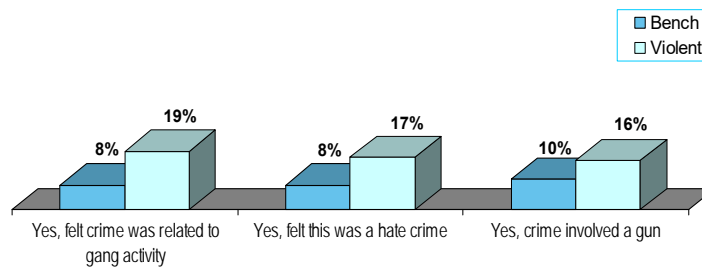
Q9. Did you/your household member feel that this crime was in any way related to your race, gender, religious affiliation or sexual orientation (also called a hate crime)?
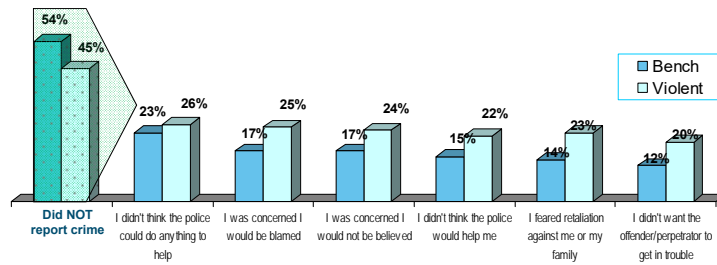Q10. Did you/your household member feel that this crime was in any way related to gang activity? Q11. Did this crime involve a gun?
(Benchmark n=568 Violent Victim n=330)

Benchmark Survey – Why Crime Not Reported

• About half of victims of violent crime (45%) do not report the crime to authorities. The most common reasons are thinking the police can't do anything to help (26%) or being concerned victims will be blamed (25%) or not believed (24%).

Why Crime wasn't Reported to Authorities
Benchmark vs. Violent

Legend: ■ Bench □ Violent

	Did NOT report crime	I didn't think the police could do anything to help	I was concerned I would be blamed	I was concerned I would not be believed	I didn't think the police would help me	I feared retaliation against me or my family	I didn't want the offender/perpetrator to get in trouble
Bench	54%	23%	17%	17%	15%	14%	12%
Violent	45%	26%	25%	24%	22%	23%	20%

Q12. Did you/your household member report this crime to law enforcement/police?
Q13. Why didn't you/your household member report this crime to police?
(Benchmark n=568 Violent Victim n=330)

Benchmark Survey – Why Crime Not Reported

• Females victims of violent crimes (54%) are more likely than males to not report the crime and to have concerns that they will be blamed (23%) or not believed (21%).

Why Crime wasn't Reported to Authorities
Male vs. Female

Legend: ■ Male ■ Female

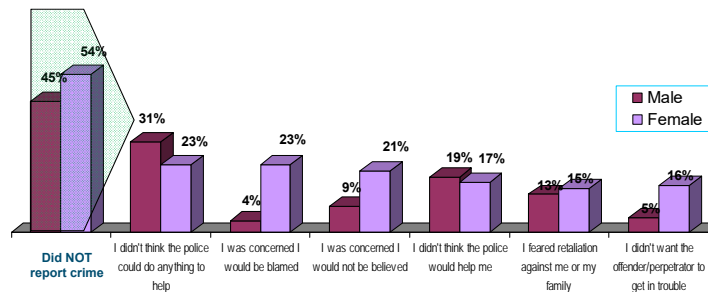|	Did NOT report crime	I didn't think the police could do anything to help	I was concerned I would be blamed	I was concerned I would not be believed	I didn't think the police would help me	I feared retaliation against me or my family	I didn't want the offender/perpetrator to get in trouble
Male	45%	31%	4%	9%	19%	12%	5%
Female	54%	23%	23%	21%	17%	15%	16%

Q12. Did you/your household member report this crime to law enforcement/police?
Q13. Why didn't you/your household member report this crime to police?
(Male n=117 Female n=333)

Benchmark Survey – Unmet Needs

- Counseling (40%) and Civil Legal Assistance (30%) top the list of unmet needs among victims of violent crimes. Child care and Children's services are two larger areas of unmet needs.

Victims of Violent Crime Unmet Needs

	Needs	Received
Counseling (individual/ family/support groups)	40%	26%
Civil legal assistance (net)	30%	19%
Mental health/ psychological services	28%	17%
Medical/health care services	20%	10%
Emergency shelter/ Relocation/Housing	20%	10%
Information/advocacy on public resources	17%	7%
Life skills	16%	6%
Child care	19%	5%
Children's services	17%	5%

Q21. Which of the following did you need help or assistance with?
Q24. And for which of these did you receive help? (Violent Victim n=330)

Benchmark Survey – Barriers to Receiving Services

- Lack of awareness (58%) is the number one reason victims do not pursue victim services followed by a perception that they do not qualify for services (45%). Limited capacity (27%) is also a problem.
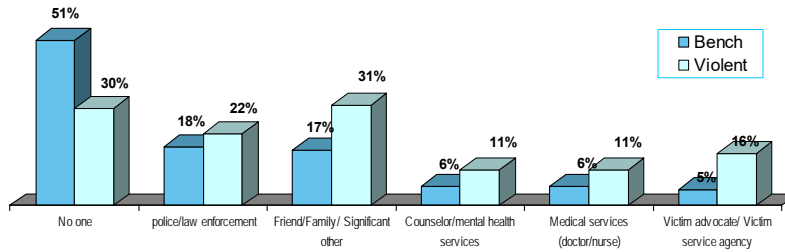
	Bench	Violent
Why didn't you seek or receive services?		
Did not know how or where to get support services	57%	58%
Assumed I did not qualify for services	29%	**45%**
Worried about being blamed or not believed	36%	41%
No service providers nearby	24%	29%
Wait list for services was too long	15%	**27%**
Wasn't sure these services would be able to help	22%	24%
No transportation to reach providers	22%	23%
Concerned services not sensitive to beliefs	16%	25%
Did not have child care	13%	21%
Concerned services not accessible for disabled	13%	20%
Unsure how to find services in primary language	13%	21%

Bold numbers indicate a statistically significant difference between two columns at the 95% confidence level

Benchmark Survey – Who Informed You?

- Victims of violent crimes typically hear about victim services from a friend or family member (31%), police (22%), or victim service agencies (16%).

**Who Informed You of Victim Resources?**
Benchmark vs. Violent

Q26. Who, if anyone, informed you of services available for victims of crime?
Note: **All** of the above values are significant at the 95% confidence level.
(Benchmark n=568 Violent Victim n=330)

Benchmark Survey – Victim Compensation Fund

- The vast majority of adults in Illinois (88%) are unaware of the victim compensation fund. Of those aware who apply, most receive help in applying/filing out forms.

Who Informed You of Victim Resources?
Benchmark vs. Violent
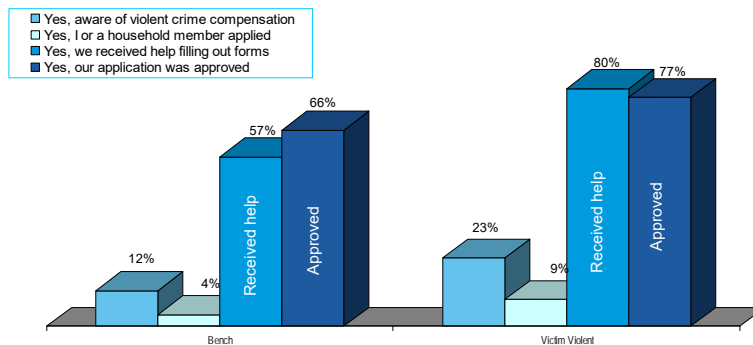
Q32. To the best of your knowledge, are victims of violent crime in Illinois eligible for compensation from the state?
Q33. Did you or a household member apply for compensation from the Illinois Victim Compensation Fund?
Q34. Did you or a household member receive help in filling out the forms to apply for compensation from the Illinois Victim Compensation Fund?
Q35. Was your application approved? (Benchmark n=568 Violent Victim n=330)

Benchmark Survey – Demographics

- Victims of violent crime are more likely to be 18-34, single, minorities, living below the poverty line. LGBTQ and those with disabilities are also more likely to be victims of violent crime.

	Victim Violent	Non-Victim
Age		
18-34 years old	**54%**	25%
35-54 years old	27%	32%
55-64 years old	13%	**20%**
65+ years old	6%	**23%**
Ethnicity		
White/Caucasian	69%	**78%**
Black/African American	**13%**	7%
Hispanic/Latino	**12%**	7%
Asian	6%	7%
Income		
Less than $20,000	**20%**	14%
$20,000 to under $30,000	13%	12%
$30,000 to under $40,000	14%	11%
$40,000 to under $50,000	8%	9%
$50,000 or more	38%	44%

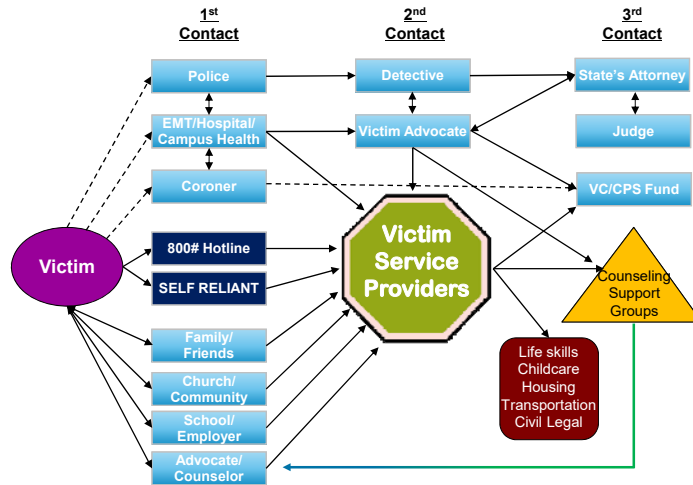|	Victim Violent	Non-Victim
Marital Status		
Married	31%	**53%**
In a relationship/Living w/other	**21%**	8%
In a relationship/Not living w/other	**13%**	5%
Divorced/Separated/Widowed	11%	15%
Single/Not in a relationship	**24%**	18%
Sexual orientation		
Heterosexual	84%	**92%**
Lesbian/Gay/Bisexual/Other	**15%**	4%
Disability	**28%**	11%
Insurance		
Yes, I have health insurance	69%	71%
Yes, I have Medicare	16%	**24%**
Yes, I have Medicaid	12%	8%
No	10%	7%

Bold numbers indicate a statistically significant difference between two columns at the 95% confidence level

---

Key Takeaways and Implications

Journey of Contact Points in Victimization

- Each potential contact point represents an opportunity to impact a victim's life by providing them with critical information and resources.

1st Contact	**2nd Contact**	**3rd Contact**
Police	Detective	State's Attorney
EMT/Hospital/Campus Health	Victim Advocate	Judge
Coroner		VC/CPS Fund

- 800# Hotline
- SELF RELIANT
- Victim
- Victim Service Providers
- Counseling Support Groups
- Life skills, Childcare, Housing, Transportation, Civil Legal
- Family/Friends
- Church/Community
- School/Employer
- Advocate/Counselor

Key Takeaways and Implications

Key Takeaways

Implications

Key Takeaways	Implications
	Without access to immediate counseling, more serious mental health conditions may develop leading to increased financial burden on the state.
Counseling and Mental Health services are major areas of need. Service providers are under-staffed and overwhelmed with applicants. Limits on duration and frequency further hinder progress.	In addition to more staff, application requirements need to be reviewed/reduced. The perception that it is hard to qualify may be a result of limited capacity. Service providers also need greater flexibility in the number of sessions allowable. Secondary victims need to be included.
Civil Legal Assistance remains a major area of need. Recent changes to allowable reimbursement from VOCA have helped, but there are still large gaps in meeting needs. Immigrant victims are particularly vulnerable.	Capacity is a major road block to civil legal assistance along with limited services that are allowable. Translation services are particular areas of need. Without legal assistance, harassment and stalking cases may escalate to more serious DV and child or elder abuse charges.
	Additional avenues for child care services and allowable reimbursement need to be explored. Temporary housing is at a severe shortage particularly for underserved populations including immigrants, LGBTQ, and men.
Children's services, child care, and housing are important needs that must be met to allow victims to attend legal proceedings and counseling services. Temporary housing is over-capacity.	Neglecting the needs of children perpetuates the cycle of victimization and violence. Without stability, safety, and the opportunity for education, many will become victims again.

Key Takeaways and Implications

Key Takeaways

Implications

Key Takeaways	Implications
Awareness of services available is limited *before* and after becoming a victim of crime. First responders need additional materials, support, and training.	Service providers need flexibility to spend VOCA funding on raising awareness of the help available for victims. Additional coordination between first/second responders and service providers is needed. Health care providers play a critical role, but often lack equipment, staff, space, or training to properly assist victims of violent crimes.
Awareness of the victim compensation fund is low. With immediate financial needs, the reimbursement format minimizes its effectiveness.	As victims and family members need help with the complex application process, service providers may be the best channel for informing victims of the funds available.
Negative perceptions of police are an obstacle to reporting crime and accessing victim services. Police and victims can be adversarial, which ultimately hurts both parties.	Victims need a roadmap of what police do and how the legal system works. Success stories can help combat the perception that police are not on the victim's side.
Evaluation of service providers and ROI of VOCA spending is difficult. The voice of victims and family members impacted by laws are also not reaching politicians and lawmakers.	Victims and family members need a feedback channel to provide their direct experience with the laws intended to help and protect them. Lawmakers, politicians, judges, and attorneys seem out of touch with the victim's experience.
	Continue the benchmark victim survey on an annual basis as a means to validate gains in victim services and as a feedback channel to include the voice of victims.

Q&A
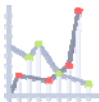
Where we are going…

- Core research questions

- Characteristics of participants

- Present each recommendation
  - Provide data that supports and expands upon each recommendation

Research Questions

- What do **victimization trends and characteristics** look like in Illinois?

- What are the **needs of crime victims** in Illinois?

- What are the **gaps in services** for crime victims?

Victim Service Provider (VSP) Survey

Over 500 recruitment letters/emails sent

Participants were encouraged to forward link to other VSPs

Survey was posted on the InfoNet Twitter account and VSPs social media pages

235 VSPs participated

Icons made by Freepik from www.flaticon.com

VSP Participant Characteristics

Unknown 1.3%

South 17.2%

Central 32%

North 8.2%

Cook 27.8%

Collar 13.6%

Main office

Crime type	
Sexual violence	154
Domestic violence	143
Child abuse	137
Stalking	126
Human trafficking	110
Elder abuse	88
Homicide	50
Gun violence	40
DUI	33
Gang violence	31
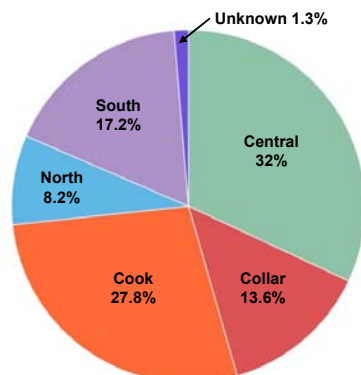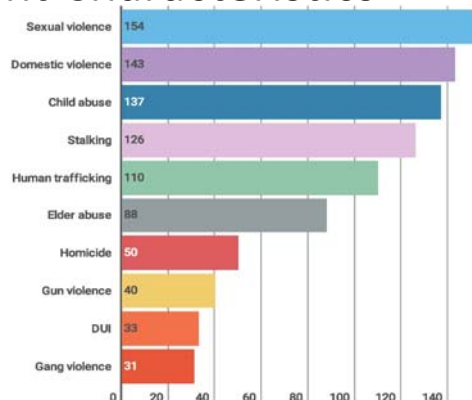
Crime type

VSP Participant Characteristics

Types of agencies VSPs represented included:

Social Services · Crisis Centers · Hospitals or Healthcare · Law Enforcement

Prosecution-Based · Community Centers · Educational Institutions

Icons made by Freepik from www.flaticon.com

Focus Groups

At the end of the survey, VSPs were asked if they wanted to be contacted about participation in focus groups.

90 VSPs provided contact information and were sent a recruitment email.

Focus groups were held regionally: Collar (1), Cook (2), Central (2), Northern (1), Southern (1).

28 VSPs participated
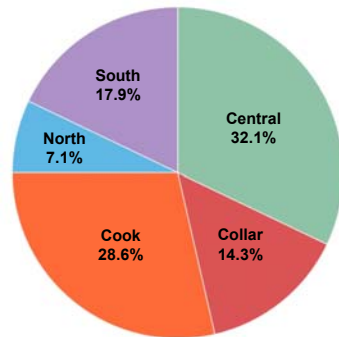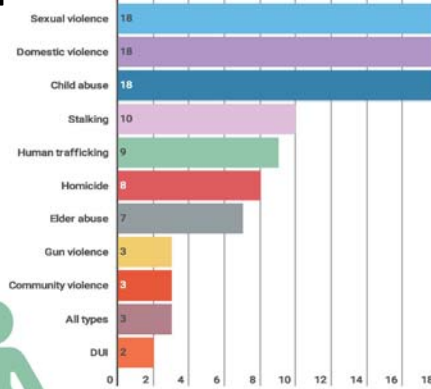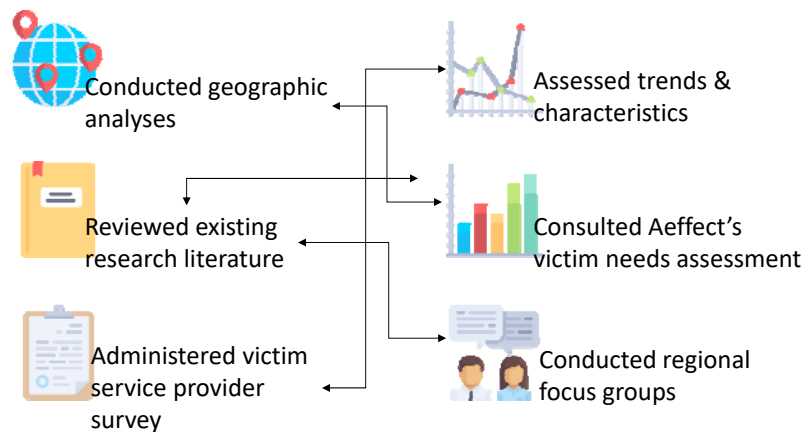
Icons made by Freepik from www.flaticon.com

Analytical Process

Conducted geographic analyses
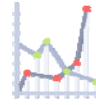
Assessed trends & characteristics

Reviewed existing research literature

Consulted Aeffect's victim needs assessment

Administered victim service provider survey

Conducted regional focus groups

Raise Awareness of Services

Recommendation # 1

Of violent crime victims...

58% did not seek or receive services because they **did not know how or where to get support services**.

Of all participants...

66% **didn't know if violent crime victims were eligible for compensation** from the state.

56% **would not know where to access services** if themselves or a family member were to become a victim of violent crime.

Data from Aeffect Victim Survey
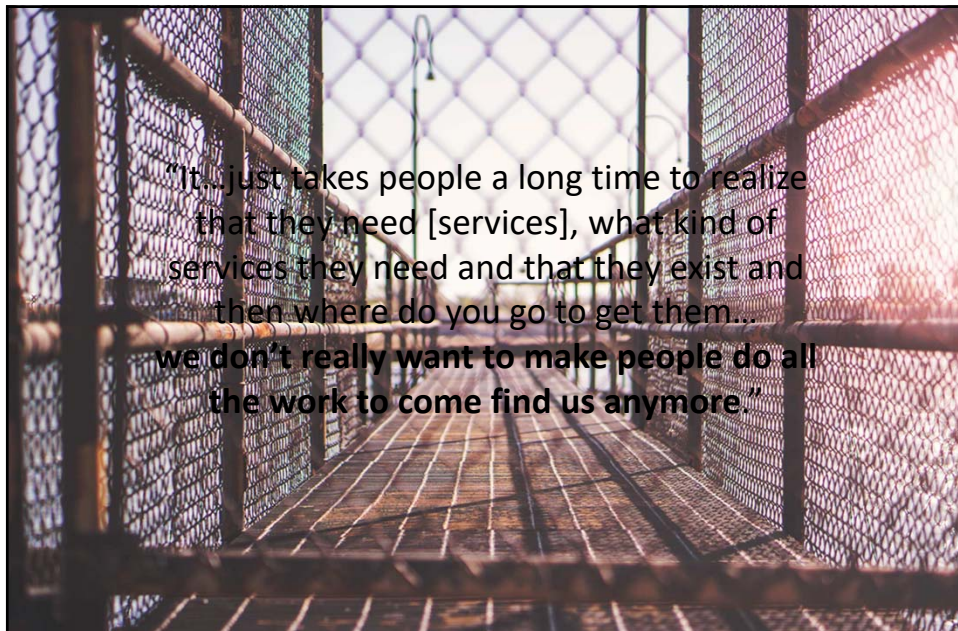
Recommendation # 1

"It...just takes people a long time to realize that they need [services], what kind of services they need and that they exist and then where do you go to get them... **we don't really want to make people do all the work to come find us anymore**."

Recommendation # 1

Recommendation # 2

Fundamental Needs

Self-actualization	
Self-esteem	
Love and belonging	
Safety and security	Physical safety, employment, resources, family, health
Physiological needs	Food, water, shelter, clothing, sleep

Recommendation # 2

Address fundamental needs by funding services to help victims overcome barriers

Feeling unsafe	• Emergency and longer term housing • Safety planning • Legal/CJ advocacy
Loss of job/income	• Help applying for victim compensation • Employment services • Help applying for public resources
Limited/no English	• Language/translation services • Help understanding legal options in native language • Informational resources printed in other languages
No transportation	• Transportation • Mobile services • Technology to increase access to services

Recommendation # 2

"Just basic needs … roof, food, utilities. After sexual assault, one may not be able to function for a while. They may lose their job even though we have legislation [VESSA] to prevent this. Even if you … [use this protection], you will not be paid."

"Now you are carrying a much heavier burden … compounded by triggers … smell, hearing, sight. Maybe you were assaulted in your home and must sleep in the same room where it happened, because you can't afford to move. Just having utilities is helpful. Knowing you can put food on the table for your kids is one less thing to worry about."

Recommendation # 2

Core Services

Recommendation # 3

Services considered **essential** or **high priority** by more than *half* of VSPs

Percent of VSPs

- Essential
- High Priority

Recommendation # 3
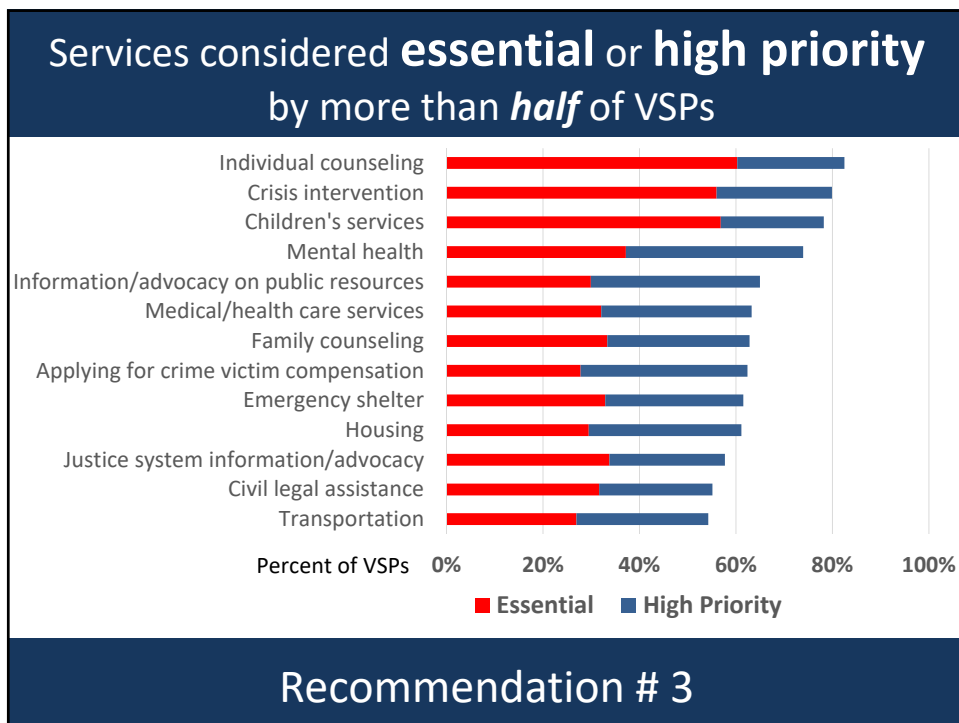
"One of the things that is so frustrating … there are core services we provide: emergency shelter, legal advocacy, crisis counseling. If you don't have these foundational pieces, you can't expand or do anything new."

"[funders] … want *innovation*, they want expanding partnerships. I get that. But if you don't fund the core services … it can make us weaker … it pulls staff, resources, and energy away from the core."

"Exactly… it's like … building a house of cards, if you don't have the strong core services."

45% of VSPs reported **decreased capacity** to serve victims during the past year.

Recommendation # 3

Recommendation # 4

More Advocates & Social Workers in More Places

According to VSPs…

*Three **most** meaningful points of contact for facilitating victim help seeking*

1) **Law enforcement (57%)**

2) **Hospitals/medical providers (47%)**

3) **Courthouses (36%)**

1) **Universities/colleges (81%)**

2) **Prosecutors (56%)**

3) **Medical providers (50%)**

*Three **least** frequent referral sources (never, rarely, occasionally)*

Icons made by Freepik from www.flaticon.com

Recommendation # 4

According to victims of violence…

– **16%** received services from law enforcement.

– **12%** received services from a medical/health care organization.

– **8%** received services from a state's attorney.

– **6%** received services from a teacher or professor.

– **14%** received services from a victim services/non-profit organization.

Data from Aeffect Victim Survey

Icons made by Freepik from www.flaticon.com

Recommendation # 4

"…it's a way to really get at the **initial access point** and make a connection."

"…the follow up, not just a card or here's a number, but do you have the ability to get there … helping them get to that point. Whoever their point of entry is because it could be several people .. Hospital, police, a call-in … it has to be that person at entry."

" Big and broad they need more, seriously they need more … they need advocates everywhere. What we've learned over the years … the more advocates available, the more likely people [will] continue and achieve whatever goals they're looking for."

"… the medical community [should have] advocates too … there just aren't advocates for most crime victims at all. … There's a lot of people out there [who have] no clue where to go. Where do I go?"

Icons made by Freepik from www.flaticon.com

Recommendation # 4

Underserved Victims

Recommendation # 5

Recommendation # 5

Underserved Populations

"…20% of the clients were not English speaking." (North)

"[During a supervised child visitation the] parent didn't speak any English at all so what is the purpose of this person supervising visit…you have no idea what is being said…I'm sure there's a lot you can pick up from tone and body language…there's also so much you miss by not understanding a word that's being said." (Central)

Tagalog
Spanish
Mandarin
French
Polish
Arabic
Korean
American Sign Language

Non-English speakers

"…we serve [victims from] 75 countries. So Spanish is helpful sometimes but we serve so many different languages that so many places can't support." (Cook)

"…when I started here 21 years ago, it was like 11% of our clients identified as Latino…now 30% of our client base identifies as Latino and of those, almost half are monolingual Spanish speakers." (Collar)

Recommendation # 5

115

Underserved Populations

Disabled

Transportation

Elders

LGBTQ
Males
Elders
Housing
Disabled
Undocumented

Recommendation # 5
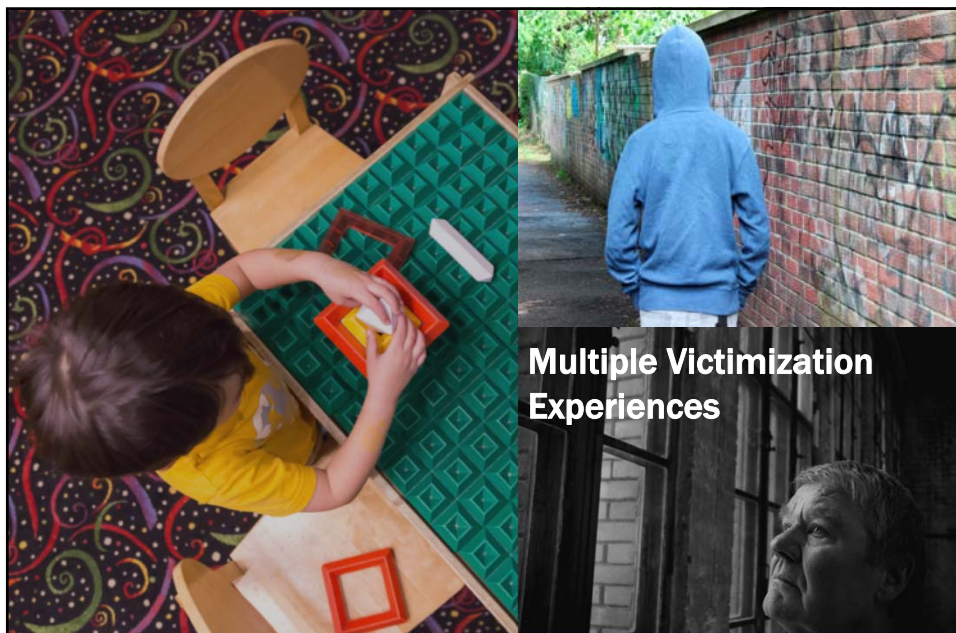
Multiple Victimization Experiences

Recommendation # 6

116

Multiple Victimizations

How frequently does your agency see victims who experience multiple forms of victimization?

- Always
- Very Often
- Sometimes
- Rarely
- Never
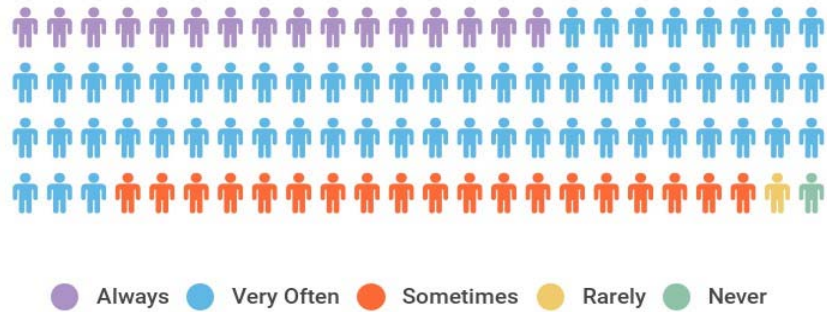
Recommendation # 6

Multiple Victimizations

57%

Any crime victim with more than one crime type

72%

Violent crime victim with more than one crime type
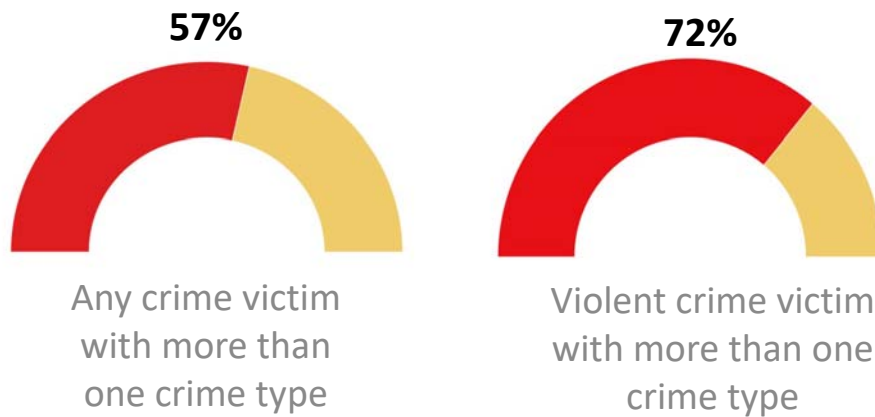
Data from Aeffect Victim Survey

Recommendation # 6

Multidisciplinary Responses

Recommendation # 7

Multidisciplinary Responses

Collaborators

Social Workers Caseworkers

Police Detectives

Researchers Evaluators

Advocates Therapists

Attorneys Advocates

Doctors Nurses Clinicians

Ministers Priests Rabbis

Mentors

Icons made by Freepik from www.flaticon.com

Recommendation # 7

Multidisciplinary Responses

"Increased multi-disciplinary team coordination and a trauma based learning collaborative have been helpful for our victims."

"We also need to continue strong working relationships with other victim service providers and law enforcement or prosecutors in our area."

Victims ⬆ Services

Recommendation # 7

Multidisciplinary Responses

Challenges

Information Exchange

Location

Confidentiality

Funding

Policy

Recommendation # 7

Trauma Services

Recommendation # 8

TRAUMA SERVICES

Trauma-informed: services tailored to meet the needs of crime victims with consideration of their trauma histories and cultural backgrounds

Trauma-focused: services to address trauma symptoms and the impact of trauma on the victim.

Icons made by Freepik from www.flaticon.com

Recommendation # 8

"**trauma therapists,** wouldn't that be awesome?"

"To stabilize people, you need to treat trauma, **you have to have qualified people to do trauma work**…it is more expensive…and there is less of them or a big waiting list."

I would add to that not only access to counseling but **access to quality trauma informed mental health services**. Many of the clients we see…have a variety of host of issues that might be connected to their trauma…and we don't have a good place to send that person for more advanced care.

Recommendation # 8
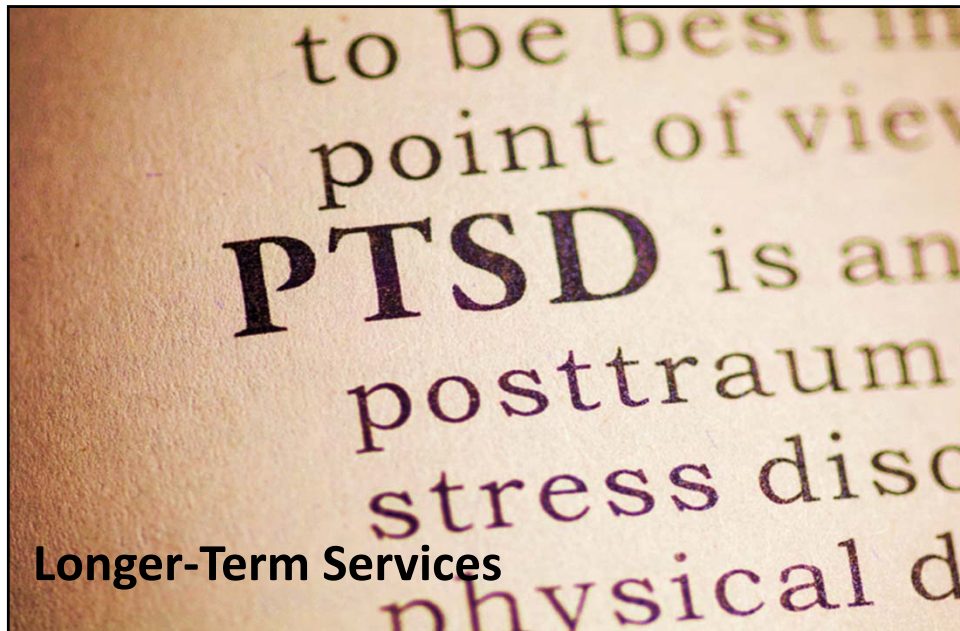
Longer-Term Services

Recommendation # 9

"[Victims] come in with increasingly complex needs and I think a lot of it is because a lot of services have closed and…these clients need to be **in services for a lot longer**."

"And the thing we continue to run up against is the difficulties in accessing **longer term mental health support**. Whether that's longer term counseling, therapy, psychiatry…"

Recommendation # 9

Crisis

Crisis Intervention

Emergency Housing

Intermediate

CJS Information & Advocacy

Long-Term

Life Skills

Permanent Housing

Counseling

Icons made by Freepik from www.flaticon.com

Recommendation # 9

Crisis · Intermediate · Long-Term

Crisis Intervention

CJS Information & Advocacy

Life Skills

Emergency Housing

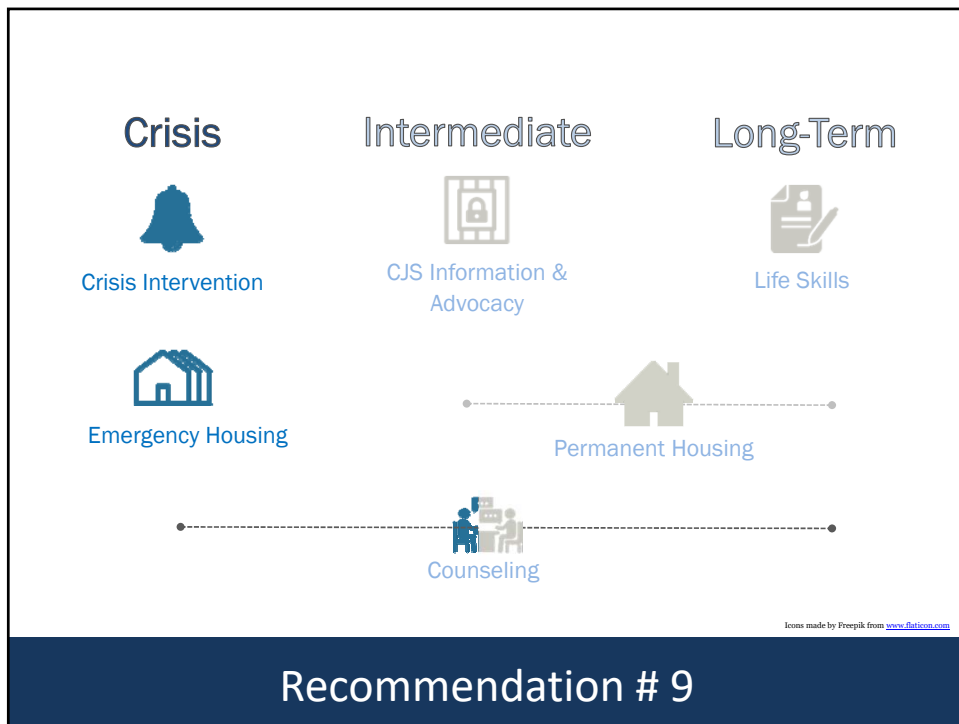**Permanent Housing**

Counseling

Icons made by Freepik from www.flaticon.com

Recommendation # 9

We are really **focusing on that frontline crisis emergency services** and we were at a place where trying to provide some of longer term services was at the expense of the people in crisis….But that doesn't change the fact that many of them have really complex trauma, childhood abuse issues and sexual assault issues, and that really they **need longer term supports** than we can't provide and it's really hard to find them in the community."

Recommendation #9

Address Community Violence

Recommendation # 10

- Internalizing and externalizing behaviors
- Trauma symptomology
- Fear, safety concerns

- Stress
- Family conflict

- Distrust
- Informal social control
- Collective efficacy

Recommendation # 10
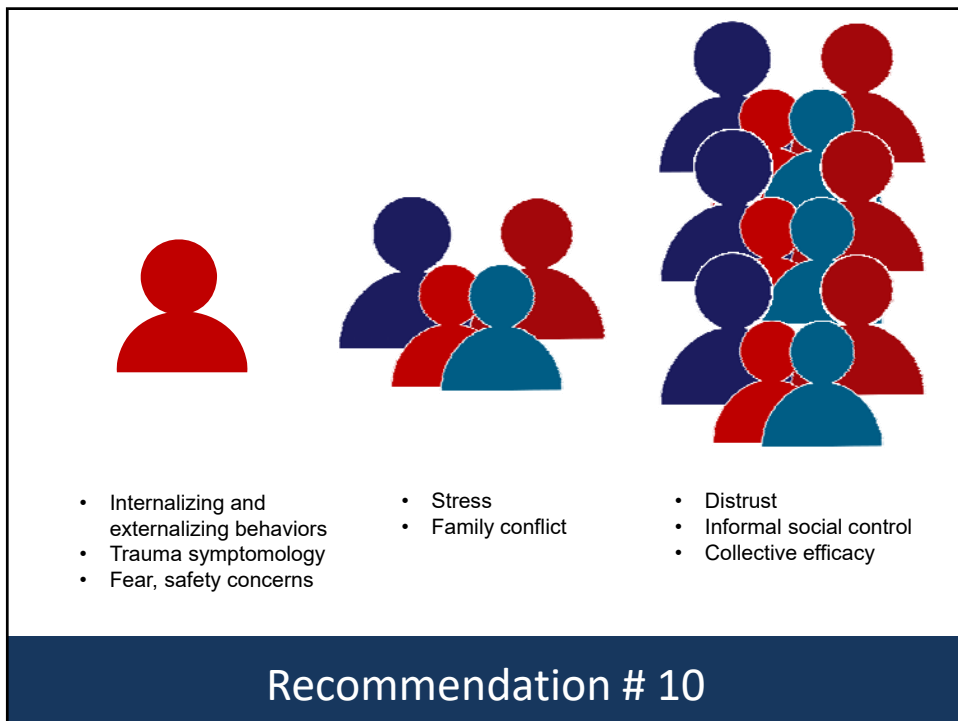
"... is a community that has so much violence... not only domestic violence but community violence."

"One thing that we don't really have and with gun crime going up, are any trauma services for neighborhoods or victims of gun crimes... having an outlet for people to feel empowered against gun violence rather than having to put up with it would be a nice service... to have."

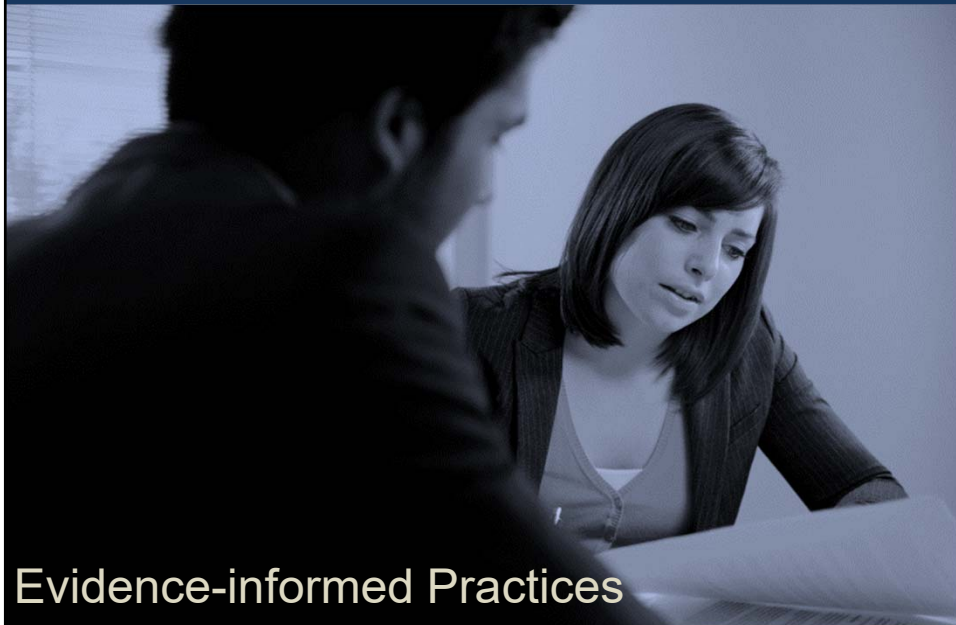"Much research exists which points directly to the devastating impact violence exposure has for children and the ramifications for NOT treating them/ providing services."

"[elimination of state funding]... has resulted in children who have been traumatized by community violence having to be referred out to other agencies who are not specifically trained to provide services to this young population."

Recommendation # 10

Recommendation # 11

Evidence-informed Practices

Recommendation # 11

- Satisfaction surveys
- Case studies

Opinion-informed

Evidence-informed

- Correlational studies
- Pre/posttest surveys

- Quasi-experimental
- Random control trials

Evidence-based

Community

Research

Field experience
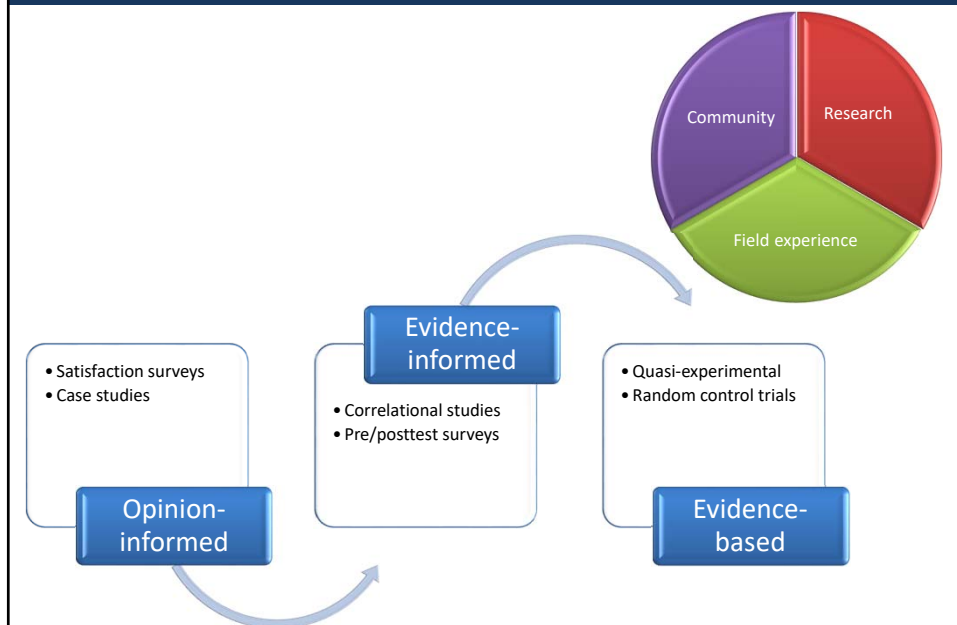
Data collection

Outcomes

Evaluation

victims

Recommendation # 12

Promote strong implementation

Facilitate quality improvement efforts

Support sustainability

Recommendation # 12

Recommendations

Promote awareness and access
- Fund initiatives that raise the public's awareness of victim services.
- Increase funding for advocates and social workers within a variety of organizations to increase victim access to immediate services.
- Increase funding of services for underserved victims of crime.

Address core needs
- Increase funding to address fundamental needs of crime victims.
- Fund core direct services to victims of all crime types.

Victim centered and informed
- Encourage development and expansion of programs that address the impact of multiple victimization experiences.
- Promote multidisciplinary responses to victimization.
- Encourage trauma-informed and trauma-focused services for victims of crime.

Fill key gaps
- Fund services that address long-term victim needs, such as counseling and mental health services.
- Support programs that specifically address needs of individuals exposed to community violence.

Implementation, outcomes, sustainability
- Encourage the use of evidence-informed (or promising) and evidence-based practices and programming.
- Fund activities that encourage data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

Violence Against Women Act (VAWA) Plan and Implementation Update

Federal and State Grants Unit

Shataun Hailey, VAWA Program Manager

Purpose Areas of VAWA

➢ Training officers, judges, prosecutors.

➢ Expanding specialized units specifically trained on violent crimes against women.

➢ Developing and implementing policies, and protocols, etc.

➢ Developing, installing, or expanding data collection and communication systems.

➢ Developing, enlarging, or strengthening victim services programs focusing on domestic violence

➢ Developing, enlarging, or strengthening programs addressing stalking.

➢ Supporting formal and informal statewide, multidisciplinary efforts.

VAWA Update

- Follow-up from 2013 Ad Hoc Committee planning meeting

- Recommendations and Priorities
  - Police, Prosecution and Judges trained and specialized in multidisciplinary topics
  - Funding multidisciplinary models and training

What are Multidisciplinary Teams?

MDT Sites
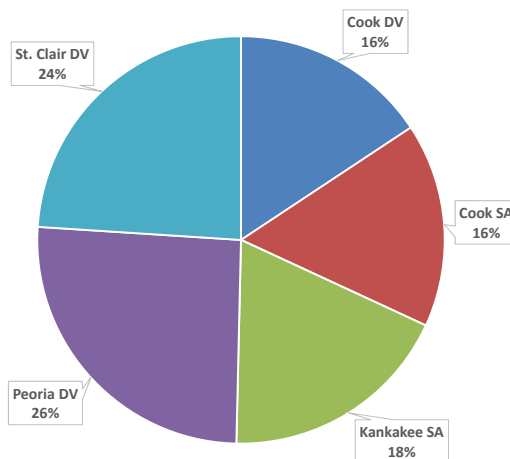
Domestic Violence
Cook County

Peoria County

St. Clair County

Sexual Assault
Cook County

Kankakee County

Current VAWA Distribution to MDTs

- Cook DV 16%
- Cook SA 16%
- Kankakee SA 18%
- Peoria DV 26%
- St. Clair DV 24%

Critical Elements of an MDT

- **Involve key agencies** at the outset of the project, and work out potential issues and problems in advance
- A **designated project coordinator** who can devote *at least* 50% time to the MDT
- A **specialized court** with judges who are trained about the cycle of domestic violence and victim issues
- **Specialized** prosecuting attorneys, law enforcement, and probation officers who are part of the regular membership of the MDT
- **Co-location of advocates and law enforcement**, either at a central location such as a family justice center or at the police department ("one-stop shop")

Critical Elements of the MDT

- Initial **protocol development and regular review** of response protocols for all MDT member agencies and the willingness to develop new protocols
- Active **involvement of agency leadership** in all aspects of the MDT
- **Case reviews**
- Law enforcement **evidence collection** more likely to be directed by needs of prosecutors
- **Expedited and enhanced victim services**

Structure of the Sexual Assault & Domestic Violence MDT

VICTIM SERVICES
LAW ENFORCEMENT
PROSECUTION
PROBATION
COURTS
NON-FUNDED PARTNERS

MDT Benefits

- MDTs enhance communication and improve team members' knowledge of one another's responsibilities
- Specialized trainings
- Enhances victim safety and holds offenders accountable
- Evidence collection and documentation is improved
- Concerns and responses are handled through regular meetings and case reviews

Challenges to an MDT

- Making services available to underserved population

- Funding uncertainty and sustainability

- Maintaining MDT momentum and participation

- Institutional advocacy: coordinating policy development and implementation across agencies

Multidisciplinary Team Approach Discussion

Research and Analysis Unit

Dr. Megan Alderden, Associate Director of Research

Addendum II
Feedback from Committee Members

On January 10 and 11, 2017, the Illinois Criminal Justice Information Authority (ICJIA) convened the Ad Hoc Victim Services Planning Committee to consult and coordinate its efforts to establish recommended funding priorities for Victims of Crime Act (VOCA) and Violence Against Women Act (VAWA) funds. Facilitated Committee and interdisciplinary breakout group discussions were used to elicit feedback from Committee members about the research findings and 12 funding recommendations (Table 1). This document summarizes common themes garnered from those discussions that the State should consider when implementing the proposed recommendations.

Table 1
Twelve Recommended Funding Priorities

Promote Awareness and Access
  1. Fund initiatives that raise the public's awareness of victim services.
  2. Increase funding for advocates and social workers within a variety of organizations to increase victim access to immediate services.
  3. Increase funding of services for underserved victims of crime.

Address Core Needs
  4. Increase funding to address fundamental needs of crime victims.
  5. Fund core direct services to victims of all crime types.

Victim-Centered and Trauma-Informed Services
  6. Encourage development and expansion of programs that address the impact of multiple victimization experiences.
  7. Promote multidisciplinary responses to victimization.
  8. Encourage trauma-informed and trauma-focused services for victims of crime.

Fill Key Gaps
  9. Fund services that address long-term victim needs, such as counseling and mental health services.
  10. Support programs that specifically address needs of individuals exposed to community violence**.**

Implementation, Outcomes, Sustainability
  11. Encourage the use of evidence-informed (or promising) and evidence-based practices and programming.
  12. Fund activities that encourage data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

Promote Awareness and Access

The discussion about increased funding for promotion of and increasing access to services focused on three recommendations: promoting victim services to increase service

seeking, increasing access to services by placing social workers and advocates within a variety of settings, and addressing the needs of underserved victims. Overall, members generally supported an increase in funding to strengthen activities that promoted and increased access to services.

Public awareness campaigns. Committee members highlighted the need to educate the general public, irrespective of victimization history, about services and victim rights. This strategy was seen as beneficial for two reasons. First, members said this would increase service utilization following victimization, as individuals will be more aware of victim services and their eligibility to receive these services. Second, through greater education of the public, informal supports, such as friends and family members, and non-traditional formal service providers in schools and in the medical field may be more readily equipped to inform victims of services and rights.

Strategies discussed by members included learning from public awareness campaigns that target multiple audiences. Members emphasized targeting schools, churches, and neighborhood residents, as well as highly victimized populations, such as individuals who are homeless. While these strategies might include large-scale efforts, members emphasized promotion efforts should be tailored for specific victim groups and geographic locations. In some cases, individuals may not identify themselves as victims. In addition, cultural attitudes may impact how people view service seeking. Awareness campaigns should consider these barriers. Campaigns also can dispel myths about who qualifies for services. For instance, members discussed how some victims may believe only those who report to police can obtain services or that delays in service seeking limits one's eligibility to receive services.

Survivor input and leadership. Members noted that strategies that promote and increase access to victim services are strongest when informed by survivors, as they can best help agencies identify challenges and barriers to service access. One challenge noted was completing paperwork, which can be burdensome to someone who was recently victimized. Members also discussed the research finding that many victims reported being unaware of victim services. Members blamed the lack of awareness on timing. Victim service information is often provided while the victim is in crisis, directly following a traumatic event when one's ability to process information is compromised.

Move up the point of contact. Members suggested making more information available in the community at multiple locations. Many advocates in Illinois are housed in state's attorney's offices. Victims that choose not to report their experiences to police or whose victimization does not result in an arrest and/or prosecution would not have access to those advocates. Schools, colleges, legal aid clinics, hospitals, and police agencies were identified as additional places where victim service information could be provided and advocates could be placed.

Active engagement. Members emphasized the need for active community outreach and engagement activities to increase access to services. Such activities require providers to go out into the community where victims live versus waiting for victims to show up for services. A main theme expressed during the meeting was that providers and criminal justice practitioners need to meet victims where they are and make it easier for victims to know about, find, and access resources. Active follow-up with victims after they have made an initial contact was a specific strategy mentioned. Active follow-up also could help reach and engage underserved victims, including those who have limited means and ability to travel to service providers.

Leverage technology. Technology, such as that which facilitates telemedicine and mobile victim services units, were highlighted as potential strategies to increase access to services. Such strategies may be particularly useful in rural areas or for victims with limited mobility. This strategy can increase victim access to specialists with knowledge and expertise that is not always readily available in Illinois communities.

Address Core Needs

The next set of recommendations focused on increasing funding to address the fundamental and core needs of victims. Fundamental needs of victims include transportation, language services, housing relocation, emergency and permanent housing, life skills training, and legal assistance. Core services include early crisis intervention, criminal justice information and advocacy, mental health and counseling, legal services, housing/relocation, and assistance applying for victim's compensation.

Meet needs that address accessibility. Members recognized the need for support services that reduce barriers to service engagement, such as transportation, translation services, and child care. Services need to be in the language of the victim or, at minimum, victims should have access to translation services when seeking any type of service or engaging in the criminal justice system. Increasing victims' access to support services was seen as crucial to engaging underserved victims, many of whom are isolated because of mobility, language, or other barriers.

Better case management and coordination. Efforts that facilitate enhanced service provider coordination should be supported, Committee members said. The need for case managers to connect victims to services was highlighted as key. Efforts to create more coordinated victim services require staff devoted to building interagency relationships. Members noted that funding is needed to support supervisors and higher-level staff to engage this work.

Scarce and dwindling referral networks. The ability to meet the needs of survivors has decreased due to a dwindling referral network, members said, particularly in the area of mental health services. Funding is needed to reestablish this referral network to ensure that victims are able to access adequate services that meet the various needs of victims that can change overtime.

Victim-Centered and Trauma-Informed Services

Members discussed how the State could support programs that were sensitive to the trauma of survivors facing the complexity of multiple victimizations. In addition, at multiple points during the retreat, members emphasized the importance of being victim-centered in ICJIA-supported practices and programs. For instance, one member highlighted the need for ICJIA to communicate in its notices of funding opportunity that criminal justice system involvement is not required for victims to receive VOCA-funded services. Members suggested that ICJIA encourage agencies to adopt victim-centered principles and monitor their implementation.

Trauma training for the community. Educating the community about what trauma is and how exposure to violence may manifest in internal and external behaviors was discussed. Members said entities such as schools, churches, and prisons should consider the existence of trauma in forming disciplinary actions and move from a punitive to a supportive model, where

appropriate. Members said training is needed for those who regularly engage with people in high crime neighborhoods to help them identify behaviors resulting from trauma.

Specialized training specifically on complex trauma and multiple victimizations. Members expressed the need to move beyond "Trauma 101" trainings for providers and criminal justice practitioners because they are seeing more complex trauma. Trauma resulting from poly-victimization, or multiple, different victimizations that occur over one's lifetime, often requires specialized support and psychological care or services, which members said providers needed to be better trained to address. Training should convey information that assists providers in recognizing and identifying the needs of victims and the most appropriate services.

Define trauma-informed. Members emphasized the need for ICJIA to be clear about what trauma-informed means and how it will be interpreted in the policies and procedures of the programs it supports. ICJIA staff and members agreed that the goal of trauma-informed practices and programs is to prevent re-victimization. Members said providers need funding and technical assistance to become trauma-informed. ICJIA should work with victim service providers to also identify and address other barriers that prevent programs from implementing trauma-informed practices and policies.

Victim voice and education. Members said survivor voices and leadership should be considered when tailoring programs to meet victim needs. During interviews with victims, Aeffect found that victims expressed a need for a roadmap of the services available. Members said victims who have gone through these systems may be helpful in designing these materials. It was also believed by members that these materials may help to manage victim expectations and reduce misunderstandings that result in victims feeling unsupported or misinformed about the process.

Fill Key Gaps: Long-Term Counseling and Mental Health Care

The next recommendation focused on the first gap identified: long-term counseling and mental health services. Counseling is intended to offer emotional support, guidance, or assistance, including telephone, individual, group, or family counseling sessions. Mental health care, on the other hand, involves intensive, professional psychological or psychiatric treatment including, but not limited to, evaluation of mental health needs and delivery of specialized therapeutic interventions.

Support for long-term services. Members expressed support for the finding that services are needed for longer periods and often beyond the crisis stage. Researchers reported that providers, whose referral networks have dwindled due to diminishing resources, have opted to focus their limited resources on primarily serving victims in crisis. Members strategized around how to address this issue given current constraints. One breakout group discussed how victim service providers could link victims to mental health providers who have the capacity to provide longer services. Members discussed how agencies who have the capacity and infrastructure to fund longer care or can leverage more consistent forms of funding such as Medicaid may assist in providing more holistic and consistent services for victims.

Specialized, victim-centered service plans. Members placed an emphasis on counseling and mental health services being victim-centered, or driven by the victim's agenda, and trauma-informed. Members noted that victims' needs vary. Specifically with counseling and

mental health, practitioners should work with victims to identify whether and when supportive counseling, individual counseling, or more specialized mental health care is needed. For some victims, peer support may suffice, while for others individualized care is preferred. Similarly, length of service provision will vary and should reflect the particular needs of individual victims.

Remove barriers to victims engaging in services. Specific barriers to victim engagement in counseling and mental health care include stigma around using mental health services, long wait lists, and lack of awareness about the types of services available. Members indicated that funded programs should consider and address these barriers to services to maximize their utilization.

Fill Key Gaps: Community Violence

The next recommendation focused on the second gap identified: services to address community violence. Members discussed the importance of using funds to support victims of community violence and persons exposed to community violence. Support programs must address the unique challenges of those who have suffered multiple, different victimizations and exposure to community violence during their lifetimes.

Address perceptions about the offender-victim dyad. In addressing community violence, members expressed a need to address historical perceptions of the offender-victim dyad. Often behaviors perceived as perpetration or as problem behaviors are motivated by learned coping and survival strategies. Once someone is labeled an offender, their victimization may be seen as irrelevant. By educating practitioners about the offender-victim dyad and working to change these perceptions, individuals who are both victims and offenders may be more willing and able to access services.

Incorporate victim-centered restorative justice. Some members suggested exploring restorative justice practices, specifically in highly victimized communities and in communities with greater distrust of the criminal justice system or law enforcement entities. Restorative justice may be a way for victims to find healing and victim-defined justice, rather than justice defined by the criminal justice system. Restorative justice programs that are victim-centered are fundable through VOCA.

Leverage native messengers. Members shared that any strategy to address community violence should include community members who can work to educate the neighborhood residents and provide victim support. These individuals may include grandmothers, mothers, and veterans. Individuals who have been both victims and offenders may also be important messengers to similarly situated persons. Members said these messengers could facilitate earlier forms of intervention and increase service utilization. Given the nature of highly victimized or exposed communities, early intervention was seen as important by members, especially for younger children and their families.

Take an ecological and public health approach to violence. Members also recommended a public health approach to community violence, promoting coordinated, complementary service intervention at multiple levels. Members emphasized programming not just for individuals, but also their families and the community as the whole to achieve broader impact and systemic change.

Implementation, Outcomes, Sustainability

Finally, members were asked to reflect on recommendations focused on evidence-informed programming and encouraging data collection and evaluation efforts of providers that can be used to support strong implementation, produce positive outcomes, and promote program sustainability.

System integration of data sources. Members expressed frustration over an inability to connect data from different state agencies or entities to track victims and their outcomes. A State-led effort is needed to address barriers to system integration.

Develop statewide outcomes. In discussing data and outcomes, members suggested ICJIA take the lead in developing larger outcomes that will allow the state to gauge progress on broader goals that span across different services and victim groups. Developing performance measures that document the State's progress in achieving specific, intended goals was perceived as key to ensuring success. Victims and victim service providers should be consulted when developing the outcome measures.

Support victim service provider data collection efforts. Engaging in data collection or evidence-informed programming is challenging for service providers and having a coordinator is key to reducing the burden on direct service staff and ensuring proper follow-up with victims. Members saw the benefits of a coordinator to manage the project and keep track of fidelity and completeness of the data. Furthermore, members suggested that compensation for the work required to engage in research, including provider and victim compensation for research participation, may be needed.

Technical assistance to collect own data. Members said victim service providers need technical assistance from the State on effective data collection and how to use data to improve and justify their programs.

Assistance identifying best-practices and programs. Members felt ICJIA staff and other experts also need to assist victim service providers in identifying and implementing evidence-informed and promising practices and programming. This includes providing information about program fidelity, adaptation, and implementation of evidence-informed practices. For instance, victim service providers may be unsure about how to implement a program with fidelity, but also tailor the program to be culturally-sensitivity to the populations served.

Collect data that reflects different groups. Members wondered about how data collection practices can better reflect different groups, specifically underserved groups. For instance, Arab Americans are counted in the "white" race category. This masks their needs as well as use of services. Members said the State should work with victim service providers to develop data collection protocols that help document and illuminate potentially underserved or undercounted populations. Current efforts are underway to update and improve InfoNet, a statewide database used by some service providers to document victim needs and the services received.

General Barriers

Members identified general barriers to the implementation of the recommendations made by ICJIA. These barriers were seen across recommendations and were key points that providers said the State should to be aware of and consider to improve victim services delivery in Illinois.

Resource dependency issues. Members expressed frustration with fund guidelines and priorities that limit their ability to comprehensively meet the needs of victims. They expressed a need to change the funding allocation process to allow victim service providers the opportunity to state their needs and for funding to fill then these gaps. While members recognized that VOCA and VAWA funds are restricted by the federal guidelines, they expressed a desire for ICJIA to convene non-federal funders to strategize on meeting victim needs. Other members expressed a desire to have access to the data that can be used to advocate for changes in policy that currently restrict how funds can be spent.

Siloed and inconsistent funding. Members also expressed frustration over how funding is siloed and on one-year grant cycles. Members said that siloed funding restricts provider ability to serve victims holistically because they are only able to provide services for a specific type of victimization or service instead of the comprehensive needs of victims. Additionally, members emphasized how one-year funding cycles limit their ability to provide long-term services or enhance their programming to better meet victim needs because of the uncertainty of funding. Members also pointed out that multi-year funding is necessary to see positive, long-term outcomes, particularly for newer, innovative programs.

Lack of specialists. Members highlighted a lack of specialists located in Illinois to provide specific services, especially in more rural areas. A lack of medical specialists who work with abused children and trauma trained mental health professionals were noted. These specialists are few in number, expensive, and not easily accessible, specifically for victims outside of metropolitan areas.

Confidentiality and information sharing. Confidentiality and the goal of sharing information within collaborative models are in conflict with one another. Members shared challenges to navigating collaborative models like multidisciplinary teams when key team members are unable or unwilling to exchange information about cases.

The Role of ICJIA

Throughout the meeting, members reflected on the role of the ICJIA in helping service providers meet the needs of victims. Key considerations related to the 12 recommendations include the monitoring of programs to ensure they are delivering services that are victim-centered and continued convening of stakeholders to set high-level goals and processes that address victimization comprehensively and support providers holistically. ICJIA should also work with other State agencies that fund victim services on filling funding gaps that will exist because of federal restrictions related to VOCA/VAWA funds.