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PROVIDER-REPORTED CHALLENGES & OPPORTUNITIES IN SUPPORTING YOUNG VICTIMS OF CRIME: FINDINGS FROM ILLINOIS HEALS

ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY
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Abstract: The Illinois Criminal Justice Information Authority was awarded a grant from the Office for Victims of Crime for the Illinois Helping Everyone Access Linked Systems (Illinois HEALS) initiative. The six-year initiative seeks to improve the identification, connection, and service engagement of children, youth, and families impacted by violence in Illinois. Researchers analyzed documents and artifacts from a series of 29 meetings for the Illinois HEALS initiative with representatives from several service domains (i.e., child welfare, education, healthcare, family and civil court, justice, social services, and victim services) in Illinois. Findings suggest that providers throughout the state are facing challenges in recognizing victimization experiences of children and youth, connecting young persons to appropriate and accessible resources, and engaging them in meaningful services. This article presents recommendations that explore strategies to build capacity in recognizing signs of victimization, broadening screening and assessment practices, supporting the well-being of staff, and fostering collaborations.

Introduction

In 2017, the Illinois Department of Children and Family Services (DCFS) reported 120,828 cases of child abuse and neglect and 7,743 cases of child sexual abuse.[1] A Centers for Disease Control survey also reported that 21 percent of Illinois high school students were bullied on school property while 17 percent reported being bullied electronically.[2] Moreover, In 2016, Illinois State Police reported 115,362 domestic offenses and 984 murders in the state.[3] Children and youth exposure to these types of violence is associated with maladaptive symptoms of trauma including depression, anxiety, and post-traumatic stress disorder.[4] Unaddressed symptoms exacerbate negative physical, psychological, and developmental functioning of those exposed. Service providers in Illinois are ill-equipped to address the increasingly complex needs of children and youth victims and their families, which is further impacted by the state's recent financial strain.

In October of 2017, the Illinois Criminal Justice Information Authority (ICJIA) was awarded a grant from the Office for Victims of Crime to address child and youth victimization. This six-year demonstration initiative called Illinois Helping Everyone Access Linked Systems (Illinois HEALS) is a collaborative effort between ICJIA's research staff and policy advisors and seeks to improve the identification, connection, and service engagement of children, youth, and families impacted by violence in Illinois. Due to the diverse nature of the state's racial and ethnic composition, rates of poverty, rates of exposure to violence, and service availability, a single statewide system to address victimization was found to be inappropriate. Therefore, the project's geographical focus was narrowed to agencies and organizations serving Cook County and the southeastern region of the state.

Beginning January 2018, Illinois HEALS staff convened stakeholders from various programs and agencies serving children, youth, and families in Illinois. These meetings and discussions were held to understand how young victims are identified and linked to services.[5] Programs and agencies represented domains that interact with children, youth, and their families, such as education, child welfare, justice, victim and social services, civil or family courts, and healthcare systems. Detailed discussion logs from these convenings were collected and analyzed to inform the Illinois HEALS initiative.

The research team conducted thematic analysis to build connections between individual meetings and illuminate emerging themes and reveal underlying patterns. The process allowed for a systematic examination of needs, strengths, barriers, and opportunities stakeholders and practitioners encountered when providing services and collaborating with other agencies to meet victims' needs.

Methodology

Procedures

Researchers were granted access to Illinois HEALS staff's Microsoft Outlook calendars to identify meetings related to the Illinois HEALS initiative to include in this review. Those selected for review included meetings and discussions with key stakeholders from different domains that focused on program processes in identifying victimization and signs of underlying

trauma, challenges and barriers to service delivery, and nature and scope of program referral and collaboration networks. Researchers asked Illinois HEALS staff to track attendance and document discussions, including meeting purposes and goals, and main ideas shared. Artifacts from these discussions were subsequently collected and analyzed for this review.[6]

A total of 48 meetings and discussions convened between January 1, 2018 and October 17, 2018 were identified for inclusion in the analysis. Documents were available for 29 of the meetings. Some documents were unavailable in cases where the meetings were too short and the corresponding Illinois HEALS staff member concluded that it did not elicit relevant information or staff did not record any information and no documents were submitted. January 1, 2018 served as the commencement date for project activities. October 17, 2018 was chosen as the most appropriate end date for collection because subsequent meetings were beginning to narrow focus into specific communities in Illinois.

A central repository folder for typed or photocopied documents was created in a shared drive. Handwritten or photocopied documents were typed to make them easier to access, code, and analyze. The research team received approval from ICJIA's Institutional Review Board to conduct a secondary data analysis of all artifacts generated from Illinois HEALS meetings.

Analytic Strategy

Collected artifacts were imported into Nvivo 12 Plus, a qualitative data analysis software. Using this software, an open coding process was initiated wherein data was parsed into smaller parts and assigned codes or a word or phrase that may best describe its underlying concept or phenomenon. This method allowed researchers to gain a greater understanding of issues covered during meetings by uncovering similar points of discussion.

Through this exploratory process of open coding, preliminary topics were found to be consistent with the emerging themes identified throughout the planning phase of the project. Illinois HEALS's *Recognize, Connect,* and *Engage* framework guided the coding structure for subsequent phases of data analysis[7]. Researchers used this framework to complete a form of structural coding where initial codes were organized based on their congruence to the three overarching themes above.

Findings

Illinois HEALS's framework illustrates three interconnected components for addressing victimization:

> ***Recognize***: Learning that a child, youth, and/or family member has experienced recent or past victimization, including exposure to violence
>
> ***Connect***: Linking a victim to services or system providers to meet their needs, such as healthcare, advocacy, and safety, following victimization.

Engage: Providing services, such as medical care, counseling, and legal assistance, to victims to meet their needs following victimization.

Recognize

Learning about victimization occurs in different ways by different people. Providers sometimes become aware of clients' victimization experiences through informal means, such as during casual conversations with clients; however, this information may not always lead to a referral or connection to resources. Nevertheless, these informal ways of learning about victimization allude to the importance of trusting relationships between providers and clients. Providers shared that young persons do not always feel comfortable revealing deeply personal experiences at the onset of their entry into services.

Providers feel ill-prepared to engage young persons about victimization. Providers reported that they feel ill-prepared to engage young persons about victimization. In general, they noted a need for more training to build overall capacity in recognizing signs indicative of victimization and trauma. They also acknowledged how their training needs are impacted by workforce turnover. Although agencies and programs offer trainings and education on several trauma-related issues, high levels of turnover require agencies to continually hire and train new employees. This constant shift in the workplace not only contributes to a relatively inexperienced staff, but has mitigating effects on staff's ability to build trusting relationships with clients. New employees who acquire outgoing employees' cases need to reestablish rapport and trust with clients who may be reluctant to keep retelling their experiences.

Some providers have sought training on approaches to dealing with children and youth who might have trauma histories. Because of the complex nature of trauma and its varied manifestations, it may be challenging to approach young persons in appropriate and meaningful ways without potentially retraumatizing them. For instance, providers acknowledged that youth with disabilities, youth with individualized education programs (IEP), or homeless youth are likely to have histories of abuse and some providers felt ill-prepared to address these issues appropriately without causing additional harm.

Building capacity to recognize victimization. Providers expressed an array of barriers and challenges to identifying past or recent victimization experiences of clients. These often resulted in missed opportunities to recognize harm has occurred and may require a connection to services. Providers agreed that early recognition and intervention are key to preventing further harm and promoting the healing of victims and families. While some form of screening or intake process is common, such as among medical providers, the tools used often do not include specific questions about experiences of victimization. Given the complexity of the intake and screening processes in hospitals, clinics, and other medical facilities, medical providers, in particular, worry that adding another dimension will further complicate the process and place a heavier burden on staff and their clients.

Mandated reporting is not always the answer. Providers who are also mandated reporters expressed their reluctance to report suspicions of abuse or neglect because doing so may result in negative consequences for both the child and the reporter. In some cases, reports

might trigger an investigation that could result in increased risk of harm for the child. Providers worry that abused children may experience further abuse because of an investigation or may be taken out of the home and placed into another abusive living situation. Some providers also suggested that making a report may result in the loss of rapport or trust with the child who shared his or her experiences; therefore, making the child unwilling to disclose further.

Providers also noted that inadequate training around mandated reporting contributes to misinformation about obligations to report as well as the general process of reporting. For instance, one misconception is that evidence of physical harm or a pattern of abuse is needed before a report can be made; this misconception may lead to underreporting. In settings that have additional internal policies and procedures in place related to mandated reporting, such as in schools, internal processes tend to slow or inhibit reporting to the Department of Children and Family Services (DCFS). These policies might result in internal investigations wherein school administrators or staff assume the task of fact-finding prior to making a formal report.

Connect

Lack of available and accessible services for positive screens. One of the most common concerns was an overall lack of resources available to children, youth, and families impacted by violence. In the southeastern region of the state, for instance, agencies and programs have service areas that span several counties, which may mean victims need to travel to other counties in order to access resources. Several agency and program representatives reported program shutdowns as a result of financial crises created by the Illinois budget impasses in 2016 and 2017, placing additional strains on existing agencies to meet the needs of clients.

While some general services exist, they are not always sufficient for clients who may have unique treatment needs. Providers also expressed the need for specialized services, such as partial-hospitalization programs, trauma therapies, and transitional programming for young adults. Additionally, because specialized services are already few and far between, clients often must travel long distances to receive them, which providers identified as one of the reasons clients can no longer engage in services.

Furthermore, because of this lack of services, integrated health providers shared their concerns over ethical issues posed by a positive identification without subsequent referrals to resources. They questioned the appropriateness of screening for services that they are unable to provide or find resources that can adequately address victim needs. This also may have a negative impact on building rapport and trust with clients who disclose their victimization experiences without receiving the support they need.

Lack of information sharing. Providers shared their frustrations around the lack of technology to effectively track availability and accessibility of client services. Some providers found it challenging to continually track current information regarding service availability, further inhibiting meaningful connections between clients and resources. In cases where providers are familiar with the existence of programs, they may still be unaware of the specific types of services offered by programs, who the programs serve, or whether they have capacity for new clients.

Also limited is information sharing within and across systems on whether referrals resulted in clients engaging in services. Providers expressed their need for improved communications with partner agencies, especially when follow-up with clients or another referral is needed. Sometimes, the impetus to connect with a referral is placed on the client; however, there are few existing mechanisms that can confirm these connections with the referring agency. Lack of guidance around what types of information can be shared can further impede meaningful connections between victims and resources.

Threshold for services. Providers noted challenges in connecting clients with services when their symptoms or needs do not rise to a level that necessitates extensive treatment or meets the criteria for formal diagnosis. Unfortunately, in these instances, some treatments are not covered by insurance without a formal diagnosis and providers find the issue difficult to navigate. Providing a formal diagnosis may allow a client to access care, but doing so also poses ethical dilemmas for providers who recognize the need for some services, but not the need for a formal diagnosis.

Engage

Systems in Illinois are overtaxed and under-resourced. The 2016-2017 budget impasse in Illinois resulted in a loss of funding for many providers, forcing some to close their doors. The resulting decrease in available services placed the burden on staff in the remaining agencies whose employees may already be experiencing the strain of demanding caseloads. Organizations throughout the state have reported experiencing high levels of employee turnover and difficulties in recruiting highly qualified staff. This results in a relatively inexperienced workforce. Although new employees undergo some training, they are left dealing with increasingly complex cases for which they may be unprepared.

Stakeholders indicated many of the systems that regularly engage children and youth are operating at or over capacity. Many engage in crisis management, adopting a triage approach to services. In Cook County, for instance, Comprehensive Community Based Youth Services (CCBYS) providers observed a shift in practice where more cases of crisis youth were taken on at the expense of non-crisis cases. Because these providers were using most of their resources to support youth in crisis, they were unable to extend their services for long-term care. This triage approach results in prioritizing certain cases and leaving others unaddressed. Some organizations who have tried to navigate this issue believe that peer or paraprofessionals could help relieve overburdened staff by undertaking some tasks and responsibilities to free up specialized staff to address more complex victim needs.

Importance of relationships. A trusting relationship between providers and clients is an important foundation for meaningful engagement in services; however, agencies and programs with high rates of turnover find it challenging to build rapport and trust with their clients who might have to retell their stories every time they seek help from a new provider.

To strengthen client relationships, providers recommended actively engaging victims and their families in every step of their service plans. Allowing clients to be the drivers ultimately

empowers them and may result in more meaningful participation that promotes better outcomes. Especially in cases where clients are involved in a number of different services from a number of different providers, giving clients the power to direct their service plan can increase their accountability and motivation to succeed.

Challenges for children, youth, and families. Providers noted several barriers and challenges their clients face when seeking help or participating in services. One of the biggest barriers, they said, is the lack of transportation to get clients to and from services. The issue is especially problematic in rural areas where there is no public transit system and services are few and far between.

In addition, the typical hours of operation for agencies and programs often conflict with the availabilities of their clients. Service participation during the day can be difficult, with client school and work conflicts. Scheduling also is challenging for families who are engaged in several services, often requiring prioritization of programming.

Engaging clients in services when basic needs, such as food, employment, and safety are unmet also is difficult. Providers said client poverty issues were pervasive and that juggling their clients' multiple treatment needs while attending to their other basic needs was a challenge.

Familial and multigenerational approaches. Providers have recognized that violence and victimization affect not only the victim, but the whole family; therefore, services that treat the whole family unit are sorely needed. However, due to funding constraints, lack of qualified staff, and other challenges, providers find it difficult to serve entire families. Providers shared that they can refer families to partner agencies and other programs, but that places the burden on the family to coordinate their own care and navigate different providers.

Fatigue, stress, and vicarious trauma. Providers throughout the state are recognizing the strain experienced by staff associated with high caseloads, limited resources, and exposure to their clients' own experiences of trauma. Caring for and providing treatment to children, youth, and families who have been impacted by violence can have negative impacts on the well-being of staff and may contribute to stress, burnout, and turnover. While some organizations are trying to implement practices aimed at supporting the health and well-being of staff, such as regular supervision and promoting self-care, some practices are reactionary in nature, implemented only after staff report or exhibit unmanageable levels of stress. Furthermore, self-care is not often prioritized by staff. For many providers, especially those with demanding caseloads, supporting clients supersedes the need to regulate their own well-being.

Providers recommended that regular staff supervision can foster relationships and keep supervisors informed when staff is experiencing unmanageable levels of stress that could lead to burnout. Adequate support for staff also positively impacts the quality of care they provide to their clients.

Implications and Recommendations

Increase the capacity of all professionals who have contact with children and youth to recognize signs of trauma

Organizations who serve children and youth should train staff to recognize verbal, non-verbal, behavioral, and other cues that signify trauma resulting from past or current victimization. This includes not only direct service providers, but also in spaces where interactions between adults and young persons naturally occur.

Schools can serve as a neutral and consistent touchpoint where administrators and staff are in a unique position to learn about experiences of harm by fostering trusting relationships with students. Increasing the capacity of all school personnel to recognize trauma also increases the number of potential individuals who can identify students in need for service connection. One of the potential challenges to capacity-building within school systems, however, is that while teachers typically have the most contact with students, they may already be experiencing strain resulting from increased responsibilities; therefore, training all other school personnel (e.g. coaches, bus drivers, or lunchroom monitors) will decrease the burden on teachers to be the sole steward of students.

Furthermore, the school system may be one of the most easily accessible places for children and youth to connect to services. It may be ideal in school settings to co-locate direct service providers who may be better equipped to respond to the needs of children and youth identified by school personnel.

Broaden screening and assessment practices

A lack of specific questions related to victimization experiences in screening and assessment tools may result in a missed opportunity to recognize and connect someone who might need services and support. Screening and assessment practices should be broadened to include questions related to victimization. For instance, in cases where individuals are not ready to disclose their experiences, a direct question is unlikely to prompt a disclosure.

More information is needed to understand and identify who is the most appropriate person or role to administer formalized screening and assessment protocols. Differences in victimization experiences, complexity of needs, or organizational context can impact whom a victim feels comfortable disclosing to during screening and assessment. Identifying the most appropriate person to conduct this screening may be challenging because whom a client trusts may differ based on their relationships and histories.

Foster partnerships and collaborations among organizations

Building and fostering collaborative relationships among organizations can alleviate some of the barriers and challenges to providing services, such as lack of information sharing. Meaningful collaboration, however, extends beyond simply coming together to exchange information. Rather, it includes active problem solving to break down siloed approaches to service provision, collectively informing and establishing best practices, and improving responses to children,

youth, and families who are impacted by trauma. Collaborations between systems can help establish shared language, definitions, understanding, and approaches related to victimization. This might include determining who is eligible for victim services, establishing trauma-informed practices to address victimization and trauma, and strategies to implementing evidence-based programs.

Explore strategies that reduce staff burden and support their health and well-being

Strategies that can help reduce staff burden and increase capacity to meet client needs should be explored. One such strategy providers discussed was hiring peer professionals or paraprofessionals. Peer or paraprofessionals are individuals from the community who are not formally trained but have shared experiences and can take on some tasks and responsibilities that allow formal system professionals to focus on specialized services. Peer professionals can also bridge the gap between organizations and the larger community by mobilizing individuals who can bolster the presence of organizations and building trusting relationships with the community. Not only can this increase awareness of available services, but it may help alleviate the stigma associated with seeking or receiving services. Additionally, peer or paraprofessionals who have direct interactions with community members, such as violence interrupters or family resource developers, can engage children and youth who would not or could not otherwise seek services on their own. Although this may sound like a promising strategy, more research is needed to fully assess and evaluate the impact of peer and paraprofessionals.

The negative impacts of fatigue, stress, and vicarious trauma signals the need for organizations to not only prioritize, but institutionalize policies and procedures that foster a safe occupational climate. Prioritizing the health and well-being of staff may lead to a healthier work environment where staff can learn to recognize their needs and identify the resources that can support them. Organizations are encouraged to develop creative preventative measures, such as creating space for staff to regularly decompress, debrief, and reflect. Furthermore, early recognition of unmanageable levels of fatigue, stress, and trauma can prompt staff to get the support they need to reverse or mitigate the associated negative impacts. Institutionalizing these practices can help shift organizational culture into one that is more mindful and supportive of the needs of those who serve people with traumatic experiences.

Conclusion

Service providers in Illinois are continually seeking opportunities to expand and improve services that are available to children, youth, and families impacted by trauma. Many are finding unique ways to navigate the challenges posed by the increasingly complex needs of victims that are further exacerbated by larger contextual factors such as state budget issues and disparate systems of care. Supporting existing programs and helping providers build capacity to recognize victimization, connect to services, and engage meaningfully with clients can alleviate the burden on families to find the support that they need.

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[1] Illinois Department of Children and Family Services (2018). *Executive statistical summary.* Retrieved from: https://www2.Illinois.gov/dcfs/aboutus/newsandreports/Documents/ExecStat.pdf.

[2] Centers for Disease Control. (2017). *Youth risky behaviors survey.* Retrieved from: https://www.cdc.gov/healthyyouth/data/ybrs/results.htm

[3] Note: Illinois Criminal Justice Information Authority analyzed 2017 Uniform Crime Report data from Illinois State Police.

[4] Office for Victims of Crime Training and Technical Assistance Center. (2012). *Child abuse and neglect*. Retrieved from: https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/ResourcePapers/Color_Child%20Abuse%20Resource%20paper%202012_final%20-%20508c_9_13_2012.pdf.

[5] Note: Meetings and discussions included one-on-one conversations with providers, service domain-specific meetings, meetings with community members, regional meetings, and leadership network meetings which served as the project's steering committee.

[6] Note: Artifacts include attendance sheets, meeting notes, flip charts, and worksheets or handouts received from meeting participants.

[7] Houston-Kolnik, J., Alderden, M., Desai, R., Vasquez, A., Baldo, P., Wynkoop, J., & Kim, S.T. (2019). *Illinois HEALS: Helping Everyone Access Linked Systems Action Plan*. Chicago, IL: Illinois Criminal Justice Information Authority.