



2016 VICTIM NEEDS ASSESSMENT



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Illinois Criminal Justice Information Authority

Summary Report

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EXECUTIVE SUMMARY

This study provides an initial benchmark reading on the proportion of people in Illinois who are affected by violent crime and what needs result from their victimization. This research also explores how victims' needs are met by victim services providers in Illinois and where gaps in service delivery currently exist. By periodically repeating this data collection, the State of Illinois will be able to strategically allocate resources to meet victims' needs and understand how victims' needs are met through law enforcement, legal system, health care, trauma and grief counseling, housing, and other types of support services.

In this study, we observe that people in Illinois are not prepared to respond to becoming a victim. They are not aware of victim rights under Illinois law, how the criminal justice system works in Illinois, or what type of resources are available in the state to support or compensate victims and their families. Educating Illinois residents about Illinois law and resources may help prepare victims to navigate the criminal justice system more effectively, and empower them to engage the support they need.

Consistent with national studies, this research shows that many crimes in Illinois go unreported; 54% of victims in Illinois indicate they do not report their crimes. Victims say that they often do not report crimes because they feel they won't be believed, fear re-victimization, don't trust police, and/or have logistical barriers to reporting, such as no transportation. Others do not report because they do not have sufficient resources to escape their current situation; this is often the case for victims of domestic violence and gang violence.

This study also shows that Illinois generally does not have an efficient means of matching victims to available and accessible victim services providers. It is difficult to tell whether existing resources are not adequate, or whether resources are not disseminated effectively, or perhaps both. Regardless, victims often identify needs that are not met, particularly for mental health and counseling services. Victim services providers are often stressed beyond capacity, which leads to burn-out. The state also does not have a systematic way of measuring whether the services provided actually improve victims' short- or longer-term outcomes. Opportunity exists to re-invent information flow, strategically deliver services, and evaluate impact using a more victim-focused approach, perhaps modeled after health systems that use patient navigators to guide a patient's experience, and monitor patients' satisfaction and health outcomes after their encounters. In contrast, professionals serving Illinois victims sometimes don't have the resources they need to help victims; e.g., hospital ERs are not staffed with Sexual Assault Nurse Examiners trained to collect evidence nor do they consistently have the proper equipment to collect evidence.

Victims who have support of prosecutor-based advocates (victim witness coordinators) are generally more apt to say they have received needed services and have begun their recovery process. Many victims in Illinois, however, perceive that they are not being well served by police or the legal system, and a few victims feel this way about their victim services providers. Their

concerns often arise when individuals are harsh, lacking in compassion, or skeptical of the victim. Concerns also arise from inadequate information flow, overlooked follow up, and delays in the judicial process. It is clear that focus should be placed on improving communication with victims and ensuring a victim-focused process that is enforced equally regardless of crime, location, gender, ethnicity, income, or age. Mapping the victim experience in terms of contact points with service providers, first responders, medical personnel, law enforcement, and state's attorneys can help identify potential points at which the interaction with victims can be improved (see Appendix: Journey of Contact Points in Victimization). Defining expectations at each step of the process may help establish standards for victim services that ensure more victims' needs are understood and being met.

SUMMARY OF FINDINGS

Just over half of adults in Illinois (55% of n=1,040) report that they've been a victim of crime in their lifetime. Among those victims, about one-in-five Illinois residents (21%) report that they've experienced a crime in the past two years, with many of these crimes occurring in Chicago and its suburbs.

Though it is clear that victimization affects Illinois residents of all ages, genders, ethnicities, and incomes, some groups report a higher rate of victimization than their subgroup counterparts. The following groups report significantly higher rates of victimization: people who are 18-34, single, African American, Hispanic, disabled, lesbian, gay, bisexual, transgender, and queer (LGBTQ), and those with annual incomes below \$20,000.

Though some might assume that crimes in Illinois are mostly gang-related or involve guns, our survey reveals that 10% or less of the crimes actually involved such factors. More frequently, Illinois residents indicate that they are victims of identity theft and scams (25%), physical assault (21%), child abuse (20%), domestic violence (20%), robbery (15%), or rape/sexual assault (14%). Oftentimes, crimes occur not far from home leading some victims to say they are uncomfortable leaving their home, need someone to stay with them, or may require additional time to recover before returning to work or their normal routines. Their experiences can affect their employment status and/or ability to provide sustenance and care to others in the home.

Less than half of Illinois victims surveyed (46%) indicate that they reported their crime to law enforcement. In qualitative interviews, victims explain that they do not report crimes because they believe police will not help them, and/or they would be blamed or not believed. Some also say they fear what would happen after the crime, such as potential retaliation, punishment for perpetrator, or police interaction. Many of these rationales are confirmed in the quantitative survey.

Males are significantly more apt to report crimes to law enforcement than females (54% vs. 44%). This may be influenced by crime type as women are more likely to be victims of domestic violence and sexual assault, and victims of these crime types are less likely to report the crime. Regardless, when asked why they did not report the crime, females are significantly more likely to say they feel they will be blamed (females 25% vs. males 5%) or not believed (females 22% vs. males 9%). Women are also more apt to express concern over the offender getting in trouble (females 17% vs. males 4%); qualitative interviews reinforce that many women are victimized by spouses, relatives, or people known to the family who are assumed by others to be trustworthy. This may cause them to fear that their accounts will be challenged.

Counseling and mental health services (26% and 18%, respectively) are most frequently mentioned as needs by Illinois victims. Victims of violent crimes (defined as victims of adult physical assault, child abuse/assault, domestic violence, driving under the influence, elder abuse, homicide, human trafficking, kidnapping, or rape/sexual assault) concur with this, at an even

higher rate (40% and 28%, respectively), however, they also rate the need for civil legal services (30%), medical care (20%), and shelter (20%) highly. In discussion, we learn that victims of violent crime may need civil legal assistance to separate from their abusers, obtain orders of protections or divorces, replace identification or paperwork, and secure custody of young children. Victims explain that short- and long-term shelter is needed to facilitate relocation, or to find a new pattern of life that is not recognizable to their perpetrators.

Though some victims who seek support are effective in securing help that meets their needs, many do not receive support. About one-third to one-half of victims who say they need help do not receive it. Interviews reveal that this is oftentimes because they do not know services are available or where to find them; the survey confirms that this is the case for the majority of people who don't receive services (57%).

This should not be surprising given that over half of all victims (51%) indicate that no one informed them that services were available. Furthermore, among all victims only 18% report that police or law enforcement referred them to support services and 17% say that friends or family members pointed them toward resources. All other referral sources show incidence of referral rates of 10% or less, suggesting that Illinois can potentially work on strategies to inform victims of resources and to ensure they are aware of where to get help.

About one-third of victims (29% of all victims and 45% of victims of violent crimes) did not seek services because they felt they would not qualify to receive services. Such perceptions may be influenced by the fact that they did not receive referrals, where someone is reinforcing the fact they do qualify and telling them how they can access services. Victims may also misconstrue their inability to schedule appointments on a timely basis as an indicator of qualification; in qualitative interviews, victims and victim services providers often indicate that the wait list for services may be as long as 6-12 months from the victim's initial inquiry. Some victims are essentially turned away and fail to return.

Some victims also report that there were logistical barriers to accessing or receiving support. Just under one-quarter report that there were no service providers nearby (24%) or no transportation to reach them (22%). Qualitative research reveals that this is particularly true for individuals in rural areas. Other barriers, such as wait list (15%), lack of child care (13%), and no services in a victim's primary language (13%), were also cited in the survey.

Along these same lines, only 17% of Illinois victims are aware of Illinois' Victim Compensation Fund; awareness among victims of violent crimes is about double (23%), but still well below the majority. Qualitative interviews reveal that most victims are not aware of this form of compensation, and others who are aware, feel that the process is too complicated to engage in. Some victims who have reviewed the required compensation forms say that they do not understand the requirements, and others who have attempted to complete forms on their own say their requests have been refused.

Many victims reveal that they feel lost not only in the process of seeking compensation, but also in the health care, law enforcement, and criminal justice processes they encounter after experiencing their crime. Many victims indicate that they did not previously know their rights as victims under Illinois law, and being aware of such rights in advance could have helped them exercise their rights. Greater education of residents about the law and criminal justice system could help build confidence among victims to report their crimes and to assist professionals serving victims. Many victims indicate that their lives will not return to normal until their case is tried, and as such, the lengthy criminal justice process interferes with their recovery process.

Though there are many professionals and service providers who tirelessly serve and advocate for victims everyday of their lives, based upon our interviews, it is clear that many of these providers are overwhelmed and burned-out by the fact that the number of victims who need help consistently exceeds the human power available to fill those needs. Not only do labor shortages exist for serving victims, but there is also a lack of coordinated resources. Health care or legal professionals and service providers often spend additional time placing multiple calls to figure out who is available to support a victim.

Lack of coordinated resources, equipment, and information flow is also said to impede the ability to apprehend perpetrators, secure charges, and prosecute them for their crimes. Emergency rooms need to be equipped to gather forensic evidence, using appropriate medical equipment and Sexual Assault Nurse Examiners. In other cases, it may be a function of ensuring state laws are effectively aligned to victims' needs.

Until appropriate resources are in place to meet victim needs, providers and professionals will likely attempt to do what they can and, at times, make subjective judgements about which victims receive support and care. This subjectivity can lead to perceptions that support is not available or that victims may not actually qualify to receive it. As priorities are determined and increased VOCA funds flow to providers, it will be important to repeat this assessment to determine if new resource allocations have helped to make Illinois victims aware of services and to increase the rate at which victims' needs are met.

CONCLUSIONS AND RECOMMENDATIONS

ILLINOIS EDUCATION AND OUTREACH INITIATIVES

Educate Illinois Residents about the Rights of Crime Victims

Illinois victims are not prepared to exercise their rights under Illinois law because they are not aware of laws that affect them. Illinois should work to educate its citizens about the Illinois Victims Bill of Rights and the Illinois Victim's Compensation Fund so that victims are prepared to make decisions if they become a victim of crime. Given that over half of Illinois residents have become victims, understanding how to exercise rights under Illinois law is essential.

Educate Illinois Residents about How the Illinois Criminal Justice System Works

Illinois victims often interact with people who work in law enforcement and the criminal justice system within Illinois. Victim frustration and lack of cooperation sometimes results from the fact that they do not understand how the system works. Imagine the challenge of going to court for the first time and not understanding the roles of people in that court, or not knowing the meaning of many of the words that are used or why certain decisions are made. Information for victims explaining the Illinois criminal justice system needs to be developed and tested to ensure that it clearly communicates the process.

Create a Statewide Resource to Explain Types of Support Victims May Need

Some victims in Illinois are not aware of the type of services and support victims may need if they or someone they love becomes a victim. These family members and friends need to know how to respond to a child who says they have been abused, or to a significant other who has been the victim of physical assault. Oftentimes, because they do not know how to respond, they say the wrong thing, or respond with disbelief, which re-victimizes the individual who is sharing news of their victimization. Statewide programs are needed to educate people how to respond to victims with respect, and how to help guide Illinois victims toward the type of support they may need.

Review of Illinois Laws from the Victim's Perspective

Victims sometimes point out that some Illinois laws do not make sense, particularly laws with express time limitations. They report that time limits for victim's compensation cannot be met given that a death certificate may not have even been issued specifying the crime before their time limit expires. For example, there are time limits to Dram Shop Act laws which allow victims to bring civil claims against vendors who supplied alcohol to the person who caused the injury. However, delays in DUI cases mean victims may not discover which vendors were involved until years later. Victims talk about the need to require mandatory restitution when victims are seriously injured, a need for increased minimum insurance coverage, and the need to eliminate the statute of limitations on child abuse. Victims have developed knowledge of select Illinois laws that affect them and suggest that sometimes the laws work against rather than for victims.

INITIAL RESPONSE TO VICTIMS

Explore Strategies to Improve Victim Experiences at the Initial Points-of-Service

Many of the snafus that result in victims' dissatisfaction or unwillingness to report crimes occur in the early hours/immediately after their crime, when they come into contact with police, EMTs, nurses, and physicians at the scene of the crime or in a hospital's emergency room. There is a need to identify and map best practices for each point of contact to ensure victims' needs are clearly understood by service providers so victims can be well-served, and to measure the extent to which victims are satisfactorily served by these encounters.

Increase Understanding of a Victim's Trauma-based Response

Victims often say that after their crime they are in shock, cannot think clearly, and cannot respond effectively. Some victims feel that they are not believed because their initial response may be inconsistent with their later statements. Greater focus should be placed on educating professionals on how people may respond to trauma differently, and how such responses cannot be interpreted to either validate or invalidate that a crime took place.

Encourage Front-line Service Providers to Demonstrate Courtesy and Suspend Disbelief

Many victims interpret professionals to show bias and disrespect of victims. Harsh words, innuendo, slanderous language, expressed skepticism, and unwillingness to provide service all contribute to these perceptions. Victims indicate that working professionals make assumptions that are not correct, question and show skepticism of victims' statements, refuse to make police reports, and do not offer appropriate care because of assumptions (e.g. that a patient's family is associated with a gang, or can't pay for treatment). When people become victims, there needs to be clear-cut "rules of engagement" which deter subjectivity and discrimination. These rules need to exist for all state, city, and county employees in Illinois who encounter victims.

Ensure Front-line Providers Have Equipment to Serve Victims Effectively and Efficiently

Child abuse and rape/sexual assault fall among the most frequent crimes victims experience in Illinois, yet many of the hospitals that victims visit are not equipped to provide the trauma-based care or to gather evidence in the appropriate manner. For example, some Illinois hospitals labeled as centers of excellence for caring for these types of victims do not have appropriately trained staff (e.g. SANE nurses) or the proper equipment to carry out this work. Because VOCA dollars can cover equipment and training, supplying all hospitals in the state with necessary equipment to collect and document evidence and reimbursing labor costs during SANE training could grow the level of sophistication state-wide, providing not only more effective care to victims but also better evidence for state's attorneys to use in prosecution. Research with health care providers is needed to explore strategies for improving their ability and willingness to deliver the care that victims need.

STRATEGIES FOR DELIVERING VICTIM SUPPORT

Shift the Paradigm on How Victims Access Support Services in Illinois

Currently, victims are not consistently informed that support services exist or how to access them. The burden is on the victim to essentially refer themselves, match themselves to a victim services provider, and persistently seek out care, even when the support may not be available in the next 12 months. The paradigm for this model of care needs to shift to a victim-centered and information technology-driven process where victims are matched to victim services providers electronically at the initial point-of-service, so that referrals are made available immediately. Electronic balancing and funneling of caseload should be considered in order to reduce system-wide wait times. Follow-up or outreach to victims can help increase the incidence at which victims in need are able to build relationships with service providers. Securing victim permission for re-contact may help ensure victims enter a system of care and do not experience re-victimization.

Centralized Services in Areas of High Victimization

Victims often experience multiple crimes, have need for multiple services, and need to work with multiple victim services providers (VSP). Victims talk about transportation barriers and having to make multiple appointments with different VSP in different locations. Physically locating multiple VSPs in an area close to public transportation to allow “one-stop” victim services may be more effective in providing care for some of the urban populations who are most frequently victimized. This is similar to the approach used by many health care providers that place medical clinics in areas convenient to their patients, and if needed, rotate care providers to those sites. If the State were to cover rent in a shared VSP facility, this would simultaneously cover a major expense for VSPs. This strategy may be less appropriate for rural areas.

Create Demonstration Projects to Explore Strategies to Meet the Needs of Rural Victims

Victims living in rural areas do not have the same access to victim’s services providers as people living in Chicago and the suburbs. If victims in rural areas do not have transportation, they oftentimes are unable to tap into health care, counseling, legal, or other victim support services. Testing effectiveness of new strategies to enable remote access, transportation from home to services, or via traveling services remain potential options which could be tested and evaluated through newly-funded Illinois demonstration projects that target rural residents.

Allow Victims Increased Access to Information and Greater Transparency in the Process

Victims expect to be able to access information on their case, just as they might log-on to access information in their online store account or to learn the status of their application. Having to call multiple times to try to reach a detective who doesn’t remember who they are, or has been replaced by someone new, increases frustration and perceptions that the ball has been dropped. Victims are seeking to re-establish a sense of control in their lives and understanding where they are in the judicial process can help provide stability and reassurance. Charging victims for access to reports is also not a viable practice, given that industry standards for customer service would dictate the need to provide access to information at all times, at no additional cost.

Take Steps to Reduce the Delays in the Criminal Justice System

Slow processing of forensic evidence, frequent court continuances, delays in receiving death certifications, backlog of cases, etc. all contribute to increased stress for victims who cannot move on with their lives until their cases are tried or settled.

Prioritize Care, Compassion, Comfort, and Protection

Victim stories consistently show a need to for care, compassion, comfort, and protection after the crime. Opportunity exists to grant funds to counties that take steps to ensure victims re-establish their need for security and protection. Such funding may be used to support new locks on doors, calls to check-in on victims for a short-period of time, temporary meals or housing, use of comfort dogs, or basically anything that helps care for the whole victim.

SUPPORT FOR UNDERSERVED VICTIMS

Protect Illinois Children

There are times when children in Illinois need to be protected from their parents and other adults in their lives. This research shows it is not possible for Illinois professionals to consistently and accurately determine when children are at risk or in situations of domestic violence whether children will become future targets of retaliation of one parent versus another. As such, victims indicate when an order of protection is granted, it should *automatically* include minor children in the home. In multiple instances, children have become targets of unexpected violence after one parent received an order of protection, leading to death, injury, and increased need for children's services. An increased number of child-friendly facilities to serve these victims is also needed. In situations of abuse, it is often necessary to provide counseling for all family members.

Care for Disabled Victims

Disabled individuals report a higher rate of victimization and more frequently report that they are unable to access victim's services as a result of their disability. Special advocates for disabled victims may help level the playing field, ensuring that disabled individuals who experience victimization receive coordinated victim's support services and care.

Support for LGBTQ Victims

The LGBTQ community has begun to take steps to educate the public about the biases members of the LGBTQ community face. Despite this, LGBTQ victims and victim services providers still indicate that some police are unwilling to take reports of crimes affecting LGBTQ individuals. Assumptions are often made about LGBTQ domestic violence situations which can result in re-victimization. Increased funding to educate people in Illinois about how to support LGBTQ and ensure victims receive support is key.

Deliver Victims Services & Support in Other Languages

Provision of translators and bi-lingual victim services providers is essential particularly within Chicago to cater to an increasing population of individuals who do not speak English. Victims indicate a need for access to materials in their native language, simultaneous translators, and help with documentation in Spanish, Chinese, Arabic, and Polish.

BACKGROUND AND METHODOLOGY

In May of 2016, Aeffect was selected by the Illinois Criminal Justice Information Authority (the Authority) to conduct a Victim Needs Assessment within Illinois. The basic purpose of the research was to develop a statewide needs assessment for gathering insights from victims to inform short and long-term planning decisions. More specific objectives were to:

- Profile victimization statewide
- Benchmark current awareness and usage of victim services
- Identify met and unmet needs of victims and family members
- Reveal barriers to effective victim support
- Understand the pathways for victims of violent crimes.

In order to meet these objectives, Aeffect planned and executed three phases of research. The first phase consisted of a literature review of state and federal victim assessments followed by a second phase of telephone interviews with key stakeholders, victim service providers and professionals, and victims of crimes and their family members. The final phase was a statewide online benchmark survey of n=1,569 victims and non-victims. The methodology used for each phase is described in greater detail below.

Phase I – Literature Review

As an initial step for this important project, Aeffect conducted a secondary literature review to explore existing research on the following topics:

- Past Victim Needs Assessments (state or national/federal level)
- Best practices in assessing victims' needs
- Availability of victims needs survey tools
- Research on meeting victim needs among underserved populations
- Trends in victim needs research that may affect survey measures
- Federal guidelines to be considered, and relevant behavioral or logic models

A funnel methodology was utilized for the literature review starting with broad concepts ("Victim Needs"), adding alternative search terms and phrases (synonyms, descriptors, keyword associations), and then refining search criteria such as date restrictions, geography, and target audience parameters. The search strings were applied to a variety of online meta-databases to access news, web, and academic journal articles. Results have been organized as follows:

- State/Local Sponsored Victim Needs Assessment Research
- Federal/National Sponsored Victim Needs Assessment Research
- Independent Victim Needs Assessment Research
- Rape, Sexual Assault & Domestic Violence
- Child Abuse
- Other Underserved Populations (Rural, etc.)

- Identity Theft, Fraud & Financial Crimes
- Behavioral or Logic Models

Results from the literature review are summarized in a topline report, which can be found in the appendix of this report (Appendix: Literature Review).

Phase II – In-Depth Interviews

For the second phase, Aeffect conducted qualitative telephone interviews with key target audiences to inform development of questions for the statewide survey. Aeffect conducted 95 telephone interviews with: stakeholders (10), service providers and professionals (25), victims (40), and family members of victims (20). The stakeholder interviews were conducted in July 2016 with executive directors of organizations in Illinois that provide support to victims of crimes, such as domestic violence, sexual assault, human trafficking, child abuse, homicide, elder abuse, etc. Other respondents included representatives from state offices that serve victims of crime. Some victims' assistance providers serve victims statewide, while others focus on a more narrow service area, such as the City of Chicago or downstate Illinois. All interviewees were made aware the study was sponsored by the Authority, but assured all interviews would be anonymous.

Fifteen victim services providers (VSPs) across the state of Illinois were interviewed by Aeffect in July-August 2016. Participating victim services providers work directly with Illinois victims and their families, and provide a broad range of victim services, including advocacy, education, emotional support, case management, counseling and therapy, legal services, and referrals to other providers. The VSPs interviewed specifically provide services to victims of child abuse, domestic violence/intimate partner violence, elder abuse, hate crimes, homicide, gun violence, human trafficking, driving under the influence, internet crimes/cyber stalking, and rape/sexual assault. VSPs were included from Chicago/Cook County as well as those in the suburbs and Northern/Central/Southern Illinois. Their not-for-profit organizations range in size from a team of 8-10 committed individuals to larger organizations with multiple service sites.

Ten professionals who work with victims across the state of Illinois were interviewed by Aeffect in August-September 2016. All professionals participating in interviews have chosen a career that involves periodic or frequent work with victims of violent crime and their family members. They are employed by state, county, municipalities, as well as private entities. Participating professionals hold a broad range of positions, which include police chief, detective, state and regional SANE coordinators, SANE-A/SANE-P, state victim witness coordinator, state's attorney, hospital social worker, university victim services coordinator, and coroner. They work in Chicago/Cook County, or in the suburbs or downstate Illinois.

Sixty victims of violent crimes and their family members were interviewed by Aeffect in August-September 2016 to complete the second phase of interviewing in the Authority's Victims Need Assessment. The interviews were conducted by telephone with victims of violent crimes in Illinois such as domestic violence (DV), rape/sexual assault (SA), child abuse, homicide/gun violence, and DUI. Additional crimes explored included victims of elder abuse, hate crimes, and identity theft/financial crimes. Respondents were recruited to ensure geographic diversity, broad ethnic

representation, and a mix of males and females. Ten of the interviews were also conducted in Spanish. The following is a more detailed breakdown of the type of crimes represented by victims and their family members as well as the ethnicity and regions represented:

Domestic Violence (14)	Sexual Assault/Rape (13)
Homicide (8)	Theft/Assault (8)
Child Abuse (6)	DUI/Vehicular (5)
Senior/Elder Abuse (2)	Hate crime/LGBTQ (2)
Identity Theft (2)	
Caucasian (18)	Urban (32)
African American (19)	Suburban (14)
Hispanic (19)	Rural (14)
Asian/Other (4)	

For all interviews, Aeffect developed discussion guides that detailed the specific questions to be asked and additional follow up probes for each question. The victim service providers and professionals questions focused on impressions of victims' needs in Illinois, challenges or barriers to meeting victim needs, drivers or enabling factors in helping victims get the support they need, best practices, and perceptions of funding/partnering.

The discussion guide for victims and family members began with a brief introduction to the study a review of consent, and a few questions on the type of crime experienced by the victim or family member. Respondents were then asked to describe their initial contact with first responders and their most immediate needs. Other follow up questions focused on awareness and utilization of support services, how their needs changed over time, why they did or did not seek help, who they turned to for help, and what if anything they would have done differently. Finally, respondents were given a chance to share their final thoughts on what they had learned, what they wish they had known, and what advice they would give to any future victims. A copy of the discussion guide is available in the appendix of this report (Appendix: Discussion Guide).

All victims and family members were initially screened to ensure they were a resident of Illinois and that the crime in question occurred within the past five years (with the exception of child abuse). Respondents were identified through victim service providers and also through local consumer recruiting firms. More specifically, respondents included those who did and did not seek services and those who did and did not report the crime to police. All respondents were also provided with an informed consent form that further detailed known risks to participation. The screening questionnaire, discussion guide, and informed consent form were all approved by Schulman Internal Review Board (IRB). Respondents were reminded they did not have to answer any questions they did not feel comfortable with and they could pause or stop the interview without consequence at any time. All victim and family members were provided with a monetary honorarium after completion of the interview. A copy of the screening questionnaire and the informed consent form are available in the appendix of this report (Appendix: Screening Questionnaire and Appendix: Informed Consent).

Phase III – Statewide Benchmark Survey

In October-November 2016, Aeffect conducted an online survey with 1,569 Illinois residents as the final phase of the Victims Need Assessment for the Authority. Of those surveyed, a total of 931 adults were identified as past victims of crimes and 330 adults were victims of a violent crime within the past ten years. Respondents were initially contacted via a statewide consumer sample panel for the benchmark reading (n=1,042 respondents). Next, a booster sample of Chicago residents (n=403) was collected given the higher prevalence of crime in Chicago. Finally, victim service providers contacted their clients for the remaining supplemental sample (n=124 respondents). The benchmark reading included quotas by five regions (Chicago, Suburbs, Central Illinois, Southern Illinois, and Northern Illinois) that were matched to the US Census Bureau 2015 estimates. All respondents were required to self-report being 18 years of age or older and residents of Illinois. All respondents were also presented with an informed consent form and they had to voluntarily agree to participate in the survey.

The survey was conducted entirely online with mobile accessibility and contained a total of 50 questions. Topics included basic information about the crime, behaviors and attitudes after the crime, types of victim needs, barriers to meeting needs, awareness and utilization of public resources, awareness of the victim compensation fund, and basic demographics. The vast majority of respondents took the survey in English, but a Spanish language version was translated and made available online (less than 1% used this option). A copy of the survey with frequencies is included in the appendix of this report (Appendix: Benchmark survey with frequencies).

Respondent Profile

All survey respondents are adults over the age of 18 living in Illinois. The benchmark sample is weighted by five regions in Illinois according to U.S. Census Bureau estimates. Age, ethnicity, education, and household income have distributions similar to what would be expected according to the U.S. Census with the exception of gender. As is typical for online studies, women are over-represented in the sample (32% male and 67% female).

With regard to under-served populations, it should be noted that nearly one-in-four respondents self-identify as non-white (24%) and almost one-in-five speak a language other than English at home (18%). About one-in-five have a personal income of less than \$20,000 (19%) and 15% have a high school degree or less. Nearly one-in-ten say they were born outside the U.S. (9%) and 4% self-identify as non-U.S. citizens. With regard to health, about one-in-five say they have a medical or physical disability (19%) and 7% do not have insurance. The sample also includes 8% who self-identify as LGBTQ.

Limitations

All surveys were conducted anonymously online and thus are based on self-reported information. Although a sampling and weighting strategy were used to reflect a geographically representative sample for Illinois, it may not represent households that do not have access to the Internet. It should also be noted that while the overall number of victims of violent crimes in the past 10 years is substantial (330), once this is broken down by subgroups such as specific crime types, the results should be interpreted with caution given small sample sizes.

DETAILED FINDINGS (Quantitative)

The detailed findings are presented in three sections with 11 tables per section. Each table presented includes the base sizes at the bottom of the table along with the question wording. As there is overlap between subgroups, significance testing is only conducted on measures where subgroups are mutually exclusive: victims of violent crimes (Victim Violent) versus non-victims and males versus females. Bold numbers indicate a significant difference at the 95% confidence level between these two columns. For all sections, subgroups serve as column headers. For example, in section A, each subgroup is defined below:

- **Bench** – weighted benchmark sample by IL regions
- **Ever Victim** – ever a victim (or household member was victim) to any crime
- **Victim 10 years** – victim (or HH member was victim) in past 10 years to any crime
- **Victim Violent** – victim (or HH member was victim) in past 10 years to violent crime (includes victims of adult physical assault, child abuse/assault, domestic violence, DUI, elder abuse, homicide, human trafficking, kidnapping, or rape/sexual assault)
- **Non-Victim** – never a victim (or HH member was never a victim)
- **Male** – all males in the total sample (unweighted)
- **Female** – all females in the total sample (unweighted)

Section A summarizes results based on tabulations by the benchmark sample and the victims of violent crime sample. The benchmark sample is provided as a comparison and includes non-victims. Section B summarizes results by five geographic areas/counties matched to the US Census Bureau estimates. Section C summarizes results by five crime types: Child Abuse, Domestic Violence, Homicide, Sexual Assault, and Physical Assault. The sections are listed below:

- A. Results by Benchmark and Victim Sample**
- B. Results by Geographic Area**
- C. Results by Victim Crime Type** (victim in the past 10 years)

For each section, there are a total of 11 data tables corresponding to question categories on the survey. The tables in each section are as follows:

1. **Crime Experiences**
2. **Details of the Crime**
3. **Law Enforcement**
4. **Victim Needs**
5. **Unmet Needs of Victims**
6. **Barriers to Meeting Victim Needs**
7. **Who Informed Victims of Resources**
8. **Victim Compensation Fund**
9. **Region and Transportation**
10. **Demographics (2 tables)**

SECTION A

RESULTS BY BENCHMARK AND VIOLENT VICTIM SAMPLE

A1. Crime Experiences

Over half of adults in Illinois (55%) report having experienced a crime at least once in their lives. Identity theft or financial scams are most commonly experienced (25%) followed by physical assault (21%), child abuse/assault (20%), and domestic violence (20%). Among victims of violent crimes, over half report being a victim of physical assault (58%). Males are more likely than females to be victims of most crimes with the exception of domestic abuse/violence (male 16% vs. female 25%) and rape/sexual assault (male 13% vs. female 18%).

Among victims of any crime, more than half (57%) are the victim of more than one crime. Victims of violent crimes are especially vulnerable as nearly three-quarters (72%) have been the victim of more than one crime.

Table 1: Victims of Crime

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Male	Female
	%	%	%	%	%	%
Identity theft/scams	25	45	51	40	32	25
Adult physical assault	21	39	37	58	27	22
Child abuse/sexual abuse/assault	20	38	27	43	20	24
Domestic abuse/violence	20	37	31	48	16	25
Robbery	15	32	31	34	24	17
Rape/sexual assault	14	27	26	40	13	18
Stalking	13	27	28	39	16	16
Driving under the influence	12	22	23	36	19	10
Homicide/witness	10	18	15	23	15	9
Consumer fraud	10	21	22	25	17	11
Elder/senior abuse	6	11	11	17	11	5
Human trafficking	5	9	8	12	10	4
Kidnapping	5	10	8	13	9	5
None of these/don't know/refused	45	--	--	--	42	39
Base size	1040	930	519	330	462	1094
Number of crimes experienced						
1 crime	43	42	48	28	47	40
2 crimes	25	24	22	24	20	25
3 crimes	13	12	11	18	9	14
4 crimes	8	9	7	10	10	8
5 or more crimes	9	12	12	18	13	11
Base size	491	815	441	288	229	579

Q5. Have you or a household member, ever experienced any of the following?

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

A2. Details of the Crime

Among victims of any crime, about one-in-five (21%) experienced the crime within the past two years, and for most, the crime occurred either in the City of Chicago (23%) or in Suburban Chicago (28%). For victims of violent crimes, however, the crime is far more likely to have occurred in the City of Chicago (41%) and less likely to be in the Suburbs (20%). It should also be noted that 15% of victims of violent crimes say the crime occurred outside of Illinois, but in the US.

About one-in-five victims of violent crime (19%) indicate the crime was related to gang activity and slightly fewer say it was a hate crime (17%) or involved a gun (16%).

Table 2: Details of the Crime

	Bench	Ever Victim	Victim 10 yrs	Victim Violent
When did the crime happen?	%	%	%	%
In the past year	9	12	22	19
1-2 years ago	12	13	23	19
3-5 years ago	15	16	28	30
6-10 years ago	14	15	27	31
11-20 years ago	18	16	--	--
More than 20 years ago	31	27	--	--
Base size	568	931	519	330
Where did the crime take place?				
City of Chicago	23	35	40	41
Suburban Chicago	28	22	20	20
Central Illinois	11	10	9	10
Southern Illinois	8	6	4	4
Northern Illinois	7	6	6	6
Outside of IL, but in the US	17	16	15	15
Outside of the US	2	2	3	2
Base size	491	815	441	288
Yes, felt crime was related to gang activity	8	11	15	19
Yes, felt this was a hate crime	8	10	13	17
Yes, crime involved a gun	10	12	13	16
Base size	568	931	519	330

Q7. When did this crime happen? Q8. Where did this crime take place?

Q9. Did you/your household member feel that this crime was in any way related to your race, gender, religious affiliation or sexual orientation (also called a hate crime)?

Q10. Did you/your household member feel that this crime was in any way related to gang activity?

Q11. Did this crime involve a gun?

A3. Law Enforcement

About half of victims of crime (46%) say they reported the crime to law enforcement or police. Among victims of violent crime, that percentage increases to over half (55%) who say the same. For those who did not report the crime, when asked why not, the most common responses are they did not think the police could do anything to help (26%) or they were concerned they would be blamed (25%) or not believed (24%). Some victims also mention fear of retaliation (23%) and not wanting the offender to get in trouble (20%). Victims of violent crimes are also significantly more likely to say they didn't want to get involved (21%) or they don't trust the police (13%).

Males were more likely than females to say they reported the crime to police (male 54% vs. female 44%). And females were most likely to express concerns over being blamed (25%) or not believed (22%).

Table 3: Law Enforcement

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Male	Female
	%	%	%	%	%	%
Yes, reported crime to law enforcement/police	46	47	54	55	54	44
Base size	568	931	519	330	229	579
If not, why not?						
I didn't think police could do anything to help	23	25	29	26	31	22
I was concerned I would be blamed	17	19	16	25	5	25
I was concerned I would not be believed	17	18	15	24	9	22
I didn't think the police would help me	15	18	19	22	20	18
I reported the crime to someone else	16	16	19	15	19	16
I feared retaliation against me or my family	14	15	14	23	13	16
I didn't want offender to get in trouble	12	13	13	20	4	17
I wasn't sure the crime took place	10	11	15	20	9	12
Too young/I was a child	10	8	0	0	5	10
I didn't want to get involved	9	11	14	21	10	10
I didn't trust the police	3	6	8	13	7	7
Base size	283	457	223	136	104	309

Q12. Did you/your household member report this crime to law enforcement/police?

Q13. Why didn't you/your household member report this crime to police?

A4. Victim Needs

Among victims of crime and to a greater degree among victims of violent crimes, counseling (40%), civil legal assistance (30%), and mental health services (28%) rank as the top three needs. Civil legal assistance covers everything from family matters (divorce, child support, custody, etc) to financial and immigration matters. Housing needs, which includes emergency shelter and relocation, is also a need for one-in-five victims of violent crimes (20%). Childcare (19%) and children's services (17%) are also frequently mentioned. It should be noted that the majority of victims have needs across multiple areas and even more so among victims of violent crimes. That is, victims of violent crimes are nearly twice as likely as victims in the benchmark to mention any of the needs listed.

Table 4: Victim Needs

	Bench	Ever Victim	Victim 10 yrs	Victim Violent
	%	%	%	%
Counseling (individual/family/support groups)	26	29	26	40
Mental health/psychological services	18	21	19	28
Civil legal assistance (net)	17	19	23	30
Medical/health care services	12	13	14	20
Emergency shelter/Relocation/Housing (net)	11	12	13	20
Child care	9	9	12	19
Information/advocacy on public resources	8	10	11	17
Children's services	7	8	11	17
Emergency funds/loan	7	8	10	13
Transportation	7	8	9	13
Substance abuse	7	7	9	13
Life skills	7	8	10	16
Crisis intervention	6	9	9	15
Help applying for victim compensation	6	8	10	14
Crime scene services	6	7	10	14
Funeral/burial services	5	5	8	11
Criminal justice system information/advocacy	5	7	9	13
Language translation services	4	4	6	9
No services needed	51	47	49	36
Base size	568	931	519	330

Q21. As a result of the crime that you experienced, which of the following did you need help or assistance with?

A5. Unmet Needs of Victims of Violent Crimes

Among victims of violent crimes, about one-quarter (26%) say they received counseling services. This leaves a gap of 14% between those who identify it as a need and those who actually receive help. Similarly, nearly one-in-three victims of violent crimes say civil legal assistance is a need (30%), but one-in-five actually receive help (19%).

Child care (-14%) and children's services (-12%) also appear to be fairly common needs that are not currently addressed. This is consistent with findings from the qualitative research which identified children as "secondary victims" of crimes whose needs may be overlooked as their parents or primary guardians deal with the aftermath of a violent crime. Housing (-10%), information on resources (-10%), and life skills (-10%) appear to be other gaps in services provided.

Table 5: Victims of Violent Crimes Unmet Needs

	Victims of Violent Crimes			
	Needs	Sought	Received	Gap
	%	%	%	
Counseling (individual/family/support groups)	40	32	26	-14
Civil legal assistance (net)	30	28	19	-11
Mental health/psychological services	28	22	17	-11
Medical/health care services	20	16	10	-10
Emergency shelter/Relocation/Housing	20	15	10	-10
Information/advocacy on public resources	17	12	7	-10
Life skills	16	10	6	-10
Crisis intervention	15	10	6	-9
Substance abuse	13	9	6	-7
Funeral/burial services	11	10	6	-5
Child care	19	9	5	-14
Children's services	17	12	5	-12
Crime scene services	14	10	5	-9
Transportation	13	8	5	-8
Criminal justice system information/advocacy	13	10	5	-8
Help applying for victim compensation	14	8	4	-10
Emergency funds/loan	13	9	4	-9
Language translation services	9	6	2	-7
Base size	330	330	330	

Q21. As a result of the crime that you experienced, which of the following did you need help or assistance with?

Q22. And for which of these did you seek help? Q24. And for which of these did you receive help?

A6. Barriers to Meeting Victim Needs

Among victims of crime and to a greater degree victims of violent crimes, the most common reason given for not seeking out services is a lack of knowledge about how or where to receive services (58%). Additional reasons given include being worried about being blamed or not believed (41%) and assuming I did not qualify for services (45%). Having no providers nearby (29%), a wait list for services (27%), or access to transportation (23%) are additional barriers to obtaining services.

Table 6: Barriers to Meeting Needs

	Bench	Ever Victim	Victim 10 yrs	Victim Violent
Why didn't you seek or receive services?	%	%	%	%
Did not know how or where to get support services	57	60	59	58
Worried about being blamed or not believed	36	38	36	41
Assumed I did not qualify for services	29	38	45	45
No service providers nearby	24	26	28	29
Wasn't sure these services would be able to help	22	25	23	24
No transportation to reach providers	22	22	20	23
Wait list for services was too long	15	19	24	27
Concerned services not sensitive to beliefs	16	15	22	25
Did not have child care	13	13	19	21
Concerned services not accessible for disabled	13	13	18	20
Unsure how to find services in primary language	13	12	19	21
Concerned services not sensitive to immigration status	11	11	16	17
Base size	149	293	168	148

Q23/25. Why didn't you seek (or receive) the services and support you needed?

A7. Who Informed Victims of Resources

About half of victims of any crime (51%) say that no one informed them of services available for victims. Among victims of violent crimes, that percentage drops to 30%, suggesting that victims of violent crimes are more likely to be told about services available to victims. When told about services available, most victims say they were told by family and friends (31%) or police or law enforcement (22%). Victims of violent crimes also mention victim advocates/agencies (16%) and medical personnel such as doctors and nurses (11%) as sources of information.

Table 7: Who Informed Victims of Resources?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent
Who informed you of services available for victims?	%	%	%	%
No one	51	46	39	30
Police/law enforcement	18	17	19	22
Friend/Family/Significant other	17	22	26	31
Counselor/mental health services	6	8	8	11
Medical services (doctor/nurse)	6	6	7	11
Victim advocate/Victim service agency	5	8	11	16
Clergy	3	4	6	7
Hotline/1-800#	3	3	4	5
State's attorney	3	4	5	6
Teacher or professor	3	3	4	6
Other	2	2	1	0
Base size	568	931	519	330

Q26. Who, if anyone, informed you of services available for victims of crime?

A8. Victim Compensation Fund

One-in-ten adults surveyed in Illinois say they are aware that victims of violent crimes are eligible for victim compensation (12%). Among victims of violent crimes, about one-quarter (23%) are aware of victim compensation.

Few victims of violent crimes say they applied for compensation from the Illinois Victim Compensation Fund (9%). Of those who applied, most received help filing out the forms (80%) and most said their application was approved (77%). Results should be interpreted with caution given small base sizes.

Table 8: Awareness and Utilization

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
	%	%	%	%	%
Yes, aware of violent crime compensation	12	17	19	23	15
Base size	1042	931	519	330	638
Yes, I or a household member applied	4	4	6	9	--
Base size	568	931	519	330	--
Yes, we received help filling out forms	57	68	80	80	--
Base size*	21	41	30	30	--
Yes, our application was approved	66	71	77	77	
Base size*	21	41	30	30	--

Q32. To the best of your knowledge, are victims of violent crime in Illinois eligible for compensation from the state?

Q33. Did you or a household member apply for compensation from the Illinois Victim Compensation Fund?

Q34. Did you or a household member receive help in filling out the forms to apply for compensation from the Illinois Victim Compensation Fund? Q35. Was your application approved?

*Results should be interpreted with caution given small base sizes.

A9. Region and Transportation

Victims of violent crime are significantly more likely to live in the City of Chicago. Interestingly, those who have never been a victim of crime are also more likely to say they “drive their own car” (80%). Conversely, those who have been a victim of a violent crime are more likely to say they use other forms of transportation including taking the train (40%) or bus (36%), walking/riding my bike (33%), and asking friends or family to drive (22%).

Table 9: Region and Transportation

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non- Victim
	%	%	%	%	%
City of Chicago	21	46	53	56	35
Suburban Chicago	42	27	25	21	35
Central Illinois	15	13	10	10	13
Southern Illinois	11	7	6	6	9
Northern Illinois	11	8	7	6	8
I drive my own car	81	73	71	66	80
I walk/ride my bike	19	28	33	33	21
I take the train	16	30	36	40	20
I take the bus	16	29	33	36	20
I have friends/family to drive me	14	19	21	22	10
Base size	1042	931	519	330	638

Q3. Which of the following best describes the area you live in?

Q38. What types of transportation do you use regularly?

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

A10. Demographics

Compared to the benchmark, victims of violent crimes are more than twice as likely to be young adults between the ages of 18-34 (54% vs. 24%). Likewise, those 55+ are significantly less likely to be a victim of any crime. There are no differences in likelihood to be a victim of crime by gender. However, white/Caucasian adults are significantly less likely than their black/African-American or Hispanic/Latino counterparts to be a victim of violent crime. Those with a personal annual income of less than \$20,000 are also more likely to be a victim of a violent crime (20% vs. 14%).

Table 10: Age, Gender, Ethnicity, and Income

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Age	%	%	%	%	%
18-34	24	34	46	54	25
35-54	30	32	30	27	32
55-64	25	22	14	13	20
65+	21	12	10	6	23
Male	32	28	30	31	31
Female	67	71	69	68	69
White/Caucasian	81	72	70	69	78
Black/African-American	8	13	13	13	7
Hispanic/Latino	6	10	11	12	7
Asian/Asian-American	5	6	7	6	7
Speak a language other than English at home	14	18	22	22	18
Less than \$20,000	18	22	19	20	14
\$20,000 to under \$30,000	11	11	10	13	12
\$30,000 to under \$40,000	11	11	12	14	11
\$40,000 to under \$50,000	8	9	9	8	9
\$50,000 to under \$75,000	19	18	19	17	18
\$75,000 to under \$100,000	10	10	12	11	12
\$100,000 to under \$200,000	12	11	10	9	12
\$200,000 or more	2	2	2	1	2
Base size	1042	931	519	330	638

Q1. What is your age? Q36. What is your gender? Q41. What is your racial or ethnic background?

Q42. Do you speak a language other than English at home?

Q50. What is your personal annual income before taxes and deductions?

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

Perhaps related to younger adults being more susceptible to violent crimes, those who are married are also less likely to be victims of any crime. The presence of children under 18 in the household has no impact on likelihood of being a victim of crime. Victims of violent crime are significantly more likely to identify as LGBTQ (15%) or as having a medical or health-related disability (28%). Again, perhaps related to age, adults with Medicare are less likely to be victims of any crime.

Table 11: Marital Status, Sexual Orientation, Insurance, and Disability

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
	%	%	%	%	%
Married	51	41	37	31	53
In a relationship/living with significant other	8	12	16	21	8
In a relationship/not living with significant other	6	8	11	13	5
Divorced/separated/widowed	15	14	10	11	15
Single/not in a relationship	19	23	24	24	18
Yes, have children under 18 living with me	25	25	28	28	27
Heterosexual	91	87	87	84	92
Lesbian/Gay/Bisexual/Other	7	10	10	15	4
Yes, have a medical or health-related disability	19	24	21	28	11
Yes, have health insurance	68	68	71	69	71
Yes, have Medicare	25	20	17	16	24
Yes, have Medicaid	12	15	12	12	8
No, do not have insurance	7	8	8	10	7
Base size	1042	931	519	330	638

Q47. What is your current marital status? Q46. What is your sexual orientation?

Q37. Do you currently have any children under the age of 18 living with you?

Q45. Do you have any medical or health-related disabilities including physical, mental, or emotional conditions that interfere with daily living activities? Q44. Do you currently have health insurance, Medicare, or Medicaid?

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

SECTION B
RESULTS BY GEOGRAPHIC AREA

B1. Crime Experiences

Illinois residents living in Chicago are most likely to be the victim of violent crimes compared to those living in the suburbs and in Southern Illinois who are the least likely (Chicago 67%, Suburbs 54% and Southern Illinois 55%). Residents in Chicago are more likely to report being a victim of adult physical assault (28%), robbery (28%), stalking (21%), DUI (17%), and homicide (14%). Those living in Central Illinois have the highest incidence of domestic abuse/violence (28%).

Table 1: Victims of Crime

	Bench	Chicago	Suburb	Central	South	North
	%	%	%	%	%	%
Identity theft/scams	25	31	25	20	24	25
Adult physical assault	21	28	17	23	26	23
Child abuse/sexual abuse/assault	20	25	17	28	26	23
Domestic abuse/violence	20	24	16	28	26	23
Robbery	15	28	13	13	9	12
Rape/sexual assault	14	19	12	18	15	16
Stalking	13	21	12	14	16	15
Driving under the influence	12	17	12	9	9	6
Homicide/witness	10	14	9	11	7	6
Consumer fraud	10	15	12	8	8	10
Elder/senior abuse	6	8	6	5	6	4
Human trafficking	5	7	4	5	6	4
Kidnapping	5	7	5	6	6	6
None of these/don't know/refused	45	33	46	40	45	41
Base size	1040	649	467	199	124	127
Number of crimes experienced						
1 crime	43	40	49	40	39	43
2 crimes	25	24	25	21	29	18
3 crimes	13	12	12	17	11	10
4 crimes	8	10	7	8	10	10
5 or more crimes	9	15	6	15	11	20
Base size	491	373	206	106	64	66

Q5. Have you or a household member, ever experienced any of the following?

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

B2. Details of the Crime

As might be expected, regardless of region, the majority of crime victims experience the crime in the same region in which they live. Victims of crimes living in Chicago were the most likely to say they felt the crime was related to “gang activity” (16%), a “hate crime” (16%), or involved a gun (17%). They were also the most likely to say the crime happened within the past five years (47%).

Table 2: Details of the Crime

	Bench	Chicago	Suburb	Central	South	North
When did the crime happen?	%	%	%	%	%	%
In the past year	9	15	10	12	9	11
1-2 years ago	12	12	15	12	6	14
3-5 years ago	15	20	12	11	20	7
6-10 years ago	14	18	15	9	11	14
11-20 years ago	18	16	15	17	20	18
More than 20 years ago	31	18	32	39	35	34
Base size	568	424	247	118	69	74
Where did the crime take place?						
City of Chicago	23	64	19	4	3	2
Suburban Chicago	28	10	58	7	5	22
Central Illinois	11	1	2	65	2	5
Southern Illinois	8	1	0	5	61	0
Northern Illinois	7	2	0	2	5	52
Outside of IL, but in the US	17	15	17	15	23	11
Outside of the US	2	5	1	0	0	2
Base size	491	373	206	106	64	66
Yes, felt crime was related to gang activity	8	16	6	7	5	4
Yes, felt this was a hate crime	8	16	6	9	5	3
Yes, crime involved a gun	10	17	8	10	6	3
Base size	568	424	247	118	69	74

Q7. When did this crime happen? Q8. Where did this crime take place?

Q9. Did you/your household member feel that this crime was in any way related to your race, gender, religious affiliation or sexual orientation (also called a hate crime)?

Q10. Did you/your household member feel that this crime was in any way related to gang activity?

Q11. Did this crime involve a gun?

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

B3. Law Enforcement

Regardless of location, about half of victims of crime do not report the crime to law enforcement. When asked why, respondents express doubt that the police can help (23%) or concern that they will be blamed (17%) or not believed (17%). Motivations for not contacting police are similar across regions with a few notable exceptions. Those living in Chicago are more likely to say they weren't "sure the crime took place" (16%), "didn't want to get involved" (15%), or they "didn't trust the police" (12%).

Table 3: Law Enforcement

	Bench	Chicago	Suburb	Central	South	North
	%	%	%	%	%	%
Yes, reported crime to law enforcement/police	46	45	50	46	42	55
Base size	568	424	247	118	69	74
If not, why not?						
I didn't think police could do anything to help	23	26	25	20	24	24
I was concerned I would be blamed	17	23	16	15	13	17
I was concerned I would not be believed	17	22	13	15	21	14
I didn't think the police would help me	15	24	11	12	18	14
I reported the crime to someone else	16	14	16	20	24	10
I feared retaliation against me or my family	14	15	11	20	21	10
I didn't want offender to get in trouble	12	16	9	16	13	3
I wasn't sure the crime took place	10	16	11	2	5	7
Too young/I was a child	10	4	8	8	16	24
I didn't want to get involved	9	15	8	5	13	0
I didn't trust the police	3	12	2	3	0	0
Base size	283	211	116	60	39	30

Q12. Did you/your household member report this crime to law enforcement/police?

Q13. Why didn't you/your household member report this crime to police?

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

*Results should be interpreted with caution given small base sizes.

B4. Victim Needs

Victim needs are fairly consistent by geography with counseling and mental health services topping the list of needs. Residents in Central and Southern Illinois have directionally higher reports of needing counseling services, civil legal services, and any service in general. Results must be interpreted with caution given small base sizes, however, it is notable that language translation services and transportation services are also directionally higher in Chicago and Southern Illinois. Those in Chicago also have directionally higher reports of needs for crime scene services.

Table 4: Victim Needs

	Bench	Chicago	Suburb	Central	South	North
	%	%	%	%	%	%
Counseling (individual/family/support groups)	26	27	23	40	41	31
Mental health/psychological services	18	20	16	28	33	17
Civil legal assistance (net)	17	18	17	23	26	15
Medical/health care services	12	15	11	13	17	7
Emergency shelter/Relocation/Housing (net)	11	12	11	12	17	14
Child care	9	12	6	7	11	7
Information/advocacy on public resources	8	10	10	11	14	4
Children's services	7	9	6	9	12	4
Emergency funds/loan	7	7	7	12	11	7
Transportation	7	10	7	6	11	4
Substance abuse	7	8	5	8	15	3
Life skills	7	10	5	7	11	3
Crisis intervention	6	8	7	14	12	7
Help applying for victim compensation	6	8	8	9	11	6
Crime scene services	6	10	4	6	9	4
Funeral/burial services	5	7	3	3	8	1
Criminal justice system information/advocacy	5	8	4	11	9	4
Language translation services	4	6	3	2	8	0
No services needed	51	50	50	38	39	48
Base size	568	424	247	118	69	74

Q21. As a result of the crime that you experienced, which of the following did you need help or assistance with?

B5. Unmet Needs of Victims

When looking at stated needs versus met needs, counseling and mental health services again rise to the top. Child care and Children's services also place higher, suggesting that capacity for meeting these needs are lower than other services. Again, there are directional differences for Southern Illinois in particular with larger gaps in services for civil legal assistance (-11) and emergency shelter (-11). Central Illinois has the largest gap in meeting counseling needs (-15) and emergency funds/loans (-10).

Table 5: Victim Unmet Needs (gap between stated needs and those received)

	Chicago	Suburb	Central	South	North
	Gap	Gap	Gap	Gap	Gap
Counseling (individual/family/support groups)	-11	-7	-15	-9	-14
Mental health/psychological services	-10	-4	-11	-12	-11
Child care	-8	-5	-4	-9	-6
Children's services	-8	-4	-3	-5	-3
Civil legal assistance (net)	-8	-6	-5	-11	-3
Criminal justice system information/advocacy	-7	-2	-5	-4	-4
Medical/health care services	-7	-4	-3	-5	-4
Transportation	-7	-5	-4	-5	-3
Crime scene services	-6	-3	-3	-4	-1
Crisis intervention	-6	-5	-8	-7	-3
Emergency shelter/Relocation/Housing (net)	-6	-6	-9	-11	-9
Information/advocacy on public resources	-6	-6	-7	-8	-3
Life skills	-6	-3	-4	-6	0
Emergency funds/loan	-5	-5	-10	-6	-6
Help applying for victim compensation	-5	-6	-9	-9	-5
Substance abuse	-5	-3	-4	-6	-3
Language translation services	-4	-3	-2	-6	0
Funeral/burial services	-3	-1	-3	-5	-1
Base size	424	247	118	69	74

Q21. As a result of the crime that you experienced, which of the following did you need help or assistance with?

Q24. And for which of these did you receive help?

B6. Barriers to Meeting Victim Needs

Lack of awareness of how and where to receive victim services tops the list of barriers to meeting victim needs regardless of region. Residents in Chicago are the most likely to indicate that the “wait list for services was too long” (25%). Concerns about services not being for someone like me are also strongest in Chicago as reflected by those with real or perceived concerns that providers would not be “sensitive to beliefs” (23%), “not accessible for disabled” (18%), or “not sensitive to immigration status” (18%). Results should be interpreted with caution given small base sizes.

Table 6: Barriers to Meeting Needs

	Bench	Chicago	Suburb	Central	South	North
Why didn't you seek or receive services?	%	%	%	%	%	%
Did not know how/where to get services	57	61	59	58	50	67
Worried about being blamed or not believed	36	38	41	33	37	38
Assumed I did not qualify for services	29	45	34	21	32	38
No service providers nearby	24	30	22	26	27	14
Wasn't sure these services would help	22	27	22	23	23	33
No transportation to reach providers	22	26	22	12	9	24
Wait list for services was too long	15	25	17	9	14	19
Concerned services not sensitive to beliefs	16	23	12	2	9	5
Did not have child care	13	17	11	7	9	14
Concerned services not accessible for disabled	13	18	12	7	0	5
Unsure how to find services in primary language	13	17	14	5	5	0
Concerned services not sensitive to immigration	11	18	6	5	5	0
Base size	149	144	62	43	23	22

Q23/25. Why didn't you seek (or receive) the services and support you needed?

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

*Results should be interpreted with caution given small base sizes.

B7. Who Informed Victims of Resources

About half of victims report that no one informed them of services available for victims of violent crime (51%). Among those who were informed of services, friends and family are a significantly higher potential resource for residents in Chicago (30%). Police/law enforcement are the next most common resource for informing victims of services available (18%).

Table 7: Who Informed Victims of Resources?

	Bench	Chicago	Suburb	Central	South	North
Who informed you of services available?	%	%	%	%	%	%
No one	51	40	54	47	50	56
Police/law enforcement	18	19	18	17	12	10
Friend/Family/Significant other	17	30	15	14	20	13
Counselor/mental health services	6	7	7	9	14	4
Medical services (doctor/nurse)	6	7	7	5	5	3
Victim advocate/Victim service agency	5	8	7	13	9	8
Clergy	3	6	3	2	3	0
Hotline/1-800#	3	4	2	<1	3	0
State's attorney	3	4	3	5	5	0
Teacher or professor	3	5	3	3	2	0
Other	2	1	2	3	3	1
Base size	568	424	247	118	69	74

Q26. Who, if anyone, informed you of services available for victims of crime?

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

B8. Victim Compensation Fund

Awareness of the victim compensation fund is fairly low regardless of location. Results must be interpreted with caution given small base sizes, but about one-in-twenty victims (4%) say they applied for victim compensation. In Chicago, over three-fourths of those who applied did receive help in filing out the forms (76%) and a similar percentage say their application was approved (72%).

Table 8: Awareness and Utilization

	Bench	Chicago	Suburb	Central	South	North
	%	%	%	%	%	%
Yes, aware of violent crime compensation	12	19	13	17	17	14
Base size	1042	650	468	200	124	128
Yes, I or a household member applied	4	6	3	4	5	1
Base size	568	424	247	118	69	74
Yes, we received help filling out forms	57	76	--	--	--	--
Base size*	21	25				
Yes, our application was approved	66	72	--	--	--	--
Base size*	21	25				

Q32. To the best of your knowledge, are victims of violent crime in Illinois eligible for compensation from the state?

Q33. Did you or a household member apply for compensation from the Illinois Victim Compensation Fund?

Q34. Did you or a household member receive help in filling out the forms to apply for compensation from the Illinois Victim Compensation Fund? Q35. Was your application approved?

*Results should be interpreted with caution given small base sizes.

B9. Transportation

As might be expected, the transportation patterns of those living in the city are significantly different from those outside of Chicago. In particular, while the vast majority of residents in other locations “drive their own car,” about half as many say the same in Chicago (58%). Likewise, those living in Chicago are far more likely to say they “walk/ride my bike” (43%), take the train (50%), or take the bus (51%).

Table 9: Transportation

	Bench	Chicago	Suburb	Central	South	North
	%	%	%	%	%	%
I drive my own car	81	58	88	90	87	91
I walk/ride my bike	19	43	14	11	17	10
I take the train	16	50	13	2	6	2
I take the bus	16	51	9	5	5	5
I have friends/family to drive me	14	19	11	14	16	12
Base size	1042	650	468	200	124	128

Q3. Which of the following best describes the area you live in?

Q38. What types of transportation do you use regularly?

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

B10. Demographics

The highest percentage of young people (18-34) live in the city (50%) while the highest percentage of those 65+ live in the Suburbs. The highest percentage of non-white respondents (African American, Hispanic, and Asian) also live in Chicago. Over one-quarter of residents in Chicago indicate they speak a language other than English at home (28%).

Table 10: Age, Gender, Ethnicity, and Income

	Bench	Chicago	Suburb	Central	South	North
Age	%	%	%	%	%	%
18-34	24	50	16	17	24	13
35-54	30	30	30	37	35	36
55-64	25	12	27	31	22	30
65+	21	8	28	15	19	21
Male	32	28	35	25	24	26
Female	67	71	64	75	76	74
White/Caucasian	81	56	83	90	94	95
Black/African-American	8	19	6	4	3	2
Hispanic/Latino	6	17	5	0	2	2
Asian/Asian-American	5	10	5	4	<1	3
Speak a language other than English	14	28	14	8	8	6
Less than \$20,000	18	20	14	24	25	18
\$20,000 to under \$30,000	11	13	10	8	9	11
\$30,000 to under \$40,000	11	12	8	12	13	16
\$40,000 to under \$50,000	8	9	7	10	9	12
\$50,000 to under \$75,000	19	17	21	17	15	16
\$75,000 to under \$100,000	10	12	12	9	7	8
\$100,000 to under \$200,000	12	9	16	11	8	7
\$200,000 or more	2	2	3	0	3	1
Base size	1042	650	468	200	124	128

Q1. What is your age? Q36. What is your gender? Q41. What is your racial or ethnic background?

Q42. Do you speak a language other than English at home?

Q50. What is your personal annual income before taxes and deductions?

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

Those living outside of Chicago are more likely to say they are married, however, rates of children under the age of 18 living in the household are similar regardless of location. Those who identify as LGBTQ are more likely to live in Chicago. Those in Central Illinois have a directionally higher percentage of residents with a medical or health-related disability (26%).

Table 11: Marital Status, Sexual Orientation, Insurance, and Disability

	Bench	Chicago	Suburb	Central	South	North
	%	%	%	%	%	%
Married	51	33	55	60	56	51
In a relationship/living w/sig other	8	15	7	7	9	8
In a relationship/not living w/sig other	6	10	5	5	1	7
Divorced/separated/widowed	15	10	17	16	15	20
Single/not in a relationship	19	30	16	10	18	14
Yes, children under 18 living w/me	25	24	22	32	30	32
Heterosexual	91	85	93	92	89	92
Lesbian/Gay/Bisexual/Other	7	11	4	6	8	3
Yes, medical or health-related disability	19	18	17	26	24	14
Yes, have health insurance	68	70	69	72	58	74
Yes, have Medicare	25	15	28	22	29	22
Yes, have Medicaid	12	12	11	14	12	13
No, do not have insurance	7	10	5	5	10	4
Base size	1042	650	468	200	124	128

Q47. What is your current marital status? Q46. What is your sexual orientation?

Q37. Do you currently have any children under the age of 18 living with you?

Q45. Do you have any medical or health-related disabilities including physical, mental, or emotional conditions that interfere with daily living activities? Q44. Do you currently have health insurance, Medicare, or Medicaid?

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

SECTION C
RESULTS BY CRIME TYPE

C1. Crime Experiences

As previously reported, victims of violent crimes are significantly more likely to be victims of multiple crimes. Family members of victims of homicide have higher reports of being victims of other crimes including driving under the influence, elder/senior abuse, human trafficking, and kidnapping. Results should be interpreted with caution given small base sizes.

Table 1: Victims of Crime

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%	%
Identity theft/scams	25	52	48	74	54	49
Adult physical assault	21	68	70	78	65	100
Child abuse/sexual abuse/assault	20	100	58	69	58	51
Domestic abuse/violence	20	65	100	74	63	59
Robbery	15	48	45	77	45	47
Rape/sexual assault	14	54	53	60	100	45
Stalking	13	55	60	70	58	47
Driving under the influence	12	43	43	67	42	40
Homicide/witness	10	37	36	100	34	32
Consumer fraud	10	39	38	61	40	38
Elder/senior abuse	6	31	29	56	31	24
Human trafficking	5	27	25	49	29	21
Kidnapping	5	28	24	48	31	21
None of these/don't know/refused	45	0	0	0	0	0
Base size	1040	143	159	77	134	191
Number of crimes experienced						
1 crime	43	20	17	21	20	20
2 crimes	25	16	16	5	17	20
3 crimes	13	17	20	19	19	17
4 crimes	8	13	13	9	11	13
5 or more crimes	9	35	34	43	34	31
Base size	491	135	155	74	127	173

Q5. Have you or a household member, ever experienced any of the following?

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

C2. Details of the Crime

Physical assault was the most common and recent crime reported by victims. Family members of victims of homicide were the most likely to report that they felt the crime was related to gang activity (44%). The majority of violent crimes occurred in the city of Chicago.

Table 2: Details of the Crime

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
When did the crime happen?	%	%	%	%	%	%
In the past year	9	17	17	20	13	21
1-2 years ago	12	17	17	15	17	22
3-5 years ago	15	32	34	32	36	31
6-10 years ago	14	34	32	32	35	26
11-20 years ago	18	--	--	--	--	--
More than 20 years ago	31	--	--	--	--	--
Base size	568	135	155	74	127	173
Where did the crime take place?						
City of Chicago	23	41	42	53	34	49
Suburban Chicago	28	20	19	16	19	17
Central Illinois	11	11	13	9	12	11
Southern Illinois	8	5	3	1	4	4
Northern Illinois	7	7	8	5	10	7
Outside of IL, but in the US	17	14	14	13	20	10
Outside of the US	2	2	2	1	2	2
Base size	491	135	155	74	127	173
Yes, felt crime was related to gang activity	8	19	19	44	17	29
Yes, felt this was a hate crime	8	24	22	31	25	22
Yes, crime involved a gun	10	20	20	44	18	23
Base size	568	135	155	74	127	173

Q7. When did this crime happen? Q8. Where did this crime take place?

Q9. Did you/your household member feel that this crime was in any way related to your race, gender, religious affiliation or sexual orientation (also called a hate crime)? Q10. Did you/your household member feel that this crime was in any way related to gang activity?

Q11. Did this crime involve a gun?

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

C3. Law Enforcement

Family members of victims of homicide were more likely to say they reported the crime to law enforcement or police (69%). When asked why they did not report their crimes, victims of sexual assault were the most likely to express concern they “would be blamed” (46%) or “not believed” (43%). Results should be interpreted with caution given small base sizes.

Table 3: Law Enforcement

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%	%
Yes, reported crime to law enforcement/police	46	53	57	69	53	64
Base size	568	143	159	77	134	191
If not, why not?						
I didn't think police could do anything to help	23	28	22	19	27	24
I was concerned I would be blamed	17	23	30	10	46	18
I was concerned I would not be believed	17	25	20	9	43	18
I reported the crime to someone else	16	15	12	24	15	13
I didn't think the police would help me	15	24	27	14	29	16
I feared retaliation against me or my family	14	32	27	14	27	26
I didn't want offender to get in trouble	12	17	23	10	19	22
I wasn't sure the crime took place	10	25	22	10	27	21
Too young/I was a child	10	0	0	0	0	0
I didn't want to get involved	9	18	18	14	24	25
I didn't trust the police	3	10	13	10	17	13
Base size	283	61	61	21	60	64

Q12. Did you/your household member report this crime to law enforcement/police?

Q13. Why didn't you/your household member report this crime to police?

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

*Results should be interpreted with caution given small base sizes.

C4. Victim Needs

Again, regardless of the type of crime, counseling/mental health services and civil legal assistance are the most commonly cited needs followed by child care and emergency shelter. However, need for these services is directionally higher for victims of sexual assault and domestic violence. As would be expected, family members of victims of homicide are most likely to report needing funeral or burial services.

Table 4: Victim Needs

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%	%
Counseling (individual/family/support groups)	26	45	49	43	50	39
Mental health/psychological services	18	18	19	10	28	16
Civil legal assistance (net)	17	43	43	43	37	37
Medical/health care services	12	8	9	13	10	12
Emergency shelter/Relocation/Housing (net)	11	30	28	33	29	27
Child care	9	28	30	37	22	27
Information/advocacy on public resources	8	21	22	31	23	20
Children's services	7	26	23	30	20	23
Emergency funds/loan	7	18	20	26	18	18
Substance abuse	7	17	18	25	17	17
Life skills	7	22	21	31	20	21
Transportation	7	16	18	22	20	17
Help applying for victim compensation	6	20	20	26	20	17
Crime scene services	6	18	20	38	17	20
Crisis intervention	6	21	26	27	22	19
Funeral/burial services	5	13	16	35	13	14
Criminal justice system information/advocacy	5	19	20	25	18	17
Language translation services	4	16	15	25	12	14
No services needed	51	31	27	34	29	36
Base size	568	143	159	77	134	191

Q21. As a result of the crime that you experienced, which of the following did you need help or assistance with?

C5. Unmet Victim Needs

When looking at stated needs versus met needs by specific crime type, child care and children's services have the largest gaps regardless of crime type. Mental health services and counseling are also common stated needs that are not being met.

Table 5a: Victim Unmet Needs

	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%
Child care	-22	-22	-29	-17	-19
Children's services	-20	-19	-27	-16	-17
Mental health/psychological services	-19	-18	-20	-18	-15
Counseling (individual/family/support groups)	-16	-18	-21	-18	-15
Life skills	-14	-14	-19	-13	-14
Crime scene services	-14	-14	-26	-13	-14
Emergency shelter/Relocation/Housing (net)	-17	-14	-17	-18	-14
Medical/health care services	-16	-17	-18	-16	-13
Information/advocacy on public resources	-15	-15	-19	-16	-12
Emergency funds/loan	-15	-15	-19	-14	-12
Crisis intervention	-14	-17	-17	-16	-12
Criminal justice system information/advocacy	-15	-15	-21	-13	-11
Help applying for victim compensation	-14	-13	-15	-14	-11
Transportation	-13	-13	-17	-15	-11
Substance abuse	-11	-12	-14	-9	-10
Language translation services	-12	-12	-18	-9	-10
Civil legal assistance (net)	-15	-16	-17	-11	-10
Funeral/burial services	-8	-8	-17	-8	-8
Base size	143	159	77	134	191

Q21. As a result of the crime that you experienced, which of the following did you need help or assistance with?

Q24. And for which of these did you receive help?

C6. Barriers to Meeting Needs

Lack of awareness of how or where to receive services is the most common reason for not accessing services for most crimes with the exception of homicide. Family members of victims of homicide are the most likely to say there were “no service providers nearby” (55%). Child abuse victims were the most likely to say they weren’t sure “these services would help” (30%).

Table 6: Barriers to Meeting Needs

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
Why didn't you seek or receive services?	%	%	%	%	%	%
Did not know how/where to get services	57	56	60	48	63	55
Worried about being blamed/not believed	36	48	44	45	56	41
Assumed I did not qualify for services	29	49	49	52	50	47
No service providers nearby	24	37	38	55	38	37
Wasn't sure these services would help	22	30	23	18	26	26
No transportation to reach providers	22	25	23	41	26	30
Concerned services not sensitive to beliefs	16	32	29	41	27	33
Wait list for services was too long	15	28	32	36	29	34
Did not have child care	13	27	26	39	26	31
Concerned services not accessible for disabled	13	27	24	36	25	27
Unsure how to find services in language	13	26	23	39	25	28
Concerned services not sensitive to immigrant	11	24	22	41	21	26
Base size	149	79	91	44	68	94

Q23/25. Why didn't you seek (or receive) the services and support you needed?

*Results should be interpreted with caution given small base sizes.

C7. Who Informed Victim of Resources

About one-quarter to one-third of victims of violent crimes report that no one informed them of services available. Victims of sexual assault were the least likely of the five crime types profiled to say that police or law enforcement informed them of resources (15%). Family members of victims of homicide were the most likely to cite clergy (18%) as a source of information.

Table 7: Who Informed Victim of Resources?

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
Who informed you of services available?	%	%	%	%	%	%
No one	51	30	26	27	32	26
Police/law enforcement	18	20	24	31	15	26
Friend/Family/Significant other	17	26	30	35	32	33
Counselor/mental health services	6	11	13	8	14	13
Medical services (doctor/nurse)	6	7	11	14	9	15
Victim advocate/Victim service agency	5	21	21	21	19	19
Clergy	3	6	8	18	5	9
Hotline/1-800#	3	7	5	8	4	6
State's attorney	3	6	7	8	5	8
Teacher or professor	3	8	4	9	3	7
Other	2	1	<1	0	<1	<1
Base size	568	143	159	77	134	191

Q26. Who, if anyone, informed you of services available for victims of crime?

C8. Victim Compensation Fund

About one-quarter of victims of violent crimes report being aware of compensation available. Family members of victims of homicide were the most likely to say they had applied (19%). Results for the remaining two questions were not posted due to insufficient base sizes.

Table 8: Awareness and Utilization

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%	%
Yes, aware of violent crime compensation	12	27	27	30	25	26
Base size	1042	143	159	77	134	191
Yes, I or a household member applied	4	13	12	19	12	13
Base size	568	143	159	77	134	191
Yes, we received help filling out forms	57	--	--	--	--	--
Base size*	21	--	--	--	--	--
Yes, our application was approved	66	--	--	--	--	--
Base size*	21	--	--	--	--	--

Q32. To the best of your knowledge, are victims of violent crime in Illinois eligible for compensation from the state?

Q33. Did you or a household member apply for compensation from the Illinois Victim Compensation Fund?

Q34. Did you or a household member receive help in filling out the forms to apply for compensation from the Illinois Victim Compensation Fund? Q35. Was your application approved?

*Base sizes were too small to post results (<25)

C9. Region and Transportation

Victims of violent crime tend to be residents in Chicago, but otherwise there are no differences noted by geography.

Table 9: Region and Transportation

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%	%
City of Chicago	21	59	60	69	58	60
Suburban Chicago	42	16	15	16	17	18
Central Illinois	15	13	12	9	11	9
Southern Illinois	11	7	7	4	7	7
Northern Illinois	11	6	6	1	7	6
I drive my own car	81	68	64	61	62	66
I walk/ride my bike	19	30	31	34	32	34
I take the train	16	35	39	43	42	41
I take the bus	16	34	36	38	39	35
I have friends/family to drive me	14	23	21	29	25	23
Base size	1042	143	159	77	134	191

Q3. Which of the following best describes the area you live in?

Q38. What types of transportation do you use regularly?

C10. Demographics

Victims of violent crimes are significantly more likely to be younger (18-34) regardless of crime type. Among victims of sexual assault, over three-quarters are white/Caucasian (77%). Among victims of homicide half are white/Caucasian (54%), one-quarter are black/African-American (25%) and 14% are Hispanic/Latino.

Table 10: Age, Gender, Ethnicity, and Income

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
Age	%	%	%	%	%	%
18-34	24	56	55	52	59	53
35-54	30	28	29	23	22	27
55-64	25	10	13	18	13	14
65+	21	6	4	6	6	6
Male	32	33	30	48	26	40
Female	67	65	70	52	73	58
White/Caucasian	81	67	66	54	77	67
Black/African-American	8	13	15	25	10	16
Hispanic/Latino	6	14	14	14	11	11
Asian/Asian-American	5	5	6	6	6	8
Speak a language other than English	14	25	25	29	20	24
Less than \$20,000	18	19	20	18	23	17
\$20,000 to under \$30,000	11	13	16	9	11	12
\$30,000 to under \$40,000	11	14	15	12	15	13
\$40,000 to under \$50,000	8	11	10	10	9	9
\$50,000 to under \$75,000	19	11	11	12	14	19
\$75,000 to under \$100,000	10	13	11	17	13	12
\$100,000 to under \$200,000	12	11	11	16	10	12
\$200,000 or more	2	2	2	4	3	2
Base size	1042	143	159	77	134	191

Q1. What is your age? Q36. What is your gender? Q41. What is your racial or ethnic background?

Q42. Do you speak a language other than English at home?

Q50. What is your personal annual income before taxes and deductions?

As might be expected, victims of domestic violence are the most likely to report being in a relationship (68%). Nearly one-quarter of victims of sexual assault (22%) identify as LGBTQ and over one-third say they have a medical or health-related disability (36%).

Table 11: Marital Status, Sexual Orientation, Insurance, and Disability

	Bench	Child Abuse	Dom Violence	Homicide	Sex Assault	Physical Assault
	%	%	%	%	%	
Married	51	34	30	36	29	35
In a relationship/living w/sig other	8	21	24	17	20	22
In a relationship/not living w/sig other	6	10	14	10	14	12
Divorced/separated/widowed	15	11	14	8	10	10
Single/not in a relationship	19	23	17	27	27	21
Yes, children under 18 living with me	25	37	33	30	23	32
Heterosexual	91	79	81	87	77	84
Lesbian/Gay/Bisexual/Other	7	18	16	11	22	13
Yes, medical/health-related disability	19	32	31	27	36	31
Yes, have health insurance	68	67	67	70	70	67
Yes, have Medicare	25	14	17	22	13	18
Yes, have Medicaid	12	14	16	12	14	15
No, do not have insurance	7	11	9	7	10	9
Base size	1042	143	159	77	134	191

Q47. What is your current marital status? Q46. What is your sexual orientation?

Q37. Do you currently have any children under the age of 18 living with you?

Q45. Do you have any medical or health-related disabilities including physical, mental, or emotional conditions that interfere with daily living activities? Q44. Do you currently have health insurance, Medicare, or Medicaid?

IN-DEPTH INTERVIEW FINDINGS – VICTIMS AND FAMILY MEMBERS

DETAILED FINDINGS (Qualitative)

The detailed findings section presents verbatim quotes from analysis of transcripts from 60 interviews with victims of violent crimes and their family members. The interviews were conducted by telephone with victims of violent crimes including domestic violence (DV), rape/sexual assault (SA), child abuse, homicide/gun violence, and DUI. Additional crimes explored included victims of elder abuse, hate crimes, and identity theft/financial crimes. Respondents were recruited to ensure geographic diversity, broad ethnic representation, and a mix of males and females. Ten of the interviews were also conducted in Spanish. Results are organized by the following sections:

- A. Awareness of Resources**
- B. Impact of Trauma on Victim Response**
- C. Underserved Populations**
- D. Effects of Victimization**
- E. Criminal Justice System**
- F. Changes to State Laws**
- G. Victim Services Needed**
- H. Victim Compensation Fund**
- I. Victims of Domestic Violence and Sexual Assault**

For each section, verbatim quotes are followed by a description of the respondent represented. This includes the following information:

- **Victim or Family Member**
- **Type of Crime** (Homicide, Domestic Violence=DV, Sexual Assault=SA, Child Abuse, DUI, Elder Abuse, Hate Crime, and Gun Violence)
- **Age and Gender** (M=Male and F=Female)
- **Geography** (Chicago, Suburbs, or Rural)
- **Ethnicity** (Caucasian, African American =AA, or Hispanic)

Please also see the appendix to this report, which includes the discussion guide used for the interviews (which includes all questions and probes), recruiting screening questionnaire, and informed consent form.

Limitations

It is important to note that this study is qualitative in design. As such, findings cannot be quantified with any degree of confidence or reliability. Rather, we looked for trends and patterns to help us better understand the attitudes and opinions of victims and their family members. These insights should not be projected across the respondent audiences as a whole.

To aid in analysis, audio tapes and transcripts from the telephone interview sessions were reviewed to identify trends and patterns in response. In this Section, we have highlighted themes and topics where consistent responses emerged and noted areas where respondents were in agreement or disagreement. We have qualified findings by indicating how many respondents—e.g., “most”, “many”, “some”, “few”, etc.—expressed these opinions. Strength of respondent conviction is reported within the findings.

This research is also based upon reflections of residents who may not clearly recall crime experiences. Though effort was made to include individuals who had experienced crimes recently (within five years), oftentimes, they were reflecting on experiences that occurred during stressful or emotional times, and as such, they may not have remembered the actual sequence of events that transpired, or they may not have fully understood why some things occurred in a specific way, particularly with regard to protocols of law enforcement or the legal system.

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

Although Aeffect is not at liberty to reveal respondent identities, we have reported verbatim comments made by some participants. This practice is acceptable and in compliance with guidelines set forth by the Qualitative Research Consultants Association and other governing bodies that ensure ethical standards in research.

A. Awareness of Resources

Though their circumstances differ, victims of crime in Illinois often share common experiences and perspectives about what it means to have their lives affected by violent crime. First, unless they have been victimized in the past, most victims who find themselves or a family member affected by violent crime for the first time say that they know little about Illinois laws, rights, or resources for crime victims. Many agree that they were not initially prepared to be a victim because they did not understand their rights. Victims explain that there is opportunity to inform Illinoisans in advance about: The Victims Bill of Rights, The Illinois Victim's Compensation Fund, and that organizations in the state exist to support and counsel victims

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

"That's the biggest thing; I don't know what's available ... If there's other stuff out there, I don't know about it, and I think it would be good if I did because maybe then I could use it." (Family Member, Child Abuse, 42F, Rural, AA)

"I did want to talk to somebody, but I just didn't know where to go, who to go to." (Victim, Hate Crime, 30M, Chicago, Hispanic)

"I definitely tried to tap into victim support services very unsuccessfully, honestly ... I don't think there was a lot of support available or if there was, I sure didn't know how to get it in terms of explaining all the different options that we had ... You don't even know what the programs are that are available to you." (Family Member, DUI, 53F, Suburb, Caucasian)

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

"[We need] ... more groups and a way to know because we have no way of knowing about that type of help and where to get it." (Victim, DV, 45F, Chicago, Hispanic)

"The State needs to have a menu selection of things that would be possible for me to ask for, even if I don't qualify." (Family Member, Homicide, 48F, Rural, Caucasian)

"There isn't a lot of organizations—like there's a social worker at the hospital that you can talk to. But a lot of the government stuff ... if you try to call them, you don't get through or you just are on hold forever. And honestly you don't even know which agency I should be calling." (Family Member, DUI, 53F, Suburb, Caucasian)

"The hospital didn't tell me anything about the Victim's Funds or anything like that, and I think that that's something that they can provide because they're the first source of help that someone would go to. They don't have to know all the ins and outs, but at least say, 'Here is something that can help you.'" (Family Member, Child Abuse, 42F, Rural, AA)

B. Impact of Trauma on Victim Response

Many victims reveal that their initial response to violent crime and even for some time after is impacted by the trauma of the victimization. The response to trauma is often categorized as fight or flight, however, another response to trauma is to 'freeze'. Following a violent victimization, some victims described their response to the traumatic event as feeling 'paralyzed,' 'not being able to think clearly,' 'being in shock or traumatized,' and 'not being able to retain all information shared with them.' Because of this, many victims say they needed to have verbal information repeated and directions and resources confirmed in print. This is also why many victims feel that people in the state need to be educated about their rights and resources before experiencing a crime so they are prepared to respond appropriately.

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

"To be quite honest with you, I don't think any amount of information I may or may not of had prior to my son's death, really would not have mattered, because anything I knew before his death just went right out the door, and you just forget everything." (Family Member, DUI, 37F, Rural, Caucasian)

"I was gonna go downtown and jump off a bridge with my daughter ... I just felt I had no purpose here after my son's murder." (Family Member, Homicide, 44F, Chicago, AA)

"At that time [after my daughter was a victim of child abuse], I had a lot of questions. I wasn't sure what to do or who to ask, and there were just some personal stuff I didn't want to talk to about with my mom, that I just wasn't sure how to handle." (Family Member, Child Abuse, 29F, Rural, Caucasian)

"The decisions in the hospital I had to make, after the sexual assault occurred, came really as a surprise. The only thing that I was not surprised of is the fact that I had to make a choice if I was gonna press charges or not." (Victim, SA, 43F, Chicago, Hispanic)

"I would be interested in having [the State's Attorney's office] to kind of take the time to walk [victims and victim's family] through [the court system and process]. I mean you're so numb." (Family Member, DUI, 37F, Rural, Caucasian)

C. Underserved Populations

Some victims in Illinois indicate that they did not receive information or services because they were not available in their native language. Cultural differences also were sometimes misunderstood or not accounted for. Opportunities exist for increased support to individuals living in Illinois who read or speak: Spanish, Polish, Arabic, or Chinese.

"[It's important to receive help in] Spanish so you understand all the benefits. In English, there are many things you won't understand." (Family Member, Elder Abuse, 53M, Chicago, Hispanic)

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

"I think what you need is someone [talking calls at the police station] who speaks Spanish. When you dial the cops, and they don't speak any Spanish or you don't speak any English, it's a problem." (Victim, DV, 33F, Chicago, Hispanic)

"I'm Asian ... in my country this is common. It's really traditional, that husbands...didn't want his wife to become more independent or more standing against his will." (Victim, DV, 49F, Chicago, Asian)

"We Latinas and Hispanics often think that if [our husband] didn't hit us he's not being violent ... but mentally he's being violent too." (Victim, DV, 33F, Chicago, Hispanic)

Immigrants and undocumented victims are particularly susceptible to avoiding police and victim services as many fear anything that could jeopardize their status or separate their families.

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

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

D. Effects of Victimization

Victims commonly describe a “domino-effect” that victimization has on their lives, destroying different foundations one by one. Medical bills, trauma and grief, and the lack of counseling can quickly spiral into loss of jobs, broken relationships, financial bankruptcy, and emotional upheaval. The cumulative effect is far reaching, long-lasting, and often far greater than might be expected.

"I read a seven page statement of the effects it's had on everything from financially, emotionally, how it's affected me at work, how it's affected my other son in school ... I'm not even going to call it petty, but sometimes you don't look at the little things." (Family Member, DUI, 49M, Rural, Caucasian)

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

"I had to actually force my doctor to release me so that my position didn't get taken away from me. He wanted me out for another four weeks, but I told him, 'I can't lose my job.'" (Victim, SA, 43F, Chicago, Hispanic)

"Everything changed. I couldn't work the hours that I needed to work or do the things that I needed to do because I had two kids." (Family Member, Child Abuse, 29F, Rural, Caucasian)

"We struggle constantly with using all my vacation time to take her to doctor's appointments, to take her to these programs, but when she went through cognitive therapy, we had to take off work to get her there." (Family Member, DUI, 53F, Suburb, Caucasian)

"I actually lost my job cause I had to heal up." (Victim, Gun Violence, 34M, Chicago, Hispanic)

"[After the crime] my daughter, she's 19, and she couldn't graduate from college because of the financial situation. I couldn't pay her college." (Victim, DV, 49F, Chicago, Asian)

"The injury [from domestic violence] was not only emotional, it was also financial injury ... I need money to survive. I am in so much debt; I don't know what to do ... I am living on handouts..." (Victim, DV, 57F, Suburb, Hispanic)

For all types of crimes, victims describe the ongoing fear they face and the strong need to re-establish their personal safety and protection. This starts immediately from their time in medical facilities to their first encounter in police stations or the county morgue. Victims need to be assured their perpetrators cannot reach them. This can range from the need to have someone physically present with them at all times to having physical structural separation from the public.

"I was put in a room in the hospital where I was waiting to be seen...I thought that [the perpetrator] was following us and was going to come in there. It was just terrifying." (Victim, SA, 43F, Chicago, Hispanic)

"I really didn't feel secure because that Order of Protection is just a piece of paper." (Victim, SA, 40F, Rural, Caucasian)

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

"I've gradually been coming out of my feelings of fear regarding being paranoid about being tracked [by abusive ex-husband] ... I don't have evidence that he has tried to reach out to me or he's tried to stalk me so I'm feeling safer, but I'm still not letting my guard completely down." (Victim, DV, 45F, Suburb, AA-Hispanic)

"When [the abuser] got released [from jail] since it was a violent crime [the police] should have contacted me and let me know that I could be in danger again because he's out of jail." (Victim, SA, 40F, Rural, Caucasian)

"I didn't go home for like three days, and even though they had called me and told me that he had turned himself in, I was still terrified." (Victim, SA, 43F, Chicago, Hispanic)

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

"I just needed somebody that I could talk to ... I didn't feel safe, and I just felt really alone and scared." (Victim, DV, 51F, Chicago, AA)

"[One of my children is] scared to go to school because he doesn't want to leave his mom alone ... He feels like the police are not doing their job to protect me so he feels like he needs to." (Victim, SA, 44F, Rural, Caucasian)

More often than not, Illinois victims recount how they feel re-victimized after the crime. It is not uncommon to hear a single victim share multiple examples of how re-victimization occurs at different stages of their experience and in multiple settings, from hospital/medical settings to police stations and in state's attorney's offices.

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

"[The State's Attorney's Office] should stop treating me like a criminal. Myself and my family honestly feel like we are the criminals. If my ex-husband hadn't hired a civil suit attorney, I to this day would know absolutely nothing." (Family Member, DUI, 37F, Rural, Caucasian)

"Sometimes the police are just so harsh and mean that you have to understand that there should be some common ground in between where you can show sympathy even if you don't really care but you don't have to be harsh." (Family Member, Homicide, 44F, Chicago, AA)

"In the moment of when I first found out [my son] was killed [the police] were very kind and compassionate, but that's pretty much where it stopped." (Family Member, DUI, 37F, Rural, Caucasian)

"The police had totally dropped the ball and didn't care what we were going through." (Family Member, DUI, 47F, Rural, Caucasian)

"When I started telling the Police Officer I was being sexually abused ... the Police Officers just stood back, didn't say anything, and they basically left." (Victim, Child Abuse, 48F, Rural, Caucasian)

"The way the Police Officers deal with victims needs to change ... They should all have to go to classes and they should have to be taught just how to deal with a victim of sexual crimes." (Victim, SA, 44F, Rural, Caucasian)

"The Police Department needs help getting versed on domestic violence. They don't have the full understanding, especially if you have male to side with male ... so they need more education, more awareness." (Victim, DV, 57F, Suburb, Hispanic)

"[The State's Attorney Victim's Coordinator] kept on saying, 'Well, why are you going to the doctor? Why do you need antidepressants? Why are you doing this?' And I finally snapped at her the one day, I was like, 'Why do you think? My son was killed. That's why I'm on antidepressants.'" (Family Member, DUI, 37F, Rural, Caucasian)

The most frequently cited barrier to meeting their needs is that victims often feel they are not believed; this perspective cuts across gender, age, SES, geography, and crime. Police officers are often cited as not believing victims, and for making incorrect judgements about a situation. Victims say those assumptions lead to unwillingness to file a report or to include inaccurate information if one is made. An individual's initial response to trauma is said to contribute to this problem.

"[Since the abuser] was my boyfriend I didn't know if the police would really believe me." (Victim, SA, 40F, Rural, Caucasian)

"The police came to the hospital and asked me some questions, and at that time, I was very upset and I don't remember what I said to them. But apparently what I said to them might not have been the same thing I said to them when I went to the Police Station or when they came to my house. And so they treated me as if I was a liar." (Victim, SA, 44F, Rural, Caucasian)

"I asked for [the abuser] to be arrested, but he wasn't. I was told by the police, he is my husband, this is his home, and ... I would have to prove my case in the court." (Victim, DV, 57F, Suburb, Hispanic)

"My husband became physically abusive towards me, he did some things to cause me to call the police. [The police] didn't arrest him or even take him in. I don't even believe they wrote a report on it." (Victim, DV, 42F, Rural, AA, Central America)

"I really felt that I was the woman, and the police automatically sided with the man. And it seemed because he being the one that caused the problem was calmer and I am hysterical because I'm the one that was afraid." (Victim, DV, 57F, Suburb, Hispanic)

"The police were aggravated 'cause they thought I was holding back something that really wasn't even the case, I was just in shock." (Victim, Gun Violence, 34M, Chicago, Hispanic)

There is strong belief among male victims of DV (and LGBTQ victims) that they are not believed. Similarly, victims with mental health conditions or sex workers also claim that their stories are not trusted or considered. Rape victims and victims of DV frequently describe situations in which they are either not believed, or worse, blamed for the crimes they experienced.

"I dialed 911 and the police came and actually that Police Officer took out his handcuffs, waved them in my face, and told me, 'The next time you dial 911, I'm arresting YOU.'" (Victim, DV, M61, Chicago, Caucasian)

"I went to court before when I was molested when I was younger and everything got turned around on me, so it kind of scares me to go to the police about things like [sexual assault]." (Victim, SA, 40F, Rural, Caucasian)

"Instead of asking me questions ... the detective [said] things like, 'But you wanted this to happen. But you were drunk, so how do you know that didn't happen?' The way that he went about the interview was not professional." (Victim, SA, 44F, Rural, Caucasian)

"When I first met the State's Attorney, the first question she asked me was, 'How many times have you hit your wife?'... So, I guess there was that thought running through the process already." (Victim, DV, M61, Chicago, Caucasian)

E. Criminal Justice System

There are also many stories of how the criminal justice system in Illinois impedes a victim's ability to promptly achieve closure and move on with their lives. Delays in processing evidence, frequent court continuances, and delays in getting a case to trial are, in some cases, said to be taking between 3-8 years. During that time, victims say they continue to suffer and/or, in some cases, live in fear of retribution.

"There is always a continuance ... so we're going on almost a year and [our case] has yet to be heard. I think there needs to be a timeframe of some sort on how long they can drag these things out ... you never get over losing a child, but there will be no even trying to heal until it's over." (Family Member, DUI, 37F, Rural, Caucasian)

"I called down [to the detective's office] and she ended up retiring and just buried my brother's file. The new detective said he hasn't heard of [the case] and he had already been on the job for almost a year." (Family Member, DUI, 47F, Rural, Caucasian)

"In the process, it was a seven and a half year court battle that was just ... the amount of money, destroyed assets, is a fortune." (Victim, DV, M61, Chicago, Caucasian)

"We were frustrated because we also didn't understand why [the court process] was taking so long, and why this guy who doesn't seem to have any connections to anybody and his lawyer are able to continue to drag this out." (Family Member, DUI, 53F, Suburb, Caucasian)

"I'm frustrated today ... because it's been 73 days ... since I was supposed to have an interview with the Sheriff's Department and that hasn't happened yet ... and the Coroner's Office is telling me I can't have the death certificate because they have to still have the paperwork from the Sherriff's Department." (Family Member, Homicide, 48F, Rural, Caucasian)

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

"All [the abuser] does is continuance, 'Oh I don't have money. I quit my job. I can't give her anything.' And [the courts are] okay with it." (Victim, DV, 57F, Suburb, Hispanic)

"I get that the state's overworked, and the police are overworked ... They are so rushed and you feel like just a number, and they treat you like you're the enemy." (Family Member, DUI, 37F, Rural, Caucasian)

"The State's Attorney apologized and said that she didn't understand why it took so long. The new detective did tell me he was sorry that it took so long that it shouldn't have because there was plenty of evidence to arrest him, but that was the extent of it." (Family Member, DUI, 47F, Rural, Caucasian)

After experiencing a crime, victims often describe situations in which information flow from the police or state's attorneys is either not well coordinated, non-existent, or purposely withheld from them. This leads victims to believe that the criminal justice system is working against them rather than on their behalf even though there may have been reasonable explanations for why that information could not be shared with them.

"I haven't heard from the police ... since the end of June of 2016 [almost two months ago], was the first and last time that I literally talked to them. They haven't come to my house. They haven't asked me any questions. They haven't sent me a letter or anything, no follow up, no nothing." (Family Member, Homicide, 47F, Chicago, AA)

"There's certain public documents that I had a right to ask for. It took [my sister who is a cop] coming into the Police Station with me for me to get them. They argued over giving them to me ... They have not been helpful in the least." (Family Member, DUI, 37F, Rural, Caucasian)

"When I've requested information from especially the Police Department, they denied it saying that they can't give me that information." (Family Member, Child Abuse, 42F, Rural, AA, Central America)

"[The detectives] never will get back to me about anything [regarding the murder of my son] ... it was always being passed off." (Family Member, Homicide, 44F, Chicago, AA)

"I did call [the police and State's Attorney] several times over the next few months asking other questions that would come into my mind, and any question I had asked, was answered with, 'We're not able to tell you at this time. We can't answer that. The case is ongoing.'" (Family Member, DUI, 37F, Rural, Caucasian)

"I have not had my interview yet with the State of Illinois Sherriff, the Sherriff's Department as of yet, even though it's been 73 days, but who's counting?" (Family Member, Homicide, 48F, Rural, Caucasian)

"The police only gave me a card number to call whenever I wanted a copy of the police report. And then when I attempted that, it cost money ... so let's just forget it." (Victim, DV, 57F, Suburb, Hispanic)

Prior to the time that a prosecutor-based advocate (victim witness coordinator) is assigned to them, some victims suggest that it seems as if they are in a black hole, with no information on what's happening. Victims say they need a "how to" guide for navigating the system. Prosecutor-based advocates are generally praised as being a key support person and guide for the often confusing and complex justice system. However, prosecutor-based advocates are only assigned for cases once charges are brought, and many victims do not fall into this category.

"[What could have made accessing services easier was] someone to be there from the beginning and tell us, 'Hey, I understand what you're going through. Here are some options, some services that might be able to help your family.'" (Family Member, DUI, 47F, Rural, Caucasian)

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

"[The courts] should have some type of outline ready so you know what to expect court-wise or what type of hearings, how long something's going to take." (Family Member, DUI, 49M, Rural, Caucasian)

"Some kind of advocacy from the very start [would have helped]. You know when my brother died it would have been nice to have somebody there to say, 'Okay this is what we need to do to follow through on this.' There was nobody, nothing and everybody seemed like at the Police Station that they didn't care." (Family Member, DUI, 47F, Rural, Caucasian)

"[The court system] could let victims know how the legal process works through the cops when they're doing their report, pass out like a pamphlet or even inform them in some type of way." (Victim, Hate Crime, 30M, Chicago, Hispanic)

"Why doesn't anybody, the social workers in these hospitals and rehab centers that we spent so much time at and not to mention money at, provide you with some type of roadmap for that [social services]?" (Family Member, DUI, 53F, Suburb, Caucasian)

"It feels to me like the thing that seemed to be missing is maybe some kind of liaison between the police and the victim's family. It just seems a little rough to leave it to the person who's just lost somebody to [follow up with police]." (Family Member, Homicide, 61M, Chicago, Caucasian)

Lack of trust between the community and police remains a significant barrier particularly for victims of homicide or gun violence. Victims do not trust or believe that police are doing everything they can to identify and catch perpetrators. Lack of knowledge on the part of victims about what police do and the process they must follow also can hinder victims from being cooperative witnesses.

"[Family members] have no trust and when you're telling them you're gonna do everything in your power to try to get justice for your kid. They don't want to hear that because they don't want to interact with the police because of their past experience with the police." (Family Member, Homicide, 44F, Chicago, AA)

"My perception, my memory is, when it comes to police, yeah, you're on your own. If you don't push it, nothing is going to happen." (Family Member, Homicide, 61M, Chicago, Caucasian)

"The police didn't follow up or nothing after I reported the crime... it would of shocked me if they would of given me a call to check up on me." (Victim, Gun Violence, 34M, Chicago, Hispanic)

Victims explain that being labeled as a witness who is “not cooperating” (fairly or not) changes the tenor and tone of support from police and the state’s attorney. Particularly if the victim or family members are suspected of current or prior gang involvement, police are perceived to treat them differently and at lower priority.

"There was a shooting [in my neighborhood] and a couple of guys got shot, and I went over there to assist them ... and the police officer was like, 'They finally got you.' Who says that to a gunshot victim and you're joking around?" (Family Member, Homicide, 44F, Chicago, AA)

"[When a parent has] lost their child and whether they had gang affiliation or a criminal background, that is not for us to judge them." (Family Member, Homicide, 44F, Chicago, AA)

"I have tattoos so the police looked at tattoos and automatically assumed that getting shot was gang related." (Victim, Gun Violence, 34M, Chicago, Hispanic)

Some victims say that certain judges and state’s attorneys have a bias against victims which hinders their case at multiple junctures. Others say judges or state’s attorneys simply were uninformed or ignorant of recent changes to state law or victim rights.

"I believe actually the judge had an issue with me, and I don’t know why. She told me I was dressed inappropriately for court and that if I should appear before her again that I should dress better." (Family Member, Child Abuse, 42F, Rural, AA)

"I just don’t trust anybody in the court system ... It always protects the offender, not the victims, and it’s sad to think that that’s how court is." (Family Member, DUI, 49M, Rural, Caucasian)

"The State’s Attorney said that he didn’t think they had a case because just one witness isn't good enough." (Family Member, Homicide, 61M, Chicago, Caucasian)

"You felt pretty powerless meeting with the State’s Attorney. The guy is telling us how it is. ‘You don’t try a case on this. We don’t have a case, and that’s where we’re at.’" (Family Member, Homicide, 61M, Chicago, Caucasian)

"I honestly can’t answer that question as to why [my case was dropped] other than it’s our judicial system because there was plenty of evidence." (Victim, SA, 44F, Rural, Caucasian)

"I’ve spoken with the police again just recently and they wanted to bring back, open the case and the State's Attorney refused." (Victim, SA, 44F, Rural, Caucasian)

F. Changes to State Laws

Some victims and family members indicate that laws need to be changed in Illinois to better meet victims' needs. Some changes they feel are needed include:

- Eliminate the time limits on applications for victim compensation under the victim's compensation fund, recognizing that needs may be ongoing or reignited as a case progresses through the court system.
- Require police officers to transport an injured victim to the ER, or to call an ambulance for them. Refusing to transport victims or provide assistance when needed should be grounds for termination or disciplinary action.
- Require all drivers involved in a collision where someone is seriously injured to undergo testing for drug and alcohol levels immediately after an accident. Also, increase the minimums for state auto liability insurance because current coverage levels for a victim seriously injured in a DUI are not sufficient.
- Expand the timeline for filing a DRAM Shop Act lawsuit for victim compensation to one year after sentencing of the DUI incident because victims may not know what drinking establishment was involved until the trial occurs.
- Require the state to cover all hospitalization expenses a victim's insurance doesn't cover without need to request reimbursement or go before claims court.
- Require mandatory restitution from perpetrators for victims and dependents in the event that serious injury or death results from the crime they committed.
- Eliminate the statute of limitations on child abuse.
- Automatically place minor children on temporary and plenary orders of protection if one is granted to the parent that has primary custody, given that the minor child may be at unknown risk as a result of their parents' dispute. Attempting to continue a child's relationship with the parent creating harm overlooks the potential for the child to be the mechanism of retaliation and it is impossible for a judge and/or DCFS to fully assess a child's risk.

G. Victim Services Needed

Across all crime types service providers are overwhelmed and severely overburdened. Victims say there are significant delays in receiving services. Wait times for counseling services are regularly 6-12 months and there is often a limit to the number of sessions provided. These wait times may lead to victims no longer being open to services or even “self-medicating”. Victims also say service providers may change staff frequently or are limited in the amount of one-on-one time they can spend with their clients.

"I would call the main national hotline and sometimes I would call the local hotline, but the thing is sometimes their lines were tied up, and it would be a wait to get through to someone." (Victim, DV, 45F, Suburb, AA-Hispanic)

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

"And like I said, the couple of places that I am aware of, you call and it just rings and rings and rings and nobody answers, or you're just on hold forever." (Family Member, DUI, 53F, Suburb, Caucasian)

"I asked for help from different legal free agencies, no one calls back or, 'Oh no we can't service you,' or 'You don't live in our district,' or 'We're out of money.' That's what I get." (Victim, DV, 57F, Suburb, Hispanic)

"I would call back and ask for anybody and [the State's Attorney's office] would just take messages. Nobody called me back." (Family Member, DUI, 47F, Rural, Caucasian)

"[All of the appointments I had with the State's Attorney] was all done by phone and they never asked if I needed help." (Victim, SA, 41F, Chicago, Hispanic)

Counseling is often cited as a major need, both for the victim as well as family members and others impacted by the crime.

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

"The most important thing was to help with my children and getting my daughter into counseling." (Family Member, Child Abuse, 29F, Rural, Caucasian)

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

"You need to get an unbiased, outside opinion, one that can lead you and direct you in the right path that you need to go so whatever unsettling feelings or thoughts or emotions that you're having, they'll help you so you'll be able to facilitate that in a more positive manner." (Victim, Child Abuse, 48F, Rural, Caucasian)

"...somewhere you can talk, say what happened, cause maybe some people don't have people they could talk and they bottle all that up. Or they just at the time didn't want to talk about it to people they know, they'd rather talk to strangers they ain't gonna see like that." (Victim, Gun Violence, 34M, Chicago, Hispanic)

"Support is the biggest thing. [We needed] somebody to be there to take you from step one and just be your support throughout the whole ordeal." (Family Member, DUI, 47F, Rural, Caucasian)

"I would have definitely gone to see the counselor immediately and not wait so long ... When you go seeking help it would be nice if they told us to seek a counselor to begin with to get it all out." (Victim, DV, 33F, Chicago, Hispanic)

"When I started to go to the support group, I started to feel like I was back in control of what was going on in my life. I was getting answers. There were people that really support me and people I could openly talk to and not feel like I have to hide." (Victim, DV, 45F, Suburb, AA-Hispanic)

Addressing the needs of “secondary victims”, family members who may have witnessed the crime or crimes, is another area of concern for victims. Victims of domestic violence, homicide, gun violence, or assault say they did not consider the impact of the crime on other family members, typically children or other adults in the household. Counseling services are rarely offered or considered for other household members.

"My kids have suffered post-traumatic stress from [me being sexually assaulted]." (Victim, SA, 40F, Rural, Caucasian)

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

"[My other son] definitely has been affected by [my son's case] ... I've never seen his grades as poor as they got last year. He seems to be on better track now, but he just doesn't seem the same. You could just see he kind of feels he's been put on the back burner and to an extent he has." (Family Member, DUI, 49M, Rural, Caucasian)

"I was going to counseling ... but my children are affected too, so I'm taking my 13 year-old to counseling now." (Victim, DV, 49F, Chicago, Asian)

"We did go to some counseling with my niece ... It was very tough for her." (Family Member, DUI, 53F, Suburb, Caucasian)

"To have children attached to this, I just cannot imagine how exhausting and just overwhelming that must be ... the children are victims as well." (Victim, DV, 50F, Chicago, Hispanic)

Victims perceive there to be significant geographic disparities with regard to the depth and breadth of services available in their communities. Victims in Southern and Central Illinois indicate that services are limited or may require private transportation to access. Victims who need language assistance are at a particular disadvantage in rural areas.

Transportation is another major need across all crime types. Victims say transportation is needed for medical appointments, physical therapy, counseling sessions, police meetings, state's attorney meetings, and court visits. Many victims rely on rides from service providers or at the very least bus tokens. This need is even more acute in more rural areas where service providers, medical facilities, or those in the criminal justice system may not be accessible without a car.

"I couldn't drive for a long time because I had a brace on my arm for about 12 weeks ... So I basically had to have somebody drive me everywhere I went." (Victim, SA, 43F, Chicago, Hispanic)

"[Attending meetings] isn't very easy with me not working because I don't really have any money right now to be driving back and forth." (Family Member, Child Abuse, 29F, Rural, Caucasian)

"Why can't PACE make it a little bit easier to pick her up? And most towns now, again because of funding...you have zero options for transportation at night or weekends." (Family Member, DUI, 53F, Suburb, Caucasian)

"[Transportation] would have been nice ... if you got shot or if you're a victim of a crime where you're in the hospital and they arrange a ride to get you to where you've got to go." (Victim, Gun Violence, 34M, Chicago, Hispanic)

"I just literally did not have funds to get on a bus or a train to get the services." (Victim, DV, 50F, Chicago, Hispanic)

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

"We also attended a couple of counseling sessions. Unfortunately, they're not located some place that's very convenient for us to go, that's probably 100 miles just to go to an hour and a half meeting, 90-minute meeting, but we did go a couple of times." (Family Member, DUI, 53F, Suburb, Caucasian)

Housing is another common need across most crimes, but particularly for domestic violence and sexual assault. Victims describe limited numbers of shelters available and long wait times. Permanent housing options may be non-existent particularly for those with limited means or income.

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

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

"[A temporary shelter] is not available for men ... I checked into it a couple times. And then too, you have your children with you, so that would have been a difficult situation." (Victim, DV, M61, Chicago, Caucasian)

Childcare is a common request from victims and is not limited to victims of domestic violence or sexual assault. Victims indicate that many of the appointments they are asked or required to attend are not appropriate settings for children.

"I moved in with my mother for a couple of months, and she decided to move about 45 minutes away, so that's why I had to quit my job because I didn't have anybody to watch my kids." (Family Member, Child Abuse, 29F, Rural, Caucasian)

H. Victim Compensation Fund

Using a reimbursement system for disbursement of funds for victims of crime disproportionately affects the most vulnerable victims who often do not have the surplus funds necessary to pay bills out-of-pocket to secure reimbursement. If they pay bills, it reduces their ability to address basic needs such as food and shelter and often leads to destroyed credit histories. For those who can initially afford the costs of being a victim, many report waiting years, not months, before receiving reimbursement.

"The process [victim's compensation] took about a year if not longer from start to finish." (Family Member, DUI, 37F, Rural, Caucasian)

"It's a very difficult process, it has been for me. It's been three years, and I'm still trying to get bills paid." (Victim, SA, 43F, Chicago, Hispanic)

"I heard [victim's compensation] takes a long time to get." (Victim, DV, 49F, Chicago, Asian)

"I spoke with somebody, and they had me fill out paperwork and said that my bills were going to get paid for ... but to this day they still pop up." (Victim, Gun Violence, 34M, Chicago, Hispanic)

"[The Coroner's office] said, 'It probably wouldn't be granted for a couple of years.' " (Family Member, DUI, 47F, Rural, Caucasian)

"I also am aware that there is a Violent Crime Victim Fund ... quite honestly, I probably spent 200 hours copying invoices and checks and everything else to apply for funds for my sister only to be kind of rubber stamp denied and no real reason why we were denied." (Family Member, DUI, 53F, Suburb, Caucasian)

I. Victims of Domestic Violence and Sexual Assault

Victims of domestic violence and to a lesser extent sexual assault, often describe a “cycle of victimization” that is difficult to escape. Without additional or extended assistance, DV victims return to perpetrators or end up in new relationships with similar patterns of emotional and physical abuse. The cycle may also have started at a much earlier age through violence witnessed as a child within the home.

"There's this incredible connection between the victim and the abuser, and there's also this loneliness and this emptiness that happens when you separate and that abuser is familiar and sometimes the loneliness is so overwhelming that you prefer to go back to the familiar." (Victim, DV, 50F, Chicago, Hispanic)

"There's a mixture of emotions of like you're loving this husband, this person is your husband and how could you call the police? How could you file charges against him?" (Victim, DV, 45F, Suburb, AA-Hispanic)

"Those emotional ties are still there [with the abuser], and it just takes time for those things to change." (Victim, DV, 51F, Chicago, AA)

"I dropped the charges because of my kids... they said, 'Don't do this to dad. If you want, leave him, but don't send him to court or jail.'" (Victim, DV, 45F, Chicago, Hispanic)

Temporary and permanent housing needs are most common for DV and SA victims, but also apply to homicide victims as well. In the immediate aftermath, victims do not want to return to their homes or communities, typically out of fear for their safety. Even if temporary housing is available, unclean shelter conditions (e.g. bed bugs, rodents) or limits on how long they can stay may force some DV victims to return to their abuser. Victims need help with permanent relocation so they can escape the cycle of violence.

DV victims need assistance with escape planning, which may require housing and transportation needs, childcare, re-documentation due to stolen, confiscated, or destroyed identification, and job or employment training to give them the means to sustain their livelihood apart from their abuser.

"The pre-planning [to leave] took years in preparation and not only for the physical goals of actually doing things, but it took years to emotionally prepare for that moment." (DV, 45F, Suburb, AA-Hispanic)

"Maybe it was my own fault that I didn't apply or didn't try. When you go through this kind of physical or mental abuse, it's just really hard. You're really drained. You just try to survive and go day by day. I think domestic violence has an impact on my whole life." (Victim, DV, 49F, Chicago, Asian)

There is a distinction between the need for counseling for trauma versus grief and victims report this distinction is often not recognized, particularly for victims of homicide. While the initial trauma and shock may be immediately addressed, the grieving process may take months or years to fully surface. Thus the need for counseling often far exceeds the typical limit of six to nine months of covered services.

"The combination of the abuse and then the financial aspects of it was just so emotionally crippling and debilitating, and self-image and I could see where depression could set in and it would just paralyze a person." (Victim, DV, 50F, Chicago, Hispanic)

*"I have been so desperate so many times that a few months back I was in a psychiatric hospital ... here in the US I feel everything is out of my hands so I made the decision that I didn't want to live."
" (Victim, DV, 45F, Chicago, Hispanic)*

"Grieving is very individual and I get how grieving is working because I do it every single day of my life, and I'm grieving now." (Family Member, Homicide, 48F, Rural, Caucasian)

"When you lose a child, there are just parts of you that just die that day and no matter how much you want to be your old self again, you never ever, ever will be." (Family Member, DUI, 37F, Rural, Caucasian)

"When I got divorced, honestly I was in that Honeymoon phase, and truthfully, I was like, 'I am independent. I'm free. No more counseling, but I was so wrong. Like I said, when the dust settled, you need it more than ever.'" (Victim, DV, 45F, Suburb, AA-Hispanic)

"I think child abuse victims have a lot of troubles ... The counselor thinks my daughter has PTSD." (Family Member, Child Abuse, 29F, Rural, Caucasian)

"I think domestic violence is very hard to get over and I'll be in counseling for a long time." (Victim, DV, 49F, Chicago, Asian)

"I still go to counseling six years after the attack." (Victim, SA, 44F, Rural, Caucasian)

"The 12 weeks [of FMLA leave] sounds like a long time, but if that could have been extended a little bit longer or looked into a little bit more, that would help." (Victim, SA, 43F, Chicago, Hispanic)

"I would have liked longer counseling. I know [counseling] is only funded, I guess, through six months. And I think that funding appointed for nine months would have been a little bit better or if not nine months outright, to have touchpoints throughout a year." (Family Member, Homicide, 48F, Rural, Caucasian)

APPENDIX

Journey of Contact Points in Victimization

Literature review

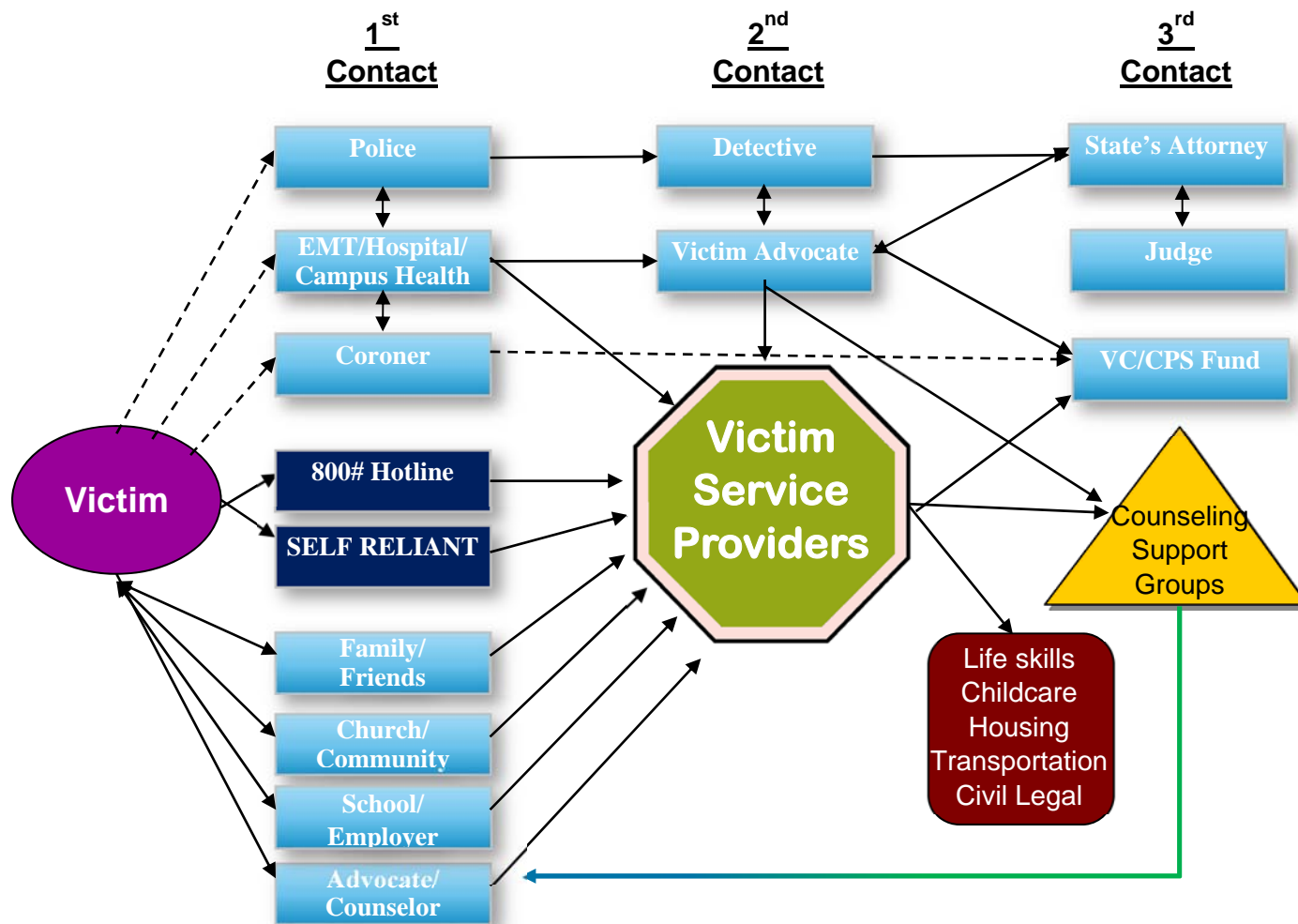
Discussion guide

Screening questionnaire

Informed consent form

Benchmark survey with frequencies

Journey of Contact Points in Victimization





Illinois Criminal Justice Information Authority
Victim Needs Assessment

Secondary Literature Review

Submitted by:
Aeffect, Inc.
Revised August 19, 2016

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Background

In May of 2016, Aeffect was selected by the Illinois Criminal Justice Information Authority (ICJIA) to conduct a Victim Needs Assessment within Illinois. The basic purpose of the research is to understand victims' needs, to examine how victims' assistance programs should be aligned to those needs, and to identify potential unmet victims' needs or gaps in Illinois. Secondary objectives are to identify and document best practices for meeting victims' needs.

As an initial step for this important project, Aeffect conducted a secondary literature review to explore existing research on the following topics:

- Past Victim Needs Assessments (state or national/federal level)
- Best practices in assessing victims' needs
- Availability of victims needs survey tools
- Research on meeting victim needs among underserved populations
- Trends in victim needs research that may affect survey measures
- Federal guidelines to be considered, and relevant behavioral or logic models.

Methods

The following document summarizes finding from the secondary literature review. A funnel methodology was utilized starting with broad concepts ("Victim Needs"), adding alternative search terms and phrases (synonyms, descriptors, keyword associations), and then refining search criteria such as date restrictions, geography, and target audience parameters. The search strings were applied to a variety of online meta-databases to access news, web, and academic journal articles. Results have been organized into the following main categories:

- State/Local Sponsored Victim Needs Assessment Research
- Federal/National Sponsored Victim Needs Assessment Research
- Independent Victim Needs Assessment Research
- Rape, Sexual Assault & Domestic Violence
- Child Abuse
- Other Underserved Populations (Rural, etc.)
- Identity Theft, Fraud & Financial Crimes
- Behavioral or Logic Models

The literature review will be followed by qualitative research in the form of n=80 in-depth one-on-one interviews conducted with key stakeholders, victim service providers, victims of crime, and family members of victims of crime. The research will culminate with a statewide survey (n=2,000) to benchmark awareness and usage of victim services.

Executive Summary

Major Findings

Past Victim Needs Assessments: Overall, while victim compensation funds are available in all 50 states, there is little published research at the state or national level on the needs of victims of crime. Most published reports focus on crimes statistics or evaluation of service providers with few conducting primary research among victims or family members of victims. A few more recent studies stood out as notable exceptions and included qualitative and quantitative research conducted in California, Maryland, Massachusetts, Oregon, Pennsylvania, Indiana, and Illinois. The vast majority of states, however, have little in the way of comprehensive statewide assessments of victim needs. This suggests that the Illinois Criminal Justice Information Authority's desire to conduct a statewide assessment among victims and family members of victims is well-founded and timely.

Victim Needs: Among the limited number of published state studies available, there are several repeated themes observed particularly in the areas of victim needs, barriers to meeting those needs, and vulnerable or underserved populations. With regard to victim needs, transportation and emergency shelter/housing are high priorities for victims and/or their family members. As a result of the crime, victims must navigate arranging for transportation to meet with police/detectives, doctors/hospitals, state's attorneys/court, and counselors/support groups. Few have immediate access to a vehicle and thus must piece together a plan involving asking friends and family for help, taking public transportation, or simply walking to appointments when necessary.

Emergency shelter or housing are common needs particularly with regard to cases of domestic violence and/or sexual assault. Transitional housing and shelters are typically over-crowded and only provided a brief respite from what is often the scene of the crime. Lack of affordable housing options means that many victims are forced to return to dangerous settings. Male victims are particularly vulnerable as few states have transitional housing or shelter options for men.

In addition to general financial assistance, other needs commonly identified by other states include mental health services, medical treatment, funeral/burial compensation, childcare, and substance abuse treatment. Legal services are another area of need particularly with regard to civil legal assistance related to family law. Orders of protection, divorce, child custody, and alimony are common legal needs across several violent crimes.

Barriers to Meeting Victim Needs: Regardless of state, most recognize several possible barriers to victims accessing support services. Lack of funding, timeliness of funding, and limited human resources top the list of barriers. Additional barriers include a lack of awareness of service providers, lack of information about the availability of funds, fear of repercussions for undocumented victims, misperceptions of strict or limiting requirements, heavy burden on victims to fill out forms, limited language proficiency, limited cultural proficiency, lack of a single or consistent point of contact, and lack of congruency between agencies (agencies range from victim blaming to victim defending).

Notably missing from most studies are evaluations of interactions between victims and police officers/detectives, state's attorneys, and/or hospital/medical personnel. One notable exception is a study conducted in 2001 in Washington, DC, specifically on interactions with the police department (Ramsay, C.H. & Joyce, N.). Otherwise, there are few studies that examine how victims are treated by initial responders and what impact that interaction has on subsequent attempts to access victims' services.

Vulnerable Populations: Among the states that conducted studies, many identified similar vulnerable or underserved populations. This included people with mental or physical disabilities, LGBTQ, males, communities affected by gang violence, residents of rural communities, immigrants, elderly/seniors, victims of human trafficking or forced marriages, children who witnessed violent crimes, victims of child abuse, victims of identity theft/financial crimes, and those with limited literacy or English proficiency. Primary research conducted with vulnerable populations is very limited or non-existent. One notable exception are two recent studies on rural victim assistance by the US Department of Justice and The Southwest Journal of Criminal Justice. It should also be noted that prison inmates and juvenile detention inmates were not identified in any of the studies surveyed.

Rape, Sexual Assault, and Domestic Violence: Within specific crime types, research with victims of sexual assault, rape, and domestic violence, are the most prevalent and easily accessible. It should be noted that Illinois is a clear leader in this area with documented studies on violence against women (Rauner, Bruce and Maki, John), domestic homicide, transitional housing for victims of intimate partner violence, and gaps in domestic violence assistance. Illinois also recently completed a study on the need for multidisciplinary teams to investigate child abuse, which was one of the few studies found on the needs of child victims (2016 February). Also notably missing were any studies on the needs of family members of homicide victims or gun violence victims.

Past Victim Needs Surveys: With regard to other surveys that might serve as templates or models for ICJIA's Victim Needs Benchmark survey, there were limited examples available. More specifically, only Pennsylvania, California, and Maryland, had survey tools intended for victims. Again, survey questions tended to focus on interactions with service provider staff as opposed to awareness of service providers in the state and identification of services utilized.

State/Local Victim Needs Assessment Research

Standing with the Victims: A Review of Arizona's Crime Victim Compensation Fund (Arizona)

Hart, B. & Edwards, E. (2011). *Standing with the Victims: A Review of Arizona's Crime Victim Compensation Fund* (Morrison Institute for Public Policy).

<http://www.ovc.gov/pubs/InnovativePractices/Practices_Findings-508.pdf>

Arizona's Crime Victim Compensation Fund is a little-known state program that can have a big impact on the lives of residents in times of great need — when victimized and traumatized by crime. Created by the Legislature in 1986, the Fund compensates victims for certain expenses directly related to their victimization, notably for medical care, counseling, funeral expenses, wage loss and crime-scene cleanup. In recent years, however, Arizona's program has experienced a downward trend in both the number of new claims submitted by victims and the total amount of compensation paid out annually. Short surveys were conducted with County Compensation Coordinators, Victim Compensation Board Members, and Victim Advocates to try to understand why this was occurring and how to change it.

The California Victim Compensation Program Needs Assessment Report: California's Underserved Crime Victims and their Access to Victim Services and Compensation Other Research (California)

The California Victim Compensation Program Needs Assessment Report: California's Underserved Crime Victims and their Access to Victim Services and Compensation Other Research. (2015, July). *US Department of Justice*, 1-75. Retrieved June 27, 2016.

<<http://www.vcgcba.ca.gov/victims/ovcgrant2013/deliverables/CalVCPNeedsAssessment-OVCGrant2013.pdf>>

In 2013 the California Victim Compensation Program (CalVCP) was awarded funding through the OVC Crime Victim Compensation Program Initiative to conduct a needs assessment with the following objectives: identify underserved crime victims in California and their unmet needs, assess the current accessibility to services and compensation, and identify barriers victims face when accessing services and compensation. The needs assessment process included research, surveys, and interviews with victims, mental health providers, community-based organizations (CBOs), and government agencies. The results of this work provide a more comprehensive profile of the needs of victims in California, the challenges faced in reaching the underserved, and the barriers that prevent victims from fully accessing services and compensation.

Violence Against Women Needs Assessment Program (California)

Warnken, H. (2012). *Violence Against Women Needs Assessment Program* (Rep.). CA: California Crime Victims Assistance Association.

<https://www.law.berkeley.edu/files/bccj/VAW_Study-FINAL.pdf>

Despite the large numbers of Victim/Witness Assistance Centers (VWACs), very little research has been done to date on the work of California's VWACs with women victims of domestic violence. The California Emergency Management Agency (Cal EMA) funded a needs-assessment study of VWACs to be carried out by the California Crime Victims Assistance Association

(CCVAA), in partnership with the California District Attorneys Association (CDAA), and the University of California, Berkeley School of Law, and Chief Justice Earl Warren Institute on Law and Social Policy. The goals of the project were to quantify the value of the funding supporting the operation of Victim/Witness Assistance Programs, better understand the challenges facing women victimized by violence, and identify gaps and best practices at a service level. The study was both quantitative and qualitative and included an on-line survey of all 59 of the VWACs in the state, site visits, focus groups, analysis of Cal EMA data, and interviews with subject matter experts. The report shows that Victim/Witness Assessment Centers perform a wide variety of functions for VAW victims. The services VWACs provide are essential to the statewide mission of reducing violence against women. Maximizing the potential of VWACs in reducing VAW requires adequate funding as well as an increase in awareness of the importance of government based victim's services.

Legislative Analyst's Office – Improving State programs for Crime Victims (California)

Improving State Programs for Crime Victims. (2015, March 18). Retrieved June 14, 2016, from <http://www.lao.ca.gov/reports/2015/budget/crime-victims/crime-victims-031815.aspx>

The Governor of California's 2015-2016 budget proposed to reorganize programs that are currently administered by the Victims Compensation and Government Claims Board (VCGCB) and shift them to the Department of General Services beginning in 2016-2017. The Legislative Analyst's Office conducted an analysis of the state's existing victim programs. Their review found that the state lacks a comprehensive strategy for assisting crime victims, primarily because the state lacks a lead agency that is responsible for coordinating the state's efforts to assist victims. In addition, they found that the state is likely missing opportunities for certain federal grants, many programs are small and appear duplicative, narrowly targeted grant programs undermine prioritization, and limiting victim advocates to victim witness assistance centers hinders access to the California Victim Compensation Program (CalVCP). The recommendations included creating a lead agency to focus on victim programs, requiring the development of a comprehensive strategy for the state's victim programs, and ensure that Proposition 47 funding for Trauma Recovery Centers helps to create a more cohesive system of programs that better serves victims.

Denver Victim Services 2000 Needs Assessment (Denver, Colorado)

Stark, E. (2000). *Denver Victim Services Needs Assessment* (U.S, U.S. Department of Justice, Office for Victims of Crime). Denver, CO: Office of Justice Programs.

https://www.ncjrs.gov/ovc_archives/bulletins/dv_10_2000_1/files/NCJ183397.pdf

Denver Victim Services 2000 (VS2000), funded by a discretionary grant from the Office for Victims of Crime (OVC) is a 5-year demonstration project to create a comprehensive, coordinated, seamless service delivery system for victims of crime. This article summarizes the efforts and highlights the results of the three-pronged victim services needs assessment conducted by Denver VS200 in 1997 and 1998. The three areas explored were client satisfaction with services, unmet needs and gaps in service as perceived by service providers, and unmet needs and gaps in service as perceived by clients and unserved and underserved victims of crime. In order to assess these needs, VS2000 conducted a survey by mail with agencies and programs providing victim services in Denver, a client satisfaction survey with victims who were currently receiving services at Denver victim service agencies, and victim focus groups with unserved and underserved victims

of crime. The collective work of the teams and the information from the focus groups provided the foundation for Denver VS2000's guiding philosophy that there should be "no wrong door" through which victims can access services. The focus groups also highlighted the need for advocates who are part of the community they serve and the need for cultural competency training for service providers. Of the gaps identified by the Agency Survey, a shared case management system was prioritized by the teams as the best way to address myriad needs, including more effective information and referral, better communication between providers, and better service provision in general. Development of an online Resource Directory and an interagency Cross-Training Plan would address the need for appropriate referrals by providing easy access to information about resources and a vehicle for increasing knowledge and trust among agencies.

Hawaii Statewide Strategic Plan for Victim Services (Hawaii)

Chandler, S. M., & Kumaran, M. (2015). *Hawai'i Statewide Strategic Plan for Victim Services* (U.S., College Of Social Sciences, Public Policy Center). HI.

<<http://ag.hawaii.gov/cpja/files/2013/01/SSPVS-Report.pdf>>

<<http://ag.hawaii.gov/cpja/files/2013/01/SSPVS-Follow-up-Report-Final.pdf>>

The National Association of VOCA Assistance Administrators (NAVAA), Office for Victims of Crime (OVC) selected the Hawaii Department of the Attorney General (AG) to participate in a national strategic planning initiative. The purpose of the project is to develop a strategic plan to enhance services for underserved victims of crime. Approximately 100 stakeholders came together to design The Statewide Strategic Plan for Victim Services (SSPVS). Focus groups were conducted with four key target audiences: underserved victims of crime who are tourists/visitors (visitors), immigrants or persons with limited English proficiency, persons with disabilities, and persons who are elderly. The planning process identified gaps in the current service delivery system. The SSPVS also identified various organizations that may be potential resources and could be helpful during the implementation stages of the plan.

Victims of Crime Act (VOCA) (Indiana)

Indiana Criminal Justice Institute. (2012). *Review of best practices for ICJI program areas and funding streams Victims of Crime Act (VOCA)* (12-C19 ed.). IN.

<http://www.in.gov/cji/files/VS_VOCA_Best_Practices.pdf>

In an effort to assist the Indiana Criminal Justice Institute (ICJI) in improving criminal justice programming and policy development in Indiana, the Center for Criminal Justice Research (CCJR) entered into a two-year research partnership to perform data collection and analytics. The scope of work includes a review of best practices for each ICJI program area and 10 major funding streams and a statewide criminal justice data assessment.

Victim Services Needs Assessment (Kansas)

Petersen, D., & Underwood, T. (2000). *Victim Services Needs Assessment: A Study of Victim Services in the Community* (Rep.). Joint Center on Violence and Victim Studies.

<<http://www.washburn.edu/academics/community-continuing-education/academic-outreach/jcvvs/research-special-projects/victim-services-needs-full.pdf>>

Three focus groups were conducted in order to determine practitioner perspective regarding the availability of services for crime victims in the Topeka/Shawnee County, Kansas area. One focus

group consisted of practitioners from criminal justice, one from practitioners from social services organizations, and another from the advocacy center steering committee. Following the focus groups, a phone survey of n=40 crime victims was conducted to explore victim perceptions of the services received. Finally, a mail survey to service organizations in the community was distributed to collect information regarding existing services, usage of services, and gaps in services.

The Experience of Sexual Assault: Findings from a Statewide Victim Needs Assessment (Maryland)

Monroe, L. M. (2005). The Experience of Sexual Assault: Findings From a Statewide Victim Needs Assessment [Abstract]. *Journal of Interpersonal Violence*, 20(7), 767-776. doi:10.1177/0886260505277100

<<http://www.ncbi.nlm.nih.gov/pubmed/15914699>>

A statewide assessment was conducted of assaults, experiences, needs, and recommendations of 125 adult victims receiving care at 19 sexual assault centers (SACs) in the State of Maryland. More than half of the victims (55.6%) waited years before disclosing, with delays in reporting especially likely if the assault was perpetrated by a family member (the most frequent perpetrators at 42.4% of respondents). About one half of the victims (51.3%) had been previously sexually assaulted, yet only 9% of these victims had sought treatment. The majority of respondents (69.4%) indicated they would not be filing charges against perpetrators, and of those who did, 46.2% reported dissatisfaction with the interview with police. Psychological symptoms such as depression and anxiety were the most common reasons for seeking care at the centers. Nearly all of respondents rated the care they received at the centers as very good or excellent. Respondents recommended more SACs, better advertising of their services, more mental health care within them (especially group therapy), and improved laws and law enforcement of perpetrators.

Project Roadmap: Charting a Course for Victims of Crime in Maryland (Maryland)

Herman, S. (2003). *Project Roadmap: Charting a Course for Crime Victims in Maryland* (Rep.). MD.

<<https://victimsofcrime.org/docs/Resource/MD%20Roadmap%20FINAL.pdf?sfvrsn=0>>

In April 2002, the Maryland Governor's Office of Crime Control & Prevention asked the National Center for Victims of Crime to undertake an independent assessment of Maryland's response to crime victims and provide recommendations that would address the results of that assessment. *Project Roadmap* involved identifying strengths and weaknesses in current services and programs through a series of discussions with victims of crime and victim service providers in Maryland. The project included focus groups with victims, interviews with victim services providers and a review of Maryland's legal protection for crime victims. This review found that Maryland has a very strong foundation of services and resources, and, in many cases, victims of crime in Maryland are treated with the dignity, respect, and sensitivity the Maryland State Constitution mandates. It is also true that the quality of services is uneven. Many categories of crime victims in Maryland know nothing about or cannot access the help and support they need, and state crime victim-related laws could be strengthened. *Project Roadmap* produced 42 recommendations to chart a course for crime victims in Maryland.

Maryland State Board of Victim Services – Fact Sheet (Maryland)

Fact Sheet: Assessing the Need. (2014). *Maryland State Board of Victim Services*. Retrieved June 27, 2016.

<<http://goccp.maryland.gov/wp-content/uploads/survivors-of-homicide-needs-assessment-phase-1.pdf>>

The Maryland State Board of Victim Services strives to meet the needs of survivors of crime by providing funding sources to existing community organizations throughout the state. This study conducted by the State Board in partnership with the University of Baltimore sought to identify the strengths and weaknesses of meeting the needs of survivors of homicide through a structured questionnaire to service providers around the state in an effort to gain insight on how to better improve existing services. A total of 175 agencies were contacted to take part in the questionnaire. Findings were organized by county in order to assess strengths and weaknesses per county.

Massachusetts Office For Victim Assistance: 2014 Needs Assessment (Massachusetts)

2014 Needs Assessment. (2015, June). *Massachusetts Office For Victim Assistance*, 1-99. Retrieved June 27, 2016 from <<http://www.mass.gov/mova/docs/voca/mova-2014-needs-assessment.pdf>>

On behalf of the Massachusetts Office for Victim Assistance (MOVA) and the Victim and Witness Assistance Board (VWAB), the ICF research team was tasked with conducting a needs assessment of victim service providers and crime victims across the Commonwealth. This needs assessment comprised of two core components; surveys and interviews with service providers, and focus groups and phone interviews with crime victims. ICF conducted a statewide survey of service providers to assess the experiences and perspectives of services providers related to the needs of and services provided to crime victims. Following the survey, ICF conducted follow-up interviews with a small sample of respondents from the survey to better understand survey findings and gather additional recommendations for improving victim services in Massachusetts. ICF conducted focus groups and phone interviews with the interested crime victims to add a firsthand account of crime victims' experiences with service provision in Massachusetts.

Best Practices Guidelines: Crime Victim Services (Minnesota)

Minnesota Department of Public Safety, Office of Justice Programs. (2010). *Best Practices Guidelines: Crime Victim Services*.

<http://www.ovc.gov/pubs/InnovativePractices/Practices_Best%20practices%20guidelines-508.pdf>

In 2008, the Office of Justice Programs (OJP) Crime Victim Services Grants Unit developed a strategic plan to set direction for the unit for the next several years. This best practices project grew out of that plan and is the logical next step. The best practices are intended to assist programs to identify and pursue key areas for organization development.

Victim Assistance Client Survey: Development and Testing of Instruments and Methodologies (Nebraska)

Piper, R. K., & Miller, A. C. (1997). Victim Assistance Client Survey: Development and Testing of Instruments and Methodologies. *NCJRS*. Retrieved from <www.ncjrs.gov/App/Publications/abstract.aspx?ID=169619>

Three versions of a victim needs assessment research instrument, designed to measure client satisfaction and identify possible service gaps, were developed and successfully tested at pilot sites for each of three major types of victim agencies identified: the traditional victim/witness unit (police department), the grassroots community-based victim program, and the domestic violence/sexual assault program. This was done via a mail survey and produced information in the areas of client contacts, service provision, and perception of staff, support groups/referrals, victimizations, and demographic characteristics of victims. The field studies showed that existing case-management practices and policies hampered research/evaluation efforts at all three pilot sites. Improvements in case management, such as the use of standardized client intake forms and computerized client file systems, would likely result in increased efficiency and improved service provisions at all three pilot sites.

Crime Victim Rights Act (North Carolina)

Hayes, R. A. (2013). *Crime Victim Rights Act Compliance in North Carolina* (North Carolina Governor's Crime Commission, Criminal Justice Analysis Center).

https://www.nccrimecontrol.org/div/GCC/pubs/Crime_Victims_Rights_Compliance_ReportFINAL.pdf

The Crime Victims Rights Act (CVRA) was passed in North Carolina in 1998 and in 2004 by the United States Congress to help ensure that crime victims are afforded access to information and assistance that will help in the process of navigating the sometimes complex issues of criminal investigations, prosecutions and corrections and to restore them to some meaningful acceptance of their circumstances and to move forward in their lives after victimization. The purpose of this study was to examine compliance to the CRVA by agencies in North Carolina that commonly have contact with victims of crime. The survey was distributed via email to law enforcement, prosecutors, and all agencies receiving funding from the GCC Crime Victims' Services Committee. The results showed that there was a strong level of compliance from agencies surveyed.

Ohio Family Violence Needs Assessment (Ohio)

Ellis, M. (2013). *Ohio Family Violence Needs Assessment* (U.S., Office of Criminal Justice Services). OH.

<http://www.publicsafety.ohio.gov/links/2013_VAWA_Needs_Assessment.pdf>

The Office of Criminal Justice Services (OCJS) in conjunction with the Family Violence Prevention Center Advisory Committee completed a statewide needs assessment to identify existing gaps when serving victims of domestic violence, sexual assault and stalking. Information was solicited from direct services providers in law enforcement, courts, prosecution, non-profit organizations and various other agencies. An online survey instrument was developed to gain baseline information from direct service providers prior to conducting focus groups. The majority

of survey respondents identified information lines —24-hour and toll-free crisis hotlines and general help lines—as being readily available in their communities. Safety planning with victims is also a service that is frequently found in Ohio communities. However, some of the traditionally recognized needs for domestic violence, sexual assault and stalking victims were identified as lacking. Transportation, transitional housing, child care, and assistance from civil attorneys were all available but insufficient to meet the demand in the community. Accessing Sexual Assault Nurse Examiners (SANE) was not a serious problem according to survey respondents. After reviewing the information from online survey results, a total of seven interdisciplinary, 90 minute focus groups were conducted in five Ohio regions. Groups focused on identifying barriers to services for domestic violence, sexual assault, stalking, and accessing interpreters.

Oregon Crime Victims' Needs Assessment Final Report (Oregon)

2012 Oregon Crime Victims' Needs Assessment Final Report. (2013, February 15). *Portland State University*, 1-229. Retrieved June 27, 2016.

<<https://www.rri.pdx.edu/files/138/FINAL%202012%20CVNA%20REPORT.pdf>>

On behalf of the Crime Victims' Services Division (CVSD) of the Oregon Department of Justice, the Portland State University Regional Research Institute for Human Services conducted an eighteen-month needs assessment of the current state of crime victim services and crime victims' needs in Oregon. This 2012 study was a ten-year follow-up of the 2002 statewide crime victims' needs assessment conducted by RRI for CVSD's predecessor, the DOJ Crime Victims' Assistance Section. The 2012 statewide needs assessment was conducted from July 2011 through December 2012 with the primary objectives of:

- Reviewing changes in the field of crime victim services since the 2002 needs assessment.
- Providing comprehensive information about the current needs of crime victims and the state of the service delivery system.
- Identifying gaps in available services and barriers to accessing services, particularly among populations considered by CVSD to have specific needs.
- Identifying the major issues facing crime victim services today and in the next ten years

Data collection for the 2012 crime victims' needs assessment included:

- Telephone interviews with 121 key informants knowledgeable about policy and systems-level victim issues and current CVSD grant recipients
- Web surveys with 95 affiliated service providers that may come in contact with victims, but do not exist to serve them exclusively (e.g. medical, mental health, housing, senior services, tribal health, faith organizations).
- Mailed and web surveys with 227 crime victims who had received services in Oregon within the past two years as a result of being victimized by crime.
- Telephone interviews with 20 adults who received crime victim services in Oregon in the past two years and identify as being a member of at least one specific population: Native

American, having a physical or developmental disability, LGBTQ, immigrant or refugee, or elders 65 years or older.

Pennsylvania Victims Needs Assessment (Pennsylvania)

Behney, M., Sabina, C., Wehnau, S., Sturges, N., Servinsky, T., & Copella, S. (2013). *2013 Victim Services Needs Assessment* (Vol. 7, Rep.). PA.

<<http://www.pccd.pa.gov/Victim-Services/Pages/Understanding-the-Needs-Assessment-and-Summary-Report-of-Findings.aspx#.V08kzfrLcs>>

<<http://www.pccd.pa.gov/Victim-Services/Pages/Individual-Volume-Reports-I---VII.aspx#.V08uZPkrLct>>

The Office of Victims' Services (OVS) of the Pennsylvania Commission on Crime and Delinquency (PCCD) engaged a research team at Penn State Harrisburg to conduct the 2013 Needs Assessment of Pennsylvania's Victim Community. The primary goal of this initiative was to begin to develop a comprehensive understanding of unmet needs and service gaps through the perspectives of both service providers and victims. By documenting this information this project aimed to increase the stature of victims' needs and contribute to understanding how victims can access core services.

The assessment contained multiple research phases including In-Depth Interviews of Agency Directors, Focus Groups of Victim Populations, an Administrative Web Survey, and a Statewide Telephone and Web Survey with crime victims and family members.

A few recommendations from the research include:

- It is important for each Pennsylvania County to understand the needs of all types of crime victims in their communities and identify the gaps in meeting those needs.
- Attention should be directed toward understanding the service needs of property crime victims and violent crime victims, as victims of these crimes less frequently use victim service organizations (VSOs). It is important to understand why this occurs.
- More work will need to be done to bring interpersonal crime victims' levels of satisfaction with law enforcement and district attorney services into parity with other formal sources of services.
- Service providers need to continue to amplify their outreach and education efforts, as many victims are not aware of services or where to access services.
- According to victims and agency administrators, victims need services that address basic areas of well-being such as access to affordable housing, meeting economic needs, transportation, support, adequate medical care, and counseling. Expansion of victim services in these areas should be explored, including collaborations with other service providers.
- PCCD and local VSOs should work together to identify and overcome barriers to accessing and/or receiving compensation.
- The four main groups identified as underserved by VSO administrators include people who identify as LGBTQ, immigrants, seniors, and Hispanics. Further data analysis is needed to

identify where and what type of culturally specific training is needed. Additionally, approaches to better reach out to these groups should be developed.

- Continued commitment by leadership at the local, state and federal levels to support adequate funding for services is the key to meeting the varied and complex needs of the large percentage of Pennsylvanians who are victims of crime.

Pennsylvania VSAC Victim Needs Survey Results (Pennsylvania)

VSAC Victim Needs Survey Results. (n.d.). *Pennsylvania Commission on Crime and Delinquency*, 1-2. Retrieved June 27, 2016, from

<http://www.pccd.pa.gov/Victim-Services/Documents/VICTIMS_SURVEY.pdf>

Results from a victim needs survey are displayed. Respondents indicated that the top five needs of crime victims in stakeholders' communities not currently or adequately being met included transportation, emergency housing/shelter, counseling and support, financial losses and civil/legal services. The survey also showed that the top three barriers in stakeholders' communities for crime victims seeking services included transportation, knowledge of services, and fear of perpetrator.

Assessing the Use of Pennsylvania's Victims Compensation Assistance Program (VCAP) (Pennsylvania)

Justice Research and Statistics Association. (2008). *Assessing the Use of Pennsylvania's Victims Compensation Assistance Program*. PA: Pennsylvania Commission on Crime and Delinquency.

<http://www.jrsa.org/pubs/reports/FINAL_VCAP_Final_Report.pdf>

In September 2005, the Pennsylvania Commission on Crime and Delinquency (PCCD) issued a request for research to examine the use and nonuse of the state's Victims Compensation Assistance Program (VCAP). Specifically, PCCD was concerned about the perceived underutilization of crime victim compensation in the state. Justice Research and Statistics Association (JRSA) conducted a literature review to determine the current state of knowledge regarding use of victim compensation programs. JRSA also analyzed victim response cards provided by PCCD. Finally, JRSA conducted a survey of the state's victim service providers to obtain their assessment of factors that might account for a lack of use of compensation programs. The general consensus from the literature is that more victims do not take advantage of compensation services because they are not aware of them. The findings from the survey of victim service professionals also supported this notion. In addition, the victim service professionals in the survey expressed the opinion that the compensation process was burdensome and that victims did not understand it.

Use and Nonuse of Victim Services Programs: Implications from a Statewide Survey of Crime Victims (Pennsylvania)

Sims, B., Yost, B., & Abbott, C. (2005). Use and Nonuse of Victim Services Programs: Implications from a Statewide Survey of Crime Victims. *Victim Services Programs*, 4(2), 361-384. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/use-and-nonuse-of-victim-services-programs-implications-from-a-statewide-survey-of-crime-victims/oclc/5154343680&referer=brief_results>

This study explored the reasons for use and/or nonuse of victim services programs through a statewide survey of crime victims who did not use services, and a survey of clients of such

programs in the Commonwealth of Pennsylvania. The survey instrument included questions about victim characteristics, the crime event, whether victims used services, victims' use of other social services, and individual coping mechanisms. Only type of crime and age were significant predictors of use of victim services programs, with older victims of violent crimes more likely to report using services than younger victims of nonviolent crimes. The findings mirror other studies that indicate very little usage of services by crime victims. Those who did not use services reported getting assistance from friends or family members, not being told about services, or not thinking it was worth the trouble to seek out such services. Also, victims demonstrated very little knowledge about the types of services provided by victim services programs. To increase the use of services by crime victims, a greater emphasis will need to be placed on educating the public about such services, adequately staffing programs with better trained individuals who can meet the needs of crime victims, and broadening the types of services provided to crime victims.

Virginia Statewide Needs Assessment on Underserved Victims of Sexual & Domestic Violence (Virginia)

2014-2015 Virginia Statewide Needs Assessment on Underserved Victims of Sexual & Domestic Violence. (2015). *Virginia Partnership for Community Defined Solutions to Violence Against Women: GEAP Project*. Retrieved June 27, 2016.

<http://www.communitysolutionsva.org/files/Needs_Assessment_Summary_Report_-_FINAL_FOR_DISTRIBUTION.pdf>

In 2014-2015, the Partnership for Community Defined Solutions conducted a statewide needs assessment which included an online survey of service providers and a series of focus group interviews with service providers and survivors of sexual and domestic violence (SDV) in Virginia. The purpose of these activities was to assess the needs of underserved victims and the barriers they face to accessing services that increase victim safety and offender accountability. The underserved populations identified were African Americans, older adults, and Immigrants/Limited English Proficiency. Service providers included a convenience sampling of agencies that provide services to victims of SDV, including Courts and Court Services, Law Enforcement and Prosecution, and Community Based Advocacy Services. Four primary barriers were identified: 1) Distrust of the system due to adverse personal or historical experiences with service providers, 2) Lack of coordinated, consistent, reliable, accessible, affordable, comprehensive, and culturally appropriate services to ensure access to timely and accurate information about SDV, victims' rights, and available services, 3) Perceived or actual consequences for disclosing SDV result in pressure not to disclose or seek help, and 4) Community, familial and/or provider minimization of SDV.

Report on Survey of Crime Victims (Washington, DC)

Ramsay, C. H., & Joyce, N. (n.d.). *Report on Survey of Crime Victims in Washington, DC* (Rep.). Metropolitan Police Department.

<http://mpdc.dc.gov/sites/default/files/dc/sites/mpdc/page_content/attachments/report_survey_of_crime_victims_dc_2001.pdf>

During three weeks in February, 2001, the Metropolitan Police Department of the District of Columbia (MPDC) conducted telephone interviews with people who reported being victims of crime during the months of November and December 2000. The survey was designed to 1)

establish a baseline measure of victim satisfaction with MPDC's response in the immediate aftermath or victimization, 2) assess victims' needs and expectations; and 3) increase the Department's capacity to systematically collect feedback from crime victims. Most victims reported that, overall, they were satisfied with the services they received and that most of the officers with whom they interacted were respectful. The survey analysis also found that officers demonstrated good skills in certain aspect of meeting the needs of crime victims, including offering reassurance, making victims feel at ease, listening without judging and showing concern for the victims. However, opportunities exist to improve services to victims, such as informing them of their rights or entitlements as crime victims, offering crime prevention information and providing referral information about other agencies that could assist them. The survey found substantial levels of satisfaction with the initial police response, but the Department needs to improve the types of services members provide to crime victims, particularly with respect to follow up contact and provision of information related to reducing the likelihood of repeat victimization.

Victims of Crime Indicators of Success (Washington)

Victims of Crime Indicators of Success. (2012). *Office of Crime Victims Advocacy, Victims of Crime Program*.

http://www.ovc.gov/pubs/InnovativePractices/Practices_Indicators%20of%20success-508.pdf

The Office of Crime Victims Advocacy (OCVA) serves as a voice within government for the needs of crime victims in Washington State. OCVA's philosophy is that it is in the best interest of all citizens of Washington State that all victims of crime are provided the opportunities and resources necessary to recover. OCVA came up with 16 Indicators of Success. The Indicators of Success tool is meant to validate the good work being done by Crime Victim Service Centers (CVSC) and other Victims of Crime programs across the state. The 16 indicators are also intended to be used by managers and advocates to assess the strengths of programs and regions as well as to focus on areas where there are opportunities to strengthen or enhance.

Federal/National Victim Needs Assessment Research

National Institute of Justice: “The State of Victim Services Research”

Taylor, B. G. (n.d.). *The State of Victim Services Research*. Lecture presented at NIJ Violent Victimization Research Technical Working Group Meeting in University of Chicago, Chicago. Retrieved June 14, 2016, from <<http://www.nij.gov/topics/victims-victimization/Documents/violent-victimization-twg-2015-taylor.pdf>>

Presentation to the NIJ Violent Victimization Research Technical Working Group Meeting based on literature review. Some of the main points included:

- Few victims use formal victim services, many rely on personal networks
- Underserved victims included young men of color, nondomestic violence/sexual assault victims, LGBTQ victims, and victims in various racial/ethnic minority groups, and those with barriers to receiving services, such as mental health or substance abuse issues
- Multiple barriers to reporting/service utilization but we have little data on what victims need to navigate the Criminal Justice system to overcome these barriers.
- Most research on victim service usage is based on small samples that are not generalizable, and therefore may not be applicable to other regions

Bureau of Justice Statistics (BJS): National Crime Victimization Survey (NCVS)

Data Collection: National Crime Victimization Survey. (2014). Retrieved June 14, 2016, from <<http://www.bjs.gov/index.cfm?ty=dcdetail&iid=245>>

NCVS is the nation's primary source of information on criminal victimization. Each year, since 1973, data are obtained from a nationally representative sample of about 90,000 households, comprising nearly 160,000 persons, on the frequency, characteristics, and consequences of criminal victimization in the United States. Each household is interviewed twice during the year. The survey enables BJS to estimate the likelihood of victimization by rape or sexual assault, robbery, aggravated and simple assault, theft, household burglary, and motor vehicle theft for the population as a whole as well as for segments of the population such as women, the elderly, members of various racial or ethnic groups, city dwellers, and other groups. The NCVS provides the largest national forum for victims to describe the impact of crime and characteristics of violent offenders.

Vision 21: Transforming Victim Services Final Report

"Vision 21: Transforming Victim Services Final Report." *U.S. Department of Justice: Office for Victims of Crime* (n.d.): 1-63. Web. 27 June 2016. <http://ovc.ncjrs.gov/vision21/pdfs/Vision21_Report.pdf>

The Vision 21 strategic initiative, launched by OVC in fall 2010, competitively awarded funding to five organizations: the National Crime Victim Law Institute, the National Center for Victims of Crime (NCVC), the Vera Institute of Justice Center on Victimization and Safety, OVC's Training and Technical Assistance Center, and the National Crime Victims Research and Treatment Center of the Medical University of South Carolina. For 18 months, the partners examined the status of the victim assistance field and explored both new and perennial challenges. Five stakeholder forums were held, with representatives of traditional and nontraditional victim service providers,

from NCVC to a community rape crisis center, from sexual assault nurse examiners to prosecutors. They discussed the problems they saw in the field and recommended ways to advance the state of victim assistance in the United States. OVC and its partners also conducted a review of relevant literature, hosted interactive discussions at conferences and meetings with state VOCA administrators and other key constituencies and, through OVC's Web site, invited interested parties to join the discussion. The final report reflects those discussions.

Independent Victim Needs Assessment Research

Help Seeking Amongst Victims of Crime:

Mccart, M. R., Smith, D. W., & Sawyer, G. K. (2010, April 23). Help seeking among victims of crime: A review of the empirical literature. *Journal of Traumatic Stress J. Traum. Stress*. doi:10.1002/jts.20509

<<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3803158/>>

This paper reviews the literature on help-seeking behavior among adult victims of crime. Specifically, the paper summarizes prevalence rates for formal and informal help seeking and reviews predictors of and barriers to service use following victimization. Research suggests that only a small fraction of crime victims seek help from formal support networks; however, many seek support from informal sources. Several variables are associated with increased likelihood of formal help seeking, although the manner in which these variables affect reporting behavior is not clear. From this review, it is concluded that much remains to be learned regarding patterns of help seeking among victims of crime.

Communication with Victims and Survivors

Lewis, N., & Jaramillo, A. (n.d.). CHAPTER 5 COMMUNICATION WITH VICTIMS AND SURVIVORS. In *PARTICIPANT'S TEXT: 2007 National Victim Assistance Academy, Track 1, Foundation-Level Training* (pp. 1-27).

<<https://ce4less.com/Tests/Materials/E055Materials.pdf>>

Victim service providers have an opportunity and a responsibility to advocate for victims in the aftermath of a crime and throughout their involvement in the criminal or juvenile justice system. Victim service providers must be able to communicate effectively with crime victims and survivors, who may be in crisis and in a hypersensitive state, in order to assess the situation and respond effectively to their needs. Victim service providers who practice good communication skills are better able to help victims move forward and reclaim the control they have lost as a result of their victimization. Poor communications can further traumatize and re-victimize the victim. This chapter, from the *May 2008 National Victim Assistance Academy, Track 1, Foundation-Level Training* discussed how to best communicate with and listen to victims.

Rape, Sexual Assault & Domestic Violence

Structural Models of the Relations of Assault Severity, Social Support, Avoidance Coping, Self-Blame, and PTSD Among Sexual Assault Survivors

Ullman, S. E., Townsend, S. M., Filipas, H. H., & Starzynski, L. L. (2007). Structural Models Of The Relations Of Assault Severity, Social Support, Avoidance Coping, Self-Blame, And PTSD Among Sexual Assault Survivors. *Psychology of Women Quarterly*, 31(1), 23-37. doi:10.1111/j.1471-6402.2007.00328.x

<<http://pwq.sagepub.com/content/31/1/23.abstract>>

A number of studies have identified which survivors of sexual assault are more likely to develop symptoms of posttraumatic stress disorder (PTSD). Most correlates that have been identified have been at the individual level. Insufficient attention has been given to whether survivors' social interactions impact their individual responses to assault and subsequent levels of psychological symptomatology. In this study, a large, diverse sample of community-residing women ($n=636$) was surveyed. Structural equation modeling was used to examine the relationships between assault severity, global support, negative social reactions, avoidance coping, self-blame, traumatic life experiences, and PTSD symptoms. The results suggest that negative social reactions and avoidance coping are the strongest correlates of PTSD symptoms and that the association typically observed between victim self-blame and PTSD symptoms may be partially due to the effect of negative social reactions from others. These reactions may contribute to both self-blame and PTSD. Implications for future research and clinical practice are discussed.

S.T.O.P. Violence Against Women In Illinois, A Multi-Year Plan: FFY14-16

Rauner, Bruce, and John Maki. "S.T.O.P. Violence Against Women In Illinois, A Multi-Year Plan: FFY14-16." *Illinois Criminal Justice Information Authority* (n.d.): 1-63. Web. 27 June 2016.

<<http://www.icjia.state.il.us/assets/fsgu/Implementation%20Plan.pdf>>

The Violence Against Women Act (VAWA), authorized by Title IV of the Violent Crime Control and Law Enforcement Act of 1994 and subsequently reauthorized as the Violence Against Women and Department of Justice Reauthorization Act of 2005 and 2013, provides financial assistance to states for developing and strengthening effective law enforcement and prosecution strategies and victim services in cases involving violent crimes against women. To be eligible, states must develop a plan in accordance with requirements set out in the Act. The Act specifies that states must allocate at least 25 percent of the VAWA funds it receives to law enforcement, 25 percent to prosecution, 30 percent to nonprofit, non-governmental victim services, and at least 5 percent to courts. The remaining 15 percent may be allocated at the state's discretion within the parameters of the Act. Funds may not be used to replace dollars already committed to a service or program. The Illinois Criminal Justice Information Authority is the state agency established to promote community safety by providing public policy makers, criminal justice professionals, and others with the information, tools, and technology needed to make effective decisions that improve the quality of criminal justice in Illinois. Towards that purpose, the Authority's Victim Services Ad Hoc Committee recommended that FFY14-16 VAWA funds be used principally to continue to support programs that: train criminal justice personnel, build successful multidisciplinary efforts, promote multidisciplinary approaches to sexual assault or domestic violence in other communities, identifies the needs of victim service providers and refines data collection and other information

among justice system agencies, support services that improve the justice system's response to underserved or cultural or linguistically isolated victim populations, and analyze barriers identified by programs to develop solutions and best practices.

Best Practices in Methods for Evaluation (Rape Victims)

Muldowney, K. (2009). *Best-practices in methods for evaluation of crisis and counseling services provided to rape victims* (Rep.).

<<http://www.cityofmadison.com/dpced/communitydevelopment/funding/documents/AreaII/AlsexualAssault/EVALUA1.pdf>>

It is well established that whether a sexual assault victim is able to attain the needed services and whether she is treated in an empathic, supportive manner in interactions with service-providing systems has profound implications for her recovery. The Madison Office of Community Services was seeking evidence-based recommendations regarding best practices for conducting evaluation of the services provided to sexual assault victims through the Dane County Rape Crisis Center (RCC). Their information needs fall into 3 distinct categories. (A) What are the potential risks and benefits of participating in research for rape victims? (B) What are best practices for outcome measures of sexual assault crisis services? (C) What are the best practices in collecting evaluation data from sexual assault survivors, bearing in mind their needs and vulnerability as a traumatized population? In terms of best practices for outcome measures for evaluating post-assault services, there are very few studies that provide details of their outcome measures. However, the few existing studies indicate that these surveys should be brief in order to avoid exacerbating a rape victim's post-assault circumstances such as being emotionally upset or fatigued. There were a few recommendations to make collecting service evaluation easier. First, some agencies have had success administering questionnaires evaluating hotline or advocacy services to clients who receive counseling services. Secondly, hotline workers or advocates could invite service recipients to call back at a later time to do an evaluation on the phone, or invite them to visit the agency's website, and provide a link to an online evaluation questionnaire. An additional possibility for collecting on-site evaluation data is the use of electronic devices for data collection. Using electronic devices to collect evaluation data seems to enhance clients' perception of anonymity.

Best Practices of Successful Working Collaboration (Violence against Women)

Bryan, J. (2010). *Best Practices of Successful Working Collaboration With Violence Against Women* (Rep.).

<<http://www2.uwstout.edu/content/lib/thesis/2010/2010bryanj.pdf>>

This research project focused on the best practices of successful collaborations, as well as why these collaborations are beneficial for victims of violence against women. Collaborative agencies share the same missions and goals, however, many agencies experience difficulty establishing and maintaining these relationships. Unfortunately, there is minimal research to explore the reasons why some collaborations are successful and others are not. Research included a literature review on collaborative efforts for working with victims of violence against women, however it was noted that there is a lack of research surrounding this topic. Ten community collaborative partners within a rural Midwestern county were qualitatively interviewed on their collaborative relationships with other community partners. Results indicated nine key research themes that were determined to be best practices:

- Effective method of open communication
- Education & prevention
- Knowledge of all collaborators roles
- Trust/Respect for all collaborators
- Share similar goals
- Shared leadership
- Needs of victim come first
- Influential people at the table
- Set aside politics/alternative motives

It is recommended that professionals working in collaborative relationships need to take an active role in establishing these best practices within their collaboration. By using these best practices they will be able to better serve victims of violence against women.

Domestic Violence Homicide Report July 2014 – June 2015

Domestic Violence Homicide Report July 2014-June 2015. (2015, June). *Illinois Coalition Against Domestic Violence*, 1-7. Retrieved from www.ilcadv@ilcadv.org.

<<https://www.ilcadv.org/HomicideReportFY15.pdf>>

In fiscal year 2015, July 2014 through June 2015, 35 domestic violence (DV) homicide incidents took the lives of 49 individuals in Illinois. This report summarizes what the Illinois Coalition on Against Domestic Violence (ICADV) learned about these incidents when a domestic violence situation on became fatal. In many cases, law enforcement officers, social workers, nurses, doctors and therapists, have better opportunities to identify domestic violence lethality risk factors in the people that they see than trained domestic violence advocates do. The fact is many domestic violence homicide victims never seek the assistance of a DV advocate who can help them create a safety plan or get an order of protection.

ICJIA: Transitional Housing for Victims of Intimate Partner Violence

"Transitional Housing for Victims of Intimate Partner Violence." *Illinois Criminal Justice Information Authority RSS*. N.p., n.d. Web. 27 June 2016.

<<http://www.icjia.state.il.us/articles/transitional-housing-for-victims-of-intimate-partner-violence>>

Many victims of intimate partner violence find themselves at increased risk for homelessness as they make efforts to escape violence. The lack of stable, safe, and affordable housing is associated with negative outcomes for these victims. This article describes the relationship between housing instability and victim health and well-being, issues to consider when addressing housing stability for this population, and recommendations for policy and practice.

A Matter of Life and Death: The Voices of Domestic Violence Survivors

Zosky, D. (2011, May 23). A Matter of Life and Death: The Voices of Domestic Violence Survivors. *Journal of Women and Social Work*, 26(2), 201-212. Retrieved June 27, 2016, from [<http://aff.sagepub.com/content/26/2/201.abstract>](http://aff.sagepub.com/)

In light of recent threats to funding for essential services, this qualitative study asked women survivors of domestic violence what they would do if their current services were no longer available. The themes seemed to span a continuum of resilience, from continuing to look for a way to escape the abuse, to uncertainty, to hopelessness and fear, and to resignation by staying in the abusive relationship. The majority of women reported that if domestic violence services were not available, they would remain with their abusers with dramatically negative consequences.

Domestic Violence Counts Illinois Summary 2015

Domestic Violence Counts Illinois Summary 2015. (2015). *National Network to End Domestic Violence*. Retrieved June 27, 2016. [<http://nnedv.org/downloads/Census/DVCounts2015/DVCounts15_NatlReport.compressed.pdf>](http://nnedv.org/downloads/Census/DVCounts2015/DVCounts15_NatlReport.compressed.pdf)

On September 16, 2015, 1,752 identified domestic violence programs in Illinois participated in the 2015 National Census of Domestic Violence Services. This report represents the information provided by the participating programs about services provided during the 24-hour survey period. 71,828 victims were served on that day and 21,332 hotline calls were answered. At the same time there were 12,197 unmet requests for services that day, of which 63% (7,728) were for housing.

From the Front Lines: Survivor and Provider Perspectives on Illinois Domestic Violence Assistance Gaps and Action Initiatives

From the Front Lines: Survivor and Provider Perspectives on Illinois Domestic Violence Assistance Gaps and Action Initiatives. (2010, October 1). *Illinois Coalition Against Domestic Violence*. Retrieved June 27, 2016, from [ilcady@ilcady.org. <https://www.ilcadv.org/FromTheFrontLines-FullRpt.pdf>](https://www.ilcadv.org/FromTheFrontLines-FullRpt.pdf)

In September 2007, the Illinois Coalition Against Domestic Violence Services Committee was charged with assessing the gaps in services for survivors of domestic violence and their children in Illinois, finding where communities are falling short when asked to provide support to survivors of domestic violence or escaping abusive relationships. The Services Committee took a three-pronged approach when making its assessment – reviewing existing literature, soliciting domestic violence service provider feedback via a mail survey, and soliciting survivor feedback via a qualitative survey administered by service providers verbally, followed by a quantitative survey distributed by service providers who entered responses into an online survey collection page. The assessment showed that the survivors of domestic violence in Illinois face barriers when trying to obtain:

- A safe place to live while in crisis and transitioning to long term housing solutions;
- Resources to help her become more economically sufficient so she can survive, like skills and education to increase employability, affordable transportation, affordable child care, and a better understanding of managing household finances.

- A justice system that holds batterers accountable and makes her safety a priority by fully understanding the dynamics of domestic violence, by implementing the entire Illinois Domestic Violence Act and by increasing resources available to her to seek these legal protections; and
- Timely access to affordable and appropriate mental and physical health services to support long term safety.

These needs are multiplied for survivors who also have physical and/or mental disabilities, who are geographically isolated and/or who are experiencing language barriers.

Metropolitan Family Services Domestic Abuse Survey & Needs Assessment Results

Domestic Abuse Survey & Needs Assessment Research. (2014, July 30). *Metropolitan Family Services, University of Illinois at Chicago*. Retrieved June 27, 2016.

Metropolitan Family Services and its Legal Aid Society (Metropolitan LAS) partnered with legal assistance providers, victim advocates, and leaders in the civil/criminal justice system to build and coordinate a Wraparound Victim Legal Assistance Network for Cook County, Illinois. To inform this work, Metropolitan Family Services LAS and the University of Illinois at Chicago's Interdisciplinary Center for Research on Violence conducted a comprehensive needs assessment in Cook County to identify gaps in the current legal assistance system. The report contains the results of the Stakeholder Survey (service providers and administrators), client survey, client focus group discussions, and client interviews. The research suggested leveraging and expanding existing infrastructure and partnerships to address issues related to improving awareness of services, improving appropriate referrals, and improving service quality.

Victim needs and conjugal violence: Do victims want decision-making power?

Wemmers, Jo-Anne & Marie-Marthe Cousineau (Summer 2005). Victim Needs and Conjugal Violence: Do Victims Want Decision-Making Power? *Conflict Resolution Quarterly* 22(4). 493-508. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/victim-needs-and-conjugal-violence-do-victims-want-decision-making-power/oclc/5156692346&referer=brief_results>

Do victims of domestic violence want to retain decision-making power, which critics say may be taken away by no-drop, mandatory-arrest procedures? Using procedural justice theory as a theoretical framework for the discussion, the authors review the research on the needs and expectations of victims of domestic violence. The findings indicate that the problem with the traditional criminal justice response is that the responses often do not meet the needs of the victim. Forcing a victim's cooperation through mandatory policies only exacerbates the problem. Instead we must develop methods that are responsive to victims' needs. Restorative justice programs can offer victims a range of choices and support them in their effort to regain control over their lives.

Child Abuse

Community Outreach Program for Child Victims of Traumatic Events

Arellano, Michael A., Angela E. Waldrop, Esther Deblinger, Judith A. Cohen, Carla Kmett Danielson, & Anthony R. Mannarino (2005). "Community Outreach Program for Child Victims of Traumatic Events." *Behavior Modification*, 29(1). 130-55. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/community-outreach-program-for-child-victims-of-traumatic-events-a-community-based-project-for-underserved-populations/oclc/19530425019256?referer=brief_results>

Behavioral and cognitive behavioral treatment interventions have been shown to be effective for the treatment of trauma-related problems in children. However, many children and families in need of treatment do not have adequate access to services and do not have access to effective, evidence-based treatment services. The present article describes a community-based program that provides in-home and in-school treatment services, based on behavioral and cognitive behavioral approaches to addressing trauma-related emotional and behavioral problems in children.

Criminal investigations of Child Abuse: The Research Behind "Best Practices"

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2005). Criminal Investigations of Child Abuse: The Research Behind "Best Practices" *Trauma, Violence, & Abuse*, 6, 254-268. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/criminal-investigations-of-child-abuse-the-research-behind-best-practices/oclc/19410106156507?referer=brief_results>

This article reviews the research relevant to seven practices considered by many to be among the most progressive approaches to criminal child abuse investigations: multidisciplinary team investigations, trained child forensic interviewers, videotaped interviews, specialized forensic medical examiners, victim advocacy programs, improved access to mental health treatment for victims, and Children's Advocacy Centers (CACs). The review finds that despite the popularity of these practices, little outcome research is currently available documenting their success. However, preliminary research supports many of these practices or has influenced their development. Knowledge of this research can assist investigators and policy makers who want to improve the response to victims, understand the effectiveness of particular programs, or identify where assumptions about effectiveness are not empirically supported.

The Urgent Need in Illinois for Unit-Based Multidisciplinary Teams to Investigate Child Abuse

The Urgent Need in Illinois for Unit-Based Multidisciplinary Teams to Investigate Child Abuse (2016, February). *Illinois Children's Justice Task Force*. Retrieved June 27, 2016, from <http://media.wix.com/ugd/da9ae5_d3db26149b614c9e939dc347248ac890.pdf>

It is well known within the professional community intervening with child abuse that a collaborative response between child protection services, law enforcement, child maltreatment medical experts, courts, and children's advocacy centers is necessary to protect children from further harm. Unfortunately, formalized collaboration is not a standardized response in all areas of the state, resulting in inefficient and sometimes incorrect decisions. There are multiple examples of multidisciplinary teams led by children's advocacy centers within the state, but the level of

collaboration and access to expertise varies greatly from county to county. To date there is no statewide formalized system to ensure that all the necessary experts are well-trained, accountable to their tasks as a unit, and accessible to all children regardless of geographical area. Allegations of severe child abuse, including severe injury, sexual abuse, and neglect involving medical concerns, are very difficult to determine and require a multidisciplinary, highly-skilled response to ensure that mistakes are not made, children are not further traumatized by the process, perpetrators are identified, and children with accidental injuries are recognized and such cases are expediently investigated and closed.

Other Underserved Populations

Rural Victim Assistance

US Department of Justice, Office for Victims of Crime, Office of Justice Programs. (n.d.). *Rural Victim Assistance: A Victim/Witness Guide for Rural Prosecutors*. Retrieved June 14, 2016, from <http://www.ovc.gov/publications/infores/rural_victim_assistance/pfv.html>

The American Prosecutors Research Institute (APRI), with funding from the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice, explored the state of victim/witness assistance in rural prosecutors' offices, the challenges these offices face in trying to meet the needs of victims, and promising strategies for overcoming these challenges. The guide was designed to help prosecutors, victim advocates, and policymakers understand the state of victim/victim witness assistance in rural communities including staffing limitations, the roles and responsibilities of advocates, and the challenges rural prosecutors' offices face in providing assistance to crime victims and effectively prosecuting the perpetrators of crime with practical and useful information to help them better serve rural crime victims. Specific challenges to serving rural victims included:

- Geographic isolation
- Lack of community resources
- Lack of internal resources

Meeting the Needs of Underserved Victims Video Discussion Guide

Hook, M., Murray, M., & Seymour, A. (2005). *Meeting the Needs of Underserved Victims* (US Department of Justice, Office for Victims of Crime, Office of Justice Programs). <http://www.ovc.gov/pdf/txt/underserved_victims_vdguide.pdf>

This video and discussion guide were developed to offer insights into the challenges faced by underserved victim populations in accessing and service providers in providing comprehensive and effective victim services in the aftermath of crime. The guide is meant to be a training tool for victim service providers, criminal and juvenile justice professionals, mental health providers, allied professionals, and other audiences who seek to better understand the difficulties and challenges faced by all underserved victim populations and, in particular, the five victims who represent the following underserved populations in the United States:

- Deaf and hard of hearing people
- Rural American Indians
- Inner-city youth
- Women migrant workers
- Individuals with disabilities

The discussion guide also focuses on two additional underserved victim populations that are not featured in the video: victims of hate and bias crimes and financial crimes.

Victim Services Delivery: A Comparison of Rural and Urban Communities

Yun, Ilhong, Samuel Swindell, and Glen Kercher. "Victim Services Delivery: A Comparison of Rural and Urban Communities." *The Southwest Journal of Criminal Justice* 6.2 (2009): 145-62. Web. 27 June 2016.

< <http://swacj.org/swjcj/archives/6.2/5%20Yun%20et%20al.pdf> >

Despite a considerable body of literature on victim services delivery, there are not many research studies available that juxtapose victim services in rural versus urban settings. Most studies focus on urban victims and urban victim service providers. A few studies that did explore rural settings largely confined their focus to service provision to victims of domestic violence and sexual assaults. This study is based on a literature review and state-wide survey of 379 directors of diverse victim service organizations in Texas, with the aim of exploring victim services delivery to a broader group of the victim population. This study explored existing disparities in victim services between urban and rural communities. In addition, 18 service providers were interviewed in-depth in support of the validity of the quantitative findings for the state-wide survey. Results of the study support the hypothesis that the provision of victim services in rural areas is significantly marginalized compared to urban communities. Rural programs fare worse than urban ones in critical areas such as funding, mission statement, and training hours.

Identity Theft, Fraud & Financial Crimes

Expanding Services to Reach Victims of Identity Theft and Financial Fraud

Office of Justice, Office for Victims of Crime. (2010, October). *Expanding Services to Reach Victims of Identity Theft and Financial Fraud*. Retrieved June 14, 2016, from http://www.ovc.gov/pubs/ID_theft/pfv.html

Identity theft and financial fraud are rapidly growing and increasingly common crimes, but relatively few resources exist to prepare victim service providers to help victims of these crimes. Although identity theft is considered a nonviolent crime, victims often report that they suffer trauma similar in intensity to that of violent crime – feeling violated, confused about how to get help, and no longer in control of their lives. Added to this emotional trauma is the burden of having to prove one's innocence. Traditional VOCA-funded programs have not included victims of identity theft and fraud. And victim service providers do not commonly offer services to these victims due to lack of available training, limited funding, and/or failure to recognize the seriousness of this type of victimization. To help address this situation, OVC provided funding to four grantees for establishing or expanding victim services to victims of identity theft and fraud. Grants were awarded to the Identity Theft Resource Center, the Texas Legal Service Center/Victims for Counseling, Advocacy, and Restoration of the Southwest, the Maryland Crime Victims' Resource Center, Inc. and Atlanta Victim Assistance, Inc. The article summarizes the efforts of these grantees to expand the reach of their services at the national, regional, state, and local levels. Their collective work resulted in a heightened awareness of the challenges unique to this type of victimization and how to respond more effectively to the ever-increasing number of victims. This document includes background information, victims' experiences, and a number of practical tools to set up program infrastructure, train staff, pro bono attorneys, law enforcement, and other professionals; equip victims with information to help themselves; and stage an effective public awareness outreach – all without a major outlay of financial or human resources.

The Role of Organizations in Identity Theft Response: The Organization-Individual Victim Dynamic

Lacey, David & Suresh Cuganesan (2004). "The Role of Organizations in Identity Theft Response: The Organization - Individual Victim Dynamic." *The Journal of Consumer Affairs* 38(2). 244-61. Retrieved June 14, 2016, from

http://depaul.worldcat.org.ezproxy.depaul.edu/title/the-role-of-organizations-in-identity-theft-response-the-organization-individual-victim-dynamic/oclc/5151560840&referer=brief_results

This study considers the role of organizations in relation to identity theft from three perspectives: as a site of identity use (and misuse), as detectors of identity theft, and ultimately, as a site where a fundamental social imperative exists to ensure responsible action is taken to address this form of criminality. Through investigating the organizational-individual victim dynamic, this article examines how organizations react to the possibilities of identity fraud and draws out the implications of this for individual consumers in scenarios of identity theft. The evidence presented leads to a critical examination of the issues confronting organizations in seeking to anticipate and respond to these criminal acts.

Behavioral or Logic Models

Health Belief Model

Green, E. C., & Murphy, E. (2014, February 21). Health Belief Model [Abstract]. *The Wiley Blackwell Encyclopedia of Health, Illness, Behavior, and Society*. Retrieved June 14, 2016, from <<http://onlinelibrary.wiley.com/doi/10.1002/9781118410868.wbehibs410/abstract>>

The health belief model became one of the most widely recognized conceptual frameworks of health behavior, focusing on behavioral change at the individual level. The model suggests that decision-makers make a mental calculus about whether the benefits of a promoted behavior change outweigh its practical and psychological costs or obstacles. That is, individuals conduct an internal assessment of the net benefits of changing their behavior, and decide whether or not to act. The model identifies four aspects of this assessment: perceived susceptibility to ill-health (risk perception), perceived severity of ill-health, perceived benefits of behavior change, and perceived barriers to taking action. The concept of self-efficacy, or the perceived ability to actually take a recommended action, was later recognized as an important component or factor.

A Meta-Analysis of the Effectiveness of Health Belief Model Variables in Predicting Behavior

Carpenter, C. J. (2010, December 09). A Meta-Analysis of the Effectiveness of Health Belief Model Variables in Predicting Behavior. *Health Communication*, 25(8), 661-669. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/a-meta-analysis-of-the-effectiveness-of-health-belief-model-variables-in-predicting-behavior/oclc/19410704836290?referer=brief_results>

The Health Belief Model (HBM; Rosenstock, 1966) was constructed to explain which beliefs should be targeted in communication campaigns to cause positive health behaviors. The model specifies that if individuals perceive a negative health outcome to be severe, perceive themselves to be susceptible to it, perceive the benefits to behaviors that reduce the likelihood of that outcome to be high, and perceive the barriers to adopting those behaviors to be low, then the behavior is likely for those individuals. A meta-analysis of 18 studies (2,702 subjects) was conducted to determine whether measures of these beliefs could longitudinally predict behavior. Benefits and barriers were consistently the strongest predictors. The length of time between measurement of the HBM beliefs and behavior, prevention versus treatment behaviors, and drug-taking regimens versus other behaviors were identified as moderators of the HBM variables' predictive power. Based on the weakness of two of the predictors, the continued use of the direct effects version of the HBM is not recommended.

A Theory of Innovation And Case Study

Suh, N. P. (2009, June). A Theory of Innovation and Case Study. *International Journal of Innovation Management*, 14(5), 893-913. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/a-theory-of-innovation-and-case-study/oclc/690908768&referer=brief_results>

Three laws of innovation are advanced as the necessary conditions for creating innovations hubs and innovations. The first law states that for innovation to occur, all the required steps of an

innovation continuum must be present. The second law states that an innovation hub can be nucleated if the initial size of the nucleate is larger than the critical size and if the activation energy barrier for nucleation can be overcome. Once the innovation hub is nucleated, heterogeneous nucleation of innovation can occur around the innovation hub. The third law states that for innovation to occur, the nucleation rate of innovation must be faster than the rate at which innovative talent and ideas can diffuse away from the region. This theoretical framework has been proposed as a means of formulating government policies for economic growth and innovation. A case study is presented.

Health Behavior Change Models and Theories: Contributions to Rehabilitation

Nieuwenhuijsen, E. R., Zemper, E., Miner, K. R., & Epstein, M. (2006, March). Health Behavior Change Models and Theories: Contributions to Rehabilitation. *Disability and Rehabilitation*, 28(5), 245-256. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/health-behavior-change-models-and-theories-contributions-to-rehabilitation/oclc/5630317376&referer=brief_results>

This article highlights the importance of health behavior change (HBC) theory, and its relevance to rehabilitation research and practice. Method. An extensive review of HBC-related literature pertinent to rehabilitation was conducted, focusing on the potential impact of these theories and models in enhancing long-term results of rehabilitation with regard to lifestyle change and health promotion, and outlining the benefits of incorporating HBC themes into rehabilitation practice. For our purposes, the HBC concept is based on initiation and maintenance of health behaviors, functioning, wellness, and self-management of chronic conditions or disabilities within an environmental context. While comparing and contrasting three widely known theories of HBC, the contributions of these theories to rehabilitation research and practice are discussed. Results. Three propositions are put forward: (1) HBC variables should regularly be used as outcome measures in evidence-based rehabilitation research; (2) there should be a better understanding of the role of the rehabilitation provider as a facilitator in eliciting healthy behaviors; and (3) there is a need to expand the HBC concept into a more comprehensive view encompassing a person's functioning within the environmental context. Conclusions. A conceptual merger between HBC theories and rehabilitation practice can have major implications for individuals with disabilities, their functioning, health, and well-being.

Effective Social Justice Advocacy: A Theory-Of-Change Framework For Assessing Progress.

Klugman, B. (2007, Autumn). Effective Social Justice Advocacy: A Theory-of-Change Framework for Assessing Program. *Reproductive Health Matters*, 19(38), 7. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/effective-social-justice-advocacy-a-theory-of-change-framework-for-assessing-progress/oclc/19410764491031?referer=brief_results>

This article offers a theory-of-change framework for social justice advocacy. It describes broad outcome categories against which activists, donors and evaluators can assess progress (or lack thereof) in an ongoing manner: changes in organizational capacity, base of support, alliances, data and analysis from a social justice perspective, problem definition and potential policy options, visibility, public norms, and population level impacts. Using these for evaluation enables activists and donors to learn from and rethink their strategies as the political context and/or actors change

over time. The paper presents a case study comparing factors that facilitated reproductive rights policy wins during the transition from apartheid to democracy in South Africa and factors that undermined their implementation in the post-apartheid period. It argues that after legal and policy victories had been won, failure to maintain strong organizations and continually rethink strategies contributed to the loss of government focus on and resources for implementation of new policies. By implication, evaluating effectiveness only by an actual policy change does not allow for ongoing learning to ensure appropriate strategies. It also fails to recognize that a policy win can be overturned and needs vigilant monitoring and advocacy for implementation. This means that funding and organizing advocacy should seldom be undertaken as a short-term proposition. It also suggests that the building and maintenance of organizational and leadership capacity is as important as any other of the outcome categories in enabling success.

Theory of Change – Guided Example: Project Superwomen

Theory of Change - Guided Example: Project Superwomen. (2003). *Act Knowledge & Aspen Institute Roundtable on Community Change*, 1-16. Retrieved June 27, 2016 from https://www.theoryofchange.org/pdf/Superwomen_Example.pdf

Project Superwomen is a real program that started as a collaboration between a social service provider, a non-profit employment training center and a domestic violence shelter to help female abuse survivors to create long-term, livable wage employment opportunities for women who had been victims of domestic violence. Based on assumptions that women can learn non-traditional skills and that employers could be identified that would hire them, the project's goal was to provide both the training and support needed by this population in order to enter and remain in the workforce. The group believed that most of the women they could would be single mothers, coming from abusive situations and would need psycho-emotional counseling, especially regarding low self-esteem and impaired coping skills.

Project Superwomen is an example of how the Theory of Change can be applied. This example consisted of five steps:

1. Identifying goals and assumptions
2. Backwards mapping and connecting outcomes
3. Developing indicators
4. Identifying interventions
5. Writing a narrative

Center for Theory of Change

"Center for Theory of Change." *Theory of Change Community*. N.p., n.d. Web. 27 June 2016, from <http://www.theoryofchange.org/>

The Center for Theory of Change is a non-profit organization established to promote quality standards and best practice for the development and implementation of Theory of Change, with a particular focus on its use and application in the areas of international development, sustainability, education, human rights and social change. Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It is focused in particular on mapping out or filling in what has been described as the missing middle between what a program or change initiative does and how these lead to desired

goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place for the goals to occur. Theory of Change maps out your initiative through 6 stages: 1. Identifying long-term goals 2. Backwards mapping and connecting the preconditions or requirements necessary to achieve that goal 3. Identifying your basic assumptions about the context 4. Identifying the interventions that your initiative will perform to create your desired change 5. Developing indicators to measure your outcomes to assess the performance of your initiative 6. Writing a narrative to explain the logic of your initiative

What Would Florence Do? Nurses as Patient Advocates

Long, B. (2015, February). What Would Florence Do? Nurses as Patient Advocates. Retrieved June 14, 2016, from <http://depaul.worldcat.org.ezproxy.depaul.edu/title/what-would-florence-do-nurses-as-patient-advocates/oclc/5731125205&referer=brief_results>

Guardian Nurses was founded by a nurse because it was pretty clear, back in 2003, that patients needed help getting through their healthcare issue. And as stated previously, who better than a nurse to help them? Patients weren't savvy about which questions to ask, or which doctors to see, or how to cut through the red tape that always kept on blocking their way. They needed help with even the most basic tasks such as getting a timely appointment, asking for a second opinion, or the more challenging, and frustrating, appealing an insurance denial. And, now, 11 years later, it would be fair to say that not much has changed—for the patient who is sick or for their loved ones who want to help them. The system is still a “nightmare” to figure out, still an albatross to manage. And still, nurses are a critical part of any solution.

**ICJIA VICTIM NEEDS ASSESSMENT
VICTIMS/FAMILY MEMBERS
IN-DEPTH INTERVIEW GUIDE**

I. INTRODUCTION (5 MINUTES)

[THANK RESPONDENT] First, let me thank you for agreeing to talk with me today. We appreciate the fact that you are willing to help us with our research on victims' needs.

[REVIEW INFORMED CONSENT FORM] Did you receive an informed consent form? I'd like to read that to you before we start. [READ THROUGH CONSENT] Did you have any questions about the form? [READ CERTIFICATION, OBTAIN VERBAL CONSENT]

[INTRODUCE COMPANY/SPONSOR] Aeffect is a research firm that has been contracted by the Illinois Criminal Justice Information Authority to conduct a Victim Needs Assessment within Illinois.

[DESCRIBE NATURE OF RESEARCH] One of our first steps in this process is to talk to people whose lives have been affected by crime. The basic purpose of our research is to understand your needs and to identify how victims' needs are currently being addressed in Illinois. These needs may range from emotional support to physical care, and everything in between. By understanding your needs more fully, the State hopes to be able to provide future victims of crime with the support they need.

[DISCLOSURES]

- I want you to know that I'm going to ask you some questions today, but there are no right or wrong answers. This is just about your experiences, opinions, and impressions.
- Please be very open and honest with your opinions; positive comments won't please me, and negative comments won't hurt my feelings.
- During our interview, the focus of our questions will be on support services for victims of crime. However, there may be a few questions about your experiences as a victim of crime. It is possible some of these questions may be upsetting. If you feel uncomfortable with any question I ask at any time, you do not need to answer. You can just tell me you don't want to answer, and I'll understand. At the end of our interview I can also provide you with a national hotline number for crime victims.
- Our research process is confidential; I don't release the names of people who shared their opinions or any statements connected to your name.
- I am going to record our conversation, so that I can listen again to your comments later on and compare your thoughts to others that I interview. Is that okay with you? The recording will be destroyed upon completion of the research.

II. WARM-UP & ORIENTATION (5 MINUTES)

[VICTIM/FAMILY MEMBER INTRODUCTION]

- To start, can you tell me a little bit about yourself and your family? What community do you live in? What do you do when you're not participating in telephone interviews? Let me know if it's okay to use your first name or if not, what I call you just for this interview.
- Could you briefly describe how you/your family were affected by crime? How long ago did you have this experience?
- Did you choose to report the crime? Why or why not? Do you feel you made the right decision in choosing to report/not report the crime? Why or why not?
- I appreciate that you shared your experience with me. You seem like an amazing person, and I truly hate that this happened to you/your family. I'm sorry/heart-broken that you had to experience this. [PAUSE]
- Today, we hope to understand your perspectives on how victims and family members of victims can be supported, in order to help other people who may be affected by crime in the future. Do you feel comfortable continuing to talk with us today? [IF YES, CONTINUE. IF NOT, DISCONTINUE]
- [IF RESPONDENT QUESTIONS VALUE OF THEIR INPUT. REASSURE THEM] By just talking with me about your experiences after the crime, you'll allow us to understand things from your perspective, and that is so important. We want to understand what you needed help with after the crime, and whether you got the help you needed.

III. PROFILING VICTIMS NEEDS (15 MINUTES)

- When you first experienced the crime, what were your most immediate needs? How well, if at all, were your immediate needs met? [PROBE USE OF VICTIM SERVICES]
- Who or what organization (if any), did you turn to for help? Anyone else? [PROBE OUTSIDE OF FAMILY AND FRIENDS] How were they able to help you?
 - [If they did not seek help] Can you share with me the reasons why you did not seek any help or support services?
- How, if at all, did your needs change in the days and weeks following the crime? And how well, if at all, were your needs met then? What about years later?

- As you reflect on where you're at today, what are your needs today (if any)? What are you doing to address those needs? Are there any helpful tools or resources you use to address those needs?
- Knowing now what you didn't know then, is there anything you would do differently? Would you seek out any different kind of support or services? Why?
- Which of your needs were addressed fairly well? Which of your needs were addressed not so well?
- Do you have any needs that weren't addressed at all? [IF SO, PROBE] Which of your needs weren't met at all? [PROBE] Why was that?

III. DRIVERS AND BARRIERS TO SUPPORTING VICTIMS' NEEDS (5 MINUTES)

- Were you aware of any victim services prior to the crime? Throughout your experience, what were some of ways you learned of victims' assistance programs?
- What could have made accessing victims' services easier? More effective?
- Thinking back, who or what organization was most helpful? Anyone else? [PROBE OUTSIDE OF FAMILY AND FRIENDS] What made them the most helpful?
- Were there any people, organizations, or resources that specifically helped you access the help you needed? [PROBE AND IDENTIFY ROLE OF DRIVERS]
- Were there any people, organizations, or resources that prevented you from getting the support you needed? [PROBE AND IDENTIFY ROLE OF BARRIERS]
- What, if anything, could have been done to help you work through or remove those barriers?

IV. BEST PRACTICES IN MEETING VICTIMS' NEEDS (10 MINUTES)

- If a friend or family member became the victim of the same crime as you, what advice would you give them?
- Based upon your experience and knowledge, what programs or services do you currently feel work best in supporting future victims in Illinois? Why?
- What programs or services do you think might fall short of supporting those victims of the future? How should those change?
- What, if anything, would you change so that future victims could get the help they need?

- Do you have any suggestions on how victims' assistance services or programs could be ... better orchestrated, more integrated, more customer service-oriented, etc.?

VII. OTHER/WRAP-UP (5 MINUTES)

- Is there anything else that you would like to share with me before we wrap up?
- Thank you so much for participating today. For your participation we will be sending you an honorarium of \$100. You can expect to receive that within 1-2 weeks. You have been very helpful, and we appreciate your input. Here are a couple free resources for victims of crimes you can call in case you have any other questions.

All victims of crime:

Illinois Crime Victims Assistance Line (business hours only)

1-800-228-3368 (Voice)

1-877-398-1130 (TTY)

National (available 24/7):

VictimConnect

National Hotline for Crime Victims

1-855-4-VICTIM (1-855-484-2846)

Domestic violence victims

ILLINOIS DOMESTIC VIOLENCE HOTLINE: 877-863-6338 (877-TO END DV)

Available 24/7, has bilingual operators and can connect to the AT&T language bank for callers speaking rarer languages.

Sexual violence victims

Illinois Coalition Against Sexual Assault (ICASA) (business hours only): **(217)753-4117**.

National (24/7):

National Sexual Assault Telephone Hotline: 800.656.HOPE (4673)

**ICJIA VICTIMS NEEDS ASSESSMENT
SCREENING SURVEY – VICTIMS & FAMILY MEMBERS**

INTRODUCTION

Hello, may I please speak to an adult ages 18 or older?

On phone	<div>1</div>	CONTINUE
Called to phone	<div>2</div>	CONFIRM & CONTINUE
Not available	<div>3</div>	THANK & END

I am calling today from Aeffect, Inc., and we've been hired by the State of Illinois to conduct a study about crimes in Illinois and victim's needs. I'd like to ask you a few questions to see if you might qualify to participate. If you qualify, we'll invite you to participate in a short interview, and you'll be paid for your opinion. You will not be asked to buy any product or service, and your answers will be kept confidential. (Crime must have occurred in the State of Illinois).

May I please ask you a few questions to see if you qualify to participate?

Yes	<div>1</div>	CONTINUE
No	<div>2</div>	THANK & END

SCREENING QUESTIONS

1. What is your age? [RECRUIT A MIX OF AGES. IF UNDER 18, ASK TO SPEAK TO AN ADULT IN THE HOUSEHOLD.]

2. Are you currently a resident of Illinois?

Yes	<div>1</div>	CONTINUE
No	<div>2</div>	THANK & END

3. Which of the following areas of Illinois best describes the area you live in? [READ LIST]

		QUOTA
The City of Chicago	<div>1</div>	(n=)
Suburban Chicago which would include Cook, Lake, DuPage, Will, McHenry and Kane Counties	<div>2</div>	(n=)
Northern Illinois but NOT City of Chicago or its suburbs, including the areas around DeKalb, Rockford, Fox Valley and the Quad Cities	<div>3</div>	(n=)
Central Illinois which includes the areas around Peoria, Springfield, Decatur, Quincy, Bloomington-Normal, Champaign-Urbana, Galesburg and Danville	<div>4</div>	(n=)

Southern Illinois which includes the areas around Belleville Alton, Centralia, Collinsville, Edwardsville, O'Fallon, Harrisburg, Mt. Vernon, Marion, and Carbondale	5	(n=)
[DO NOT READ] Don't know	-1	THANK & END
[DO NOT READ] Refused	-2	

4. Would you describe the area in which you reside as urban, suburban or rural? [READ LIST]

Urban	1	(n=)
Suburban	2	(n=)
Rural	3	(n=)

5. Have you personally ever been a victim of crime regardless of whether or not the crime was reported to police?

Yes	1	CONTINUE
No	2	SKIP TO Q7
Don't know	3	THANK & END

6. When did that crime take place? [READ LIST]

In the past year	1	SKIP TO Q.10
1-2 years ago	2	
3-5 years ago	3	
6-10 years ago	4	THANK AND END
10+ years ago	5	
Don't Know/Refused	-1	

7. Has anyone in your immediate family ever been a victim of a crime?

Yes	1	CONTINUE
No	2	IF Q5=NO, THANK & END

8. When did the crime to a family member take place? [READ LIST]

In the past year	1	CONTINUE
1-2 years ago	2	
3-5 years ago	3	
6-10 years ago	4	IF Q5=NO, THANK & END
10+ years ago	5	
Don't Know	-1	

[CHECK QUOTAS. RESPONDENT NEEDS TO QUALIFY AS EITHER A VICTIM OR A CRIME TO FAMILY MEMBER WITHIN THE PAST FIVE YEARS TO CONTINUE. IF RESPONDENT QUALIFIES AS BOTH A VICTIM AND A CRIME TO FAMILY MEMBER, ASK:]

9. Was this the same crime you mentioned before or a different crime?

The same crime	1	[RECRUIT FOR VICTIM ONLY]
A different crime	2	[CHECK QUOTAS AND CONTINUE AS EITHER VICTIM OR FAMILY MEMBER.]
Don't know	3	[THANK AND END]

10. What type of crime(s) did you/your family member experience? [READ LIST AND RECRUIT A MIX. ACCEPT MULTIPLE RESPONSES.]

Assault	1
Burglary of your residence	2
Child abuse	3
Domestic abuse	4
Elder abuse	5
Identity theft	6
Theft (examples might be purse snatching/pocket picking)	7
Rape/sexual assault	8
Robbery (something was taken with the threat of violence or executed violence)	9
Violent crime	10
Other Specify _____	11

11. Did you/your family member report that crime to law enforcement?

Yes	1	(n=)
No	2	(n=)
Don't Remember	-1	[THANK AND END]
Refused	-2	

12. [RECORD GENDER. IF UNSURE, ASK:] Just to confirm, are you male, female, or transgender?

Male	1
Female	2
Transgender	3

13. Are you Hispanic or Latino? [IF NECESSARY, CLARIFY “For instance, Mexican American, Cuban, or Puerto Rican”]

Yes	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>	[IF VICTIM, COUNTS AS SPANISH VICTIM QUOTA.]
No	2	
Don't know	3	

14. What is your racial or ethnic background? [IF NECESSARY, READ LIST.] [ACCEPT MULTIPLES.]

White/Caucasian	1
Black/African American	2
Asian	3
American Indian	4
Native Hawaiian or other Pacific Islander	5
Other (Specify_____)	6
DK	-1

15. Do you speak a language other than English at home?

Yes	1	SKIP TO Q17
No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>	
Don't know	3	

16. And what language is that? [RECORD VERBATIM]

17. What is the highest level of education you have completed? [RECRUIT A MIX]

Grade school or less	1
Some high school	2
Graduated high school/GED	3
Vocational/Technical school	4
Some college/2 years or less	5
Some college/ more than 2 years	6
Graduated college	7
Post-graduate degree (e.g. PhD or master's degree)	8
DK	-1
Refused	-2

18. What is the annual income of your household before taxes and deductions? [RECRUIT A MIX]

Under \$15,000	1
\$15,000 to under \$25,000	2
\$25,000 to under \$50,000	3
\$50,000 to under \$75,000	4
\$75,000 to under \$100,000	5
\$100,000 to under \$150,000	6
\$150,000 to under \$200,000	7
\$200,000 or more	8
DK	-1
Refused	-2

QUOTAS

	Total
Victims	20
Hispanic/Latino Victims	10
Family Members of Victims	10
Total	30

INVITATION

We are conducting research on the topic of victims' support services. Your input will be very valuable in helping organizations understand the needs of people who have been affected by crime and how they can be supported in the future. **Would you be available to talk with us sometime next week?** The interview will be conducted by phone, at your convenience, and will take about 30-45 minutes. You will be paid \$100 for your time and the process will be anonymous and confidential.

[IF RESPONDENT ASKS ABOUT SPONSOR INDICATE] The sponsor of the research is the Illinois Criminal Justice Information Authority, which is a State of Illinois agency that works with service providers across the State to support victims of crime.

SCHEDULE INTERVIEW

[CIRCLE DATE] TBD

[CIRCLE TIME] AM 6 7 8 9 10 11

 PM 1 2 3 4 5 6 7

NAME _____

BEST # TO CALL _____

ALT # TO CALL _____

EMAIL ADDRESS: _____

Reminder email and/or phone call

We will give you a reminder phone call or email the day before your interview. Please let us know if you would prefer to receive this reminder via email, phone call, or both.

Email	1
Phone call	2
Both	3

[IF RESPONDENT HAS EMAIL ADDRESS]

We will also be sending you an informed consent form via email for you to review. Prior to your interview, we will also review this document with you so that you understand the purpose, procedures, and risks of the study.

If you have any questions prior to the interview, please feel free to call us at 847-267-0169 and reference the Illinois Criminal Justice Information Authority project. Thank you.

Can I record the address where you would like your check sent?

ATTENTION/NAME: _____

ADDRESS _____

CITY _____, STATE _____ ZIP CODE _____

INFORMED CONSENT FORM

Title: Victim Needs Assessment

Principal Investigator: Michelle A. Kuhn, MS

Site: Aeffect, Inc.
740 Waukegan Road, Suite 400
Deerfield, IL 60015

Telephone: 847-267-0196

Introduction: Before agreeing to participate in this research study, it is important that you understand the following explanation of the proposed study. This consent document describes the purpose, procedures and risks of the study. It also describes your right to withdraw from the study at any time.

The study is being conducted for Illinois Criminal Justice Information Authority (ICJIA). Your study investigator(s), Michelle Kuhn, Jed Lam, and Wendy Joice-Denhard, are being paid by ICJIA to conduct this study.

Background/Procedures: You are being asked to participate in this study because you reported being a victim of a crime in Illinois or are a family member of an individual who reported being a victim of a crime. The purpose of this research study is to understand the needs of victims, how those needs can be met, and potential barriers to accessing such services.

About 65 adults in Illinois will participate in this study. Your participation in the telephone interview will last about 45-60 minutes. Before any study-related procedures are performed, you will be asked to read and provide verbal consent. The interview will be digitally recorded for note taking purposes only and then destroyed upon completion of the project. Information obtained from this will be used to help develop an online survey to benchmark awareness and usage of victim services.

Risks: During our interview, the focus of our questions will be on support services for victims of crime. However, there may be a few questions about your experiences as a victim of crime or a family member of someone who was a crime victim. Depending on your past experiences, it is possible some of these questions may be upsetting. You do not have to answer any questions you don't want to or that might make you feel uncomfortable. At any time during the interview you can also take a break or end the interview if needed.

Unforeseen Risks: There may be other risk of study participation that are unknown.

Alternative to Participation: This study is for research purposes only. The only alternative is to not participate in this study.

Benefits: This study is for research purposes only. There is no direct benefit to you from your participation in the study. Your comments will help the Illinois Criminal Justice Information Authority make funding decisions about services for victims of crime in Illinois.

Confidentiality: Everything you say during the interview will be kept private except as disclosure is required by law or as described in this informed consent document. The study doctor, the sponsor or persons working on behalf of the sponsor, and under certain circumstances, the Institutional Review Board (IRB) will be able to inspect and copy confidential study-related records which identify you by name. Therefore, absolute confidentiality cannot be guaranteed. Only first names will be used and your name will never be used in any reports. The recording of your session is for research purposes only and the recording will be destroyed upon completion of the project. You will also not be called again for any reason.

Cost: There are no costs for you to be a part of this project.

Compensation: At the end of the interview, you will be paid \$100 for being a part of our project. The money will be sent to you in the form of a gift card.

Right to Refuse: Being a part of this research is voluntary. You can refuse to participate in the session, and you can drop out at any time without any consequences. If the project is cancelled for some unforeseeable reason, you will still receive the compensation agreed to.

Persons to Contact: This research project is being conducted for the Illinois Criminal Justice Information Authority. The government has contracted with Aeffect, Inc. to conduct this research. If you have questions about the research before, during, or after your session, or if you have any questions or concerns about your rights as a participant in this session, you may contact Michelle Kuhn, Jed Lam, or Wendy Joice-Denhard of Aeffect, Inc., at (847) 267-0169 or via email at VictimsofCrimeinIllinois@aeffect.com.

An institutional review board (IRB) is an independent committee established to help protect the rights of research subjects. If you have any questions about your rights as a research subject, and/or concerns or complaints regarding this research study, you should write to Schulman IRB, 4445 Lake Forest Drive – Suite 300, Cincinnati, Ohio 45242, or call toll-free 1-888-557-2472 during business hours Monday - Friday 8:00 a.m. to 6:00 p.m. EST.

Your Consent: A copy of this consent form has been emailed or sent to you. If you voluntarily agree to participate in our session, please give your verbal consent to the following:

PARTICIPANT'S CERTIFICATION

I have listen to and understand the information in this informed consent document. I have had an opportunity to ask questions, and all of my questions have been answered to my satisfaction. I voluntarily agree to participate in this study until I decide otherwise. I do not give up any of my legal rights by agreeing to participate in this study. I have received a copy of this consent form.

Printed Name of Subject

Printed Name of the Person Conducting the
Consent Discussion

Signature of the Person Conducting the
Consent Discussion

Date

ICJIA VICTIMS NEEDS ASSESSMENT

Victim Benchmark Online Survey Frequencies Weighted

Definitions:

Bench – weighted benchmark sample by IL regions

Ever Victim – ever a victim (or HH member was victim) to any crime at Q5

Victim 10 years – victim (or HH member was victim) in past 10 years to any crime at Q5

Victim Violent – victim (or HH member was victim) in past 10 years to violent crime at Q5

Non-Victim – Never a victim (or HH member was never a victim)

INVITATION/SCREENING

1. What is your age?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
18-34 years old	24%	34%	46%	54%	25%
35-54 years old	30%	32%	30%	27%	32%
55-64 years old	25%	22%	14%	13%	20%
65+ years old	21%	12%	10%	6%	23%
Base size	1042	931	519	330	638

2. Do you currently live in Illinois?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes	100%	100%	100%	100%	100%
No	--	--	--	--	--
Base size	1042	931	519	330	638

3. Which of the following best describes the area you live in?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
City of Chicago	21%	46%	53%	56%	35%
Suburban Chicago	42%	27%	25%	21%	35%
Central Illinois	15%	13%	10%	10%	13%
Southern Illinois	11%	7%	6%	6%	9%
Northern Illinois	11%	8%	7%	6%	8%
Base size	1042	931	519	330	638

U.S. Census Bureau, 2010 Census and 2015 Estimates

4. I have read and understand this information and voluntarily agree to participate in this survey.

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes	100%	100%	100%	100%	100%
No	--	--	--	--	--
Base size	1042	931	519	330	638

CRIME EXPERIENCES

5. Have **you or a household member**, ever experienced any of the following? Please select all that apply. As a reminder, all of your answers are completely anonymous.

	Bench	Ever Victim	Victim 10 yrs	Victim Violent
a. Adult physical assault	21%	39%	37%	58%
b. Child sexual abuse/assault	15%	30%	21%	32%
c. Child physical abuse	14%	27%	21%	33%
d. Domestic abuse/domestic violence	20%	37%	31%	48%
e. Driving under the influence	12%	22%	23%	36%
f. Elder/senior abuse	6%	11%	11%	17%
g. Homicide	9%	17%	13%	21%
h. Homicide Witness	6%	11%	9%	15%
i. Human trafficking	5%	9%	8%	12%
j. Identity theft/financial abuse/scam	25%	45%	51%	40%
k. Kidnapping	5%	10%	8%	13%
l. Arson	6%	11%	9%	14%
m. Rape/sexual assault	14%	27%	26%	40%
n. Robbery	15%	32%	31%	34%
o. Stalking	13%	27%	28%	39%
p. Consumer fraud	10%	21%	22%	25%
q. Other Specify _____	1%	3%	2%	1%
No/None of these	45%	0%	0%	0%
Don't know	0%	0%	0%	0%
Prefer not to answer	0%	0%	0%	0%
Base size	1040	930	519	330

6. Of the crimes you selected, what was the crime experience that impacted you/your household member the most?

	Ever Victim	Victim 10 yrs	Victim Violent
a. Adult physical assault	10%	11%	17%
b. Child sexual abuse/assault	11%	2%	3%
c. Child physical abuse	6%	3%	4%
d. Domestic abuse/domestic violence	13%	9%	15%
e. Driving under the influence	5%	6%	9%
f. Elder/senior abuse	1%	1%	2%
g. Homicide	3%	3%	5%
h. Homicide Witness	0%	0%	0%
i. Human trafficking	0%	0%	0%
j. Identity theft/financial abuse/scam	19%	29%	10%
k. Kidnapping	0%	0%	0%
l. Arson	1%	1%	1%
m. Rape/sexual assault	10%	12%	19%
n. Robbery	11%	12%	10%

o. Stalking	3%	3%	3%
p. Consumer fraud	5%	7%	4%
q. Other Specify _____	2%	2%	0%
Base Size	930	519	330

7. When did this crime happen?

	Ever Victim	Victim 10 yrs	Victim Violent
In the past year	12%	22%	19%
1-2 years ago	13%	23%	19%
3-5 years ago	16%	28%	30%
6-10 years ago	15%	27%	31%
11-20 years ago	16%	0%	0%
More than 20 years ago	27%	0%	0%
Don't know	1%	0%	0%
Prefer not to answer	0%	0%	0%
Base size	931	519	330

8. Where did this crime take place?

	Ever Victim	Victim 10 yrs	Victim Violent
City of Chicago	35%	40%	41%
Suburban Chicago	22%	20%	20%
Central Illinois	10%	9%	10%
Southern Illinois	6%	4%	4%
Northern Illinois	6%	6%	6%
Outside of IL, but in US	16%	15%	15%
Outside of the US	2%	3%	2%
Don't know	2%	3%	1%
Prefer not to answer	0%	0%	0%
Base size	815	441	288

9. Did you/your household member feel that this crime was in any way related to your race, gender, religious affiliation or sexual orientation (also called a hate crime)?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	10%	13%	17%
No	82%	79%	74%
Don't know	8%	8%	8%
Prefer not to answer	0%	0%	0%
Base size	931	519	330

10. Did you/your household member feel that this crime was in any way related to gang activity?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	11%	15%	19%
No	79%	72%	70%
Don't know	11%	12%	11%
Prefer not to answer	0%	0%	0%
Base size	931	519	330

11. Did this crime involve a gun?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	12%	13%	16%
No	83%	83%	81%
Don't know	4%	4%	2%
Prefer not to answer	--	--	--
Base size	931	519	330

12. Did you/your household member report this crime to law enforcement/police?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	47%	54%	55%
No	49%	43%	41%
Don't know	3%	2%	2%
Prefer not to answer	1%	1%	2%
Base size	931	519	330

13. Why didn't you/your household member report this crime to the police? There is no right or wrong answer, we would just like to learn more about your decision to not report to law enforcement. Please select all that apply.

	Ever Victim	Victim 10 yrs	Victim Violent
I didn't think the police could do anything to help	25%	29%	26%
I was concerned I would be blamed	19%	16%	25%
I didn't think the police would help me	18%	19%	22%
I was concerned I would not be believed	18%	15%	24%
I reported my crime to someone else	16%	19%	15%
I feared retaliation against me or my family	15%	14%	23%
I didn't want the offender/perpetrator to get in trouble	13%	13%	20%
I wasn't sure the crime took place	11%	15%	20%
I didn't want to get involved	11%	14%	21%
Too young/I was a child/Did not know what to do	8%	0%	0%
I didn't trust the police	6%	8%	13%
Reported to/handled by credit card company	5%	11%	5%

Reported to/handled by bank	3%	7%	4%
I didn't have time to attend trials	2%	2%	3%
I could not miss work	1%	<1%	<1%
I didn't trust the State's Attorney	1%	1%	2%
Was afraid of my parents/Was afraid of my spouse/I was too scared	1%	<1%	1%
I was incapacitated	<1%	<1%	1%
Don't know	5%	4%	3%
Prefer not to answer	1%	0%	1%
Base size	457	223	136

CRIME EXPERIENCES – Household Member

[FOR Q14-20, PLEASE SEE TABLES FOR CORRESPONDING Q6-13]

14. Which of these crimes impacted his/her life the most? [SEE Q6]
15. When did this crime (INSERT PREVIOUS RESPONSE) take place? [SEE Q7]
16. Did your household member feel that this crime was in any way related to your household member's race, gender, religious affiliation or sexual orientation (also called a hate crime)? [SEE Q9]
17. Did you or your household member feel that this crime was in any way related to gang activity? [SEE Q10]
18. Did this crime involve a gun? [SEE Q11]
19. We are also interested in if there was a decision to engage the criminal justice system through reporting the crime to law enforcement. Did your household member report this crime to law enforcement? [SEE Q12]
20. Why didn't your household member report this crime to the police? There is no right or wrong answer, we would just like to learn more about what informed the decision to not report to law enforcement. Please select all that apply. [SEE Q13]

VICTIM NEEDS AND USAGE OF VICTIM SERVICES

We would also like to learn more about your awareness of services for victims, what services you (or your household member) may have needed, and your (or your household member's) experience in seeking or receiving these services.

21. As a result of the crime that you (or your household member) experienced, which of the following did you **need help** or assistance with? And for which of these did you **seek help** and for which did you **receive help**? Please select all that apply.

	EVER VICTIM			VICTIM PAST 10 YEARS		
	Need Help	Seek Help	Receive Help	Need Help	Seek Help	Receive Help
Counseling/support groups (NET)	29%	22%	19%	26%	21%	18%
Mental health	21%	15%	12%	19%	15%	12%
Civil Legal Assistance (NET)	19%	16%	12%	23%	20%	14%
Medical/health care services	13%	11%	8%	14%	11%	7%
Information/advocacy on resources	10%	7%	4%	11%	8%	4%
Child care	9%	4%	3%	12%	6%	3%
Emergency shelter	9%	5%	3%	9%	6%	4%
Crisis intervention	9%	5%	3%	9%	6%	4%
Children's services	8%	5%	2%	11%	8%	3%
Emergency funds/loan	8%	5%	2%	10%	7%	3%
Life skills	8%	6%	3%	10%	7%	4%
Help applying for victim compensation	8%	4%	2%	10%	6%	3%
Transportation	8%	5%	3%	9%	6%	3%
Crime scene services	7%	5%	3%	10%	7%	4%
Substance abuse	7%	5%	3%	9%	6%	4%
Criminal/juvenile justice system advocacy	7%	5%	2%	9%	6%	3%
Housing	7%	5%	2%	8%	6%	3%
Relocation	7%	5%	2%	8%	6%	3%
Funeral/burial services	5%	4%	2%	8%	7%	4%
Language/translation services	4%	3%	1%	6%	4%	2%
Other (SPECIFY)	2%	1%	<1%	2%	2%	1%
Base Size		931			519	

22. [COMBINED WITH Q21, NEEDED/SOUGHT/RECEIVED HELP]

23. [FOR Q22, IF ANY ANSWER IS NO] Why didn't you (or your household member) seek the services and support you (or they) needed for...?

	Ever Victim	Victim 10 yrs	Victim Violent
Did not know how or where to get support services	65%	64%	62%
Worried about being blamed or not believed	38%	37%	40%
Assumed one did not qualify for services	35%	45%	45%
Wasn't sure these services would be able to help	33%	31%	31%
No service providers nearby	22%	24%	23%
No transportation to reach service providers	22%	23%	25%
Concerned services would not be sensitive to one's beliefs	17%	27%	30%
Wait list for services was too long	14%	20%	22%
Concerned services would not be accessible due to a disability	13%	19%	21%
Concerned services would not be sensitive to immigration	12%	19%	20%
Unsure of how to find services in one's primary language	12%	19%	22%
Did not have child care	11%	14%	15%
Was a child/Was too young	7%	<1%	<1%
Cost of counseling/services/Didn't have insurance to cover it	2%	2%	3%
Reached out to someone, but help was not given/not believed	2%	2%	2%
I thought I was OK/Thought I could deal with it on my own	1%	<1%	<1%
Parents did the abuse	1%	0%	0%
Base size	224	124	112

24. [COMBINED WITH Q21]

25. Why didn't you (or your household member) **receive** the services and support you needed?

	Ever Victim	Victim 10 yrs	Victim Violent
Did not know how or where to get support services	43%	42%	43%
Did not qualify for services	33%	31%	30%
No services providers nearby	33%	28%	31%
Wait list for services was too long	27%	25%	27%
No transportation to reach service providers	26%	24%	26%
Was blamed or not believed	26%	24%	25%
Services were not sensitive to one's beliefs	21%	24%	26%
Did not have child care	19%	23%	24%
Services were not accessible due to a disability	19%	23%	24%
Did not have services in one's primary language	19%	22%	24%
Services were not be sensitive to one's immigration status	17%	19%	20%
Cost of counseling/services/Didn't have insurance to cover it	5%	7%	7%
Scared	3%	2%	2%
Calls never returned/Places don't answer the phone	2%	3%	3%
Police did not help me/Police did not show up	1%	<1%	1%
Husband/Family members refused to go to counseling	1%	<1%	1%
Base size	151	106	99

26. Who (if anyone) informed you of services available for victims of crime? Please select all that apply.

	Ever Victim	Victim 10 yrs	Victim Violent
No one	46%	39%	30%
Police/Detective/Law enforcement	17%	19%	22%
Friend	14%	18%	21%
Family	12%	14%	16%
Victim advocate/Victim service agency/Not-for-profit org	8%	11%	16%
Counselor/Mental health services/Psychiatrist	8%	8%	11%
Medical services (doctor, nurse, hospital, clinic, dentist)	6%	7%	11%
Clergy (Priest, Pastor, Rabbi, Imam, or other religious official)	4%	6%	7%
State's Attorney	4%	5%	6%
Hotline/1-800#	3%	4%	5%
Teacher or professor	3%	4%	6%
Significant other	2%	3%	4%
Coroner	<1%	1%	2%
Don't know	5%	4%	3%
Prefer not to answer	0%	0%	0%
Base size	931	519	330

27. Overall, on a scale of 1 to 5 how well do you feel your needs (or your household member's needs) were met in the area of... [INSERT ANY RESPONSE FROM Q21/Q22/Q24 that were received]?

TOP TWO BOX ONLY	Ever Victim	Victim 10 yrs	Victim Violent	Base (Range)
Individual Counseling	51%	57%	56%	114-243
Mental health	47%	57%	58%	93-191
Family Counseling	38%	39%	39%	75-128
Medical/health care services	59%	63%	61%	67-122
Child care	58%	63%	63%	62-88
Civil Legal Assistance: Orders of protection	59%	68%	67%	58-96
Support groups	49%	51%	51%	57-97
Civil Legal Assistance ... Financial matters	33%	37%	38%	56-86
Civil Legal Assistance: Acquiring ID	58%	60%	58%	55-89
Civil Legal Assistance: Family matters	53%	53%	53%	55-87
Information/advocacy on public resources	40%	52%	52%	54-90
Children's services	52%	59%	61%	53-75
Life skills	60%	68%	67%	51-72
Crisis intervention	32%	43%	43%	49-80
Help applying for victim compensation	39%	45%	46%	46-74
Crime scene services	43%	49%	49%	45-67
Emergency funds/loan	36%	46%	44%	44-74
Substance abuse	51%	59%	59%	44-68
Emergency shelter	37%	44%	44%	43-79
Transportation	48%	53%	55%	42-75
Relocation	40%	43%	43%	42-63

Criminal/juvenile justice system info/adv	49%	56%	57%	42-62
Housing	40%	49%	49%	41-67
Funeral/burial services	60%	63%	60%	37-49
Civil Legal Assistance: Immigration	56%	60%	60%	32-39
Language/translation services	65%	68%	68%	31-40
Other (SPECIFY)	59%	70%	34%	3-17

28. What other needs, if any, were not met?

	Ever Victim	Victim 10 yrs	Victim Violent
Net: None	58%	61%	56%
Net: All other mentions	11%	9%	10%
Net: Other Needs	10%	9%	11%
Net: Criminal Justice Related	9%	9%	11%
Net: Advocacy/Education	4%	5%	8%
Net: Money/Items	4%	4%	4%
Net: Safety/Need for Protection	2%	1%	2%
Net: Victim Blaming/Fault/Shame	1%	<1%	<1%
Net: Still Dealing with Issues Involving Crime	<1%	<1%	<1%
Net: Time	<1%	<1%	0%
Don't know	4%	4%	4%
Prefer not to answer	0%	0%	0%
Base size	538	292	186

29. We would also like to learn about who you received services from and how helpful these individuals were in meeting your needs. Please tell me which of the following individuals or organizations (if any) you (or your household member) received services or support from after your crime experience.

	Ever Victim	Victim 10 yrs	Victim Violent
Friend	30%	34%	44%
Family	29%	30%	35%
No one	28%	24%	20%
Counselor/Mental health services/Psychiatrist	20%	18%	25%
Police/Detective/Law enforcement	15%	15%	16%
Significant other	10%	11%	14%
Victim advocate/Victim service agency/Not-for-profit org	8%	9%	14%
Medical services (doctor, nurse, hospital, clinic, dentist)	8%	8%	12%
Clergy (Priest, Pastor, Rabbi, Imam, or other religious official)	7%	9%	12%
State's Attorney	5%	5%	8%
Teacher or professor	4%	4%	6%
Hotline/1-800#	3%	4%	6%
Coroner	2%	2%	3%
Bank	2%	4%	<1%
Credit Card Company	2%	4%	1%
Don't know	3%	3%	2%
Prefer not to answer	1%	1%	1%
Base size	931	519	330

30. On a scale of 1 to 5, where 1 is not at all useful and 5 is extremely useful, please rate how useful the individuals or organizations were who helped you (or your household member) after your (their) crime experience. How useful was the support you (they) received from...

TOP TWO BOX ONLY	Ever Victim	Victim 10 yrs	Victim Violent	Base Range
Friend	77%	83%	83%	143-272
Family	78%	84%	81%	115-263
Counselor/Mental health services/Psychiatrist	70%	74%	73%	81-184
Police/Detective/Law enforcement	57%	57%	58%	52-140
Victim advocate/Victim service agency	81%	85%	85%	46-76
Significant other	82%	83%	80%	45-88
Clergy (Priest, Pastor, Rabbi, Imam, etc)	77%	75%	70%	40-69
Medical services (doctor, nurse, hospital, etc)	69%	70%	70%	39-72
State's Attorney	78%	82%	85%	26-45
Hotline/1-800#	70%	68%	66%	21-27
Teacher or professor	72%	81%	80%	20-39
Other individual or organization	83%	86%	87%	15-80
Coroner	71%	75%	73%	11-17

AWARENESS AND ACCESS TO RESOURCES

31. If you or a family member became victims of a **violent** crime (such as domestic violence, sexual assault, child abuse, elder abuse, or homicide), would you know where to access services in your community after the crime?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non- Victim
Yes	43%	49%	50%	52%	39%
No	40%	37%	38%	36%	43%
Don't know	16%	13%	12%	11%	16%
Prefer not to answer	1%	0%	0%	0%	2%
Base size	1042	931	519	330	638

32. To the best of your knowledge, are victims of **violent** crime (such as domestic violence, sexual assault, child abuse, elder abuse, or homicide) in Illinois eligible for compensation (money) from the state?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non- Victim
Yes	12%	17%	19%	23%	15%
No	22%	19%	20%	19%	24%
Don't know	66%	63%	61%	57%	60%
Prefer not to answer	1%	0%	0%	0%	1%
Base size	1042	931	519	330	638

33. Did you or a household member apply for compensation from the Illinois Victim Compensation Fund?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	4%	6%	9%
No	92%	91%	87%
Don't know	4%	3%	4%
Prefer not to answer	--	--	--
Base size	931	519	330

34. Did you or a household member receive help in filling out the forms to apply for compensation from the Illinois Victim Compensation Fund?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	68%	80%	80%
No	29%	20%	20%
Don't know	3%	0%	0%
Prefer not to answer	--	--	--
Base size	41	30	30

35. Was your application approved?

	Ever Victim	Victim 10 yrs	Victim Violent
Yes	71%	77%	77%
No	17%	13%	13%
Don't know	12%	10%	10%
Prefer not to answer	--	--	--
Base size	41	30	30

DEMOGRAPHICS

36. What is your gender?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Male	32%	28%	30%	31%	31%
Female	67%	71%	69%	68%	69%
Transgender Male	--	--	--	--	--
Transgender Female	--	--	--	--	--
Gender queer/non-confirming	--	--	--	--	--
Prefer not to answer	--	--	--	--	--
Base size	1042	931	519	330	638

37. Do you currently have any children under the age of 18 living with you?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes	25%	25%	28%	28%	27%
No	75%	75%	71%	71%	72%
Don't know	--	--	--	--	--
Prefer not to answer	0%	1%	1%	1%	1%
Base size	1042	931	519	330	638

38. What types of transportation do you use regularly? Please select all that apply. [MULTIPLE]

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
I drive my own car	81%	73%	71%	66%	80%
I have friends/family to drive me	14%	19%	21%	22%	10%
I take the train	16%	30%	36%	40%	20%
I take the bus	16%	29%	33%	36%	20%
I walk/ride my bike	19%	28%	33%	33%	21%
Other	2%	--	--	--	--
Don't know	--	--	--	--	--
Prefer not to answer	--	--	--	--	--
Base size	1042	931	519	330	638

39. Were you born in the United States?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes	93%	92%	91%	92%	89%
No	7%	7%	9%	8%	10%
Don't know	--	--	--	--	--
Prefer not to answer	0%	0%	0%	0%	1%
Base size	1042	931	519	330	638

40. What is the status of your citizenship?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
I am a U.S. citizen	60%	58%	49%	47%	53%
I have a Visa (e.g. student, tourist, etc.)	12%	15%	16%	11%	19%
I am working toward becoming a citizen	9%	16%	21%	22%	13%
I am undocumented	3%	0%	0%	0%	3%
Other	8%	4%	6%	7%	6%
Don't know	4%	1%	2%	3%	3%
Prefer not to answer	5%	5%	6%	11%	4%
Base size	77	74	49	28	71

41. What is your racial or ethnic background? [MULTIPLE RESPONSE]

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
White/Caucasian	81%	72%	70%	69%	78%
Black/African American	8%	13%	13%	13%	7%
Hispanic/Latino	6%	10%	11%	12%	7%
Asian	5%	6%	7%	6%	7%
American Indian	1%	2%	2%	2%	<1%
Native Hawaiian/Pacific Island	0%	<1%	<1%	<1%	0%
Don't know	0%	0%	0%	1%	0%
Prefer not to answer	0%	1%	1%	1%	1%
Base size	1042	931	519	330	638

42. Do you speak a language other than English at home?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes	14%	18%	22%	22%	18%
No	85%	81%	77%	77%	82%
Don't know	--	--	--	--	--
Prefer not to answer	0%	0%	0%	0%	1%
Base size	1042	931	519	330	638

43. How well do you speak English?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Extremely well	73%	79%	76%	78%	64%
Very well	18%	16%	20%	19%	26%
Fairly well	7%	4%	3%	3%	7%
Not so well	2%	0%	0%	0%	4%
Not at all	0%	0%	0%	0%	0%
Don't know (Count)	1	1	1	1	0
Prefer not to answer	--	--	--	--	--
Base size	147	171	114	72	113

44. Do you currently have health insurance, Medicare or Medicaid? [MULTIPLE RESPONSE]

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes, I have health insurance	68%	68%	71%	69%	71%
Yes, I have Medicare	25%	20%	17%	16%	24%
Yes, I have Medicaid	12%	15%	12%	12%	8%
No	7%	8%	8%	10%	7%
Don't know	1%	1%	1%	2%	1%
Prefer not to answer	0%	1%	1%	0%	0%
Base size	1042	931	519	330	638

45. Do you have any medical or health-related disabilities including physical, mental, or emotional conditions that interfere with daily living activities?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Yes	19%	24%	21%	28%	11%
No	79%	73%	75%	68%	86%
Don't know	1%	1%	2%	3%	2%
Prefer not to answer	1%	2%	2%	2%	1%
Base size	1042	931	519	330	638

46. What is your sexual orientation? Please select all that apply. [MULTIPLE RESPONSE]

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Heterosexual	91%	87%	87%	84%	92%
Lesbian/Gay	3%	4%	3%	4%	2%
Bisexual	3%	5%	5%	8%	<1%
Queer/Questioning	<1%	2%	1%	2%	<1%
Other	<1%	<1%	<1%	<1%	<1%
Don't know	1%	1%	1%	1%	0%
Prefer not to answer	2%	2%	3%	1%	4%
Base size	1042	931	519	330	638

47. What is your current marital status?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Married	51%	41%	37%	31%	53%
In a relationship/Living with significant other	8%	12%	16%	21%	8%
In a relationship/Not living with significant other	6%	8%	11%	13%	5%
Divorced/Separated/Widowed	15%	14%	10%	11%	15%
Single/Not in a relationship	19%	23%	24%	24%	18%
Don't know	0%	0%	0%	1%	0%
Prefer not to answer	0%	1%	0%	0%	1%
Base size	1042	931	519	330	638

48. What is your employment status? [ACCEPT MULTIPLES]

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Employed full-time (30+ hours a week)	41%	48%	53%	53%	42%
Employed part-time (<30 hours a week)	14%	15%	16%	19%	13%
I am currently looking for work	6%	7%	5%	6%	6%
I am not employed and am not looking for work	8%	6%	6%	4%	10%
I am a full-time student	3%	5%	8%	10%	3%
I am a part-time student	<1%	1%	1%	1%	1%
I am disabled and cannot work	6%	7%	4%	5%	2%
I am retired	23%	14%	11%	8%	23%
Don't know	0%	0%	0%	1%	0%
Prefer not to answer	1%	1%	1%	0%	1%
Base size	1042	931	519	330	638

49. What is the highest level of education you have completed?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Some high school	1%	1%	1%	1%	2%
Graduated high school/GED	15%	11%	10%	10%	16%
Vocational/Technical school	4%	5%	5%	5%	4%
Some college/2 years or less	22%	19%	16%	18%	18%
Some college/ more than 2 years	8%	9%	8%	9%	7%
Graduated college	32%	35%	38%	37%	34%
Post-graduate degree (e.g. PhD or Masters)	18%	20%	22%	20%	19%
Don't know	--	--	--	--	--
Prefer not to answer	0%	0%	0%	0%	1%
Base size	1042	931	519	330	638

50. What is your personal annual income before taxes and deductions?

	Bench	Ever Victim	Victim 10 yrs	Victim Violent	Non-Victim
Under \$10,000	7%	9%	9%	9%	6%
\$10,000 to under \$20,000	11%	13%	10%	11%	8%
\$20,000 to under \$30,000	11%	11%	10%	13%	12%
\$30,000 to under \$40,000	11%	11%	12%	14%	11%
\$40,000 to under \$50,000	8%	9%	9%	8%	9%
\$50,000 to under \$75,000	19%	18%	19%	17%	18%
\$75,000 to under \$100,000	10%	10%	12%	11%	12%
\$100,000 to under \$200,000	12%	11%	10%	9%	12%
\$200,000 or more	2%	2%	2%	1%	2%
Don't know	1%	1%	1%	2%	1%
Prefer not to answer	8%	6%	6%	4%	9%
Base size	1042	931	519	330	638