



VICTIM NEED REPORT: SERVICE PROVIDERS' PERSPECTIVES ON THE NEEDS OF CRIME VICTIMS AND SERVICE GAPS



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Key Findings

This report presents research findings on victim needs and gaps in services as described by victim service providers serving victims of crime in Illinois. Victim service providers ($N = 235$) from all regions of the state responded to an online survey and a subset of providers ($N = 28$) also participated in focus groups. The findings in this report draw from these quantitative survey data and qualitative focus group data, as well as administrative data.

Victim service providers identified various victim needs. These needs can be categorized in three ways: fundamental needs, presenting needs, or accompanying needs. Fundamental needs correspond to victims' basic needs, and include shelter, food, and utility services, as well as assistance with life skills, such as education, employment, or housing assistance. Victim services that address victims' presenting needs include mental health care and counseling, medical care, longer term housing and relocation assistance, legal assistance, and substance use disorder treatment. Lastly, accompanying needs, or the need for translation services, transportation assistance, child care, and case management, impact a victim's ability to access services to meet fundamental and presenting needs. Accompanying needs facilitate access to services that seek to satisfy either fundamental or presenting needs, and, thus, are necessary support services.

Victim service providers also highlighted service gaps, or ways in which current service availability was unable to satisfy victim need. Services gaps were either programmatic, where need exceeded a provider's ability to serve victims, or geographic, a lack of services in a particular area. Programmatic gaps included a lack of housing options, both emergency shelter and longer term services, mental health and counseling services, legal assistance, substance abuse treatment, translation services, transportation assistance, and child care. Gaps in emergency shelter services were particularly pronounced for victims of sexual assault and human trafficking, and for older crime victims, whereas children, their parents, and juvenile justice-involved youth often have limited mental health and counseling service options. Geographic gaps centered on providers' limited ability to offer expanded or specialized medical, mental health or legal services; this gap was more pronounced in rural areas. Other gaps, such as unmet needs for substance abuse treatment, translation services, transportation assistance, and child care were present throughout the state, regardless of region or county type (i.e., urban vs. rural).

The findings in this report have important implications for funders, victim service providers, and other social service providers who have contact with victims. Victim service providers, funders, and others should continue to prioritize services that address fundamental and presenting victim needs as these address basic needs, as well as safety and security needs. Also, to facilitate access to services steps should be taken to meet victim accompanying needs. Funders and providers are encouraged to develop a comprehensive plan to address services gaps that is responsive to both current and evolving victim need, and to coordinate services across providers in a way that best matches victim need with provider specialization. Lastly, victim service delivery and funding can benefit from efforts to engage victims and the broader community, where victims are empowered to share their voice and community members can advocate for larger structural change alongside victims and their families, providers, and others.

Introduction

In June 2016, ICJIA researchers conducted a statewide study to better understand crime victim needs, identify service gaps, and measure the capacity of Illinois victim service providers. The study was initiated to inform ICJIA's strategic plan to establish victim service funding priorities for use of S.T.O.P. Violence Against Women Act (VAWA) and Victim of Crime Act (VOCA) funds. The larger project included a review of existing literature, an analysis of administrative data, and surveys and discussions with victims and their family members, victim service providers, and criminal justice practitioners. The findings from the larger project were restricted to allowable activities for VAWA and VOCA funds. For a summary report on the larger project, see the Ad Hoc Victim Services Committee Report on our website.

The present report expands upon one aspect of the statewide study: survey and focus groups with victim service providers. ICJIA staff carried out an assessment of victim services provider's perspectives of victim needs, barriers and capacity to meeting these needs, and strategies to overcome these barriers. The main research questions were as follows:

- What do victims of crime need?
- What needs are providers unable to sufficiently meet due to programmatic and/or geographic gaps?
- What barriers inhibit providers' ability to meet victim need?
- How have providers navigated barriers to service provision?
- How do providers envision the future of victim services?

This report focuses on victim needs and service gaps. A separate report on service delivery, including barriers to service utilization and provision, and provider strategies for overcoming barriers is forthcoming. The report begins with a review of relevant research literature, followed by the study methodology and limitations. Next, the results of the study are presented, ending with a discussion of the findings and implications for policy and practice.

As a note, while the larger project report was restricted to allowable activities for VAWA and VOCA funds, this report presents the main findings from the survey and focus groups regardless of funding allowability. Also, as part of the larger project, 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. Where possible, the present report draws upon data from the statewide victim needs assessment¹ that asked victims about their needs following their victimization, whether those needs were addressed, and ways to improve victim services.

¹ 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. 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.

Section 1: Literature Review

Victimization can impact multiple areas of life that contribute to both tangible and intangible consequences. Tangible consequences include the need for medical care, mental health services, loss of productivity, criminal justice responses, while intangible consequences include pain and suffering resulting from the crime. Researchers have attempted to quantify the tangible and intangible cost of victimization. In a National Institute of Justice funded study, Miller, Cohen, and Wiersma (1996) estimated tangible crime costs totaled to \$105 billion annually (in 1996 dollars). When considering intangible costs, calculated using estimates such as property values and jury awards for pain and suffering as a result of a crime, the costs rose to \$450 billion annually. The vast majority of these costs (95 percent) were associated with violent victimization (Miller, Cohen, & Wiersma 1996). Other more conservative approximations have placed annualized costs at slightly lower amounts. For instance, Corso and colleagues produced estimates the total cost of violence-related injuries in 2000 at more than \$70 billion, including a probable \$64.4 billion lost in productivity and \$5.6 billion in medical treatment. For interpersonal violence specifically, estimated costs in 2000 totaled to approximately \$37 billion, \$4 billion for medical treatment and \$33 billion for lost productivity (Corso, Mercy, Simon, Finkelstein & Miller, 2007). Regardless of how the costs are calculated, the data indicate the profound overall financial consequences of crime to society.

Extensive research exists on the impact of victimization on individuals. Not every person who experiences a crime will need or want help; some victims are able to adjust and cope without formal support services. For other victims, however, the experience is quite different as victimization may impact their daily life and overall well-being. Much research has been done on the impacts of victimization, including the impact on one's physical, psychological, and overall well-being.

Physical Injuries

For victims of who experience physical harm as a result of the crime, the long-term physical and financial impact of needed medical services and care can change their lives drastically (National Criminal Justice Reference Service, n.d.). Victims may experience severe bodily harm or disfigurement as a result of the crime or may experience debilitating health problems from psychological stress brought on by the victimization (Office for Victims of Crime [OVC], 2012c; Nemeroff, 2016). For children, abuse and the associated psychological stress can cause severe physical symptoms beyond the direct injuries of abuse, such as irritable bowel syndrome, diabetes, and heart disease (Nemeroff, 2016). Older female victims of abuse report a larger number of negative health outcomes, including digestive problems and chronic pain (Fisher & Regan, 2006). Elder abuse and neglect victims may present to emergency rooms with physical injuries such as fractures, dehydration, bruises, and lacerations; and as many as 30 percent are subsequently admitted to the hospital for treatment (Dong, 2005). Victims of trafficking often experience multiple forms of violence which can result in chronic health issues, such as memory problems, hearing problems, and vaginal or pelvic pain in cases of sex trafficking (Farley et al., 2016). These physical impacts can persist for years and are often costly to address.

Psychological Symptoms and Mental Health

Victimization also may result in psychological symptoms and related mental health needs. Exposure to violence for children and adolescents is associated with increased internalizing (anxiety disorder, major depressive disorder, post-traumatic stress disorder; OVC, 2012a; Nemeroff, 2016), and in cases of community violence, externalizing (oppositional defiant disorder, conduct disorder) behaviors and trauma symptomology in children and adolescents (Cecil, Viding, Barker, Guiney, & McCrory, 2014). Youth who bully others are more likely to have witnessed intimate partner violence than those who do not bully (Baldry, 2003; McKenna, Hawk, Mullen, & Hertz, 2011). Childhood victimization can also negatively impact healthy development, including personality development (Finkelhor & Hashima, 2001). Similarly, adults often experience anxiety, depression, and PTSD after a victimization such as losing a loved one to a crime (Aldrich & Kallivayalil, 2013), elder abuse (Fisher & Regan, 2006), domestic violence (Black, 2011; Coker et al., 2002), and sexual assault (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). In addition, some victims experience heightened feelings of vulnerability or an inability to trust others, all of which can impact their sleep and daily functioning (Black, 2011; Coker et al., 2002, OVC, 2002b; Warshaw, Brashler, & Gil, 2009). Others experience additional psychological responses, such as feelings of survivor's guilt or feeling the crime was preventable, further complicating the healing or grieving processes (OVC, 2012b; Spungen, 1998). These symptoms often emerge following the victimization and persist for years, impacting their overall quality of life (Yuan Yuan, Koss, & Stone, 2016).

Overall Well-being

The cumulative impacts of violence on multiple areas of victim's lives can impact overall well-being (Yuan Yuan, Koss, & Stone, 2016). 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 stability. Children who have experienced abuse or neglect can fall behind in their academic studies and may exhibit behaviors that are delinquent or combative, impacting social relationships (Finkelhor & Hashima, 2001). For direct victims of violent crimes or family members of victims, feelings of isolation may be exacerbated when support systems, such as family and friends, respond insensitively or stigmatize the victim (Connolly & Gordon, 2015). Following a crime, research has found that both victims and surviving loved ones lose a sense of security and safety in their neighborhood contributing to economic stress and social isolation because individuals do not feel they are able to safely leave their homes (Masters, Friedman, & Getzel, 1988).

Victim service providers may address these impacts of violence through a variety of services based on victim need. The following report will explore victim service providers' perspectives on the needs of victims following victimization and highlight services that address these needs.

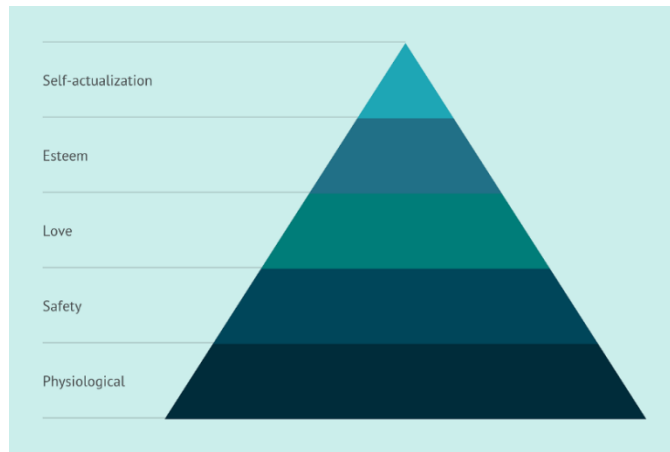
Multiple Victimizations

Addressing the impacts of victimization may be particularly important given research has shown that experiencing a violent crime puts individuals at a higher risk of future victimization. For instance, experience with domestic violence elevates one's risk for future victimization and is linked to other forms of violence (Hamby, Finkelhor, & Turner, 2012; Finkelhor, Ormrod, & Turner, 2007; Trickett, Noll, & Putnam, 2011). Children and youth who are victims of violence 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 (Finkelhor, Turner, Shattuck, & Hamby, 2015). 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 (Hamby, Finkelhor, & Turner, 2012). Research on surviving family members of homicide victims suggests that many of these families experience multiple losses and are impacted by multiple forms of violence, further complicating the trauma and their grieving experience (Vincent, McCormack, & Johnson, 2015). Victims who are exposed to repeated violence over time are at greater risk of experiencing adverse outcomes as a result of the victimization (Johnson & Leone, 2005). Individuals may develop severe trauma symptoms due to multiple exposures, which has implications for the cost of victimization on society and emphasizes the importance of addressing victim's needs following a crime.

Victimization and Maslow's Hierarchy of Needs

All persons, regardless of past or current victimization status, have needs that must be met in order for them to survive and thrive. In 1943, Abraham Maslow introduced a hierarchy of needs (*Figure 1*) in the form of a pyramid where basic, lower-level needs build upon one another to reach higher-level needs of human potential (Maslow, 1943). For example, physiological needs (e.g., food, shelter, etc.) must be met before an individual's safety needs can be met. The model posits that there are basic (or deficiency) needs and growth needs (self-actualization). Basic needs when unmet are thought to drive human behavior; when basic needs are met, they are no longer drivers of human motivation and individuals are then able to move to the next level of unmet need. When all of these basic needs are met, individuals are able to move toward growth needs, more specifically self-actualization which is the fulfillment of personal potential.

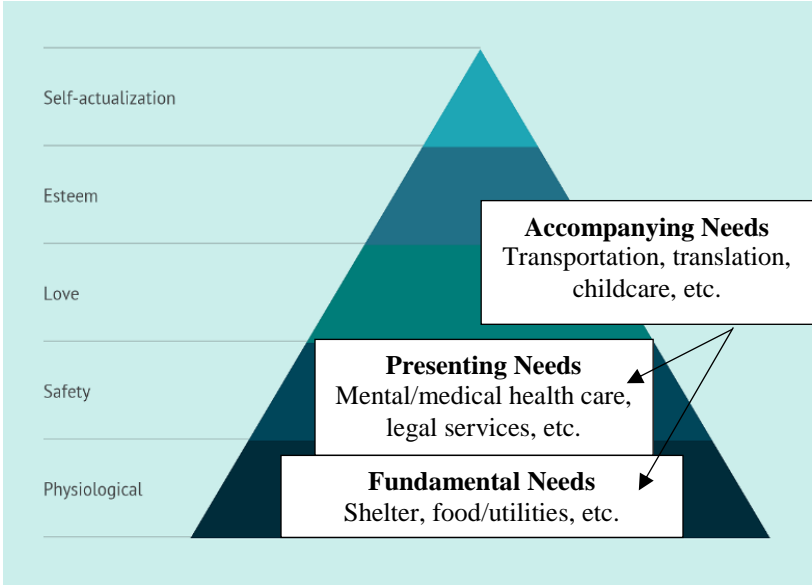
Figure 1
Maslows's Hierarchy of Needs



At the base of the pyramid are physical needs consisting of food, water, sleep, and shelter. In Maslow's theory, the physiological needs are critical to survival and if these essentials are not met, all other needs become secondary. The next level are safety needs such as protection, security, order, and stability. In describing this need, Maslow provides examples such as risk of harm, a lack of consistency, and exposure to violence as threats to the need for safety. If both physiological and safety needs are fulfilled sufficiently, individuals then progress to love needs for affection and belongingness. Love needs include both giving and receiving love, intimacy, and support in work relationships, friendship, family, and romantic partners. Following love needs are esteem needs, including self-respect and respect from others. These needs represent the basic or deficiency needs that when unmet, individuals are not able to reach a full fulfillment of their potential. The last need in the hierarchy is the need for growth or self-actualization. Maslow (1943) characterized this need as human development towards living into who a person is and who they are becoming.

Direct services seek to empower and assist victims to meet their most basic, or physiological needs, while also working to respond to threats to safety resulting from their victimization. Our qualitative research findings suggest that victim needs can be described in one of three ways, as fundamental needs, presenting needs, or accompanying needs. This report discusses how victims' fundamental needs and presenting needs correspond to physiological needs and safety needs, respectively (*Figure 2*), and highlights how accompanying needs are necessary components to effective service provision; by addressing accompanying needs (e.g., child care, transportation) providers reduce barriers to service utilization for victims.

Figure 2
Victim needs and Maslows's Hierarchy



Section 2: Method

The purpose of this study was to document victim services provider's perspectives of victim needs, barriers and capacity to meeting these needs, and strategies to overcome these barriers. The main research questions included:

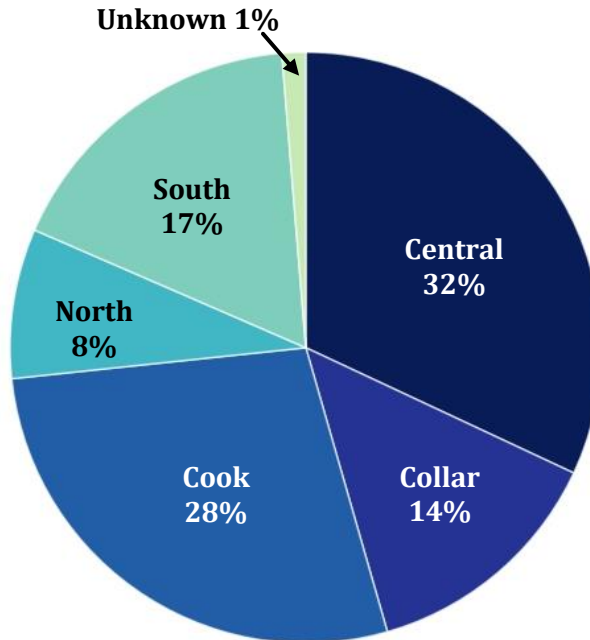
- What do victims of crime need?
- What needs are providers unable to sufficiently meet due to programmatic and/or geographic gaps?
- What barriers inhibit providers' ability to meet victim need?
- How have providers navigated barriers to service provision?
- How do providers envision the future of victim services?

To answer these questions, ICJIA staff utilized a fully mixed sequential research design in which quantitative and qualitative components of the study were carried out in different phases (Leech & Onwuegbuzie, 2009). This mixed method approach enables researchers to contextualize the information gleaned through quantitative data collection and analysis with qualitative data, allowing a more nuanced understanding of study findings (Onwuegbuzie & Leech, 2004). The study involved two components: a survey of victim service providers and follow-up focus groups with victim services staff. Researchers surveyed victim service providers about the needs of crime victims and availability of services and capacity to meet those needs. 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. Participants who completed the survey could opt-in to be contacted about participating in future focus groups. Seven follow-up focus groups with provider staff were then completed.

A total of 235 providers completed the survey (response rate of 45 percent). The geographic representation of the main offices of these providers is shown in *Figure 3*.

Figure 3
Regions Represented by Participating Victim Service Providers



The majority of providers indicated they served victims of sexual assault (66 percent), domestic violence (61 percent), child abuse (58 percent), and stalking (54 percent).² A large portion of providers also had experience working with human trafficking (47 percent) and elder abuse (37 percent) victims. Limited participation also was seen from providers who work directly with homicide survivors (21 percent) and victims of gun violence (17 percent), impaired driving (14 percent), and gang violence (13 percent).

Ninety agency staff opted-in for potential participation in the follow-up focus groups. Researchers held focus groups in the Central (2 groups), Collar (1), Cook (2), Northern (1), and Southern (1) regions of the state. Participants represented a variety of agencies serving different victim groups. In total, 28 victim service providers participated.

Each focus group had an average of four participants, ranging in size from one to eight participants ($SD = 2.83$). The majority of focus group participants represented Central Illinois (32 percent) and Cook County (29 percent), followed by Southern Illinois (18 percent), the collar counties (14 percent), and Northern Illinois (7 percent), closely matching the regional makeup of survey participants. The majority of focus group participants indicated they served victims of sexual violence, domestic violence, and/or child abuse (64 percent for each crime type).³ Less represented were providers serving victims of stalking (36 percent), human trafficking (32 percent), elder abuse (25 percent), gun violence (11 percent), and impaired driving (7 percent),

² Percentages total more than 100 percent as most victim service providers reported serving victims of more than one crime type.

³ Percentages total more than 100 percent as most victim service providers reported serving victims of more than one crime type.

but more representation was seen among providers serving homicide survivors (29 percent) than in the survey portion of the study. In addition, some participants also indicated they served victims of community violence (11 percent) or all types of crime victims (11 percent).

The majority of focus group participants were female (89 percent) and identified as White (82 percent). Other providers identified as Hispanic/Latino (7 percent), Black/African American (7 percent), or multi-racial (4 percent). Participants fell into the following age range categories: 25-34 (14 percent), 35-44 (36 percent), 45-54 (21 percent), and 55-64 (29 percent). On average participants had been providing victim services at their current agency for 8 years and three months ($SD = 8$ years), with a range of two months to 30 years, and in the victim service field for 13 years and eight months ($SD = 10$ years, seven months), ranging from two months to 35 years of service.

Measures

Survey. The survey included a variety of questions about victim need, availability of services, and the current capacity of agencies to provide services. The following survey areas were analyzed:

Victim need. Participants were asked to select victim service needs, such as child care, counseling, and criminal justice system information/advocacy victims at different time points: immediate (0-3 months), intermediate (3-6 months), and long-term (6-12 months).

Service availability. Participants described the availability of services in their area for a range of crime types (e.g., child abuse, elder abuse, homicide). For each crime type, participants indicated whether their agency provided services directly or through referrals, were aware or unaware of victim services, or knew victim services did not exist in their area.

Service priorities. Providers also used a Likert scale from 0 (*Not a priority*) to 4 (*Essential*) to rate the importance of meeting victim needs via certain services, such as child care, counseling, and criminal justice system information/advocacy.

Geography and population density. Victim service providers were grouped by their regional locations and by their location's population density (urban versus rural). See *Appendix A* for state region designations and for urban and rural county designations.

Focus groups. Several broad questions guided participant focus group discussions. These questions centered on the needs of crime victims, barriers to victim access and provider service delivery, and service capacity. For the purposes of this report, responses that provided insight on the following questions were analyzed:

- What do you see as the primary needs of victims of violent crime in Illinois?
- Where do you see a gap in violent crime victim services (programmatically or geographically)?

Analytic Strategy

Researchers analyzed both quantitative survey data and qualitative focus group data using analysis techniques described below. The qualitative data was more heavily drawn upon during the analysis phase of the study or had a dominant status. In studies that use mixed method research design, Leech and Onwuegbuzie (2009) distinguish between research approaches that give equal status to quantitative and qualitative methods or that give greater weight to one method (i.e., dominant status) in answering research questions. Administrative data, where appropriate, was also used as a supplement to qualitative research findings.

Survey analysis. Researchers conducted descriptive analyses to analyze survey data. For categorical variables (e.g., service need, service availability) the number of each response type was obtained and for ordinal variables descriptive statistics (e.g., mean, range, and standard deviation) were computed. Additionally, independent sample t-tests and one-way analysis of variance analyses were conducted to examine differences in victim need and service availability by region and chi-square analyses were used to examine differences by population density (i.e., rural vs. urban).

Focus group analysis. Focus groups were recorded with a digital audio recorder and transcribed verbatim. The transcripts were then analyzed using NVivo 9, a qualitative software package. Researchers used a combination of structural and descriptive coding during the initial coding period.⁴ Structured codes such as victim need and gaps aligned with study research questions, whereas descriptive codes such as shelter, legal services, and transportation were topics referenced by focus group participants.

During the second phase of coding, researchers used axial coding to determine how codes identified in the initial coding phase could be organized, according to similar or dissimilar characteristics, into larger categories (e.g., fundamental needs, presenting needs). Theoretical coding also helped to structure how all codes and sub-codes were connected (e.g., transportation need in a rural area). Each transcript was coded by one researcher trained in qualitative data analysis, and was reviewed by a similarly trained researcher. Coding disagreements were discussed until consensus was reached. In addition, throughout the report, words or phrases that help to illustrate key findings that align with the coding structure are bolded.

Administrative data. Researchers analyzed administrative data on victim service utilization available through InfoNet, the state's central repository for victim service data specific to sexual assault, domestic violence, and child abuse. These data were used to further inform study findings on victim need.

Limitations

No research study is without limitations. First, this study focused on provider perspectives on victim needs and their capacity to meet those needs and does not incorporate victims' perspectives on these topics. During this same time period ICJIA contracted with

⁴ For a discussion of coding techniques see Saldana (2009).

Aeffect, Inc. to conduct a victim needs assessment. While this project parallels much of Aeffect, Inc., study found,⁵ it is important to acknowledge that victims and, more specifically, victims who do not seek help from formal service providers may have needs that are not reflected in this report. This is a common limitation in victimization research because a lot of victims never disclose their experiences formally to criminal justice agencies or victim service providers.

Second, the victim service providers surveyed 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.

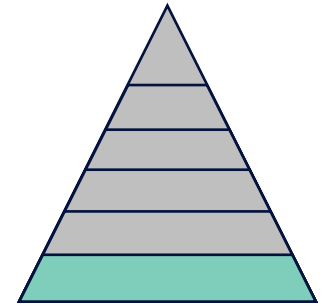
Lastly, this research took place during the Illinois budget crisis, which impacted the time providers had to participate in this study. Due to staffing capacity issues and funding cuts, some providers did not have the time or were unable to afford travel to participate in focus groups. This study design did not allow for funds to offset the cost of participant travel expenses or to compensate providers for staff time.

⁵ Aeffect, Inc.'s report, 2016 Victim Needs Assessment Summary Report, is available here: http://www.icjia.state.il.us/assets/articles/2016_ICJIA_Victim_Needs_Assessment_Summary_Report.pdf

Section 3: Study Findings

Fundamental Needs

Maslow’s Hierarchy of Needs helped to inform the way this report conceptualized victim need. An individual’s victimization experiences may disrupt their ability to meet their most basic needs. This section will demonstrate how victims’ fundamental needs correspond to their most basic needs. Specifically, victims have an immediate need for shelter, food and utilities, and basic life skills.



In some instances, victim need may exceed the ability of a provider to meet need, resulting in an unmet need, or gap. Providers were asked to identify programmatic or geographic gaps. Programmatic gaps occur when a provider is unable to offer a particular service, such as shelter, or to serve a certain victim population, such as elder abuse victims. Geographic gaps are unmet needs that result when services are not available in a particular area, such as more rural counties. Victim service providers identified shelter services as a fundamental victim need that is unmet.

Shelter. Emergency shelter was identified as a top immediate victim need (i.e., 0-3 months post-victimization) by over a third (36 percent) of victim service providers who were surveyed. Domestic violence providers define on-site or emergency shelter as “bed space [provided] on-site at a residential domestic violence program on an emergency basis.”⁶ Emergency shelter is intended to meet a victim’s immediate need for housing on a temporary basis.

Providers noted they are often unable to meet the demand for emergency shelter. A provider in the Illinois collar counties described turning victims away from shelter because they did not have the capacity to serve all victims who sought this service:

We have 29 beds in our **emergency shelter** facility. We turned away about fourteen hundred people last year...both adults and children. And we struggle even right on the front end with **shelter**. I mean, those are not a mix of...homeless and domestic violence [victims], those are the people we could have sheltered, would have sheltered, they met all of our criteria, and we simply did not have the space when they called. (FG3)

This overall lack of available emergency shelter was consistent with findings from a separate analysis of administrative data. Data on the number of adults and children turned away from domestic violence emergency shelter due to a lack of bed space are tracked in InfoNet, an Illinois repository for victim service data. Domestic violence providers reported that 2,968 adults and their 3,391 children were turned away in 2016.⁷ These figures likely underestimate the need because the count only includes victims who meet shelter eligibility requirements and are turned

⁶ Definition used by InfoNet, repository of victim service data in Illinois, users serving DV clients, the majority of which receive state funds to support community-based domestic violence services.

⁷ 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.

away.⁸ In addition, not all domestic violence shelters in Illinois use InfoNet to track how many victims they turn away.

Providers also described a lack of emergency shelter for victims of sexual assault elderly victims, and victims of human trafficking. One Cook County provider said:

It is hard to find shelter. **Shelter** is limited, especially for [victims of] sexual assault if [the offender] is an acquaintance. A lot of times I've seen family members who feed into the myths and kick the family member out because they've been sexual assaulted. It doesn't meet the requirements of DV. And so...there are limited places we can send them. (FG1)

For older victims⁹ who experience sexual assault and are in need of emergency shelter, traditional shelter environments may be inappropriate. A provider from southern Illinois described difficulties that can emerge when older victims seek shelter services that are ill-equipped to meet their particular needs:

The elderly female population who are victims of sexual assault are often not comfortable in the domestic violence **shelters**. [There are] a lot of children present and a lot of them have physical disabilities and sometimes cognitive limitations and they have a hard time dealing with a lot of activity around them. (FG5)

Emergency shelter for human trafficking victims is also limited in Illinois. Human trafficking is the exploitation of a person for labor purposes (e.g., debt bondage, domestic servitude, or labor trafficking) or a commercial sex act (e.g., sex trafficking) through the use of force, fraud, or coercion, or when any person younger than 18 years engages in a commercial sex act (U.S. Department of State, 2010). Some victim service providers were unaware of shelters for human trafficking victims outside of the Chicago area. Even when providers were aware of shelter options for this particular population, they noted limitations related to bed capacity and eligibility criteria. Providers in southern Illinois noted that a local human trafficking shelter only had capacity to serve four victims. In addition, some shelters restrict services based on a victim's age. A Cook County victim service provider specializing in serving victims of human trafficking noted that services for adult victims of human trafficking are practically nonexistent and services for labor trafficking victims are just as sparse.

Food and utilities. In addition to shelter, providers also cited the importance of being able to meet victims' other fundamental needs, such as food and utilities. A provider participating in a focus group in Cook County described how the ability of sexual assault victims to meet their need for food and utilities, as well as shelter, may be negatively impacted as a result of victimization:

And a lot of [victims], after the sexual assault, may not be able to function for a while. And so if they lose their jobs even though...we have legislation that says you can't lose

⁸ See Illinois Coalition Against Domestic Violence and Illinois Department of Human Services (2016) for information on policies related to shelter eligibility.

⁹ Older adult victims are individuals who are 60 years or older.

your job because of this...or they take [unpaid] family medical leave, well that's fine, but... how do I support my family? And so now she is carrying a much heavier burden...there is little money for these services. You know just having our **utilities** on is helpful. Just knowing that I can put **food** on the table for my kids is the one last thing I have to worry about. (FG1)

Life skills. Life skills are basic skills that assist individuals in meeting their fundamental needs, including securing education, housing, and employment. For example, individuals may need assistance with submitting a college or job application, including help with building a resume and developing job interviewing skills. Domestic violence providers, in particular, recognize the need for life skills; this is demonstrated by the way they have integrated these types of services in their programming. Currently, domestic violence providers using InfoNet track the number of clients that benefit from either housing advocacy, or employment or education assistance, indicating this is an important service need. More than one third of victim service providers surveyed, regardless of the victimization populations they worked with, identified life skills as a top long-term victim need or a need that emerged six months or later after their victimization experience (38 percent). In addition, life skills was viewed by providers as a longer term need regardless of geographic location (e.g., North, Cook, Collar, Central, South) or population density (urban vs. rural).

Providers noted the importance of not only making skills training available to victims, but of also linking them to employment opportunities that pay a living wage, enabling them to support themselves and their families. A provider in Cook County described the importance of moving beyond employment opportunities paying minimum wage, but “[giving victims] a **career** that's gonna help them overall...so they are not just surviving, but have the opportunity to ask for, live a life that provides all their needs and wants” (FG1). Life skills training coupled with education and employment opportunities may allow a victim to not only survive, but thrive. Research suggests that female domestic violence victims with limited financial options may repeatedly return to their abuser to meet their basic needs (Bell, 2003). Fostering economic independence that allows this population to meet their most basic needs can help them break free from a cycle of abuse.

Presenting Needs

This section will describe victim need for services that meet presenting needs. Presenting needs correspond to safety, the second tier in Maslow’s Hierarchy of Needs. The ability of a provider to help victims meet presenting needs can help to restore their sense of safety. Victim services that address victims’ presenting needs include mental health care and counseling, medical care, longer term housing and relocation assistance, legal assistance, and substance use disorder treatment (SUD).

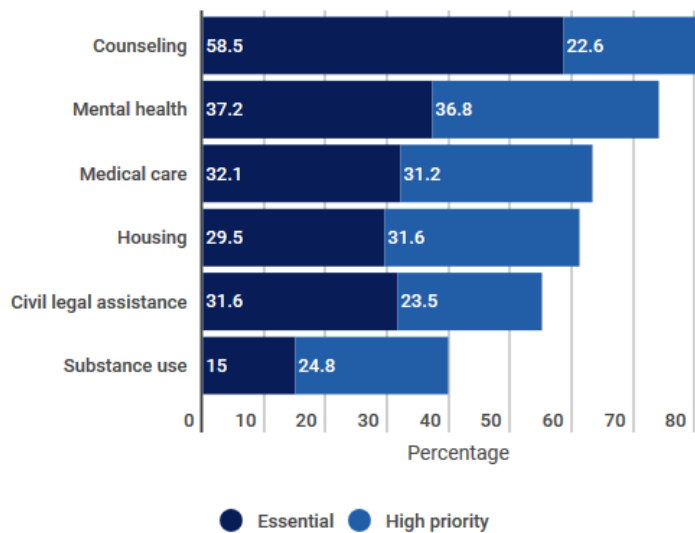
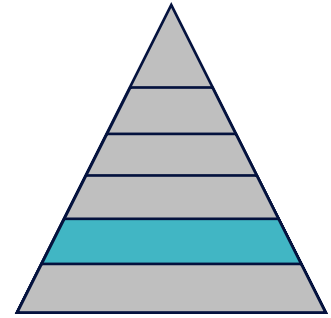


Figure 4. Victim Presenting Needs

More than half of victim service providers surveyed said services that aid victims in meeting presenting needs were essential or high priority, with psychological well-being (i.e., counseling, mental health) seen as the most important service priority (Figure 4). The majority of providers also viewed medical care, longer term housing, and civil legal assistance as services that were important. Fewer victim service providers viewed substance use treatment as essential or high priority (40 percent). This finding likely indicates that fewer victims present with substance use disorders.

These findings are similar to those noted by the Aeffect, Inc., researchers who conducted a statewide survey of victimization in Illinois. On that survey, victims ranked counseling, mental health, civil legal assistance, and medical care as the top needs resulting from victimization.¹⁰ Victims and providers differed with respect to the importance they placed on housing. Only 7 percent of victims cited housing as a need resulting from their victimization, whereas nearly two-thirds of providers prioritized housing services for victims. This disparity may have resulted because Aeffect, Inc., sampled victims regardless of whether they had sought services, whereas the providers’ perspectives are likely largely influenced by the victims they serve. Additionally, the many more victims participating in Aeffect, Inc.’s study had experienced financial crime and/or physical assault, compared to our sample of predominantly domestic violence and sexual assault victim service providers.

Mental health care and counseling. Individuals may experience negative psychological effects, including PTSD and depression, as a result of their victimization (National Center for

¹⁰ See Aeffect, Inc. (2017)

Victims of Crime, n.d.). Victims need mental health care and counseling services to address these effects. Research suggests that victims with fewer psychological symptoms are more likely to have received mental health services shortly following their victimization and to have continued those services six months later (Norris, Kaniasty, & Scheer, 1990). The victim service provider survey indicated that victim need for mental health care services, specifically counseling, is persistent across the immediate (0-3 months), intermediate (3-6 months), and long-term (6 months and beyond) post-victimization stages.

Victim service providers described mental health care and counseling as services that seek to address the psychological impact of victimization, but also noted certain differences. They viewed mental health care as being provided by a trained clinician with the ability to offer medication management and therapy. In comparison, providers used the term counseling more broadly to refer to a wide range of services, such as crisis intervention, individual counseling, and group sessions. Advocates, as well as mental health professionals, provide these types of counseling services.

A provider from Cook County offered some insight as to why mental health care, including access to mental health providers with the ability to prescribe medications is needed:

I think another subset of the clinical aspect is access to **psychiatrists** and **psychotropics**...I ran residential programs for a lot of years and when the girls would come in, you have a few days of honeymoon, and then the **PTSD** would start to come up and the sleeping, irritability with other people. (FG7)

Victims who present with mental health difficulties, particularly those victims whose symptoms are severe enough to support a clinical diagnosis, need access to mental health care.

Mental health care services not only seek to improve a victim's psychological well-being, but also help to facilitate the victim's engagement in services and legal proceedings. One legal services provider from central Illinois described the potential for legal services and counseling services to complement one another:

From the legal aid perspective, I see that **counseling** is a big need and that something that lawyers don't do very well...we can address legal needs...**counseling** can step in and I think that's really needed because otherwise victims go back on their story, they don't know what to do, they don't have access to these resources, and then the whole criminal case sort of goes away because they're not cooperating with the state's attorney and that's frustrating for the state's attorney and the police. (FG6)

The ability to provide these services in tandem helps the victim to meet their safety needs by addressing presenting mental health problems while addressing presenting legal problems.

Providers throughout the state stressed the need for mental health and counseling services, given the negative impact the State of Illinois budget impasse, coupled with years of funding cuts for mental health services has had on the availability of these services. A provider

from the Collar counties said, “The biggest change we’ve seen is the decrease in the availability of **mental health services**. That’s [the need] we’re finding is the hardest to meet given the current budgetary [restrictions]” (FG3).

This need was noted in both urban and rural settings. A provider from southern Illinois, a largely rural part of the state, reported on her agency’s inability to provide counseling on-site. She described how her agency is not able to “[provide] **on-site counseling**, in the moment” (FG5) for older kids unlikely to actively seek out counseling services. Research suggests that on-site counseling services increase victim service utilization. Muelleman and Feighny (1999) found that in a sample of female domestic violence victims, those who received victim advocacy services on-site in an emergency room were more likely to seek shelter and to obtain counseling services than victims with no interaction with an advocate.

However, not all urban areas are equipped to handle the wide range of mental health services victims may need, particularly those of child victims. A provider from a metropolitan area in northern Illinois discussed the lack of specialized mental health services in her area for children:

Mental health overall, we have a great resource, and a local [mental health] facility. But if the child is having any **psychosis** or any [sort] of **mental symptoms** they have to go to a hospital in the Chicago area. They are sent there. They don’t have the resources here to help these children which makes it even more traumatic, because these young kids, kids as young as five or under are sent to these facilities where they are medicated and stabilized but they don’t see a parent, they don’t see a friendly face...so it is a trauma on top of whatever they were dealing with. (FG2)

Providers expressed that the state budget had negatively impacted the ability of victims to obtain basic mental health services due to a lack of providers, irrespective of geographic location.

Another issue raised by victim service providers was the lack of mental health professionals equipped to work with particular victim populations, including children, justice-involved youth, and the parents of victimized children. In addition, they said the need for basic counseling services for young children and for more specialized mental health care services for child sexual abuse victims is unmet. Providers from central Illinois described their struggle to find counseling for children four years of age and younger:

P2: We’ve talked about **mental health** and **specialized mental health**, but I also want to throw out there if you were needing services, [for children] ... [ages] 0 to 4ish, it’s almost impossible to find service providers.

P1: [Finding] **general counseling** for a three year old is very difficult, even trying in other counties it is hard.

P2: We even have access to [a city] and it is nearly impossible to find services at all, much less specialized services.

P1: Oh yeah, I am not even talking about specialized, I am just talking about **counseling**. I think that when I first started, we didn’t have a lot of 3 or 4 year olds who

needed **counseling**. But it's changed and some of these three year olds absolutely need **counseling** or something because it's different now than it was 12 years ago. (FG5)

A Cook County provider also noted a gap in mental health services for child victims of sexual abuse because while “there are **therapists** [with] generalized knowledge of certain issues, sex abuse [requires] specialized treatment” (FG7).

Victim service providers identified justice-involved youth with victimization histories as a group in need of mental health and counseling services. While victim service providers want to connect these youth to services, their options are limited, indicating a service gap. A provider from southern Illinois explained that “...we cannot provide services to offenders” due to funding restrictions and that “referrals for juvenile offenders with victimization histories are difficult to locate (FG5).” A Cook County victim service provider also noted, “Nobody owns that issue, not [the Department of Children and Family Services], not the police. So we are really struggling with what to do with these cases” (FG7). Providers have few resources with which to serve justice-involved youth. A provider from southern Illinois shared, “We have one provider in our area that we can refer [justice-involved youth] to and she's not cheap (FG5).”

Providers also recognized the need for mental health services for parents of victimized children. Illinois providers can connect children and youth in mental health crises to appropriate services by utilizing the State of Illinois' Screening, Assessment, and Support Services (SASS), a program accessible via a toll-free number (Illinois Department of Healthcare and Family Services, n.d.), but the program does not extend to the parents of children in crisis who are in need of mental health services themselves, indicating a gap in referrals and services:

We really struggle with **mental health services** for the parents. You have some resources for the kids, SASS and all that, but when we have the parents come in with **psychiatric issues**, you can't call SASS to say here is a referral... And we focus so much on the kids, we're really kind of limited on how much we can engage the parent in that. (FG7)

According to victim service providers, specialized mental health and counseling services are limited regardless of whether victims reside in a rural or urban county. This service gap can result in victims having to travel long distances to receive specialized mental health and counseling services, which providers asserted can be re-traumatizing, particularly for children.

Medical care. Victim service providers highlighted the need for medical services and medical advocacy, especially for victims who have experienced sexual assault or human trafficking. Medical advocates assist victims in a healthcare setting, such as an emergency room, following sexual assault by providing information, referrals, and crisis counseling, and in communicating with law enforcement and health care professionals (Rape Victim Advocates, 2015). One Cook County victim service provider stressed the benefit of Sexual Assault Nurse Examiners (SANEs), registered nurses with expertise in conducting forensic exams for sexual assault victims (OVC, 2016).

I think **SANE nurses** really make a tremendous difference on how evidence get

collected, how the victim feels after she gets done from her visit to the emergency department, and how it helps prepare her for the meeting with law enforcement. What we know is the first person who has contact with this individual makes the greatest impact on her ability or his ability to recover. (FG1)

Victim service providers working with children underscored the potential for re-traumatization and how trained SANEs may help mitigate re-traumatization. A provider from central Illinois explained that “you have kids that go to the hospital and are examined and then have to go for another exam because there wasn’t a **pediatrics SANE** [present at the initial exam] and so that’s like traumatizing them all over again” (FG6). This provider lamented the loss of a pediatric SANE in her area, highlighting SANEs as a service need that is not currently being met in her area. According to a key stakeholder interviewed by Aeffect, Inc., there are only 200 certified SANEs in Illinois, an insufficient number to place at least one SANE in each of the state’s 210 hospitals (Aeffect, Inc., 2016a), and according to victim service providers the demand for SANEs exceeds current capacity (Aeffect, Inc., 2016b).

Victims of human trafficking are a population that has demonstrated a clear need for medical care services. One-third of providers who serve trafficking victims directly indicated that medical/health care services was a top immediate need (0-3 months post-victimization) compared to only 20 percent of all providers serving other victimization types (e.g., sexual assault, domestic violence) identifying medical/health care services as an immediate victim need. This finding suggests that victims of human trafficking need medical care immediately following their victimization experience. Providers who work with this population should be equipped to engage in medical advocacy, including providing referrals to medical partners that will be sensitive to the needs of trafficking victims.

Findings from this study suggest that gaps in specialized medical services are more pronounced in rural parts of the state. Providers described that victims often need to travel to larger urban centers to obtain specialized medical services to address the physical impact of their victimization. This particularly impacts child victims of sexual abuse. In addition, the need to travel long distances to receive needed services may contribute to a victim’s experience of secondary victimization.

Longer term housing. Housing services for victims may include relocation, transitional housing, or access to affordable housing options, depending on their needs following victimization. These services provide a more stable and longer term housing environment than emergency shelter, which only seeks to meet a victim’s immediate housing need. Permanent housing was identified as a top intermediate and longer term victim need. One victim service provider from the Collar counties said **transitional and affordable housing** and in some cases, **permanent supportive housing** is victims’ greatest need.

Providers emphasized the importance of providing supportive housing to victims who are in the process of recovering from their victimization:

I think there is a great opportunity for some specific [domestic violence] **transitional**

housing where victims can be with other women and children who have experienced similar trauma. There are opportunities for greater healing in the sense of **transitional**. I think we often think of **transitional** as...like a place to save money, like a stepping stone just to get your own place, but I think the potential is much greater than that. It could be a place for continued healing and growth for victims rather than just a place to live and get a job and save money. (FG3)

Transitional housing goes beyond meeting the fundamental needs of victims.

Relocation services for victims of crime include assistance with moving, or relocating, to a new residence where the victim will not only have shelter, but can regain a sense of safety in a stable housing environment. Assistance may help to offset costs associated with moving, securing new stable housing (e.g., security deposit, credit check), and utility startup. A provider from Cook County described the need for relocation services among victims of sexual assault: “I think usually most individuals [who live] where they were sexually assaulted do feel the **need to move**, because they don’t feel safe anymore in their community.” (FG1).

Victim service providers throughout the state described the availability of housing for victims as largely inadequate. Providers cited a lack of transitional housing, subsidized housing, and rental units as contributing factors. Not only is transitional housing gap in the state, but stable, affordable housing is lacking in general. Thus, victims who need housing to disengage from abusive environments likely have to compete with other community members to obtain affordable housing units.

Legal assistance. Victims present with a range of legal needs that can vary substantially from one client to the next. Meeting a victim’s legal needs is key to ensuring their safety and security and enabling them to continue to recover from their victimization experience. A provider from the Collar counties identified legal needs as the top concern among clients her agency surveyed. She described how this need for legal services extended beyond basic legal advocacy to include other civil legal services for divorce proceedings and post-decrees, custody, and child support enforcement. Another provider from northern Illinois highlighted the need for stronger enforcement of laws that protect the employment and housing rights of victims of domestic violence and sexual assault.¹¹ Given the importance that Maslow’s Hierarchy of Needs and other victimization research places on housing and employment for victims of crime, providers emphasized the need for legal agencies to leverage these laws to ensure victim safety and security.

A victim’s complex legal needs may necessitate an attorney. A provider from the Collar Counties offered an example of a situation in which the victim could not have represented herself because of the complexity of the case:

...last week, our **attorney** was in court with one woman with five different orders of protection. It was a Muslim woman whose family didn’t like her boyfriend and their

¹¹ Victims of domestic violence and sexual assault are afforded employment and housing protections, under the Safe Homes Act (Shriver Center, n.d.) and VESSA (Illinois Department of Labor, n.d.), respectively.

relationship, and had beaten her and threatened her and there was no way she'd be able to represent herself [in] court on that, so the **attorney's representation** was needed. (FG2)

A provider from the Collar counties, serving domestic violence victims, described how victims need legal representation to advocate for custody or visitation of children they have in common with the offender and to secure assets:

Thirty percent of our mothers don't have custody of their kids that come for visitations, it is because he shows up, lawyered up, all the money's in his name, everything, all the assets are with him, nothing is on her name, she has no one to **represent her**, and then, custody goes out the window, and so does everything else. So I mean, it really has major implications...to the quality of life that they would lead later in terms of their kids and economic ability, as well. (FG3)

Victims without legal representation may not only struggle to meet their safety needs, but unmet legal needs can also jeopardize victims' ability to meet fundamental needs and their need for love and belonging, Maslow's third tier in the hierarchy of needs. Specifically, if victims do not have access to shared assets they may not have the economic means for shelter or food. Also, without child custody or visitation victim access to meaningful relationships with family may be dampened.

Legal representation for civil legal needs is another gap. Providers in central Illinois described civil legal representation as "significantly lacking" and report that "A big unmet need is this **family law divorce** stuff. We're not equipped to deal with that and we just don't have enough **attorneys** and the need's out there" (FG6). They also asserted that there are more legal resources, including training opportunities, in northern Illinois than central and southern Illinois. The central and southern regions of the state are largely comprised of rural counties,¹² suggesting rural areas are most impacted by a lack of expanded legal services for victims.

Substance use treatment. While substance abuse did not emerge as a top immediate (0-3 months post-victimization), intermediate (3-6 months), or long-term (6 months and beyond) victim need, many providers still indicated that substance abuse services were important to meeting the needs of the victims they served. A quarter of providers reported that substance abuse services were a high priority and an additional 15 percent of providers categorized them as essential. Victim service providers highlighted the importance of providing substance abuse services to victims, abusers, and parents of child victims along with mental health services. They recognized that "abusers and victims suffer from mental illness and/or **substance abuse issues**" and that "**substance abuse** is a big issue for [parents of abused or neglected children] also" (FG5).

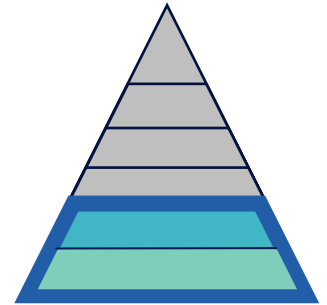
Victim service providers struggle to connect victims to substance abuse services due to a lack of services for particular populations. According to one provider, "[**Substance abuse services** have been dramatically reduced in the southern thirteen counties and I think throughout

¹² Refer to the Illinois Department of Public Health's rural/urban classification map available at http://www.ichn.org/files/Rural_Health_Clinic/Rural_urban_counties.pdf

the state...” (FG5). Also of concern is the lack of substance abuse services for older victims. A provider who works with these populations states “...for the elderly population there is no in-home treatment available for mental illness and **substance abuse...**” (FG5), needed for older victims to access these needed services. Residential substance abuse treatment also was seen as an unmet need among providers from southern Illinois.

Accompanying Needs

Accompanying needs are needs that impact a victim's ability to access services for fundamental and presenting needs and stay engaged. In Maslow's Hierarchy of Needs, these needs would be those that facilitate (or when absent, inhibit) access to services that meeting both basic and safety needs. Many victims are in need of accompanying needs of translation services, case management, child care, and transportation assistance and providers report they are unable to adequately meet them. Accompanying needs are necessary components to effective service provision; by addressing accompanying needs (e.g., child care, transportation) providers reduce barriers to service utilization for victims.



Translation services. Translation or interpretation services are essential to meeting the needs of non-English speaking victims and victims with limited English proficiency. Some providers reported a large portion of their clients they do not speak English. A service provider from northern Illinois reported that nearly 20 percent of clients were not English-speaking. In addition, providers described the need for translation services for a wide range of languages. One provider working with human trafficking victims in Cook County said her agency serves victims from 75 countries. She noted that while Spanish translation services are helpful, many other translation services commonly needed are not supported, such as French, Mandarin, and Tagalog.

Translation services are necessary to provide quality and effective services, but the lack of translation services can lead to unintended problems that may further threaten a victim's safety. A provider from central Illinois who works with children recounted one such situation, in which a colleague was supervising the non-custodial parent's visitation of their child:

[A visit supervisor] was going to visits...with a minor and a parent and [the parent]...**didn't speak any English** at all, so what is the purpose of this person supervising visit? Only the obvious, physical contact, but you have no idea what is being said. That is really alarming, especially depending on the situation. I'm sure there's a lot you can pick up from tone and body language and that sort of thing, but there's also so much you miss by not understanding a word that's being said. (FG4)

When translation services are unavailable, the services provided can be limited in their ability to ensure the safety of victims or fully meet victims' needs. Other providers have discussed how a lack of readily available interpreters at court can delay court proceedings and compromise victim safety, such as in the case of orders of protection or matters of child custody or visitation. In addition, the court system only provides translation services during the court proceeding. Any interpretation that is needed between the victim and their attorney or advocate to prepare for the court date, including the time immediately prior to the proceeding, is not provided by the court. This practice is a gap, as the court system does not fully meet the translation needs of victims, posing a barrier to their ability to understand their legal options and seek or receive legal protection and redress.

The need for translation exists for multiple crime victim types and throughout the state. A domestic violence provider in the Collar counties found that the most requested language was an Asian dialect and asserted “we just don’t have that expertise, we don’t have that on our staff” (FG3). Another provider who serves child abuse victims, from central Illinois, anticipated a need for translation services beyond Spanish in the near future as two counties her agency serves had seen an influx in French speaking African immigrants.

Survey findings suggested the intensity of the need for translation services and the availability of services may differ in rural compared to urban counties. Victim service providers whose main offices are in an urban county ($M = 3.58, SD = 1.20$) reported translation services as more of a priority than providers in rural counties ($M = 3.09, SD = 1.29$), $t(207) = 2.39, p=.018$. In addition, more victim service providers in urban areas reported providing translation services directly than in rural areas ($\chi^2 [1, n = 220] = 7.05, p=.008$). These findings seem to suggest that translation services are being provided in the areas in which they are most needed. However, victims in rural areas are likely unable to access needed translation services. A provider offering services to the deaf and hard of hearing community pointed to a potential disparity where more densely populated areas are better able to provide translation services for American Sign Language than more rural parts of Illinois.

As discussed the need for translation services presents across different victimization types and geographic regions in the state, with providers in some locations being better equipped to address it. Victims need translation services or direct service workers who can reliably speak their native language to truly benefit from counseling and therapy, housing and medical advocacy, and legal assistance. These services are integral to addressing the impacts of victimization, helping to mitigate the negative consequences of victimization.

Case management. Providers spoke about the need for case management, or help navigating systems, with the public benefits system viewed as the most difficult to traverse without assistance. A provider from the Collar counties described case management as:

Not just, ‘Here is the number for the TANF (Temporary Assistance for Needy Families) office,’ but I need someone to go with me and help me figure this out. Because I have gone to TANF...and I can’t get any response, they aren’t answering my phone calls and **I don’t know who I’m supposed to talk to...** (FG3).

This same provider’s agency conducted an internal survey and found case management services were ranked as the second largest unmet need among clients. Another provider from northern Illinois who works with abused and neglected children described the lack of case management services and need for them among parents who have lost custody of their children:

P1: **Case management** for victims over all seems to be lacking. I think about our parents that we are working with and they’re victims of domestic violence, substance abuse, you know, you name it, you list it, a lot of these families are struggling with all of that and they are matched with a **caseworker**, but they don’t really have someone...that is fully

explaining to them what these different sessions mean—what they need to complete in order to get their children back, for example. And they don't [know] what questions to ask. So they are brought into Juvenile Abuse and Neglect Court and there is a lot of information thrown at them and children have been removed from them, and many of them have been victims for a very long time. And they had just gotten used to it or they just know that they can ride it out till next day and they will be ok. So we see a lot of families not know to ask for help or not know how to articulate that and it seems there really isn't anyone to assist them in that process or to guide them, to walk down to the Public Aid Office to fill out the forms that they need or to [legal aid agency]...or wherever they need to go. There doesn't seem to be any connection for them. (FG2)

Results suggest that active case management is an essential but often missing link to efficient service utilization by victims. Information including referrals are important but they are more passive forms of assistance. Active provider engagement with victims can help to ensure victims not only stay engaged in services, but that they get the most out of the services being offered and are able to work toward meeting their safety needs.

Child care. Victims with children need childcare to work toward meeting their fundamental and presenting needs. For instance, some victims need childcare to be able to attend court proceedings. A Cook County victim service provider described having nowhere for their child to stay while at court. Beyond the courtroom, victims may need child care to obtain direct services from victim service providers. Another provider from Cook County noted how child care is particularly important when victims have more than one child or when they have older children who are “going to understand what is going on” (FG7). Victims with children also need child care to seek employment and education opportunities. If victims are unable to work because of limited child care options they cannot become financially independent from their abuser, a pressing issue for domestic violence victims in particular. Without access to child care, victims may not be able to disengage from abusive relationships; this continued exposure to violence places their safety and security at risk.

Victim service provider survey findings also demonstrated a potential gap in child care services for victims with dependent children. Only 14 percent of providers reported offering child care services directly, or in house. Rather, more than two-thirds of providers (71 percent) offered referrals. The way these referrals work is unclear. It is unknown if child care referrals are made based on the victim's proximity to the child care provider, the victim service provider's relationship with the child care provider, the child care provider's expertise in working with victims and their children, or by some other method. Referrals made based on proximity may be problematic if that provider does not have training or experience working with children exposed to violence. Also, uncertain is if these child care referrals offer affordable child care services. Without fully or partially subsidized child care services, victims with limited financial resources may be unable to access services to address presenting needs. A very limited number of providers offer child care services directly in Illinois, and the service is even less likely to be provided in a rural county ($\chi^2 [1, n = 220] = 5.65, p=.017$).

Transportation assistance. As an accompanying need transportation services are

essential to ensuring that victims are able to receive services and to attend court proceedings. “These services are available but what good are they if you **can’t get there**?” asked one southern Illinois provider. Even within major metropolitan areas transportation is needed because of where services are located. According to Cook County victim service providers, services in Chicago are located on the far north and far south sides of the city, making it difficult for victims residing in other areas of the city to access services. Similarly, a provider in northern Illinois reported victims needing to travel from one side of the city to the other to obtain services. Remote provider locations make access to services burdensome for those in need.

Providers said a lack of funding was a key reason they are unable to provide assistance with transportation. A Cook County victim service provider reported that “...we don’t get any more **bus passes** [from the agency to give to victims], we used to get that...” (FG7) due to limited funding. Gaps in transportation services in different parts of the state also impact a victim’s ability to have their presenting needs met through direct services. One provider from southern Illinois said the need for transportation assistance impacts victims across the state because “in urban areas it’s can we access the **bus**? Is the **bus** going to run on the right time? And then in our rural counties, we don’t have the **bus transportation system** at all there” (FG5). Suburban areas also lack reliable transportation. A provider in suburban Cook County described one family her agency serves “walking like five miles to get somewhere because sometimes there is not **public transportation**” (FG7). Another provider from Cook County described how getting to court can also be an arduous task in southern Cook County, a largely suburban area:

[Our clients] have to take three or four **buses** and still catch a **cab**. So how many of those individuals who really want to see their case proceed in the criminal justice system have the ability to do that? If they can’t even get the **transportation** to the court house? (FG1)

Without access to transportation assistance a victim’s safety needs also are endangered. Victims who are unable to attend court proceedings because of a lack of access to transportation and/or transportation assistance may fail to receive important legal protections available to them. They may be unable to travel to victim service providers, and therefore unable to receive services, such as counseling, case management, and legal assistance that would help them to meet their presenting needs and give them a sense of safety.

Section 4: Discussion

Summary of Findings

Victim service providers from across Illinois identified key victim needs. At the most basic level, victims need shelter, food, and utility services, as well as assistance with the strengthening of life skills (i.e., education, employment, or housing assistance). Victims may be unable to work for a period of time as they recover from any physical and/or mental health effects resulting from their victimization. The Victims' Economic Security and Safety Act offers some relief to victims in permitting domestic violence and sexual assault victims to take 12 weeks of unpaid leave following a victimization (Illinois Department of Labor, n.d.). However, without pay, victims may not have the financial means to pay for their most fundamental needs. Furthermore, this law only extends protection to victims of sexual assault and domestic violence.

Fundamental needs form the foundation upon which presenting needs are met. Presenting needs, or the need for mental health and counseling services, medical care, longer term housing, legal assistance, or substance use treatment, address the physical, psychological, and legal impacts of victimization, help to restore harm, and improve overall victim well-being. In particular, research shows a consistent need for mental health services across different victimized populations, including children and their parents, and justice-involved youth.

In children, abuse and stress negatively impact healthy development and mental health (Finkelhor & Hashima, 2001; Nemeroff, 2016), and parents may experience a range of negative mental health consequences, including PTSD and depression, following their child's disclosure of sexual abuse (Elliot & Carnes, 2001). Also, justice-involved youth who have been victimized or exposed to violence have more mental health symptoms and lower rates of social support than victims with no juvenile justice system involvement or justice-involved youth with no history of victimization (Cuevas, Finkelhor, Shattuck, Turner, & Hamby, 2013). These studies support this study's findings that mental health care and counseling services are victim needs and, therefore, core components to victim service programming that seeks to meet victim need for safety and security.

Research also demonstrates how access to medical care services and longer term housing help to satisfy victim safety and security needs. Among victims of sexual assault, quality medical care that is responsive to both the physical and psychological effects of the victimization is vital. Studies indicate that medical care provided by a SANE is more comprehensive than traditional emergency room care (OVC, 2016), and that victims report feeling supported, informed, and in control (Campbell et al., 2013), thereby increasing victim sense of physical and emotional safety and security. In a study on transitional housing, clients identified emotional support of staff and other clients as what kept them going despite setbacks and their trauma histories (Melbin, Sullivan, & Cain, 2003). Thus, longer term housing in which emotional support is more readily available through victim service programming case managers, counselors, or advocates, may bridge the gap between emergency shelter and permanent housing that is responsive to victim need for safety and security.

Equally important are a victim's accompanying needs: when translation services, case

management, child care, and transportation assistance are available victims are better positioned to engage in services that address presenting needs. When these services are unavailable they serve as a barrier to access and delivery of services. Victims face various obstacles to accessing services. First, they need to self-identify as a victim of crime. They also have to be aware of services and then the services should be available and conveniently located. Furthermore, some victims may not be ready to engage in services or may not feel that they need services following a crime. If victims are ready to engage in services and are able to navigate these additional barriers, accompanying needs should not be the primary reason they ultimately are unable to access or do not stay engaged in services.

Victim service providers underscored the importance of being able to serve victims holistically, but encountered challenges due to service gaps. For many services, including housing, medical care, mental health and counseling services, and transportation assistance, providers' ability to meet those needs was limited by resources or their internal capacity. Service gaps can negatively impact victims. According to Campbell (2008), victims may experience additional stress and trauma, or secondary victimization, when they are unable to access needed services or when they have negative interactions with providers. Secondary victimization is related to negative mental health outcomes, including more PTSD symptomatology (Campbell, 2008), which can further exacerbate the impact of the victimization on an individual's emotional well-being. Gaps in locally available victim service programming may lead to secondary victimization as the need for travel may make services inaccessible for some victims, or may lead to victims who spend significant time and resources traveling to receive services feeling dissatisfied with their help-seeking experiences. This finding highlights the need for locally available victim services.

Other notable gaps center on an agency's ability to provide specialized services (e.g., specialized medical exams or therapy modalities) or to refer a victim to a local agency that could meet those needs. Not all agencies are equipped to offer expanded or specialized medical, mental health or legal services; and this gap is often more pronounced in rural areas. Some gaps may exist due to factors largely beyond the control of victim service providers. While providers can offer bus cards or keep an accurate list of mental health referrals, the efforts will not have the intended effect if public transportation is inadequate or non-existent or if mental health providers have closed or have long waiting lists due to a lack of providers. In addition, a general lack of services are available to meet the unique needs of victims of certain crimes. For example, victims of sexual assault, human trafficking, and elder abuse often have difficulty accessing emergency shelter services due to a lack of available or appropriate housing options.

Implications

The present report holds implications for funders, victim service providers, and other service agencies that interact with victims throughout Illinois.

Continue to provide victim services that address fundamental and presenting victim needs. Victims have a persistent need for services that address both fundamental and presenting needs that result directly or indirectly from their victimization experience(s). Services that satisfy these needs form a solid foundation from which victims can recover and heal. These core service

components are needed across victimization types and throughout the state. Funders can help to ensure core needs are met by funding and encouraging providers to incorporate services that meet fundamental and presenting needs as a fundamental component to their service delivery model. In turn, providers can work to document victim need, as well as the types of services providers are able to offer and the number of clients they are able to serve. This victim service data can be used as a tool to demonstrate the need for the continued support of core services to address fundamental and presenting victim needs.

Address barriers to service utilization by meeting accompanying victim needs.

Victim needs are multifaceted and intertwined. To sufficiently meet the need that a victim presents with, such as housing or mental health services, other supportive services that address accompanying needs are often necessary. The availability of translation and case management services, child care, and transportation assistance reduce the barriers that may prevent or discourage victims from accessing or staying engaged in services. Therefore, victim service providers should consider strategizing around how to incorporate these supportive services into victim service programming and funders can take steps to financially support these efforts. Providers in rural areas of the state may find it particularly challenging to offer supportive services; providers may not service enough clients with translation, transportation, or child care needs to necessitate offering these services in-house and local partners may not be available. Therefore, these providers may need to consider alternative strategies, such as leveraging local provider networks, to meet accompanying victim needs and funders should enable and support such efforts.

Develop a comprehensive plan to address gaps. This research study has identified various service gaps, both programmatic and geographic. Victim service providers can use these findings to inform how the services they offer can be further developed or expanded to address unmet victim need. While resources can limit a provider's ability to meet victim need, certain strategies may help providers maximize the impact their programming has on gaps. Providers can consider which gap(s) their agency is well-positioned to address, as well as the number of victims negatively impacted by a given gap. Also, as part of their plan to address gaps, providers may be able to extend services to victims of other crime types when the needs of the clients they currently serve overlap with the needs of other underserved victim groups. Additionally, providers may want to explore ways in which services can be expanded to locations traditionally underserved by victim service providers through the utilization of satellite or partner offices, mobile units, or in-home services. Funders can support these efforts by making funding more flexible; not restricted to a particular victim group, service type, or service delivery method.

The dynamic nature of victim need requires a plan to address gaps that is responsive to change. Victim needs and gaps may change over time; new legislation, funding opportunities, and population shifts may all impact an agency's ability to meet victim need. This report only provides a cross-section, or snapshot, of current state of victim services. Thus, providers are encouraged, when possible, to identify service needs and gaps in their own communities and to reflect upon their own internal capacity to meet current and future victim need. Funders can assist in identifying needs and gaps by allocating funding for data collection and program evaluation activities. Furthermore, funders can pair these assessments with funding to drive data-

driven funding and decision-making to improve victim services and increase provider capacity.

Coordinate services across providers to meet victim need. Providers within the same community or in neighboring communities can work to coordinate service provision to ensure it is not duplicative and that the most qualified provider is providing services. Providers can certainly strive to develop central locations that meet the majority of a victim's needs, but in certain circumstances some providers may be better equipped to serve a victim's particular needs. Providers cannot be expected to have the resources and expertise needed to meet every need that a victim of any crime presents with, particularly in rural areas. Funders can support agency efforts to assess strengths and weaknesses across local providers and to encourage partnerships among agencies whose services would best complement one another. Furthermore, providers who are in communication with one another may be better able to identify gaps, strategize around how they can individually and collaboratively address gaps, and delineate larger community wide needs that impact all members of the community. As a collective, providers may have a stronger voice to affect community wide change.

Engage victims and the broader community in efforts to meet victim need. Victims are members of larger communities that can benefit from change that addresses larger structural issues, such as a lack of affordable housing, mental health providers, and public transportation. Thus, all community members have a stake in advocating for change to fill certain gaps as well. Victim voice is essential; victims are experts on how community-wide gaps differentially affect them. Legislators who have an open dialogue with community members regarding community need as well as the implications of failing to meet this need are better prepared to advocate for resources that can implement changes to address need.

Conclusion

Victimization can negatively impact an individual's physical, psychological, and economic well-being. As a result, victims often need services to address their fundamental needs (i.e., most basic needs) and their presenting needs (i.e., safety needs). According to Maslow's theory of the hierarchy of needs, basic needs form the foundation for safety needs. This theory suggests that for victims to fully benefit from services that seek to address their presenting needs, fundamental needs should first be met. In addition, this report indicates that victims have accompanying needs, or the need for supportive services (e.g., transportation assistance, translation services), that if unmet inhibit victim access to services. Thus, victim need is interconnected and interdependent, necessitating a comprehensive approach to victim service provision.

Comprehensive services for victims include programming that seeks to meet a victim's fundamental, presenting needs, and accompanying needs. This report points to programmatic (e.g., shelter services) and geographic service gaps (e.g., lack of legal services in rural areas) in funding that weaken a provider's ability to serve victims in a comprehensive way. Therefore, victim service providers, funders, and other experts are encouraged to engage in a dialogue around how current victim service programming can be adapted or expanded to address identified gaps, while taking care to maintain current service delivery levels. Victim need, and thus, services gaps may change over time; programming should be responsive to current and

future victim needs and service gaps so that services remain comprehensive. The findings from this report suggest that victims who receive comprehensive services are better positioned to not only recover from victimization, but to thrive. In satisfying basic and safety needs victims can then work towards fulfilling higher level needs, including love, esteem, and self-actualization.

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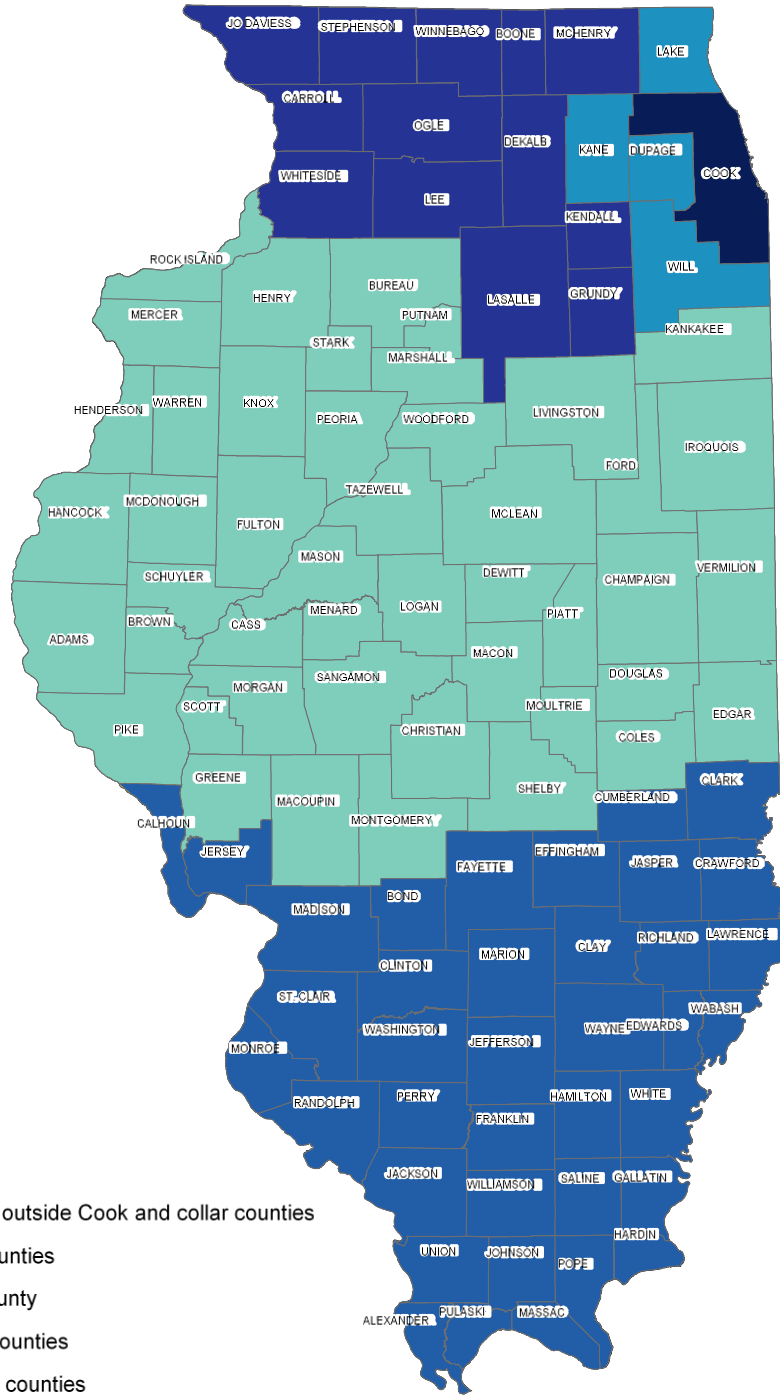
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APPENDIX A

Map by Region

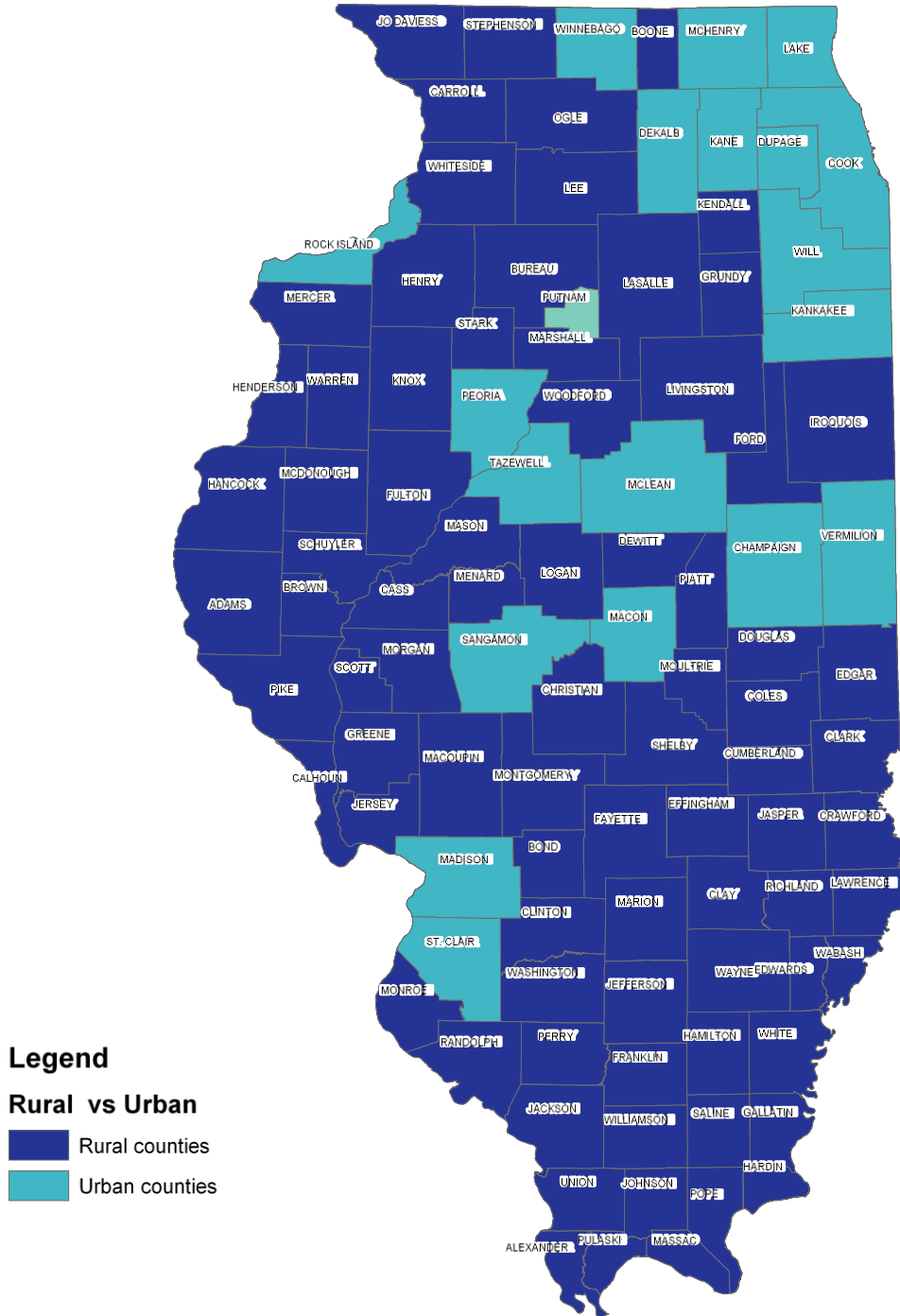


Legend

Region

- Northern outside Cook and collar counties
- Collar counties
- Cook County
- Central counties
- Southern counties

Map by Rural and Urban Counties





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