2022 VICTIM SERVICE PLANNING RESEARCH REPORT

ICJIA

2022 Victim Service Planning Research Report

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Introduction

History

The Illinois Criminal Justice Information Authority (ICJIA) is governed by a 25-member board of state and local leaders in the criminal justice community and experts from the private sector. The statutory responsibilities of ICJIA fall under the categories of grants administration, research and analysis, policy and planning, and information systems and technology. ICJIA is Illinois' state administering agency for federal Violence Against Women Act (VAWA) and Victims of Crime Act (VOCA) funds. It also serves as The Illinois Statistical Analysis Center.

As required by the VAWA application, ICJIA created the Victim Services Planning Committee (VSPC) to recommend VAWA priority funding areas. To better coordinate federal funding for victim services in Illinois, ICJIA also uses the VSPC's recommendations to guide the administration of VOCA funds. The committee is comprised of representatives from victim service and community-based organizations; child welfare, public health, and criminal justice stakeholders, such as law enforcement and prosecutors; and ICJIA Board members. To help increase equity and address racial and ethnic disparities in victim services, ICJIA makes a targeted effort to ensure diversity among VSPC membership and that underserved victim populations are represented. This involves recruiting stakeholders from diverse communities and with personal or professional experience advocating for marginalized groups, such as LGBTQ+ identified individuals, racial or ethnic minorities, and those with past criminal justice system involvement.

Once approved by the ICJIA Board, the VSPC recommendations become ICJIA's victim service priority funding areas and inform victim service program funding recommendations to the ICJIA Budget Committee. The Budget Committee is responsible for reviewing and approving ICJIA funding recommendations. While the VSPC convenes every four years to approve priority area funding recommendations, several committee members also guide victim service funding administration via their Budget Committee membership.

Purpose

To inform the next ICJIA victim service funding cycle, ICJIA researchers initiated a rigorous mixed method, research-informed strategic planning project. The project's purpose was to help VSPC members better understand Illinois victim service needs and gaps.

Researchers examined the 12 victim service priority funding areas approved by the ICJIA Board in February 2017 (see

Houston-Kolnik et al., 2017):

Public awareness: Fund initiatives that raise the public's awareness of victim services

Fundamental needs: Increase funding to address fundamental needs of crime victims

Core services: Fund core direct services to victims of all crime types.

Advocates and social workers in more places: Increase funding for advocates and social workers within a variety of organizations to improve victim immediate access to services.

Underserved victims: Increase funding of services for underserved victims of crime.

Multiple victimization experiences: Encourage development or expansion of programs that address the impact of multiple victimization experiences.

Multidisciplinary responses: Promote multidisciplinary responses to victimization.

Trauma services: Encourage trauma-informed and trauma-focused for victims of crime.

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

Community violence: Support programs that specifically address needs of individuals exposed to community violence.

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

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

Researchers also assessed five emerging victim service areas that were not directly addressed by the 2017 priority areas, including equity in victim services, prevention, technology, vicarious trauma, and victim-centered restorative justice.

This report synthesizes the research process and key research findings. The report concludes with research-informed victim service priority funding areas approved by both the VSPC and ICJIA Board. These new priority areas serve as a framework for guiding grantmaking through 2025.

Research Methods

ICJIA researchers utilized various research methods to better understand current Illinois victim service needs and gaps. They examined the victim service priority areas established in 2017 and five emerging victim service areas, representing needs and gaps. These emerging areas were identified through ICJIA grants administration, victimization research, and strategic victim service planning. Methods used by researchers included a literature review, secondary data analysis of administrative datasets and pertinent materials, and the 2021 Victim Service Provider Study, a mixed methods study of Illinois victim service providers. They focused their analyses on avenues of inquiry that would inform 2017 priority area revision to reflect current needs and gaps. This research project began in Winter 2021 with the development of data collection instruments. It concluded in June 2022 with a research presentation on the 12 recommended Victim Service Priority Funding Areas to the ICJIA Board.

Review of Literature

Researchers reviewed literature on crime victimization and victim service provision. They examined peer-reviewed journal articles, government reports, white papers, ICJIA research articles and reports, and similar sources. The literature review informed researchers' understanding of recent research findings and the development of primary data collection tools (i.e., survey instrument, focus group protocol) used in the 2021 Victim Service Provider Study.

Secondary Data Analysis

Researchers conducted secondary data analyses of three distinct, but complementary, data sources, including administrative datasets, VOCA and VAWA grantee program summaries and breakout session materials.

Administrative Data

Research staff identified, compiled, and analyzed administrative data, including Illinois population characteristics, victimization, and victim service datasets (Table 1). They used Illinois population characteristics and victimization datasets to generate maps reflecting county-level characteristics and victimization trends (Appendix A). Victim service data was drawn from InfoNet, ICJIA's web-based, deidentified data collection and case management reporting system used by domestic violence, sexual assault,

Photo by StockSnap on Pixabay

and child abuse victim service providers in Illinois. Providers use the system to track clients and services, report progress toward grant objectives, and for strategic planning. InfoNet contains data on domestic violence, sexual assault, and child abuse victims who received services from Illinois victim service providers. Secondary analysis of these data included an examination of the number of victims served, victim characteristics and needs, and the types of services received.

Table 1
Administrative Data and Source

Data	Source
Reported Criminal Offenses	Illinois State Police, Illinois Uniform Crime Reports (I-UCR) Program
Alcohol Related Road Fatalities	Illinois Department of Transportation
Reported Elder Abuse	Illinois Department on Aging
Child Abuse Investigations	Children's Advocacy Centers of Illinois
Illinois Population and Racial Demographics	US 2020 Census, Redistricting File Dataset
Unemployment Rate	Illinois Department of Employment Security
Other Illinois Population Characteristics	American Community Survey, 2016-2020
Victim characteristics and service provision	InfoNet

Note. Reported Criminal Offenses included domestic violence, sexual assault, human trafficking, homicide, and Index violent offenses. Index violent offenses include sexual assault, murder, robbery, and aggravated battery/assault. *Other Illinois Population Characteristics* included individuals over the age of five who spoke a language other than English at home and spoke English less than very well, non-institutionalized individuals with a disability, families whose income was below the poverty level, and the respective estimates of the households and population applicable to those metrics.

Grantee Program Summaries

Researchers reviewed individual grantee program summaries documenting needs and gaps in grantees' capacity to provide services, barriers or challenges to providing or increasing access to services, and opportunities to improve or enhance grantees' capacity to provide services. To complete these summaries, grant staff reviewed quantitative data reported in compliance with periodic performance reports, qualitative data in response to narrative questions, continuation materials submitted by grantees to justify continuing need for grant funds, and grantee closeout materials to report grantee accomplishments during their most recent grant cycles. The reviewed materials were submitted by 123 of ICJIA's VOCA and VAWA grantees and subgrantees between July 2020 and October 2021.

Breakout Session Materials

Research staff analyzed breakout session materials from the VSPC meeting convened virtually on January 27, 2022. In the sessions, victim service stakeholders shared their perspectives on whether the 2017 priorities reflected current victim service funding needs and emerging areas in victim services requiring new or revised funding recommendations. A total of 24 VSPC members participated across six breakout rooms. The average session length was 99 minutes. Breakout session materials included Webex-generated transcripts, typed and handwritten notes taken by designated session notetakers, and Google Jamboard postings. In addition to verbally responding to discussion questions, members were invited to post responses to Google Jamboard, a virtual whiteboard. Researchers applied the following codes to these materials for each priority and emerging area: current service needs or gaps, recommendations, and victim service providers' resource needs.

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2021 Victim Service Provider Study

To learn more about Illinois victim service needs and gaps, ICJIA researchers conducted a mixed methods study. Data were collected over a four-month period, from June to October 2021, and included a survey of and focus groups with Illinois victim service providers.

115 Illinois victim service agencies participated in an **online survey**

26 victim service providers participated in **5 virtual focus groups**

Survey

ICJIA researchers invited over 550 Illinois victim services providers to complete a 30-minute online survey. To generate a recruitment list, they obtained InfoNet user and ICJIA grantee information and a list of Illinois providers who had participated in the National Census of Victim Service Providers (see Oudekerk et al., 2019) and searched online for other potential victim service providers. Researchers also encouraged providers to share the survey invitation with other Illinois agencies serving victims. Eligible participants included representatives of agencies that had provided direct services to Illinois victims in the previous six months. Survey invitations were distributed via email in early June 2021; two follow-up emails were sent to providers approximately three weeks and five weeks later. Survey questions were on victim and provider needs, the victim population(s) served by the agencies, and agency service provision over the previous year. The survey also inquired about participant interest in a follow-up focus group. The survey was closed in mid-July 2021. A total of 115 victim service agency representatives completed the survey. Providers most commonly described their agencies as either a social service agency (26.1%) or a law-enforcement or prosecution-based agency (21.7%). Other agency types included crisis centers, community centers, health care and faith-based organizations, and educational institutions. To analyze the dataset, we computed frequencies and conducted chi-square analyses using IBM SPSS Statistics.

Focus Groups

Of the 115 survey participants, 52 indicated their interest in focus group participation. Researchers conducted five virtual focus groups with a total of 26 victim service providers from late August to mid-October 2021. Focus groups averaged 90 minutes. Victim service providers represented agencies in northern and central Illinois, and in Cook and the Collar counties (Appendix B). Sessions included participants from social service agencies, law enforcement or prosecution-based agencies, educational institutions, crisis centers, corrections, and healthcare organizations. The focus groups were semi-structured; researchers asked questions about victims' needs, service gaps, barriers to service delivery, collaborative efforts, and how the pandemic had impacted agency capacity and service delivery. Focus groups were recorded with the participants' permission.

Researchers coded WebEx generated transcripts; codes were informed by the 2017 priority areas and five emerging victim service focus areas. For example, codes drawn from the 2017 priority areas included public awareness, underserved populations, and trauma-informed services, whereas each emerging area represented a separate code, e.g., equity.

Limitations

Researchers encountered research method limitations. First, researchers analyzed various administrative datasets. While these datasets offered important information about characteristics and trends statewide, the data were aggregated across multiple agencies (e.g., law enforcement, victim service). Agencies employ varied data entry approaches and operationalize data fields differently, which can impact the reliability and validity of the datasets. Additionally, most data sources were reflective of service-seeking victims. Victims who did not report their experiences to law enforcement or did not seek services may have distinct needs not captured by these data. Furthermore, while researchers identified and examined five emerging areas in victim services, the list of areas was not comprehensive. Research in other emerging areas may have further informed the proposed recommendations. In addition, the researchers did not conduct primary data collection with victims, creating another limitation. Rather, to obtain victim voice they reviewed victimization research and analyzed breakout session materials in which victims with lived experience participated. As a result, the findings presented do not offer a robust assessment of victims' self-reported experiences and needs.

Some limitations were specific to the 2021 Victim Service Provider Study. The survey response rate was relatively low at 21%. And despite efforts to recruit focus group participants throughout Illinois, southern Illinois agencies did not participate. Therefore, the current study findings are not representative of all victim service providers in Illinois. Additionally, this was a cross-sectional study conducted a year after the pandemic began. Findings reflect victims' and providers' needs and gaps during a public health emergency and may not accurately represent current or future needs or gaps.

<center>**Research Findings**</center>

Research findings are presented here in two sections, with one outlining 2017 victim service priority funding area results and the other summarizing results for the five emerging areas in victim services.

2017 Victim Service Priority Funding Areas

Overall, results indicated the persistent need for funding in the previously identified priority areas and for language refinement to adequately target specific needs and gaps.

Public Awareness

Research findings revealed a need to increase public awareness of victim services. Focus groups participants and breakout session members stated that public awareness efforts reduce stigmatization and increase victims' knowledge of available services. Additionally, members highlighted how awareness and education prevent victimization, especially if provided prior to adulthood. An InfoNet data analysis suggested domestic violence and sexual assault agencies were reaching more people through public education and awareness activities. Between 2014 and 2019, sexual assault public education event attendance rose by 165% and 36% for domestic violence public education events. However, a challenge noted by breakout session members was that victims may assume they do not qualify for services because of their income or gender. Members also made suggestions to increase public awareness, such as emphasizing the impacts of violence on communities, community agency service offerings, and the connection between service receipt and improved quality of life.

Fundamental Needs

Fundamental needs were described by focus group participants as those needs that when unmet inhibit engagement in treatment and undermine victims' long-term

> *"How can I help this person to survive?"*
>
> -   FOCUS GROUP PARTICIPANT

safety. Breakout session members identified food, transportation, shelter, child care, medical and mental health care, and employment and financial skills as fundamental needs. Furthermore, focus participants noted financial assistance can help victims and their families meet their most basic needs, including child care, hygiene supplies, food, and utility costs. Survey findings revealed that two-thirds of providers indicated emergency financial assistance was an essential or high priority service and over half reported that emergency shelter (61%) and life skills (60%) were essential or high priority. Impacts of the COVID-19 pandemic underscored the importance of addressing victims' basic needs first. One participant said they changed their approach and looked beyond counseling, asking "How can I help this person to survive?" (FG2). Breakout session members also asserted that providers "can't meet trauma needs until basic needs are

<center>8</center>

met…" (S3), reporting that when an individual's fundamental needs are not met they "can't focus on anything else or not really well" (S1).

Core Services

Core services address victims' presenting needs and help to restore victims' sense of safety. Core services often include mental health and medical care, counseling, legal assistance, and longer-term housing (see Vasquez et al., 2017). In breakout sessions, members identified crisis intervention, counseling, case management, legal services, and medical advocacy as core services. More than half of survey respondents indicated the following core services were essential or high priority: counseling, crisis intervention, mental health services, and civil legal assistance (Figure 1). In breakout sessions, members noted that funding for core services is crucial because "…victim needs are still going to be there no matter what…" (S2). They also called for more holistic services that address victims' differing and multi-faceted needs and the needs of their parents and siblings.

Figure 1
Essential or High Priority Core Direct Victim Services
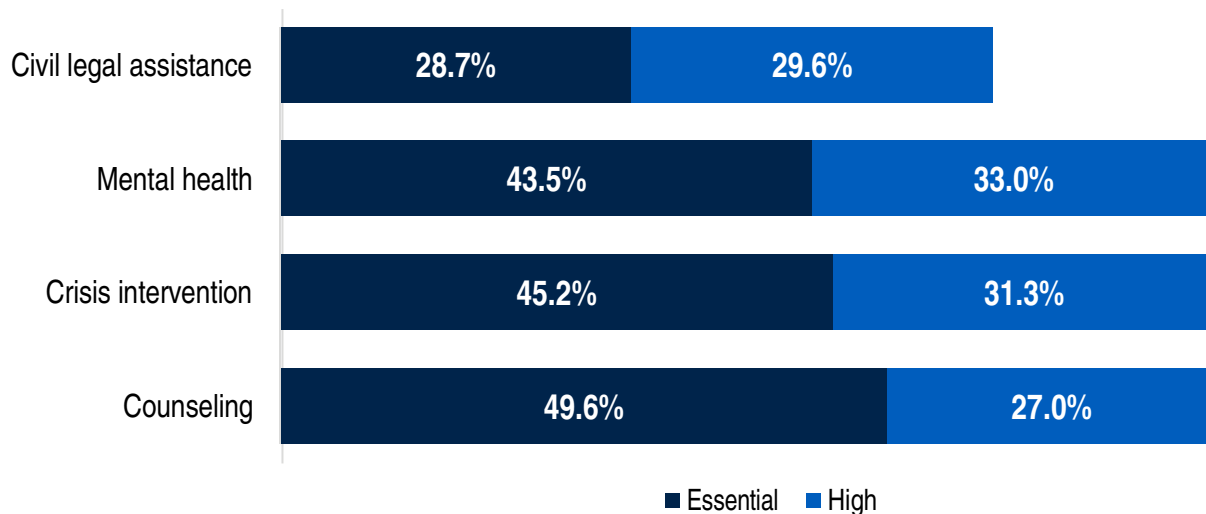
Note. Sample was 115 victim service agency survey participants.

Advocates and Social Workers in More Places

Research findings pointed to opportunities for increasing victims' access to needed services. Survey respondents reported that law enforcement (44%), healthcare (39%), and courthouses (39%) were among the most meaningful points of contact for facilitating victim help-seeking. In addition, breakout session members said advocates played a critical role in meeting victims' needs by helping them navigate systems and providing emotional support. They also reported a persistent need for more social workers in law enforcement, court, and school settings to support victims. Furthermore, members pointed to co-located services as helpful for simplifying service-seeking and for

"...relationship building that improves access" through "...[increased] awareness and connection" (S2). And focus group participants stated that virtual service options had improved access to needed services, especially for rural victims, those with limited access to transportation, and victims outside the communities they typically serve.

Underserved Victims

In a recent study examining underserved victim populations in Illinois, domestic violence and sexual assault service providers described underserved victims as those whom encounter one or more barriers to receiving services (Gruschow & Vasquez, 2020). Breakout session members identified various groups as being undeserved, including older adults, minors, racial and ethnic minority populations, LGBTQ+ people, and those who are dually involved in the criminal or juvenile justice system as both victims and offenders, living in rural areas, and having substance use disorders.

Focus group participants noted that certain undeserved victim populations had specific service needs; for example, they shared that rural victims, in particular, needed transportation assistance to reach service providers and that formerly incarcerated victims had unmet housing needs due to eligibility barriers to subsidized housing. To better reach and engage underserved victim populations, breakout session members asserted that an equity lens was needed because communities most impacted by crime are not necessarily the communities that access formal victim services. Also, members noted agencies would benefit from trainings on how to reach underserved populations and how to provide culturally and linguistically appropriate care.

Furthermore, focus group participants reported that remote service options enabled them to fill service gaps experienced by underserved victims. For example, one provider stated that LGBTQ+-specific services are unavailable in "...some areas of the state..." and that their agency had been able to offer "...therapy services, advocacy, and case management..." (FG1) to LGBTQ+ victims living outside of their service areas using virtual platforms.

Underserved victims are victims who encounter one or more barriers to receiving services. Underserved victim populations may include:

- LGBTQ+ people
- Immigrants
- Those with lower English proficiency
- People of color
- Those with inadequate transportation
- Those living in rural or small communities

(Gruschow & Vasquez, 2020)

Multiple Victimization Histories

61.8%

of victim service providers surveyed reported serving victims with multiple forms of victimization *very often* or *always*

Individuals may experience multiple victimization experiences during their lifetimes; they may experience different types of victimization or the same victimization type on separate occasions (Outlaw et al., 2002). Multiple victimization experiences can place victims at increased risk for future victimization (Widom et al., 2008) and can contribute to complex trauma symptoms (Pilnik & Kendall, 2012). Survey findings revealed Illinois victim service agencies frequently served victims who had experienced multiple forms of victimization frequently in the past year; over half indicated seeing these victims very often (52.2%) and another 9.6% reported seeing them always.

Focus group participants and breakout session members described how various types of victimization intersect. One member said, "You really can't address community violence in a meaningful way if you are aren't addressing what's happening in the homes and what's happening to children as they're growing up" (S6). However, breakout session members also shared many providers serve only one victimization type and reflected that fewer funding opportunities were available for programs that serve multiple victimization types. They suggested educating providers and funders on the service needs of victims with complex trauma histories.

Multidisciplinary Responses

Multidisciplinary teams (MDTs), groups of professionals across disciplines working collaboratively to coordinate victim care (Vasquez, 2019), have been linked to improved outcomes. Research indicates multidisciplinary responses resulted in increased victim mental health service receipt and improved criminal justice outcomes (e.g., charges filed, convictions), compared to single agency or disciplinary approaches (Herbert & Bromfield, 2019). Members said increased use of technology prompted further partner engagement and collaboration. However, an ICJIA survey of Illinois agencies serving children, youth, and families revealed that inter-agency MDT meetings occurred less frequently than intra-agency MDT meetings, creating challenges to effective multidisciplinary responses (Vasquez, 2019). Focus group participants also cited MDT meeting stakeholder absences, lack of engagement in meetings, and staff turnover as challenges. Breakout session members suggested MDTs could be improved by promoting community-centered and community-based responses that extend beyond law enforcement.

Trauma Services

Trauma-informed care to address victims' trauma histories and symptoms and mitigate the potential for re-victimization is crucial to victims' healing (Substance Abuse and Mental Health Services Administration, 2014). In a recent study of LGBTQ+ victimization and help-seeking, ICJIA researchers found that while some LGBTQ+ victims reported

positive interactions with agencies, such as being believed (81.0%) and feeling supported in their decision-making (75.9%), others had negative interactions in which staff were cold or unwelcoming (55.2%) or said there was nothing they could do to help (44.8%). And a focus group participant reflected that oftentimes agencies "…want to hear from the victim themselves what they've been through…" (FG3) to receive services, but this can re-traumatize victims. In addition, trauma-informed approaches recognize the impact that indirect trauma exposure may have on staff (Kolis & Houston-Kolnik, 2018).

Focus group findings also pointed to gaps in trauma-focused services that address victims' trauma symptoms. Providers said it was difficult to find trauma-focused services for children with disabilities and for victims in rural communities, Chicago, and the South suburbs of Chicago. Some attributed this to a lack of mental health providers trained to work with trauma victims. Despite these challenges, members asserted it was essential to develop and implement trauma-centered service delivery models that call for victim service agencies to become trauma-specific, rather than just trauma-sensitive.

Long-term Services

Breakout session members indicated that mental health care, legal services, and housing were needed to address victims' long-term needs. In particular, they noted victims need longer-term counseling and therapy to fully address the many issues that arise post-victimization (S1). They also reported that some legal remedies, including U Visa, T Visa, and VAWA self-petitions, require longer-term legal assistance.

Survey findings suggested that transitional and long-term housing services are just as important as emergency shelter; 27.5% of respondents reported that transitional and long-term housing services were essential or high priority and 29.4% described emergency shelter as essential or high priority. However, study results suggested that oftentimes these services were unavailable or difficult to access. Seventy-three percent of survey respondents reported that their agencies referred victims elsewhere for mental health services. Barriers to mental health service provision included lack of agency capacity to meet need, insufficient funding to hire additional therapists, and limited availability of needed treatment modalities. In addition, focus group participants asserted that the need for legal services and longer-term housing was largely unmet. One provider stated, "We have one lawyer for every 9,477 victims that need services so civil representation …is a huge need here" (FG1), suggesting that limited agency capacity is also a barrier to meeting victims' long-term legal service needs.

> *"We have one lawyer for every 9,477 victims that need services so civil representation…is a huge need here"*
>
> -   FOCUS GROUP PARTICIPANT

Community Violence

The National Child Traumatic Stress Network (n.d.) defines community violence as "exposure to intentional acts of interpersonal violence committed in public areas by individuals who are not intimately related to the victim." Community violence includes gang violence, public shootings, and assaults (Centers for Disease Control and Prevention, 2022a; National Child Traumatic Stress Network, n.d.). In a recent needs assessment on violence in Illinois, 48% of survey respondents said they had been exposed to community violence before the age of 18 (Garthe et al., 2021). However, the 2021 Victim Service Provider Study indicated many victim service agencies do not offer services to victims of community violence. More than half reported they did not provide services to victims of robbery (55.6%) and gang violence (55.1%), and about a third did not offer services for physical assault (35.6%) and gun violence victims (33.1%).

Furthermore, less than one third of agencies provided mental health, relocation (27.0%), emergency shelter, housing, and medical care services to victims of community violence (Figure 2). In addition, breakout members stressed the importance of recognizing and addressing the root causes of community violence (S3) and collaborating with agencies serving gender-based violence and child abuse victims to address their complex needs.

Figure 2
Core Services Provided by Illinois Victim Service Agencies to Community Violence Victims

Service	Percentage
Medical care	13.9%
Housing	22.6%
Emergency shelter	24.3%
Relocation	27.0%
Mental health	33.0%
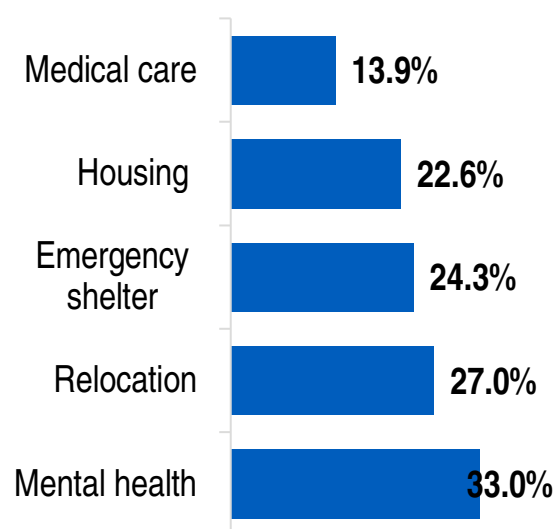
Note. Sample was 115 victim service agency survey participants.

Evidence-informed Practices

The Children's Bureau distinguishes between evidence-informed and evidence-based practices. Evidence-informed programs apply the best available research to shape program design and implementation. Evidence-based programs typically use a defined curriculum or set of services and have been linked to outcomes using rigorous research studies (Children's Bureau, n.d.). Providers noted the need for continued education on evidence-informed and evidence-based practices for both providers and community members. However, one challenge is that evidence-based practices often have a prescribed structure, which may not allow flexibility to adapt the program to better meet the needs of certain populations and cultures. As a breakout session member stated evidence-based practices tended "to leave out some really meaningful and helpful practices based within culture and communities and essential to the healing of survivors" (S4). Another member posited that victims should be involved in educating professionals and communities on best practices.

Data Collection, Outcomes, and Evaluation

Service program evaluations are conducted to determine program effectiveness, identify areas for improvement (Centers for Disease Control and Prevention, 2022b), and necessitate robust data collection, which may include victim outcomes. InfoNet has been identified by various Illinois victim service stakeholders as an essential tool for gathering comprehensive DV and SA victim service data statewide. This has been demonstrated by DV and SA agencies' support of recent efforts to further enhance the system; numerous providers offered input on potential system improvements, including new data fields and reporting tools, and tested new or updated system functions. Currently, InfoNet developers are programming a new user-requested feature that will allow service providers to enter victims' needs at multiple time points; these data will help providers understand needs over time and the relationship between need and service receipt.

Program evaluation is an implementation goal of the Illinois Helping Everyone Access Linked Systems (HEALS) initiative, an effort to link systems of care for children, youth, and families impacted by violence (see Houston-Kolnik et al., 2019). The initiative's research-informed planning phase demonstrated the need for ongoing research efforts to inform program implementation. Nearly all breakout session members indicated data collection, outcomes, and evaluation is critical or important to victim services (Figure 3).

Figure 3
Breakout Session Participant Priority Levels of Data Collection, Outcomes, and Sustainability Funding Area

4.0% | 52.0% | 44.0%

■ Address if possible   ■ Important   ■ Critical
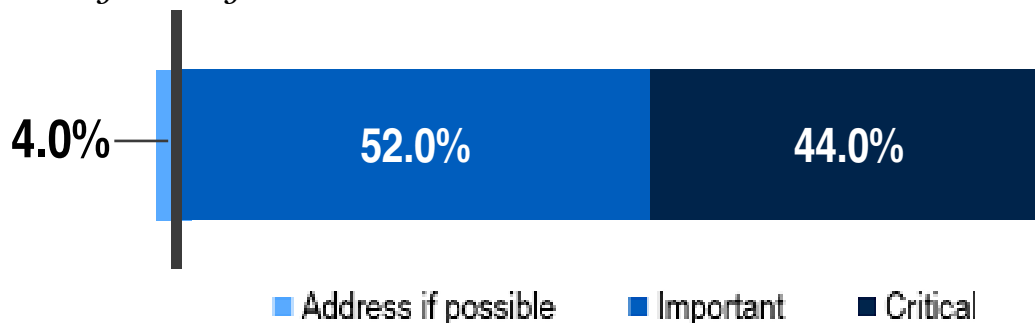
Note. Sample included 24 breakout session participants.

Emerging Victim Service Focus Areas

Information about the importance of each emerging area in victim services and what research efforts revealed is detailed below.

Equity in Victim Services

Equity requires fair and just treatment of all individuals, with a focus on historically undeserved and underrepresented groups and communities (Exec. Order No. 13985, 2021; Garthe, 2020). Equity dismantles barriers to fair and just treatment. Underserved

groups include people of color, those identifying as LGBTQ+, and communities with persistently high poverty rates, among others (Exec. Order No. 13985, 2021).

According to Warnken (2021), grantmaking bodies and research partners can advance equity in victim services. Specifically, grant administrators should consider that grantees have diverse strengths and weaknesses and help them build capacity to meet grant requirements. They should also foster relationships with diverse stakeholders, including organizations not funded with federal or state grants that fill critical victim service gaps because coordination is crucial for optimizing limited resources. Additionally, state administering agencies should examine leadership and staff representation; individuals directly impacted by discrimination marginalization, and other forms of inequity are experts and nearest to identifying promising solutions. Researchers can advance equity with projects that capture diverse perspectives and by building organizational capacity to interpret data. Their efforts should include engaging groups and communities that have faced language, ability and other barriers to research participation. Local data and needs assessments also may inform victimization, service needs, and provider capacity within smaller geographic areas, such as counties, cities, and communities.

Data collection efforts by ICJIA researchers revealed inequities in victim services. Researchers conducted a quantitative analysis of administrative datasets (e.g., American Community Survey, InfoNet) to identify over- and under-served racial/ethnic groups among service-seeking domestic violence and sexual assault victims in Illinois (see Gruschow & Vasquez, 2020). Findings suggested that fewer Asian victims received domestic violence services in certain Chicago communities than expected based on the number of Asian individuals residing in those communities. White victims were also shown to be underrepresented and Latinx victims overrepresented in numerous areas in Illinois. Findings were mixed for Black victims; in some Chicagoland areas they were underrepresented, whereas in others they were overrepresented. Household income may help to explain these findings; the racial/ethnic composition of service-seeking victims most closely matched the racial/ethnic composition of Illinois residents with an annual household income of less than $50,000. Therefore, the overrepresentation of Black and Latinx groups may be related to the populations' limited financial resources and need for counseling, legal, and other services.

In breakout session discussions, members described victims' experiences with inequitable service access and receipt, affirming that people of color face additional challenges when navigating systems and that certain victims, particularly in rural communities, have unequal access to resources to help them meet their most basic needs. One member said, "It's critical that we do a better job at making sure that anyone who needs victim services can get them and the way that they need them" (S3).

> *"It's critical that we do a better job of making sure that anyone who needs victim services can get them and the way that they need them."*
>
> -   BREAKOUT SESSION PARTICIPANT

Prevention

According to Garthe and colleagues (2020, p. i), violence prevention efforts "seek to decrease vulnerability (i.e., factors that place individuals at a higher risk for violence) and increase resiliency (i.e., factors that protect individuals from violence." In the field of victim services, prevention can be described as (Rutherford et al., 2007):

Primary: measures established prior to violence occurring, such as addressing inequity and education

Secondary: activities that minimize harm after violence or victimization, such as emergency services

Tertiary: occurs after violence or victimization and focuses on long-term rehabilitative services to prevent revictimization, such as mental health services.

Study participants and breakout session members described violence prevention as an important victim services need. In responses to open-ended survey questions, providers said prevention service needs were unmet in their communities and that those needs had increased as a result of the pandemic. Offering violence prevention services in school settings was seen as particularly crucial as educating children on body safety "might be able to prevent the crime from even happening" (FG4). One breakout session member said this education may prompt "...kids [to] report what happened to them because...now they are aware" (S4).

In addition, a lack of funding for prevention inhibited providers from offering or expanding violence prevention services. In focus groups, victim service providers stated there was "not a ton of funding for prevention work..." (FG1) and that "[they] beg other people for money...to get a prevention program going" (FG1). Breakout session members also described limited funding for prevention services as a challenge; they reflected that most funding sources could not be used for prevention services and reported that it was particularly difficult to find funding for gender-based violence prevention work.

Technology

The effects of the COVID-19 pandemic, particularly the call to limit in-person interactions, necessitated a shift in victim service provision. Various forms of technology, such as telephones, text messaging, and video conferencing, enabled victim service agencies to continue to provide services, but remotely. Survey findings revealed that 70% of victim service agencies began providing services virtually in response to the pandemic. Over three-quarters of survey respondents reported providing counseling and mental services via web-conferencing in the previous year and over two-thirds reported providing civil legal assistance and crisis intervention services by phone. Furthermore, an analysis of InfoNet data found that the proportion of counseling provided via telephone grew 184% for domestic violence victim services providers and 411% for sexual assault victim service

providers in the first three months following Illinois's stay-at-home order (Schaffner et al, 2022). The length of the average telephone counseling session similarly grew at 42% for domestic violence victim services providers and 107% for sexual assault victim service providers. Even into the second quarter of 2022, telephone counseling use remained higher than pre-pandemic use among both domestic violence and sexual assault victim service agencies.

Both focus group and breakout room participants identified benefits and challenges to offering virtual services. Benefits included improved service convenience and efficiency, increased partner engagement and collaboration, and an improved ability to serve under-resourced and underserved groups who might otherwise fall outside an agency's service area. Specifically, remote service options enabled some LGBTQ+ and non-English proficient victims to receive virtual culturally or linguistically appropriate care that was unavailable in their immediate areas. Among the challenges discussed were providers' hesitancy to adopt virtual service options and limited provider and victim access to devices and internet. In addition, breakout session members expressed concern that virtual services might not be as effective as in-person services and noted that it can be difficult to remotely observe client body language. Nonetheless, there was broad support for continuing to offer remote service options beyond the pandemic.

Vicarious Trauma

Vicarious trauma occurs when providers experience traumatic stress reactions as a result of exposure to another person's traumatic experiences, including hearing or learning about others' victimization (Newell & MacNeil, 2010). Vicarious trauma is an occupational risk for victim advocates who are regularly exposed to the traumas of others (Office for Victims of Crime, n.d.a). Vicarious trauma has been linked to various negative individual and organizational impacts. For individuals, this can include changes in their worldview or sense of self, disruptive thoughts, and distrust in others (Iliffe & Steed, 2000; Miller, 2011). At the organizational level, vicarious trauma can result in lost productivity, staff turnover, and decreased staff motivation, performance, and ability to concentrate (Office for Victims of Crime, n.d.b).

> Vicarious trauma "takes constant attention and is shortsighted not to" because if left unaddressed "it's going to cost us all our staffing and all the effort we put into training and support."
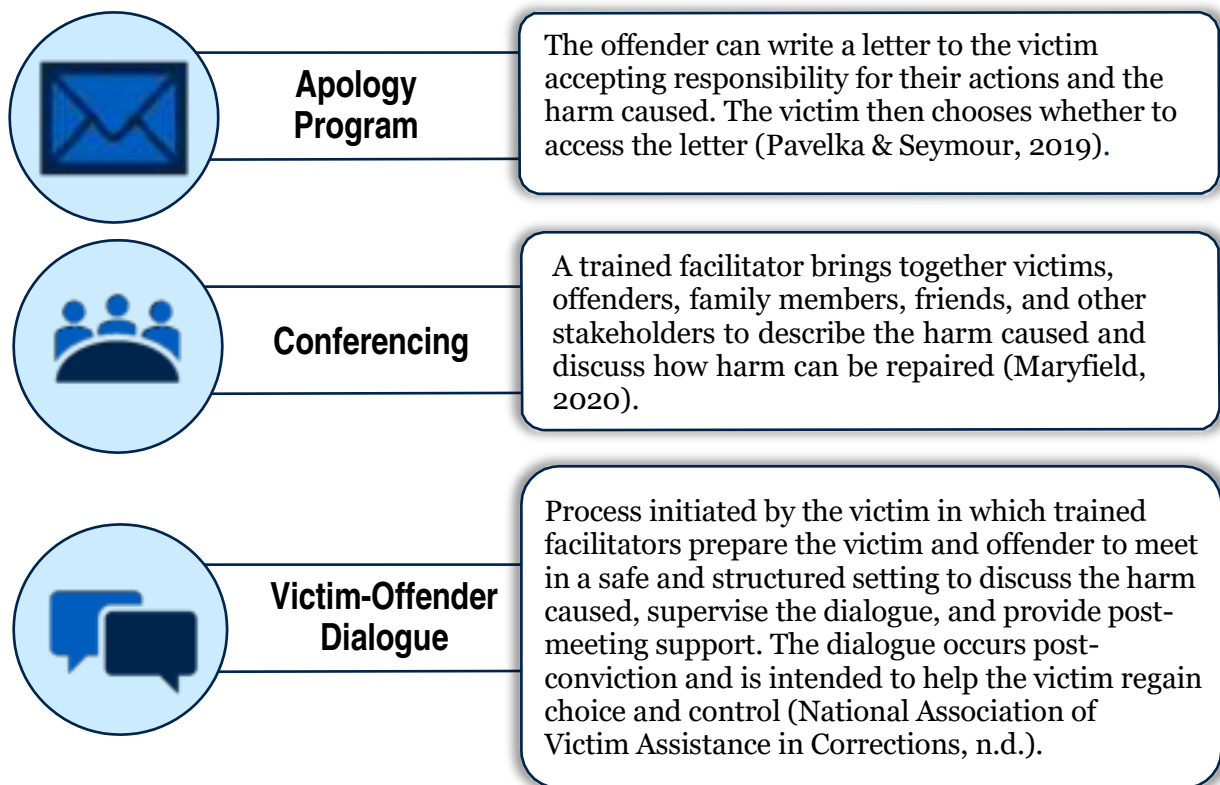>
> - BREAKOUT SESSION PARTICIPANT

Researchers found that Illinois victim service providers and other stakeholders were concerned about staff vicarious trauma and its impacts on both staff and organizational well-being. Survey results revealed that 59.1% of the Illinois victim services agency respondents worried that vicarious trauma was impacting their staff. In breakout sessions, VSPC members noted certain practices that may put providers at increased risk for vicarious trauma. This included staff taking on job duties and tasks associated with multiple positions, working additional hours without adequate pay and benefits, and

trying to meet more client needs than ever before due to the pandemic. And in victim service provider focus groups, one study participant shared, "Previously...I could leave my work...and then come home and kind of decompress. Now...I am having an appointment with the client in the evening after work...kind of different hours of the day...I am concerned about...burn out, mental health for myself, for other advocates" (FG2). Concerns about the impacts of vicarious trauma were also expressed by VSPC members. One said, "We can't do our job if we're not okay, healthy enough to do our job." (S1). Furthermore, members acknowledged that unaddressed vicarious trauma could lead to increased staff turnover and decreased productivity. A member asserted that vicarious trauma "takes constant attention" and that if left unaddressed "it's going to cost us all our staffing and all the effort we put into training and support" (S2).

Victim-Centered Restorative Justice

The Victims of Crime Act Victim Assistance Program (2016) described restorative justice programs as activities that provide beneficial opportunities for victims to voluntarily meet offenders. Researchers have examined the use of various restorative justice practices and their impact on victims. Three such practices include:

Apology Program
The offender can write a letter to the victim accepting responsibility for their actions and the harm caused. The victim then chooses whether to access the letter (Pavelka & Seymour, 2019).

Conferencing
A trained facilitator brings together victims, offenders, family members, friends, and other stakeholders to describe the harm caused and discuss how harm can be repaired (Maryfield, 2020).

Victim-Offender Dialogue
Process initiated by the victim in which trained facilitators prepare the victim and offender to meet in a safe and structured setting to discuss the harm caused, supervise the dialogue, and provide post-meeting support. The dialogue occurs post-conviction and is intended to help the victim regain choice and control (National Association of Victim Assistance in Corrections, n.d.).

Numerous states have established apology letter banks (Washington State Department of Corrections, 2018); however, research is needed to examine the relationship between victim participation in apology programs and victim outcomes. Research has demonstrated that both conferencing and victim-offender dialogue have benefits for victims. Specifically, victims who participated in conferencing had increased satisfaction

with the conferencing process compared to traditional criminal justice processes, perceived the offender apology to be sincere (Strang et al., 2013), and reported decreased post-traumatic stress symptoms (Angel et al., 2014). While research on VOD programs is limited, one study found that victims who participated in a VOD program felt less fearful and alienated, and reported decreased depressive symptoms compared to a control group (Sliva, 2020).

While the 2021 Victim Service Provider Study did not directly ask providers about restorative justice, some focus group participants described how such practices might enhance or complement current victim services. One participant stated that restorative justice practices could benefit victims who want to avoid the criminal justice system because "they don't want that person in jail, but they want to feel safe and they want…that person to make changes and they want to tell that person that" (FG5). Another provider suggested restorative justice should be an option made available to victims. Committee members also voiced support for victim-centered restorative justice in breakout session discussions. They stated that traditional legal remedies do not always fully address victims' needs and "…that [victims] want alternatives to the criminal justice system" (S1).

Summary of Meetings

Both the VSPC and ICJIA Board are instrumental to the victim service planning process, including the development and approval of victim service priority funding areas used to guide ICJIA's victim service funding decisions. During recent meetings, members considered research findings, provided their perspectives on current service funding needs, and voted on the recommended victim service priority funding areas. Detailed information about each meeting is summarized below. See *Appendix C* for the PowerPoint slides presented at the meetings.

Victim Service Planning Committee

ICJIA convened two virtual, public meetings with members of the VSPC to consider and discuss priority areas for the 2022-2025 victim service funding cycle.

First Meeting

During the first meeting, held on January 27, 2022, ICJIA staff provided a funding overview and an assessment of the 2017 victim service funding priorities. The 2017 priority areas included:

- Public awareness
- Fundamental needs
- Core services
- Advocates and social workers in more places
- Underserved victims
- Multiple victimization experiences
- Multidisciplinary responses
- Trauma services
- Long-term services
- Community violence
- Evidence-informed practices
- Data collection, outcomes, sustainability

Specifically, FSGU staff shared information on the agency's funding portfolio, including VAWA and VOCA funds, and ICJIA's statewide strategic violence prevention plan. Grant staff described the various VOCA and VAWA victim service programs funded to support the 2017 priorities. ICJIA Center for Victim Studies researchers presented on how closely the 2017 priority areas reflected current victim service needs and gaps. Also introduced were five emerging areas in victim services identified as important facets of victim services not directly addressed by the 2017 priority areas; researchers described each emerging area and research findings that suggested these areas might necessitate funding.

Members later participated in breakout sessions facilitated by ICJIA staff. Staff pre-assigned members to one of six virtual rooms based on the agency type (e.g., victim services, law enforcement) they represented to ensure diversity of perspectives in the breakout sessions. Staff guided members in discussing the 2017 priority areas and the five emerging areas in victim services. For each area, members were asked to use Google Jamboard, a virtual whiteboard, to indicate whether funding for that area was critical, important, should be addressed, if possible, or did not represent a current need or gap. Members also shared their perspectives on current service needs and gaps, how the language of the 2017 priority areas could

24 members

shared their perspectives on:

- Current victim service needs and gaps
- How to revise the 2017 victim service priority areas to address current needs and gaps
- Strategies victim service agencies might use to address emerging areas in victim services

be revised to better reflect those needs and gaps, and strategies agencies could use to address emerging areas. While most members offered verbal responses, some also posted summaries of or expanded upon their responses on Google Jamboard. Following the breakout sessions, members returned to the main meeting room. Designated session notetakers shared key discussion points from their respective sessions. Finally, next steps were outlined; ICJIA researchers would utilize research findings and VSPC member feedback to draft new victim service priority funding area recommendations. In addition, members would reconvene in March 2022 to discuss and vote on the recommendations.

Second Meeting

A second VSPC meeting was held on March 10, 2022. To begin, researchers summarized the 2017 priority areas and presented an analysis of breakout session materials. Researchers described new and revised victim service priority funding area recommendations for the upcoming victim service funding cycle; 12 priority funding areas were recommended. After a short break, the VSPC voted unanimously to approve the proposed 2022 victim service priority funding areas.

Next, grant staff facilitated a discussion of underserved victim populations. They presented a provider-informed description of underserved victims. Underserved victims were described as those who encounter one or more barriers to receiving services. Underserved groups noted were LGBTQ+ people, immigrants, people of color, and those with lower English proficiency, inadequate transportation, or from small communities (see Gruschow & Vasquez, 2020). Grants staff asked committee members to share their strategies for addressing the needs of underserved populations. The responses emphasized prevention, culturally and linguistically appropriate education and outreach to increase awareness of available services, and culturally specific service agencies.

12

Victim service priority funding areas were unanimously approved by the Victim Services Planning Committee on March 10, 2022.

The 2022 victim service priority funding areas would later be presented to the ICJIA Board for final approval.

ICJIA Board

The 2022 recommended victim service priority funding areas were also presented to the ICJIA Board for discussion and approval, following VSPC approval.

June 16th Meeting

On June 16, 2022, the researchers presented 12 recommended victim service priority funding areas to the ICJIA Board. The presentation included an overview of the victim service planning process and each recommended victim service priority funding area, including research findings supporting each area. The Board approved the priority areas on April 20, 2023.

Image: Freepik.com

2022 Victim Services Priority Funding Areas

This section outlines the 2022 victim services priority funding areas identified by the VSPC and approved by the ICJIA Board. These priorities will inform future grantmaking to address victim service needs and gaps in Illinois for the next several years. The priorities incorporate findings on emerging victim service areas of equity in victim services, prevention, technology, vicarious trauma, and victim-centered restorative justice. Although related priorities are grouped together, no specific order was used to number them.

PRIORITY 1 — **Fund initiatives that raise the public's awareness of victim services, including eligibility criteria, service options, and program efficacy.**

Research findings pointed to the importance of increasing public awareness of victim services and educating community members on eligibility criteria, available services, and the benefits of service receipt. Many victims, especially those who are underserved, are unaware of the wide array and efficacy of services available to them. Some victims assume they do not qualify for services because of certain demographic characteristics, such as gender or income. Thus, funding should be allocated to raise public awareness of victim services. Awareness efforts should include information on recognizing victimization, impacts, eligibility criteria for victim services, service options, and service benefits.

PRIORITY 2 — **Increase funding for programs that improve victims' timely access to services, such as through co-located services and remote service options.**

The planning process revealed the need to improve victims' access to services. Providers said advocates and social workers were crucial for helping victims navigate complex legal and healthcare systems and for providing support. They said co-located services ease the burden of service seeking while fostering relationships between providers. In addition, remote service options had enabled them to expand their service areas. This priority calls for increasing access by connecting them with advocates, social workers, and other providers who can help them locate and receive needed services. Law enforcement, healthcare organizations, and courthouses are meaningful points of contact for victims where co-located services should be placed. Furthermore, remote service options also facilitate service access, particularly in under resourced communities.

<table>
<tr><td>**PRIORITY 3**</td><td>**Fund initiatives that advance victims' equitable service access and engagement in services, with a focus on underserved victim populations.**</td></tr>
</table>

Providers asserted viewing victim needs through an equity lens was crucial for serving underserved victim populations. These populations are most impacted by violence, yet least likely to access services. Underserved victims are those who encounter one or more barriers to accessing services. Victim populations identified as underserved include older adults, minors, racial and ethnic minorities, LGBTQ+ people, and those dually involved, in the criminal or juvenile justice system as both victims and offenders, living in rural areas, and with substance use disorders. Training on culturally and linguistically appropriate care is needed to ensure equity and accessibility. Therefore, funding should advance equitable service delivery for underserved victim populations. More resources are needed to address barriers to victim service access, such as transportation assistance, interpretation and translation services, and culturally responsive advocacy and therapy. training on culturally- and linguistically-appropriate care, including how to adapt services to better meet the needs of underserved victims, should be made available to victim service agencies.

<table>
<tr><td>**PRIORITY 4**</td><td>**Fund efforts to prevent (re)victimization through programming that increases victims' protective factors and decreases vulnerabilities.**</td></tr>
</table>

Researchers learned the need for violence prevention services increased as a result of the pandemic. Providers described prevention services as critical for recognizing victimization and preventing future harm to victims. Due to limited funding for prevention providers said they were unable to provide or expand prevention services, particularly for gender-based violence. Violence prevention funding should be made available to increase victim identification and awareness of service offerings, and facilitate victims' service connection. Prevention programs should be placed in educational settings with an emphasis on the types of victimization most likely to be experienced, including gender-based violence.

<table>
<tr><td>**PRIORITY 5**</td><td>**Increase funding to address fundamental needs of crime victims, or those needs, that if left unmet, inhibit victims' engagement in services needed for healing.**</td></tr>
</table>

Meeting a victims' fundamental needs, such as food, transportation, child and health care, and employment and financial skills, is crucial for successful service engagement and healing from trauma. Emergency financial assistance is also fundamental because it helps victims meet their most basic needs. This includes funding for emergency financial assistance, emergency shelter, childcare, transportation assistance, employment training, and other services necessary to address victims' most basic and immediate needs.

<table>
<tr><td>**PRIORITY 6**</td><td>**Fund direct core direct services to victims of all crime types, including community violence.**</td></tr>
</table>

Core services address a victim's presenting needs, or services that help to restore victims' sense of safety. Provider-identified core services included crisis intervention, counseling, case management, legal services, and medical advocacy. Research pointed to gaps in the availability of core services, particularly among victims of community violence. Providers also called for more holistic services, such as wraparound services, coordinated care, and systems of care, to attend to victims' multi-faceted needs and victimization histories. Thus, funding should be allocated for core direct services that address victims' safety and overall well-being for all crime types, including community violence. Furthermore, funding opportunities should encourage collaboration among victim service agencies that specialize in serving a particular crime type.

<table>
<tr><td>**PRIORITY 7**</td><td>**Fund services that address victims' long-term mental health, legal, and housing needs.**</td></tr>
</table>

Providers reported that victims needed ongoing counseling and therapy services, civil legal assistance, and transitional and permanent housing to address their long-term needs. However, gaps in mental health and legal service availability and housing create barriers to meeting victims' service needs. Funding is needed to expand and extend mental health services, including evidence-based modalities for addressing victims' trauma symptoms, civil legal assistance for divorce, child custody, and immigration matters, and transitional and permanent housing options for victims who are unable to find affordable housing.

<table>
<tr><td>**PRIORITY 8**</td><td>**Support programs that address the impact of multiple victimization experiences, such as the intersection of gender-based violence and community violence.**</td></tr>
</table>

Research has demonstrated that multiple victimization experiences increases risk of future victimization, exacerbates symptoms, and increases service needs compared to one victimization experience. The planning work showed that victim service agencies frequently served victims with multiple victimization histories, yet their capacity to address victims' complex trauma needs, such as evidence-based mental health treatment, was limited. Thus, funding should be allocated to support programming to address the complex needs of victims with histories of multiple victimization experiences. Due to the overlap between community and gender-based violence, identified by providers, programs that can address both crime types or encourage partnerships among community and gender-based violence service providers are recommended.

PRIORITY 9	**Promote community-driven multidisciplinary responses to victimization, including coalition building efforts and expanded use of technology to facilitate collaboration.**

Research indicates multidisciplinary approaches are more responsive to victims and achieve better criminal justice outcomes than single agency or disciplinary approaches. Planning efforts underscored the need for more community-driven multidisciplinary responses. This included expanding beyond law enforcement-based multidisciplinary teams, noted by providers as the most common type, to teams based in community organizations, such as victim service agencies. Stakeholders cited increased use of technology as a strategy for engagement and collaboration among multidisciplinary team members. Funding should support expansion of multidisciplinary approaches to victimization to improve case outcomes and minimize trauma to victims. Multidisciplinary responses should be inclusive of victim service agencies and other community-based organizations, like health care and social service agencies, and leverage technology to increase communication among multidisciplinary team members.

PRIORITY 10	**Expand trauma-informed and trauma-focused service availability and support efforts to mitigate staff vicarious trauma.**

Trauma-informed care attends to victims' trauma histories and symptoms, mitigates the potential for re-victimization, and recognizes the impact indirect trauma exposure may have on staff. Providers asserted trauma-focused services were essential for healing, but they noted that it was challenging to find them in some communities (e.g., rural) or for certain populations, particularly children. Study findings also revealed that providers were concerned about the impact of vicarious trauma on staff and organizational well-being. Funding should support and expand trauma-informed and trauma-focused services and include efforts to address and mitigate staff vicarious trauma. Programs that seek to build capacity to provide trauma-focused services to communities and populations with notable service gaps and that incorporate vicarious trauma-informed strategies in their program design are recommended.

PRIORITY 11	**Promote the use of evidence-informed (or promising) and evidence-based practices and programming that have been successfully implemented with diverse victim populations.**

Evidence-informed practices use research to guide program design and implementation, whereas evidence-based practices, when implemented with fidelity, have been linked to positive outcomes. Providers expressed support for evidence-informed and -based practices because they are effective and can improve service delivery. The planning work also revealed more education is needed on evidence-informed and evidence-based practices and that individuals with lived experiences should participate in efforts to adapt

the practices to the needs of diverse populations and culture. Funding should promote and increase evidence-informed or evidence-based programming. Furthermore, providers should be encouraged to use evidence-informed or evidence-based practices effective with diverse populations and adapt practices to better meet victims' cultural or linguistic needs.

PRIORITY 12	**Fund activities that support program evaluation efforts through data collection and reporting, and increase providers' capacity to document meaningful outcomes.**

Program evaluation can demonstrate program effectiveness, but necessitates robust data collection. Recent initiatives have increased provider capacity to gather victim service data and improve program implementation. They include development of new InfoNet data fields enabling domestic violence and sexual assault providers to document victims' needs over time. Findings indicated strong support among providers for continued efforts to prioritize data collection and evaluation and to document victim outcomes. Therefore, funding should support program evaluations that assess activities, outputs, and outcomes. To increase victim service agency evaluation capacity, reporting requirements should be streamlined to ease administrative burdens and more technical assistance and training should be provided on data collection and analysis.

Grantmaking Principles and Strategies

The priority funding areas described will inform ICJIA's grantmaking over the next several years. Additionally, ICJIA established two sets of foundational principles for administering funds. The first set—Guiding Principles—is designed to direct ICJIA's overall work, articulating a vision for the Illinois criminal justice system and the purposes it should serve. The second set—Grantmaking Principles—articulate how ICJIA will achieve this vision.

Guiding Principles

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

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

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

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

Recovery: Support and services should be provided to victims who suffer physical, emotional, or financial harm as the direct result of an individual's criminal conduct. These services should be provided regardless of whether victims choose to participate in the criminal justice system.

Rehabilitation: The criminal justice system should require and support rehabilitation services for individuals who have caused harm on a voluntary basis. These services should be provided in a culturally competent, gender sensitive, and trauma-informed manner.

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

Prevention: The criminal justice system and victim services should prevent crime and violence to mitigate their harmful effects on individuals and communities.

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

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

Efficient: The criminal justice system and victim services should avoid unnecessary costs and maximize their limited resources to achieve the intended outcomes.

Grantmaking Principles

1. ICJIA should strive to maximize the use of available federal and state funds, seeking any and all reasonable alternatives to lapsing funds that would otherwise be returned to the federal or state government.

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

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

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

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

6. ICJIA's federal and state funds should be allocated to areas demonstrating need based on an analysis of the nature and extent of the problem(s) and to programs in areas where there is an opportunity to impact the identified problem(s). In addition, to the extent permitted by program guidelines, some portion of available federal and state funds should be used for the following:

   - To encourage collaborative approaches to problem solving, planning, and program implementation.
   - To encourage innovative pilot or demonstration projects.
   - To evaluate funded projects and support an ongoing program of research designed to further planning and program development.
   - To build the capacity of those who are criminal justice system-involved and/or those who have been harmed by victimization.

Together, these principles provide ICJIA's staff and Board with the core purposes and operational imperatives to inform and direct the agency's work. Finally, ICJIA staff will work to ensure that funded programs are informed by evidence, data, and implementation science.

Notice of Funding Opportunity Development

Each VOCA and VAWA-funded program administered by ICJIA over the next several years will correspond with one or more of the victim service priority funding areas established in this report. Grant staff will partner with research staff to assess available funding and develop notices of funding opportunities (NOFOs) that describe the purpose or problem to be addressed, program design requirements, including allowable activities, goals, and performance metrics, and relevant evidence-based programs or practices. Each NOFO will address one or more underserved victim population(s). Applicants must describe the underserved population(s) to be served and unique approaches for addressing their needs. This information is reviewed and scored as part of the award selection process.

ICJIA's NOFO process is governed by the Grants Accountability and Transparency Act (GATA) to establish uniform requirements and cost principles for state and federal pass-through awards. Centralized grant management systems promote performance transparency and financial integrity of public dollars. All NOFOs adopt the GATA framework, which provides statewide rules, templates, and systems for grant performance oversight. GATA sets grant management policy by adopting federal Uniform Guidance for all grants regardless of funding source. Each NOFO is initiated in GATA, beginning with the announcement, the application process, and finally, the merit-based review. During the review process, applications are received, reviewed for completeness and eligibility, and scored and ranked thorough an approved scoring criterion. Filters, such as demographics, service areas, and need may be used in ranking applicants. The GATA framework centralizes and standardizes common grant requirements, reducing redundancy and streamlining processes for both grantees and state agencies. Funding decisions are based on funding priority areas approved by ICJIA's VSPC, reviewed and approved by ICJIA executive staff, and finally, reviewed and approved by ICJIA Budget Committee members.

ICJIA prioritizes applications that demonstrate a history of providing services to underserved populations and programs implemented by community-based, culturally specific organizations. Funding opportunities will focus on improving outreach to specific underserved populations, addressing barriers to service, and building capacity. ICJIA is committed to improving the understanding of unique barriers faced by these populations and identifying strategies to effectively provide services and support.

Each application selected for funding is awarded a grant contract, which includes the interagency agreement, approved program narrative, and budget. All grantees are offered technical assistance and training. The Illinois Office of Management and Budget Guidance for Grants and Agreements states competitive grants may be awarded for an initial one-year term with the option to renew for up to two additional years, contingent on program performance. Technical assistance and training are provided throughout the program performance period.

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Appendix A

Illinois Population & Victimization Maps

Illinois Population, 2020

County	Population
Cook	5,275,541
DuPage	932,877
Lake	714,342
Will	696,355
Kane	516,522

Population

- 10,000
- 100,000
- 1,000,000
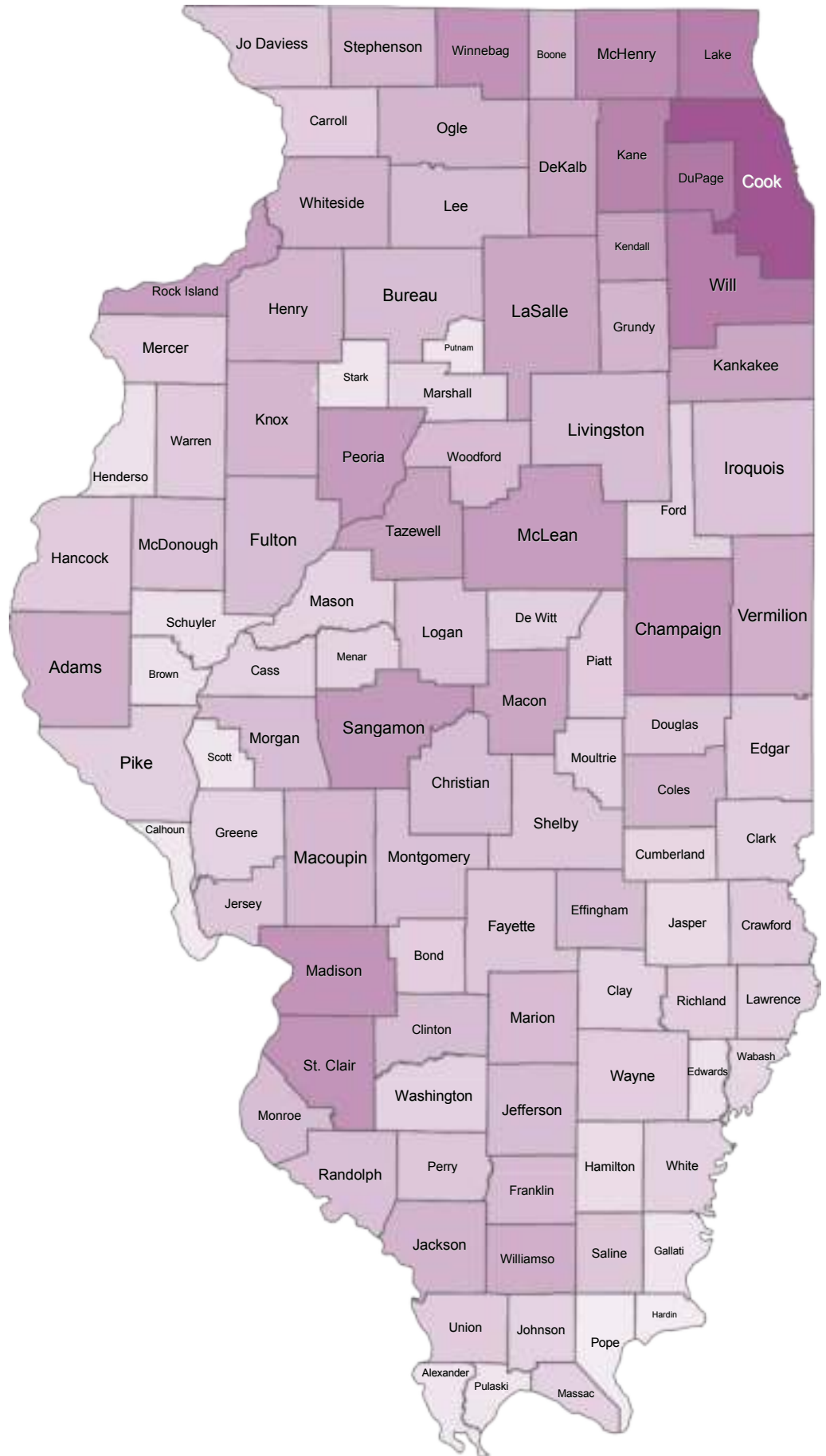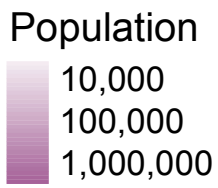
Illinois Population under 18, 2016−2020

County	Population under 18
Cook	1,128,625
DuPage	210,237
Will	171,799
Lake	169,210
Kane	135,653

Population under 18

1,000
10,000
100,000
1,000,000

Source: American Community Survey 2016−2020.
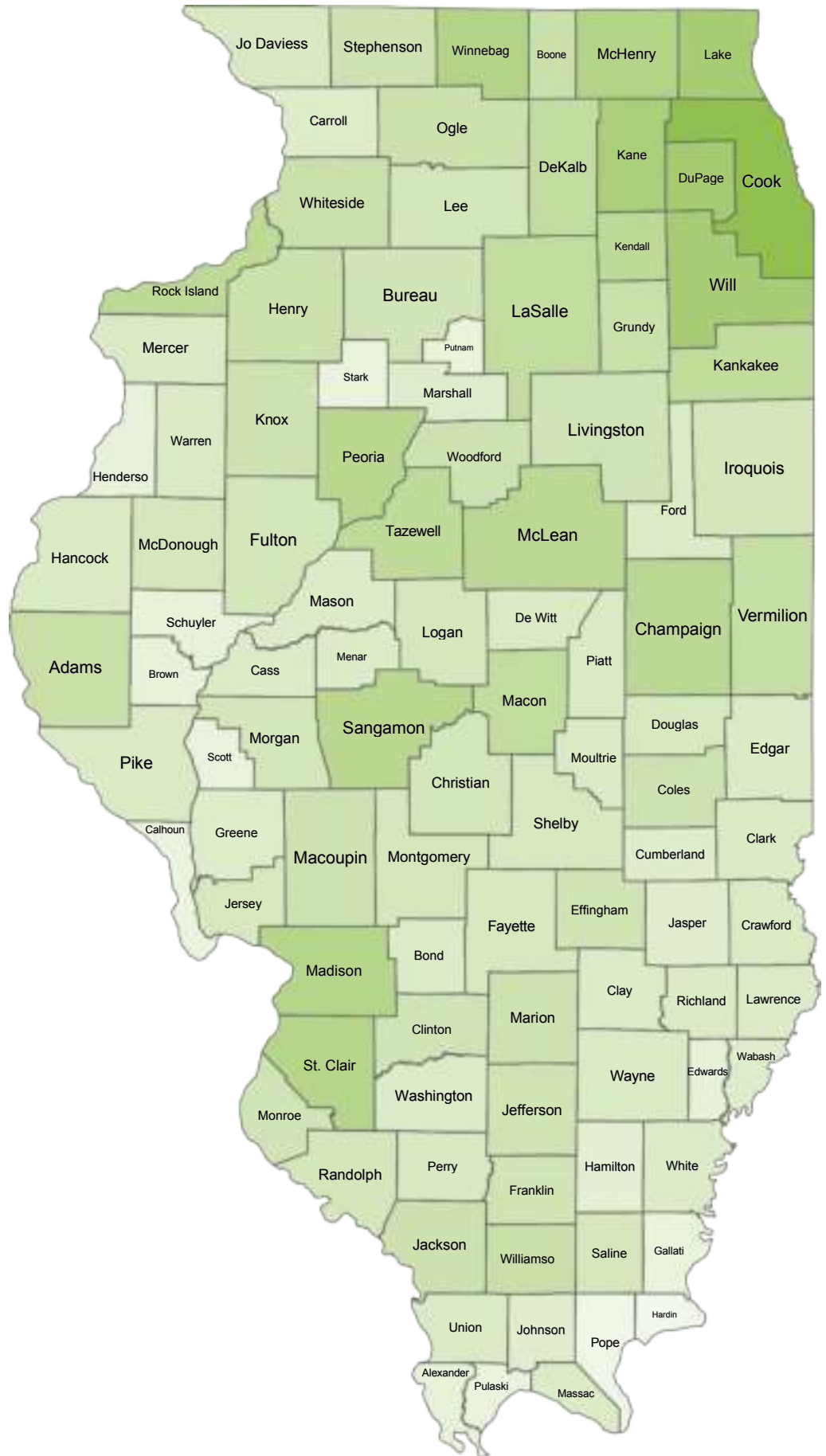
Illinois Population 60 years or older, 2016−2020

County	Population 60 or older
Cook	1,062,295
DuPage	204,178
Lake	144,152
Will	130,327
Kane	103,238

Population 60 years or older

10,000
100,000
1,000,000

Source: American Community Survey 2016−2020.

39
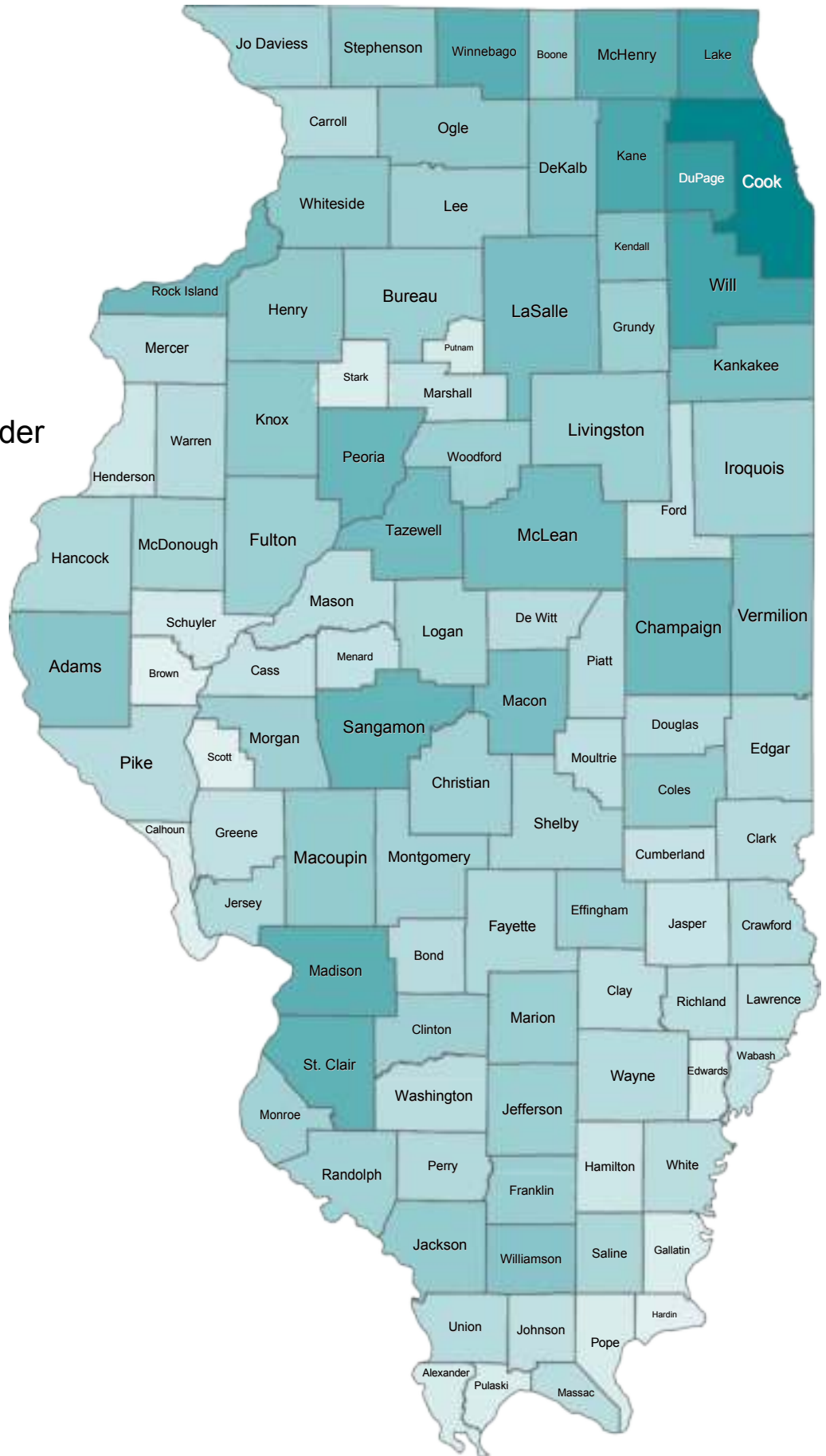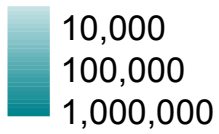
Racial Demographics, 2016–2020

Percent of Population, White, Not Hispanic
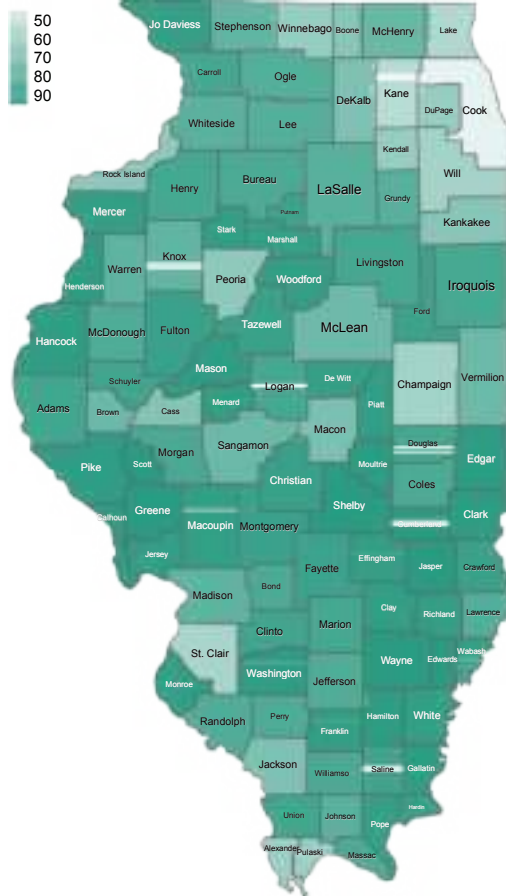
Percent of Population, Black, Not Hispanic
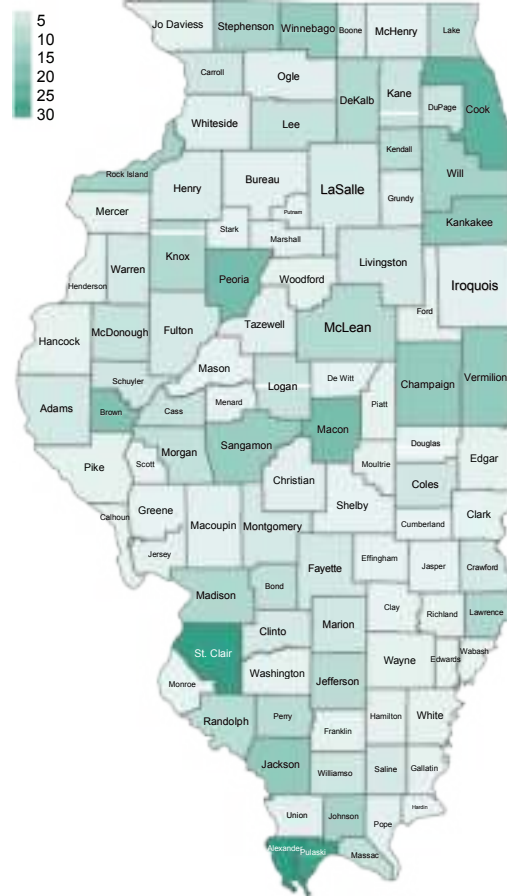
Percent of Population, Hispanic, Any Race
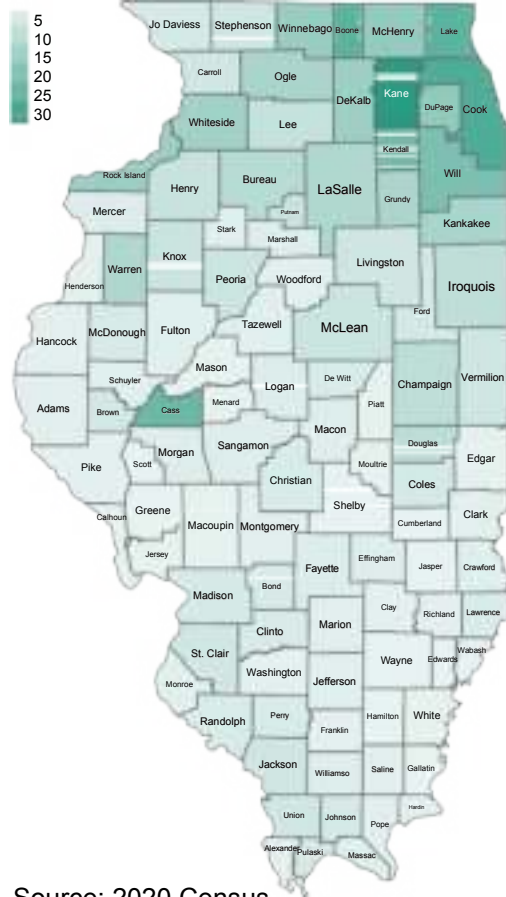
Percent of Population, Asian, Not Hispanic

Source: 2020 Census

40

Percent of Households in Poverty, 2016−2020

County	Percent
Alexander	26.9
Jackson	24.0
Gallatin	22.5
Pope	21.4
Coles	20.5

Percent of Households

- 3.1 to 9.1
- 9.2 to 12.6
- 12.7 to 16.2
- 16.3 to 20.5
- 20.6 to 26.9

Source: American Community Survey 2016−2020.

41
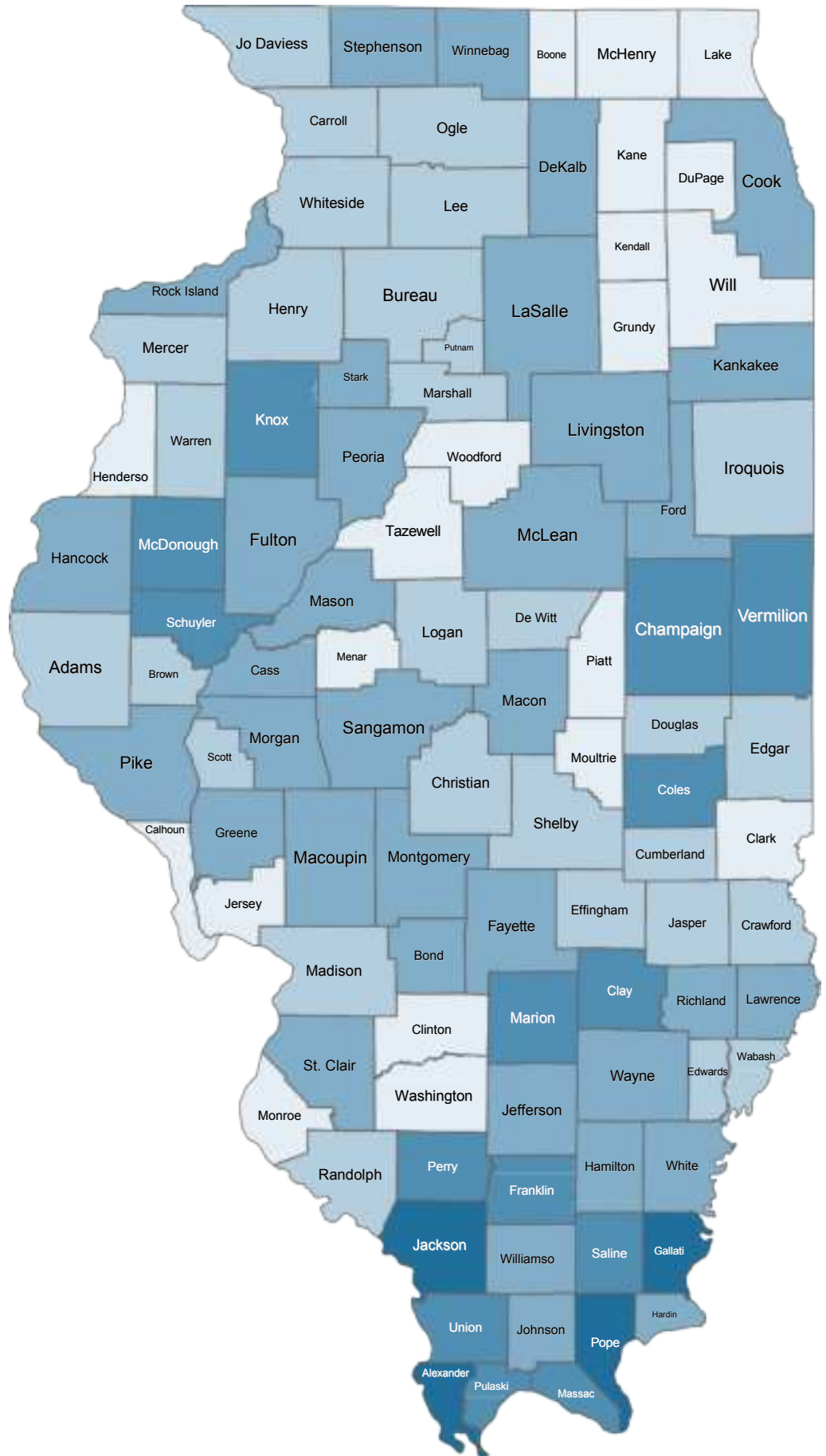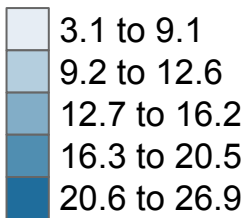
Unemployment Rate, 2016−2020

County	Percent Unemployed
Pulaski	8.5
Alexander	8.3
Hardin	8.0
Johnson	7.7
Franklin	7.3

Percent Unemployed

- 3.0 to 4.4
- 4.5 to 5.4
- 5.5 to 6.2
- 6.3 to 7.3
- 7.4 to 8.5
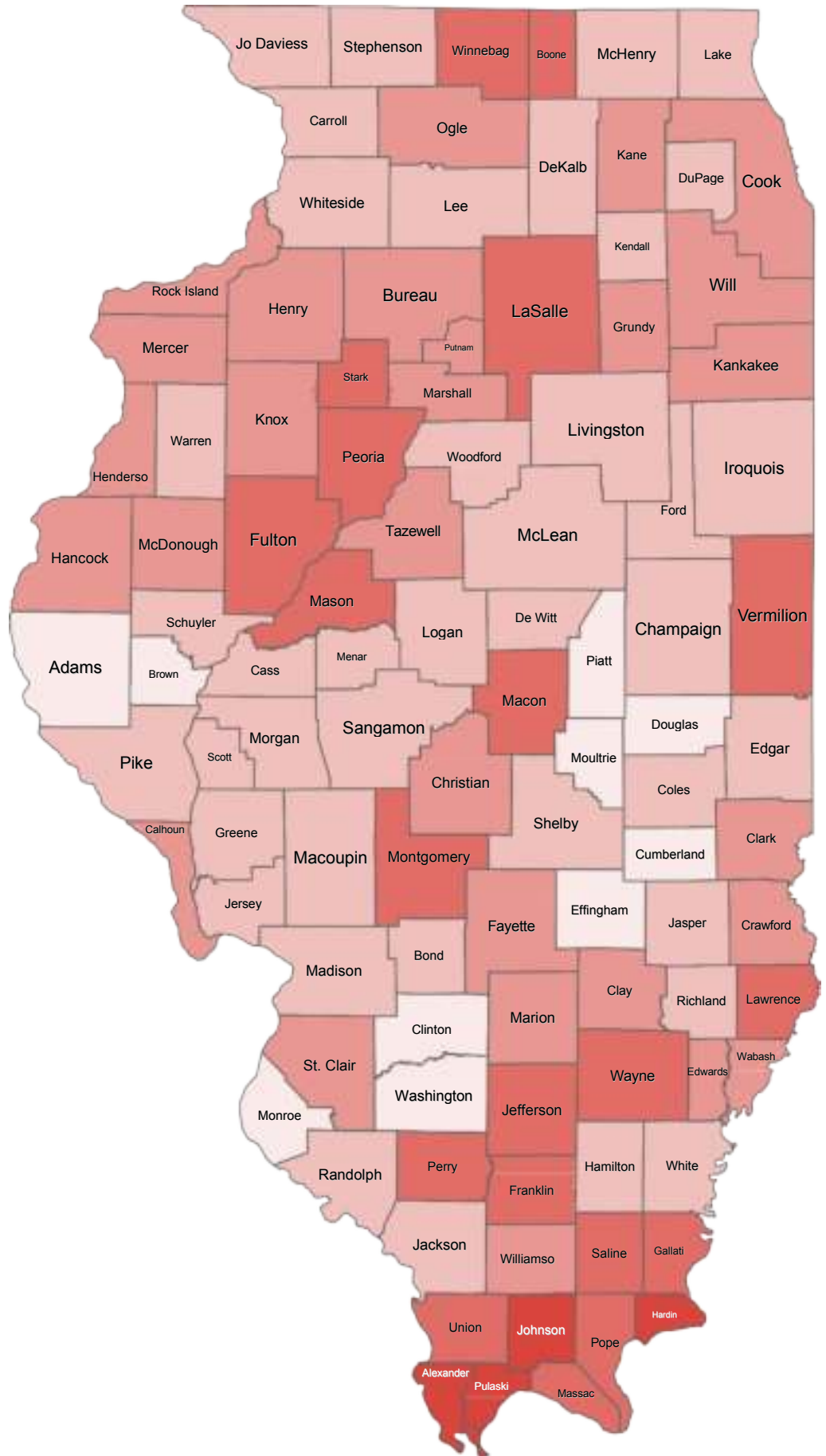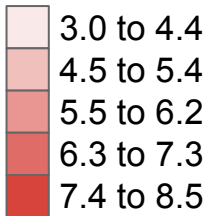
Percent speaking English less than very well, 2016−2020

County	Percent
Cook	13.6
Cass	11.8
Kane	11.5
Lake	10.0
DuPage	8.9

Percent of Population

- 0.0 to 1.5
- 1.6 to 3.5
- 3.6 to 5.8
- 5.9 to 10.0
- 10.1 to 13.6

Source: American Community Survey 2016−2020.

43
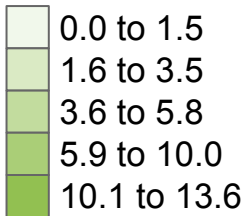
Population living with a Disability, 2016−2020

County	Percent
Hardin	27.8
Pope	26.4
Alexander	23.1
Saline	23.1
Pulaski	22.2

Percent of Population

- 7.8 to 11.3
- 11.4 to 15.7
- 15.8 to 18.7
- 18.8 to 23.1
- 23.2 to 27.8
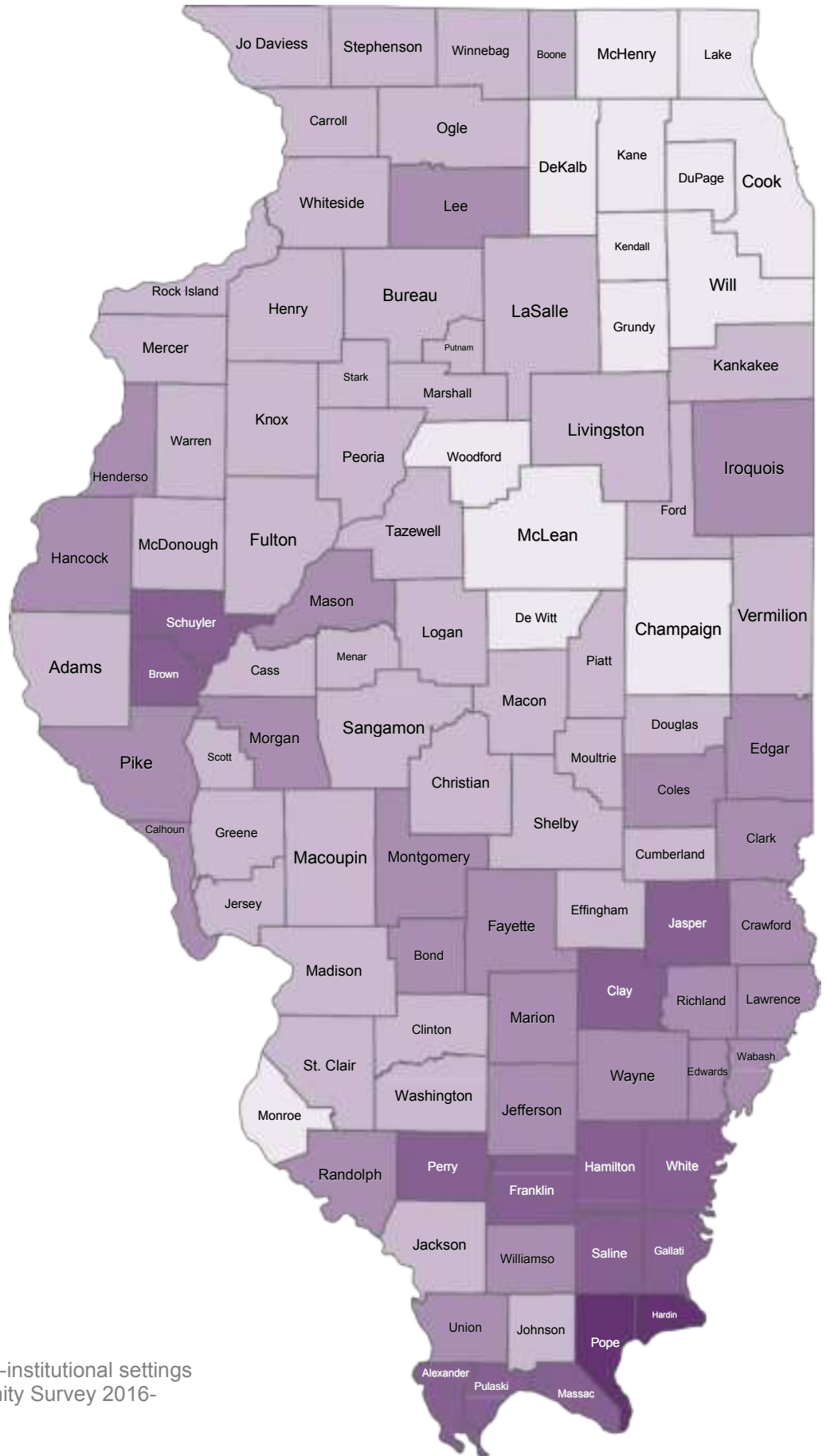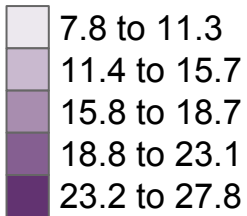
Source: Percent of persons living in non-institutional settings with a disability from American Community Survey 2016-2020.

44

Reported UCR Violent Index Offenses, 2016−2020

County	Ann. Rate	Rate per 100k
Vermilion	673.8	908.2
Winnebago	2466.6	864.4
Sangamon	1352.0	688.6
Jefferson	249.2	671.5
Cook	32985.0	625.2

Rate per 100k Residents

- 5.2 to 114.8
- 114.9 to 227.7
- 227.8 to 353.8
- 353.9 to 548.7
- 548.8 to 908.2
- No Data

45

Alcohol−Related Vehicular Road Fatalities, 2016−2020

County	Ann. Rate	Rate per 100k
Stark	2.0	37.0
Gallatin	1.5	30.3
Pope	1.0	26.6
Hancock	4.0	22.7
Scott	1.0	20.2

Rate per 100k Residents

- 0.0 to 5.1
- 5.2 to 10.2
- 10.3 to 15.7
- 15.8 to 22.7
- 22.8 to 37.0
- No Data

Child Abuse Reports Investigated, FY 2018−2021

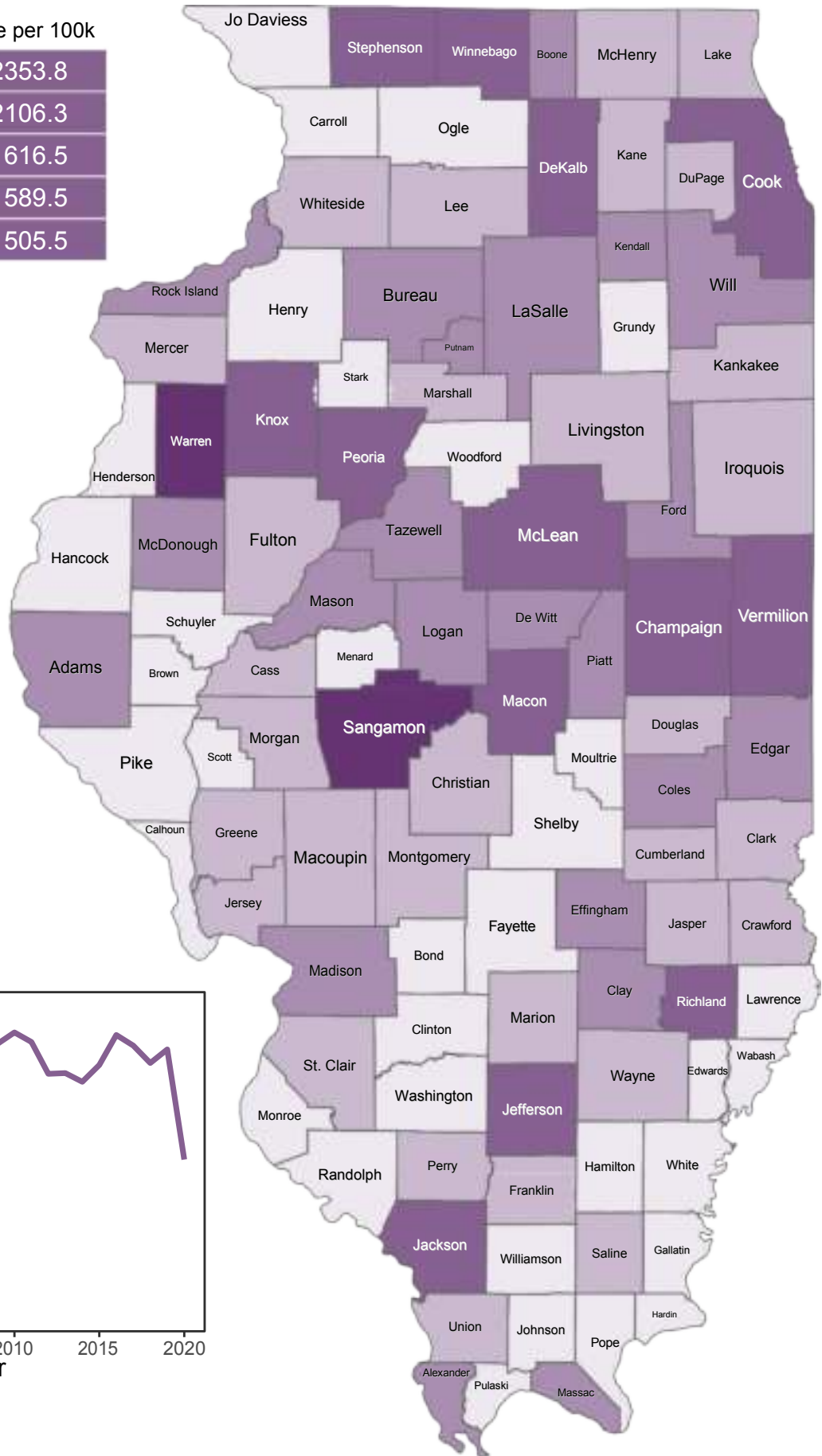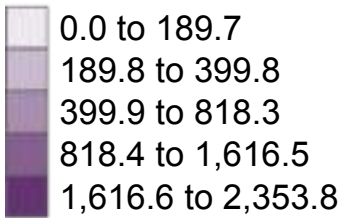| County	Ann. Rate	Rate per 100k
Edgar	81.3	2377.5
Gallatin	23.3	2230.7
Marion	184.0	2128.2
Coles	192.3	2096.7
Saline	99.7	1944.3

Rate per 100k Residents <18

- 300.1 to 755.3
- 755.4 to 1,159.9
- 1,160.0 to 1,544.1
- 1,544.2 to 1,944.3
- 1,944.4 to 2,377.5
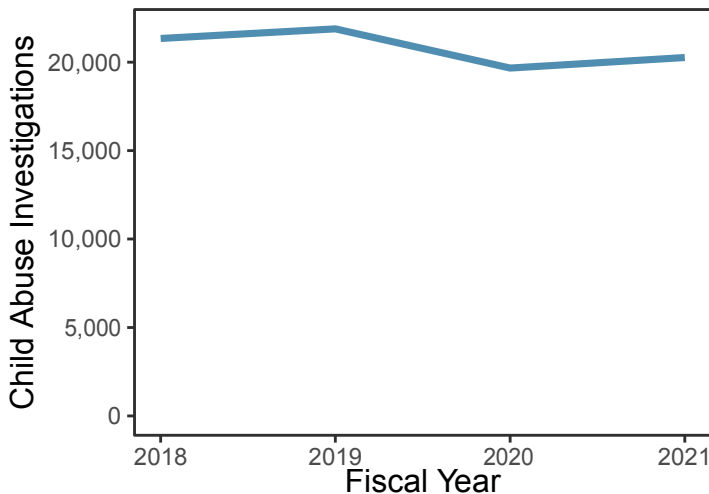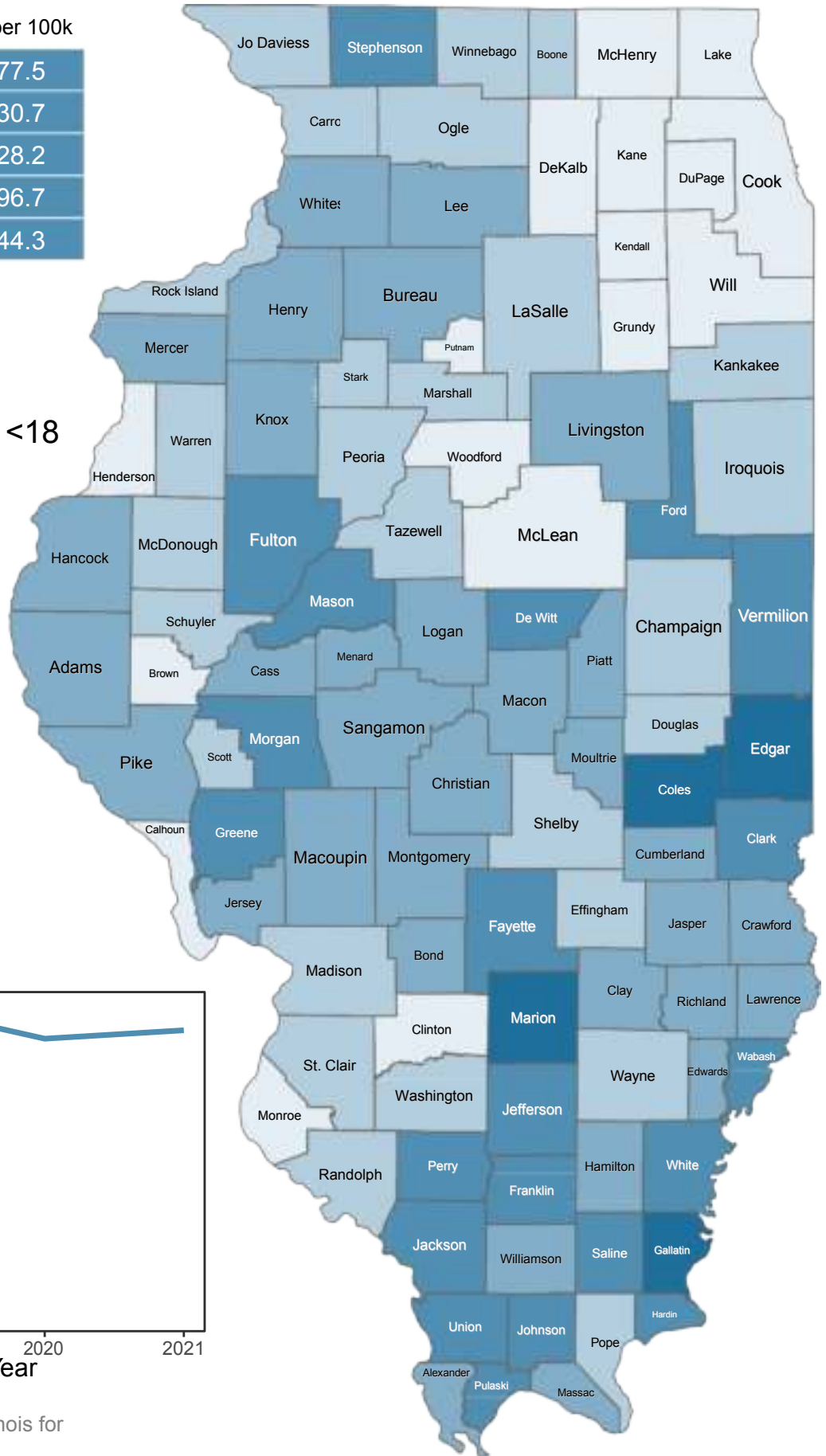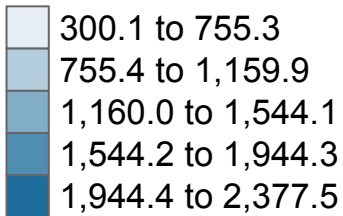
Sources: Children's Advocacy Centers Illinois for investigations 2018-2021 (Fiscal Year).
Population under 18 from American Community Survey 2016-2020.

47

Reported Domestic Violence Offenses, 2016−2020

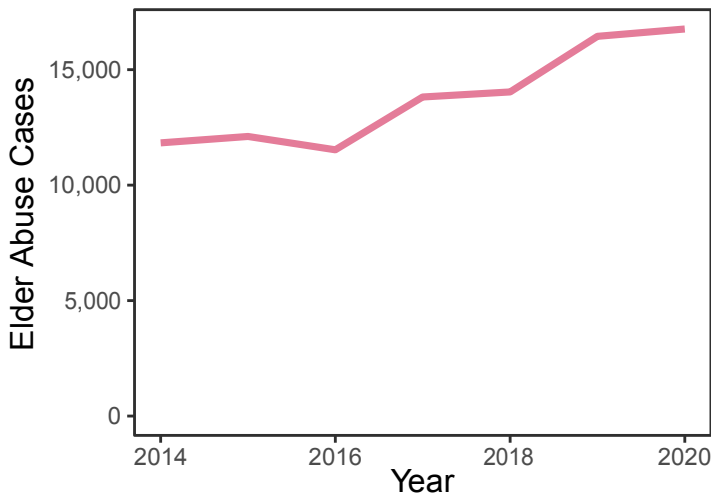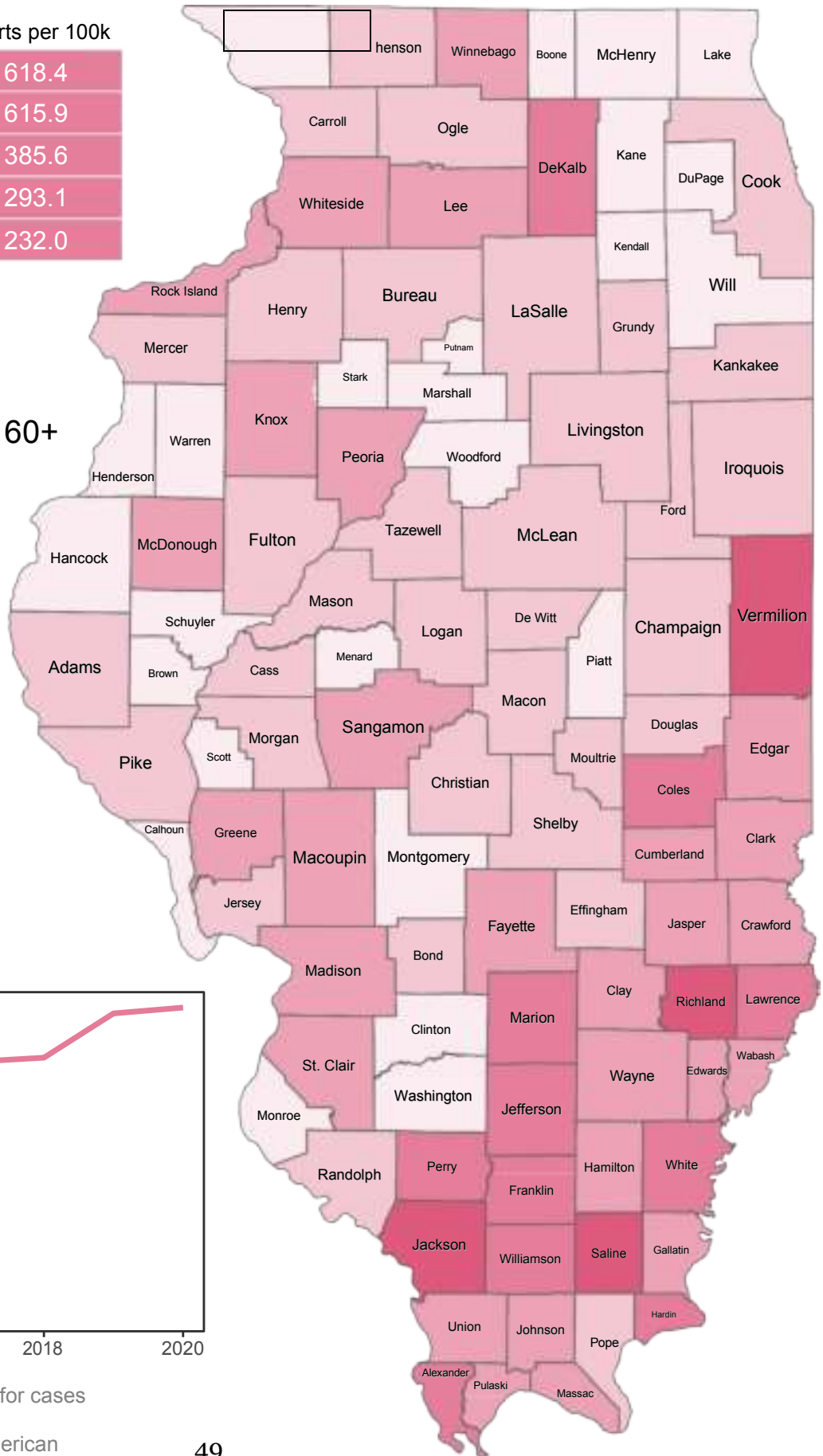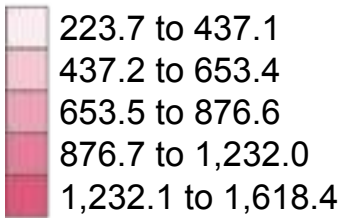| County	Ann. Rate	Rate per 100k
Sangamon	4621.6	2353.8
Warren	354.6	2106.3
Peoria	2939.2	1616.5
Macon	1653.0	1589.5
Champaign	3099.2	1505.5

Rate per 100k Residents

- 0.0 to 189.7
- 189.8 to 399.8
- 399.9 to 818.3
- 818.4 to 1,616.5
- 1,616.6 to 2,353.8

48
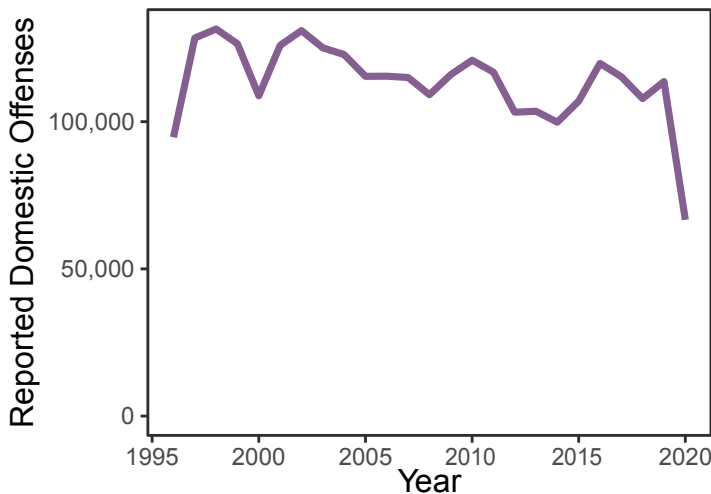
Elder Abuse Cases, 2016−2020

| County	Avg. Reports	Reports per 100k
Vermilion	322.2	1618.4
Richland	67.4	1615.9
Jackson	166.8	1385.6
Saline	85.6	1293.1
Franklin	130.0	1232.0

Rate per 100k Residents 60+

- 223.7 to 437.1
- 437.2 to 653.4
- 653.5 to 876.6
- 876.7 to 1,232.0
- 1,232.1 to 1,618.4

49

Reported Homicide Offenses, 2016−2020

County	Ann. Rate	Rate per 100k
St. Clair	41.4	16.1
Cook	729.6	13.8
Vermilion	9.2	12.4
Winnebago	28.2	9.9
Peoria	17.4	9.6

Rate per 100k Residents

- 0.0 to 1.0
- 1.1 to 2.8
- 2.9 to 6.0
- 6.1 to 9.9
- 10.0 to 16.08
- No Data
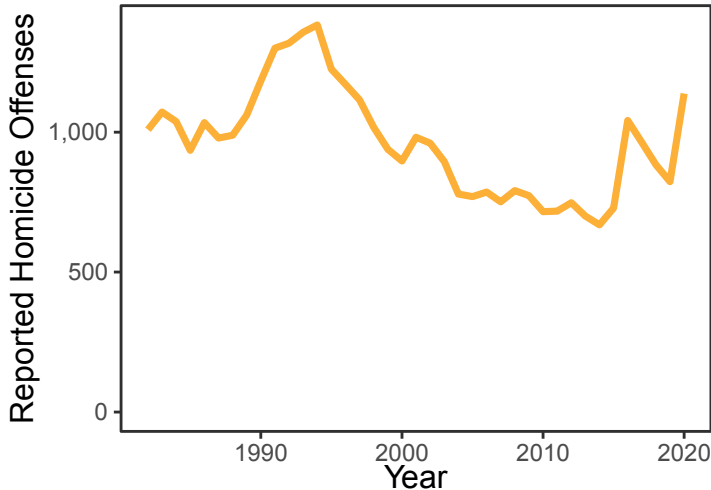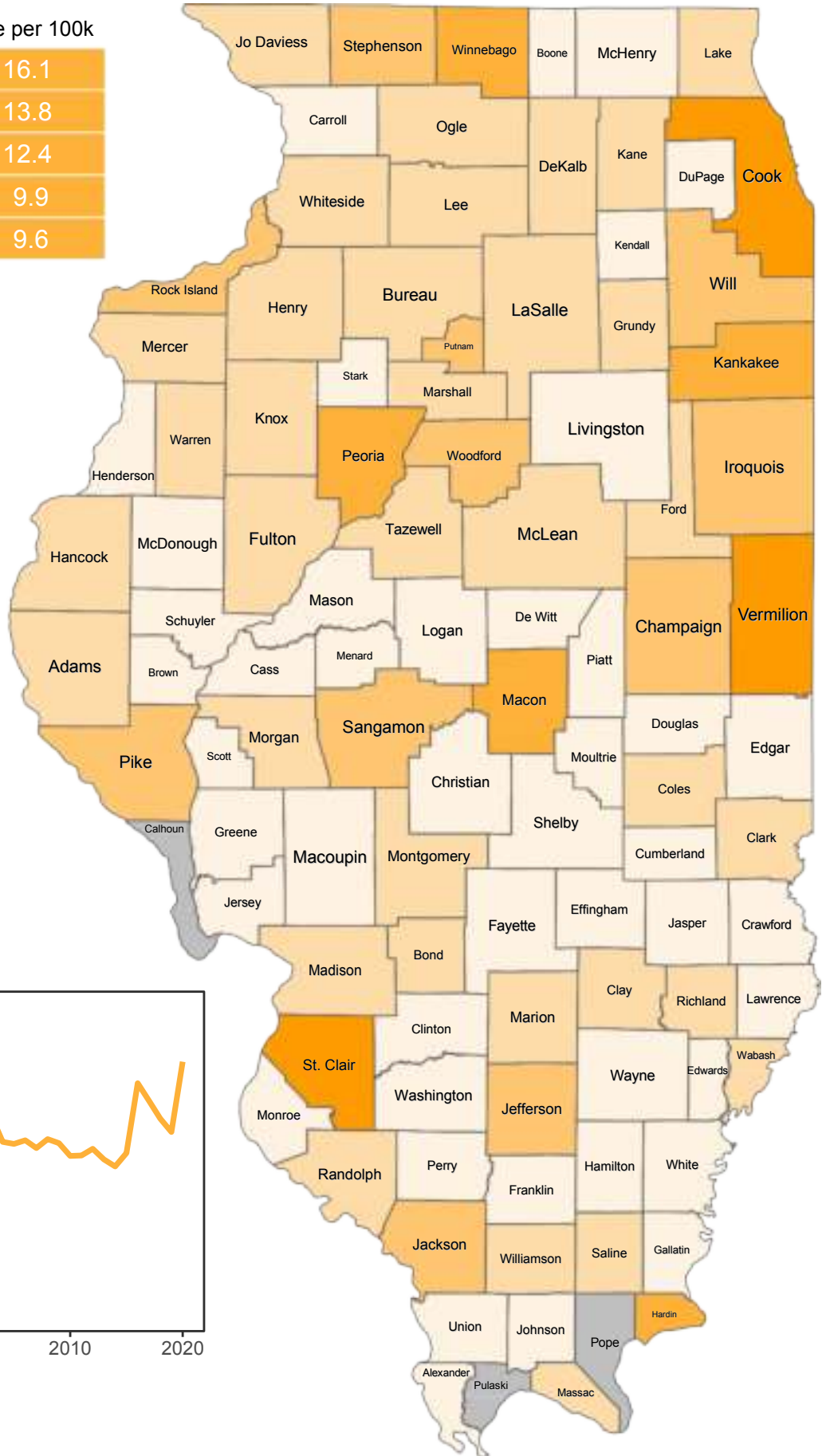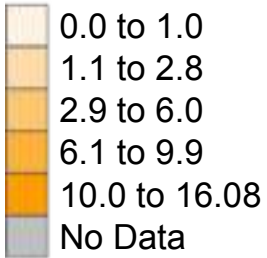
Sources: I−UCR for Homicide Offenses
Population Data from US Census 2020.

Reported Trafficking, Commercial Sex Acts, 2016−2020

County	Ann. Rate	Rate per 100k
Knox	1.6	3.20
Randolph	0.6	1.99
Johnson	0.2	1.50
Massac	0.2	1.41
Macon	1.0	0.96

Rate per 100k Residents
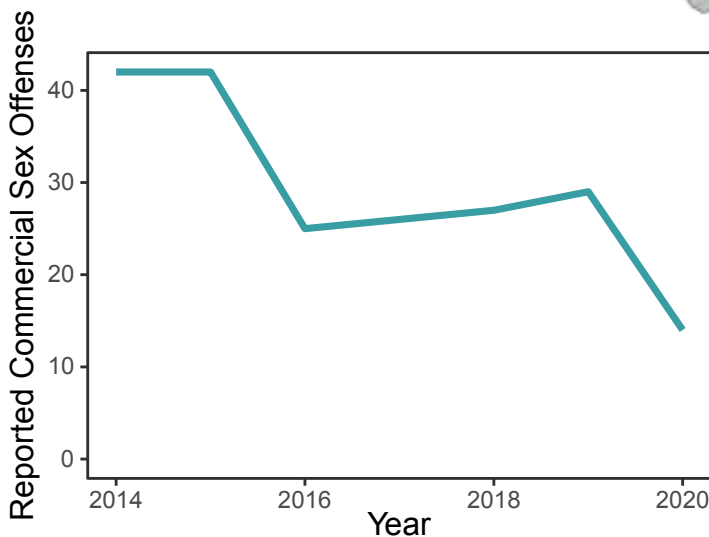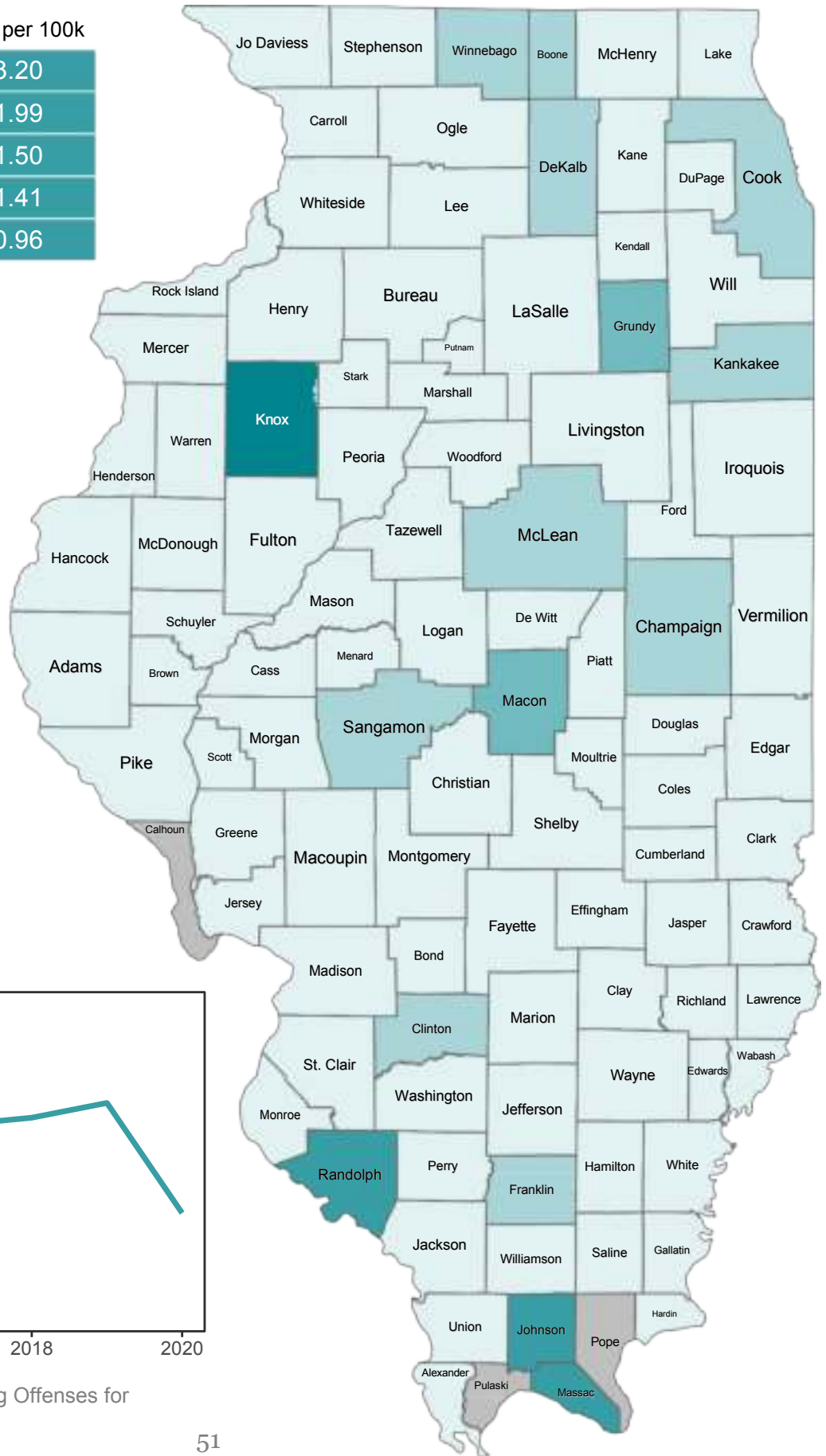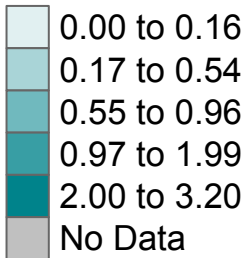
- 0.00 to 0.16
- 0.17 to 0.54
- 0.55 to 0.96
- 0.97 to 1.99
- 2.00 to 3.20
- No Data

51

Reported Trafficking, Involuntary Servitude, 2016−2020

County	Ann. Rate	Rate per 100k
Randolph	0.6	1.989
Clinton	0.2	0.542
Franklin	0.2	0.529
Macon	0.4	0.385
Winnebago	1.0	0.350

Rate per 100k Residents

- 0.000 to 0.042
- 0.043 to 0.194
- 0.195 to 0.385
- 0.386 to 0.542
- 0.543 to 1.989
- No Data

52

Reported Sexual Assault Offenses, 2016−2020

County	Ann. Rate	Rate per 100k
Mason	16.4	125.3
Marion	39.2	103.9
Jackson	50.2	94.8
Adams	61.0	92.8
Vermilion	67.8	91.4

Rate per 100k Residents

- 0.0 to 18.5
- 18.6 to 36.9
- 37.0 to 57.3
- 57.4 to 77.1
- 77.2 to 125.3
- No Data

53

Appendix B

Illinois Regional Map

Illinois Counties by Region

Region
- Central
- Collar Counties
- Cook
- North
- South

55

Appendix C

Presentations

Federal Awards and State Appropriations by Fiscal Year

2022 Victim Services Planning Ad Hoc Committee Meeting
January 27, 2022

Federal Funds Designated in 2021

- CESF, $5,605,467.00, 6%
- VAWA, $4,820,168.00, 5%
- JAG, $4,450,000.00, 5%
- RSAT, $1,006,248.00, 1%
- NFSIA, $635,885.00, 1%
- SORNA, $227,418.00, 0%
- VAWA SASP, $175,000.00, 0%
- PREA, $126,285.00, 0%
- VOCA, $77,956,411.00, 82%
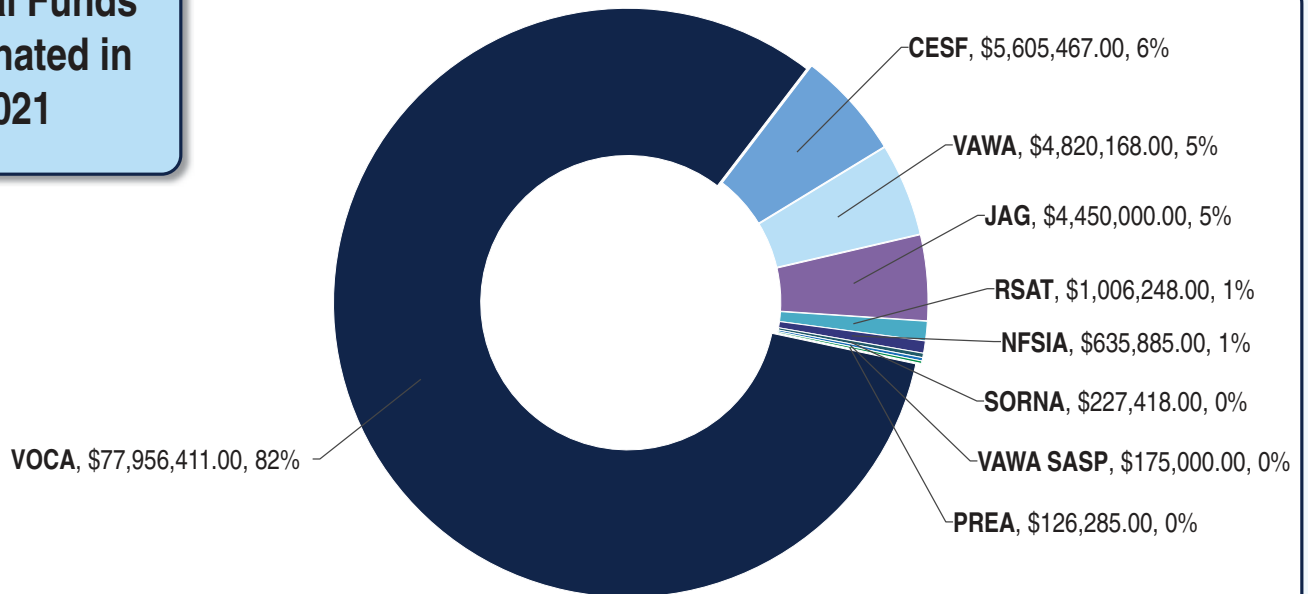
Federal Fund Descriptions

Edward Byrne Justice Assistance Grants (JAG)

May be used for state and local initiatives, technical assistance, training, personnel, and information systems for criminal justice for any one or more of the following purpose areas: law enforcement, prosecution and court, prevention and education, corrections and community corrections, drug treatment and enforcement programs, planning evaluation, and technology improvement, and crime victim and witness programs (other than compensation.)

Residential Substance Abuse Treatment (RSAT) Program

Provides funding for treatment programs in correctional setting and is available to the Illinois Department of Corrections (IDOC) and the Illinois Department of Juvenile Justice (IDJJ). RSAT Funds are used to implement residential, jail-based, and aftercare programs.

Linking Systems of Care for Children and Youth

Seeks to improve the identification, connection, and service engagement of children, youth, and families impacted by violence in Illinois.

Federal Fund Descriptions

Paul Coverdell National Forensic Sciences Improvement Act (NFSIA)

Authorizes funding to improve the quality, timeliness, and credibility of forensic science services for criminal justice purposes.

Sex Offender Registration and Notification Act (SORNA)

Provides a comprehensive set of minimum standards for sex offender registration and notification. SORNA aims to close potential gaps and loopholes that existed under prior law and generally strengthens the nationwide network of sex offender registration and notification programs.

Coronavirus Emergency Supplemental Funding (CESF) Program

Provides funding to assist eligible states, local units of government, and tribes in preventing, preparing for, and responding to the coronavirus.

SFY22 State Appropriations

Violence Prevention, $34,729,072.00, 31%

Illinois Innocence Project, $1,000,000.00, 1%

Community - Law Enforcement Partnership, $1,000,000.00, 1%

Restore, Reinvest, & Renew, $75,000,000.00, 67%
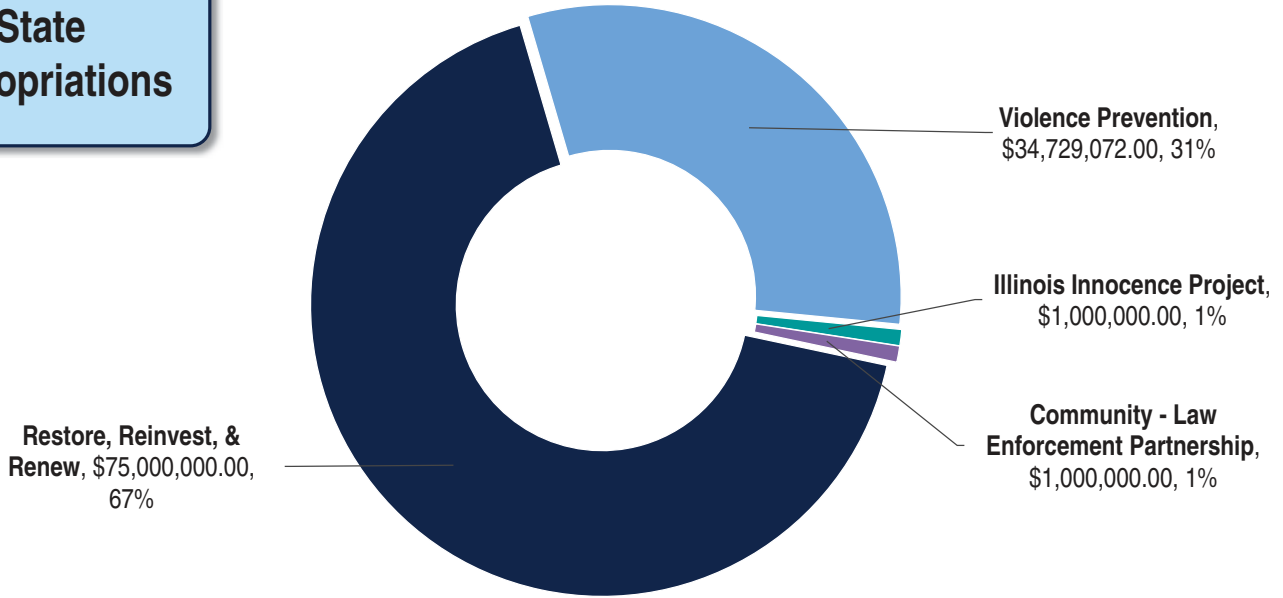
State Fund Descriptions

Deflection/Diversion Programs	Supports a comprehensive community-law enforcement and other first responder response to drugs.
Restore, Reinvest, and Renew (R3)	Directs a significant portion of cannabis revenue towards program planning and direct services in communities that have been ravaged by violence and disproportionately impacted by historical economical disinvestment.
Violence Prevention	ICJIA funds a wide variety of violence prevention and reduction programs throughout the state that impact children, youth, and their families. Examples of programs include youth development, after school programs, bullying prevention, street intervention, and trauma supports that help prevent and reduce violence in the home and community.

ICJIA Statewide Violence Prevention Plan

Federal & State Grants Unit
Illinois Criminal Justice Information Authority

2022 Victim Services Planning Ad Hoc Committee Meeting
January 27, 2022

ICJIA Statewide Violence Prevention Plan
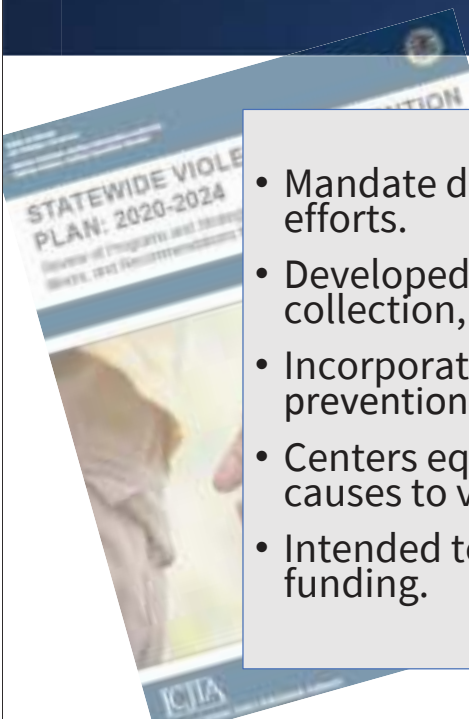
- Mandate designed to coordinate statewide violence prevention efforts.
- Developed through a multi-level collaborative process, data collection, research and analysis.
- Incorporates public health and public safety approaches to violence prevention.
- Centers equity and community led strategies that will address root causes to violence.
- Intended to guide the development of future violence prevention funding.

Framework for Statewide VP Plan

The ICJIA Statewide Violence Prevention Plan creates a framework that:

- Utilizes a public health approach centered in equity
- Identifies Risk and Protective Factors for multiple forms of violence
- Acknowledges youth development and family services
- Invests in trauma-informed and restorative practices
- Builds community infrastructure needed to support healthy communities
- Coordinates all levels of government utilizing a multi-discipline approach

Individual
Societal
Relationship
Community

Uses data → Comprehensive approach → Risk/Protective Factors → Strengths-based → Evidenced based → Community Collaboration

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Collaborative Process

- 15+ Data Sources
- 2 Illinois surveys

13 state agencies

130 Violence Prevention & Intervention Staff

712 Illinois Adult Residents

9 ICJIA Board Member Agencies

Statistical Analysis Center

University of Illinois at Urbana-Champaign

Comprehensive Needs Assessment of Violence

This is one of the first statewide plans that reviews and consolidates the many different forms of violence.

- Compiled / aggregated data sources in one location
- Highlighted disparities
- Community type & county level reports
- Identified risk/protective factors
- Collected additional data to address gaps

Violence Against Women Act
VAWA

Federal & State Grants Unit
Illinois Criminal Justice Information Authority

2022 Victim Services Planning Ad Hoc Committee Meeting
January 27, 2022

VAWA Intro

*Program Overview – Violence Against Women Act (VAWA)
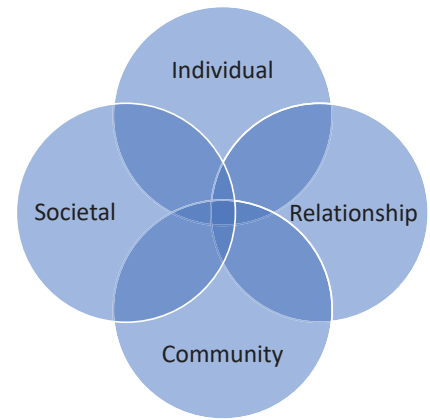
*STOP (Services-Training-Officers-Prosecutors) Formula Grant Program

  *Purpose Areas

*SASP (Sexual Assault Services Program)

VAWA Definitions

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

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

VAWA Funding Areas

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

Pie chart:
- Prosecution — 25%
- Law Enforcement — 25%
- Victim Services — 30%
- Courts — 5%
- Discretionary — 15%
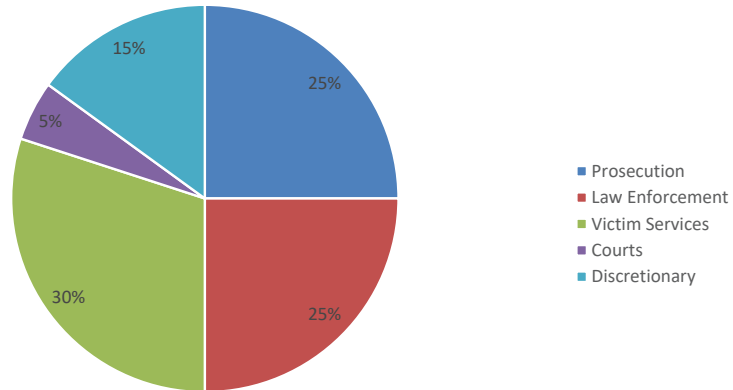
Violence Against Women Act

Allowable VAWA Costs

Certain legal assistance services such as housing, family law, public benefits, and other similar matters

Transportation costs, if related to safety

Batterers' intervention programs

Violence prevention programs

Programs in schools

Forensic exams

Food in the context of victim services

Violence Against Women Act

Unallowable VAWA Costs

o Criminal defense

o Placing a survivor in permanent housing after a shelter stay

o Voucher programs for housing or counseling services

o Substance abuse counseling

o Purchase of automobiles

Violence Against Women Act

VAWA Award Totals FFY 2014 - FFY 2021

65

SEXUAL ASSAULT SERVICE PROVIDERS (Sex Trafficking Services)
9.84%

CULTURALLY SPECIFIC SERVICES PROGRAMS
5.62%

SEXUAL ASSAULT MULTI-DISCIPLINARY TEAM RESPONSE
24.36%

DOMESTIC VIOLENCE MULTI-DISCIPLINARY TEAM RESPONSE
33.74%

SERVICES FOR UNDERSERVED AREAS OR VICTIM GROUPS
26.44%

ICJIA
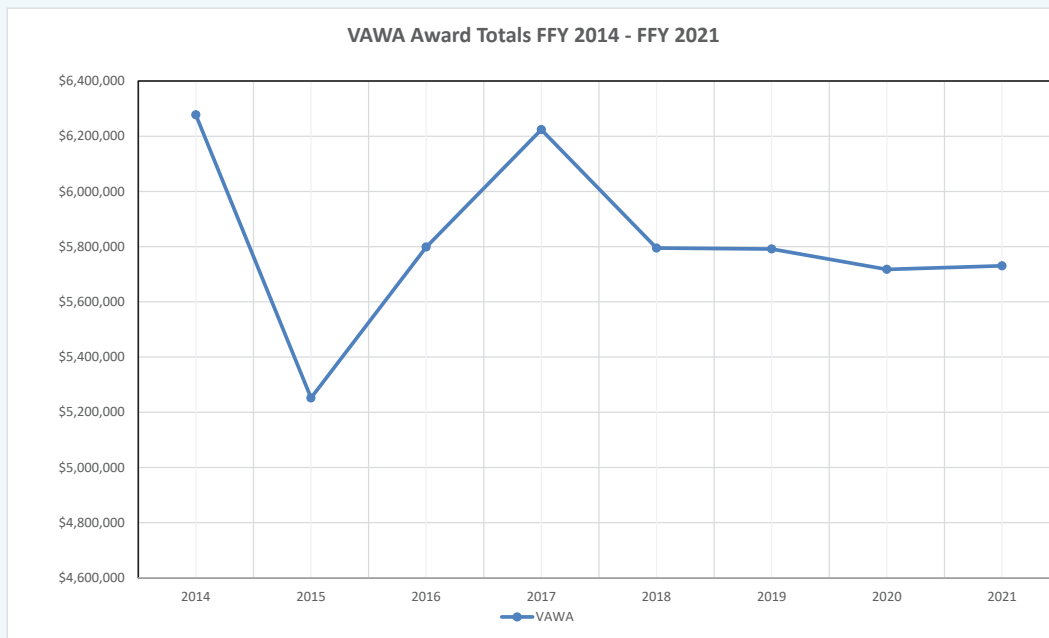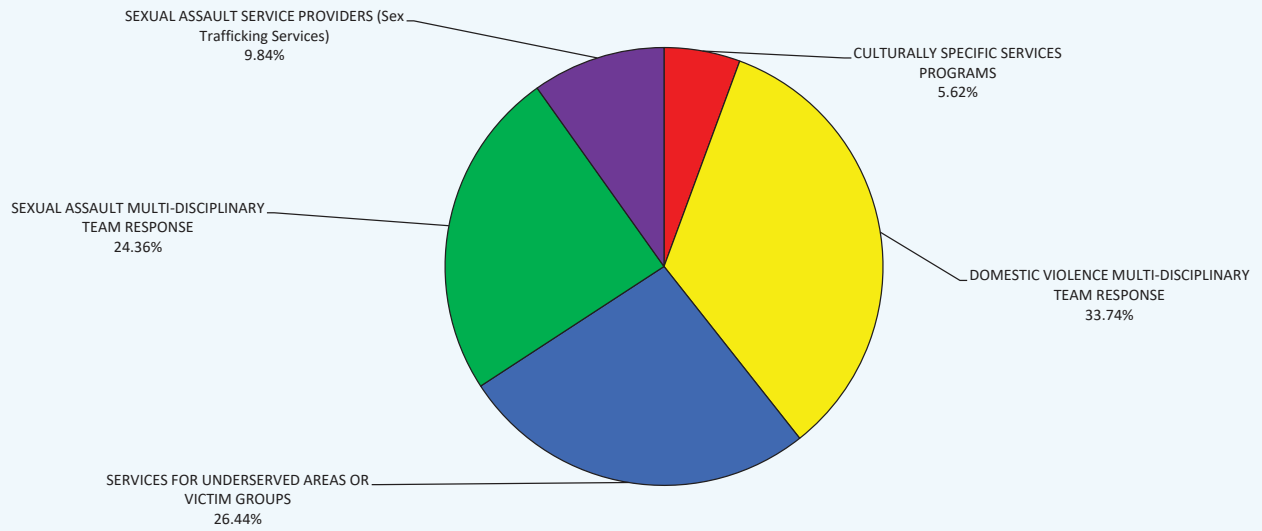
Victims of Crime Act
VOCA

Federal & State Grants Unit
Illinois Criminal Justice Information Authority

2022 Victim Services Planning Ad Hoc Committee Meeting
January 27, 2021

VOCA Intro

The Victims of Crimes Act (VOCA) was signed into law on October 12, 1984. The purpose of the Act was to enhance and expand direct services to victims of crime. The Act established within the U.S. Treasury a separate account known as the Crime Victim Fund. The fund is not supported by tax dollars, but rather is generated entirely by fines, penalty assessments, and forfeited bonds collected by the federal government. DOJ makes annual VOCA crime victim assistance grants to the states, from the Crime Victims Fund housed in the U.S. Treasury.

In Illinois, the primary purpose of VOCA is to support the provision of direct services to victims of violent crime throughout the state. The program goal is to provide federal funding through grant awards to certified private non-profit organizations, and public/government agencies for projects that will provide, enhance, improve, and expand direct services to victims of violent crime.

Legal Compliance

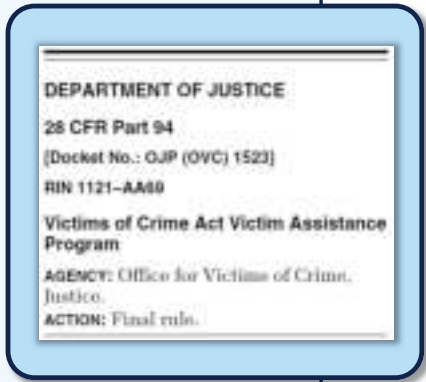ICJIA's role as State Administering Agency

Procedural compliance

Substantive compliance

Ethical compliance

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

Victims of Crime Act

VOCA Definitions

DEPARTMENT OF JUSTICE

28 CFR Part 94

[Docket No.: OJP (OVC) 1523]

RIN 1121–AA69

Victims of Crime Act Victim Assistance Program

AGENCY: Office for Victims of Crime, Justice.

ACTION: Final rule.

Crime victim is a person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime.
- Victims do not have to participate in the criminal justice process.
- Victim eligibility is not dependent on immigration status.
- Includes incarcerated persons who otherwise fit the definition of a crime victim.

Direct services under VOCA include those listed in the statute and those that:
(1) Respond to the emotional, psychological, or physical needs of crime victims;
(2) Assist victims to stabilize their lives after victimization;
(3) Assist victims to understand and participate in the criminal justice system; or
(4) Restore a measure of security and safety for the victim

Victims of Crime Act

VOCA Funding Areas

At least **10 percent** of each year's VOCA grant must be allocated for each of the three priority categories of crime victims identified in the Final Rule:

☑ Sexual Assault

☑ Spousal Abuse

☑ Child Abuse

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

Victims of Crime Act

Allowable VOCA Costs

Volunteer training to provide direct services when these direct services will be primarily done by volunteers.

Automated systems and technology.

Restorative justice services that are victim-centered, voluntary, and reasonably anticipated to provide beneficial or therapeutic value to victims.

Legal assistance services if they are reasonable and the need for such services arises as a direct result of the victimization.

Certain multi-disciplinary response activities.

Victims of Crime Act

Unallowable VOCA Costs

o Lobbying

o Research and studies

o Active investigation and prosecution of criminal activities

o Fundraising

o Capital expenses

o Compensation for victims of crime

o Medical care

o Salaries and expenses of management

o Criminal defense and tort lawsuits

Victims of Crime Act

VOCA Award Totals FFY 2014 - FFY 2021

ICJIA
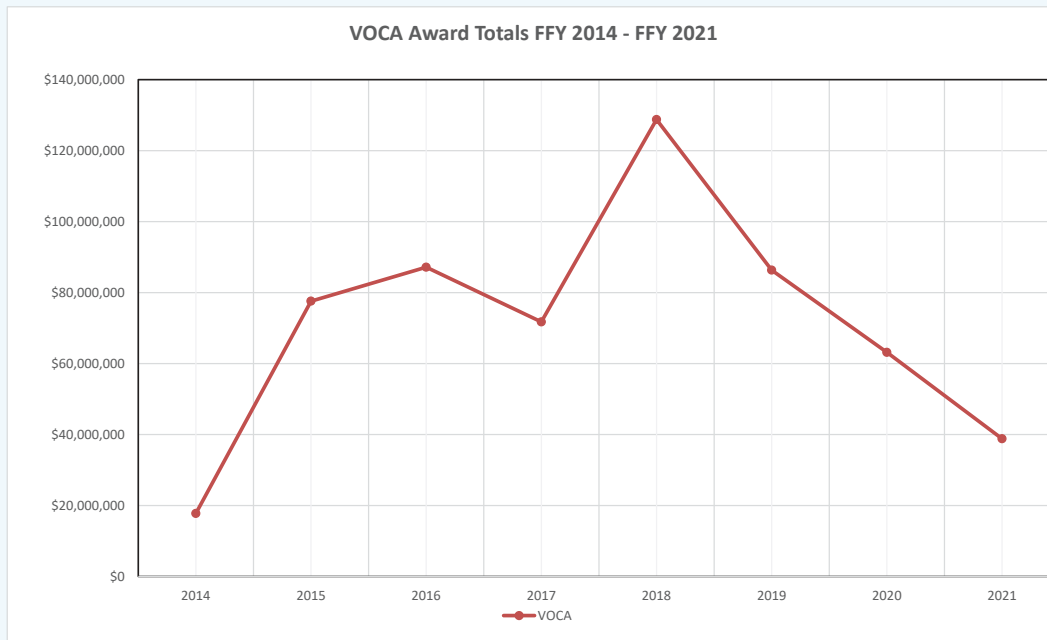
2017-2021 Victim Services Priority Areas

Center for Victim Studies, Research & Analysis Unit
Federal & State Grants Unit
Illinois Criminal Justice Information Authority

2022 Victim Services Planning Ad Hoc Committee Meeting
January 27, 2022

Goal

Recommend priority areas for the next Illinois victim services funding cycle by:

> **Critically examining 2017-2021 priority areas.**

Identifying emerging victim service needs or gaps for potential funding.

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Twelve Funding Priority Areas

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

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

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

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

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

2017-2021 Priority Areas: Grantmaking

Raise Awareness of Services

Priority # 1

Fund initiatives that raise the public's awareness of victim services.

- o Illinois HEALS/Linking Systems of Care Demonstration Project

- o Culturally Specific Victim Services Program

- o Increased number of VOCA-funded hours that could be used for public awareness or outreach.

- o The VAWA Culturally Specific Victim Services Program NOFO included raising awareness of victim services for culturally specific populations as one of the NOFOs purpose areas.

Fund initiatives that raise the public's awareness of victim services.

- o Child 1st Center recently had a bus designed with information to raise awareness about their Illinois HEALS program.

Fundamental Needs

Priority #2

Increase funding to address fundamental needs of crime victims.

- o Civil Legal Assistance Programs.
- o Helping Everyone Access Linked Systems (HEALS).
- o Law Enforcement/Prosecution Advocacy Programs.
- o Court Appointed Special Advocates (CASA) Programs.

- o Revised policies that provided guidance for programs using VOCA funds to pay for food and relocation expenses.

- o Revised policies that provided guidance for programs using VOCA funds to pay for victim transportation expenses and broadened the types of transportation that is allowable.

- o Revised policies that provided guidance for programs using VOCA funds to pay for life skills training

Priority # 2 | Fundamental Needs

Core Services

Priority # 3

Fund core direct services to victims of all crime types.

- Statewide Lead Entity Programs.
- Transitional Housing Programs.
- Civil Legal Assistance Programs.
- Multi Victimization Programs.
- Trauma Recovery Centers.
- Helping Everyone Access Linkage Services (HEALS).
- Law Enforcement/Prosecution based Advocacy Programs.
- Court Appointed Special Advocates (CASA) Programs.

- Revised Core Services to include job and education assistance.

- Addition of CACI as a VOCA Lead Entity

- Expansion of funding to provide core services to victims of community violence.

Advocates and Social Workers in More Places

Priority # 4

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

- o Statewide Lead Entity Programs.
- o Helping Everyone Access Linkage Systems (HEALS).
- o Trauma Recovery Centers.
- o Law Enforcement/Prosecution based Advocacy Programs.
- o Count Appointed Special Advocates (CASA) Programs.

- o Funding of CASA programs and law enforcement/prosecution-based programs.

- o TRCs funded advocates in the court, law enforcement, and hospital settings.

- o Increased funding for Lead Entity programs to expand advocacy services to underserved areas of the state.

Priority # 4 | Advocates and Social Workers in More Places

Underserved Victims

Priority # 5

Increase funding of services for underserved victims of crime.

- o Statewide Lead Entity Programs.
- o Culturally Specific Victim Services Program
- o Transitional Housing Programs.
- o Civil Legal Assistance Programs.
- o Multi Victimization Programs.
- o Trauma Recovery Centers.
- o Law Enforcement/Prosecution based Advocacy Programs.
- o Count Appointed Special Advocates (CASA) Programs.
- o Human Sex Trafficking Program

- o VAWA culturally specific NOFO.

- o Civil Legal Assistance services were expanded to include services for immigration and U-Visa services for victims.

- o VAWA SASP Human Sex Trafficking NOFO

Increase funding of services for underserved victims of crime.

o ICJIA doubled the required funding amount to support culturally specific programs.

Multiple Victimization Experiences

Priority # 6

Encourage development/expansion of programs that address impact of multiple victimization experiences.

- o Multi Victimization Programs
- o Trauma Recovery Centers

- o Multi-victimization NOFO

Priority # 6 | Multiple Victimization Experiences

Multidisciplinary Responses

Priority # 7

Promote multidisciplinary responses to victimization.

- o VAWA MDT programs

- o CACs

- o Illinois Helping Everyone Access Linked Systems (HEALS) Demonstration site.

- o Cross-system programs.

- o Continued support and funding of the VAWA MDT programs

Promote multidisciplinary responses to victimization.

- o Illinois HEALS demonstration site and cross-system projects emphasize collaboration between different systems to better meet the needs of children, youth, and families impacted by violence.

- o VAWA MDT programs in multiple statewide counties.
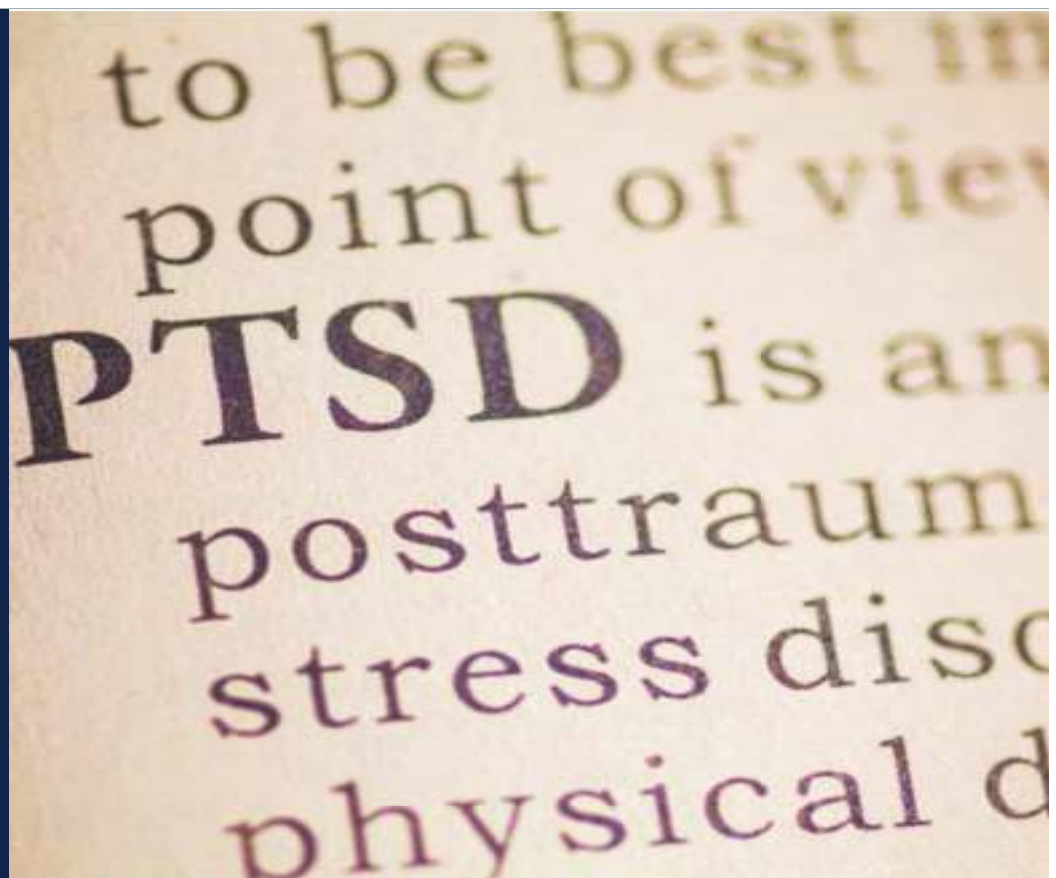
Trauma Services

Priority # 8

Encourage trauma-informed and trauma-focused services for victims of crime.

- o Multi Victimization Programs

- o Trauma Recovery Centers.

- o Vicarious Trauma Training Cohort (training and TA provided by ICJIA in collaboration with OVC).

- o All VOCA funded applicants were asked to describe how their programs services were trauma informed.

Fund services that address long-term victim needs.

- Transitional Housing Programs.
- Civil Legal Assistance Programs.
- Trauma Recovery Centers.
- Law Enforcement/Prosecution based Advocacy Programs.
- Court Appointed Special Advocate (CASA) Programs.

- Transitional housing NOFOs.

- Civil legal assistance NOFOs.

- Law Enforcement/Prosecution based Advocacy and CASA programs were mandated to explain how victim services would be provided after a case was no longer in the CJ system.

Address Community Violence

Priority # 10

Support programs that specifically address needs of individuals exposed to community violence.

- o Trauma Recovery Centers

- o Community violence NOFOs.
- o Multi-victimization NOFOs.
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Evidence-Informed Practices

Priority # 11

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

- o Trauma Recovery Centers

- o Illinois HEALS demonstration site and cross-system projects are implementing evidence-informed framework based on research and planning phase findings.

- o Culturally Specific Victim Services Program

- o Human Sex Trafficking Program

- o Community violence and multi-victimization NOFOs strongly encouraged the use of evidence-based therapeutic practices.

- o Other ICJIA efforts/activities to support meeting this priority.

- o The VAWA Culturally Specific Victim Services and the VAWA SASP Human Sex Trafficking NOFOs strongly urged applicants to incorporate research-based best practices into their program designs when appropriate. .

Data Collection
Outcomes
Evaluation

Priority # 12

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

- ○ ICJIA InfoNet Program.

- ○ VOCA-funded evaluations of HEALS demonstration site and law enforcement-based programs.

Method

Reviewed existing research literature

Analyzed administrative datasets

Consulted grantee program materials

Examined ICJIA research study findings

Administered victim service provider survey

Conducted focus groups

2021 Victim Service Provider Study

Survey

Method

- Email invitations sent to **550+** Illinois victim service providers

- Administered early June 2021 to mid-July 2021 via Qualtrics

- Focus areas included:
  - Victims' needs
  - Service provision
  - Impacts of the pandemic

Agency Characteristics

115 Illinois agencies serving victims

Most common agency types:

Social service

Law enforcement or prosecution-based

55.7% of agencies reported victim services was a component, NOT the agency's primary function

Most common funding sources:
- State funds (61.3%)
- VOCA or VAWA (53.8%)
- Local (53.8%)

2021 Victim Service Provider Study

Focus Groups

Method

- Email invitations sent to **60+** Illinois victim service providers who expressed focus group interest on survey.

- Conducted late August 2021 to early October 2021.

- Focus areas included:
  - Victims' needs
  - Service gaps
  - Barriers
  - Impacts of the pandemic

Agency Characteristics

26 Illinois agencies serving victims

Agencies represented:

Social service

Law enforcement or prosecution-based

Educational institution

Crisis center

Corrections

Hospital-based

Raise Awareness of Services

Priority # 1

March 2017: ICJIA approved increases in allowable VOCA funded hours for public education

InfoNet Data:

- o 2016: 1% of DV public education was VOCA-funded
- o 2019: 32% of DV public education was VOCA-funded

- o Over this span...
    - o Total DV presentations ↓45%
    - o Total DV participants ↑36%

InfoNet: Sexual Assault Public Education **and** Awareness Promotion

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"For us, the main thing is getting the victims to know – and I'm talking victims on the street – letting victims know we're here." (FG3)

o Must ensure victims are aware of them and all services offered
  o Especially awareness of legal services and children services
o Greater awareness about law enforcement social workers/advocates boosts cooperation
  o Social worker: "There is ignorance of what we do, and how we work within the system and that we're not officers, that people can talk to us without involving law enforcement." (FG3)
o Partnering with schools, faith-based groups, and community organizers is key to success

Fundamental Needs

Priority #2

Unmet fundamental needs can inhibit engagement in treatment and undermine long-term safety plans.

Category	Percentage
Emergency Financial Assistance	67%
Emergency Shelter	61%
Life Skills	60%
Housing	57%
Child Care	41%
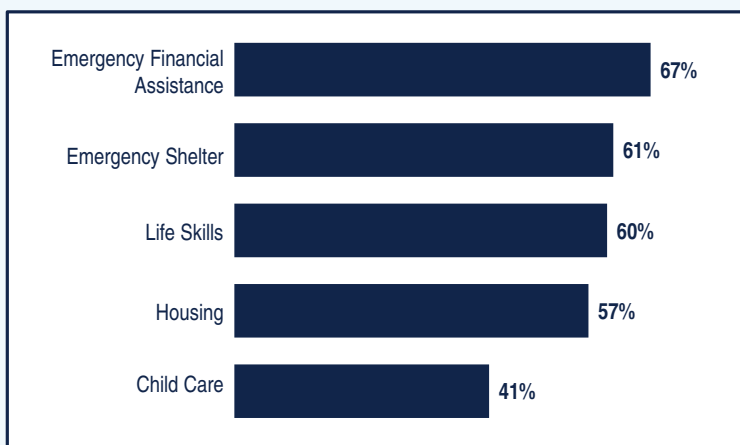
67% of providers reported that it is either a high priority or essential for their agency to be able to provide **emergency financial assistance**.

Of those who reported that emergency financial assistance is either high priority or essential, **67%** provided this service **in house.**

Priority # 2 | Fundamental Needs

Financial assistance can help support:

Child care

Food

Hygiene supplies

Transportation

Technology needs during COVID

Utility bills

"…a lot of the things are really kind of basic needs…with the pandemic and with the impact in the community, we have to really change their approach and not just look a counseling, but also with, 'How can I help this person to survive?' I mean, it's really a survival thing." (FG2)
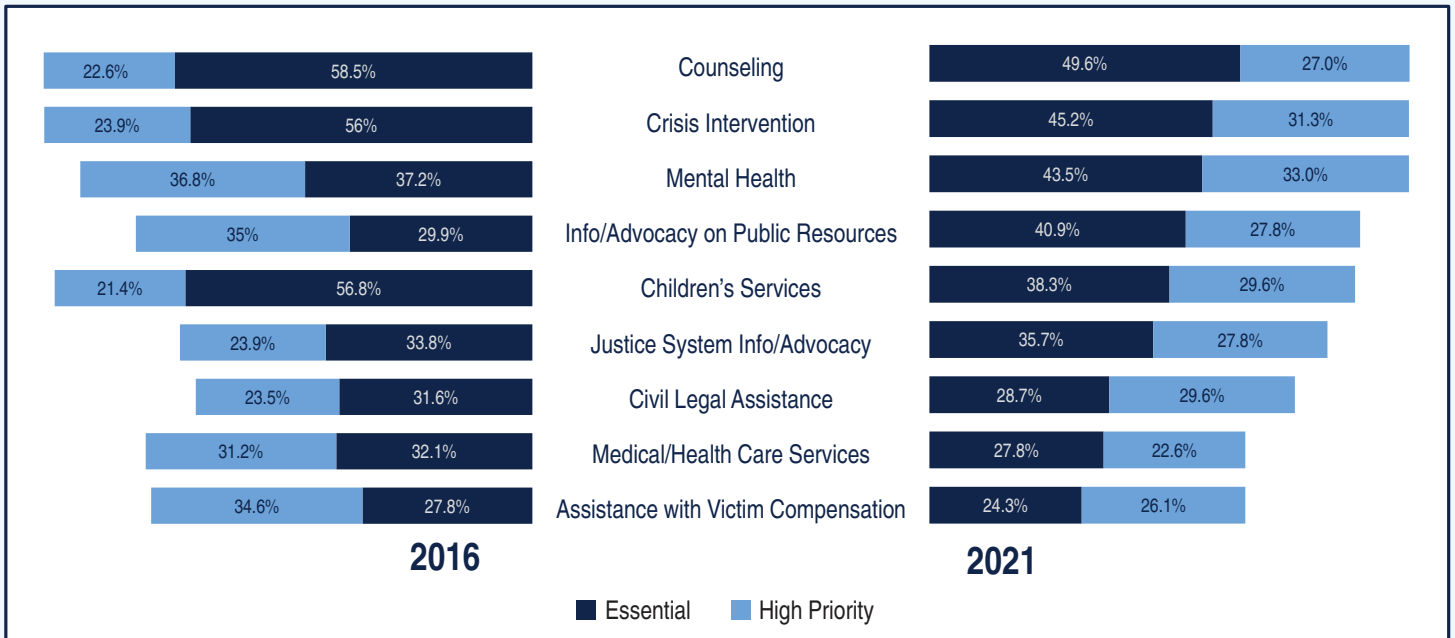
Priority # 2 | Fundamental Needs

Core Services

Priority # 3

91

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

	2016		Service		2021	
	High Priority	Essential		Essential	High Priority	
	22.6%	58.5%	Counseling	49.6%	27.0%	
	23.9%	56%	Crisis Intervention	45.2%	31.3%	
	36.8%	37.2%	Mental Health	43.5%	33.0%	
	35%	29.9%	Info/Advocacy on Public Resources	40.9%	27.8%	
	21.4%	56.8%	Children's Services	38.3%	29.6%	
	23.9%	33.8%	Justice System Info/Advocacy	35.7%	27.8%	
	23.5%	31.6%	Civil Legal Assistance	28.7%	29.6%	
	31.2%	32.1%	Medical/Health Care Services	27.8%	22.6%	
	34.6%	27.8%	Assistance with Victim Compensation	24.3%	26.1%	

2016　　　　　　　　　　　**2021**

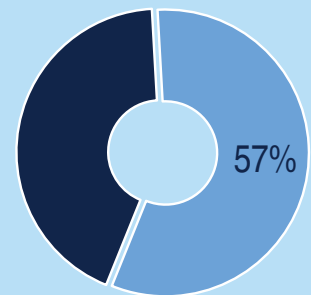■ Essential　　■ High Priority

Priority # 3 | Core Services

Mental Health Services

"A lot of our agencies for mental health therapy have about **several months** wait list." (FG3)

"Therapy for us… for our **kids is critical**. Um. But our advocates are only trained to monitor and we can't take action on it per se, we can't provide that therapy." (FG5)

"We really only provide crisis intervention, safety planning, and survivor advocacy. Um, but then we can **work with other organizations** to do, like, longer term health, mental health, legal assistance, support that, um, a bigger organization would have in-house. Instead, we kind of service like, kind of connecting a survivor with those things outside." (FG2)

Mental Health

57%

57% of VSPs who said that mental health was essential or high priority **do not** provide in-house services.
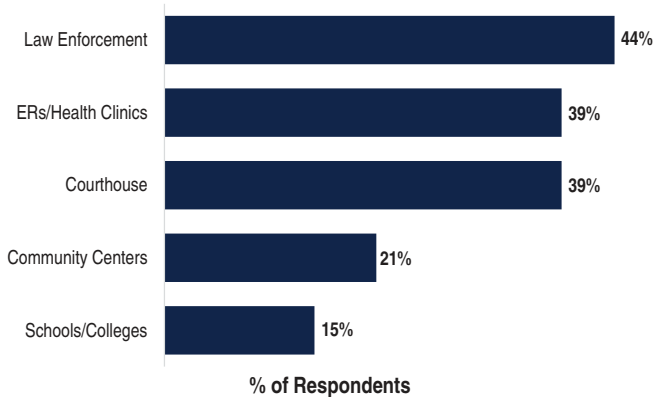
Priority # 3 | Core Services

Advocates and Social Workers in More Places

Priority # 4

Victim Points of Contact and Referral Sources

VSP Survey: Most meaningful points of contact for facilitating victim help seeking

Point of Contact	%
Law Enforcement	44%
ERs/Health Clinics	39%
Courthouse	39%
Community Centers	21%
Schools/Colleges	15%

% of Respondents

InfoNet: Client Referral Sources, 2019

- **Domestic Violence**
  - Law Enforcement: 26%
  - Healthcare System: 4%
  - Circuit Clerk / Legal System / State's Attorney: 16%
  - Education System: 1%
- **Sexual Assault**
  - Law Enforcement: 5%
  - Healthcare System: 33%
  - State's Attorney: 3%
  - Education System: 6%

Priority # 4 | Advocates and Social Workers in More Places

Underserved Victims

Who are the Underserved?

o Previous VSP definition: "Groups that do not seek, access, or receive formal services."

o Other definitions may
   o Speak to structural barriers
   o Identify shared characteristics
   o Mention likelihood of being affected by crime, to begin with
   o Identify victims of certain types of crimes

o More recently, ICJIA asked service providers for their definitions (Gruschow & Vasquez, 2020)
   o Victims who encounter one or more individual-level barriers to services
   o Underrepresented ≠ Underserved

Icons made by Flaticon from www.flaticon.com

Change in New InfoNet Clients, 2014 to 2019

Domestic violence
- LGBTQ ↑
- Elderly ↑
- Male ↑

- With disability ↓
- People of color ↑

- Not English proficient ↓

Sexual assault
- LGBTQ ↑
- Elderly ↑
- Male ↑

- With disability ↑
- People of color →

- Not English proficient ↓

Continuing Needs

Transportation

Rural

Housing

Youth
Previously-
Incarcerated

Emerging Needs
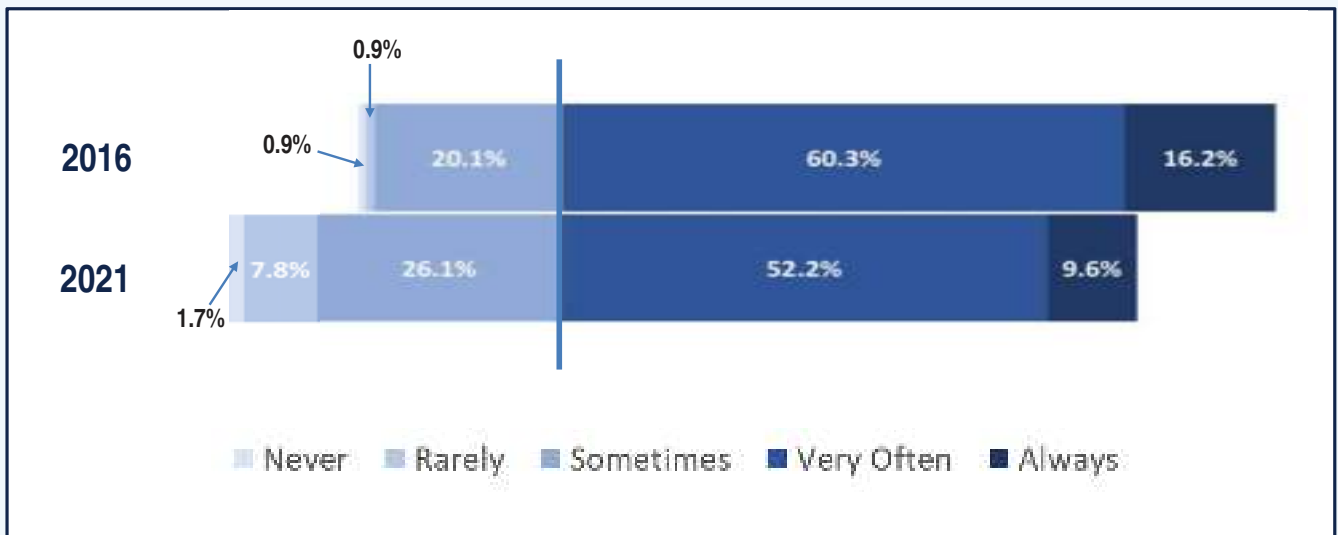
Legal Service

Immigrants

Counseling

Rural

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Multiple
Victimization
Experiences

Priority # 6

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

	Never	Rarely	Sometimes	Very Often	Always

2016: 0.9%, 0.9%, 20.1%, 60.3%, 16.2%

2021: 1.7%, 7.8%, 26.1%, 52.2%, 9.6%

Priority # 6 | Multiple Victimization Experiences

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96

Illinois LGBTQ+ Victimization Study

Participants reported experiencing **an average of six victimization types**, ranging from **one to 14**, in their lifetime

Lifetime Victimization

Victimization Type	Percentage
Arson	3.8%
Human trafficking	8.0%
Kidnapping	14.2%
Impaired driving	16.5%
Robbery	24.1%
Survivors of homicide victims	26.4%
Physical assault	29.2%
Physical intimate partner violence	36.8%
Threatened with weapon	36.8%
Family physical abuse	41.5%
Sexual assault	55.7%
Verbal intimate partner violence	57.1%
Stalking	63.7%
Family verbal abuse	67.9%
Sexual abuse	77.8%

Child (0-11 years): 66.0%
Youth (12-20 years): 88.2%
Adult (21-59 years): 82.6%

Victimization by Life Stages

(Vasquez et al., 2021)

**Priority # 6 | Multiple Victimization Experiences**

Multidisciplinary Responses

Priority # 7

2018 Direct Service Provider Study

Participants were **184** Illinois agencies serving children, youth, and families

Intra-agency MDT meetings, with representatives from the same agency or program, occurred more frequently than **inter-agency MDT** meetings, with representatives from within their agency or program AND outside agencies

	Weekly	Monthly	Quarterly	Yearly	Never
Intra-agency MDT	39%	30%	7%	4%	3%
Inter-agency MDT	10%	40%	24%	9%	3%
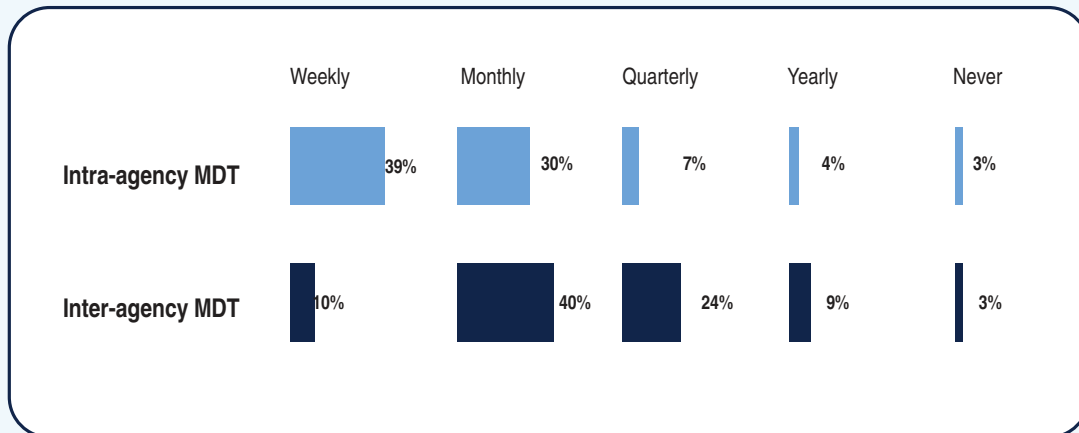
(Vasquez, 2019)

Priority # 7 | Multidisciplinary Response

Focus Group Findings: Active Participation Is Essential

"I find [monthly MDT meetings] very fruitful when people attend. When they are engaged and participate, but that doesn't always happen, and it can have grave consequences." (FG3)

Priority # 7 | Multidisciplinary Response

Formalize Connections to Prevent Disruption by Staff Turnover

"Setting up systems, more formal systems, having **a process in place that sort of transcends the individual connections**, which are super important. I don't mean to minimize the individual connections that folks and all agencies have with one another, but if there's nothing else there once those individual connections go then there's nothing else there. So, **formal processes of trading information, or making referrals** or having that kind of system set up can make a difference." (FG3)

Priority # 7 | Multidisciplinary Response

Trauma Services
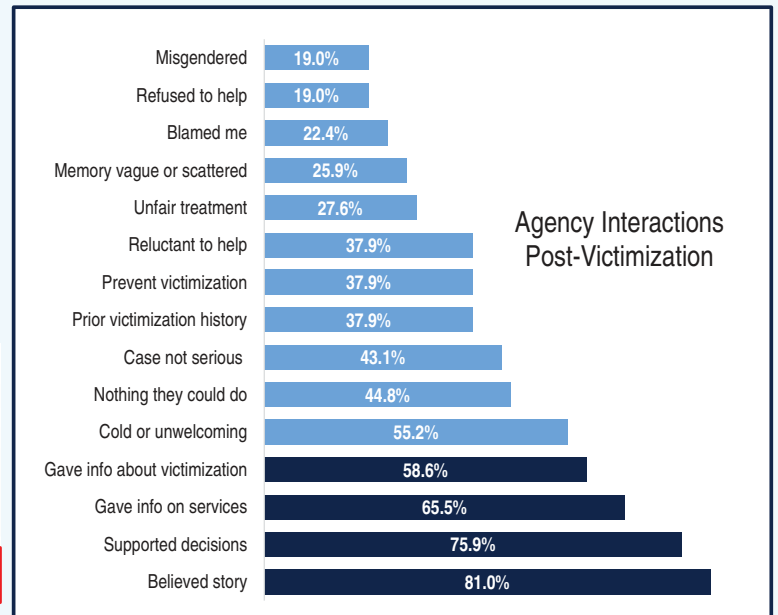
Priority # 8

Trauma-informed

A **strengths-based** framework that is grounded in an **understanding of and responsiveness to the impact of trauma**, that emphasizes physical, psychological, and emotional **safety** for both providers and victims, and that creates opportunities for victims to **rebuild a sense of control and empowerment** (Hopper et al., 2010, p. 82)

SAMHSA'S ELEMENTS OF TRAUMA-INFORMED CARE

Realizes the widespread impact of trauma and understands potential paths for recovery

Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively

Resists re-traumatization

(SAMHSA, 2014)

Illinois LGBTQ+ Victimization Study

Agency Interactions Post-Victimization

Category	Percent
Misgendered	19.0%
Refused to help	19.0%
Blamed me	22.4%
Memory vague or scattered	25.9%
Unfair treatment	27.6%
Reluctant to help	37.9%
Prevent victimization	37.9%
Prior victimization history	37.9%
Case not serious	43.1%
Nothing they could do	44.8%
Cold or unwelcoming	55.2%
Gave info about victimization	58.6%
Gave info on services	65.5%
Supported decisions	75.9%
Believed story	81.0%

Priority # 8 | Trauma Services

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

Gaps in trauma-focused services for:

- Victims in rural communities
- Victims in Chicago & South suburbs
- Children receiving a forensic exam, including their family members
- Children with disabilities

Provider suggested strategies

"**A lot of these agencies are like, 'no, I want to hear it from the victim themselves what they've been through'** and so it's like, "Okay, let me tell my story again so I can get a one-day motel voucher. Let me tell my story again to the police and now, let me tell my story again on my victim impact statement and again to my lawyer…and **sometimes you tell the story, and you don't even get what you were looking for**, the agencies might not have the funding or they're unable to provide the service." (FG3)

"An integrated system…it would be good to have a **one stop shop system** where those **referrals can be a pipeline and you're not retraumatizing the individual over and over with having to tell that same story**." (FG3)

"…**trauma trained mental health providers** in the South suburbs of Chicago. **Very, very hard to come by**. **Wait lists** are extremely long, sometimes in an **excess of 6 months**. " (FG4)

"…if there's more…**incentives [for] private therapists** who are trauma trained or others to be **able to take Medicaid** so…some of these families can actually get treatment and don't have to wait on very long waiting lists." (FG4)
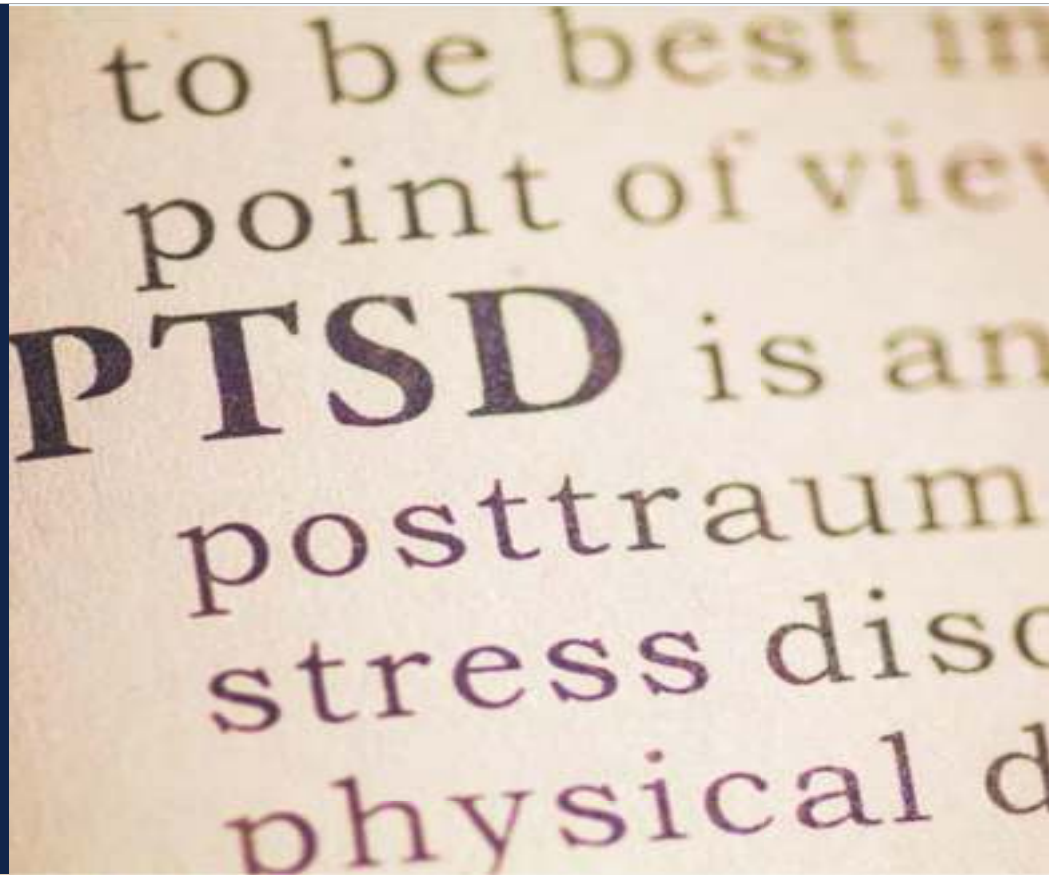
Priority # 8 | Trauma Services

Long-Term Services

Priority # 9

Counseling/Mental Health Services

Long-term counseling and mental health care can promote a victims' wellbeing, support long-term recovery, and address complex needs (Bastomski & Duanes, 2019).

A youth client survey from ICJIA's Chicago Survivors Evaluation found that the mental health services helped youth survivors of homicide victims feel supported throughout the healing process (Green et al., 2021).

Existing Barriers

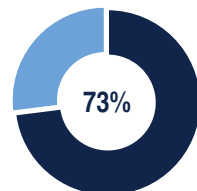| Barrier	Quote
Lack of Agency Capacity	"We just do not have enough service providers or resources within our agency to provide the volume of trauma counseling." (FG4)
Insufficient Funding	"We would love to have more than one therapist, but we don't have the funds to hire an additional therapist." (FG1)
Limited Accessibility	"We need specialized mental health care for them. Not just any mental health care, we need trauma informed in one of the approved modalities and that's very difficult to find in a rural area."(FG3)

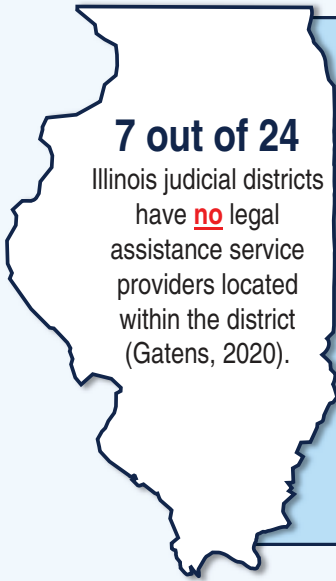Barriers have led service providers to refer these long-term services to other agencies

COUNSELING
52%

MENTAL HEALTH
73%

Civil Legal Assistance

7 out of 24
Illinois judicial districts have **no** legal assistance service providers located within the district (Gatens, 2020).

Domestic Violence Victims

○ DV victims need longer term civil legal aid in cases of immigration, divorce, and child custody (Vasquez, 2017).

○ Civil legal aid can also help in preventing further domestic violence through orders of protection (Gatens, 2020).

What legal needs do you see from the victims that you serve?

"We have 1 lawyer for every 9,477 victims that needs service, so civil representation and divorce and custody and that kind of stuff is a huge need here." (FG1)

"A lot of my people come in needing civil assistance." (FG1)

Solutions

Increase Funding

Increase Agency Capacity

Expand Access

Priority # 9 | Long-Term Services

Address Community Violence

Priority # 10

ICJIA

National Child Traumatic Stress Network

- o Community violence victims are defined as
  - o **adult victims** who directly experience violent crime
  - o **minor victims** who directly experience *or witness* violent crime.
- o Exposure includes witnessing violence in one's home, school, work, or neighborhood.
- o Community violence can include homicide, gun violence, interpersonal violence, domestic violence, sexual violence, robbery, battery, and assault.
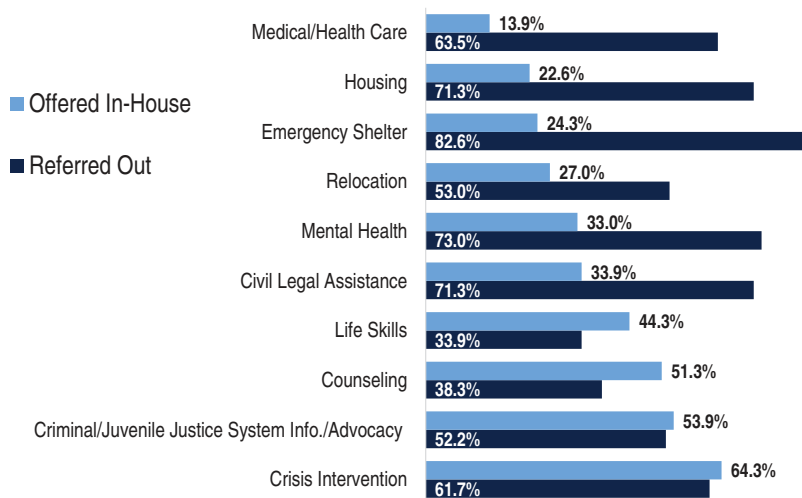
"Community violence is exposure to **intentional acts** of **interpersonal violence** committed in **public areas** by individuals who are **not intimately related to the victim**. Common types of community violence that affect youth include **individual** and **group conflicts** (e.g., bullying, fights among gangs and other groups, shootings in public areas such as schools and communities, civil wars in foreign countries or "war-like" conditions in US cities, spontaneous or terrorist attacks)."

(NCTSN, n.d.)

Priority # 10 | Address Community Violence

Types of services offered to victims of community violence by agencies (%) either in-house or locally:

- Offered In-House
- Referred Out

Service	Offered In-House	Referred Out
Medical/Health Care	13.9%	63.5%
Housing	22.6%	71.3%
Emergency Shelter	24.3%	82.6%
Relocation	27.0%	53.0%
Mental Health	33.0%	73.0%
Civil Legal Assistance	33.9%	71.3%
Life Skills	44.3%	33.9%
Counseling	51.3%	38.3%
Criminal/Juvenile Justice System Info./Advocacy	53.9%	52.2%
Crisis Intervention	64.3%	61.7%

Percentages of agencies that **DID NOT** offer direct services to victims based on crime type:

Physical Assault — 35.6%

Robbery — 55.6%

Gun Violence — 33.1%

Gang Violence — 55.1%
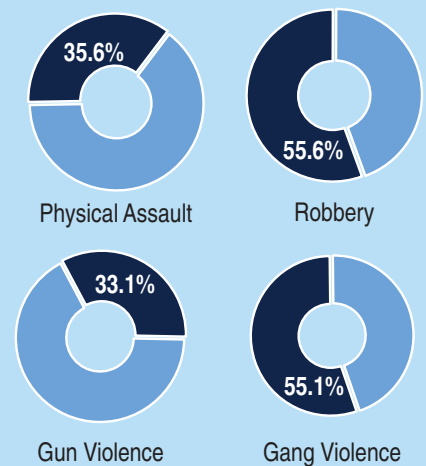
Priority # 10 | Address Community Violence

Evidence-Informed Practices

Priority # 11

Evidence-informed:

- ○ Some research to suggest program will have desired outcome
- ○ Can be used to guide program design and implementation

Evidence-based:

- ○ Approaches validated by documented scientific evidence (e.g., controlled clinical trial)
- ○ Use a defined curriculum or set of services
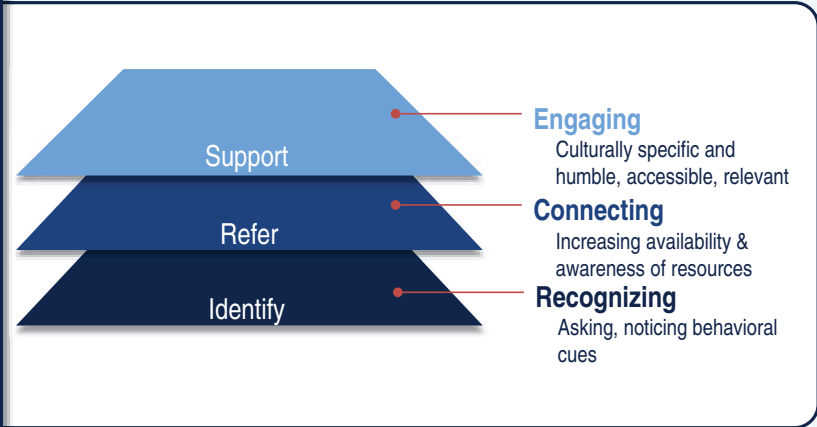
(Children's Bureau, n.d.)

Current research and evaluation findings

Practitioner knowledge and skills

Research

Expertise

Experience

Perspectives of victims and family members or caregivers

(ASHA, n.d.)

Illinois Helping Everyone Access Linked Systems

Federally funded, multi-phase initiative.

Collaboration between research and program and policy teams.

Multiple systems and stakeholders represented.

Systematic data collection to inform ongoing planning phase and Action Plan.

Illinois HEALS Action Plan published in 2019

IL HEALS Framework

Support

Refer

Identify

Engaging
Culturally specific and humble, accessible, relevant

Connecting
Increasing availability & awareness of resources

Recognizing
Asking, noticing behavioral cues

(Houston-Kolnik et al., 2019)

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Safe From the Start

Description: Intervention for children aged 0-5 who had experienced child abuse and/or witnessed domestic or community violence. Services include therapy (child- or adult-focused, family), psychoeducation, and crisis intervention.

Evaluation efforts: Ongoing since program's inception in 2001 by ICJIA partners and staff.
Varied objectives include:

- o Identifying child and caregiver characteristics, victimization impacts, and risk factors
- o Documenting screening and referral processes and services received
- o Assessing impact of services on children and caregivers

Key Findings:

↓ Children's problem behaviors   ↑ Child and caregiver functioning   ↓ Caregiver stress

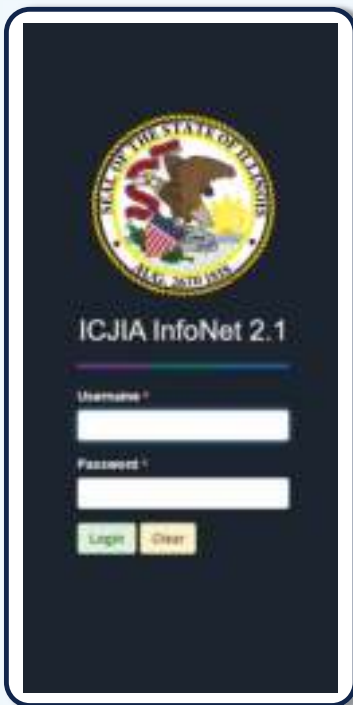More sessions ➡ Better child and caregiver outcomes

(Gonzalez et al., in preparation)

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Data Collection Outcomes Evaluation

Priority # 12

InfoNet 2.0 Rollout

o Increased compatibility/sustainability

o Quicker data entry

o More intuitive design

o Increased data validation

o New reports for viewing data

o New categories for race/ethnicity, offense, and offense location

o Data completeness and quality have improved since InfoNet 2.0's rollout.

InfoNet Stepping Forward

o Fields for providers to track victims' needs over time and victim outcomes

o Development of tools to satisfy OVC PMT and HUD reporting requirements

o Survey of law enforcement/ prosecution-based providers to assess data collection system needs

ICJIA InfoNet 2.1

Username *

Password *

Login   Clear

Illinois HEALS followed a **systematic approach** to better understand the scope of victimization and service provision in Illinois. The Action Plan **established a feedback loop** between researchers and stakeholders to guide implementation of the HEALS framework.

Planning Phase

Leadership network

Meetings with providers around the state

Survey of child and youth serving providers

Interviews with young adults and caregivers

Findings informed IL HEALS action plan

Implementation Phase

Strategic demonstration site selection

Multi-method process evaluation of demonstration site

Surveys of stakeholders

Interviews and focus groups with staff

Findings inform ongoing implementation

(Houston-Kolnik et al., 2019)

Priority # 12 | Data Collection, Outcomes, Evaluation

Icons made by Flaticon from www.flaticon.com

Twelve Funding Priority Areas

Promote awareness and access
- Boost public awareness.
- Put more advocates in more places.
- Increase services for underserved victims.

Address core needs
- Address victims' fundamental needs.
- Fund core direct services.

Victim centered and informed
- Address multiple victimization experiences.
- Promote multidisciplinary responses.
- Encourage trauma-informed/trauma-focused services.

Fill key gaps
- Fund long-term services.
- Address community violence victimization.

Implementation, outcomes, sustainability
- Encourage use of evidence-informed/evidence-based practices and programming.
- Promote data collection and evaluation.

Up Next

Break

Presentation: Emerging Victim Service Focus Areas

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2022 Victim Services Emerging Areas

Center for Victim Studies, Research & Analysis Unit
Illinois Criminal Justice Information Authority

2022 Victim Services Planning Ad Hoc Committee Meeting
January 27, 2022

Goal

Recommend priority areas for the next Illinois victim services funding cycle by:

Critically examining 2017-2021 priority areas.

Identifying emerging victim service needs or gaps for potential funding.

Five Emerging Areas

- Equity in victim services
- Prevention
- Technology
- Vicarious trauma
- Victim-centered restorative justice

Method

- Reviewed existing research literature
- Examined ICJIA research study findings
- Analyzed administrative datasets
- Administered victim service provider survey
- Consulted grantee program materials
- Conducted focus groups

Equity in
Victim Services

Emerging Area # 1

Equity

The **fair treatment, access, opportunity and advancement for all people**, while at the same time striving to identify and **eliminate barriers that have prevented the full participation of some groups**. The principle of equity **acknowledges that there are historically underserved and underrepresented populations** and that fairness regarding these unbalanced conditions is needed to assist in the provision of adequate opportunities to all groups (Garthe et al., 2020).

The term **"equity"** means **the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment**, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

Executive Order On Advancing Racial
Equity and Support for Underserved
Communities Through the
Federal Government

Emerging Area # 1 | Equity in Victim Services

Equity in ICJIA Violence Prevention Plan

Goal #1: Stop Violence and Promote Safety. The ability to live without fear of harm is a fundamental human right and essential to individual, family, and community development and success.

Goal #2: Support Children, Youth, and Families by Emphasizing Programs that Foster Social Connectedness and Belonging. Increase the quantity and quality of programs that emphasize healthy and nonviolent relationships.

Goal #3: Advance Equity. Address systemic equities by increasing access to grants and other economic opportunities.

Goal #4: Support Health. Violence prevention programming should build, support, and sustain mentally and physically strong individuals, families, and communities.

Goal #5: Promote Collaboration across State, Municipal, & Community-Based Agencies. Violence prevention efforts should occur through coordinated, cross-sector collaborations, using research and data.

Objectives

Provide community-driven capacity building support.

Invest in grassroots helpers.

Identify systematic barriers that have historically perpetuated inequities.

(Garthe et al., 2021)

Community-Based Violence Intervention and Prevention NOFO

- Leadership reflect the proposed community and residents to be served
- Include mentors, credible messengers, or practitioners of the community being served
- Coordinated efforts amongst community agencies

Emerging Area # 1 | Equity in Victim Services

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Equity in Victim Services

For Research

- Data capacity building
- Representation in studies
- "Informal sources" of data

For Grantmaking

- Grantee capacity building
- Representation within SAA staff
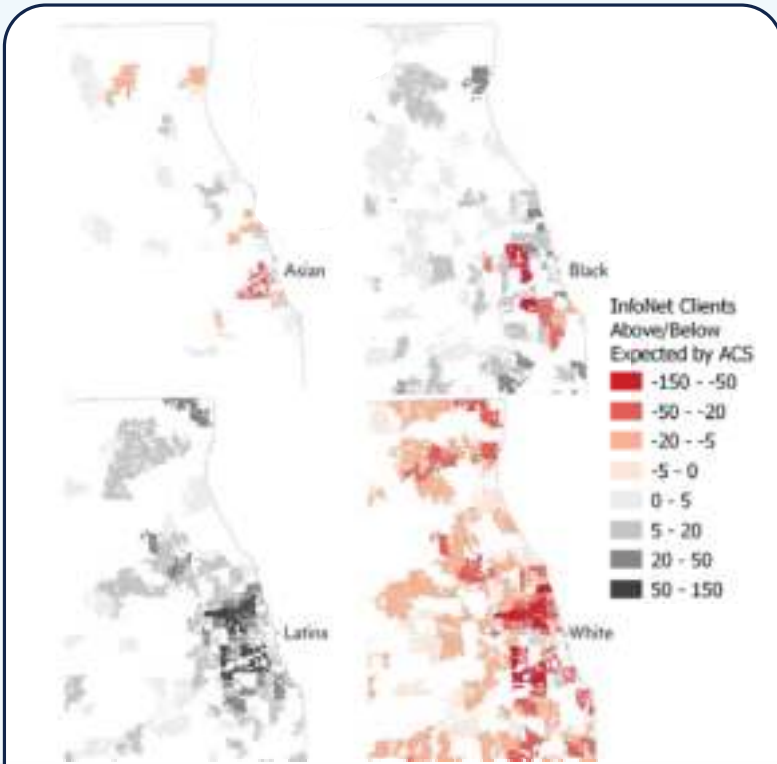- Stakeholder relationships

Equity is a process, not a destination.

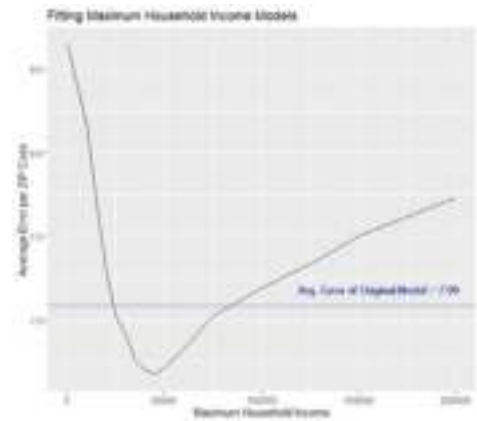(Warnken, 2021)

Emerging Area # 1 | Equity in Victim Services

Icons made by Flaticon from www.flaticon.com

Households under $50k best fit for clients

Emerging Area # 1 | Equity in Victim Services

Prevention

STOP

Emerging Area # 2

Prevention activities are typically arranged into three categories.

(Rutherford et al., 2007)

Primary

Intervening prior to any harm or violence occurring.

Awareness campaigns
Bans or regulation of harmful substances/activities

Secondary

Activities that minimize harm following violence or victimization.

Increased training for providers
Minimizing risk factors

Tertiary

Activities that slow or stop violence and victimization.

Reentry programs
Victim advocacy

Emerging Area # 2 | Prevention

ICJIA Statewide Violence Prevention Plan: 2020 - 2024

VP plan creates a framework that:

o Utilizes a public health approach centered in equity.
o Identifies risk and protective factors.
o Acknowledges youth development and family services.
o Invests in trauma-informed and restorative practices.
o Builds community infrastructure to support healthy communities.
o Coordinates all levels of government.

Individual

Societal

Relationship

Community
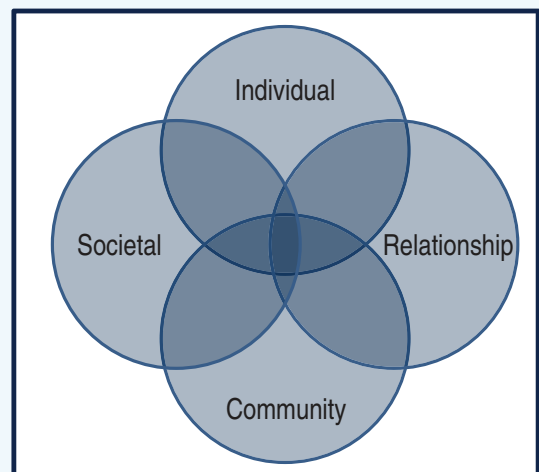
(Garthe et al., 2021)

Emerging Area # 2 | Prevention

2021 Victim Service Provider Study

Prevention:
Efforts to decrease vulnerability and increase resiliency.

VSPs want to provide prevention services but need flexibility in funding.

Prevention strategies help mitigate future harm to victims and survivors.

VSPs suggest that schools and early childhood organizations provide great opportunities to start prevention work.

"I think we tried to take advantage of any opportunity we can to provide education, whether that's doing interviews or posting on social media…We offer as many trainings as we possibly can. We beg other people for money…to get a prevention program going." (FG1)

"There is not a ton of funding for prevention work which could make a massive impact on folks…and trying to not just be reactive after harm has occurred." (FG1)

"I feel like we consistently are bailing out a boat with a spoon instead of fixing the boat. We're never going to get anywhere without being able to provide prevention in the education services." (FG5)

Emerging Area # 2 | Prevention

Technology

Emerging Area # 3

2021 Victim Service Provider Study

Percentage of agencies who provided services by phone or web-conferencing

- Phone
- Webcam

Service	Phone	Webcam
Counseling	66%	78%
Civil legal assistance	72%	67%
Mental Health	63%	76%
Life skills	65%	65%
Child services	51%	64%
CJ system advocacy	57%	50%
Crisis intervention	69%	38%
Translation services	60%	47%

70%
of victim service providers surveyed say they began providing services virtually in response to the pandemic.
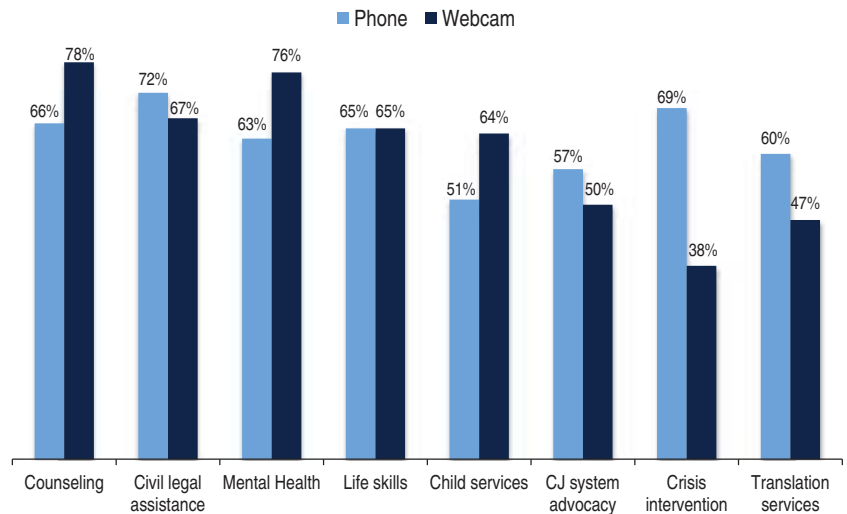
Emerging Area # 3 | Technology

Telephone Counseling in InfoNet
3/21/2020 – 6/30/2020

Domestic Violence Service Providers

Proportion of counseling conducted via telephone. ↑**184%**

Average length of telephone counseling session. ↑**42%**

Sexual Assault Service Providers

Proportion of counseling conducted via telephone. ↑**411%**

Average length of telephone counseling session. ↑**107%**

(Schaffner et al., in preparation)

Even into 2021, **over half of all DV counseling** and **over two-thirds of all SA counseling** is conducted via telephone.

Emerging Area # 3 | Technology

2021 Victim Service Provider Study

- Convenient for clients in general.

- Useful for rural clients and those with limited access to transportation.

- Allows for services outside traditional service area:
  - Across Illinois
  - Agencies specializing in a victim population.

"But **one of the benefits of adapting to remote services during COVID has been we've been able to expand our services throughout the state of Illinois**, which has been great because **there's not a ton of LGBTQ providers in some areas of the state** so being able to offer individual therapy services group, therapy services, advocacy and case management has been…our bulk of our services. So that's been really huge that we've been able to reach folks outside of [our service area]." (FG1)

"There's really no reason to take [remote services] away and we have an opportunity to reach a lot more people that way." (FG1)

Emerging Area # 3 | Technology

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Vicarious Trauma

Emerging Area # 4

Vicarious Trauma-Informed Organization

✓ Recognizes that vicarious trauma is an **occupational challenge** for staff interacting with trauma survivors.

✓ **Proactively addresses** vicarious trauma through *policies, procedures, practices, and programs.*

Strategies

Leadership support

Quality supervision

Healthy work environment & culture
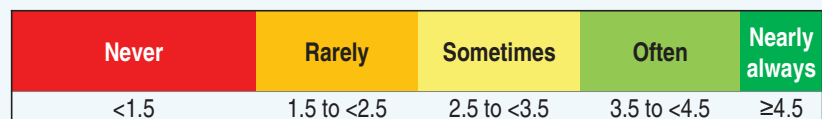
Training & education

Staff health & wellness

(Office for Victims of Crime, n.d.)

Emerging Area # 4 | Vicarious Trauma

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Vicarious Trauma Organizational Readiness

4 domestic violence agencies
68 individual responses

Never	Rarely	Sometimes	Often	Nearly always
<1.5	1.5 to <2.5	2.5 to <3.5	3.5 to <4.5	≥4.5

Staff Health & Wellness
3.06

Training & Professional Development
3.80

Leadership & Mission
4.16

Employee Empowerment & Work Environment
3.62

Management & Supervision
3.89

2.5

5.0

(Vasquez, in preparation)

Emerging Area # 4 | Vicarious Trauma

2021 Victim Service Provider Study
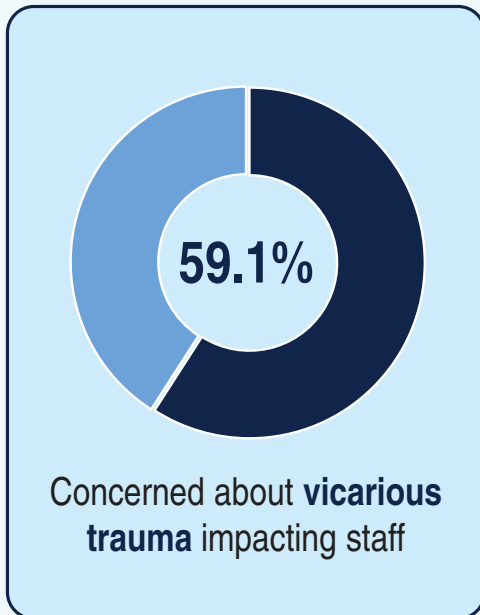
59.1%

Concerned about **vicarious trauma** impacting staff

"…previously…I could leave my work…and then come home and kind of decompress. Now…I am having an appointment with the client in the evening after work…kind of different hours of the day...I am concerned about…**burn out, mental health** for myself, for other advocates…" (FG2)

"…with the **vicarious trauma** piece…our staff have also been living through the pandemic, so that also **impacts staff capacity and ability to do their work**…they're also **feeling really overwhelmed** or just feeling **more anxiety**…" (FG1)

Emerging Area # 4 | Vicarious Trauma

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Victim-Centered Restorative Justice

Emerging Area # 5

VOCA Restorative Justice Guidelines

DEPARTMENT OF JUSTICE

28 CFR Part 94

[Docket No.: OJP (OVC) 1523]

RIN 1121–AA69

Victims of Crime Act Victim Assistance Program

AGENCY: Office for Victims of Crime, Justice.

ACTION: Final rule.

Activities in support of opportunities for crime victims to meet with perpetrators, including, but not limited to, tribal community-led meetings and peacekeeping activities, if such **meetings are requested or voluntarily agreed to by the victim** (who may, at any point, withdraw) and have **reasonably anticipated beneficial or therapeutic value to crime victims**.

At a _minimum_, the following should be considered:

1. The safety and security of the victim
2. The cost versus the benefit or therapeutic value to the victim
3. The procedures for ensuring that participation of the victim and offenders are voluntary, and that the nature of the meeting is clear
4. The provision of appropriate support and accompaniment for the victim
5. Appropriate debriefing opportunities for the victim after the meeting
6. The credentials of facilitators

Emerging Area # 5 | Victim-Centered Restorative Justice

Restorative Justice Practices

Apology Program

Letter written by offender who seeks to accept responsibility for actions and pain caused. Victim chooses whether to access apology letter.

(Pavelka & Seymour, 2019)

- Has been implemented in Minnesota, Nebraska, Pennsylvania, Vermont, and Washington.
- Limited research examining victim outcomes.

(Shenoy, 2012; MN DOC, 2019; Cato, 2013)

Conferencing

Organized by trained facilitator. Includes victims, offenders, family, friends, and/or other stakeholders. Goal is to seek a resolution and reparations.

(Armstrong, 2012; Latimer, Dowden, & Muise, 2005; Wilson, Olaghere, & Kimbrell, 2017)

- Increased victim satisfaction compared to traditional criminal system processes.
- Victims perceived offender apology to be more sincere.
- Reduced PTSD symptoms.

(Angel, et al., 2014)

Victim-Offender Dialogue

Facilitated by a trained mediator. Discussion between victim and offender of crime in a safe and structured setting.

(Shenoy, 2012; MN DOC, 2019; Cato, 2013)

- Increased victim satisfaction compared to traditional criminal system processes.
- Victims feel less fear or alienation compared to control group.
- Provides victims with a sense of closure and healing.

(Shenoy, 2012; MN DOC, 2019; Cato, 2013)

Emerging Area # 5 | Victim-Centered Restorative Justice

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We've had clients that…indicated they would like to…do some more **restorative justice work**… This is an abuser that they…love. They don't want that person in jail, but **they want to feel safe** and they want…that person to make changes and **they want to be able to tell that person that**…" (FG5)

"I think the **restorative justice practices** pieces is getting a lot more traction…there is a lot more work around it, but there's just so much work to still be done and to really flush out what that looks like. And what that means in practice, but I agree. Just always **being able to give folks more options is ideal**." (FG1)

Emerging Area # 5 | Victim-Centered Restorative Justice

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Five Emerging Areas

Equity in victim services

Prevention

Technology

Vicarious trauma

Victim-centered restorative justice

Up Next

Lunch

Discussion of 2017-2021 Funding Priorities and Emerging Focus Areas

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2022-2026 Recommendations for Priority Funding Areas

Center for Victim Studies, Research & Analysis Unit
Illinois Criminal Justice Information Authority

2022 Victim Services Planning Ad Hoc Committee Meeting
March 10, 2022

Goal

Vote on the priority areas for the next Illinois victim services funding cycle

▶ **Key findings from the 2022 Victim Service Planning Committee breakout sessions**

▶ **Proposed 2022-2026 victim service priority areas**

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Methods

Reviewed literature

Analyzed datasets

Reviewed grantee materials

ICJIA research

Multi-method victim service provider study

January 27th Meeting

Presentations

Breakout Sessions

Methods

Breakout Sessions

6 breakout sessions facilitated

24 committee members participated

Member Representation:
- Illinois' 5 regions
- Varied system and organization types:

Social service · Criminal justice system · Healthcare · Legal aid · Victim services · Social justice · Funders

Discussion Areas:
- 2017 Priority Areas
- 5 Emerging Areas in victim services

Analysis of Sessions:
- Notes
- Recordings
- Transcripts
- Jamboards

2017 Funding Priority Areas

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

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

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

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

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

Raise Awareness of Services

Priority # 1

MEMBER PREFERENCES

8.3% 41.7% 50.0%

■ Address if possible ■ Important ■ Critical

Priority # 1 | Raise Awareness of Services

"Promote characteristics of healthy relationships in **public awareness**. Lift up how to be [and] what to do, instead of focusing on what not to do." (S4)

Greater awareness of:

- How violence impacts communities
- What violence actually looks like and the signs
- Who qualifies for victim services
- What services are available
- How services can benefit them
- De-stigmatizing victim service receipt

Priority # 1 | Raise Awareness of Services

2017

Fund initiatives that raise the public's awareness of victim services.

Priority # 1 | Raise Awareness of Services

2022

Fund initiatives that raise the public's awareness of victim services, including eligibility criteria, service options, and program efficacy.

Priority # 1 | Raise Awareness of Services

Fundamental
Needs

Priority #2

MEMBER PREFERENCES

4.3%

95.7%
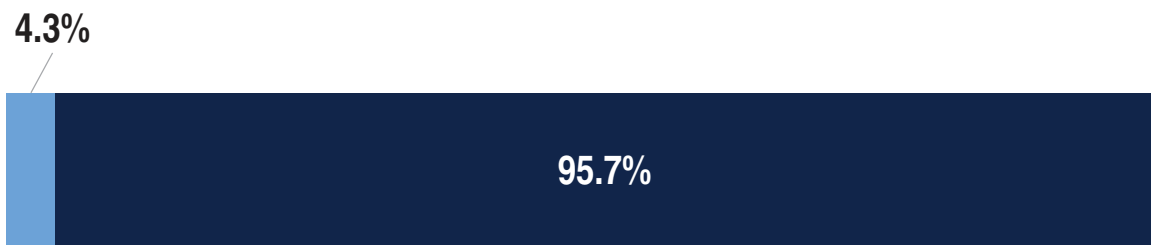
■ Important ■ Critical

Priority # 2 | Fundamental Needs

130

Basic human needs must be met before healing can begin. Victims' fundamental needs include:

Food

Transportation

Shelter

Medical & mental health services

Child care

Employment & financial skills training

"**Fundamental needs [are] fundamental**…if [victims] can't get access to [a safe place, transportation, food, they] can't focus on anything else or not really well." (S1)

"...I think that over and over again **the barrier to addressing some of the long-term stability needs are these immediate needs**." (S5)

Can't meet trauma needs until basic needs are met… (S3)

Priority # 2 | Fundamental Needs

2017

Increase funding to address fundamental needs of crime victims.

Priority # 2 | Fundamental Needs

2022

Increase funding to address fundamental needs of crime victims, or those needs that, if left unmet, inhibit victims' engagement in services needed for healing.

Priority # 2 | Fundamental Needs

Core Services

Priority # 3

MEMBER PREFERENCES

| 27.3% | 72.7% |

■ Important ■ Critical
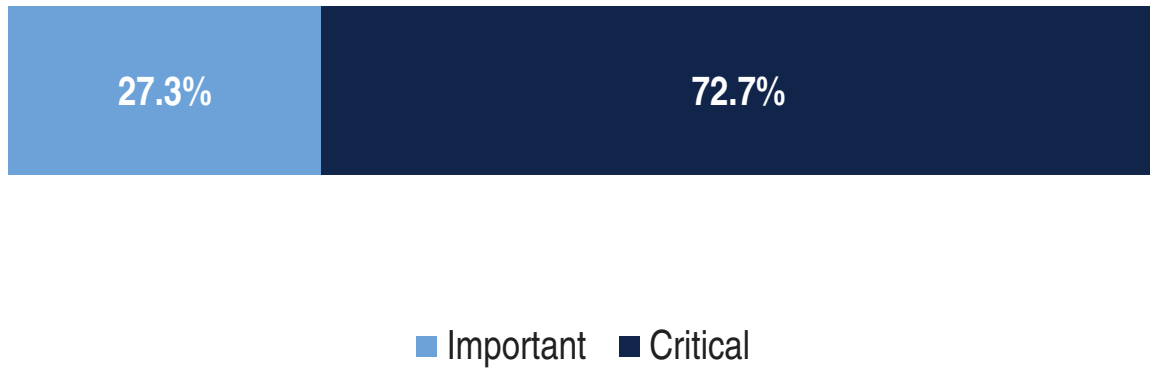
Core services include:
- Crisis intervention & counseling
- Case management
- Legal & medical advocacy

Services need to be holistic:
- Clients have different, intersecting needs
- For victims and their families

Ever-present need for funding of core services:
- Increase programs' awareness of how to access funds
- Decrease barriers to accessing funds

"**A huge need is the continuum of services**. Often times there are no services available or less quality. There are advocates there to help, but they are overwhelmed by the quantity of clients needing help." (S5)

"Grant funders like to pay for the new stuff…new pilots, new programs…but we still need to make sure that just the basic stuff is covered…**those basic fundamentals of human needs, victim needs, are still going to be there no matter what** and so making sure that that base of funding [is] always there [is important]." (S2)

2017

Fund core direct services to victims of all crime types.

2022

Fund core direct services to victims of all crime types, including community violence.

Advocates and
Social Workers in
More Places

Priority # 4

MEMBER PREFERENCES

12.5%	54.2%	33.3%

■ Address if possible ■ Important ■ Critical
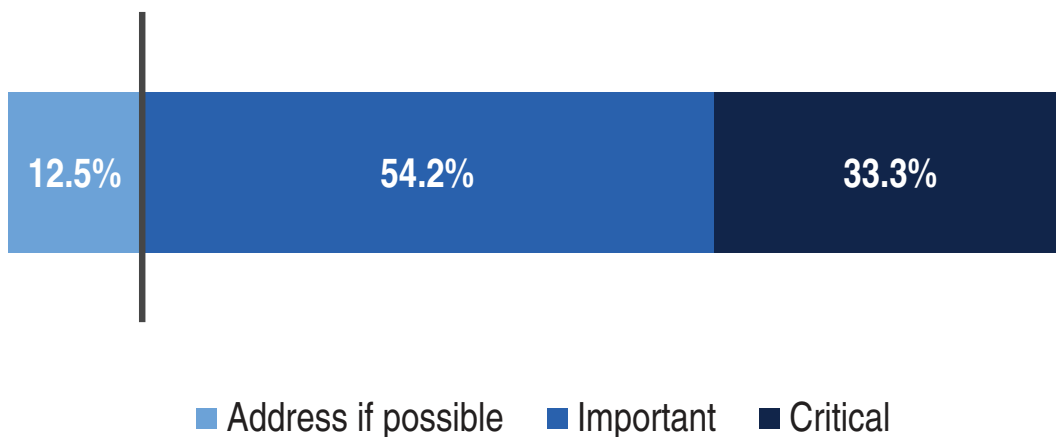
Priority # 4 | Advocates and Social Workers in More Places

Advocates assist victims in navigating various systems and in telling one's narrative.

More social workers are needed to support criminal justice professionals.

Support for teachers and school-based social workers is crucial.

Challenging to retain social workers due to job-related stressors and low wages.

"I think that really is one of the best ways to increase awareness and connection and open doors for access. Oftentimes, the building of relationships – because you have **co-located services or you have some formalized multidisciplinary team or case staffings**…I think that does far better with awareness than having billboards or handouts or provider meetings, even. So, it's kind of that live relationship building that improves access." (S2)

Priority # 4 | Advocates and Social Workers in More Places

2017

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

Priority # 4 | Advocates and Social Workers in More Places

2022

Increase funding for programs that improve victims' timely access to services, such as through co-located services and remote service options.

Priority # 4 | Advocates and Social Workers in More Places

Underserved
Victims

Priority # 5

MEMBER PREFERENCES

12.5%	87.5%

■ Important ■ Critical

Priority # 5 | Underserved Victims

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Underserved populations:

- Elderly
- Minors
- Racial/ethnic minorities
- Dually-involved individuals
- LGBTQ victims
- Rural victims
- Low-SES victims
- Non-English speakers
- People with substance use issues

- Gap between communities most impacted by crime and those most likely to seek services

- Equity and trauma-informed lenses needed to reach and engage underserved populations

- Train staff to identify underserved populations and provide culturally- and linguistically-appropriate care

- Renewed focus on sexual violence involving victims and/or offenders who are minors

"Because we primarily deal with the **LGBTQ communities**, we break down 'underserved' from there. So, we start with a category that a lot of people count as 'underserved' in their organizations, and then we break it down into **BIPOC communities, folks who are experiencing homelessness, trans folks**. Very specifically at the intersection." (S2)

Priority # 5 | Underserved Victims

138

2017

Increase funding of services for underserved victims of crime.

2022

Fund initiatives that advance victims' equitable service access and engagement in services, with a focus on underserved victim populations.

Multiple
Victimization
Experiences

Priority # 6

MEMBER PREFERENCES

37.5%

62.5%

■ Important   ■ Critical

Gaps

Service providers may serve *only one* victimization type

Funders are less likely to extend opportunities for providers to serve multiple victimization types

Opportunities

More education for providers and funders on the needs of those with a history of multiple victimization experiences

Recognize and attend to both victims' intersecting identities and their victimization histories

"If we keep **siloing these different kinds of violence** it is only going to keep us from better understanding what good solutions are and how community-based they are." (S3)

"For instance, if you have a **black trans woman who is in a domestic violence situation**, there are so many forms of victimization that she is potentially exposed to." (S2)

2017

Encourage development or expansion of programs that address the impact of multiple victimization experiences.

Support programs that address the impact of multiple victimization experiences, such as the intersection of gender-based violence and community violence.

Priority # 6 | Multiple Victimization Experiences

Multidisciplinary Responses

Priority # 7

MEMBER PREFERENCES

| 12.5% | 16.7% | 70.8% |

■ Address if possible   ■ Important   ■ Critical
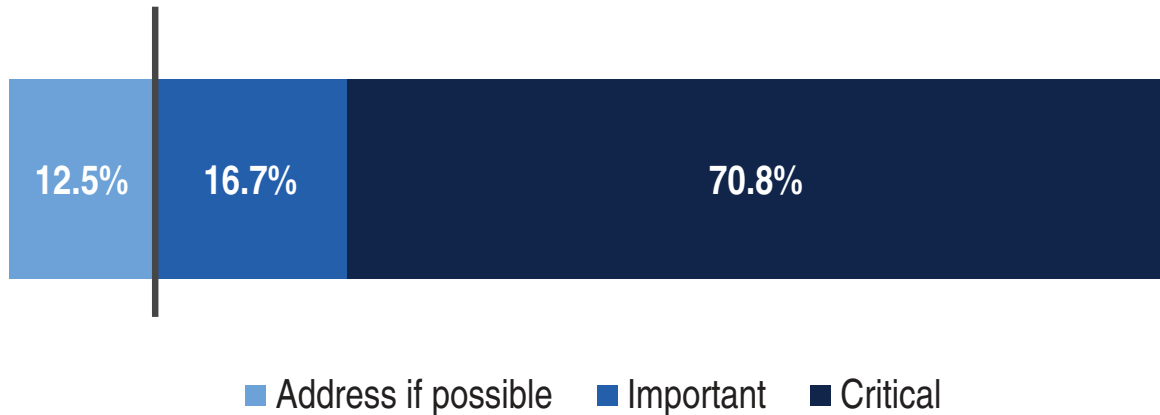
Priority # 7 | Multidisciplinary Response

Opportunities for Improvement

Elevate multidisciplinary responses to include collaborative agencies beyond criminal justice partners (e.g., law enforcement, courts)

Promote community-driven multidisciplinary approaches to victimization

Encourage better networks and spaces for service providers and victim advocates to collaborate

"It really comes down to **people having the choice** to have or not to have law enforcement folks at the sites that they go to for help."(S4)

"With MDTs, a lot of time that funding goes to law enforcement and [providers are] far more interested and invested in funding…**community-centered and community-based** responses to the extent that those MDTs are not law enforcement based." (S6)

 "**The victim services community needs to make better connections together.** Community violence and domestic violence do not exist outside of each other… We need to work much better together in addressing what the root causes and solutions are." (S3)

Priority # 7 | Multidisciplinary Response

2017

Promote multidisciplinary responses to victimization.   ,

2022

Promote community-driven multidisciplinary responses to victimization, including coalition building efforts and expanded use of technology to facilitate collaboration.

Trauma
Services

Priority # 8

MEMBER PREFERENCES

4.2%

95.8%

■ Important   ■ Critical

Crucial to design the service delivery environment around trauma and understand its complex role in victims' lives.

Understand that people are more than just a survivor.

Become more trauma-specific vs. trauma-sensitive

Acknowledge the length of a person's life and not just the violence they experienced.

Recognize the whole person

"We do need to pay more attention to victim-centered and trauma-informed and look at multiple victimizations... **We have to understand that people have experienced lots of different kinds of trauma**." (S3)

2017

Encourage trauma-informed and trauma-focused services for victims of crime.

Expand trauma-informed and trauma-focused service availability
and support efforts to mitigate staff vicarious trauma.

Priority # 8 | Trauma Services

Long-Term
Services

Priority # 9

MEMBER PREFERENCES

36.0%	64.0%

■ Important   ■ Critical

- Long-term services include:
  - o Therapy & mental health services
  - o Case management
  - o Trauma work with child survivors
  - o Legal services
  - o Housing

- Represent a current service gap

- Important to address victimization needs and healing over a survivor's lifespan

- Core services must be in place before long-term services can be provided.

"There really is **nothing in the community that accommodates that need**. Most counseling is such brief therapy or short-term therapy that…the clients that we see, they need to be given that opportunity to create that level of trust and work with somebody for a long time. And **it takes a long time to get through all these issues**." (S1)

"This is something that…continues to go on for a long period of time. **When you are assisting survivors with U-visas, T-visas, VAWA self petitions…this takes a long time**." (S4)

2017

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

2022

Fund services that address victims' long-term mental health, legal, and housing needs.

Address Community Violence

Priority # 10

MEMBER PREFERENCES

4.2%

50.0%

45.8%

- Address if possible
- Important
- Critical

- Recognize intersecting nature of community violence with other forms of victimization, as well as its roots.

- Increase collaboration among those working to address community violence, gender-based violence, and childhood trauma.

- Understand survivors have a wide range of complex needs, often stemming from multiple victimization experiences.

"You really **can't address community violence in a meaningful way if you aren't addressing what's happening in the homes** and what's happening to children as they're growing up." (S6)

"**They're components of the same kind of violence** and we need to work much better together…We've got to be able to...lift up people, lift up entities that provide services and are creating programs. But we need to take the next step and that is **work better together in addressing what the root causes are**." (S3)

Priority # 10 | Address Community Violence

2017

Support programs that specifically address needs of individuals exposed to community violence.

Priority # 10 | Address Community Violence

2022

Priority #3

Fund core direct services to victims of all crime types, including community violence.

Priority #6

Support programs that address the impact of multiple victimization experiences, such as the intersection of gender-based violence and community violence.

Priority # 10 | Address Community Violence

Evidence-Informed Practices

Priority # 11

MEMBER PREFERENCES

8.0%	52.0%	40.0%

■ Address if possible   ■ Important   ■ Critical
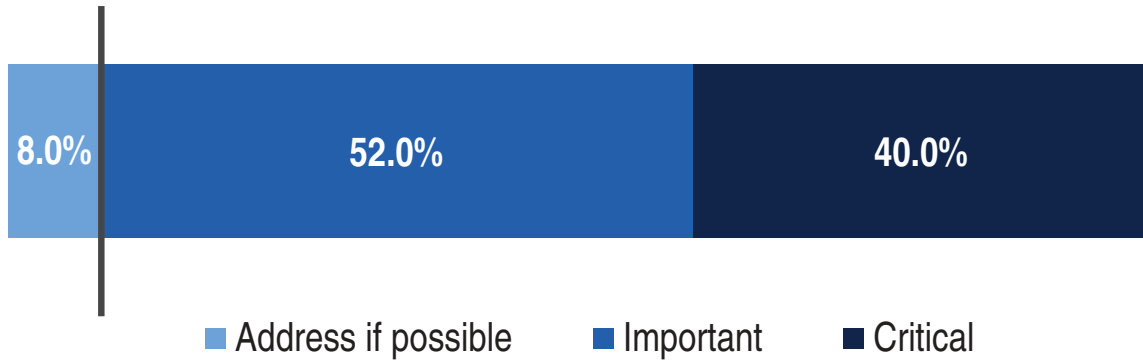
Priority # 11 | Evidence-Informed Practices

"There is lots of research on effective services. We should **not accept that no research or evidence exists for the services provided.**" (S5)

"Education is needed for professionals as well as communities. …**it's important that people from different experiences are involved in providing that education, not just counselors and social workers, but also individuals who were victims of violence or not far removed from these experiences**. It's important for them to have a say and provide input …about how we're educating others about these issues." (S1)

"I also think that **evidence-based stuff tends to leave out some really meaningful and helpful practices based within culture and communities**, and essential to the healing of survivors and feeling a better sense of wholeness and restoration." (S4)

Importance:
- Understanding service effectiveness
- Program management
- Improving/adapting services

Gap: More education on evidence-informed/based programs and practices is needed

Challenge: Often do not consider specific victim subgroups and/or cultures

Priority # 11 | Evidence-Informed Practices

153

2017

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

2022

Promote the use of evidence-informed (or promising) and evidence-based practices and programming that have been successfully implemented with diverse victim populations.

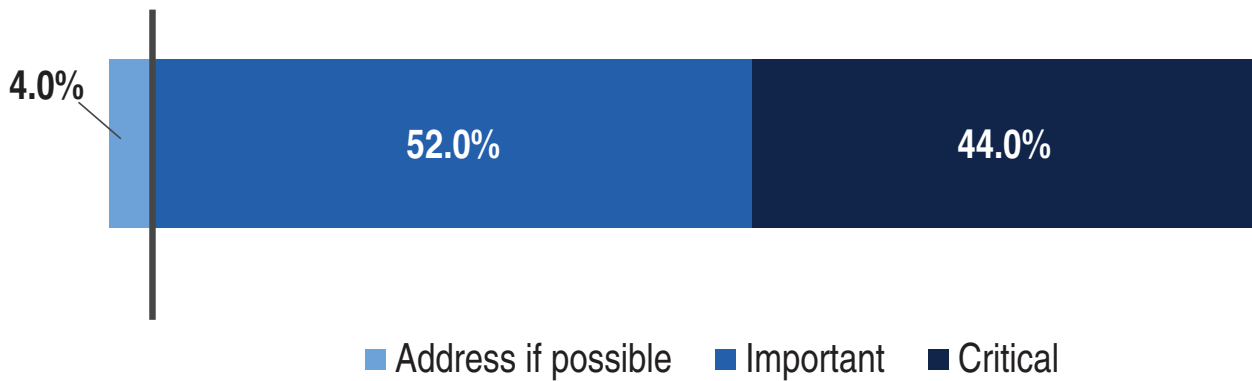Data Collection
Outcomes
Evaluation

Priority # 12

MEMBER PREFERENCES

4.0%

52.0%

44.0%

■ Address if possible   ■ Important   ■ Critical

Importance:
- Necessary for public trust
- Increases return on investment

Gap: Adequate funding for these activities

Opportunity:
- Standardization of data collection requirements would minimize burden on providers.
- Increasing capacity to collect, analyze, and interpret data

"When we're talking about the amount of public funding, and the amount of public trust that is put in us as organizations, I think that **we just cannot continue to overlook the importance of showing [data]**. It's one thing to say, 'Yes we're doing a good job.' It's another thing to show you're doing a good job, or that you need to change or that you're listening." (S4)

"It's not often that you see funding for evaluations. I know that you all provide some of that…**oftentimes, evaluation's a small percentage of the budget**." (S1)

"The most frustrating issue is that there is **no standardization**...which is difficult." (S1)

Icons made by Flaticon from www.flaticon.com

2017

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

2022

Fund activities that support program evaluation efforts through data collection and reporting, and increase providers' capacity to document meaningful victim outcomes.

Priority # 12 | Data Collection, Outcomes, Evaluation

Five Emerging Areas

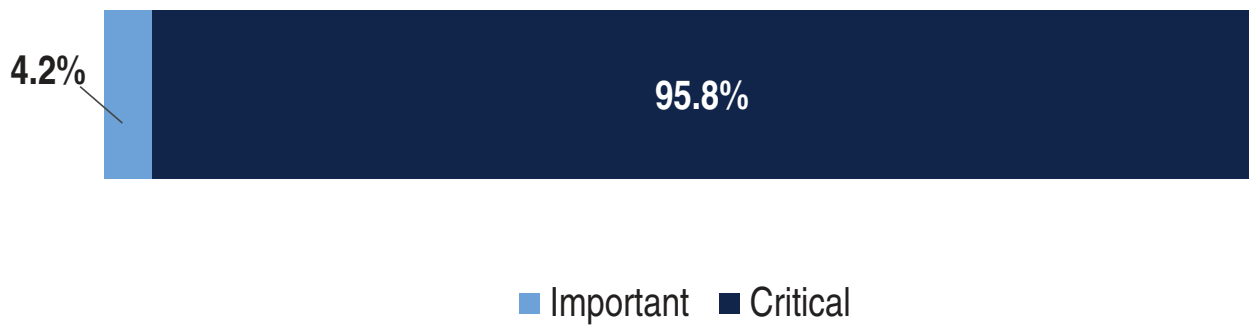| Equity in victim services	Prevention	Technology	Vicarious trauma	Victim-centered restorative justice

Equity in
Victim Services

Emerging Area # 1

MEMBER PREFERENCES

4.2%

95.8%

■ Important ■ Critical

Emerging Area # 1 | Equity in Victim Services

Victims' Experiences

- Individuals of color face additional challenges navigating systems
- Unequal access to resources to meet basic needs (e.g., employment)
- Victims in under resourced & rural areas feel forgotten

Defining Equity

Crucial that equity:

- Is clearly defined, including its components
- Has well-defined metrics
- Is inclusive of victims' multiple & intersecting identities
- Recognizes that individuals' varied identities, locations, & abilities impact their needs

"It's critical that we do a better job at making sure that **anyone who needs victim services can get them** and **the way that they need them**." (S3)

Emerging Area # 1 | Equity in Victim Services

Icons made by Flaticon from www.flaticon.com

2022

Priority #5

Fund initiatives that advance victims' equitable service access and engagement in services, with a focus on underserved victim populations.

Emerging Area # 1 | Equity in Victim Services

Prevention

Emerging Area # 2

MEMBER PREFERENCES

33.3%	66.7%

■ Important ■ Critical

Emerging Area # 2 | Prevention

Prevention services compliment intervention efforts

Opportunities:
- Educate parents and high risk children
- Include risk of abuse across the lifespan
- Safe exchange programs may prevent future harm
- Schools as an important entry point

Funding challenges:
- Requires creative solutions because it cannot be funded with most sources
- Few opportunities for gender-based violence prevention work
- Difficult to demonstrate outcomes
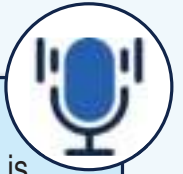
"So we talk about doing **prevention in schools** and we give programs to say this is what you do if, and then **kids often report what happened to them because then now they are aware.**" (S4)

"It can be expensive…but you gotta start somewhere and…I think **we can have some success if we're willing as a society to…invest in it.**" (S2)

Emerging Area # 2 | Prevention

2022

Fund efforts to prevent (re)victimization through programming that increases victims' protective factors and decreases vulnerabilities.

Emerging Area # 2 | Prevention

Technology

Emerging Area

MEMBER PREFERENCES

| 16.7% | 54.2% | 29.2% |
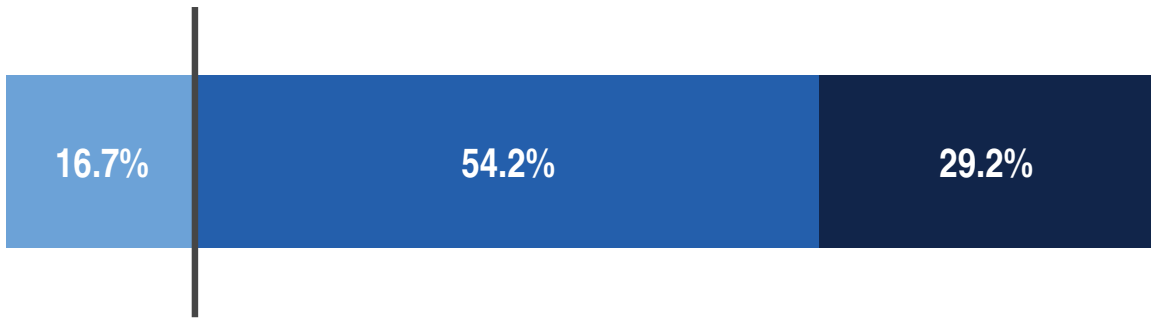
- Address, if possible
- Important
- Critical

Emerging Area # 3 | Technology

Benefits:
- Improved service efficiency
- Increased partner engagement & collaboration
- Expanded service options for under resourced communities & underserved populations

Challenges:
- Unequal access to technology and Internet
- Victims may disclose confidential information in public settings with Internet access
- Virtual platforms not a good forum for group services
- Smaller agencies have limited resources to scale up remote services
- Can't read/observe body language

"It became amazing…how many of our staff did not have Internet access…or technology… **staff did not have technology any more than a lot of the people we were serving** so we wrote computers into every grant we possibly could and then we paid for Internet access." (S2)

"There was almost a hesitancy. I'm talking back at the very first spring…we'll just get one phone or one laptop and then as time went on we see a little bit more. **Even though that funding is available, there's still some resistance to doing that.**" (S2)

I think services would need to be continued through technology (S5)

Emerging Area # 3 | Technology

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2022

Priority #4

Increase funding for programs that improve victims' timely access to services, such as through co-located services and remote service options.

Priority #7

Promote community-driven multidisciplinary responses to victimization, including coalition building efforts and expanded use of technology to facilitate collaboration.

Emerging Area # 3 | Technology

Vicarious Trauma

Emerging Area # 4

MEMBER PREFERENCES

8.3%   41.7%   50.0%

■ Address if possible   ■ Important   ■ Critical

Staff Experiences:
- Covering multiple jobs
- Working extra hours without adequate pay & benefits
- Trying to meet more clients needs than ever before due to the pandemic
- Have observed signs of compassion fatigue

Impacts:
- Inability to serve clients if staff are unhealthy
- Staff turnover
- Lost productivity
- Invest in training staff who leave for other opportunities

"**We can't do our job, if we're not okay, healthy enough to do our job**. We, we can't, we can't serve the populations that we, we really want to." (S1)

"It's a reality of life. It's something that takes constant attention and it's shortsighted not to. **It's going to cost us all our staffing and all the effort we put into training and support**." (S2)

Emerging Area # 4 | Vicarious Trauma

2022

Priority #8

Expand trauma-informed and trauma-focused service availability and support efforts to mitigate staff vicarious trauma.

Emerging Area # 4 | Vicarious Trauma

Victim-Centered Restorative Justice

Emerging Area # 5

MEMBER PREFERENCES

4.2%

50.0%

45.8%

■ Address if possible   ■ Important   ■ Critical
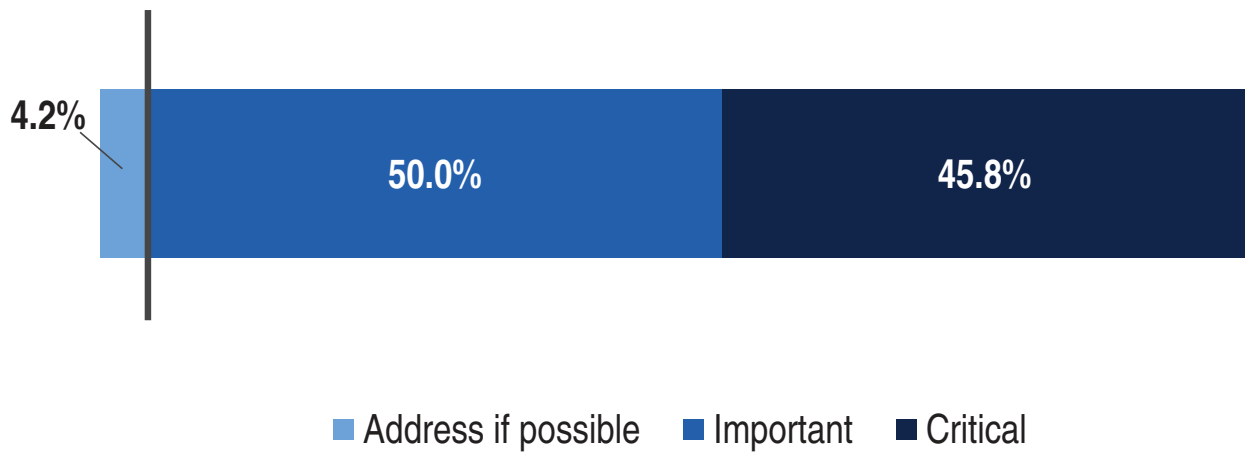
Emerging Area # 5 | Victim-Centered Restorative Justice

"We hear more and more from folks that we're working with that, that **they want alternatives to the criminal justice system.**" (S1)

"When it comes to working with domestic violence victims and harm doers we've got a lot more to learn and have to come up with some different options for that…**we have to come up with different models of holding harm doers accountable that victims feel [and] keeps them safe**." (S3)

Gaps:
- Traditional legal remedies may not fully address victims' needs
- Desire for alternatives to criminal justice system for sexual assault survivors
- More to learn about how to use restorative justice practices with domestic violence victims

Opportunities:
- Ability to seek a resolution outside formal processes
- Interventions and diversion programs can prevent reoffending behavior
- May help to keep the family unit intact

Emerging Area # 5 | Victim-Centered Restorative Justice

2022

Priority #11

Promote the use of evidence-informed (or promising) and evidence-based practices and programming that have been successfully implemented with diverse victim populations.

Victim-centered restorative justice is an evidence-informed (or promising practice) that may have therapeutic benefits for certain victim populations.

Emerging Area # 5 | Victim-Centered Restorative Justice

2022-2026 Recommended Priority Funding Areas

2022 Recommended Priority Funding Areas

Increase awareness and access

Address victims' needs

Victim-centered and -informed

Implementation, outcomes, sustainability

Increase Awareness and Access

- Fund initiatives that raise the public's awareness of victim services, including eligibility criteria, service options, and program efficacy.

- Increase funding for programs that improve victims' timely access to services, such as through co-located services and remote service options.

- Fund initiatives that advance victims' equitable service access and engagement in services, with a focus on underserved victim populations.

- Fund efforts to prevent (re)victimization through programming that increases victims' protective factors and decreases vulnerabilities.

2022 Recommended Priority Funding Areas

Address Victims' Needs

- Increase funding to address victims' fundamental needs, or those needs that if left unmet inhibit victims' engagement in services needed for healing.

- Fund direct core services to victims of all crime types, including community violence.

- Fund services that address victims' long-term mental health, legal, and housing needs.

2022 Recommended Priority Funding Areas

Victim-Centered and -Informed

- Support programs that address the impact of multiple victimization experiences, such as the intersection of gender-based violence and community violence.

- Promote community-driven multidisciplinary responses to victimization, coalition building efforts and expanded use of technology to facilitate collaboration.

- Expand trauma-informed and trauma-focused service availability and support efforts to mitigate staff vicarious trauma.

2022 Recommended Priority Funding Areas

Implementation, Outcomes, Sustainability

- Promote the use of evidence-informed (or promising) and evidence-based practices and programming that have been successfully implemented with diverse victim populations.

- Fund activities that support program evaluation efforts through data collection and reporting and increase providers' capacity to document meaningful victim outcomes.

2022 Recommended Priority Funding Areas

Member Comments

Up Next

Break

Member Vote

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INCREASE AWARENESS AND ACCESS

- Fund initiatives that **raise the public's awareness of victim services**, including eligibility criteria, service options, and program efficacy.
- Increase funding for programs that **improve victims' timely access to services**, such as through co-located services and remote service options.
- Fund initiatives that **advance victims' equitable service access and engagement in services**, with a focus on underserved victim populations.
- Fund efforts to **prevent (re)victimization** through programming that increases victims' protective factors and decreases vulnerabilities.

VICTIM-CENTERED AND -INFORMED

- Support programs that **address the impact of multiple victimization experiences**, such as the intersection of gender-based violence and community violence.
- **Promote community-driven multidisciplinary responses** to victimization, coalition building efforts and expanded use of technology to facilitate collaboration.
- **Expand trauma-informed and trauma-focused service** availability and support efforts to **mitigate staff vicarious trauma**.

ADDRESS VICTIMS' NEEDS

- Increase funding to **address victims' fundamental needs**, or those needs that if left unmet inhibit victims' engagement in services needed for healing.
- **Fund direct core services** to victims of all crime types, including community violence.
- Fund services that **address victims' long-term mental health, legal, and housing needs**.

IMPLEMENTATION, OUTCOMES, SUSTAINABILITY

- **Promote the use of evidence-informed (or promising) and evidence-based practices** and programming that have been successfully implemented with diverse victim populations.
- Fund activities that **support program evaluation efforts** through data collection and reporting and **increase providers' capacity** to document meaningful victim outcomes.

2022-2026 Recommendations for Victim Service Priority Funding Areas

Center for Victim Studies, Research & Analysis Unit
Illinois Criminal Justice Information Authority

Authority Board Meeting
June 16, 2022

Goal

Vote on the priority areas for the next Illinois victim services funding cycle

➤ **Key findings from the 2021-2022 Victim Service Planning research initiative**

➤ **Proposed 2022-2026 victim service priority areas**

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2017-2021 Priority Funding Areas

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

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

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

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

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

Five Emerging Areas

| Equity in victim services | Prevention | Technology | Vicarious trauma | Victim-centered restorative justice |

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Methods

 Reviewed literature

 ICJIA research

 Analyzed datasets

 Multi-method victim service provider study

 Reviewed grantee materials

 Breakout Sessions

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2022 Victim Services Planning Committee Meetings

January 27th

Presentations

- Funding Overview
- 2017-2020 Victim Service Funding Priorities
- Emerging Victim Service Focus Areas

Breakout Sessions

March 10th

Presentation

- 2022-2026 Recommendations for Priority Funding Areas

Member Vote

Implementation Discussion

Icons made by Flaticon from www.flaticon.com

Raise Awareness of Services

Priority # 1

"For us, the main thing is getting the victims to know – and I'm talking victims on the street – letting victims know we're here." (FG3)

Greater awareness of:

- How violence impacts communities
- What violence actually looks like and the signs
- Who qualifies for victim services
- What services are available
- How services can benefit them
- De-stigmatizing victim service receipt

2017

Fund initiatives that raise the public's awareness of victim services.

2022

Fund initiatives that raise the public's awareness of victim services, including eligibility criteria, service options, and program efficacy.

Improve Victims' Timely Access to Services

Priority # 2

Most meaningful points of contact for facilitating victim help seeking

Category	Percentage
Law Enforcement	44%
ERs/Health Clinics	39%
Courthouse	39%
Community Centers	21%
Schools/Colleges	15%

70%

of victim service providers surveyed say they began providing services virtually in response to the pandemic.

Benefits:
- Improved service efficiency
- Increased partner engagement & collaboration
- Expanded service options for under resourced communities & underserved populations

Challenges:
- Unequal access to technology and Internet
- Victims may disclose confidential information in public settings with Internet access
- Virtual platforms not a good forum for group services
- Smaller agencies have limited resources to scale up remote services
- Can't read/observe body language

2017

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

Increase funding for programs that improve victims' timely access to services, such as through co-located services and remote service options.

Priority # 2 | Improve Victims' Timely Access to Services

Equity in
Victim Services

Priority #3

Underserved Victims

- Distinct from "underrepresented"

- Gap between communities most impacted by crime and those most likely to seek services

- Equity and trauma-informed lenses needed to reach and engage underserved populations

- Training for staff to identify underserved populations and provide culturally- and linguistically-appropriate care

Priority #3 | Equity in Victim Services

Equity in Victim Services

For Research

- Data capacity building

- Representation in studies

- "Informal sources" of data

For Grantmaking

- Grantee capacity building

- Representation within SAA staff

- Stakeholder relationships

Equity is a process, not a destination.

(Warnken, 2021)

Priority #3 | Equity in Victim Services

2017

Increase funding of services for underserved victims of crime.

2022

Fund initiatives that advance victims' equitable service access and engagement in services, with a focus on underserved victim populations.

Prevention

Priority Area #4

Efforts to decrease vulnerability and increase resiliency

VSPs want to provide prevention services but need flexibility in funding.

Prevention strategies help mitigate future harm to victims and survivors.

VSPs suggest that schools and early childhood organizations provide great opportunities to start prevention work.

"I feel like we consistently are bailing out a boat with a spoon instead of fixing the boat. We're never going to get anywhere without being able to provide **prevention in the education services**." (FG5)

"There is **not a ton of funding for prevention work** which could make a massive impact on folks...and **trying to not just be reactive after harm has occurred**." (FG1)

Icons made by Flaticon from www.flaticon.com

2022

Fund efforts to prevent (re)victimization through programming that increases victims' protective factors and decreases vulnerabilities.

Priority #4 | Prevention

Fundamental
Needs

Priority #5

Financial assistance can help support:

Child care

Food

Hygiene supplies

Transportation

Technology needs during COVID

Utility bills

"**Fundamental needs [are] fundamental**…if [victims] can't get access to [a safe place, transportation, food, they] can't focus on anything else or not really well." (S1)

2017

Increase funding to address fundamental needs of crime victims.

2022

Increase funding to address fundamental needs of crime victims, or those needs that, if left unmet, inhibit victims' engagement in services needed for healing.
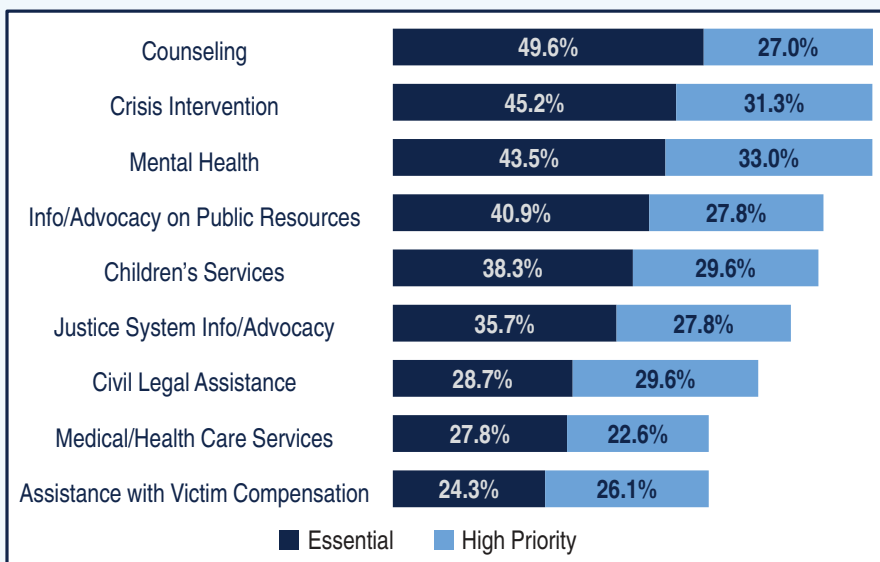
Core Services

Priority # 6

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

	Essential	High Priority
Counseling	49.6%	27.0%
Crisis Intervention	45.2%	31.3%
Mental Health	43.5%	33.0%
Info/Advocacy on Public Resources	40.9%	27.8%
Children's Services	38.3%	29.6%
Justice System Info/Advocacy	35.7%	27.8%
Civil Legal Assistance	28.7%	29.6%
Medical/Health Care Services	27.8%	22.6%
Assistance with Victim Compensation	24.3%	26.1%

■ Essential   ■ High Priority

Mental Health

57%

57% of VSPs who said that mental health was essential or high priority **do not** provide in-house services.

Community violence

- Recognize intersecting nature of community violence with other forms of victimization, as well as its roots.

- Increase collaboration among those working to address community violence, gender-based violence, and childhood trauma.

- Understand survivors have a wide range of complex needs, often stemming from multiple victimization experiences.

"You really **can't address community violence in a meaningful way if you aren't addressing what's happening in the homes** and what's happening to children as they're growing up." (S6)

"**They're components of the same kind of violence** and we need to work much better together…We've got to be able to...lift up people, lift up entities that provide services and are creating programs. But we need to take the next step and that is **work better together in addressing what the root causes are**." (S3)

2017

Fund core direct services to victims of all crime types.

Fund core direct services to victims of all crime types, including community violence.
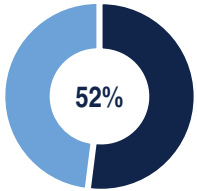
Long-Term Services

Priority # 7
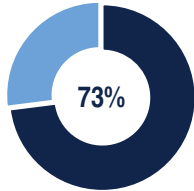
Mental Health

Barriers have led service providers to refer these long-term services to other agencies

COUNSELING

52%

MENTAL HEALTH

73%

Legal Services

DV victims need longer term civil legal aid in cases of immigration, divorce, and child custody (Vasquez, 2017)

7 out of 24 Illinois judicial districts have **no** legal assistance service providers located within the district (Gatens, 2020).

"We have 1 lawyer for every 9,477 victims that needs service." (FG1)

Housing

Service providers have limited capacity to address victims' longer term housing needs

Priority # 7 | Long-Term Services

2017

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

Priority # 7 | Long-Term Services

2022

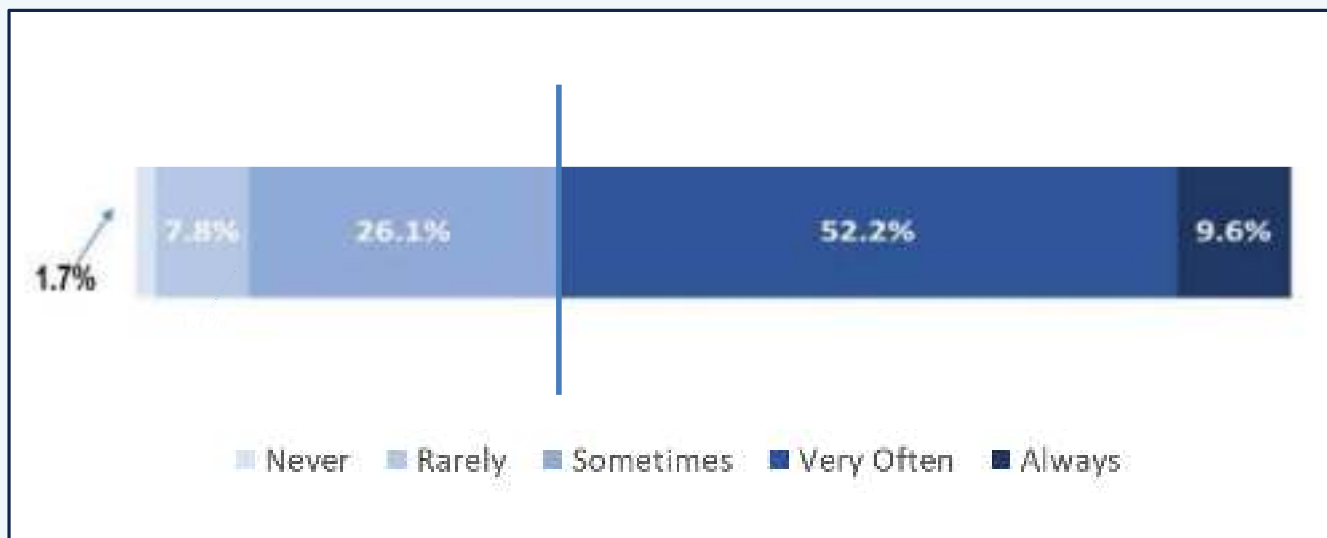Fund services that address victims' long-term mental health, legal, and housing needs.

Multiple Victimization Experiences

Priority # 8

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

1.7%
7.8% 26.1% 52.2% 9.6%

☐ Never ☐ Rarely ☐ Sometimes ■ Very Often ■ Always

Priority # 8 | Multiple Victimization Experiences

Gaps

Service providers may serve *only one* victimization type

Funders are less likely to extend opportunities for providers to serve multiple victimization types

Opportunities

More education for providers and funders on the needs of those with a history of multiple victimization experiences

Recognize and attend to both victims' intersecting identities and their victimization histories

"If we keep **siloing these different kinds of violence** it is only going to keep us from better understanding what good solutions are and how community-based they are." (S3)

"You really can't address **community violence** in a meaningful way, if you aren't addressing what's happening in the homes and what's happening to children as their growing up." (S6)

Priority # 8 | Multiple Victimization Experiences

2017

Encourage development or expansion of programs that address the impact of multiple victimization experiences.

2022

Support programs that address the impact of multiple victimization experiences, such as the intersection of gender-based violence and community violence.

Multidisciplinary Responses

Priority # 9

Opportunities for Improvement

Elevate multidisciplinary responses to include collaborative agencies beyond criminal justice partners (e.g., law enforcement, courts)

Promote community-driven multidisciplinary approaches to victimization

Encourage better networks and spaces for service providers and victim advocates to collaborate

"**The victim services community needs to make better connections together.** Community violence and domestic violence do not exist outside of each other… We need to work much better together in addressing what the root causes and solutions are." (S3)

"Setting up systems, more formal systems, having **a process in place that sort of transcends the individual connections**, which are super important. I don't mean to minimize the individual connections that folks and all agencies have with one another, but if there's nothing else there once those individual connections go then there's nothing else there. So, **formal processes of trading information, or making referrals** or having that kind of system set up can make a difference." (FG3)

Priority # 9 | Multidisciplinary Response

2017

Promote multidisciplinary responses to victimization. ,

2022

Promote community-driven multidisciplinary responses to victimization, including coalition building efforts and expanded use of technology to facilitate collaboration.

Trauma Services

Priority #10

Crucial to design the service delivery environment around trauma and understand its complex role in victims' lives.

Understand that people are more than just a survivor.

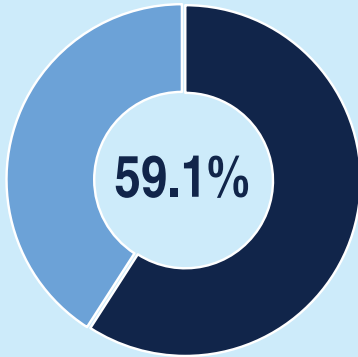Become more trauma-specific vs. trauma-sensitive

Acknowledge the length of a person's life and not just the violence they experienced.

Recognize the whole person

"We do need to pay more attention to victim-centered and trauma-informed and look at multiple victimizations... **We have to understand that people have experienced lots of different kinds of trauma**." (S3)

Staff Experiences:
- Covering multiple jobs
- Working extra hours without adequate pay & benefits
- Trying to meet more clients needs than ever before due to the pandemic
- Have observed signs of compassion fatigue

Impacts:
- Inability to serve clients if staff are unhealthy
- Staff turnover
- Lost productivity
- Invest in training staff who leave for other opportunities

59.1%

Concerned about **vicarious trauma** impacting staff

"**We can't do our job, if we're not okay, healthy enough to do our job**. We, we can't, we can't serve the populations that we, we really want to." (S1)

Priority #10 | Trauma Services

2017

Encourage trauma-informed and trauma-focused services for victims of crime.

Priority #10 | Trauma Services

Expand trauma-informed and trauma-focused service availability and support efforts to mitigate staff vicarious trauma.

Priority #10 | Trauma Services

Evidence-Informed Practices

Priority #11

"There is lots of research on effective services. We should **not accept that no research or evidence exists for the services provided**." (S5)

"Education is needed for professionals as well as communities. …**it's important that people from different experiences are involved in providing that education, not just counselors and social workers, but also individuals who were victims of violence or not far removed from these experiences**. It's important for them to have a say and provide input …about how we're educating others about these issues." (S1)

"I also think that **evidence-based stuff tends to leave out some really meaningful and helpful practices based within culture and communities**, and essential to the healing of survivors and feeling a better sense of wholeness and restoration." (S4)

Importance:
- Understanding service effectiveness
- Program management
- Improving/adapting services

Gap: More education on evidence-informed/based programs and practices is needed

Challenge: Often do not consider specific victim subgroups and/or cultures

Priority #11 | Evidence-Informed Practices

Restorative Justice Practices

Apology Program

Letter written by offender who seeks to accept responsibility for actions and pain caused. Victim chooses whether to access apology letter.
(Pavelka & Seymour, 2019)

- Has been implemented in Minnesota, Nebraska, Pennsylvania, Vermont, and Washington.
- Limited research examining victim outcomes.
(Shenoy, 2012; MN DOC, 2019; Cato, 2013)

Conferencing

Organized by trained facilitator. Includes victims, offenders, family, friends, and/or other stakeholders. Goal is to seek a resolution and reparations.
(Armstrong, 2012; Latimer et al., 2005; Wilson et al., 2017)

- Increased victim satisfaction compared to traditional criminal system processes.
- Victims perceived offender apology to be more sincere.
- Reduced PTSD symptoms.
(Angel, et al., 2014)

Victim-Offender Dialogue

Facilitated by a trained mediator. Discussion between victim and offender of crime in a safe and structured setting.
(Shenoy, 2012; MN DOC, 2019; Cato, 2013)

- Increased victim satisfaction compared to traditional criminal system processes.
- Victims feel less fear or alienation compared to control group.
- Provides victims with a sense of closure and healing.
(Shenoy, 2012; MN DOC, 2019; Cato, 2013)

Priority #11 | Evidence-Informed Practices

2017

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

2022

Promote the use of evidence-informed (or promising) and evidence-based practices and programming that have been successfully implemented with diverse victim populations.

Data Collection, Outcomes, Evaluation

Priority # 12

Importance:
- Necessary for public trust
- Increases return on investment

Gap: Adequate funding for these activities

Opportunity:
- Standardization of data collection requirements would minimize burden on providers.
- Increasing capacity to collect, analyze, and interpret data

"When we're talking about the amount of public funding, and the amount of public trust that is put in us as organizations, I think that **we just cannot continue to overlook the importance of showing [data]**. It's one thing to say, 'Yes we're doing a good job.' It's another thing to show you're doing a good job, or that you need to change or that you're listening." (S4)

"It's not often that you see funding for evaluations. I know that you all provide some of that…**oftentimes, evaluation's a small percentage of the budget**." (S1)

"The most frustrating issue is that there is **no standardization**...which is difficult." (S1)

2017

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

2022

Fund activities that support program evaluation efforts through data collection and reporting, and increase providers' capacity to document meaningful victim outcomes.

2022 Recommended Priority Funding Areas

Increase awareness and access

Address victims' needs

Victim-centered and -informed

Implementation, outcomes, sustainability

Increase Awareness and Access

- Fund initiatives that raise the public's awareness of victim services, including eligibility criteria, service options, and program efficacy.

- Increase funding for programs that improve victims' timely access to services, such as through co-located services and remote service options.

- Fund initiatives that advance victims' equitable service access and engagement in services, with a focus on underserved victim populations.

- Fund efforts to prevent (re)victimization through programming that increases victims' protective factors and decreases vulnerabilities.

2022 Recommended Priority Funding Areas

Address Victims' Needs

- Increase funding to address victims' fundamental needs, or those needs that if left unmet inhibit victims' engagement in services needed for healing.

- Fund direct core services to victims of all crime types, including community violence.

- Fund services that address victims' long-term mental health, legal, and housing needs.

2022 Recommended Priority Funding Areas

Victim-Centered and -Informed

- Support programs that address the impact of multiple victimization experiences, such as the intersection of gender-based violence and community violence.

- Promote community-driven multidisciplinary responses to victimization, coalition building efforts and expanded use of technology to facilitate collaboration.

- Expand trauma-informed and trauma-focused service availability and support efforts to mitigate staff vicarious trauma.

2022 Recommended Priority Funding Areas

Implementation, Outcomes, Sustainability

- Promote the use of evidence-informed (or promising) and evidence-based practices and programming that have been successfully implemented with diverse victim populations.

- Fund activities that support program evaluation efforts through data collection and reporting and increase providers' capacity to document meaningful victim outcomes.

2022 Recommended Priority Funding Areas

? Questions

Next Steps

✓ Board Approval

📄 Victim Services Planning Report

🎙️ INCREASE AWARENESS AND ACCESS

- Fund initiatives that **raise the public's awareness of victim services**, including eligibility criteria, service options, and program efficacy.
- Increase funding for programs that **improve victims' timely access to services**, such as through co-located services and remote service options.
- Fund initiatives that **advance victims' equitable service access and engagement in services**, with a focus on underserved victim populations.
- Fund efforts to **prevent (re)victimization** through programming that increases victims' protective factors and decreases vulnerabilities.

💙 VICTIM-CENTERED AND -INFORMED

- Support programs that **address the impact of multiple victimization experiences**, such as the intersection of gender-based violence and community violence.
- **Promote community-driven multidisciplinary responses** to victimization, coalition building efforts and expanded use of technology to facilitate collaboration.
- **Expand trauma-informed and trauma-focused service** availability and support efforts to **mitigate staff vicarious trauma**.

🔒 ADDRESS VICTIMS' NEEDS

- Increase funding to **address victims' fundamental needs**, or those needs that if left unmet inhibit victims' engagement in services needed for healing.
- **Fund direct core services** to victims of all crime types, including community violence.
- Fund services that **address victims' long-term mental health, legal, and housing needs**.

📊 IMPLEMENTATION, OUTCOMES, SUSTAINABILITY

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- Fund activities that **support program evaluation efforts** through data collection and reporting and **increase providers' capacity** to document meaningful victim outcomes.

2022 Recommended Victim Service Priority Funding Areas

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