State of Illinois
JB Pritzker, Governor

Illinois Criminal Justice Information Authority
Delrice Adams, Acting Executive Director

ADDRESSING THE NEEDS OF SURVIVORS OF HOMICIDE VICTIMS: AN EVALUATION OF THE CHICAGO SURVIVORS PROGRAM

ICJIA
Illinois Criminal Justice Information Authority

[PAGE INTENTIONALLY LEFT BLANK]

Addressing the Needs of Survivors of Homicide Victims: An Evaluation of the Chicago Survivors Program

Emilee Green, Research Analyst
Jessica Reichert, Senior Research Analyst
Alysson Gatens, Research Analyst
Jacob Reed, Research Intern
Morgan McGuirk, Research Analyst

Center for Justice Research and Evaluation
Illinois Criminal Justice Information Authority

The authors would like to recognize the contributions of Emmanuel Conde, Sharyn Adams, Jacquelyn Gilbreath, Timothy Lavery, and Cristin Evans.

This evaluation was supported by Grant 2016-DJ-BX-0083, 2017-DJ-BX-0071, and 2018-DJ-BX-0761 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the Authority or the U.S. Department of Justice.

Suggested citation: Green, E., Reichert, J., Gatens, A., Reed, J., & McGuirk, M. (2021). *Addressing the needs of homicide survivors: An evaluation of the Chicago Survivors program.* Illinois Criminal Justice Information Authority.

Illinois Criminal Justice Information Authority
300 West Adams, Suite 200
Chicago, Illinois 60606
Phone: 312.793.8550
http://www.icjia.state.il.us

Table of Contents

Executive Summary

Introduction

Although any death of a loved one can be difficult to emotionally process, the violent and unexpected nature of homicide is particularly challenging for remaining family members and friends (Levey et al., 2016). Processing grief, navigating the complex criminal justice system, and continuing to fulfill daily responsibilities can be overwhelming for survivors of homicide victims and can result in lasting psychological trauma (van Denderen et al., 2016). Survivors may develop posttraumatic stress disorder (PTSD), suffer from intrusive thoughts, or take extreme measures to avoid reminders of the homicide (Bastomski & Duane, 2019). Survivors may be hesitant to share these struggles with their family and friends for fear of being a burden (Masters et al., 1988).

The needs of survivors are manifold, but they can be generally subsumed into the following categories (Horne, 2003):

- Psycho-emotional support and counseling
- Practical/concrete services
- Criminal justice advocacy

Several organizations have emerged at both national and local levels to address these survivors' needs. These organizations can introduce healthy coping tools for better long-term recovery, refer survivors to emotional and financial assistance, and provide an ongoing support system for individuals who find it difficult to recreate a sense of normalcy (DeYoung & Buzzi, 2003). In general, the services these organizations provide can be integral to the mental well-being and recovery of survivors of homicide victims.

Current Study

We examined Chicago Survivors, a Chicago-based homicide survivor organization. Data collection and analysis occurred from July 2019 through January 2021. The program provides supportive counseling, financial assistance, practical assistance, funeral planning, memorial services, support groups, and criminal justice advocacy to survivors of homicide victims. The services aim to provide personalized care needed for healing and mental well-being and help survivors find a sense of normalcy following the loss of their loved ones. In addition, the organization guides survivors through the criminal justice system and informs them of their rights, giving survivors a sense of control, which is also important for the healing process.

Chicago Survivors delivers these services through the use of specialized staff. Crisis responders are responsible for arriving at the scene of a homicide to provide emotional support, act as a liaison between survivors and law enforcement, and give information on Chicago Survivors' free services. If survivors agree to services, they are assigned a family support specialist who will work with them for up to six months. Family support specialists are non-clinical staff who provide supportive care and case management to the survivors and provide referrals for any other items or services they may need that the program cannot provide (e.g., childcare, transportation, furniture). Chicago Survivors also employs youth clinical counselors—licensed clinicians who work with any youth who may be impacted by homicide. The program also houses a criminal justice advocate who can guide survivors through the criminal justice system, including related

court and law enforcement processes. Upon completion of services, survivors may join the Community of Survivors, a long-term support group which meets throughout the city and hosts memorial activities, group dinners, and other community events.

Methodology

The goal of this evaluation was to learn more about the development of the program, determine important stakeholders' views of the program, and identify any barriers to program implementation and service delivery. To do this, we conducted semi-structured interviews with program staff (n = 11), partners (n = 7), and clients (n = 11). We also analyzed the program's administrative data, including a sample of client PTSD pre- and post-scores from July 2019 through December 2019. Clients' scores were measured through the Posttraumatic Stress Disorder Checklist (PCL-5), a validated tool for monitoring symptom changes and making provisional PTSD diagnoses (Weathers et al., 2013). This study was approved by the Illinois Criminal Justice Information Authority's Institutional Review Board.

Program staff were recruited and scheduled for study participation by the Chicago Survivors administration. Program partner contact information also was provided by Chicago Survivors. The partners were emailed several times requesting participation in a research interview. To recruit clients, the program recommended allowing family support specialists to describe the goal of the research to clients and request their participation. This allowed for clients to contact us out of their own volition in order to reduce potential re-traumatization. Although only 11 clients were able to be interviewed using this recruitment method, this sample size of survivors is consistent with those used in previous interview-based studies (Baliko & Tuck, 2008; Eliseeva, 2007).

Study Limitations

As with all research, there were limitations to this evaluation. First, all participants were curated through Chicago Survivors' administration and were current staff, partners, or clients of the program. We were unable to contact former staff, including those who quit or were fired. We only interviewed clients above the age of 18, omitting youth client feedback on the program. Our client sample was comprised of primarily middle-aged Black women, and although many of Chicago Survivors' clients fit this demographic, we cannot conclude that the experience of those in our sample was representative of all clients or survivors in Chicago.

Due to multiple changes in their case management system, the program could not provide detailed administrative data, besides PTSD scores, which matched the interview time period of July 2019 to December 2019. Instead, the administration agreed to provide what they could collect from January 2020 to September 2020. For this time period, the program was able to provide basic client demographic information, number and types of services provided, types of crisis funds for survivors, and number of referrals made. Program representatives sent a small sample of scanned client feedback surveys, but information garnered from them was limited with no way to verify whether a full collection of surveys was provided or just those with select responses. Other administrative data was unobtainable. Due to these limitations, most findings were garnered from interview data.

Evaluation Findings

Overall, interviews indicated Chicago Survivors was a successful program. Clients reported that the emotional support offered by the program was particularly impactful, while program partners valued Chicago Survivors' reliability and the unique role the organization served in the homicide process. Staff generally felt supported and felt they had received appropriate resources for their work. Interviews showed Chicago Survivors' overall success at improving the lives of survivors of homicide victims, but interview participants noted certain program challenges, described below. Attempts to overcome these challenges may require additional resources.

Clients Served

According to administrative data, Chicago Survivors were notified of, and responded to, 520 homicides from January 2020 to September 2020, or 88.14% of all 590 Chicago homicides recorded during that period (Chicago Sun Times, n.d.). From those responses, the program served approximately 1,203 individuals.

Improvement in Posttraumatic Stress Disorder (PTSD). We analyzed pre- and post-test scores that measured PTSD symptoms and severity. Based on DSM-5 diagnostic criteria, the pre-tests showed before the program, 53 clients, or 55.8%, had a probable PTSD diagnosis. The post-tests showed after the program, 23 clients, or 24.2%, had a probable PTSD diagnosis. We could not determine, however, the extent to which the program contributed to that improvement. The participants' average PTSD severity score before the program was 35.8 and after the program, it was 22.4. Based on a validated measure of PTSD, 78% of participants responded to services and 56% had clinically meaningful improvement.

Supportive Counseling. All clients interviewed expressed satisfaction and appreciation for the services provided by Chicago Survivors. The clients indicated they learned valuable coping techniques from their specialists. Interviewees stated staff's active listening skills were helpful, particularly in families that had been hesitant to communicate their feelings. The clients also felt that staff were reliable and highly motivated when addressing their needs. This reliability was particularly important when a homicide case remained unresolved.

Practical Assistance. The clients reported that practical assistance offered by the program such as clothing, food, bus passes, and gift cards was beneficial. Chicago Survivors also assisted families with relocation if they felt they were in danger at their current location. After families relocated, even to the Chicago suburbs, specialists continued to offer services, which was greatly appreciated by program clients.

Partnerships. Chicago Survivors partnered with many organizations throughout the city (e.g., hospitals, law enforcement, social services) to expand services for clients and to extend the program's reach across Chicago. Partners expressed satisfaction with the communication and support of Chicago Survivors for their own organizations. Specifically, law enforcement emphasized the importance of Chicago Survivors' services when police officers could no longer offer their help. Overall, Chicago Survivors plays an important role in assisting survivors of

homicide victims and the program is well-received by partners in social service and law enforcement.

Program Recommendations

Based on the interviews, we offer the following suggestions to improve the Chicago Survivors program, while recognizing that these recommendations likely require additional resources to implement.

Increase Number of Staff Providing Direct Service. The clients, staff, and partners noted challenges due to the length of services provided by Chicago Survivors. However, staff noted that length of services cannot currently be extended, as the program operates with a limited number of staff to assist with the large volume of homicide cases and clients. Further, the intensity of services provided to clients can exacerbate the burden on limited staff. Always being on call for clients may also increase staff burnout. If possible, the number of staff should be increased to handle the large and intensive cases and clients in need of myriad services and supports. In addition, staff time is needed during the week to practice self-care, as needed.

Focus on Staff Well-Being and Recognition. All interviewees stressed the importance of addressing the staff's emotional well-being because of the intense toll of their jobs. Some staff expressed the need for more opportunities to address self-care to avoid vicarious trauma and burnout. Although the program does provide some self-care opportunities, participants suggested increased staff retreats and self-care days instead of staff training, as most staff indicated they were well-trained and had many opportunities already to continue training. Additionally, it is recommended that staff's work is recognized both within and outside of Chicago Survivors to remind staff of their importance. Examples of this recognition include expanding homicide survivor program funding throughout the state and taking moments to highlight staff successes and breakthroughs on a continual basis.

Improve Program Awareness and Knowledge. The clients and partners both indicated that knowledge of the program should be expanded throughout the Chicagoland area. Very few clients knew of the program before the loss of their loved one, and law enforcement outside of the Bureau of Detectives at the Chicago Police Department were rarely aware of the program, leading to challenges for crisis responders when working with patrol officers at homicide scenes. For example, some crisis responders noted that officers were rude or would not allow them to interact with families at the crime scene. One suggestion is for police department administrators to expand training and information on Chicago Survivors to patrol officers, new officers, and police administration. A community awareness campaign about the program through marketing (e.g., driver's license plates, shirts, car stickers) also could be effective.

Enhance Agency Coordination. The staff and partners of Chicago Survivors expressed various challenges with agency coordination in part because of other organizations that provide similar homicide services in Chicago. This created confusion and stress for survivors who were unsure of which program's services to accept. Therefore, Chicago Survivors should help to mitigate further victimization by broadening their coordination of homicide response to include more of the agencies that work in this space in Chicago (e.g., Institute for Nonviolence Chicago

and Communities Partnering 4 Peace). Interviewees suggested that Chicago Survivors may serve as a strong central hub to dispatch and coordinate agency interaction with survivors due to its unique service model and wealth of experience, but they noted that this should be negotiated with the other organizations.

Increase Communication with Chicago Police Department. While some indicated the working relationship with Chicago Police Department had improved over time, staff and clients expressed frustration with perceived lack of updates on homicide investigations. In addition, the interviews revealed a lack of knowledge on how a homicide investigation works. Chicago Survivors should make efforts to address these challenges with the Chicago Police Department.

Improve Data Collection Policies and Procedures. Many Chicago Survivors staff described challenges with the program's electronic case management system because of changes in and inexperience with the current technology. Also, interviewees indicated that staff members may classify their work time inconsistently, leading to inaccuracies in their data entry. This severely limited the type of analyses that could be conducted as part of this evaluation. If the existing system is used, staff require system training and oversight. Another recommendation is to frequently review data entry protocols with staff. Data entry improvements will allow for more advanced analyses in future evaluations and increase the feasibility of an outcome evaluation.

Future Directions in Research. Prior research indicates that gender roles can complicate the grieving process. For example, studies on traditional masculinity find that men struggle to grieve properly because they feel they need to repress their emotions (Kenney, 2003). As none of the clients interviewed in this evaluation were men, future research should specifically examine men's coping mechanisms when participating in a survivor program. Additionally, future research should explore how race and socioeconomic status impact program participation. Finally, all the clients in this evaluation were survivors of a victim of gun violence. Future research should explore how survivor programs affect survivors of victims of other forms of violence, such as domestic violence or mass shootings.

Section 1: Introduction

The United States saw 19,141 homicides in 2019 (Centers for Disease Control [CDC], n.d.), and Chicago recorded 775 homicides in 2020 (Chicago Sun Times, n.d.). Research estimates up to 15% of all adults have experienced the death of a loved one due to homicide (Bastomski, & Duane, 2019). Despite reductions in crime nationally, violent crime continues to be high in urban areas (Gramlich, 2019; Sweatt et al., 2002). Research has identified that underserved neighborhoods, characterized by both socioeconomic and racial inequality, are linked with higher rates of violence (Mays et al., 2007; Riddell et al., 2018; Smith & Patton, 2016; Williams et al., 2006). A study from Berthelot (2009) found that Black individuals with low incomes and those living in neighborhoods with concentrated disadvantage are at highest risk of victimization (Smith & Patton, 2016). In addition, police shootings and other forms of state-sanctioned violence used against these communities can negatively impact the psychological well-being of their residents, both directly and indirectly (Ang, 2020). A high prevalence of violent crime and homicide, as well as arrests and incarcerations, can further harm communities with already limited resources (Reichert, 2019).

Further, homicides are often sudden and violent, offering little opportunity of preparation for the event by family members or friends. Loved ones are often referred to as "homicide survivors," "secondary victims," or "co-victims" (hereafter referred to as survivors; Bastomski & Duane, 2019; Levey et al., 2016; Pastia & Palys, 2016). Survivors of these experiences may face unique mental health issues, as well as challenges dealing with the criminal justice system. Some survivors may feel revictimized by arduous police and court interactions (Englebrecht, 2014). These experiences can compound grieving and worsen long-term physical and mental health (Englebrecht et al., 2016). To address these needs, some communities have developed programs that offer an array of services and supports for survivors of homicide victims.

Chicago Survivors offers several services for homicide survivors in the greater Chicago area. These services include, but are not limited to, supportive counseling, financial assistance, practical assistance, funeral planning, memorial services, support groups, and criminal justice advocacy. We conducted a process evaluation of Chicago Survivors to determine if the program is operating as intended and to offer recommendations for policy and programmatic improvements to strengthen the program's services.

We examined the following research questions:

- How did Chicago Survivors develop and how does it operate (i.e., training, services, policies, procedures)?
- What are stakeholder (partners, staff, service providers, volunteers) and client views of the program?
- Who are the clients that the program serves?
- To what extent are there barriers to program implementation and service delivery?
- What is the feasibility of conducting an outcome study in the future?

Section 2: Literature Review

While survivors of homicide victims share the traumatic experience of losing a loved one to violence, their reactions to the crime and emotional needs for recovery may differ. Survivors may experience loss in substantially different ways; some experience mourning but are resilient and able to remain highly functioning (Doka, 2017; Gerrish et al., 2009), while others may find themselves incapacitated for a longer period following a loved one's death (Doka, 2017). Soydas (2020) found that survivors who were younger, female, had a history of mental illness, or had lost a child or spouse experienced higher symptom severity and functional impairment and required more assistance to meet psycho-emotional, practical (e.g., funeral planning), and advocacy needs. Some literature on bereavement notes the potential for posttraumatic growth (Calhoun & Tedeschi, 2006; Gerrish et al, 2009; Tedeschi & Calhoun, 2004); that an individual is "in some sense, left in a better psychological state as a result of struggling with the adversity" (Gerrish et al, 2009, p.226).

Psycho-Emotional Effects

The psychological effects of homicide can vary, even among survivors within the same family. However, survivors commonly experience grief and anger and share the risk of developing psychological or behavioral health problems.

Grief

Grief following the death of a loved one can influence every aspect of an individual's daily functioning. Research suggests grief transpires in two phases: the acute phase and the integrative phase. The acute phase occurs in the period immediately following a loss. Some of the outlined effects of acute grief include bodily distress, loneliness, intrusive images of the deceased, guilt, and hostility (Worden, 2018). As time passes, acute grief transforms into more integrative grief—bereaved individuals learn to live without the presence of their loved one and create new meaning in life, acknowledging that their grief may never fully dissipate (Thai & Moore, 2018).

Complicated Grief. Some individuals are unable to process grief in a healthy manner. *Complicated grief* refers to the inability to recreate meaning in life after a loss (Enez, 2018). While there is no clinical diagnosis for complicated grief, scholars have debated how to pathologize the experience of intense, prolonged grief that results in significant impairment (Maciejewski, et al., 2016). Distinct from depression, complicated grief may include signs such as the refusal to accept that a loved one has died, an inability to trust others, and difficulty acknowledging that loss has occurred (Crunk et al., 2017). Parents who experience the loss of a child may be at an increased risk of developing complicated grief, more so if they do not have other living children (McSpedden et al., 2017).

Anger

For some survivors, the emotions following the homicide of a loved one may not only include grief and anxiety, but intense anger. Survivors may fantasize about killing the person responsible for the homicide or redirect their anger at their lost loved one for participating in a high-risk lifestyle (Armour & Umbreit, 2012; Oklahoma County District Attorney's Office, n.d.). In cases of gang-related violence, the homicide may prompt gang members affiliated with the victim to seek out rival gangs for payback (Vigil, 2003). Temple (1997) indicated that friends of a victim

might also encourage retaliation and provide weaponry for other survivors, a form of vigilantism that can accompany a strong distrust of the criminal justice system.

Suicidal Ideation

Suicidal ideation, defined as thoughts surrounding or considering suicide, can be a risk among the bereaved, particularly for those who have developed complicated grief (Crunk et al., 2017). Suicidal ideation can lead to a higher risk of attempting suicide; persons with increased risk of suicide may have traits of aggression, impulsivity, and anxiety (Lewitzka et al., 2017). Latham and Prigerson (2004) found that suicidal ideation can develop equally in bereaved individuals who have a prior history of mental illness and in those who do not, but they theorized that personality style, religious beliefs, and the presence of other chronic illnesses may be influential factors.

Posttraumatic Stress Disorder

Grief and fear after a traumatic event that does not lessen over time and significantly affects one's work and life may be categorized as posttraumatic stress disorder (PTSD) (National Health Service, 2018). While not all individuals who experience trauma develop PTSD, certain factors may influence risk, such as childhood trauma or a lack of social support (National Institute of Mental Health, 2019). Symptoms include distressing memories, sleep disturbances, avoidance behaviors, and intrusive thoughts, and those with PTSD may feel anxious or frightened even though they are not in danger (American Psychiatric Association, 2013; National Institute of Mental Health, 2019). In one examination, Zinzow et al. (2011) found that young adult homicide survivors met the criteria for PTSD at four times the national rate.

Substance Misuse

Homicide survivors may be at increased risk of developing problems with drugs or alcohol (Rheingold et al., 2012). In research conducted by Sharpe et al. (2012), substance use was noted as a way of "numbing the pain" surrounding a loved one's murder (p. 163). Other researchers have suggested that substances may be used as a form of self-medication to manage trauma-related symptoms (Sheerin et al., 2016) and to provide relief from intrusive thoughts resulting from PTSD (Smith & Patton, 2016).

Practical Needs

In addition to requiring both immediate and long-term mental health care, survivors may also require more concrete or practical assistance. Previous research has shown that survivors may struggle with funeral planning, applying for financial compensation, and completing daily activities, such as doing laundry or buying groceries (Casey, 2011).

Funeral Expenses

To honor a loved one's memory, some survivors choose to hold funeral services. In Illinois, funeral services are not required, but for all deaths, a family member must obtain a death certificate for their loved one and a licensed funeral director must oversee the final disposition of the body (410 *ILCS* 535). Although funerals may assist in emotional healing, for many individuals, the process poses a significant financial burden. In 2017, the average cost of a funeral was between $7,000-$9,000 for services including embalmment, a casket, preparation, and transportation—this does not include cemetery fees, a monument, or flowers (Table 1). Not

all funerals are this expensive, but grieving persons may find it difficult to barter for cost or may not understand the prices involved; moreover, a funeral may be used by survivors to pay tribute to their loved one and this may further increase spending (Bern-Klug et al., 1999).

Table 1

Cost Breakdown of Funeral Services

Item	Cost
Funeral home basic fee	$2,100
Transporting remains	$325
Embalming	$725
Preparing body in other ways, such as makeup	$250
Facilities and staff to manage viewing	$425
Facilities and staff to manage funeral	$500
Hearse	$325
Service car	$150
Basic memorial package	$160
Metal casket	$2,400
Median cost of funeral with viewing and burial	**$7,360**
Vault	$1,395
Cost with vault	**$8,755**

Note. Adapted from National Funeral Directors Association, National Median Cost of an Adult Funeral with Viewing and Burial: 2017 vs. 2014.

Tangible Social Support

Previously mundane chores, such as laundry, buying clothing, grocery shopping, or cooking can easily overburden a survivor. Tangible social support, or practical assistance, has been identified as an important need for survivors. Bottomley et al. (2017) found receiving social support (e.g., providing transportation, running errands, offering childcare) protected homicide survivors from developing complicated grief. Those who did not receive this assistance experienced a higher number of trauma-related symptoms. The authors noted satisfaction regarding the availability and extent of these services was important regardless of the survivor's perception of needing these services.

Employment and Financial Assistance

Survivors need time to grieve the death of their loved one and this may require extended time off that may or may not be approved by employers. Research focusing on work-life balance has shown an increasing trend toward expected overwork (Boushey & Ansel, 2016); perhaps because of this, some survivors may not receive an adequate amount of time away from work to process their loss. In other cases, survivors with low socioeconomic status may be unable to frequently engage in services as they need to work to afford both their regular expenses and new expenses associated with the homicide (e.g., therapy, transportation to court) (Williams & Rheingold, 2015). In addition, the survivor may have lost economic support previously provided by their loved one (Vincent et al., 2015).

Advocacy and Assistance for Homicide Survivors

Survivors may interact with several groups in the aftermath of a homicide, including the police, hospital systems, funeral homes, bystanders, and the media. Survivors may be overwhelmed by the amount of paperwork they need to fill out, decisions they need to make, and questions they are asked to answer.

Crime Victim's Compensation Assistance

To address the financial impacts of being a crime victim, federal and state governments provide funding through crime victim's compensation programs. Survivors who are eligible for these funds can apply them toward medical expenses, counseling, funeral services, and other related needs (Illinois Attorney General's Office, n.d.). Survivors may be unaware these funds exist, as research has shown many individuals are not properly notified or guided through the process, despite laws mandating information about these programs is shared (Rutledge, 2011). In addition, survivors may not know where to find the application or how to apply and need assistance in completing the forms (Bastomski, & Duane, 2019; Kirkner & Houston-Kolnik, 2019). Also, some programs have strict eligibility requirements. Survivors may be denied financial support if they failed to submit a timely police report or if the homicide victim participated in criminal activity that contributed to their death.

Criminal Justice System Advocacy

Homicide survivors may be overlooked within the criminal justice system in favor of focusing on the perpetrator, leaving survivors to feel undervalued or irrelevant (Pastia & Palys, 2016). They may not be informed of arrests, court dates, the effect of a victim impact statement, or the location of a suspected perpetrator (Pastia & Palys, 2016; Reed & Caraballo, 2021). Criminal justice professionals may have unrealistic expectations of victims, misunderstand victims' awareness of criminal justice procedures, or be insensitive to how certain actions can exacerbate psychological trauma, leading to secondary victimization (Tapley, 2005). Thus, survivors may need guidance on the process, especially when police are unresponsive.

Media Advocacy

Waters et al. (2017) asserted that homicide is particularly newsworthy to media outlets due to its violent content and graphic imagery. Similar to the criminal justice system, news outlets may ignore survivors' needs in favor of their own, choosing only to report on specific stories or aspects that reflect news values, leading again to secondary victimization for survivors who may feel harassed by reporters (Mulley, 2008). While many survivor programs offer criminal justice advocacy, fewer offer media advocacy, and staff with social work or criminal justice backgrounds may not have training on how to communicate with media outlets (National Victim Assistance Academy, 2002).

Homicide Survivor Programs

Following the homicide of a loved one, some survivors experience anxiety, grief, PTSD, rage, and self-blame. Homicide survivor programs comprehensively address these needs (Connolly & Gordon, 2015). Research indicates it is critical for survivors to receive services immediately following the homicide. According to Horne (2003), the first eight weeks of the initial crisis period may be when survivors are most receptive to services. However, it is also important for

survivor organizations to emphasize that continuous support is available. Long-term emotional support is a primary service that survivor organizations may offer. To assist with practical needs, programs help guide survivors on how to apply for crime victim's compensation and provide referrals to other services needed (Office for Victims of Crime, n.d.). Programs also can vie for state or federal funding that can be routed to survivors or used to implement or improve services.

Psycho-Emotional Services

To address wide-ranging psychological needs, survivor programs offer psycho-emotional support and counseling. Several organizations offer in-person support groups where survivors can share stories and grieve with others who understand their pain. Other organizations provide 24/7 hotlines for victim assistance and links to private, supportive online groups (Survivor Resources, n.d.).

In certain instances, a victim's entire family may need individualized counseling. While some family members may be overwhelmed with grief, others may be furious and revenge-seeking. Others may be exhausted or dazed and show no emotion at all (Miller, 2009). This creates a challenge for clinicians who must develop a strategy for families with multiple needs. Morrall et al. (2011) emphasized that because the psychological effects of homicide can be devastating, it is important for families to have access to counseling that fits their emotional needs. Survivor programs may employ clinicians or specialists who offer in-home counseling services, assess level of need, and refer to internal and external services as necessary. Some homicide survivor programs also assess a survivor's likelihood of retaliation and take steps to address it (Kubrin & Weitzer, 2003).

Advocacy Services

Immediately following the homicide, survivor programs may be contacted by police or dispatcher with a request for a crisis responder to help family members navigate the needs of police at the scene (Vincent et al., 2015). For example, at the morgue, survivors may be faced with grotesque photos or even the body of their loved one to confirm the victim's identity. Survivor programs can guide families through the autopsy and identification process and explain, with patience and compassion, what survivors will be asked to do (Sklarew et al., 2012).

In one qualitative examination of homicide survivors' experiences with the Canadian criminal justice system, all survivors indicated that kindness and emotional sensitivity from criminal justice professionals was highly valued (Pastia & Palys, 2016). Training programs have been developed for local police officers and attorneys on how survivors experience the criminal justice system, the psychological effects of homicide, and actions criminal justice practitioners can take to encourage collaboration between survivors and law enforcement personnel (International Association of Chiefs of Police & Bureau of Justice Assistance, 2013).

Advocacy can go beyond that of an individual survivor and their relationship with the system; it may also extend to policy and improving the systems for others (Vincent et al., 2015). To counteract feelings of helplessness, some survivors may wish to take proactive roles within the program or their communities, and research has suggested that this can reduce the negative feelings associated with a lack of influence in the criminal justice system (Pastia & Palys, 2016).

Prior Research on Services for Homicide Survivors

Little research is available on services specifically available for homicide survivors. Extant research discusses the effects of grief and PTSD on survivors, as well as the various methods used for coping, but less is known about the effectiveness of targeted survivor services.

Williams and Rheingold (2015) found that homicide survivors who became involved with professional mental health services reported general satisfaction, but very few of their sample had engaged in those services. This was due to cost barriers and a lack of knowledge that the services were available. Professional counseling is one option for survivors, but therapists can be expensive, and they may not have specific training on how to interact with survivors whose experiences entangle grief, trauma, and violence (Bastomski & Duane, 2019). Trauma-focused therapies have shown promise for survivors of homicide victims, but these options are not always readily available and must continue to be rigorously evaluated for this population (Soydas et al., 2020).

Grief support groups provide an opportunity for survivors to share their experiences in safe spaces (Survivor Resources, n.d.). Although cost-effective and often peer-led, little research exists on this program style. Peer group facilitators have offered anecdotal support for the approach but note future research should identify which models of peer support are better than others (Levey et al., 2016).

Previous examinations into survivor programs have identified challenges that may affect service impact. The effectiveness of these types of programs may be directly impacted by their relationships with external agencies. One study concluded survivor programs must clarify their positions in the homicide process with law enforcement agencies and hospitals as, otherwise, the homicide survivor program may come off as disorganized, extraneous, or burdensome (Spilsbury et al., 2017).

While research indicates service availability is important for survivors' healing and mental well-being, it is unclear whether current interventions are appropriately targeting the many needs of this population (Alves-Costa et al., 2019). Additionally, the most effective methods of psycho-emotional support have yet to be determined. Grief intervention literature suggests qualitative research may provide a wealth of information on which services are most helpful and that a focus on the differences between sexes and age groups may inform service improvements (Andriessen et al., 2019).

Section 3: Chicago Survivors Program Overview

Chicago Survivors is a registered non-profit 501(c)(3) founded in 2010. The agency provides comprehensive services to address survivors' extensive needs through a victim-oriented perspective. The program is located in the Bridgeport neighborhood on Chicago's South Side.

Figure 1 shows a logic model for the Chicago Survivors program. A logic model visually depicts a program's resources, activities, outputs, and short- and long-term goals (Center for Violence Prevention and Intervention Research, 2019).

Program Structure

Program Funding

During the period studied, Chicago Survivors was supported with a $1.5 million grant through the ICJIA-administered, federal Community Violence program established through the Victims of Crime Act (VOCA) Crime Victims Fund. VOCA grants are intended to serve persons who have been victims of a crime. Funds for this program are collected through penalties and fees paid by those convicted of federal crimes (Office for Victims of Crime, 2020). The program also received a $608,000 grant through the Illinois Death Penalty Abolition program to support services to survivors of homicide victims through June 2022. Additionally, the program has held fundraisers and accepted donations from private citizens and other organizations.

Program Staff

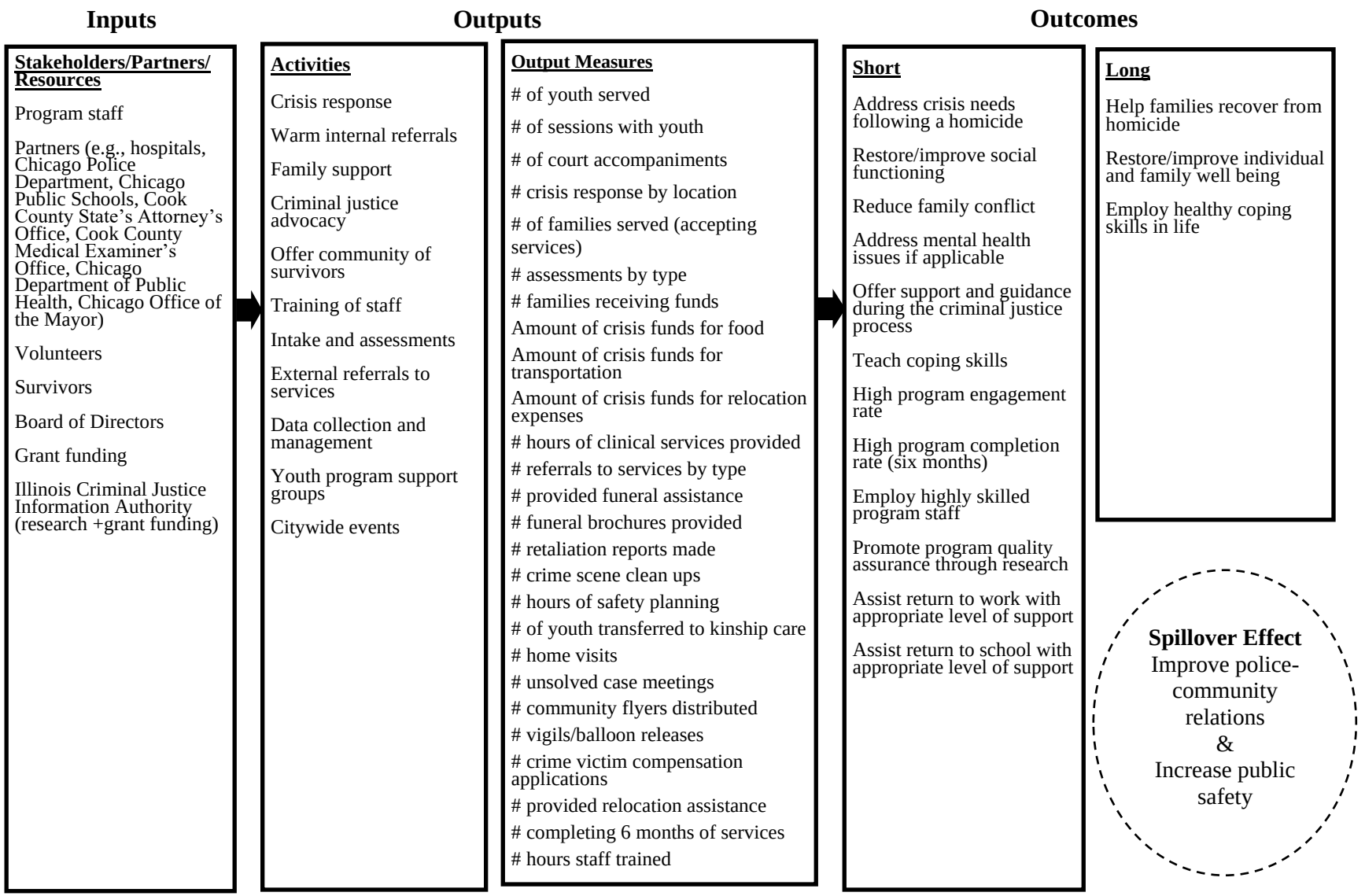
During the period studied, Chicago Survivors employed 20 staff members, including six managerial staff and 14 line staff. Staff by title include:

- Executive director (1)
- Deputy program manager (1)
- Fiscal operations manager (1)
- Crisis response manager (1)
- Youth program manager (1)
- Community of Survivors manager (1)
- Criminal justice advocate (1)
- Program support coordinator (1)
- Family support specialists (5)
- Crisis responders (4)
- Youth clinical counselors (3)

In addition to staff, Chicago Survivors is guided by an eight-member board of directors. The board provides mission-based leadership and strategic governance for the organization. The board establishes organizational structure; hires, evaluates, and determines compensation of the executive director; oversees the performance of the organization in implementing the organizational mission and strategies; establishes fiscal, personnel and other organization policies; reviews and approves budgets, financial statements, audits and financial plans; and assists in obtaining resources through personal contributions and fundraising efforts.

Figure 1

Chicago Survivors Logic Model



Staff Training. Chicago Survivors staff received a variety of training before engaging with survivors. After being hired, staff participate in an orientation, review the employee manual, and shadow others for two to four weeks to learn about each component of the program. Continuous training is part of the program model; staff described trainings on Psychological First Aid, Mental Health First Aid, natural disasters, Eye Movement Desensitization and Reprocessing (EMDR) (See EMDR Institute Inc., n.d.), vicarious trauma, working with LGBTQ+ populations, immigrants' rights, and how to fill out the state's crime victim compensation form. Twice each month, staff engaged in complex case consultations to discuss and analyze specific critical incidents and receive advice and feedback on how to proceed.

Program Services and Advocacy

Services are personalized for each survivor who can choose the level of support they wish to receive. Program services are offered to loved ones following any homicide within Chicago city limits. The following services are provided for up to six months to anyone living in Chicago:

- Immediate crisis response
- In-home family support and case management
- Youth programs and referrals
- Peer support and support groups
- Criminal justice advocacy and unsolved case meetings
- Data collection and management (Chicago Survivors, 2020)

Crisis Response

After a homicide occurs within Chicago city limits, a notification is sent out to Chicago Survivors by Chicago Police Department's Crime Prevention and Information Center, a fusion center[1] for agencies throughout Chicago to disseminate resources and respond to criminal activity in a coordinated manner (Chicago Police Department, 2017; PERF, 2019). Chicago Survivors then assigns a crisis responder to the case. The crisis responder attempts to contact the survivor in person as soon as possible to provide immediate crisis intervention and emotional support and to act as a liaison with law enforcement. Crisis responders can also arrange for emergency guardianship, request crime scene clean-up, accompany survivors to the medical examiner's office, and provide other support.

Crisis responders at Chicago Survivors work 12-hour shifts, most often 5 p.m. to 5 a.m. or 5 a.m. to 5 p.m. A typical schedule is two days working, two days off. During a shift, they are usually the program's only crisis responders on-duty and are responsible for responding to all homicides that occur during those hours. The number of homicides can vary by season and shift, but crisis responders may respond to as many as three or four homicides per shift. They attempt to respond to a homicide within two hours of being notified to provide as much immediate support as possible and maximize the opportunity to act as liaison between the survivors and law enforcement. Once dispatched, crisis responders may meet survivors at the scene of the crime,

[1] A fusion center is defined by the Chicago Police Department as "a collaborative effort of two or more agencies that provide resources, expertise, and information to the center with the goal of maximizing their ability to detect, prevent, investigate, and respond to criminal and terrorists activity" Chicago Police Department, 2017b).

the hospital, the morgue, their home, or any other location where they may be located immediately following the homicide.

Once survivors, who are potential clients, have been located, crisis responders explain the role of Chicago Survivors and the free services available through the program. If a survivor chooses to receive services, the crisis responder requests information—such as the safety and conditions of the family's home for visits—to help them tailor services to the needs of the victim's family. Homes with evidence of substance use or potential criminal activity may be deemed unsafe for responder visits and survivors may be asked to meet with staff at other locations. During this questioning, crisis responders may also employ a retaliation assessment to determine a survivor's likelihood of reacting to their loss with violence. If a survivor rates highly on this assessment, crisis responders may notify the police.

During this time, crisis responders aim to set up a "warm transfer" to a family support specialist (FSS). The FSS acts as the client's long-term case manager. To complete a warm transfer, crisis responders will either introduce the survivor to their FSS in person or, at minimum, provide the survivor a photo of their FSS, so that survivors are better prepared for the transition and understand why they are being assigned a new case worker. The program offers 24/7 crisis assistance through a free telephone helpline.

Family Support

After the transfer, the FSS provides continuous help, as needed, to survivors and their families. They can work with survivors for up to six months, but services may be extended on a case-by-case basis. Although FSSs are not licensed clinicians, they offer emotional support, guidance through the crime victim compensation process, help securing emergency crisis funds, referrals to external services (e.g., clinical therapy, social services, housing), and other support, as needed. FSSs provide outreach services, usually traveling to the survivors' location. The FSS will decide whether meeting with survivors in their homes is safe and appropriate (i.e., no evidence of substance use, criminal activity, or other events that could put the FSS in danger).

FSSs meet with survivors at their convenience, which may be once a week, every other week, or monthly. At the first meeting, the FSS will use a variety of assessments to determine each survivor's needs. First, they conduct a PTSD assessment; though a PTSD assessment cannot be used to clinically diagnose a survivor, it can highlight the survivor's symptoms and behaviors so that they become more aware of the sensations they are experiencing. Next is a daily functioning assessment that measures the survivor's ability to perform basic tasks such as laundry, grocery shopping, paying bills, as well as their sleeping habits. FSSs also use a health assessment to learn about the survivor's physical and mental health needs, including their medications and prior trauma histories that may affect their ability to cope. Additional assessments include a practical needs assessment, which gauges a survivor's ability to maintain their job and financial responsibilities, and a family strengths assessment, which highlights survivors' strengths in terms of themselves (e.g., resiliency), their family (e.g., extended family support), and community (e.g., faith, friends). Participants are re-assessed at five months to gauge improvement.

FSSs spend about an hour with survivors discussing their needs and how they are coping. They also will assist with funeral planning, memorials, transportation passes, and food assistance, if needed. The program provides referrals for survivors to trusted partnering organizations for clinical counseling or therapy, medication, or furniture. They also help survivors coordinate

crime scene cleanup, where biohazard specialists safely and thoroughly clean a home or car that may have blood, body fluids, or other pathogens lingering from the homicide. This service is usually not provided by law enforcement or crime scene investigators (Aftermath, n.d.). Overall, asking questions and getting to know survivors and their needs on a personal level is an integral part of Chicago Survivors' Family Support Program.

Youth Support

Child survivors who have been affected by a homicide are connected with licensed clinicians who are trained to work with youth. Youth clinical counselors are trained in Child and Family Traumatic Stress Intervention, an evidence-based intervention for youth that can reduce PTSD reactions in children through increased family support and prosocial communication (National Child Traumatic Stress Network, 2012).

Chicago Survivors typically serves youth ages 3 and older. Youth clinical counselors work in tandem with FSSs to provide families with supportive services. Youth clinical counselors deliver services to children in their homes to ensure their safety and comfort. They teach children examples of healthy coping skills and the value of expressing emotions and provide toys, books, and other learning tools. They may inform parents of nearby inexpensive youth activities offering a prosocial environment.

Youth clinical counselors use assessments as needed to learn more about the youth. These may include a safety assessment, trauma history questionnaire, and depression scale to gauge whether the youth had prior experiences or displayed previous behaviors that may shape their reaction to the homicide. Counselors also assist with advocacy or practical needs, such as acting as a liaison between students and schools.

Criminal Justice Advocacy

Chicago Survivors houses a criminal justice advocate who provides more specialized assistance with the police and court system. The criminal justice advocate accompanies survivors to court hearings and acts as a liaison with other agencies in the justice system (e.g., state's attorney's office, police department). The criminal justice advocate teaches survivors about their rights as crime victims, emphasizes the importance of court procedures, and encourages survivors to participate in the process at their own comfort level. Advocates explain the complexities of the criminal justice system and while providing emotional support.

Survivors in unsolved homicide case also are eager for information on their cases. Thus, the criminal justice advocate coordinates monthly unsolved case meetings between Chicago Police Department detectives and survivors to discuss progress on their cases and provide an opportunity for survivors to ask questions and receive clarification on law enforcement procedures.

Community of Survivors Support Group

Upon participants' program completion at six months of service, or when a survivor decides to drop out of the program, they are introduced to the Community of Survivors, Chicago Survivors' long-term peer support group. The support group hosts workshops, memorials, and social events for survivors to grieve, share stories, and receive support from others who understand the experience of losing a loved one to homicide. They also host annual holidays events for both

children and adults and conduct fundraisers. Meetings are held throughout the Chicago area. Through the Community of Survivors, the program continues to encourage long-term healing and positive coping strategies.

Honoring Loved Ones

Chicago Survivors plans activities to honor loved ones, including vigils, balloon releases, and a memorial wall. The memorial wall is an online place to remember victims of violence in Chicago with a name, photo, and message from the victim's family (https://chicagosurvivors.org/memorial-wall/memorial-wall-victims/).

Prior Program Evaluation

An unpublished evaluation of the Chicago Survivors program was completed in 2016 by an external evaluator (Wernsman, 2016). Interviews and focus groups were conducted with staff members and partner agencies. Quantitative data on survivor-reported measures of well-being were analyzed. The results of the evaluation indicated that services had been successfully implemented and that partners were engaged with the agency. However, a few challenges were noted. For example, warm transfers were sometimes difficult to provide due to nonmatching work hours between crisis responders and FSSs; few service agencies were available for referral; and youth programs were not being fully utilized.

The Wernsman (2016) evaluation was conducted shortly after the creation of the program. Although the prior evaluation provided valuable information on the implementation of the program, the evaluator was unable to interview any clients of the program. In addition, the youth program was not fully developed and involved an eight-week group curriculum for the children rather than the individualized services that are now provided.

Section 4: Methodology

The current evaluation offers a comprehensive examination of how the program operates and measures improvements in functioning for clients through extensive interviews and analyses of program data. Data collection was conducted between July 2019 and January 2021. The evaluation was partially delayed by the COVID-19 pandemic, which affected Chicago Survivors and ICJIA operations from March 2020 through June 2020. The evaluation was approved by the ICJIA Institutional Review Board.

Procedure and Data Collection

Several data sources were used for this evaluation, including interviews with Chicago Survivors staff, representatives of partnering organizations, and clients, as well as administrative data.

Administrative Data

Chicago Survivors staff provided administrative program data entered into the program's electronic case management system for the months of January to September 2020. The client data during that time period had a sample size of 1,203 clients. Although the data from January 2020 to September 2020 does not match the time period of interviews (i.e., July 2019-December 2019), Chicago Survivors' staff asked if we would accept data from this separate time period to give program staff time to learn their new case management system. Due to the mismatched time periods, we cannot conclude that any results from the administrative data align with the thoughts of interviewed participants. Table 2 contains a list of administrative data that was sent by the program and how those data elements were measured.

Table 2

Administrative Data Analyzed in the Chicago Survivors Evaluation

Data Examined	Time Period	Measurement
Client PTSD scores	August 2019 – December 2019	Pre- and post-score analysis
Number of services provided	January 2020 – September 2020	Descriptive statistics
Number of referrals	January 2020 – September 2020	Descriptive statistics
Types of crisis funds	January 2020 – September 2020	Descriptive statistics
Adult client feedback surveys	Unknown	Not analyzed
Youth client feedback surveys	Unknown	Not analyzed

Note. Data from other assessments (e.g., practical needs, health assessment) was unobtainable. Adult and youth client feedback surveys were examined but not fully analyzed due to limitations surrounding the quality of the surveys (See *Limitations*, page 19).

Interviews with Program Staff

We conducted semi-structured interviews, as qualitative methods can provide large amounts of detailed information to evaluate the effectiveness of programs and policies (Leedy & Ormrod, 2001). We interviewed Chicago Survivors staff that were employed with the program at the time of the interviews. All but one staff member were recruited for interviews through program administration. We conducted in person interviews with program staff in their offices at a day and time convenient to them. The interviews were audio-recorded with permission.

The interviews included 39 questions and covered topics such as staff's demographics (e.g., age, race, job title; 7 questions), their roles in the program (5 questions), staff training (3 questions), questions about clients (12 questions), and feedback on the program's operations (12 questions) (Appendix A). The interviews ranged from 42 to 127 minutes with a mean length of 71 minutes (*SD* = 28.6).

Table 3 provides the demographics of interviewed staff. Staff's age range was 28 to 64 years old, and the average age was 45 years old (*SD* = 13.9). Staff in the sample worked in the organization for a minimum of three months and maximum of 60 months (5 years) and an average of 32.1 months (2.7 years; *SD* = 28.6).

Table 3

Demographics of Chicago Survivors Staff in Sample (n = 11)

	n	%
Age		
25-35	3	27.3
36-45	3	27.3
46-55	1	9.1
56+	4	36.4
Gender		
Female	7	63.6
Male	4	36.4
Race/Ethnicity		
Black	5	45.5
Latinx	4	36.4
White	2	18.2
Highest level of education		
Some College	2	18.2
College graduate	2	18.2
Some post-graduate	3	27.3
Post-grad or beyond	4	36.4
Position in agency		
Directors, managers	3	27.3
Direct service staff	8	72.7
Licenses or certifications		
CPR (cardiopulmonary resuscitation)	1	9.1
Certified police officer	1	9.1
Licensed clinical professional counselor (LCPC)	1	9.1
Licensed clinical social worker (LCSW)	2	18.2
None	5	45.5

Note. Percentages may not equal 100% due to rounding. Race and gender were self-identified. Direct service staff may include crisis responders, advocates, specialists, and counselors.

Interviews with Program Partners

Program partners included criminal justice agencies, religious organizations, and organizations who provided training to Chicago Survivors. All partners were identified by Chicago Survivors as representatives of organizations who have worked with the program.

Partners' email information was provided by Chicago Survivors. To recruit partners, we emailed a recruitment script virtually. Email reminders were sent weekly for three weeks to partners to encourage participation. Seven of the 16 partners invited for interviews (43%) agreed to participate. All partner interviews were conducted over the phone and were audio-recorded with permission.

The partners were asked eight questions about their employment positions and relationships with Chicago Survivors (2 questions), general thoughts about the program (1 question), the need for the program (1 question), the best aspect of the program (1 question), program challenges and areas for improvement (2 questions), whether the program was meeting the community's needs (1 question), and whether they had any additional comments (1 question). As partners were from different agencies who had varying levels of involvement with the program, the length of partner interviews varied. Partner interviews ranged from 12 minutes to 60 minutes with an average of 26 minutes (SD = 16.8).

Interviews with Program Clients

Recruitment. We provided flyers for Chicago Survivors staff to help recruit eligible clients (Appendix C). The flyer included a scannable Quick Response (QR) code which could be read by most smartphone cameras. The QR code linked to an online screener that determined client eligibility for participation and to schedule an interview time. The flyer also included a researcher's name, phone number, and email address in case a client had questions or was having trouble accessing the screener. Finally, the flyer indicated that clients would receive a $50 gift card for their participation.

We limited eligibility to clients who:

- Received services from Chicago Survivors within the year prior to the interviews.
- Received services for at least two months.
- Were over 18 years old (for informed consent).

This service period was selected so that those interviewed had recent experience with the program and to prevent survivors who may still be in crisis from being interviewed. We did not want to interview survivors who lost their loved one only a day or two before, as this may have led to intense re-traumatization. Two months was suggested by the program as the minimum length where a survivor may be emotionally stable enough to discuss the homicide. The sample size was 11; other studies using interviews of homicide survivors also had relatively small sample sizes, ranging from 10 to 19 interviewees (Amick-McMullan et al., 1989; Baliko & Tuck, 2008; Eliseeva, 2007).

The online screener was available in both English and Spanish, but no client chose to respond in Spanish. The screener contained 12 questions on language preference, length of time with the program, age, Captcha verification (to confirm that the respondent was not a robot or automatic script), and interview scheduling (respondents selected a time and date they wished to be

interviewed and provided their phone numbers). They also received a consent form with information on the study and interview, which clients were required to complete. We also asked for their mailing addresses so that their gift cards could be sent after their interviews.

Interview Protocol. We conduced client interviews by telephone and they were audio-recorded (n = 11). A Spanish-speaking researcher was available for Spanish-speaking clients, but all clients indicated they preferred their interviews in English. The participants' identities were confirmed by asking them to provide their mailing addresses at the beginning of the phone interviews. Although participants had already digitally signed an informed consent in the online screener, we still briefly covered the consent process and gave them an opportunity to ask questions.

Appendix D contains the client interview protocol of 42 questions on client demographics (6 questions), prior experience with, or knowledge of, Chicago Survivors services (3 questions), details surrounding the homicide of their loved ones and experience with Chicago Survivors' crisis services (5 questions), other service provision (15 questions), experience with the criminal justice system (5 questions), clients' perceived achievement of the program's short-term goals (3 questions), and closing questions (5 questions). At the end of the interview, we asked clients how they felt about participating in the interview due to its emotional nature. Seven clients said they felt good about sharing their stories and providing feedback about Chicago Survivors. The other four clients said the experience was okay or that it was a little challenging, but that they were grateful for Chicago Survivors and wanted to participate for that reason.

Interviews ranged from 18 to 63 minutes with a mean length of 41 minutes (SD = 13.8). The length of interviews was impacted by how many services the interviewee had engaged in and how comfortable clients were in discussing their experiences.

Table 4 provides demographic information on interviewed clients. Ten clients indicated their loved one was killed by gunshot. In addition, nine indicated the victim was their son, while one said they had lost their daughter to homicide, and another reported losing their brother. Clients' age range was 42 to 59 years old, and the average age was 50.9 years old (SD = 5.5).

Table 4

Demographics of Chicago Survivors Clients in Sample (n = 11)

	n	%
Age		
25-35	0	0.0
36-45	2	18.1
46-55	6	54.5
56+	3	27.3
Gender		
Female	11	100.0
Race/Ethnicity		
Black	10	90.9
Latinx	1	9.1

Note. Percentages may not equal 100% due to rounding. Race and gender were self-identified.

Data Analyses

Administrative data was analyzed using IBM SPSS (Statistical Package for the Social Sciences). We analyzed the data using descriptive statistics. All interviews—staff, partner agency, and client—were transcribed by project staff in Microsoft Word and coded using QSR NVivo 9. The same codes were used for all three sets of interviews. To create a single coding scheme, two researchers separately coded a small sample of interviews. As partners, staff, and clients were asked questions with similar themes, the two researchers' codes covered general topics (e.g., Chicago Police Department, crisis response, family support, program challenges). After the creation of the initial codes, the two sets were discussed among the research team and combined into one set. After the final set of codes were decided, researchers separately coded interviews. New codes were added as needed and communicated among the research team.

Study Limitations

There were certain limitations to this evaluation. In terms of the qualitative interviews, we were only able to interview current staff, partners, and clients of Chicago Survivors. Former staff (including those who quit or were fired) and clients who declined services or dropped out early were unable to be interviewed, potentially creating selection bias among those in the sample. Second, as program staff were asked to distribute flyers to clients, those who participated in interviews may reflect a sample who positively connected with their specialists and were more motivated to participate for that reason. We only interviewed program clients who were over the age of 18 and could consent to the interview, thereby omitting youth client feedback on the program. Finally, our sample was primarily comprised of middle-aged Black women. Although many Chicago Survivors clients fit this demographic, we cannot conclude that the experience of interviewed clients is representative of all program clients or homicide survivors.

Administrative data collection was impacted by staff's unfamiliarity with new software within the program's electronic client management system. Program administrators were unable to provide more detailed administrative data that may have further informed the evaluation. Issues included missing data, duplicated data, and data never collected. We were not provided data on each unique client, such as contacts made and modes of contact. While the program assesses clients for PTSD with a set of questions throughout program participation, only overall pre- and post-scores were available. Other survey data was unobtainable.

It is also unclear what percentage of all feedback surveys were provided by the program. The program administration emphasized difficulties in changing data systems and noted that program staff had not had clear guidance on how to track this information. Outside of the PTSD scores, the program could not provide administrative data from late 2019 to match the time period of interviews, therefore, the January 2020 to September 2020 time period was agreed upon by staff and researchers to give staff time to learn the new system and record their data. Although this time period coincided with the COVID-19 pandemic, we did not want to further delay data collection. Thus, information garnered from the administrative data should be interpreted with this in mind.

COVID-19 also created challenges with the timing of this evaluation. The pandemic, coupled with turnover in the Chicago Survivors administration, delayed progress of the evaluation as both Chicago Survivors and ICJIA staff were out of office and adjusting to changes in their work

environments. Interview data was collected in late 2019, so the findings of the evaluation may be less representative of Chicago Survivors operations in 2021.

Section 5: Findings

Chicago Survivors provided administrative data collected from program staff. In addition, we analyzed data collected from 29 interviews with clients, staff, and partners. The following is a summary of findings from those data sources.

Administrative Data on Program Clients and Services

Administrative data showed Chicago Survivors were notified of, and responded to, 520 homicides from January 2020 to September 2020, or 88.14% of all 590 Chicago homicides during that time period (Chicago Sun Times, n.d.). Within those responses, the program served 1,203 individuals.

Table 5 displays client demographic information. Age and relationship to victim data were missing from the system.

Table 5

Gender and Race/Ethnicity of Chicago Survivors Clients (n = 1,203)

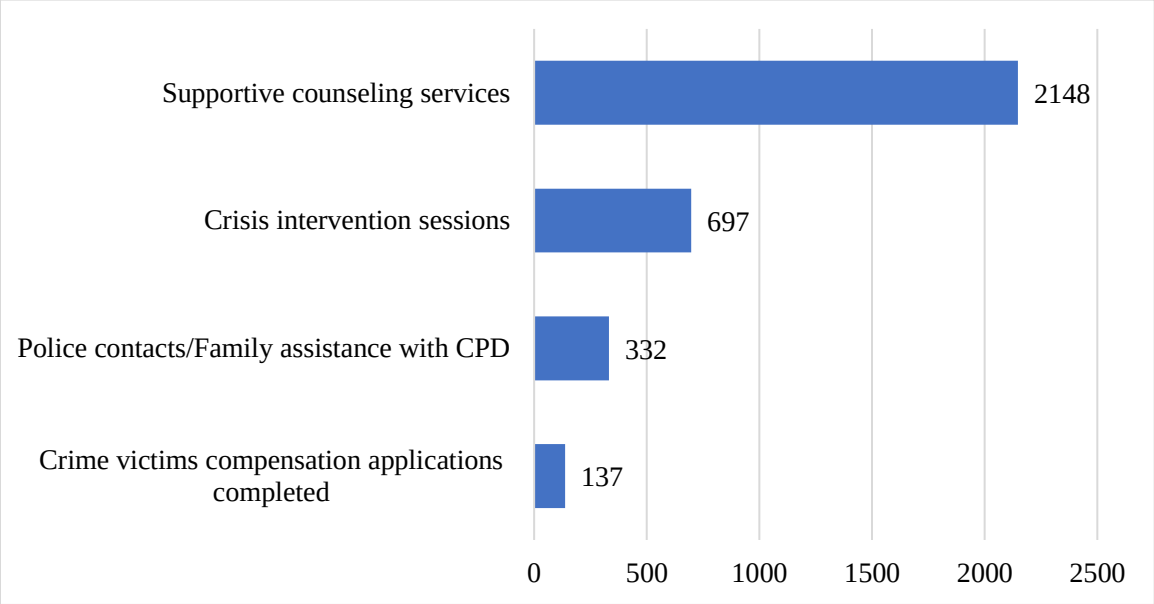
	n	%
Gender		
Female	975	81.1
Male	168	13.9
Other/Unidentified	60	4.9
Race/Ethnicity		
Black	830	68.9
Latinx	192	15.9
Asian	3	0.3
White	4	0.3
Multiple races	43	3.6
Unknown	131	10.9

Note. Pulled from Chicago Survivors administrative data, January-September 2020.

Data also showed Chicago Survivors provided several services to these clients during the period studied. Figure 2 shows the types and total numbers of services were provided.

Figure 2

Types and Totals of Chicago Survivor Services Provided (n = 3,314)

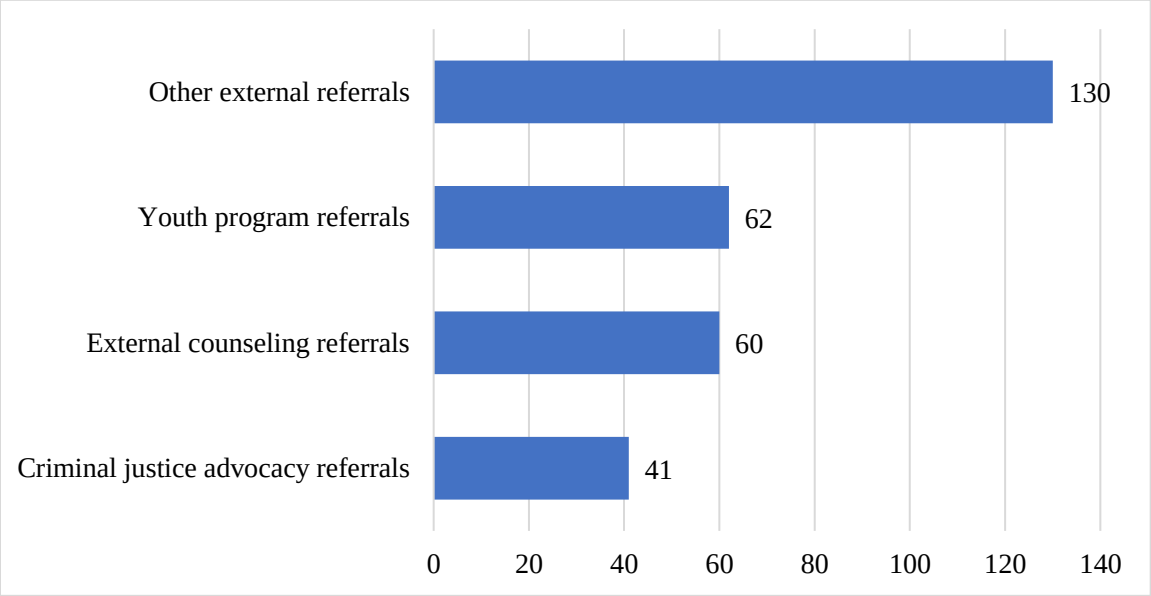


Note. Created from Chicago Survivors administrative data, January-September 2020. Clients may have received several services during the period examined. Other services were untracked.

During the period examined, program staff made several referrals both within the program (i.e., to the youth program or criminal justice advocacy) and to external agencies. Figure 3 shows referral totals by type.

Figure 3

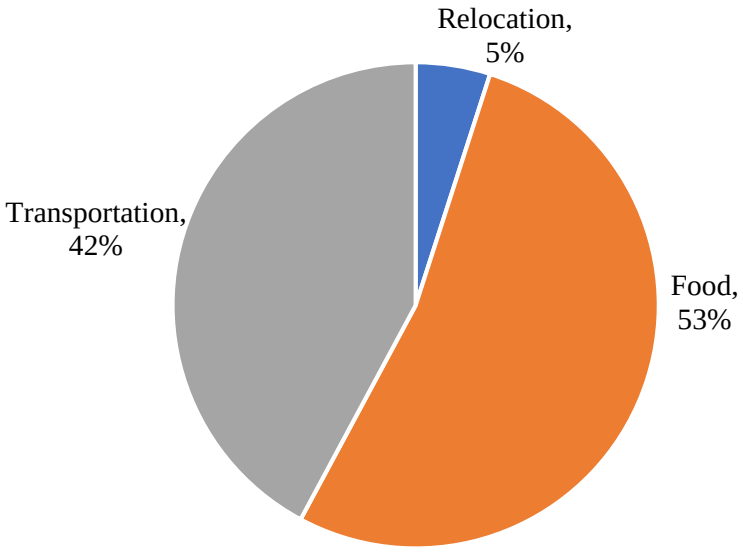
Number of Chicago Survivor Staff Referrals to Internal and External Services (n = 293)



Note. Created from Chicago Survivors administrative data, January-September 2020. "Other external referrals" refers to crime scene cleanup, furniture, or other services.

Crisis funds were requested 107 times for 121 services over the nine months for food (*n* = 64), transportation (*n* = 51), and relocation (*n* = 6). Figure 4 shows crisis fund requests by type.

Figure 4
Type of Crisis Funds Requested



Note. Created from Chicago Survivors administrative data, January-September 2020.

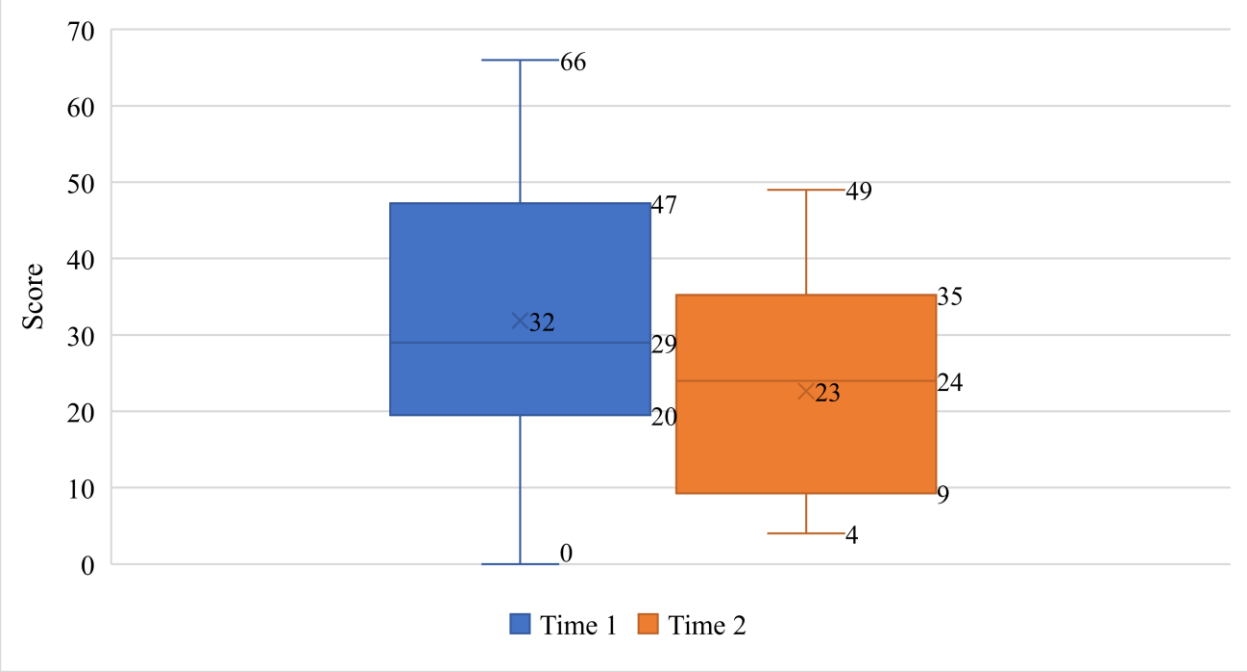
Posttraumatic Stress Disorder Checklist

Chicago Survivors staff administered the Posttraumatic Stress Disorder Checklist, or PCL-5, to clients as a pre- and post-test (Weathers et al., 2013). The PCL-5 can be used to screen individuals for PTSD, monitor symptom change during and after services, and make a provisional PTSD diagnosis. The PCL-5 is a 20-item self-report measure that assesses the Diagnostic and Statistical Manual (DSM-5) symptoms of PTSD (American Psychiatric Association, 2013). According to Weathers et al. (2013), a PCL-5 cut-point score of 33 appears to be a reasonable value to propose as having probable PTSD. The term *probable* is used because only clinicians, not researchers, are able to make diagnoses. We analyzed the PCL scores of 95 clients provided by Chicago Survivors collected from July 2019 to December 2020 to coincide with the interview period. Chicago Survivors did not provide PTSD scores from January 2020 to September 2020.

The first assessment was completed during the first month of services (Time 1) and the second assessment was completed during the fifth month (Time 2). The self-report rating scale was 0-4 for each symptom: 0=Not at all, 1=A little bit, 2=Moderately, 3=Quite a bit, and 4=Extremely. Scores range from 0 to 80. The average PTSD severity score was 35.79 (*Med* = 37, *SD* = 17.29) before the program and 22.39 after the program (*Med* = 21, *SD* = 15.88). Figure 5 shows the severity score distribution using a box-whisker plot, which graphically displays the high and low ends of the distribution and the inter-quartile range of PTSD severity scores (using horizontal brackets). It appears that PTSD severity scores declined after program engagement from Month 1 to Month 5.

Figure 5

PTSD Severity Score Distribution (n = 95)

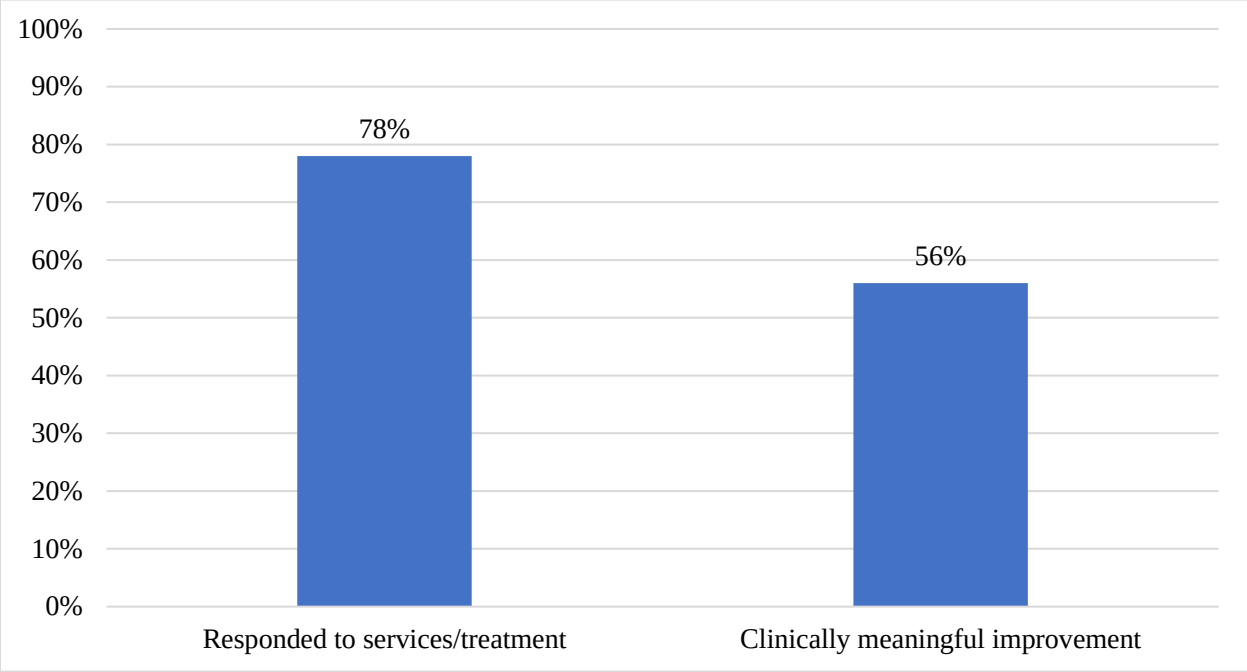


Note. Created from ICJIA analysis of Chicago Survivors client PCL-5 data on PTSD response to treatment.

When using the PCL-5, Weathers et al. (2013) suggested five points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful. In the sample of 95 clients, scores dropped by 5 or more points for 74 clients; 66 clients saw decreased scores of 10 or more points (Figure 6). Two clients' PCL scores stayed the same and scores increased for 14 clients (or symptoms worsened).

Figure 6

Client Reponses to Services Based On PCL-5 Scores (n = 95)



Note. Created from ICJIA analysis of Chicago Survivors client PCL-5 data. Based on pre- and post-test scores; responded to treatment is in score reductions of 5 or more; score reductions of 10 or more were clinically meaningful.

The Weathers et al. (2013) PCL-5 cut-off score of 33, which uses DSM-5 symptom criteria, was used to classify individuals as having a probable PTSD diagnosis (Table 6). Based on the cut off score, before the program, 53 clients had a probable PTSD diagnosis; after the program, 23 clients had a probable PTSD diagnosis.

Table 6

DSM-5 Criteria for PTSD Diagnosis

Criterion A: Exposure to a traumatic event	Person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s): • Direct exposure • Witnessing the trauma • Learning that a relative or close friend was exposed to a trauma • Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)
Criterion B: Re-experiencing a traumatic event	Traumatic event is persistently re-experienced in the following way(s): • Unwanted upsetting memories • Nightmares • Flashbacks • Emotional distress after exposure to traumatic reminders • Physical reactivity after exposure to traumatic reminders
Criterion C: Avoidance of trauma-related stimuli	Avoidance of trauma-related stimuli after the trauma in the following way(s): • Trauma-related thoughts or feelings • Trauma-related reminders
Criterion D: Negative thoughts (Two symptoms required)	Negative thoughts or feelings that began or worsened after the trauma in the following way(s): • Inability to recall key features of the trauma • Overly negative thoughts and assumptions about self or the world • Exaggerated blame of self or others for causing the trauma • Negative affect • Decreased interest in activities • Feeling isolated • Difficulty experiencing positive affect
Criterion E: Arousal/ reactivity (Two symptoms required)	Trauma-related arousal and reactivity that began or worsened after the trauma in the following way(s): • Irritability or aggression • Risky or destructive behavior • Hypervigilance • Heightened startle reaction • Difficulty concentrating • Difficulty sleeping

Note. From American Psychiatric Association, 2013.

Adult Client Feedback Surveys

When clients completed or dropped out of services, they were offered a survey on their satisfaction with the various components of the program. Chicago Survivors provided a small

sample of adult client feedback surveys for analysis; however, a full analysis of these surveys was not completed. Only 23 surveys were provided by the program, and many were undated. In addition, while all surveys contained overwhelmingly positive feedback, unknown was whether all surveys completed during period studied were provided.

The surveys utilized Likert scale responses ranging from Strongly Agree to Strongly Disagree, as well as Does Not Apply. The 10-item survey asked clients to respond about the quality of Chicago Survivors' staff, whether the program helped clients learn more about PTSD and trauma, and whether the program acted as an adequate liaison to law enforcement and in related processes (Table 7). In all 23 surveys, clients indicated satisfaction with their crisis responders and FSSs and reported they understood more about their trauma and positive coping mechanisms.

Table 7

Adult Feedback Survey Themes

Theme	Example Survey Item
Quality of staff	I/we felt supported by our crisis responder. I/we felt supported by our family support specialist.
PTSD symptom improvement	I/we have experienced decreasing or less severe symptoms of PTSD. I/we are better able to deal with my/our PTSD symptoms.
Liaison abilities	I/we valued the assistance of Chicago Survivors' staff in dealing with the Chicago Police Department.
Trauma improvement	I/we understand more about our trauma experience and complicated grief through the efforts of Chicago Survivors' staff.

Note. Example items pulled from sample of feedback surveys.

Youth Client Feedback Surveys

Due to limitations set by the Institutional Review Board, we were unable to interview youth who participated in Chicago Survivors youth support services. However, program staff provided 12 youth feedback surveys. The surveys were completed with a parent if the youth was 10 years of age or younger.

The nine-item youth surveys contained answers on Likert scales ranging from Strongly Agree to Strongly Disagree and Does Not Apply. Clients were asked to respond to questions on quality of staff, improvement in youth's daily routines, and whether the program helped teach youth about their emotions and trauma (Table 8). Again, whether Chicago Survivors administrators sent all completed youth surveys from the study period was unknown. Those who filled out the small sample of evaluations were highly satisfied with the youth program. Clients indicated the program introduced youth to a positive viewpoint of counseling; helped youth understand symptoms related to PTSD, trauma, and grief; and made youth feel supported through the healing process.

Table 8

Youth Feedback Survey Themes

Theme	Example Survey Item
Quality of staff	The youth enrolled felt supported by their youth clinical counselor.
Daily routine improvement	The youth enrolled expresses an overall improvement in their ability to handle daily routines, i.e., school, chores, hobbies, sports.
Emotional health	My youth clinical counselor made recommendations to service providers that will positively impact my healing process.
	My youth clinical counselor introduced me to a healthy viewpoint on counseling services.
Trauma improvement	The youth enrolled in services better understands their trauma experience after meeting with program staff.

Note. Example items pulled from sample of feedback surveys.

Feedback from Qualitative Interviews with Staff, Partners, and Clients

Qualitative data was collected from interviews with Chicago Survivors staff (n = 11), partners (n = 7), and clients (n = 11). The interviews were primarily used for evaluative analysis due to the limitations surrounding the administrative data.

Program Goals

Staff were asked about the goals of Chicago Survivors and noted several program goals. The primary goals were often related to PTSD symptom reduction and secondary goals often involved meeting practical or financial needs. Staff and clients both remarked how success must be defined differently for each family, as the needs of families can vary.

In general, several staff indicated that a major goal of the program is to help survivors return to a sense of normalcy after the loss of their loved one, acknowledging that often meant a "new normal" for their clients. For example, client success might be defined by a survivor being able to return to work or school or being able to continue their favorite hobbies. Staff emphasized that clients must set their own goals for achievement and that staff should "meet them where they are."

Staff indicated that their goal is to go above and beyond to help clients achieve their individualized definition of success, which is integral to the program's mission. As explained by two staff members:

> Staff 1: *"The overall goal of Chicago Survivors is serving our families. . . making sure that they are treated with integrity. Making sure that they receive the services they need. Making sure that they are treated justly. . . and if we can't serve them in an area, to make sure that they receive those resources."*
>
> Staff 2: "*When [homicide] happens, everything stops within their lives. . . and they don't know what to do next. So, our job is to give them a plan. Guide them through this grief*

process and the immediate steps to take. . . to make every family who is impacted by homicide to feel safe, whole, and normal again."

Helping survivors develop positive coping and communication skills with their families was noted by staff as important for the healing process. Staff noted that survivors with negative coping skills or unhealthy processing of grief can spread their trauma to others, including children or siblings. Therefore, interrupting and replacing negative thought patterns was perceived as critical for client success. Ultimately, as another staff member summarized, "The overall goal is just to try and get people. . . to be able to deal with their grief and their trauma in a healthy way."

Staff said another goal of the program was to help survivors navigate the criminal justice system and crime victim compensation process. Ensuring that families remain in contact with the police department and stay informed as their cases progress—particularly when the police find the person responsible for the homicide—is a program goal, they said. Staff noted very few survivors are able to reach resolutions to their homicide cases, so it can be incredibly empowering when it does occur, particularly for families of color who have historically faced systemic barriers in the criminal justice system.

Crisis Response

We asked program staff for details on the crisis response component. Crisis responders are intended to arrive at the homicide crime scene within two hours of notification. However, program staff noted that goal can be challenging at times, especially when they are dispatched with little information on address of the crime or family members' names and physical descriptions. This challenge is exacerbated further when the survivors have already left the scene to go to the hospital or the medical examiner's office. Although most clients were contacted rapidly—either at the scene of the crime or the morgue—three clients noted a crisis responder did not contact them until a week or two after the homicide. The clients did not seem frustrated or concerned by this delay, however.

Those interviewed provided potential reasons for the delay in contact. For example, some of the three clients who noted delayed response also reported that the time immediately following the death of their loved one was difficult to clearly remember due to emotional trauma, so they may not have an accurate representation of how much time passed between the death and contact from a crisis responder. Staff and partners also mentioned that Chicago Survivors may not always be notified immediately when a homicide occurs. On the delayed notification of a homicide to Chicago Survivors, one partner noted that it is likely not the program's fault:

"I know that they [Chicago Survivors] say they respond to every homicide. I know they don't get called on every homicide. They're not lying, they're supposed to be called, but there are cases they don't get. . . I don't know why they're not called. I don't know if the police district isn't aware of them, I don't know if the detectives on the case have chosen not to call them. . . but it happens."

Despite the inherent dangerousness of showing up to a live crime scene, most crisis responders indicated that they felt well-prepared and understood the reality of their jobs. One crisis responder explained:

> *"This kind of vocation has to exist because of the disproportionate level of violence. . . I sit here and experience this every day. . . I think without this work, not only would our families continue to experience these tragedies. . . but then they would be left void and empty because there are no resources to deal with it."*

Staff reported that sometimes survivors were hesitant to speak with crisis responders at the crime scene. Staff noted this may be due to lack of knowledge of the program, being overwhelmed with emotional trauma, or general suspicion toward anyone outside of their family. This may be exacerbated by the fact that Chicago Survivors work adjacent to law enforcement. Immediate response is prioritized in the Chicago Survivors crisis response model, though one staff person described how this can create a challenge in a highly intense crime scene environment:

> *"Sometimes when I meet with a family, they're like, 'I don't wanna deal with you now, can you just call me later?' And you have to respect that, like you can't be in someone's face, and I think that's what's pushed on us sometimes. You can't call someone every day after something has happened. . . if they're telling you to back off, then you need to back off."*

For these families, crisis responders offered to leave a folder with resource information or a business card, so families could reach out in case they later decide they are interested in services. Services may not be offered to family members of persons who were killed by a police officer, as staff members noted that it can rapidly become a political issue, or to those whose loved one died while they committed a crime. These situations can put the crisis responder in an uncomfortable position between the needs of law enforcement and a survivor.

Regardless of some challenges, clients still expressed appreciation for the crisis response component and the compassion of the crisis responders. Said one:

> *"He introduced himself, he told me who he was. . . I'm like, wow. He gave me an application, a folder of people—supporters. He said, 'I wanna make sure someone talks to you.' He came to the house, he sure did. . . the police told us that we couldn't go to the hospital. [The crisis responder] sat at the hospital, he waited. . . he's there for us."*

Clients felt the crisis responders were trustworthy and had provided important information at the time, even if it was difficult to fully digest in the moment due to emotional trauma. Crisis responders validated clients' feelings around the injustice of the homicide and assured them that Chicago Survivors would be in touch to provide whatever assistance they needed.

Family Support

The Family Support Program provides most services to clients and their families for up to six months. Of the 11 clients we interviewed, nine reported they were the only member of their families to seek services. Homes with evidence of active substance misuse, a high number of extended friends or family, evidence of criminal activity, or other risk factors may not be visited; instead, FSSs offer to meet with survivors in public locations such as libraries, coffee shops, or restaurants, depending on the survivor's comfort level.

On the way to their meetings, FSSs take a trauma-informed approach that involves communicating with survivors at every step in the process. Based on staff interviews, FSSs make several contacts with the survivors (e.g., when they are leaving the office, when they are

arriving) in an effort to keep survivors from being surprised or re-traumatized by a sudden appearance. This also works to ensure the safety of the FSSs so that if there is danger in the neighborhood or if a survivor is not home, they can reschedule.

Throughout the interviews, clients noted some challenges associated with obtaining family support services.

Funeral Assistance. Chicago Survivors experienced some challenges providing funeral planning services to clients. Funeral planning assistance was considered a consistent and urgent need for survivors, particularly due to a funeral's incredibly high costs. Although Chicago Survivors was not able to financially assist with every client's funeral, staff members can guide clients through the crime victim compensation process to receive funding through the state, which certain funeral homes accept as payment.

However, clients indicated confusion as to what would be paid and when, as described by two clients here:

> Client 1: *"I was a little confused, as far as with the burial and stuff, because that was not explained to me that I would actually have to pay out of pocket for certain things. I thought that within Chicago Survivors, the funding that they give for the funeral covered everything. So that's the only thing that I didn't quite understand."*

> Client 2: *"Some of the stuff I remember them saying, some of the stuff I don't. [Chicago Survivors] said that after six months, I guess six months to a year, they supposed to, I don't know, the man said something about you get something back, but I don't know though."*

Chicago Survivors staff noted that funeral homes that accept crime victim compensation can be predatory and overcharge clients for services. However, delays between a homicide and Chicago Survivors receiving notification sometimes created the situation where clients have proceeded with funeral planning before Chicago Survivors has contacted them. Staff noted that this may partially be due to the speed with which funeral homes react after a homicide occurs. One staff member explained:

> *"We usually come after the fact, and it's already too late. The funeral home is just like a car salesman; you know how fast they pop up when you get on the lot. . . they playing off your grief. . . I've planned very few funerals. Probably under 1% of my families that I've done, because it's just not feasible."*

Other Services. FSSs were able to provide other services for clients. All interviewed clients indicated they had received supportive counseling through their FSS. Clients also recalled answering the several assessments (e.g., PTSD, daily functioning) and said they were easy to understand. In some cases, clients reported that the assessments taught them more about themselves and their symptoms.

Additionally, clients were able to receive referrals to other services, such as crime scene cleanup and clinical counseling for adults. One client said the following about how their FSS provided assistance:

> *"She was very instrumental. . . she was checking on me at least every two weeks, calling, seeing how I was doing. . . my son was in his car when he got shot, and it ended up*

ruining the car, so I needed to get straight to the pound and all of that. So, she helped me get connected to the appropriate detectives. She did a lot of side work finding information that I needed."

Criminal Justice Advocacy

Chicago Survivors' criminal justice advocate provides specialized assistance as a liaison to law enforcement and the prosecutor's office. Only two of the 11 clients had experience with the criminal justice advocate, but they regarded communications with them as beneficial. The advocate provided clients with information about what happens when a homicide case goes to trial and offered support when the case was at a standstill. Interviewed partners also confirmed that the criminal justice advocate works closely with survivors and advocates on their behalf in court and with the police. Said one:

> *"The court advocate is here with families. . . that advocate attends what we call—our horrible thing—a homicide roll call, so that if they have information about families, uncharged cases, they have a release signed and can share that information with us. . . [The criminal justice advocate] is working with the family so that we know they have extra support. . . and so we can encourage and support that families continue on with Chicago Survivors."*

Unsolved case meetings allow survivors to talk about the homicide case with law enforcement. The interviewed staff estimated that one-third to one-fourth of Chicago Survivors' clients may be interested in unsolved case meetings with the Chicago Police Department, but few are able to attend a meeting for many reasons. The police department only allots time for four, 45-minute meetings per month and rotates by homicides that occurred in one of Chicago's 22 police districts. In addition, if clients are unable to attend their designated meeting, they have to wait until their district comes up again in the rotation. The Chicago Police Department detectives monitor this closely and have rejected survivors when not from the correct district. Law enforcement partners noted that when people show up for the wrong unsolved case meeting, it can delay the process and frustrate detectives; however, they said they have seen a reduction in these mistakes over time.

Of the 11 clients interviewed, none had heard of, and none had participated in, an unsolved case meeting. Some of the clients seemed interested in speaking further with detectives, but other clients preferred not to interact with law enforcement at all. Negative experiences where police were perceived as rude, racist, or dismissive turned some survivors away from wanting to interact with officers, despite having the criminal justice advocate to act as a liaison. Even though all clients may not have been interested in the service themselves, clients and partners confirmed the importance of offering advocacy services to survivors, a finding noted in previous research (Quisenberry, 2009). However, they recognized that there could still be more awareness and understanding of unsolved case meetings and how they are scheduled.

Community of Survivors/Support Groups

Of the 11 interviewed clients, only three had attended a support group through Chicago Survivors. Clients noted several reasons for their lack of interest in support groups and Community of Survivors events. For example, clients' pre-existing diagnoses may cause them to be deterred from seeking out group therapy.

> *"[The specialist] talked to me about support meetings, but I tried to explain to him that I'm kind of like. . . in the past, suffered from agoraphobia—that's the fear of outside—so, I'm not too comfortable around people."*

Although most clients reported awareness of the support groups, some reported that hearing others' stories would invoke too much trauma to be therapeutic. Said one:

> *"I feel like the [group] counseling's not for me, because I don't wanna relive that story, over and over and over again among others, and they're telling me their situation, because now not only would I see my son, I'm gonna see their child. So that's not gonna help me heal."*

One client also mentioned the challenge of having to travel to support groups, which were far away, with no transportation.

The few who had attended groups provided some positive feedback for the component. They noted that group opportunities through the Community of Survivors allowed them to connect with fellow survivors and share in the healing process. In addition, events such as family dinners, memorials, prayer events, and holidays parties were appreciated by clients, particularly for their children.

Program Successes

The interviews highlighted multiple successes of Chicago Survivors. The emotional and practical support offered by the program stuck out to clients as particularly impactful. Partners mentioned success in working with the program and improving relationships between social service agencies.

Supportive Counseling

All clients expressed satisfaction and appreciation for the supportive counseling services provided by Chicago Survivors. One client explained, "When I can talk about it and hear different suggestions, different ideas, I feel much better. . . I remember some of the, um, tools that were given to me . . . so it's very helpful." These tools included coping and grounding techniques, different types of self-care practices, information sharing on PTSD and its effects on the body, and artistic exercises (e.g., drawing, coloring, writing a letter to oneself) to help clients process their emotions. Staff were perceived as skilled in problem-solving and brainstorming to assist clients with their specific challenges. Overall, supportive counseling was believed to have a positive effect on clients and their families. Two clients explained:

> Client 1: "*At first, my kids wasn't opening up. . . they don't be liking to talk to people. So, when [the specialist] come out, he talk and they open up. They wasn't opening up to people, but they open up and talk to him*."

> Client 2: "*[The specialist] kinda lift my spirit up. She gave me a prayer line to read and. . . a little game to uh, do with me to talk my feelings out. . . she says people going through the same thing I'm going through, you know, which is understandable."*

In addition to the coping techniques and listening skills offered by specialists, clients also noted the power of simply having someone there for them. Clients reported that staff were reliably available and highly communicative. Several clients mentioned that if they had to miss or

reschedule a meeting, their specialist was always able to be reached by phone call or text message. One client said:

> *"They were very prompt with everything . . . offering information, just discussing that they, you know, want to be of help as much as they can. . . and if I need to talk, to just call. . . that they would be there."*

This reliability made a strong impact on clients who repeatedly noted their appreciation for such consistency, particularly in the absence of closure on their homicide case. One client said they may have had to spend time in the hospital without the supportive counseling, but with the support of Chicago Survivors and the education and comfort they provided, they were able to learn more about PTSD and develop better coping skills to deal with their emotions.

Practical Assistance

In certain circumstances, staff may provide crisis funds for survivors. Clients reported that practical assistance from Chicago Survivors was invaluable and greatly assisted them with their day-to-day lives. This assistance included clothing, gift cards, bus passes, furniture, and food. If clients felt in danger where they were living, Chicago Survivors sometimes was able to provide crisis funds for relocation or a temporary stay in a hotel to ensure their safety. Although FSSs indicated that they ask probing questions to determine if a client may benefit from funds, they did not identify explicit terms for who receives funds and who does not.

Crisis funds for food assistance and transportation (e.g., bus passes) were most commonly requested. The program cannot afford to provide financial assistance to all clients; however, it was impactful to those who received it. Here, two clients explain its impact:

> Client 1: "*My daughter had a baby January 1st and [Chicago Survivors] bought clothes for the baby and clothes for my grandson that's six years old. . . they've been great. . . they always tell me to call no matter what it is."*

> Client 2: "*I had—from where I was at—I relocated. . . so [the specialist] helped me work with the furniture bank. . . they gave me a couch, and a chair, the two dressers, and a bed for me and the boys. . . they helped a whole lot.*"

If a client relocated to the Chicago suburbs, specialists made an effort to continue services even though this extends beyond their typical service range. Overall, staff, clients, and partners were greatly appreciative of this support and wished it could be expanded to serve more people.

Partnerships

Chicago Survivors collaborates with partner organizations to enhance their service delivery and broaden their reach in Chicago. These include partnerships with local hospitals, social service agencies, mental health organizations, advocacy groups, and criminal justice practitioners. In their interviews, many partners indicated satisfaction with the level of communication and support between Chicago Survivors and their agencies. Chicago Survivors was considered an essential organization for assisting homicide survivors in Chicago, with one hospital partner remarking:

"I'm a big supporter. . . I can't imagine what, um, our work would be like if we didn't have them as kind of a safety net. . . I feel like they're there when we need them, and I hope they continue forever."

One law enforcement partner emphasized the importance of having Chicago Survivors as a resource in the community when police officers cannot provide the level of help that a survivor needs:

"You know, mom, or husband, or wife, keeps calling the detective over and over again, like every day, every week, every month. And the case is absolutely stalled; there's no more information. So now, that detective has a place to refer this individual for grief counseling to try to get them some type of assistance that a working police officer just can't give them."

Ultimately, the role that Chicago Survivors plays in the community in assisting homicide survivors seemed well-understood and encouraged by representatives of social service and law enforcement in Chicago.

Program Challenges

Despite the overall success of the program in improving the lives of homicide survivors, certain challenges were noted on length of services, staff well-being, relationship with law enforcement, and agency coordination.

Length of Services

Clients, staff, and partners noted challenges on how long services can be provided by Chicago Survivors. Although clients are typically offered services for a maximum of six months following an incident, in instances when clients need more support, services can be extended on a month-by-month basis. However, staff noted that this option cannot be available to all families, as it would strain their staff resources. As one staff member explained:

"And later on, like after their six months is done, let's say like later on like nine months, they're like 'I'm ready for services.' . . . we can refer them to the Community of Survivors . . . but we can't just have the case worker go back out because they're stretched pretty thin."

Whereas some clients considered six months to be appropriate—particularly for families with fewer needs or those who could receive services elsewhere—staff and clients also commented on of the need to assisting clients through their "firsts"—their first Thanksgiving without their loved one, their first Christmas or birthday, or the first anniversary following the death. However, the current model and staffing levels cannot create support for all clients for this length of time.

Expansion of Services. Participants were asked about expanding Chicago Survivors' services to nearby suburbs. However, it was noted the high number of homicides in Chicago each year leaves few resources for expanding services, and funding support for increased staff size would be needed. One partner commented: "I'm not kidding with this, unless their staff was doubled or tripled, I do not know how they could do it. . . the numbers [of homicides] are staggering."

Staff Well-Being

Staff and partners remarked that while the work Chicago Survivors engages in can be incredibly rewarding, it can also be emotionally draining. Staff noted the challenge of being sympathetic to clients' tragedies without becoming overwhelmed. One staff member said, "You don't want to become inundated with their grief. . . and we've had training on like, vicarious trauma. . . but at the same time, you want to be sensitive." While staff have mandatory debriefing sessions each quarter, and many engage in therapy or other self-care practices outside of the organization, this line of work (i.e., arriving at live crime scenes, providing outreach services) was still emotionally demanding and sometimes dangerous.

Further, some Chicago Survivors staff members have experienced the murder of a loved one themselves. Chicago Survivors intentionally hired survivors with lived experiences. However, one partner expressed concerns that staff, at times, were perhaps too personally connected with their work, which affected their own mental health and objectivity. This individual emphasized that this impact was a result of the immense passion and investment staff place in their work, but also noted that staff may benefit from additional opportunities to take care of their emotional well-being. Three other partners echoed the need for self-care and said Chicago Survivors should address staff needs through fundamental organizational change (i.e., building staff retreats and time for self-care into staff's schedules besides simply increasing mental health awareness training).

Relatedly, staff members themselves reported some challenges with self-care. Multiple staff members felt they were receiving adequate training during their normal work hours and expressed a desire for retreats that were solely about emotional health. Staff noted that there were annual retreats, but these events sometimes focused on training as opposed to relaxation. Said one:

> *"You know, we're overwhelmed already. So, we go to a retreat for two days. . . we get all these trainings. . . but I believe the retreats should be about the staff members. . . how to make sure that we debrief, and we can be able to talk about how we feel, you know, self-care."*

Program administration noted they seek out novel and interesting trainings and take suggestions from staff on how they want to expand their skills. In addition, adding opportunities for self-care during, or instead of, all-staff meetings was suggested. Although staff were clearly driven by their passion for helping families, multiple interviewees emphasized that passion itself cannot stave off burnout or act as a replacement for self-care.

Law Enforcement Relationships

Chicago Survivors partners and staff noted that relations between the Chicago Police Department and Chicago Survivors have improved over the years. However, some interviewees mentioned challenges.

Partners noted that Chicago Police Department detectives may be familiar with Chicago Survivors due to multiple trainings that have occurred at the department about the program and its services. However, one partner commented, "a regular beat cop around the street didn't know who these people [Chicago Survivors] were or what they were doing here." This created challenges for Chicago Survivors staff, who were sometimes met with resistance when

attempting to reach survivors at the homicide scene. One staff member said, "I've had coworkers here that have been harassed by police. . . that is, by far, the most challenging thing." In addition, this lack of cohesion created confusion for clients, with some clients not knowing if Chicago Survivors was part of law enforcement. Two clients even referred to Chicago Survivors as "Crime Stoppers," a police-managed community program for sharing information with law enforcement.

Another area of frustration for staff and clients was a perceived lack of communication from police officers about their homicide case statuses. Most clients perceived that police neglected communication:

> Client 1: *"I told my daughter, I'm just. . . I'm tired of calling [the police] and talking about the same thing. You know, I said it'll get figured out sooner or later, but I told her right now, I just don't have the strength to keep going over that over and over again."*

> Client 2: "*I don't got nothing against the Chicago police, but they are so misleading, and I'm like, wow, these are the people that's helping me on my son's case. . . they not doing the job they supposed to do. You know, they not looking for the shooter. I'm just. . . I kinda leave it up to God now.*"

Several clients said it was easier to detach from the hope that their cases would be solved rather than continue to expel energy attempting to contact law enforcement. One client attempted to cope with this frustration by acknowledging the work that the police must do:

> *"I try to put myself in other people's shoes, for the most part, you know. And respect that [the police] have their way of doing their job. But sometimes I just feel like a phone call, you know, would help to let me know . . . you're getting close, or just something."*

In general, though staff and clients were aware of the immense number of homicides in Chicago and the challenging role of homicide investigations, there were frustrations for both program staff and survivors regarding their relationships with law enforcement. On the other hand, law enforcement expressed frustration when staff or clients seemed unaware of how a homicide investigation works (e.g., that the police cannot charge somebody with a homicide—that is the role of the state's attorney) and noted that little can be done if eyewitnesses refuse to come forward.

Agency Coordination

One challenge noted by both staff and partners related to agency coordination between similar agencies, such as the Institute for Nonviolence Chicago and Communities Partnering 4 Peace through Metropolitan Family Services. They reported these organizations have arrived at the same homicide scenes and created confusion for both survivors and the other social service agencies. One partner explained:

> *"I'm pleased to see that more general funds have gone to fund other agencies who do critical incident responses and homicide response. . . but we're starting to hear from families that, you know, there was one case in particular where three agencies showed up, it was on the West side. . . that becomes counterproductive to everybody's mission. The families get confused; it's not trauma-informed to do that."*

This partner noted that this confusion and stress could even lead to conflict or violence due to the intense nature of a live homicide scene. Partners said the arrival of several actors into a survivor's life immediately post-homicide may add to secondary traumatization. Ultimately, there seemed to be a need for creating best practices and coordination around homicide responses and follow-up in the Chicago area, especially as more organizations emerge in this field of work.

Section 6: Program Recommendations

We found the Chicago Survivors program exceled in providing emotional and practical support to clients and was considered by other organizations to be a reliable and important agency in Chicago. In this section, we offer suggestions to further improve Chicago Survivors programming. We understand that these recommendations may require additional resources. Chicago Survivors has already begun implementing some of these recommendations based upon their own internal research. See Appendix E for an overview of strategies and actions that the program has employed since the onset of this evaluation.

Increase Staff Providing Direct Service

Chicago Survivors staff are stretched to assist the large volume of homicide cases and clients. About 14 staff provide direct services to hundreds of survivors of homicide victims annually. The intensity of services provided to clients further exacerbates the burden on limited staff. Chicago Survivors staff work on-call and were often available to help clients, and clients noted how prompt, accessible, and available the staff were. However, always being on-call for clients may increase staff burnout. In addition, time should be allotted during the workday and work week for staff to take breaks or practice self-care, as needed. If possible, the number of staff should be increased to handle the large and intensive cases and clients in need of a myriad of services and supports.

Focus on Staff Well-Being and Recognition

During interviews, staff, clients, and partners noted the importance of ensuring staff's own emotional and well-being needs were met due to the intense emotional nature of their service delivery. As such, one recommendation for Chicago Survivors is to increase the frequency of staff retreats or self-care days that focus primarily on staff well-being—as opposed to staff training—for improving and maintaining health and wellness. Although staff were incredibly busy, they and their partners suggested taking a specific day each week or month to focus on celebrating themselves and their work through even small tokens of appreciation, such as pizza, bowling, nature activities, a rewards program, or other group bonding, to keep morale high and protect against burnout.

Additionally, recognizing staff's work beyond the walls of the organization is also recommended to illustrate how much Chicago Survivors are valued. City or state officials could highlight the work of Chicago Survivors, who help the often invisible and overlooked population of survivors of homicide victims. Organizations outside of Chicago Survivors can show its appreciation in forms of practical and meaningful support.

Improve Program Awareness and Knowledge

Clients and partners of Chicago Survivors indicated that more should be done to enhance knowledge of the program in the Chicagoland area. Of the 11 clients interviewed, only two had heard of the program prior to receiving services. Law enforcement personnel outside of the Bureau of Detectives at the Chicago Police Department were seldom aware of Chicago Survivors, creating challenges for crisis responders at the scene of a homicide.

Expanding training on Chicago Survivors for police administrators, patrol officers, and new recruits may be one method for spreading knowledge of the program. Investigator training

should include information about Chicago Survivors (PERF, 2019) and the training should be reviewed frequently to make sure ample and accurate information is conveyed to current and new homicide investigators. For expanding reach to the community and partners, t-shirts, license plate covers, car stickers, or other identifying merchandise may help to spread the word of the program while also providing staff with a means of identifying themselves within the community and distinguishing themselves from law enforcement. Working with the City of Chicago government on a marketing campaign may also be a method for expanding knowledge of the program throughout the city.

Enhance Agency Coordination

As noted in the interviews, there was uncertainty about the number of agencies offering homicide survivor services in Chicago. Previous research shows that survivors who interact with others after their victimization in an inappropriate or confusing manner may end up experiencing secondary victimization with feelings of powerlessness and frustration (Gekoski et al., 2013). Therefore, we suggest coordinating homicide follow-up with other agencies in Chicago who are providing similar services in order to reduce the number of actors involved in a survivor's life immediately post-homicide. This coordination should eliminate situations where several survivor organizations arrive at the crime scene. Because Chicago Survivors' unique service model offers both crisis response and longer-term family support, several partners suggested Chicago Survivors take a lead role in organizing this coordination, potentially acting as a central hub that dispatches either their own staff members or staff of other organizations based upon the location and type of homicide support needed (e.g., domestic violence, gang violence, mass shooting).

Increase Communication with Chicago Police Department

Although the interviews noted an improved relationship over time with the Chicago Police Department, Chicago Survivors staff and partners indicated that the relationship could still be improved. Therefore, it is recommended that Chicago Survivors develop new strategies for engaging the Chicago Police Department. The Police Executive Research Forum (PERF) conducted a thorough assessment of the Chicago Police Department's homicide investigations (PERF, 2019). The report confirmed work toward a productive relationship between the Chicago Police Department and Chicago Survivors, but noted the relationship should be "nurtured and expanded." (PERF, 2019, p. 102).

Staff and client interviews indicated a perceived lack of communication by police officers informing clients of how the investigation is proceeding. Chicago Survivors should do its best to share this information and work on these challenges with the Chicago Police Department. PERF made similar recommendations to the police department in their assessment report, indicating that "homicide detectives also should meet with victims' families on a monthly basis for the first year of an investigation" and that "detectives should communicate more frequently and consistently with families of homicide victims" (PERF, 2019, p. 12).

In addition, the interviews revealed that clients sometimes lacked knowledge of how a homicide investigation works. Chicago Survivors and the Chicago Police Department should find ways to clearly inform clients of what is to be expected during the course of the investigation, as well as how and when to reach out for case information. Although officers currently leave crime victims with information on Crime Victims' Rights and Crime Victim Compensation (see Chicago

Police Department Special Order S02-01-03), given the emotional and chaotic time following a homicide, a brochure with information specifically on homicide investigation may be helpful to family members.

Improve Data Collection Policies and Procedures

During the interviews, multiple staff described challenges with the electronic case management system used by the program. Social service agencies commonly have problems with data management information systems including lack of access to staff training, need for time-consuming data entry, and subpar data quality (Carrilio et al., 2004). The data quality issue caused barriers for evaluating the program, as we could not obtain administrative data that accurately reflected the work of the agency. According to one interview, staff had been asked in recent years to switch from an electronic system, back to a paper system, and then back to an electronic system, creating confusion and misunderstandings on how to record work. Staff may have confused past and current data collection guidance, causing them to not accurately track clients, complete case notes, or document work completed. For example, some staff may have chosen to classify brief phone calls with survivors (such as when rescheduling a meeting) as work time, whereas others may not list that action at all; therefore, staff's true working hours may not be recorded accurately.

As such, we recommend investments to improve data collection. This can be accomplished by:

- Increasing management support for data collection.
- Training staff on data entry and the importance of evaluation, accountability, and examination.
- Holding staff accountable and providing incentives.
- Explaining and walking staff through the electronic data collection system and its interfaces.
- Investing fiscal resources to support and maintain the system including software, hardware updates, troubleshooting.
- Addressing any data privacy, security, confidentiality concerns.
- Offering ongoing training, support, and technical assistance.
- Creating a user manual with detailed instructions.
- Ensuring that data collected on clients can be connected with other datasets and that data needed can be extracted for researchers conducting future evaluations (Carrilio et al., 2004).

These changes will help collect accurate program data to track performance and caseloads, be used for funding and grant applications, and allow for future evaluations of processes and short- and long-term outcomes of the program.

Future Directions in Research

Previous research suggests gender roles may complicate the grieving process; specifically, men may be unable to properly grieve, due to a need to repress their emotions in line with traditional masculinity and stigma associated with weakness (Kenney, 2003). In this evaluation, none of the clients interviewed were male, so we could not assess perspectives and needs unique to men. Survivor programs must challenge these misconceptions and assist male survivors in developing flexibility within gendered ideas that encourage healthy coping mechanisms (Miller, 2009).

Examining how factors such as race and socioeconomic status impact survivors' interest in services also may be of importance.

Additionally, all clients indicated that their loved ones were lost to gun violence, and the interviews suggested that this was the type of loss Chicago Survivors were most comfortable addressing. Chicago Survivors may benefit from trainings related to other types of homicide (e.g., domestic violence, mass shootings) or suicide to continue to improve and expand the impact of services and coordination with other agencies in Chicago that may be better equipped in dealing with this type of trauma.

Section 7: Conclusion

Homicide survivors are a unique population that are sometimes ignored or misunderstood by the criminal justice system and the media. Survivors may not adhere to clinical models of grief, as the death of their loved ones may be complicated by multiple factors—that the death was due to a crime perpetrated by another human being and not a natural cause, or that the perpetrator may never be caught, leading to constant fear and unanswered questions. For some, the inability to recreate normalcy in life can thwart healing and be detrimental to daily functioning. Homicide bereavement can have lifelong psychological and financial effects on survivors; as such, the importance of homicide survivor support groups such as Chicago Survivors cannot be overstated. In particular, the emotional support and guidance provided by Chicago Survivors—beginning at the scene of the crime and continuing for up to six months—was noted to have a major impact on the mental health and well-being of survivors and was considered a valuable resource to other agencies in the city.

Adding staff to handle the large number of homicides in Chicago and the intensive nature of the work would benefit Chicago Survivors. Taking time to honor the hard work of program staff—through acknowledgment both citywide and within the program—may also prevent burnout and ensure that these important services are continually available. However, Chicago Survivors should also coordinate services with the other emerging survivor organizations in the city, recognizing that all the organizations share the similar goal of serving families impacted by homicide. Future research that continues to examine the effectiveness of survivor programs and identify the challenges they face in both implementation and operation will be beneficial for other groups looking to implement survivor services in their city or region. Additionally, specifying which services have been most and least effective can help these organizations focus limited resources. Increasing funding to these programs would further support this valuable work and allow more survivors to receive support over a longer period, further reducing the spread of trauma throughout underserved communities in Chicago.

References

Aftermath. (n.d.). *Who cleans up crime scenes and murder scenes?* https://www.aftermath.com/content/who-cleans-up-murders/

Alves-Costa, F., Hamilton-Giachritsis, C., Christie, H., van Denderen, M., & Halligan, S. (2019). Psychological interventions for individuals bereaved by homicide: A systematic review. *Trauma, Violence and Abuse*. Advance online publication. https://doi.org/10.1177/1524838019881716

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425596

American Psychiatric Association. (2013). Persistent complex bereavement disorder. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Author. https://doi.org/10.1176/appi.books.9780890425596

Amick-McMullan, A., Kilpatrick, D. G., Veronen, L. J., & Smith, S. (1989). Family survivors of homicide victims: Theoretical perspectives and an exploratory study. *Journal of Traumatic Stress*, *2*(1), 21-35. https://doi.org/10.1002/jts.2490020104

Andriessen, K., Krysinka, K., Hill, N. T. M., Reifels, L., Robinson, J., Reavley, N., & Pirkis, J. (2019). Effectiveness of interventions for people bereaved through suicide: A systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. *BMC Psychiatry*, *19*(1), 1-15. https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-019-2020-z

Ang, D. (2020). *The effects of police violence on inner-city students*. HKS Faculty Research Working Paper Series No. RWP20-016. Harvard Kennedy School. https://www.hks.harvard.edu/publications/effects-police-violence-inner-city-students

Armour, M. (2003). Meaning making in the aftermath of homicide. *Death Studies*, *27*(6), 519-540. https://doi.org/10.1080/07481180302884

Armour, M., & Umbreit, M. S. (2012). Survivors of homicide victims: Factors that influence their well-being. *Journal of Forensic Social Work*, *2*(2-3), 74-93. https://doi.org/10.1080/1936928X.2012.750253

Asaro, M. R. (2001). Working with adult homicide survivors, part II: Helping family members cope with murder. *Perspectives in Psychiatric Care*, *37*(4), 115-136. https://doi.org/10.1111/j.1744-6163.2001.tb00643.x

Baliko, B., & Tuck, I. (2008). Perceptions of survivors of loss by homicide: Opportunities for nursing practice. *Journal of Psychosocial Nursing & Mental Health Services*, *46*(5), 26-34. https://doi.org/10.3928/02793695-20080501-02

Bastomski, S., & Duane, M. (2019). *Losing a loved one to homicide: What we know about homicide co-victims from research and practice evidence*. Center for Victim Research. https://nicic.gov/what-we-know-about-homicide-co-victims-research-and-practice-evidence

Bern-Klug, M., Ekerdt, D. J., & Wilkinson, D. S. (1999). What families know about funeral-related costs: Implications for social work practice. *Health & Social Work*, *24*(2), 128-137. https://doi.org/10.1093/hsw/24.2.128

Berthelot, E. R. (2009). *Person or place? A contextual, event history analysis of homicide victimization risk* (Report No. 252940). Office of Justice Programs' National Criminal Justice Reference Service. https://www.ncjrs.gov/pdffiles1/nij/grants/252940.pdf

Bottomley, J.S., Burke, L. A., & Neimeyer, R. A. (2017). Domains of social support that predict bereavement distress following homicide loss: Assessing need and satisfaction. *OMEGA-Journal of Death and Dying*, *75*(1), 3-25. https://doi.org/10.1177/0030222815612282

Boushey, H., & Ansel, B. (2016). *Overworked America: The economic causes and consequences of long work hours*. Washington Center for Equitable Growth. https://equitablegrowth.org/wp-content/uploads/2016/05/051616-overworked-america.pdf

Boys, A., Marsden, J., & Strang, J. (2001). Understanding reasons for drug use amongst young people: A functional perspective. *Health Education Research*, *16*(4), 457-469. https://doi.org/10.1093/her/16.4.457

Burke, L. A., Neimeyer, R. A., & McDevitt-Murphy, M. E. (2010). African American homicide bereavement: Aspects of social support that predict complicated grief, PTSD, and depression. *OMEGA-Journal of Death and Dying*, *61*(1), 1-24. https://doi.org/10.2190/OM.61.1.a

Calhoun, L. G., & Tedeschi, R. G. (2006). The foundations of posttraumatic growth: An expanded framework. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research & practice* (p. 3–23). Lawrence Erlbaum Associates Publishers.

Carrilio, T. E., Packard, T., & Clapp, J. D. (2004). Nothing in—nothing out: Barriers to the use of performance data in social service programs. *Administration in Social Work, 27*(4), 61-75.

Casey, L. (2011). *Review into the needs of families bereaved by homicide*. Ministry of Justice. https://www.justice.gov.uk/downloads/news/press-releases/victims-com/review-needs-of-families-bereaved-by-homicide.pdf

Centers for Disease Control. (n.d.) *National Vital Statistics System – Mortality data (2019) via CDC WONDER.* https://www.cdc.gov/nchs/fastats/homicide.htm

Center for Violence Prevention and Intervention Research. (2019). *Logic models: Practical planning to reach program goals*. Chicago, IL: Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/logic-models-practical-planning-to-reach-program-goals

Chicago Sun Times (n.d.) *Homicides in Chicago: A list of every victim.* https://graphics.suntimes.com/homicides/

Chicago Police Department. (2017). *Crime Prevention and Information Center (CPIC)*. http://directives.chicagopolice.org/directives/data/a7a57bf0-13ed7140-08513-ed71-4cecd9c378c05dec.html

Chicago Survivors. (2020). *About the program.* https://chicagosurvivors.org/program-overview/

Connolly, J., & Gordon, R. (2015). Co-victims of homicide: A systematic review of the literature. *Trauma, Violence, & Abuse*, *16*(4), 494-505. https://doi.org/10.1177/1524838014557285

Crunk, A. E., Burke, L. A., & Robinson, E. H. M., III. (2017). Complicated grief: An evolving theoretical landscape. *Journal of Counseling & Development*, *95*(2), 226-233. https://doi.org/10.1002/jcad.12134

DeYoung, R., & Buzzi, B. (2003). Ultimate coping strategies: The differences among parents of murdered or abducted, long-term missing children. *OMEGA-Journal of Death and Dying*, *47*(4), 343-360. https://doi.org/10.2190/QYTT-GC1X-MNLX-6WLU

Doka, K. J. (2017, September 11). Building resilience after loss. *Huff Post*. https://www.huffpost.com/entry/building-resilience-after-loss_b_59b6b15fe4b0e4419674c372#:~:text=After%20a%20loss%2C%20resilient%20grievers,following%20a%20loved%20one's%20death

Eliseeva, A. S. (2007). *Meaning making after homicide: An exploratory study of experiences of people of color* [Master's thesis]. Smith College. ScholarWorks. https://scholarworks.smith.edu/theses/41

EMDR Institute Inc. (n.d.) *What is EMDR?* https://www.emdr.com/what-is-emdr/

Enez, O. (2018). Complicated grief: Epidemiology, clinical features, assessment, and diagnosis. *Current Approaches in Psychiatry*, *10*(3), 269-279. https://doi.org/10.18863/pgy.358110

Englebrecht, C., Mason, D. T., & Adams, M. J. (2014). The experiences of homicide victims' families with the criminal justice system: An exploratory study. *Violence and Victims*, *29*(3), 407-421. https://doi.org/10.1891/0886-6708.VV-D-12-00151

Englebrecht, C. M., Mason, D. T., & Adams, P. J. (2016). Responding to homicide: An exploration of the ways in which family members react to and cope with the death of a loved one. *OMEGA-Journal of Death and Dying*, *73*(4), 355-373. https://doi.org/10.1177/0030222815590708

Gekoski, A., Adler, J. R., & Gray, J. M. (2013). Interviewing women bereaved by homicide: Reports of secondary victimization by the criminal justice system. *International Review of Victimology*, *19*(3), 1-23. https://doi.org/10.1177/0269758013494136

Gerrish, N., Dyck, M. J., & Marsh, A. (2009). Post-traumatic growth and bereavement. *Mortality*, *14*(3), 226-244. https://doi.org/10.1080/13576270903017032

Gramlich, J. (2019, January 3). 5 facts about crime in the U.S. *Pew Research Center*. https://www.pewresearch.org/fact-tank/2019/01/03/5-facts-about-crime-in-the-u-s/

Oklahoma County District Attorney's Office. (n.d.) *Helpful information for homicide survivors.* https://www.oklahomacounty.org/DocumentCenter/View/781/Helpful-Information-for-Victims-PDF?bidId=

Horne, C. (2003). Families of homicide victims: Service utilization patterns of extra- and intrafamilial homicide survivors. *Journal of Family Violence*, *18*(2), 75-82. https://doi.org/10.1023/A:1022831530134

Illinois Attorney General's Office. (n.d.). *Crime victims compensation: Frequently asked questions*. http://www.ag.state.il.us/victims/CV_FAQ_0113.pdf

International Association of Chiefs of Police & Bureau of Justice Assistance (2013). Ten things law enforcement executives can do to positively impact homicide investigation outcomes. https://www.iir.com/Documents/IACP_Homicide_Guide.pdf

Kenney, J. S. (2003). Gender roles and grief cycles: Observations on models of grief and coping in homicide cases. *International Review of Victimology*, *10*(1), 19-47. https://doi.org/10.1177/026975800301000102

Kirkner, A., & Houston-Kolnik, J. (2019). *Financial assistance for Illinois victims: Crime victim compensation fund*. Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/financial-assistance-for-illinois-victims-crime-victim-compensation-fund

Kubrin, C. E., & Weitzer, R. (2003). Retaliatory homicide: Concentrated disadvantage and neighborhood culture. *Social problems*, *50*(2), 157-180. https://doi.org/10.1525/sp.2003.50.2.157

Latham, A. E., & Prigerson, H. G. (2004). Suicidality and bereavement: Complicated grief as psychiatric disorder presenting greatest risk of suicidality. *Suicide and Life-Threatening Behavior*, *34*(4), 350-362. https://doi.org/10.1521/suli.34.4.350.53737

Leedy, P. D., & Ormrod, J. E. (2001). *Practical research: Planning and design* (7th ed.). Upper Saddle River, NJ: Prentice-Hall, Inc.

Levey, D., Fronius, T., Guckenburg, S., & Petrosino, A. (2016, Spring). What research is needed to help family survivors of homicide? *Translational Criminology*, (10), 13-15. https://cebcp.org/wp-content/uploads/2019/06/TC10-Spring2016.pdf

Lewitzka, U., Spirling, S., Ritter, D., Smolka, M., Goodday, S., Bauer, M., Felber, W., & Bschor, T. (2017). Suicidal ideation vs. suicide attempts: Clinical and psychosocial profile differences

among depressed patients. *The Journal of Nervous and Mental Disease*, *205*(5), 361-371. https://doi.org/10.1097/NMD.0000000000000667

Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). "Prolonged grief disorder" and "persistent complex bereavement disorder", but not "complicated grief", are one and the same diagnostic entity: An analysis of data from the Yale Bereavement Study. *World Psychiatry*, *15*(3), 266-275. https://doi.org/10.1002/wps.20348

Massey, K., Horvath, M. A., Essafi, S., & Majeed-Ariss, R. (2019). Staff experiences of working in a Sexual Assault Referral Centre: the impacts and emotional tolls of working with traumatised people. *The Journal of Forensic Psychiatry & Psychology*, *30*(4), 686-705. https://doi.org/10.1080/14789949.2019.1605615

Masters, R., Friedman, L. N., & Getzel, G. (1988). Helping families of homicide victims: A multidimensional approach. *Journal of Traumatic Stress*, *1*(1), 109-125. https://doi.org/10.1002/jts.2490010108

Mays, V. M., Cochran, S. D., & Barnes, N. W. (2007). Race, race-based discrimination, and health outcomes among African Americans. *Annual Review Psychology*, *58*, 201-225. https://doi.org/10.1146/annurev.psych.57.102904.190212

McSpedden, M., Mullan, B., Sharpe, L., Breen, L. J., & Lobb, E. A. (2017). The presence and predictors of complicated grief symptoms in perinatally bereaved mothers from a bereavement support organization. *Death Studies*, *41*(2), 112-117. https://doi.org/10.1080/07481187.2016.1210696

Miller, L. (2009). Family survivors of homicide: II. Practical therapeutic strategies. *The American Journal of Family Therapy*, *37*(2), 85-98. https://doi.org/10.1080/01926180801960633

Morrall, P., Hazelton, M., & Shackleton, W. (2011). Homicide and its effect on secondary victims. *Mental Health Practice*, *15*(3), 14-19. https://journals.rcni.com/doi/abs/10.7748/mhp2011.11.15.3.14.c8772

Mulley, K. (2008). Victimized by the media. *Criminal Justice Matters*, *43*(1), 30-31. https://doi.org/10.1080/09627250108552963

The National Child Traumatic Stress Network. (2012). *CFTSI: Child and Family Traumatic Stress Intervention*. Author. https://www.nctsn.org/sites/default/files/interventions/cftsi_fact_sheet.pdf

National Funeral Directors Association. (2019). *National median cost of an adult funeral with viewing and burial: 2017 vs. 2014*. http://www.nfda.org/news/statistics

National Health Service. (2018). *Causes: post-traumatic stress disorder (PTSD)*. https://www.nhs.uk/conditions/post-traumatic-stress-disorder-ptsd/causes/

National Institute of Mental Health. (2019). *Post-traumatic stress disorder*. https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

National Victim Assistance Academy. (2002). *National victim assistance academy textbook*. https://www.ncjrs.gov/ovc_archives/nvaa2002/toc.html

Office for Victims of Crime. (2020). *Crime victims fund. https://ovc.ojp.gov/about/crime-victims-fund*

Office for Victims of Crime. (n.d.) *Help series for crime victims.* https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/helpseries/HelpBrochure_Homicide.html

Pastia, C., & Palys, T. (2016). 'I don't know what you people are so concerned about': Homicide survivors' experience with the Canadian criminal justice system. *Contemporary Justice Review*, *19*(3), 401-413. https://doi.org/10.1080/10282580.2016.1185944

Police Executive Research Forum. (2019). *Review of the Chicago Police Department's homicide investigation proc*ess. www.iapa-il.org/news/Chicago-Homicide-Investigations-Assessment-Report_FINAL_to-CPD.pdf

Quisenberry, C. E. (2009). *Murder, mayhem, and mourning: A qualitative study of the experiences, reactions, and coping mechanisms of homicide survivors* [Doctoral dissertation, Texas A&M University]. OAKTrust. http://hdl.handle.net/1969.1/ETD-TAMU-2009-05-426

Reed, M. D., & Caraballo, K. (2021). Voice of the victims: Accounts of secondary victimization with the court system among homicide co-victims. *Journal of Interpersonal Violence*, 0886260521989732. https://doi.org/10.1177/0886260521989732

Reichert, J. (2019*). Concentrations of incarceration: Consequences of communities with high prison admissions and returns*. Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/articles/concentrations-of-incarceration-consequences-of-communities-with-high-prison-admissions-and-returns

Rheingold, A. A., Zinzow, H., Hawkins, A., Saunders, B. E., & Kilpatrick, D. G. (2012). Prevalence and mental health outcomes of homicide survivors in a representative U.S. sample of adolescents: Data from the 2005 National Survey of Adolescents. *Journal of Child Psychology and Psychiatry*, *53*(6), 687-694. https://doi.org/10.1111/j.1469-7610.2011.02491.x

Riddell, C. A., Harper, S., Cerdá, M., & Kaufman, J. S. (2018). Comparison of rates of firearm and nonfirearm homicide and suicide in black and white non-Hispanic men, by US state. *Annals of Internal Medicine*, *168*(10), 712-720. https://doi.org/10.7326/M17-2976

Rutledge, N. M. (2011). Looking a gift horse in the mouth—The underutilization of crime victim compensation funds by domestic violence victims. *Duke Journal of Gender Law & Policy*, *19*(1), 223-273. https://scholarship.law.duke.edu/djglp/vol19/iss1/6

Sharpe, T. L., & Boyas, J. (2011). We fall down: The African American experience of coping with the homicide of a loved one. *Journal of Black Studies*, *42*(6), 855-873. https://doi.org/10.1177/0021934710377613

Sharpe, T. L., Joe, S., & Taylor, K. C. (2012). Suicide and homicide bereavement among African Americans: Implications for survivor research and practice. *OMEGA: Journal of Death & Dying*, *66*(2), 153-172. https://doi.org/10.2190/OM.66.2.d

Sheerin, C., Berenz, E. C., Knudsen, G. P., Reichborn-Kjennerud, T., Kendler, K. S., Aggen, S. H., & Amstadter, A. B. (2016). A population based study of help-seeking and self-medication among trauma exposed individuals. *Psychology of Addictive Behaviors*, *30*(7), 771-777. https://doi.org/10.1037/adb0000185

Sklarew, B. H., Handel, S., & Ley, S. (2012). The analyst at the morgue: Helping families deal with traumatic bereavement. *Psychoanalytic Inquiry*, *32*(7), 147-157. https://doi.org/10.1080/07351690.2011.592741

Smith, J. R., & Patton, D. U. (2016). Posttraumatic stress symptoms in context: Examining trauma responses to violent exposures and homicide death among black males in urban neighborhoods. *American Journal of Orthopsychiatry*, *86*(2), 212-223. https://doi.org/10.1037/ort0000101

Soydas, S., Smid, G. E., Goodfellow, B., Wilson, R., & Boelen, P. A. (2020). The UK National Homicide Therapeutic Service: A retrospective naturalistic study among 929 bereaved individuals. *Frontiers in Psychiatry*, *11*(878), 1-11. https://doi.org/10.3389/fpsyt.2020.00878

Spilsbury, J. C., Phelps, N. L., Zatta, E., Creeden, R. H., & Regoeczi, W. C. (2017). Lessons learned implementing community-based comprehensive case management for families surviving homicide. *Child & Family Social Work*, *22*(3), 1161-1174. https://doi.org/10.1111/cfs.12333

Survivor Resources. (n.d.) *Services*. https://survivorresources.org/grief-support-services/

Sweatt, L., Harding, C. G., Knight-Lynn, L., Rasheed, S., & Carter, P. (2002). Talking about the silent fear: Adolescents' experience of violence in an urban high-rise community. *Adolescence*, *37*(145), 109-120. https://pubmed.ncbi.nlm.nih.gov/12003284/

Sweeney, A., & Gorner, J. (2020, December 15). Chicago's homicide clearance rate dips in 2020 after improvement in recent years. Police 1. https://www.police1.com/investigations/articles/chicagos-homicide-clearance-rate-dips-in-2020-after-improvement-in-recent-years-aScE5fIkYmg4IvYi/

Tapley, J. (2005). Public confidence costs – criminal justice from a victim's perspective. *British Journal of Community Justice*, *3*(2), 25-38. https://researchportal.port.ac.uk/portal/en/publications/public-confidence-costs-criminal-justice-from-a-victims-perspective(af7f66d4-77a7-45d1-82ff-769f104646e5).html

Tedeschi, R. G., & Calhoun, L. G. (2004). A clinical approach to posttraumatic growth. *Positive psychology in practice*, *405*. https://doi.org/10.1080/13576270903017032

Temple, S. (1997). Treating inner-city families of homicide victims: A contextually oriented approach. *Family Process*, *36*(2), 133-149. https://doi.org/10.1111/j.1545-5300.1997.00133.x

Thai, C. L., & Moore, J. F. (2018). Grief and bereavement in young adult college students: A review of the literature and implications for practice and research. *Communication Research Trends*, *37*(4), 4-29. https://search.proquest.com/docview/2167696443?accountid=13605

Van Denderen, M., de Keijser, J., Huisman, M., & Boelen, P. A. (2016). Prevalence and correlates of self-rated posttraumatic stress disorder and complicated grief in a community-based sample of homicidally bereaved individuals. *Journal of Interpersonal Violence*, *31*(2), 207-227. https://doi.org/10.1177/0886260514555368

Vigil, J. D. (2003). Urban violence and street gangs. *Annual Review of Anthropology*, *32*(1), 225-242. https://doi.org/10.1146/annurev.anthro.32.061002.093426

Vincent, N. J., McCormack, J., & Johnson, S. (2015). A comprehensive conceptual program model for supporting families surviving a homicide victim. *Child Adolescent Social Work Journal*, *32*(1), 57-64. https://doi.org/10.1007/s10560-014-0362-4

Waters, E., Bond, C., & Eriksson, L. (2017). Examining the accuracy of print media representations of homicide in Australia. *Current Issues in Criminal Justice*, *29*(2), 137-153. https://doi.org/10.1080/10345329.2017.12036092

Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *The Life Events Checklist for DSM-5 (LEC-5)*. U.S. Department of Veteran Affairs, National Center for PTSD.

Wellman, A. R. P. (2014). Faith without answers: The use of religion among cold case homicide survivors. *OMEGA-Journal of Death and Dying*, *69*(1), 19-39. https://doi.org/10.2190/OM.69.1.b

Wernsman, J. (2016). *Crisis response and recovery program evaluation*. Unpublished manuscript.

Williams, D. R., Priest, N., & Anderson, N. B. (2016). Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychology*, *35*(4), 407. https://doi.org/10.1037/hea0000242

Williams, J. L., & Rheingold, A. A. (2015). Barriers to care and service satisfaction following homicide loss: Associations with mental health outcomes. *Death Studies*, *39*(1), 12-18. https://doi.org/10.1080/07481187.2013.846949

Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (5th ed.). Springer Publishing Company. https://doi.org/10.1891/9780826134752

Zinzow, H. M., Rheingold, A. A., Byczkiewicz, M., Saunders, B. E., & Kilpatrick, D. G. (2011). Examining posttraumatic stress symptoms in a national sample of homicide survivors: Prevalence and comparison to other violence victims. *Journal of Traumatic Stress*, *24*(6), 743-746. https://doi.org/10.1002/jts.20692

Appendix A: Staff Interview Protocol

Demographics

1. What is your age?
2. What is your race/ethnicity?
3. What is your highest level of education?
4. What is your current job title?
5. How many years have you been with Chicago Survivors (CS)?
6. What licenses or certifications do you have?
7. What made you want to work for CS?

Role in Program

8. Please describe your experience being "in the field" (at the scene of crime, the hospital, the morgue, or other locations) based upon your role?
9. How manageable is your caseload, considering the complexity of the cases?
10. How long do staff members typically work at CS?
11. Given the emotional nature of the job, please tell me about any self-care or activities you do to take care of your mental, emotional, and physical health. (Probe: enough sleep, healthy diet, work breaks, exercise, walks, trips/vacations, hobbies)
12. Does CS support your self-care practices?

Training

13. Can you describe the training you received at CS?
14. Are there other areas of training that are needed?
15. What were the most and least helpful trainings?

Clients

16. Please tell me about the intake process.
17. Please describe the assessments used and how they are collected.
18. If you conduct case management, where do you meet with clients?
19. How do families' needs differ?
20. What are client needs? Are you able to refer to services to fulfill those needs?

	Meet Needs?			
Client Needs	***Yes***	***Some-what***	***No***	**If no or somewhat, do you provide a referral for this service?**
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

21. Please tell me about the process of referring clients to services.
22. Please tell me about conducting home visits.
23. Do you have any concerns for your safety as a result of your job?
24. Why do clients stop engaging in services?
25. What does success look like?
26. What do you think of the length of time with clients (6 months)?
27. What have clients said to you about CS?

Feedback on Program Components and Operations

28. What are the overall goals of CS?
29. To what extent is the program effective in achieving those goals?
30. Would you make any changes to the program?
31. What do you think is the most challenging or worst part of the program?
32. What is your favorite part of working for CS?
33. How, if at all, would you strengthen CS' outreach to bring awareness to their services?
34. How well-prepared do you feel to provide services to victims based on the tools CS provides you?
35. To what extent do you feel supported by administration?
36. To what extent does CS meet the needs of the community?
37. Without the program, how would needs be fulfilled for families of homicide survivors?
38. What are some lessons learned about the program?
39. Do you have any other additional comments?

Thank you for your participation in the interview.

Appendix B: Partner Interview Protocol

1. What is your current work position? How long have you been in that position?
2. In what capacity do you work with Chicago Survivors (CS)? How long have you been working with them?
3. Overall, what do you think of CS?
4. To what extent do you think CS is needed in Chicago? Outside Chicago?
5. What is the best aspect of CS?
6. What, if any, challenges have you faced in working with CS?
7. To what extent is CS adequately meeting the community's needs? What else is needed?
8. What, if anything, would you recommend to change or improve CS?
9. Do you have any other comments about CS?

Thank you for your participation in the interview.

Appendix C: Client Survey Recruitment Flyer

Share Your Experience

Tell us about yourself & your experience with Chicago Survivors

RECEIVE A $50 WALMART GIFT CARD FOR PARTICIPATING

SCAN THE QR CODE USING YOUR SMARTPHONE CAMERA TO SIGN UP FOR A 60-MINUTE INTERVIEW

or, go to this link: https://bit.ly/2TtcFNj

YOU CAN CONTACT A RESEARCHER AT 312-793-8642 OR EMILEE.GREEN@ILLINOIS.GOV TO SIGN UP FOR A TIME AS WELL

Appendix D: Client Interview Protocol

Interviewer initials: _____
Date of interview: _____/_____/_____
Time interview started ___:_____ AM/PM

Thank you for talking with me today. You are on speaker phone, but I want to let you know that I am in a closed private office and no one else can hear you except for me.

I'll start by going over the project. I know that consent forms can be confusing, so I would like to review the information again before we start and give you another chance to ask questions.
****go over consent sheet and obtain verbal consent****

I know that there's a lot of different terms for the loss of your loved one. The language that we use throughout this interview is what Chicago Survivors uses. [*Alternate*: Do you have a preference on what language we use? Some individuals prefer more direct terms and are okay with words like "homicide," while others find such language to be too harsh or triggering.]

If there are certain terms that make you uncomfortable, please let me know and I will do my best to use your preferred language.

On the next business day, we will send out your $50 gift card for participating. Your address will not be saved or shared once your gift card has been mailed. You can also stop the interview at any time and you will still receive this payment. Could you confirm your address before we begin?

If they consent to audio recording: If it is okay, I am going to start the audio recording.

****begin audio recording****

Demographics

I'll start by asking you a few things about yourself:

1. What is your current age?
2. What race or ethnicity do you identify with?
3. What gender do you identify as?
4. Do other members of your family receive services from Chicago Survivors?
5. Which Chicago neighborhood do you live in?
6. Is this the same neighborhood where you receive services?
    a) If not, which neighborhood(s) do you receive services in?

Prior Experience with, and Knowledge of, Services

7. Had you heard of Chicago Survivors before receiving their services?
    a. If yes, what had you heard and from whom?
8. To what extent is Chicago Survivors well known in your community?
    a. How have those people heard about Chicago Survivors?

9. Do you personally know others who have received services from Chicago Survivors?
    a. How was their experience (if known)?

Immediate Crisis Help

The following section will have questions about the loss of your loved one. Some of the questions may be upsetting or make you feel stressed out. I just want to remind you that any questions can be skipped, and you can pause or stop the interview at any time.

10. To the extent you are comfortable, can you describe what happened to your loved one?
    - ☐ **When** did the loss occur? (month/year)
    - ☐ **Relationship to the victim**: What was your relationship to the person who was lost (killed)?
    - ☐ **Location:** Which neighborhood did the incident occur in?

11. After the death of your loved one, can you talk about what you needed?

12. Can you describe your first interaction with Chicago Survivors?
    - ☐ **Response time**: How soon after the loss did they arrive?
    - ☐ **Where occurred**: Where did the first interaction occur? (at the site, hospital)
    - ☐ **Reason agreed for services**: Why did you agree to their services? (needed help, knew of the program or what they offer)

    a) What services did the crisis responder provide? [*Alternate*: What services did the first person you met provide?]

13. How, if at all, did Chicago Survivors address your immediate needs after the incident (such as counseling, help with the police, providing money)?

14. Can you tell me about the transition from working with the crisis responder to the family support specialist? [*Alternate*: Can you talk about what it was like going from the first person you met at Chicago Survivors, to working with the second person you met from Chicago Survivors?]

    a. How was your experience with the questionnaires they had you do? (PTSD, daily functioning)

Service Provision

15. Have you received home visits?
    a. If yes, approximately how many have been completed?
16. How long are your meetings? (average or range)
17. What do you and your family support specialist work on during your meetings?

18. Some staff members at Chicago Survivors have lost loved ones as well. Did your specialist share any of their own experiences with violence? [Probe: If yes, was this helpful for you?]
19. Do you attend any support groups? If yes, tell me about your experience.
20. Have you received any money from Chicago Survivors? If yes, tell me about your experience. [Probe: How much for food? How much for transportation?]
21. If you had a funeral for your loved one, did Chicago Survivors help with anything related to that? (e.g., planning, cost, reimbursement)
22. Have you participated in any counseling through Chicago Survivors? If yes, tell me about your experience.
23. How did the rest of your family's needs get taken care of? (children)
24. Overall, have you found their family support services helpful?
    b. If yes, what has been helpful?
    c. If no, why not or what could be improved?
25. Are there other services that you think would be helpful that are not provided?
26. Did Chicago survivors give you information about services you could get from other organizations?
    a. If so, which services or organizations?
27. Were you able to offer feedback to Chicago Survivors?
28. Do you consider Chicago Survivors staff to be well-trained?
29. How do you feel about the length of Chicago Survivors services (maximum 6-months)?

Experience with CJ System

30. How would you describe your experience with the police (CPD) after the incident?
31. Did the police ever find someone responsible for the loss of your loved one?
32. Did the case go to trial? [*Alternate*: Did you go to court?]
    a. Can you tell me about your experience? (conviction)
33. How, if at all, did Chicago Survivors help you in working with the police? What about the court? [Probe: Have you attended any Unsolved Case Meetings?] [*Alternate Probe*: Did Chicago survivors help set up a meeting for you to talk with CPD about the progress of the investigation?]
    a. If yes, how was your experience?
34. Did you apply for crime victim compensation?
    [*Alternate*: Did Chicago Survivors help you apply for government money for the things you needed?]
    a. If no, why not?
    b. If yes, can you tell me about the process?

        ☐ **Length**: How long was it?
        ☐ **Support specialist help**: Did the family support specialist help you with this?
        ☐ **Receive funds**: Do you receive victims' compensation?
        ☐ **How much funds**: If yes, how much did you receive and what did it cover?

Short-Term Goals

35. How, if at all, did Chicago Survivors help you after losing your loved one?
36. How, if at all, did Chicago Survivors help reduce any family conflict?
37. How, if at all, did Chicago Survivors help improve your coping skills?
    [*Alternate*: How, if at all, did Chicago Survivors help you deal with the "day-to-day"?]

Closing Questions

38. What has been the most helpful part about working with Chicago Survivors?
39. Was there anything you needed that Chicago Survivors couldn't provide?
40. Have you experienced any challenges working with Chicago Survivors, or, what would you change about the program to improve it?
41. Do you have any additional comments to share about Chicago Survivors or your time with the program?
42. Now that we have completed the interview, how do you feel about having participated?

****end audio recording****

Thank you for your participation.

Time interview ended ___:_____ AM/PM

If a participant indicates or exhibits behaviors that suggest the interview is too stressful, take these steps as warranted:

1. Encourage participant to contact their mental health provider or Chicago Survivors counselor.
2. Provide the participant with help line numbers, including Chicago Survivors' number (312-488-9222). Encourage them to call if they experience any distress in the hours or days following this interview.
3. Ask participants if they would like their counselor to contact them the next day to see if they are okay.
4. Note what happened and report immediately to the PI (Jessica) so that she may notify the IRB.

Appendix E: Updates Since the Onset of the Evaluation

Because the evaluation spanned across multiple years, Chicago Survivors informed us that implementation of several recommendations listed above has already begun based on their own self-assessments. The program wished for us to share their significant efforts in addressing these strategies. Future evaluations may be interested in examining the effects of these new efforts.

Updating Partnerships

To minimize confusion for families and ensure smooth coordination of resources available for families, the program has created formal and informal partnerships with other crime victim advocacy groups. They have held cross-organizational staff meetings to assist with building trust across organizations, developed coordinated processes related to crisis response and services, and identified trainings that related to crisis response and trauma-informed care. The cross-organizational coordinated efforts will continue throughout the survivor's time with either agency.

Addressing Staff Well-being

Chicago Survivors implemented an all-staff wellness week in 2020 offering yoga sessions, meditation practices, and other self-care activities. Ongoing staff wellness trainings reinforced how to recognize vicarious trauma and provided tools to combat vicarious trauma. The program also provided program managers with a series of trainings that focused on managing staff that work in a trauma-intense environment. The training showed the managers ways to identify potential staff burnout, tools to address staff burnout, and how to manage staff through a trauma-informed lens.

Chicago Survivors used crisis response contractors to assist the crisis response team during peak seasons to minimize staff caseloads and prevent burnout. Based on staff feedback, leadership also identified a new consultant to provide debriefing for staff. Additionally, the program's leadership created opportunities for staff to lead external trainings for partners and City of Chicago events. This provides staff with exposure outside the organization.

Improving Program Awareness

Chicago Survivors has worked to increase its awareness by developing a social media strategy to promote the work of the organization to Chicago's communities, government officials, and other institutions. Chicago Survivors continues to work with a public relations firm to further promote its programs. The firm assisted Chicago Survivors by developing a press release announcing the hire of the new Executive Director, generated promotional brochures, and created numerous social media posts.

The Executive Director and staff were interviewed by local media, which was included in local and national newspaper articles. Chicago Survivors also increased its presence in Chicago communities by expanding and establishing new partnerships within the communities they serve. Chicago Survivors had a goal to participate in more community events, but due to COVID, community events were limited due to safety restrictions.

Finally, Chicago Survivors has partnered with the Attorney General's Office to develop co-marketing material to promote and improve the Crime Victim Compensation process for crime

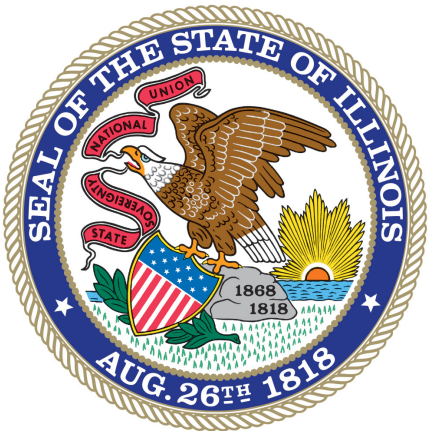
victims. The program plans for this partnership to improve Chicago's knowledge about the program.

Enhancing Chicago Police Department Communication

Chicago Survivors has enhanced its partnership with the police by working with additional bureaus beyond the Bureau of Detectives at the Chicago Police Department. For instance, the program has coordinated services with the Crime Victims Unit and with the new Crime Victim Area Detectives, a role that was established to support survivor families. In addition, the program continues to provide training to all new officers and detectives. Program staff routinely serve as a bridge between survivor families and the Chicago Police Department by helping the two parties keep an open line of communication related to the homicide investigation.

Updating Data Management

Chicago Survivors' Deputy Program Manager serves as the point person for internal data management. The Deputy Program Manager works with an information technology consultant to address electronic case management issues, enhancement, and training development. Chicago Survivors offered manager training on report generation, new updates, and other key areas of the case management system. As a result of these trainings, managers have the capacity to provide program specific and one-on-one training based on staff need. The program also added mandatory fields where staff now have to input specific fields in the system which ensures key data points are captured. Also, assessment tools and forms have been added to the electronic case management system to allow for streamlining and simplifying data collection. Lastly, Chicago Survivors used financial resources to further build out and provide ongoing support for their data management system across each program.



Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200
Chicago, Illinois 60606
Phone: (312) 793-8550
Fax: (312)793-8422
TDD: (312)793-4170

www.icjia.state.il.us