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Illinois Criminal Justice Information Authority

2022 VICTIM NEEDS ASSESSMENT



2022 VICTIM NEEDS ASSESSMENT Illinois Criminal Justice Information Authority

Summary Report

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Executive Summary

Background. Each year, a staggering number of people are impacted by violence and crime. Exposure to violence and crime can have a detrimental impact on society (e.g., health care, criminal legal, and child welfare costs) and individual impacts (e.g., mental health concerns, physical injury). Victimization can not only impact the victim or target, but also the one perpetrating the violence or crime, those witnessing or exposed to the violence and crime, and people connected to those involved (e.g., family members, peers, community members). These compounding outcomes highlight the urgency of understanding the current needs among victims and people impacted by violence and crime.

Victim-centered services include hotlines and text services, crisis intervention and counseling, advocacy (e.g., legal, medical, educational), law enforcement and criminal-legal services, and access to resources and programs within the community. Researchers and service providers have long emphasized victim or survivor choice, as well as trauma-informed care, as foundational components of effective intervention. Victimization and other experiences of trauma can undermine feelings of safety and control; thus, empowerment reinstates choice and emphasizes victim-centered processes throughout the help-seeking process, including effective safety planning and advocacy that begins with victims' expressed wants, needs, and priorities.

This report examined the need, access, use, and barriers of victim-centered services among Illinois residents. With a focus on feelings of empowerment and help-seeking behaviors, we surveyed and interviewed diverse groups of Illinois residents who themselves, or their family members, have been victimized or exposed to violence and crime.

Method. We conducted online surveys from Illinois residents (ages 15-70), and conducted in-depth interviews with youth (ages 18-25). First, surveys were collected via REDCap, a secure, online data collection platform. Invitations were mailed and emailed to community partners throughout the State of Illinois, including public libraries and community-based organizations. We asked these partners to share a recruitment flier on bulletin boards, on their social media pages, in newsletters, or via listservs. If interested, individuals completed a screening survey, which verified their Illinois residency and age. All participants provided online informed consent before completing the survey. If participants were between the ages of 15-17, parental/guardian informed consent was also obtained before the youth could participate.



A total of 1,114 participants completed this survey. Participants were compensated with a \$25 Amazon e-code upon completion of the survey. Participants were from 518 Zip Codes within 84 counties across Illinois. Participants were diverse in terms of educational attainment, household income, and other socio-demographic factors:

- ◆ Between the ages of 15 and 70
- ◆ 54% Cisgender Female, 42% Cisgender Male, 4% Transgender or Gender Expansive
- ◆ 91% Heterosexual, 9% Sexual Minority
- ◆ 46% White, 37% Black, 7% Native American, 4% Multiracial; 7% Hispanic or Latin ethnicity
- ◆ 12% reported a disability

Executive Summary

Second, we utilized purposive sampling methods to recruit youth participants to participate in an in-depth interview. We recruited youth who indicated that they had experienced at least one form of victimization or crime and were from an underrepresented population (e.g., Lesbian, Gay, Bisexual, Transgender, Queer, or another sexual or gender minority identity (LGBTQ+), racial/ethnic minority, reported a disability, or lived in a rural part of the state). Interviews took place via Zoom by trained graduate student research assistants. These interviews lasted approximately 45 minutes. Participants (n = 17) were compensated with a \$25 Amazon e-code upon completion of the interview. All interviews were recorded and audio was transcribed for analyses.

Results

Surveys. From the surveys, participants indicated high levels of experiencing crime and victimization in their lifetime. For example, 3 out of 4 participants experienced intimate partner violence, and a staggering 69% reported a physical assault. One out of five participants had been shot or shot at and/or had witnessed a murder or homicide.

Lifetime Direct Experiences with Crime & Victimization

- ◆ 76% experienced a form of intimate partner violence
- ◆ 69% experienced a physical assault
- ◆ 48% experienced a robbery
- ◆ 21% shot or shot at
- ◆ 20% witnessed a murder or homicide

Depending on the crime or experience, participants sought help from different sources. For example, if participants experienced a physical assault, they were most likely to report to the police or law enforcement. For most other crimes, social services or community-based organizations were the most common help-seeking response. Finally, participants reported high levels of help-seeking from their family or friends if they experienced intimate partner violence.

Participants selected reasons for not reporting crimes or experiences with victimization to the police and medical care. Participants indicated that they may have not reported to the police because they felt that previously reporting to the police did not help them, they were concerned they would be blamed, and were worried the police would notify Child Protective Services (CPS). Participants also indicated reasons for not seeking medical care, including not requiring medical care, concern that they would be blamed, and not wanting to get involved.

Participants reported various services across sectors that they have utilized and rated resources that were most helpful. Some of these helpful resources included domestic violence and sexual assault support groups and helplines/hotlines, emergency room and hospital stay visits, life skills support and crisis intervention services, assistance accessing or applying for crime victim's compensation, civil or criminal-legal assistance, and social support from family. However, participants also reported barriers to help-seeking, including being

Barriers to Help-Seeking

- ◆ Worried about victim-blaming, not being believed, or being shamed
- ◆ Concerned services aren't sensitive to one's beliefs
- ◆ Concerned services wouldn't be accessible
- ◆ Long waitlists, lack of transportation

worried about victim-blaming, not being believed, or being shamed. Participants also reflected on formal help-seeking experiences, with one out of five participants reporting that someone refused or seemed reluctant to provide services, take a report, or treat them.

Finally, participants discussed the ways in which the coronavirus disease of 2019 (COVID-19) pandemic impacted services and supports. Some of the concerns raised included: transportation concerns, reluctance to physically go places, not knowing where to go, reports of fewer services with longer wait times, and difficulties with booking services.

Executive Summary

We also examined experiences with crime and victimization, as well as help-seeking, by socio-demographic factors. Underrepresented groups reported higher levels of crime and victimization across most forms. There were also differences in help-seeking behaviors among these socio-demographic groups as well. Most underrepresented groups were more likely to seek services and supports from social services and community-based organizations, compared to other formal services. Participants living in rural counties and participants who identified as Black also reported high levels of seeking support from family and friends.

Groups at Higher Risk for Crime & Victimization

- ◆ Transgender and gender expansive individuals
- ◆ LGBTQ+ populations
- ◆ Racial and ethnic minorities
- ◆ Participants living in rural counties
- ◆ Individuals with disabilities

Interviews. From the in-depth interviews, participants discussed a crime or experience with victimization that affected them the most. They also discussed the various ways in which a crime or experience with victimization impacted their lives. The most common impacts were on one's mental health, their school or work performance, and their sense of belonging and connection.

Most participants (53%) sought a mix of formal and informal supports following the crime or victimization. About 41% only sought supports from their family and/or friends. Many of them received advice or feedback from their family or friends to not seek formal services, for fear of bringing shame to their family, or for not thinking these services would be able to provide them with what they needed.

Participants detailed how their help-seeking process went: some participants were satisfied, finding their services helpful, satisfactory, or supportive. Others found services less than satisfactory, describing barriers (e.g., rescheduling appointments, transportation and financial barriers, long police response times) and experiences where they felt discriminated against. Among participants who only sought informal support from family or friends, participants felt some satisfaction, whereas others felt like the family members or friends were not supportive (e.g., did not take them seriously, were scolded, made jokes).

Only 29% of participants reported their experience to the police, though most felt supported. However, most participants did not report for fear of the police response, a family member fearing that reporting would damage family image, negative prior experiences with the police, perceived discrimination, or they did not recognize the experience as a crime. Others were told not to go to the police, or they themselves did not feel ready to report. Finally, participants provided feedback on how victim services were during the COVID-19 pandemic, as well as how victim services could be improved. Overall, participants discussed ideas on how services could be more accessible, caring, and accommodating.

Suggestions on Improving Victim Services

- ◆ Make environmental improvements to victim services (e.g., create more accommodating, caring, welcoming, accessible, and equitable spaces)
- ◆ Increase resources and options to improve services
- ◆ Make improvements to minimize barriers (e.g., related to transportation, finances, health insurance costs, etc.)
- ◆ Other suggestions (e.g., more options for anonymous reporting, more anonymous support groups, etc.)

Literature Review. Finally, we reviewed current research and public reports examining victim needs. Similar needs and barriers regarding victim services were found. For example, similar underrepresented populations were at a higher risk for crime and experienced increased barriers to help-seeking. Recent research also documented the impact of the COVID-19 pandemic on victim services. Though some improvements have been made, barriers remain, urging stakeholders to strategize and evaluate best-practices in this time period. A full review of these studies can be found in the Annotated Bibliography (see Appendix).

Executive Summary

Conclusions & Recommendations. As seen across these surveys and interviews, as well as in review of the current literature, crime and victimization remain a public health concern. The impacts of victimization are immense. Victims are formally and informally reporting their victimization experiences in a variety of ways, but still many experiences remain underreported and victim needs unaddressed. Participants highlighted the various barriers to accessing and receiving services and supports, in addition to the ways in which the COVID-19 pandemic has made accessing these services even more difficult. Many victim needs remain unmet, urging the State of Illinois to invest in increasing the accessibility and quality of services and supports for victims.

Limitations of the current report include: 1) surveys and interviews were collected from convenience and purposive sampling methods, creating concerns around generalizability; 2) data were collected during the COVID-19 pandemic, which may have impacted participation; and 3) the survey asked self-reported, detailed items about crime and victimization. Though this may have led to participants reflecting more accurately on their experiences, it makes comparability to other crime and victimization reports difficult.

However, the current report offers important findings from surveys, interviews, and the review of current articles and reports. For example, services not only need to be more available and accessible, but the services need to be of better quality. A full list of recommendations is below.

Recommendations

- ◆ Environmental changes need to be made to victim services so that they are more accessible, more accommodating, more welcoming, more culturally competent, more gender-responsive, more inclusive, and more equitable for all victims.
- ◆ Victim services need to be enhanced to better serve underrepresented groups. In addition, we need to strategize ways to decrease experiences with discrimination and inequities when receiving formal services.
- ◆ Ensure all organizations serving victims are trauma-informed.
- ◆ Strengthen resources for accessing victim services by reducing transportation and financial barriers.
- ◆ Create more primary prevention programs within communities to reduce the need for interventions, enhance education around victimization, and strengthen knowledge of available resources and supports.
- ◆ Provide longer-term services to victims with longer-term impacts of victimization.
- ◆ Create bystander and family/friend support groups to enhance informal supports.
- ◆ Enhance and evaluate virtual services as the pandemic continues so that victims can still access high-quality support and assistance.
- ◆ Continue to increase training of evidence-based, victim-centered services across systems—police/law enforcement, medical and healthcare, social services, community-based organizations, helplines and hotlines— as well as other systems of support, including spiritual and faith-based settings. These trainings need to also increase cultural competence and understanding.
- ◆ Increase education on victim-centered services in communities across Illinois, so that folks know where/when/how to report or disclose their experience.
- ◆ Continue to talk with victims to best understand ways to serve and support them.

Background & Methodology

Background

Each year, a staggering number of people are impacted by violence and crime. In 2018, Illinois had higher rates compared to rates at the national level when looking at child maltreatment (i.e., child abuse and neglect), bullying and cyber-bullying, adolescent dating violence and sexual violence, intimate partner violence, sexual assault, and adult violent crime arrests. Illinois residents are also victims to property crimes, robberies, human trafficking, and other crimes. Certain areas of the state and certain populations of Illinois residents report significant disparities in being exposed to violence and crime, or being a victim or perpetrator of crime. For example, Lesbian, Gay, Bisexual, Transgender, Queer, and other minority sexual and gender identities (LGBTQ+) youth reported alarmingly high rates of victimization compared to non-LGBTQ+ youth. Other groups that reported high rates of victimization included youth and young adults, African Americans, Native Americans/American Indians, and Hispanic populations, individuals with disabilities, and those with annual incomes below \$20,000 (Garthe et al., 2021; Houston-Kolnik et al., 2017).

Exposure to violence and crime can have a detrimental impact on society, including substantial health care, criminal justice, and child welfare costs. Furthermore, this victimization can result in adverse outcomes; for example, victims can experience mental health concerns, such as depression, suicidal behavior, and posttraumatic stress disorder, as well as medical outcomes and conditions, including chronic disease, cardiovascular disease, and asthma (Gilbert et al., 2010; Mersky et al., 2013; Metzler et al., 2017; Rivara et al., 2019; Sumner et al., 2015). Victimization can not only impact the victim or target, but also the one perpetrating the violence or crime, those witnessing or exposed to the violence/crime, and people connected to those involved (e.g., family members, peers, community members; Shields et al., 2010; Turner et al., 2021; Wagers et al., 2021). These compounding outcomes highlight the urgency of understanding the current needs among victims and people impacted by violence and crime.



Victim Service Utilization

Victim-centered services include hotlines and text services, crisis intervention and counseling, advocacy (e.g., legal, medical, educational), law enforcement and criminal-legal services, and access to resources and programs within the community. Researchers and service providers have long emphasized victim or survivor choice, as well as trauma-informed care, as foundational components of effective intervention (Office of Justice Programs, n.d.; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Sullivan & Goodman, 2019; Nichols, 2013). Victimization and other experiences of trauma can undermine feelings of safety and control; thus, empowerment reinstates choice and emphasizes victim-centered processes throughout the help-seeking process (Sullivan & Goodman, 2019), including effective safety planning and advocacy that begins with victims' expressed wants, needs, and priorities (Cattaneo et al., 2021).



Licensed mental health professionals can provide evidence-based therapeutic interventions to victims that are victim-centered and trauma-informed. Across these victim-centered service options, systems of care that are trauma-informed “realize the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma; and responds by fully integrating knowledge about trauma in policies, procedures, and practices, and seeks to actively resist re-traumatization” (SAMHSA, 2014, p. 9). This trauma-informed approach integrates research, knowledge from practitioners, and experiences of trauma survivors.

In addition, a trauma-informed approach recognizes the historical and current systemic impact on victims. The array of victimization experiences, exposure, and impact stems from societal inequities, including discrimination, racism, oppression, and poverty. For example, limited economic opportunities, disinvestment in education and community areas, fewer social services and housing options, and other systemic inequities can increase the likelihood of being a victim of violence and crime. Thus, victim services need to recognize the historical and current trauma of these inequities, as well as the impact violence or crime can have on one's emotional, behavioral, and relational outcomes (Garthe et al., 2021; SAMHSA, 2014).



Despite an urgent need for victim services – and a growing interest in learning about points of intervention and care – many individuals do not access, do not know how to access, or do not feel comfortable accessing formal supports and services. In a 2017 report, less than half of adult victims in Illinois reported their experience to law enforcement (Houston-Kolnik et al., 2017). Other formal victim supports, such as counseling and mental health services, civil legal services, and medical care, remained under-utilized and were highlighted as a critical need for Illinois residents. As many as half of victims who report needing help actually received it (Houston-Kolnik et al., 2017). Researchers have also found that when victims or people impacted by crime do seek help, many are likely to reach out to informal supports (e.g., friends, family; Bundock et al., 2020). However, these informal supports may be ill-equipped to provide adequate advice and effective responses.

In addition, a 2017 ICJIA report further examined barriers to victim service utilization (Vasquez & Houston-Kolnik, 2017). In this report, service providers highlighted that there are certain groups of people who may be unwilling to seek, access, or receive services, such as second language learners, elderly individuals, people who experience homelessness, people with disabilities, and other marginalized groups. People may be unwilling to identify as a victim, they may have stigma or fear in accessing services, or they may be unaware of services and supports. Organizationally, providers may be unable to provide comprehensive services, may have insufficient funding, long waitlists, and staffing challenges. There may also be social and cultural norms and barriers that prevent marginalized groups from accessing or receiving care. Finally, staff providing victim services may experience burn out and feel over-burdened. All these barriers highlight a critical gap between victims' needs and service utilization.

Suggestions on ways to fill these gaps included more availability of long-term services, compensation funds, greater number of resources and immediate care, greater options for referrals and coordination of systems, and enhanced access to services in rural areas of the state. Organizations also need more staff who can provide services in other languages, can provide childcare and transportation options, and have more training in cultural sensitivity. Furthermore, trainings for providers and community members are essential so that all communities are providing victim-centered and trauma-informed services (Garthe et al., 2021; Vasquez & Houston-Kolnik, 2017).

Although these reports illuminated needs of victims, and identified barriers among victim service providers, current research on needs, access, and use of formal supports among Illinois residents is needed. As more funding has been directed towards bolstering victim services, an assessment needs to be conducted to further articulate the current needs of residents, especially during the COVID-19 global pandemic.



This report will examine the need, access, use, and barriers of victim-centered services among Illinois residents. We also assessed current needs during the COVID-19 pandemic. With a focus on feelings of empowerment and help-seeking behaviors, we surveyed and interviewed diverse groups of Illinois residents who themselves, or their family members, have been victimized or exposed to violence and crime. Additionally, we reviewed current research and public reports assessing victim needs.

Methodology

Surveys and in-depth interviews were conducted to examine the need, access, use, and barriers of victim-centered services among Illinois residents. Data were collected in three phases:



1.

Spring 2022:

Surveys were collected via REDCap, a secure, online data collection platform. Invitations were mailed and emailed to community partners throughout the State of Illinois, including public libraries and community-based organizations. We asked these partners to share a recruitment flier on bulletin boards, on their social media pages, in newsletters, or via listservs.

If interested, individuals completed a screening survey, which verified their Illinois residency and age. For this first survey, residents had to be at least 18 years of age or older. All participants provided online informed consent before completing the survey. A total of 890 participants completed the survey. Participants were compensated with a \$25 Amazon e-code upon completion.

2.

Late Summer-Fall 2022:

A second round of invitations went out in the late summer of 2022 to our community partners. In this round of invitations, we specifically recruited youth between the ages of 15-25.

If interested, individuals completed a screening survey, which verified their Illinois residency and age. If participants were between the ages of 15-17, online parental/guardian consent was obtained in addition to youth assent. If participants were ages 18-25, they provided online informed consent before completing the survey. A total of 224 participants between the ages of 15-25 completed the survey. Participants were compensated with a \$25 Amazon e-code upon completion.

3.

Fall 2022:

From the second round of surveys, we utilized purposive sampling methods to recruit youth (ages 15 to 25) participants to participate in an in-depth interview. We recruited youth who indicated that they had experienced at least one form of victimization or crime, and were from an underrepresented population (e.g., LGBTQ identity, racial/ethnic minority, reported a disability, or lived in a rural part of the state).

Interviews took place via Zoom by trained graduate student research assistants. These interviews lasted approximately 45 minutes. Participants were compensated with a \$25 Amazon e-code upon completion of the interview. All interviews were recorded and audio was transcribed for analyses. All identifying information was removed.

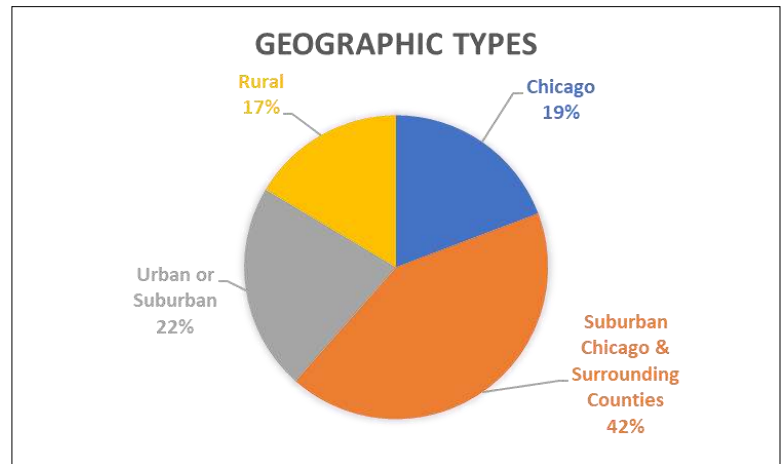
Across these surveys and interviews, we heard from 1,114 Illinois residents between the ages of 15 and 70. Residents were from 518 Zip Codes within 84 counties across Illinois. More participant information can be found in Part I (Survey Results) and Part III (Youth (ages 18-25) In-Depth Interview Results).

In addition to the surveys and interviews, we also conducted a literature review on victim needs from 2016-2022. We focused on this time period, which updated the victim needs literature review conducted by Aeffect (2017). More information on this review can be found in Part IV (Review of Victim Needs—An Annotated Bibliography).

Results Part 1: Survey Results

Sample Characteristics

Participants included 1,114 individuals from 84 counties (82.4% of Illinois' 102 counties) across the State of Illinois. Categorization of counties by geographic types was based on the Federal Office of Management and Budget's definitions for Metropolitan Statistical Areas. The only exception is Cook County, as we separated the City of Chicago from the communities surrounding Chicago. Thus, we examined: a) City of Chicago, b) Suburban Chicago and surrounding counties (DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, Will), c) 32 other urban and suburban counties, and d) 61 rural counties. Please see Appendix 1 for a full visual.



About 42% were from Cook County (not within the City of Chicago) or counties surrounding Cook County, and 19% were from the City of Chicago.

22% were from counties that included an urban or suburban area(s), and 17% were from rural counties.

Age

Participants ranged in age from 15 to 70 (M = 30.61, SD = 6.99).

Sex and Gender Identity

Participants self-reported their sex according to their birth certificate: 54.6% reported female, and 44.1% reported male. Participants also self-reported their gender identity (identities). Slightly more than half identified as cisgender female (54%). Forty participants (3.6%)

Gender Identity	N	%
Cisgender Male	478	42.9%
Cisgender Female	596	53.5%
Transgender or Gender Expansive	40	3.6%
Transgender Male	6	0.5%
Transgender Female	7	0.6%
Gender Non-Conforming	7	0.6%
Gender Non-Binary	9	0.8%
Gender Fluid	5	0.4%
Another Gender Identity	6	0.5%

identified as transgender or gender expansive (i.e., gender non-conforming, gender non-binary, gender fluid, or another gender identity).

Sexual Orientation

Participants self-reported their sexual orientation. The majority of participants identified as heterosexual (91%).

Sexual Orientation	N	%
Heterosexual	1010	90.7%
Lesbian	17	1.5%
Gay	8	0.7%
Bisexual	38	3.4%
Queer or Questioning	13	1.2%
Pansexual	6	0.5%
Demisexual	3	0.3%
Asexual	5	0.5%
Another Sexual Orientation	4	0.4%

LGBTQ+ Identities

Across gender identities and sexual orientations, this sample included 100 participants (9%) who identified as a part of the LGBTQ+ community.

Race and Ethnicity

Participants were racially and ethnically diverse, with approximately 46% identifying as Caucasian, White, or European American, and 37% identifying as African, African American, or Black. Also, 7% identified with a Hispanic, Latinx, Mexican, or Spanish Ethnicity. Please note that the percentages in the table do not add up to 100% as participants could check all that applied in terms of race and ethnicity.

Race and Ethnicity	N	%
African, African American, or Black	411	36.9%
Alaskan Native, American Indian, Native American	79	7.1%
Asian, Asian American, Asian Indian, Chinese, Filipino, Japanese, or Korean	52	4.7%
Caucasian, White, or European American	515	46.2%
Hispanic, Latinx, Mexican, Spanish Ethnicity	78	7.0%
Native Hawaiian, Samoan, or Other Pacific Islander	3	0.3%
Another Race or Ethnicity	2	0.2%
Multi-racial or Multi-ethnic ¹	48	4.3%

¹Note: Multi-racial or multi-ethnic included individuals who selected this response option, or included individuals who selected more than one racial or ethnic identity

Religious Beliefs and Spirituality

Participants reported on their religious beliefs and/or spirituality. About half of participants reported Christianity (51%), and 13% reported they were Atheist.

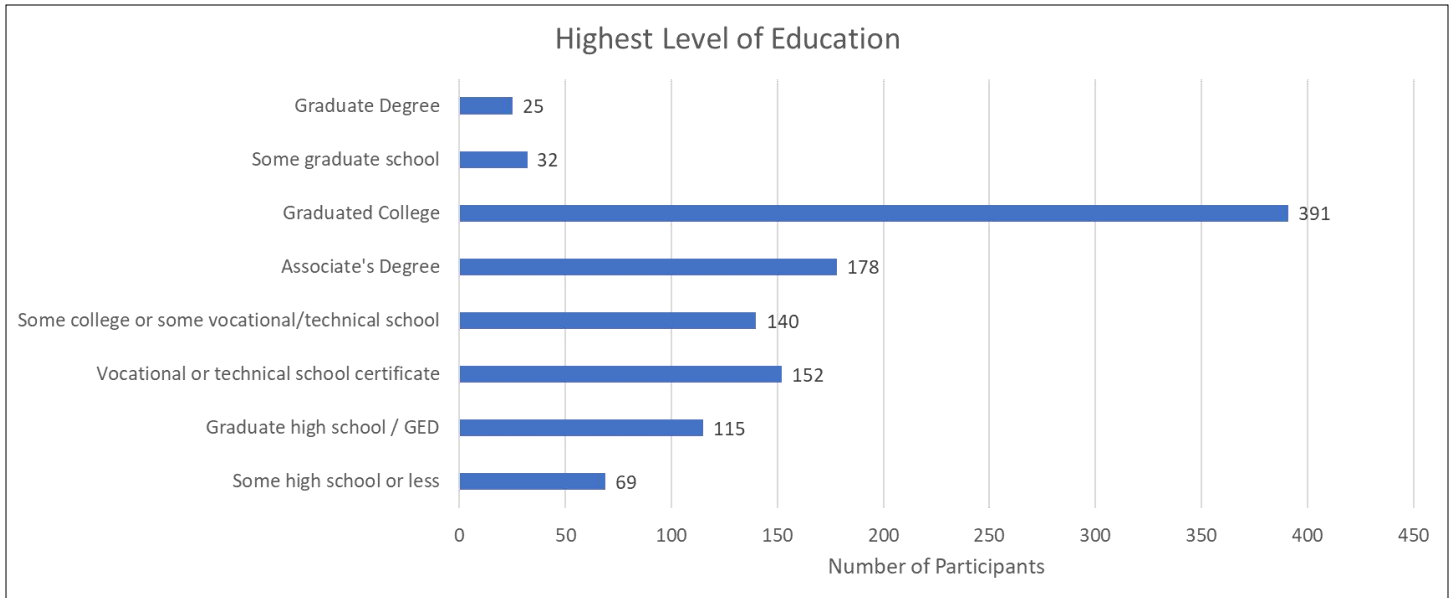
The table shows additional beliefs and spiritualities represented in this sample.



Religious Beliefs & Spirituality	N	%
Agnostic	54	4.8%
Atheist	144	12.9%
Baha'i	9	0.8%
Baptist	19	1.7%
Buddhist	20	1.8%
Catholic	108	9.7%
Christian	564	50.6%
Hindu	7	0.6%
Islam/Muslim	69	6.2%
Jehovah's Witness	7	0.6%
Jewish	4	0.4%
Lutheran/Methodist/Protestant	53	4.8%
Another	10	0.9%
No religious or spiritual beliefs	48	4.3%

Education

Participants had a range of educational attainment. For highest level of educational attainment, about 35% had graduated college, and another 5% had some graduate education or a graduate degree. About 42% had an Associate's Degree, a Vocational or Technical School Certificate, or some level of college, vocational, or technical schooling, as their highest level of educational attainment.



Household Income & Living Situation/Housing

Participants were asked to select the category that best approximates their total or gross household income for the past 12 months. Household was defined as “everyone living together and pooling resources to pay for mortgage/rent, groceries, etc.” The table shows the distribution of income categories represented in this sample.

Slightly less than half of participants (45%) owned their house, townhome, apartment or condo, and 30% rented their property. Another 16% lived in a property owned or rented by someone else, and 4% were in student housing.

Income Category	N	%
Less than \$10,000	14	1.3%
\$10,000 to \$25,000	108	9.8%
\$25,001 to \$50,000	287	26.0%
\$50,001 to \$75,000	371	33.6%
\$75,001 to \$100,000	268	24.3%
\$100,001 to \$150,000	23	2.1%
More than \$150,000	24	2.2%
Not Sure	10	0.9%

Employment

The majority of participants were employed full-time (at least 35 hours or more a week, 68%). Participants were also employed part-time (20%), were a student (9%), retired (2%), or had another employment situation. Only about 3% were unemployed.

Food Insecurity

About half of participants reported that they or another adult in their household experienced some degree of food insecurity in the past three months (54%). This included: a) worrying about running out of food; b) being unable to eat healthy, balanced, or nutritious food; c) only ate a few kinds of food; d) skipped a meal; e) ate less than they should have; f) ran out of food; g) were hungry but did not eat; or h) went without eating for a whole day, due to lack of resources or money.

Medical or Health-Related Disabilities

Approximately 12% of participants reported a type of medical or health-related disability. Most common types reported were cognitive difficulties (3%) and vision difficulties (3%).

Medical or Health-Related Disabilities	N	%
Hearing difficulty (deaf or having serious difficulty hearing)	18	1.6%
Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses)	31	2.8%
Cognitive difficulty (Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions)	33	3.0%
Ambulatory difficulty (Having serious difficulty walking or climbing stairs)	19	1.7%
Self-care difficulty (Having difficulty bathing or dressing)	6	0.5%
Independent living difficulty (Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping)	13	1.2%
Respiratory difficulty (having difficulty breathing)	12	1.1%
Other or prefer to self-describe*	4	0.4%
No, I don't have any of these medical or health-related disabilities	978	87.8%

Health Insurance or Coverage

Most participants were currently covered by health insurance or health coverage plans through a current or former employer or union (through themselves or another family member; 62%). Other sources of health insurance or coverage were as follows:

- ◆ Insurance purchased directly through an insurance company or marketplace (33%)
- ◆ Medicare (12%)
- ◆ Medicaid, Medical Assistance, Other Governmental Assistance (6%)
- ◆ Military Healthcare or Veterans Affairs Healthcare (4%)
- ◆ Indian Health Service (2%)

About 4% of participants indicated they did not currently have insurance.



Crime & Victimization

Direct Experiences with Crime & Victimization

Overall, participants reported high lifetime rates of exposure to or direct experiences with crime and victimization. The prevalence column in these tables represents the overall prevalence of participants endorsing experiencing each type of victimization or crime at least once.

Among participants, about 69% reported at least one physical assault and about 74% reported at least one threat of physical assault or aggravated assault. Additionally, about 21% had been shot or shot at by a firearm, and 20% had witnessed a murder or homicide. About 17% have lost a family member, close friend, or intimate partner to murder or homicide.

Approximately 51% of participants experienced a form of sexual assault. Also, 51% of participants experienced at least one form of sexual harassment.

Crime & Victimization Experiences	%
Threatened to be physically attacked ^a	58.6%
Physically attacked, resulting either in no injury, minor injury (e.g., bruises, cuts, black eye), or an injury requiring hospitalization. ^b	56.5%
Threatened to be attacked with a knife, or something used as a weapon, like a baseball bat, frying pan, scissors, stick, etc. ^a	49.2%
Attacked with a knife, or something used as a weapon, like a baseball bat, frying pan, scissors, stick, etc. ^b	44.8%
Threatened to be shot or shot at by a firearm (e.g., gun, rifle, shotgun). ^a	23.4%
Been shot or shot at by a firearm (e.g., gun, rifle, shotgun).	20.9%
Witnessed a murder or homicide.	19.6%
Lost an immediate family member, close friend, or intimate partner to murder/homicide.	16.7%
Someone forced you to do sexual things you did not want to (count things such as kissing, touching, or being physically forced to have sexual intercourse. Also count things if you were unable to give consent, like if you were drunk or high, or passed out). ^c	42.2%
Someone physically forced you or threatened to physically harm you to make you have sex (e.g., vaginal, anal, or oral sex). ^c	32.2%
Someone exposed their sexual body parts to you, flashed you, or masturbated in front of you, or someone made you show your sexual body parts to them. Remember, we are only asking about things that you didn't want to happen. ^d	36.3%
Someone made you look at or participate in sexual photos or videos against your will. ^d	33.2%
Someone made unwanted sexual contact with you or engaged in behaviors at school or at your workplace that might have included someone making verbal or written comments, making gestures, displaying pictures or images, using physical coercion, or any combination of these actions either in person or through electronic means. ^d	35.7%
<p><i>Note.</i> ^a Items were totaled to create a "threat of physical assault or aggravated assault" score ^b Items were totaled to create a "physical assault" score ^c Items were totaled to create a "sexual assault" score ^d Items were totaled to create a "sexual harassment" score.</p>	

Direct Experiences with Crime & Victimization, continued

Approximately 33% of participants experienced sex or labor trafficking, and 22% reported a kidnapping experience. About 25% had experienced stalking.

About 32% experienced a robbery or attempted robbery by force or threat of harm, and 32% experienced consumer fraud or identity theft.

Crime & Victimization Experiences, continued	%
Someone physically harmed you because of your skin color or race/ethnicity.	48.5%
Someone physically harmed you because of your gender identity, expression, or sexual orientation.	50.1%
Forced to perform sex using force, fraud, or coercion by someone for profit OR someone tried to recruit, transport, harbor or obtain you for any sex act. ^a	30.5%
Forced to work using force, fraud, or coercion by someone for profit OR someone tried to recruit, transport, harbor or obtain you for any work or labor. ^a	26.5%
Someone burned or attempted to burn or set fire to your house/housing or your personal property (e.g., car or vehicle).	24.6%
Someone kidnapped or abducted you from one place to another against your will, or held you confined, captive, restrained, or against your will in a controlled space.	22.1%
Something belonging to you (e.g., things you carry like a wallet or purse, clothing, jewelry, things in your home like a TV, a cell phone) was stolen.	35.5%
Someone broke into or attempted to break into your home, housing, and/or vehicle (e.g., by forcing a door or window, pushing past someone, entering through an open door or window).	29.9%
Someone robbed you or attempted to rob you by using force or threatening to harm you.	31.6%
Something belonging to you was vandalized (damaged or destroyed).	36.4%
Someone stalked you in-person or online, and you felt fearful or unsafe (e.g., followed you or spied on you, left you unwanted items, used GPS or apps to monitor your location).	24.8%
Been victim of a consumer fraud or identity theft (cheated out of money; fraudulent checks or banking; phishing; credit and debit card fraud; fake charities; debt collection fraud; mortgage fraud; prize and lottery fraud; COVID-19 scams, etc.).	32.2%

Note. ^a Items were totaled to create a “sex or labor trafficking” score

Direct Experiences with Crime & Victimization, continued

Intimate Partner Violence:

Among participants, 59% were currently married and 8.9% were in a relationship. About 1% were widowed and 2% were divorced or separated. 27% were single or not currently in a relationship. Only 14 participants had never dated or been in a relationship before (and were not asked questions about intimate partner violence victimization).

Across types of intimate partner violence victimization, participants reported high levels of victimization. The most common forms were physical (48%) and verbal (43%). About 30% experienced financial abuse as a form of intimate partner violence.

Crime & Victimization Experiences, continued	%
<i>Intimate Partner Violence Victimization</i>	
Grabbed, pushed, slapped, choked, punched, hit, kicked, burned, used a weapon, or threw something at you?	47.8%
Pressured, physically forced, threatened, or blackmailed you to engage in sexual activity when you didn't want to or were unable to give consent (e.g., you were drunk, passed out, etc.)?	35.6%
Tried to keep you from doing what you wanted to do, tried to make you do something you didn't want to do, threatened to hurt you or someone you loved unless you did what they wanted, or used other threats and controlling behaviors not listed here?	36.4%
Spread rumors about you, spoke to you in a hostile or mean tone of voice, insulted you with put-downs, or said things to your friends or family to try and turn them against you?	42.7%
Made you feel unsafe, fearful, or afraid by making unwanted phone calls or sending unwanted texts/messages, following you or spying on you, showing up places without legitimate reasons, leaving unwanted items, presents, or flowers, or other situations where you feared for your safety?	34.0%
Made you feel unsafe, fearful, or afraid by checking your call history, using your passwords or passcodes to check up on you, sending threatening messages or texts, making or sending excessive phone calls/texts, checking your social media or email, using GPS or other apps to monitor where I am, or using cameras to monitor my activities?	32.5%
Withheld money from you when you needed it, withheld information about finances, controlled your finances or money, or spent large sums of money and refused to tell you why or what the money was spent on?	29.6%

Direct Experiences with Crime & Victimization Summary

Overall, participants reported high lifetime rates of direct experiences with crime and victimization. To summarize across these experiences, we grouped similar experiences together for an overall understanding of crime and victimization prevalence.

Lifetime Crime & Victimization Experiences	%
Intimate Partner Violence Victimization	76%
Threats of Physical or Aggravated Assault	74%
Physical Assault	69%
Sexual Assault	51%
Robbery	48%
Sex or Labor Trafficking	33%
Consumer Fraud or Identity Theft	32%
Stalking Victimization	25%
Kidnapping	22%
Shot or Shot at	21%
Witnessing a Murder/Homicide	20%



Help-Seeking

Help-Seeking Following a Direct Crime or Victimization Experience

If participants endorsed an experience of crime or victimization, they were prompted with the following question: “After this happened, did you do any of the following?” They could then select help-seeking behaviors from the following list:

- ◆ Report this crime to the police or law enforcement
- ◆ Seek medical care (e.g., go to the Emergency Room, urgent care, hospital, physician)
- ◆ Seek social services (e.g., go to Dept. of Human Services, Domestic Violence Shelter, Benefits office)
- ◆ Seek support at a community-based organization (CBO) or non-profit
- ◆ Call or text a hotline or helpline
- ◆ Tell a close friend, family member, or intimate partner about the experience
- ◆ I don’t remember

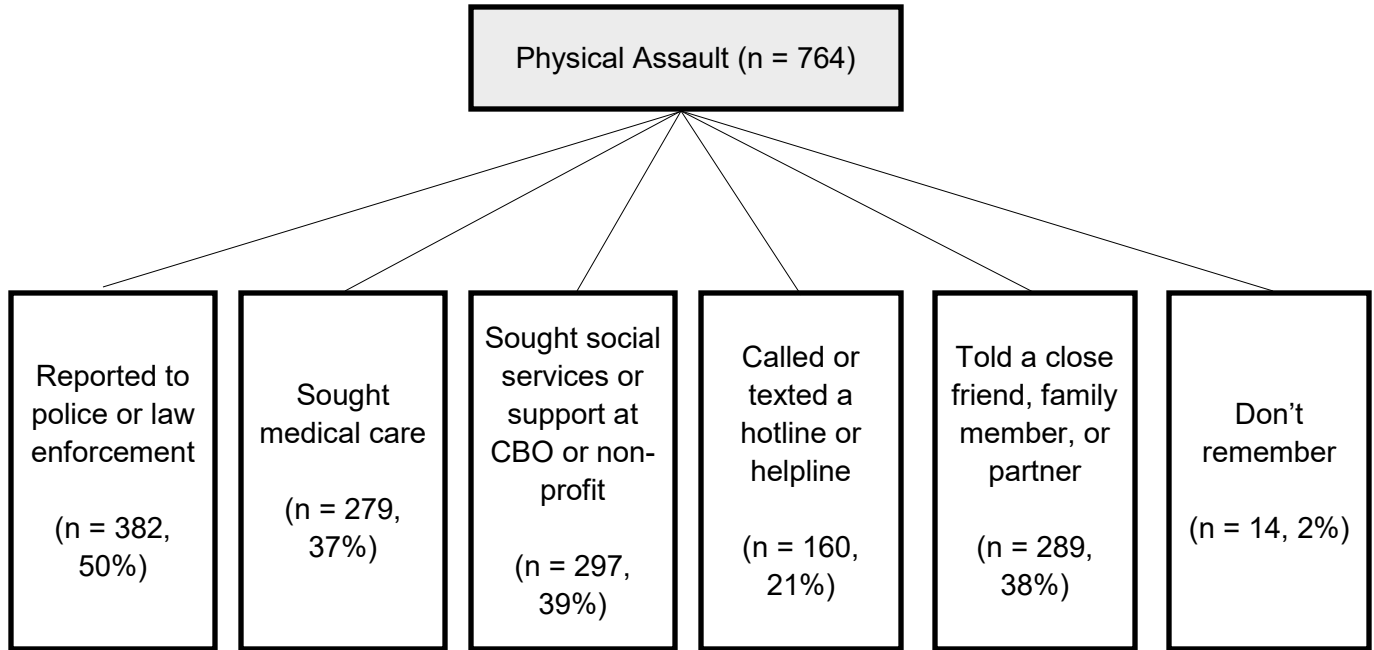
This next section summarizes the various help-seeking processes that participants reported following certain types of crime and victimization experiences. 85% of consumer fraud or identity theft victims and 82% of robbery victims sought formal help. The lowest rate of seeking formal help was among victims of intimate partner violence (68%), whereas 46% told their close friend, family member, or partner about the violence.

Crime or Form of Victimization	Sought any Formal Help	Formal Help				Informal Help	
		Reported to Police or Law Enforcement	Sought Medical Care	Sought Services or Support at CBO or Non-profit	Called or Texted a Hotline or Helpline	Told a Close Friend, Family Member, or Partner	Don't Remember
Physical Assault (N = 764)	70%	50%	37%	39%	21%	38%	2%
Being Shot or Shot at (N= 233)	69%	27%	28%	37%	12%	12%	3%
Sexual Assault (N = 565)	72%	37%	27%	42%	17%	37%	2%
Robbery (N = 352)	82%	34%	25%	45%	14%	13%	4%
Consumer Fraud or Identity Theft (N = 359)	85%	43%	—	37%	19%	19%	5%
Stalking (N = 276)	80%	42%	29%	47%	8%	22%	2%
Intimate Partner Violence Victimization (N = 843)	68%	38%	31%	61%	33%	46%	8%

Help-Seeking

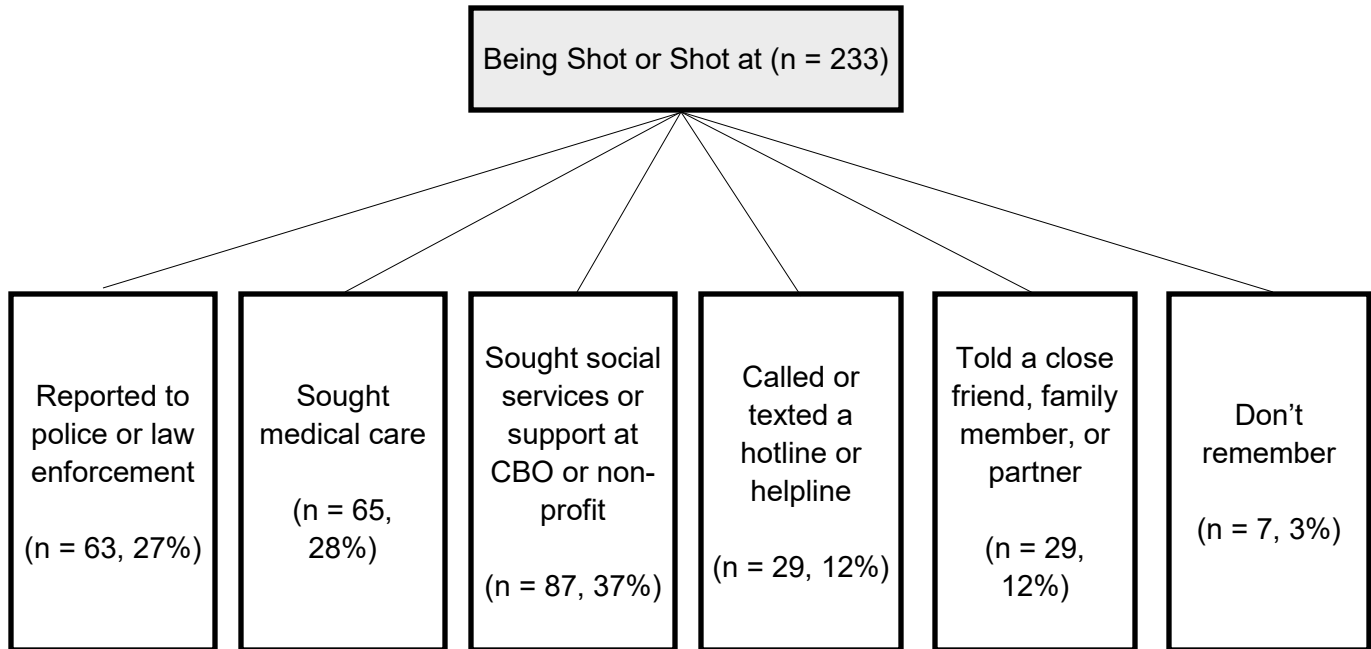
Help-Seeking Following a Physical Assault:

Half of people who experienced a physical assault reported to the police or law enforcement. About 39% sought social services or support at a CBO or non-profit, 38% told a close friend, family member, or partner, and 37% sought medical care. 30% of victims did not seek formal services/supports.



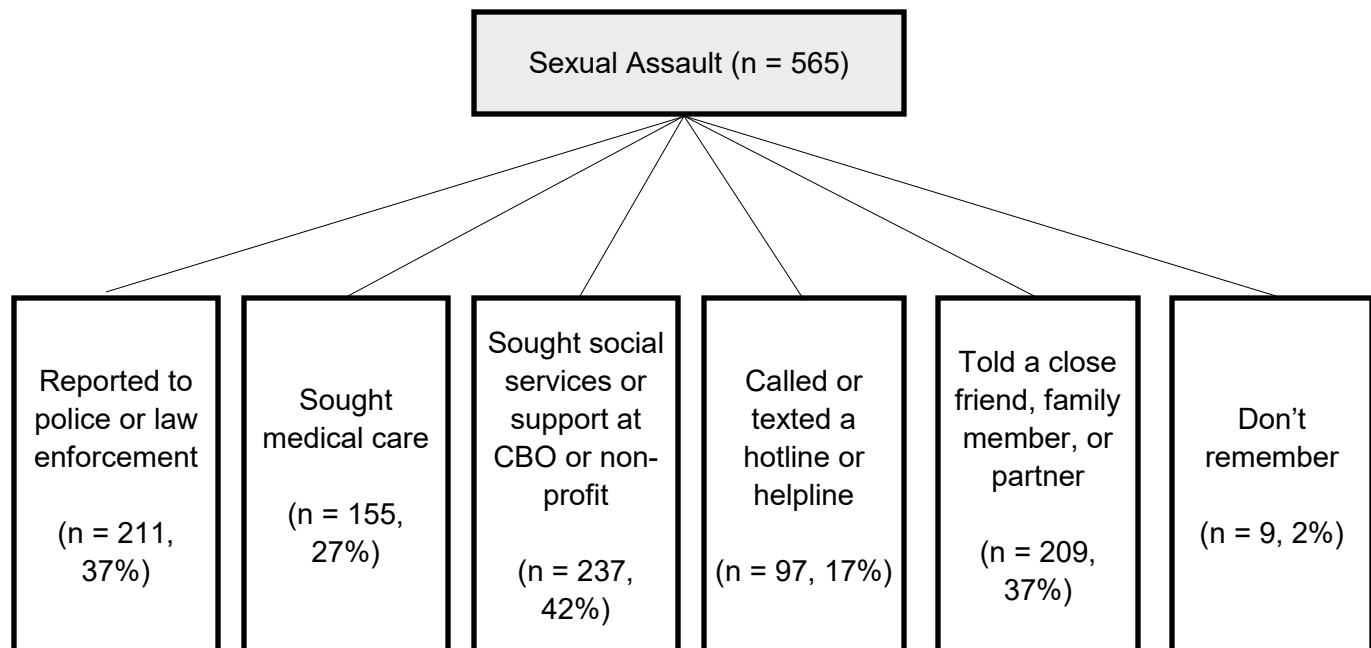
Help-Seeking Following a Shooting (Being Shot or Shot at):

The most common help-seeking response following a shooting was to seek social services or support at a CBO or non-profit (37%), followed by seeking medical care (28%). 31% of victims did not seek formal services/supports.



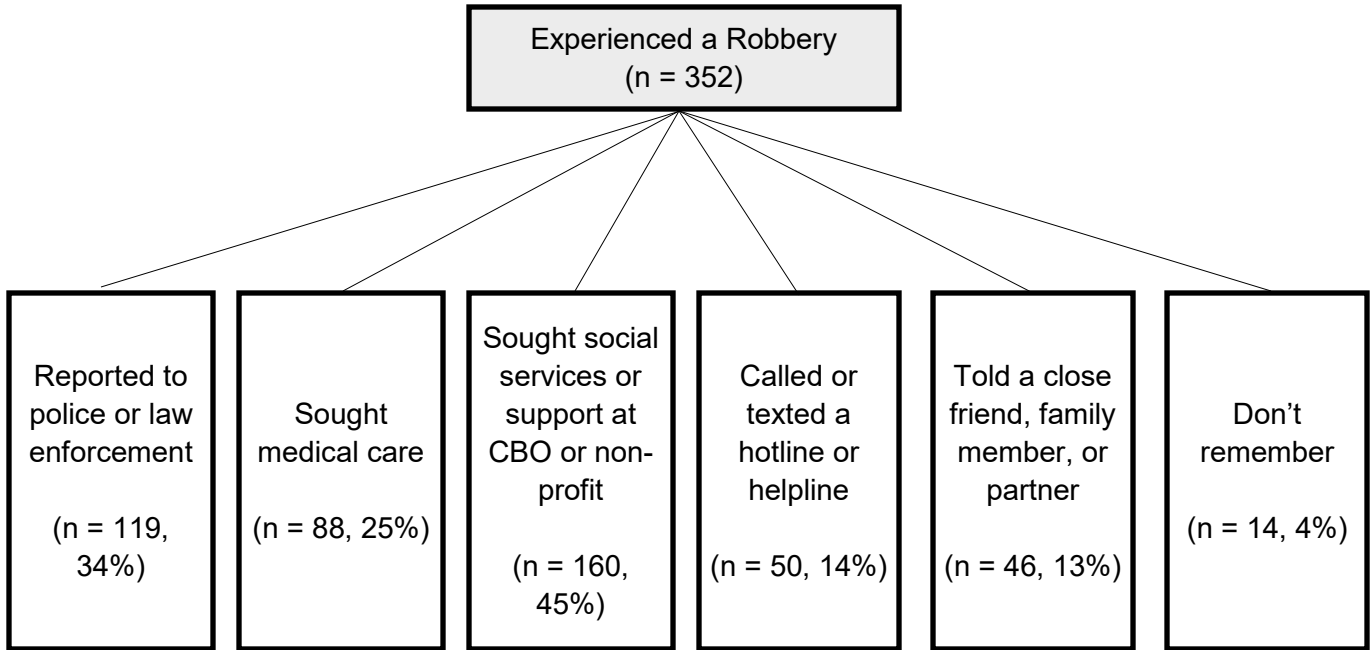
Help-Seeking Following a Sexual Assault:

The most common help-seeking response following a sexual assault was to seek social services or support at a CBO or non-profit (42%), followed by telling a close friend, family member, or partner (37%), or reporting to the police or law enforcement (37%). 28% of victims did not seek formal services/supports.



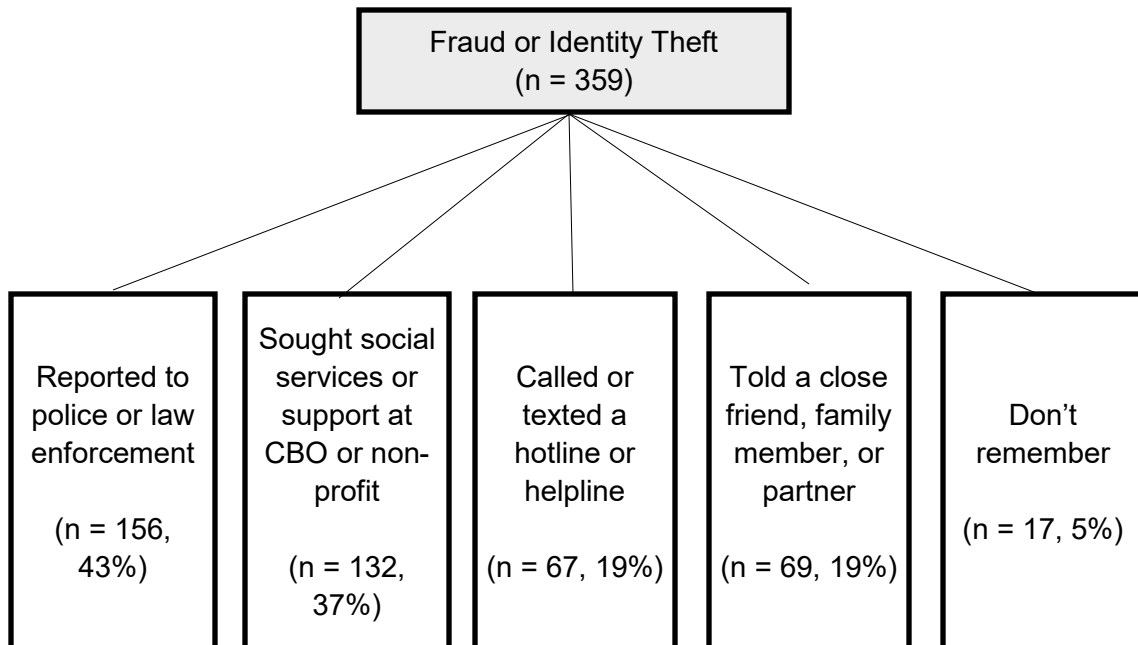
Help-Seeking Following a Robbery:

The most common help-seeking response following a robbery was to seek social services or support at a CBO or non-profit (45%), followed by reporting to the police or law enforcement (34%). 18% of victims did not seek formal services/supports.



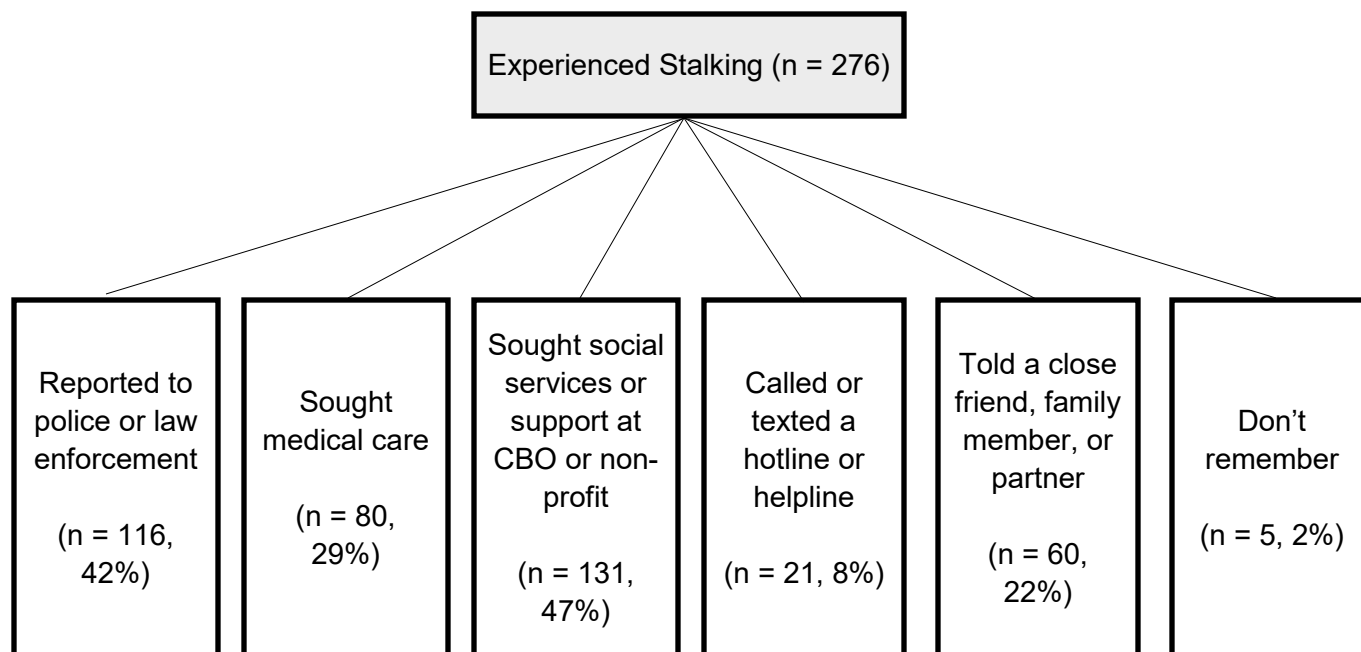
Help-Seeking Following Consumer Fraud or Identity Theft:

The most common help-seeking response following an experience with consumer fraud or identity theft was to report to the police or law enforcement (43%), or to seek social services or support at a CBO or non-profit (37%). 15% of victims did not seek formal services/supports.



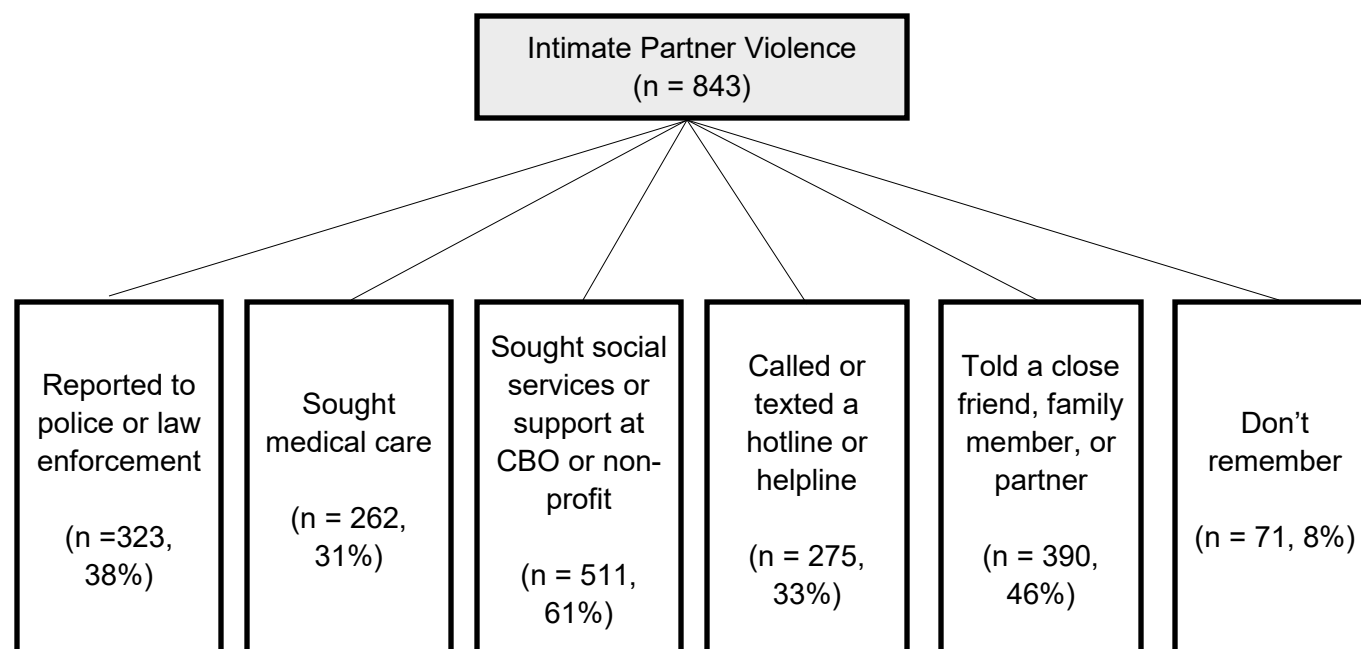
Help-Seeking Following Being Stalked:

The most common help-seeking response following an experience with being stalked was to seek social services or support at a CBO or non-profit (47%), followed by reporting to the police or law enforcement (42%). 20% of victims did not seek formal services/supports.



Help-Seeking Following Intimate Partner Violence Victimization:

The most common help-seeking response following an experience with intimate partner violence victimization was to seek social services or support at a CBO or non-profit (61%), followed by telling a close friend, family member, or partner (46%). About 38% indicated they had reported an act of intimate partner violence to the police. 32% of victims did not seek formal services/supports.



Non-Reporting

Not Reporting to Police or Law Enforcement

If participants experienced a crime or form of victimization and did not indicate reporting to the police or law enforcement, they could select reasons for why they chose not to report.

A subsample of participants who experienced a crime but indicated that they did not report to the police or law enforcement on the survey (n = 293) were examined.

Most common reasons included: a) having reported to the police before and feeling it did not help (23%), b) concern that they would be blamed (22%), and c) worrying about having the police notify Child Protective Services (22%).



Reasons for Not Reporting to Police or Law Enforcement	% That Did Not Report Any Crimes to Police or Law Enforcement (n = 293) ^a
I didn't think the police could do anything to help	4.1%
I didn't think the police would want to help me	12.3%
I was concerned the police wouldn't believe me	13.2%
I didn't trust the police	9.2%
I was worried they would notify Child Protective Services (CPS)	21.5%
I have reported to the police before and I felt it did not help	23.2%
I reported the crime to someone else	19.5%
I was concerned I would be blamed	21.5%
I feared retaliation against me or my family	13.0%
I didn't want to get the offender/perpetrator in trouble	21.2%
I wasn't sure where the crime took place	10.9%
I didn't want to get involved	7.8%
I didn't know what to do	6.1%
I reported to the credit card company or my bank	1.2%
I was afraid of my parents/caregivers/spouse/partner	2.0%
I was too scared	3.1%
I don't know	3.1%
Other	0.7%

Note. ^aSubsample included those who reported that they did not report to the police or law enforcement after at least one crime on the survey. Crimes included being victim to a physical assault, being shot, sexual assault, robbery, consumer fraud or identity theft, stalking, or intimate partner violence.

Not Seeking Medical Care

Not Seeking Medical Care

If participants experienced a crime or form of victimization and did not indicate seeking medical care, they could select reasons for why they chose not to seek care.

A subsample of participants who experienced a crime but indicated that they did not seek medical care on the survey (n = 378) were examined.

Main reasons included: a) not requiring medical care (19%), b) concern that they would be blamed (19%), and c) they didn't want to get involved (21%).



Reasons for Not Seeking Medical Care	% That Did Not Seek Medical Care (n = 378) ^a
I did not require medical care	18.5%
I was concerned I would be blamed	18.5%
I feared retaliation against me or my family	11.6%
I didn't want to get the offender/perpetrator in trouble	14.8%
I was worried they would notify Child Protective Services (CPS)	16.4%
I wasn't sure a crime took place	16.7%
I didn't want to get involved	21.4%
I didn't know what to do	13.8%
I was scared	10.8%
I did not have health insurance	5.8%
My health insurance would not cover all my expenses	4.0%
I did not know where to go for medical care	4.2%
I did not have money to buy medicine	1.9%
I don't know	3.7%
Other	0.5%

Note. ^aSubsample included those who reported that they did not seek medical care after at least one crime on the survey. Crimes included being victim to a physical assault, being shot, sexual assault, robbery, consumer fraud or identity theft, stalking, or intimate partner violence.

Helpful Resources

Resource Utilization & Helpful Resources

All participants were given lists of services grouped by type of resource (e.g., domestic violence/sexual violence, medical/healthcare, mental health/substance use, legal or criminal-legal, living/family/financial, and support from someone they know). They indicated if they ever utilized services in these lists in relation to any of the experiences that we asked them about in the survey. Then, of the people who indicated they received a service type, they rated the most helpful services.

Resources Related to Domestic Violence or Sexual Violence

Participants examined a list of services in relation to domestic violence or sexual violence, reporting if they had ever used a service. Next, if they selected that they had used more than one resource from the list, they could then rate which service was the most helpful to them. About 34% had accessed domestic violence housing or shelter, and 32% had texted a domestic violence support line. Most helpful services included helplines/hotlines and support groups.

Domestic Violence or Sexual Violence Resources	N	%	% Reported as Most Helpful ^a
Domestic violence helpline or hotline	309	27.7	35.6%
Domestic violence housing or shelter	376	33.8	28.9%
Domestic violence support group	316	28.4	33.9%
Domestic violence text line/support	357	32.0	32.2%
Emergency Pregnancy Pill	94	8.4	13.8%
Post-Exposure Prophylaxis (PEP)	72	6.5	4.2%
Pre-Exposure Prophylaxis (PrEP)	111	10.0	13.5%
Sexual assault text line, helpline, or hotline	72	6.5	16.7%
Sexual assault support group	62	5.6	33.9%
Testing for Human Immunodeficiency Virus (HIV)	36	3.2	2.8%
Testing for a Sexually Transmitted Infection (STI)	33	3.0	6.1%

Note. ^aThis percentage was calculated by taking the number of people who rated this service as most helpful, divided by the number of people who indicated that they received that service type.

Resources Related to Medical/Healthcare

Participants examined a list of services in relation to medical and healthcare, again selecting if they ever utilized a service, and then rating the services if they used more than one. About 41% of participants had gone to doctors' appointments or visited the Emergency Room. Most helpful services included Emergency Room visits and hospital stays.

Medical/Healthcare Resources	N	%	% Reported as Most Helpful ^a
Doctors' appointment	453	40.7%	21.2%
Emergency Room (ER) visit	456	40.9%	40.1%
Hospital stay	422	37.9%	32.2%
Medication	333	29.9%	20.7%
Perinatal care	72	6.5%	15.3%
Urgent care	95	8.5%	26.3%
Sexual Assault Forensic Exam/Rape Kit	23	2.1%	17.4%

Note. ^aThis percentage was calculated by taking the number of people who rated this service as most helpful, divided by the number of people who indicated that they received that service type.

Resources Related to Mental Health/Substance Use

Participants examined a list of services in relation to mental health and substance use, again selecting if they ever utilized a service, and then rating the services if they used more than one. About 38% had accessed life skill supports, 34% had accessed crisis intervention provided by victim service agencies, and 33% had accessed online support groups. Services received from life skill supports was rated as most helpful.

Mental Health/Substance Use Resources	N	%	% Reported as Most Helpful ^a
Counseling services or therapy	343	30.8%	31.5%
Crisis intervention provided by victim service agencies	377	33.8%	31.3%
Life skills support	421	37.8%	39.0%
Online support group	366	32.9%	26.5%
Alcohol treatment	108	9.7%	7.4%
Alcoholics Anonymous (AA)	79	7.1%	5.1%
Drug treatment	48	4.3%	14.6%
Narcotics Anonymous (NA)	20	1.8%	25.0%

Note. ^aThis percentage was calculated by taking the number of people who rated this service as most helpful, divided by the number of people who indicated that they received that service type.

Resources Related to Living, Family, or Financial Needs

Participants examined a list of services in relation to living, family, or financial needs, again selecting if they ever utilized a service, and then rating the services if they used more than one. About 28% of participants accessed emergency funds/loans, and 21% access education-related resources. Help accessing or applying for crime victim's compensation was rated as most helpful across these types of services.

Living, Family, or Financial Resources	N	%	% Reported as Most Helpful ^a
Childcare services	162	14.5%	36.4%
Education-related resources	232	20.8%	30.2%
Emergency funds/loans	310	27.8%	32.3%
Emergency shelter	215	19.3%	22.8%
Food assistance services	193	17.3%	18.1%
Funeral/burial services	65	5.8%	3.1%
Help accessing or applying for crime victim's compensation	108	9.7%	43.5%
Housing assistance or supports	177	15.9%	21.5%
Immigration related supports or language services	59	5.3%	5.1%
Relocation	62	5.6%	4.8%
Transportation	140	12.6%	25.0%
Utilities – support or assistance	158	14.2%	23.4%
Vocational support	110	9.9%	37.3%

Note. ^aThis percentage was calculated by taking the number of people who rated this service as most helpful, divided by the number of people who indicated that they received that service type.

Resources Related to Legal or Criminal-Legal Needs

Participants examined a list of services in relation to legal or criminal-legal needs, again selecting if they ever utilized a service, and then rating the services if they used more than one. About 43% of participants had utilized civil or criminal legal assistance, and this assistance was rated as the most helpful type of legal or criminal-legal service.

Legal or Criminal-Legal Resources	N	%	% Reported as Most Helpful ^a
Calling the police	374	33.6%	43.6%
Civil or criminal legal assistance	480	43.1%	46.5%
Crime scene services	333	29.9%	27.9%
Criminal/juvenile justice system advocacy	123	11.0%	14.6%
Obtaining an order of protection	63	5.7%	19.0%

Note. ^aThis percentage was calculated by taking the number of people who rated this service as most helpful, divided by the number of people who indicated that they received that service type.

Resources from Social Supports

Participants examined a list of social supports (i.e., help or assistance) they received from people in their lives. If they selected more than one support, they then rated the most helpful supports.

Most common social supports were from family members (30%) or friends (34%). Among those who solicited support from a family member, 55% rated this support as the most helpful. Other helpful supports came from friends and religious or spiritual leaders.



Social Supports/Resources	N	%	% Reported as Most Helpful ^a
Family member	334	30.0%	54.5%
Friend	376	33.8%	33.0%
Hairdresser or barber	187	16.8%	5.9%
Religious or spiritual leader	211	18.9%	26.5%
Social media groups	230	20.6%	19.6%
Someone I go to school with	180	16.2%	20.6%
Someone I work with	180	16.2%	17.2%
Spouse or romantic partner	162	14.5%	24.1%
Teacher or professor	88	7.9%	22.7%
Other	4	0.4%	—

Note. ^aThis percentage was calculated by taking the number of people who rated this service as most helpful, divided by the number of people who indicated that they received that service type.

Help-Seeking Experiences

Help-Seeking Experiences

Experiences with Seeking Help at an Organization, Agency, or Institution

Participants were asked to reflect if any positive or negative experiences occurred when they connected with someone at an organization, agency, or institution following an experience they had with harm or violence.

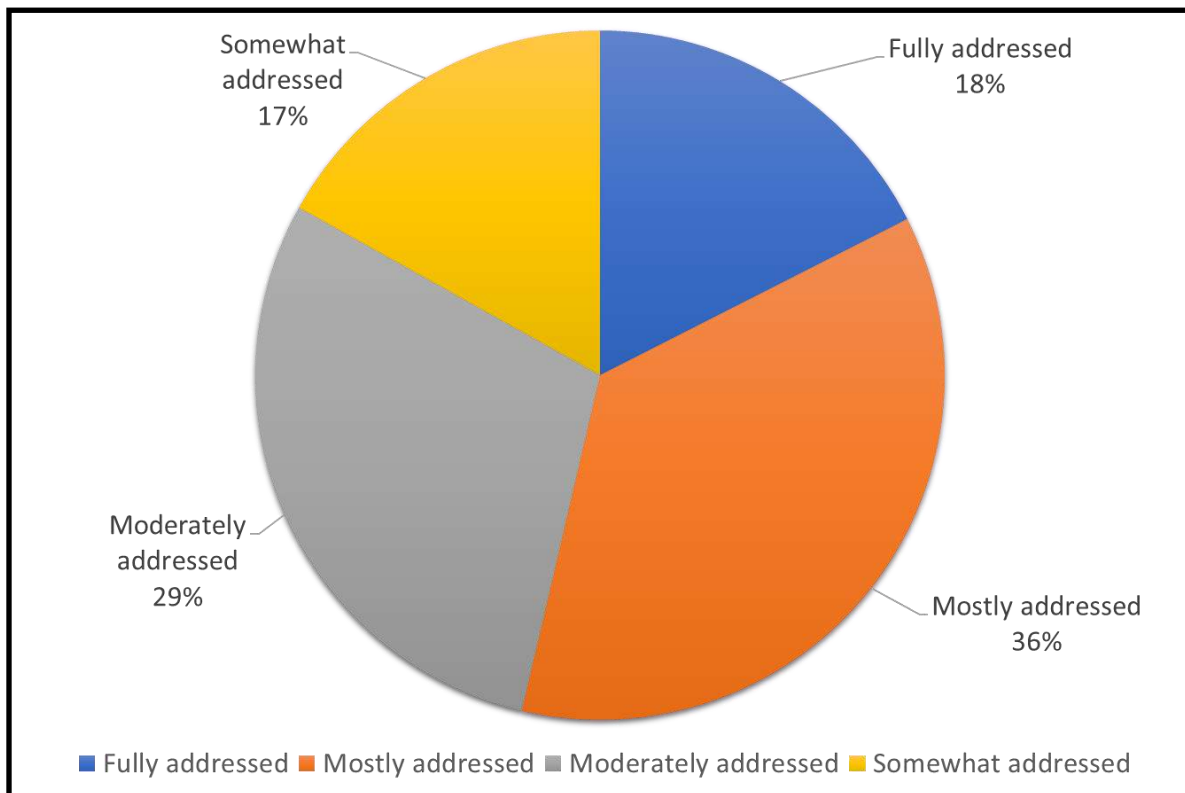
Among participants who indicated that they sought out at least one formal service following a crime they disclosed in the survey (n = 762), 22% reported that someone refused to provide services, take a report, or treat them, and 21% reported that someone seemed reluctant to provide services, take a report, or treat them.

Experiences with Help-Seeking at an Organization, Agency, or Institution	% That Sought Out Formal Services (n = 762) ^a
Someone seemed reluctant to provide services, take a report, or treat me	21.3%
Someone refused to provide services, take a report, or treat me	22.0%
Someone said or asked if I could have done anything to prevent or stop the victimization	19.4%
Someone asked me why my memory was vague or scattered	16.7%
Someone asked about my prior victimization history in a way that made me uncomfortable	14.3%
Someone told me the case was not serious enough to pursue or there was not enough evidence	12.1%
Someone seemed cold and unwelcoming	19.3%
Someone gave me information about the victimization I experienced or the impact of trauma	9.6%
Someone seemed to believe my story	11.5%
Someone supported my decisions	12.9%
Someone said there was nothing they could do	8.0%
Someone blamed me for the victimization	3.1%
Someone used a gender pronoun that does not match my gender identity	2.8%
Someone seemed to treat me unfairly or differently than others	3.0%
Someone gave me information on services for victims	4.7%
<p><i>Note.</i> ^aSubsample included those who reported that they reached out for a formal service after at least one crime on the survey. Formal services included reporting the crime to the police or law enforcement, seeking medical care, seeking social services or support at a community-based organization or nonprofit, or calling or texting a hotline or helpline. Crimes included being victim to a physical assault, being shot, sexual assault, robbery, consumer fraud or identity theft, stalking, or intimate partner violence.</p>	

Help-Seeking Experiences

Experiences with Seeking Help at an Organization, Agency, or Institution: Addressed Needs

Participants who had some experience with crime or victimization and reported seeking at least one formal service on the survey (n = 762) were asked to reflect on their experiences and resources they accessed. About 18% felt their needs were fully addressed, and 36% felt their needs were mostly addressed. No participants felt their needs were not at all addressed.



Barriers to Help-Seeking

Barriers to Help-Seeking

Not Accessing or Reaching out for Services: Participants were asked to select reasons for why they may have chose not to access or reach out for specific services or assistance following an experience with crime or victimization.

Among participants who reported not seeking out formal services following a crime (n = 378), almost 40% worried about being blamed, not believed, or judged. Also, about 21% was worried about cost of services or didn't have insurance to cover costs.



Reasons for Not Accessing or Reaching Out for Services	% That Did Not Seek Out Formal Services (n = 378) ^a
Did not know how or where to get support services	11.7%
Worried about being blamed, not believed, or judged	39.8%
Concerned services would not be sensitive to one's beliefs	14.6%
Concerned services would not be accessible due to ability or disability	21.2%
Concerned services would not be sensitive to immigration	12.2%
Worried about perpetrator/offender/abuser finding out	10.3%
Worried of treatment side effects	19.1%
Assumed I did not qualify for services	11.9%
Wasn't sure these services would be able to help	11.1%
No service providers were nearby	16.7%
No transportation was available to reach providers or care	13.8%
Unsure of how to find services in my primary language	8.2%
Cost of services or didn't have insurance to cover costs	20.7%
I was a child or I was too young	10.3%
I thought I was OK or I thought I could deal with it on my own	15.1%
Someone close to me did the abuse (e.g., parent, caregiver, spouse/partner)	3.4%
I had no time, had to work, or couldn't find childcare	3.4%
Other	1.1%

Note. ^aSubsample included those who reported that they did not reach out for a formal service after at least one crime on the survey. Formal services included reporting the crime to the police or law enforcement, seeking medical care, seeking social services or support at a community-based organization or nonprofit, or calling or texting a hotline or help-line. Crimes included being victim to a physical assault, being shot, sexual assault, robbery, consumer fraud or identity theft, stalking, or intimate partner violence.

Barriers Impacting the Outcome of Help-Seeking

If participants reached out (called, emailed, texted, went places, etc.) for services or supports, but they did not receive services or assistance, they were asked to reflect on reasons for the lack of service.

Among participants who indicated that they sought out at least one formal service (n = 762), the most common barriers included: no service providers or health facilities nearby (22%), no transportation to reach providers (21%), and being blamed or not believed (19%).

Barriers Impacting the Outcome of Help-Seeking	% That Sought Out Formal Services (n = 762) ^a
I did not qualify for services	16.1%
No service providers/health facilities nearby	21.5%
No transportation to reach providers	21.1%
Wait list for services was too long	20.3%
Was blamed or not believed	18.5%
Services or providers were not sensitive to my beliefs or cultural background	15.7%
Did not have time, had to work, or did not have childcare	17.1%
Services were not accessible due to ability or disability	12.1%
Did not have services in my primary language	11.2%
Services or providers were not sensitive to my immigration status	10.5%
Services or providers were not sensitive to my criminal-legal status	13.5%
Cost of counseling/services or I didn't have insurance to cover costs	12.2%
I was scared	10.1%
Calls never returned/places don't answer the phone	9.3%
Police did not help me	10.0%
Police did not show up	11.0%
Concerned with treatment side effects	8.5%
Other	0.8%

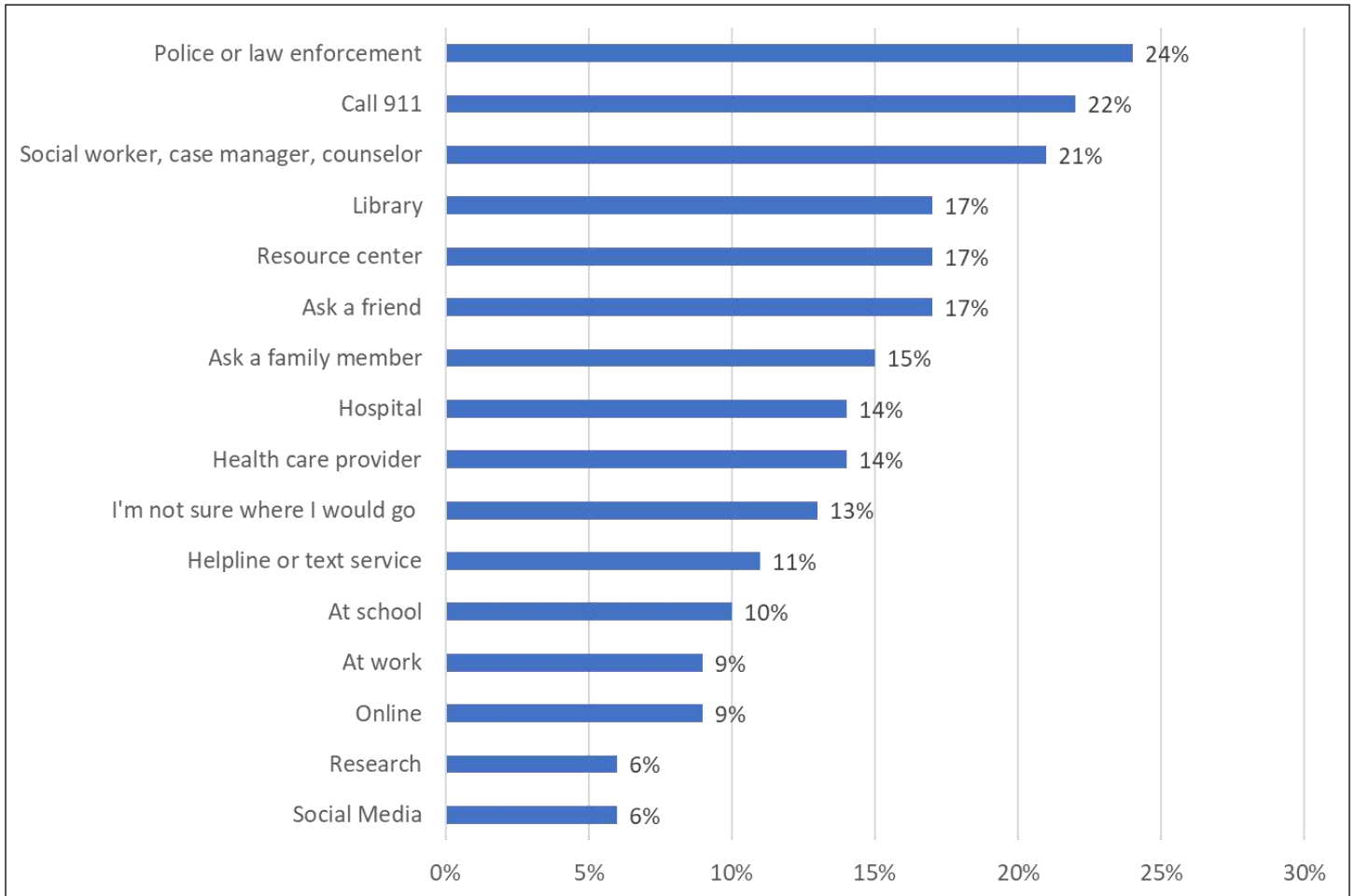
Note. ^aSubsample included those who reported that they reached out for a formal service after at least one crime on the survey. Formal services included reporting the crime to the police or law enforcement, seeking medical care, seeking social services or support at a community-based organization or nonprofit, or calling or texting a hotline or helpline. Crimes included being victim to a physical assault, being shot, sexual assault, robbery, consumer fraud or identity theft, stalking, or intimate partner violence.

Seeking Help & Victim Compensation

Seeking Help & Victim Compensation

Sources of Help or Service in One's Community

Participants were asked to reflect if they or a family member were a victim of a violent crime and where they would go to get help or services in their community (checking all that applied). Most common sources of help or service included the police or law enforcement (24%), calling 911 (22%), or going to a social worker, case manager, or counselor (21%).



Seeking Help & Victim Compensation

Victim Compensation

Victims of violent crime in Illinois are eligible for compensation from the state. For more information, please go to: <https://ag.state.il.us/victims/cvc.html>

Participants could check all that apply to the following statements. Although 29% of participants had not heard about this fund, a majority (51%) were aware, had applied, received help filling out the forms, or had an approved application.

Awareness of Victim Compensation Fund	N	%
I'm aware of this compensation fund	207	18.6%
I or a household member have applied	155	13.9%
I received help filling out forms	213	19.1%
My application was approved	155	13.9%
Someone in my family or household had their application approved	218	19.6%
I haven't heard about the compensation fund	323	29.0%
I would like to learn more	87	7.8%

Crime Victims Assistance Line

1-800-228-3368

1-877-398-1130 (TTY)

www.IllinoisAttorneyGeneral.gov

Crime Victims Compensation Online Form

www.illinoisattorneygeneral.gov/victims/cvonlineapplication.html



These rights apply in adult criminal proceedings and juvenile delinquency proceedings.

Violent crimes include homicide, felony assaults and batteries, kidnapping, sexual assault and abuse, arson, domestic battery, misdemeanors that result in death or great bodily harm, stalking, driving under the influence and violations of domestic violence orders of protection, civil no contact orders and stalking no contact orders.

The law requires that these rights must be requested in writing when charges have been filed against an offender. Contact the state's attorney's office prosecuting the case and complete a written "Notice of Victim's Assertion of Rights."

For more information, please contact your local state's attorney's office or the Attorney General's toll free Crime Victims Assistance Line.

Images are reprinted from the Illinois Crime Victims Bill of Rights. Please see the following website for the full handout:

<https://illinoisattorneygeneral.gov/victims/Illinois%20Crime%20Victims%20Bill%20of%20Rights.pdf>

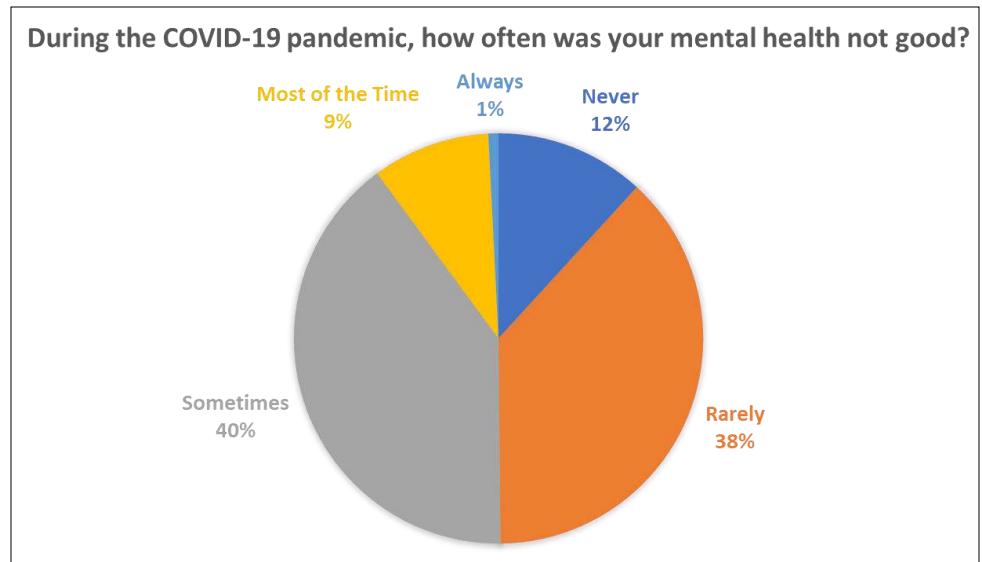
The Illinois Constitution and Illinois statutes provide that victims of violent crime have the following rights:

- The right to be treated with fairness and respect for their dignity and privacy and to be free from harassment, intimidation and abuse throughout the criminal justice process.
- The right to notice of and to a hearing before a court ruling on a request for access to any of the victim's records, information or communications which are privileged or confidential by law.
- The right to timely notification of all court proceedings.
- The right to communicate with the prosecution.
- The right to be heard at any post-arraignment court proceeding in which a right of the victim is at issue and any court proceeding involving a post-arraignment release decision, plea or sentencing.
- The right to be notified of the conviction, sentence, imprisonment and release of the accused.
- The right to timely disposition of the case following the arrest of the accused.
- The right to be reasonably protected from the accused throughout the criminal justice process.
- The right to have the safety of the victim and the victim's family considered in denying or fixing the amount of bail, determining whether to release the defendant and setting conditions of release after arrest and conviction.
- The right to be present at the trial and all other court proceedings on the same basis as the accused, unless the victim is to testify and the court determines that the victim's testimony would be materially affected if the victim hears other testimony at the trial.
- The right to have present at all court proceedings, subject to the rules of evidence, an advocate and other support person of the victim's choice.
- The right to restitution.

COVID-19 Pandemic Concerns and Impacts

COVID-19 Pandemic Concerns and Impacts

About half of participants felt that their mental health was not good sometimes, most of the time, or always. There were significant concerns related to housing or living situations (36%), financial or money problems (32%), and food security (29%).



Concerns during the COVID-19 pandemic	N	%
Housing or living situation	397	35.6%
Financial or money problems	354	31.8%
Food or food security	328	29.4%
Quality of my or my child's education	227	20.4%
Quality of your relationships	217	19.5%
Job or work-related concerns	141	12.7%

Participants were asked to reflect on how the COVID-19 pandemic has impacted services, resources, and supports.

Several participants wrote in concerns related to transportation issues, reluctance to physically go places for services, not knowing where to go, fewer services with longer wait times, and difficulties with booking services.

Others wrote in general feelings that the pandemic has reduced services and supports.

“Social support in general has been far more difficult to get since the onset of the pandemic.”

“I had a hard time getting the service I need.”

One participant detailed that they felt the pandemic restrictions impacted the ability for them to receive help.

“I didn't get to call any helpline because I felt the lockdown wouldn't allow them to come over.”

Results Part II: Socio-Demographic and Geographic Differences

Differences by Gender Identity

Differences in Rates of Direct Crime and Victimization Experiences

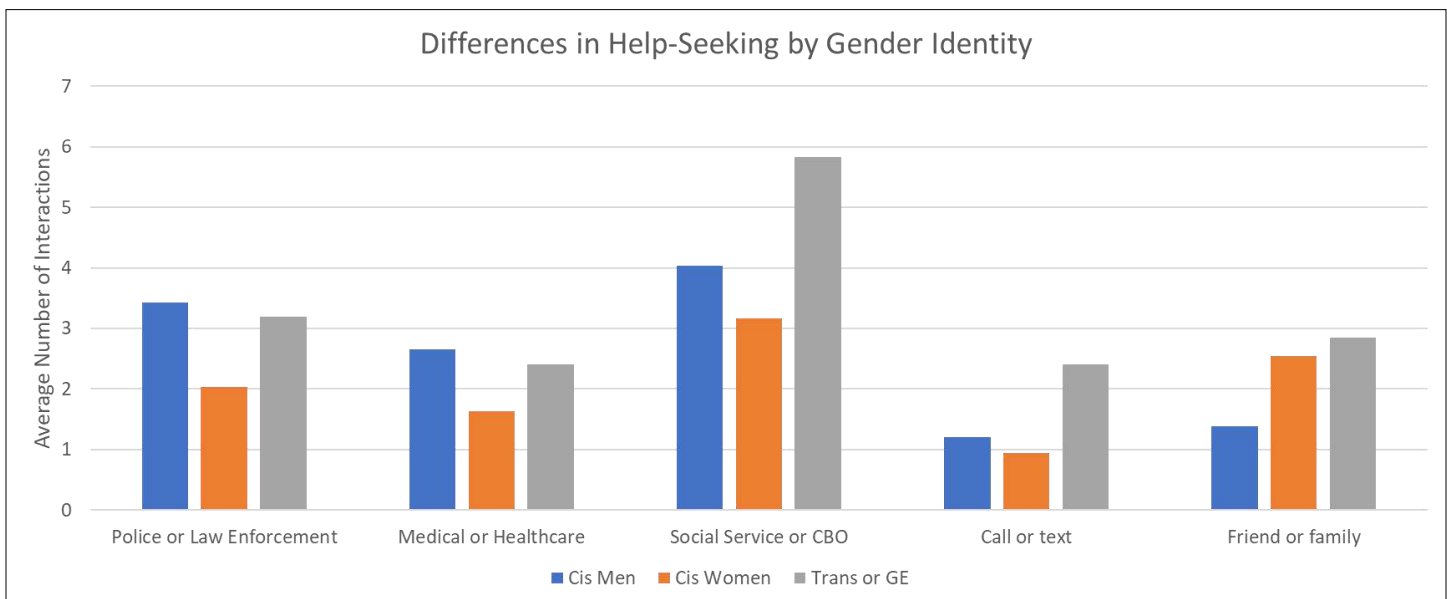
Across almost every form of crime and victimization, transgender and gender expansive participants reported higher levels than cisgender men and women. Cisgender women reported the highest rates of intimate partner violence. Cisgender men reported higher levels of threats, assaults, and most other forms of crime compared to cisgender women.

Direct Crime and Victimization Experiences	Cisgender Men	Cisgender Women	Transgender & Gender Expansive	Chi-Square
Threats of physical or aggravated assault	86%	65%	80%	121.50**
Physical assault	72%	66%	78%	17.13*
Shot or shot at	28%	13%	60%	72.95**
Witness murder or homicide	28%	10%	63%	104.00**
Sexual assault	49%	51%	79%	53.60**
Sex or labor trafficking	39%	26%	80%	86.70**
Kidnapping	28%	14%	68%	77.40**
Robbery	54%	42%	75%	66.98**
Stalking	28%	19%	70%	56.82**
Consumer fraud or identity theft	36%	26%	75%	47.88**
Intimate partner violence	73%	79%	60%	79.68**

Note. *p<.05; **p<.01

Differences in Help-Seeking

There were statistically significant differences in help-seeking types by gender identity. Cisgender men were more likely to reach out to police or law enforcement, medical or healthcare, and social services, compared to cisgender women. Transgender and gender expansive participants were more likely to reach out to social services or community-based organizations and call or text helplines than cisgender men and women. Cisgender women and transgender and gender expansive participants were more likely to seek support from friends or family than cisgender men.



Differences by LGBTQ+ Identities

Differences in Rates of Crime and Victimization Experiences

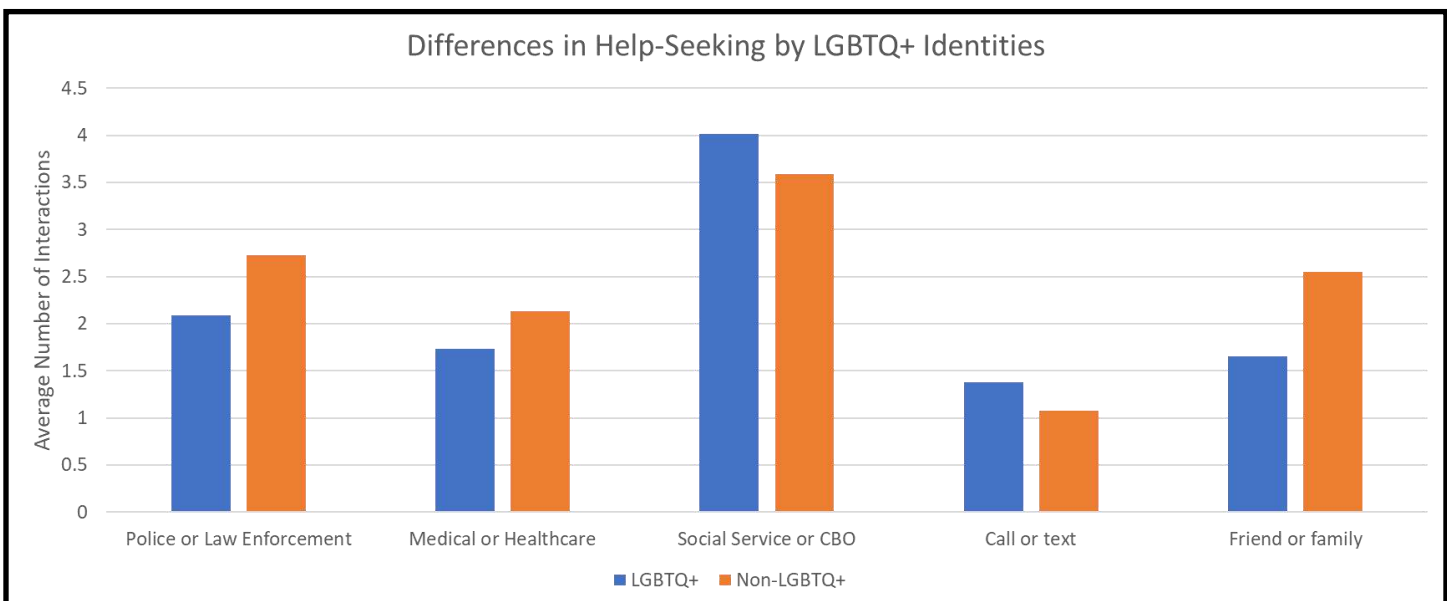
Within the LGBTQ+ community, rates were higher for being shot or shot at, witnessing murder or homicide, sex or labor trafficking, kidnapping, robbery, and experiencing stalking, compared to folks in the non-LGBTQ+ community. Rates were higher for threats of assault, physical assault, and intimate partner violence within the non-LGBTQ+ community compared to the LGBTQ+ community. There were no significant differences between these groups on levels of sexual assault or consumer fraud or identity theft.

Direct Crime and Victimization Experiences	LGBTQ+	Non-LGBTQ+	Chi-Square
Threats of physical or aggravated assault	66%	76%	33.41**
Physical assault	50%	70%	19.33**
Shot or shot at	35%	20%	13.18**
Witness murder or homicide	37%	18%	21.21**
Sexual assault	57%	50%	2.06
Sex or labor trafficking	54%	31%	21.52**
Kidnapping	38%	21%	16.18**
Robbery	55%	48%	8.76*
Stalking	35%	24%	6.16*
Consumer fraud or identity theft	39%	32%	2.31
Intimate partner violence	57%	78%	55.52**

Note. *p<.05; **p<.01

Differences in Help-Seeking

There were statistically significant differences in help-seeking types by LGBTQ+ identities. Non-LGBTQ+ participants were more likely to seek help from police or law enforcement, medical or healthcare services, or from friends and family. LGBTQ+ participants were more likely to see help from social services, community based organizations, or use call or text helplines.



Differences by Race and Ethnicity

Differences in Rates of Crime and Victimization Experiences

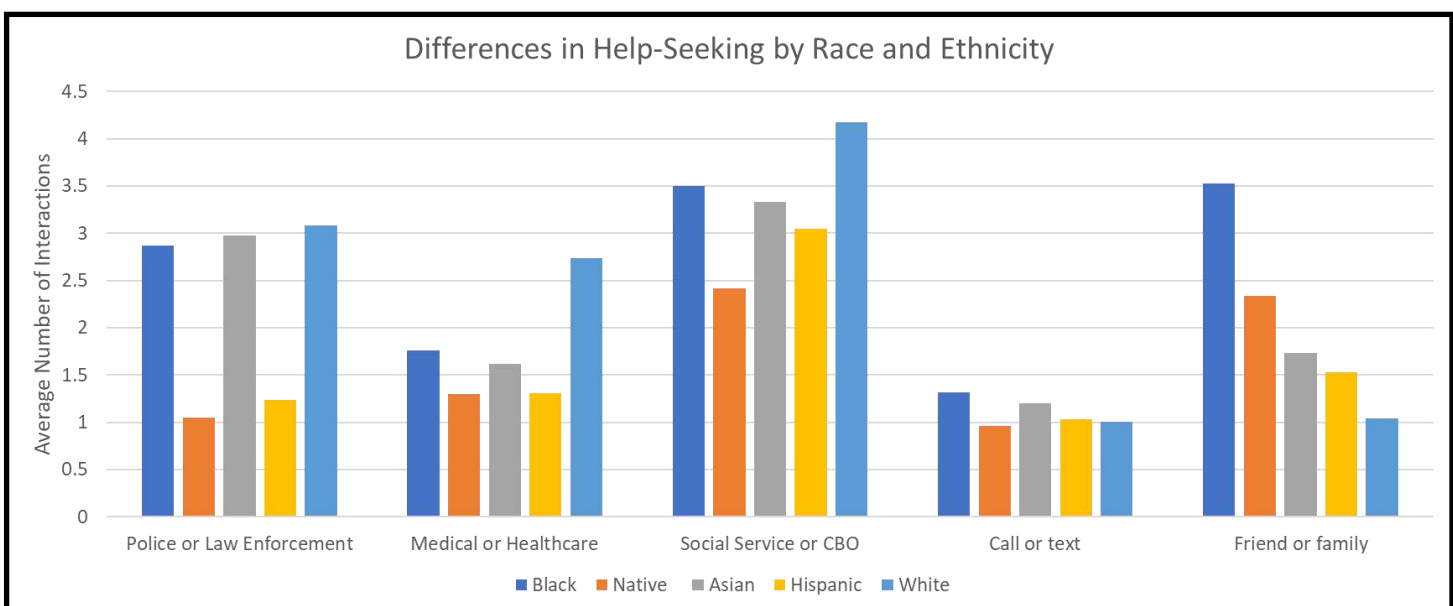
Participants who identified as a racial or ethnic minority were at a higher risk for most forms of crime and victimization compared to participants who identified as white. The only crimes that showed similar levels across identities included sex or labor trafficking, kidnapping, stalking, and consumer fraud or identity theft.

Direct Crime and Victimization Experiences	Black	Native	Asian	Hispanic	White	Chi-Square
Threats of physical or aggravated assault	85%	42%	89%	90%	70%	138.35**
Physical assault	75%	91%	71%	78%	60%	78.91**
Shot or shot at	19%	24%	38%	12%	23%	14.60**
Witness murder or homicide	14%	22%	38%	14%	23%	23.03**
Sexual assault	57%	28%	44%	60%	51%	32.83**
Sex or labor trafficking	39%	29%	44%	27%	30%	14.27
Kidnapping	22%	24%	29%	13%	23%	5.58
Robbery	49%	34%	49%	59%	50%	20.37**
Stalking	28%	20%	36%	23%	22%	7.72
Consumer fraud or identity theft	35%	20%	29%	38%	33%	7.77
Intimate partner violence	85%	77%	56%	92%	69%	251.54**

Note. Black included African, African American, and Black identities; Native included Alaska Native, American Indian, and Native American identities; Asian included Asian, Asian American, Asian Indian, Filipino, Japanese, and Korean identities; Hispanic included Hispanic, Latinx, Mexican, and Spanish ethnicities; White included Caucasian, White, and European American identities. * $p < .05$; ** $p < .01$

Differences in Help-Seeking

Native American and Hispanic participants were less likely to report to the police or law enforcement, compared to Black, Asian, or White participants. White participants were more likely to seek medical or healthcare, or services at social services or community based organizations. Black participants were most likely to seek support from friends or family compared to participants of other racial or ethnic identities.



Differences by Geography

Differences in Rates of Crime and Victimization Experiences

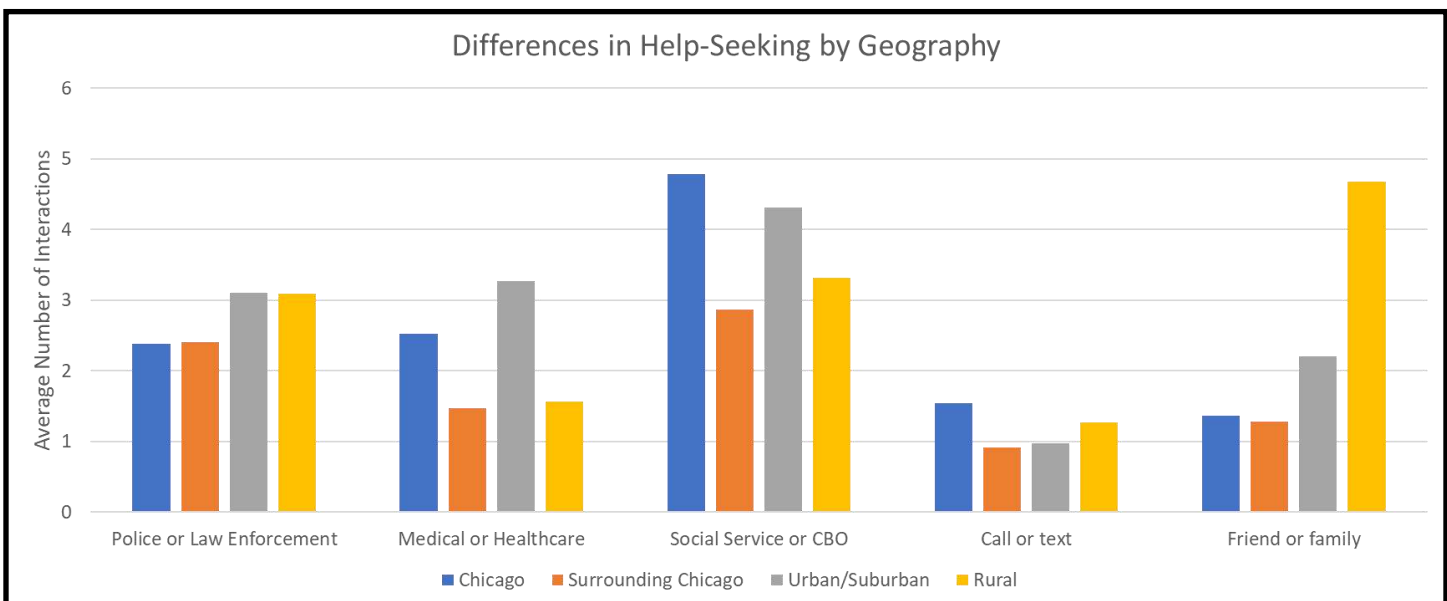
Participants who lived in rural counties had higher rates of threats, assaults, sexual assaults, experiences with stalking, consumer fraud or identity theft, and intimate partner violence, compared to participants living in other types of counties. There were not significant differences by county type for experiencing shootings, witnessing murder or homicide, sex or labor trafficking, kidnapping, or robberies.

Direct Crime and Victimization Experiences	Chicago	Surrounding Chicago	Other Urban and Suburban	Rural	Chi-Square
Threats of physical or aggravated assault	67%	71%	78%	86%	77.87**
Physical assault	55%	65%	72%	89%	61.54**
Shot or shot at	19%	20%	24%	23%	2.58
Witness murder or homicide	20%	19%	20%	19%	0.15
Sexual assault	49%	43%	56%	71%	50.96**
Sex or labor trafficking	31%	32%	32%	39%	5.27
Kidnapping	21%	20%	24%	27%	5.18
Robbery	49%	45%	54%	48%	10.52
Stalking	20%	20%	31%	33%	19.55**
Consumer fraud or identity theft	29%	27%	36%	42%	14.84**
Intimate partner violence	68%	72%	82%	85%	199.85**

Note. *p<.05; **p<.01

Differences in Help-Seeking

Rural participants were more likely to seek help from friends or family members, compared to participants in other geographies. Participants in Chicago were most likely to reach out to social services or community based organizations. Participants in Chicago and other urban/suburban counties were more likely to reach out to medical or healthcare services.



Differences by Age Group

Differences in Rates of Crime and Victimization Experiences

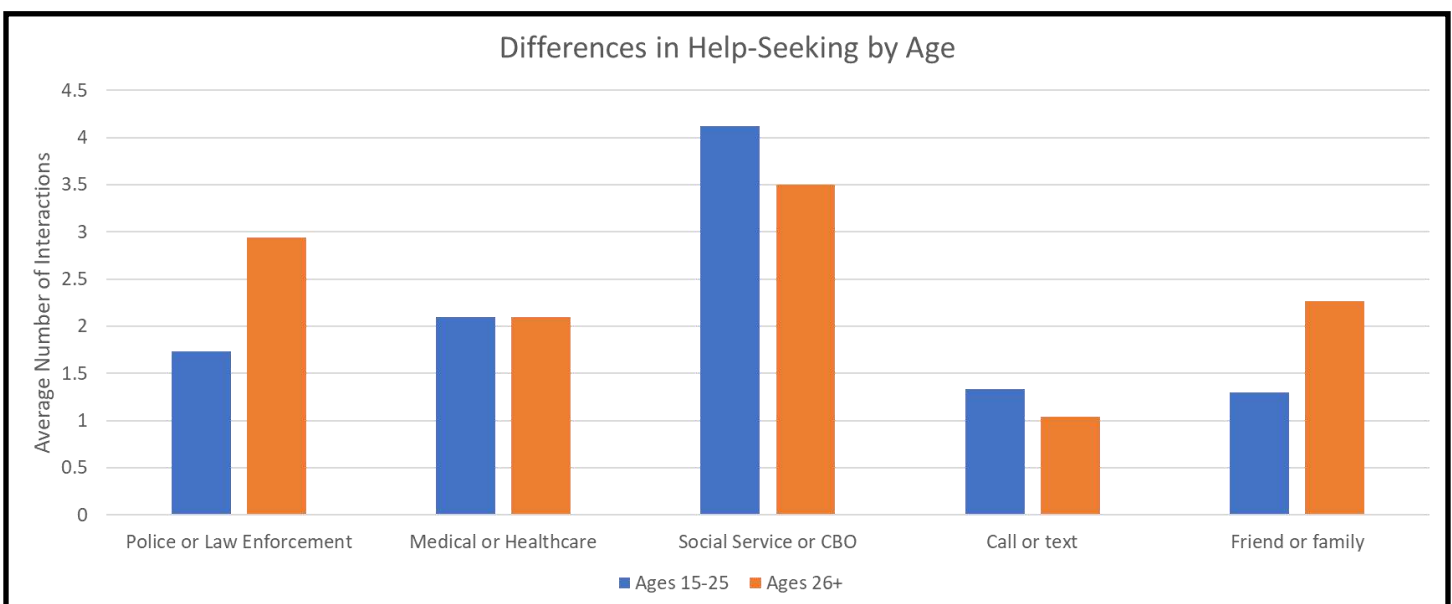
Youth (ages 15-25) participants reported lower levels of threats, assaults, sexual assaults, consumer fraud or identity theft, and intimate partner violence, compared to adult participants (26 years and older), which is not surprising given that adult participants had a longer period of time to potentially experience crime or victimization. However, youth reported higher rates of sex or labor trafficking than adult participants. There were no statistically significant differences between age groups on experiencing shootings, witnessing murder or homicide, kidnapping, robbery, or stalking.

Direct Crime and Victimization Experiences	Ages 15-25	Ages 26+	Chi-Square
Threats of physical or aggravated assault	69%	76%	23.36**
Physical assault	57%	72%	35.80**
Shot or shot at	20%	21%	0.34
Witness murder or homicide	20%	19%	0.03
Sexual assault	28%	57%	62.65**
Sex or labor trafficking	42%	31%	23.95**
Kidnapping	21%	22%	0.30
Robbery	45%	49%	5.29
Stalking	22%	26%	1.69
Consumer fraud or identity theft	16%	37%	36.48**
Intimate partner violence	70%	77%	66.28**

Note. *p<.05; **p<.01

Differences in Help-Seeking

There were statistically significant differences in help-seeking types by age. Adults ages 26 and older were more likely to reach out to police or law enforcement or seek support from friends or family. However, youth (ages 15-25) were more likely to reach out to social services or community based organizations, or use call or text helplines. Both age groups accessing medical and healthcare services at similar rates.



Differences by Ability & Disability

Differences in Rates of Crime and Victimization Experiences

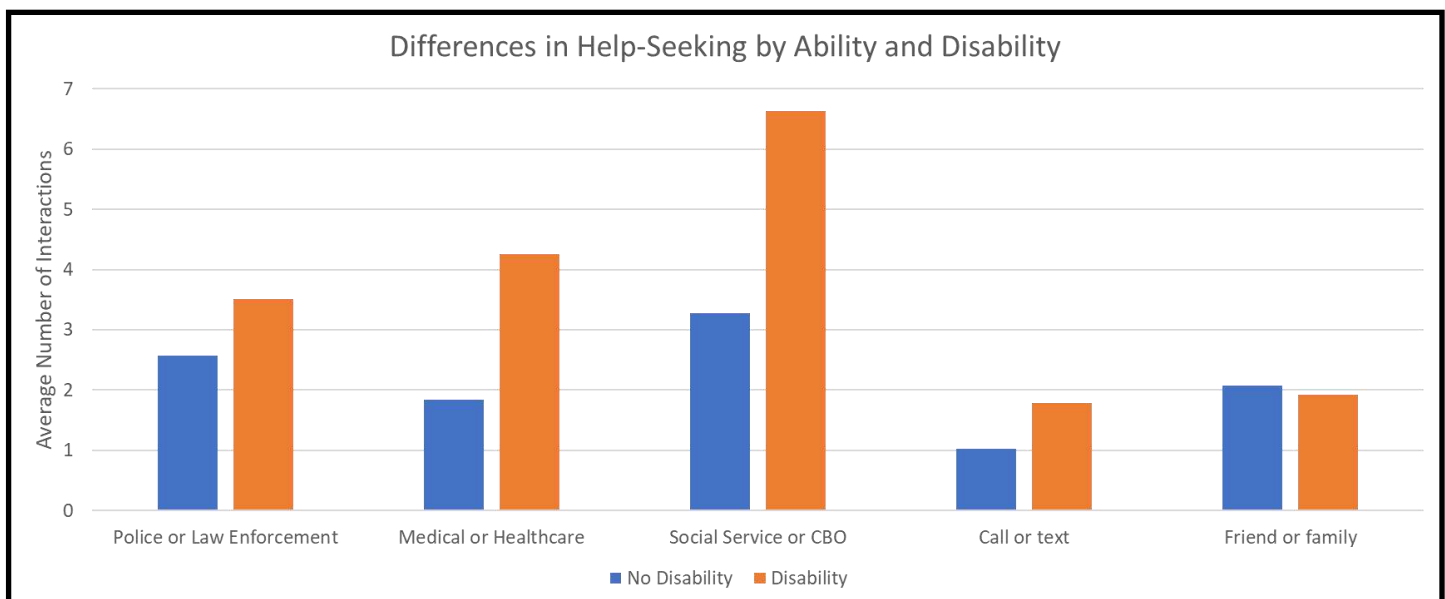
Participants who reported at least one disability had statistically significant higher rates of all forms of crime and victimization (except for intimate partner violence), compared to individuals without a disability.

Direct Crime and Victimization Experiences	Reported at least one disability	No disability	Chi-Square
Threats of physical or aggravated assault	87%	73%	136.02**
Physical assault	78%	67%	20.29**
Shot or shot at	59%	16%	118.96**
Witness murder or homicide	64%	14%	169.95**
Sexual assault	71%	49%	67.26**
Sex or labor trafficking	66%	29%	77.01**
Kidnapping	62%	17%	122.47**
Robbery	76%	45%	105.91**
Stalking	63%	20%	107.28**
Consumer fraud or identity theft	63%	28%	59.58**
Intimate partner violence	75%	76%	0.03

Note. *p<.05; **p<.01

Differences in Help-Seeking

There were statistically significant differences in help-seeking types among participants with and without disabilities. Participants with disabilities were more likely to seek formal services (e.g., from police or law enforcement, medical or healthcare, and from social services or community based organizations), compared to participants without disabilities.



**Results Part III:
Youth (ages 18-25)
In-Depth Interviews**

Recruitment & Participant Information

Recruitment Information

Participants (between the ages of 15 and 25) were recruited to participate in an in-depth interview following the survey. Participants provided an email address if they were interested in participating. We used purposeful sampling to hear from underrepresented groups.

Participants were invited for an interview by email if they had experienced at least one form of crime or victimization, and identified as one or more of the following criteria:

- ◆ A racial or ethnic minority
- ◆ Were a member of the LGBTQ+ member (i.e., gender and/or sexual minority)
- ◆ Had a disability
- ◆ Lived in a rural community

A total of 43 youth were invited to participate. A total of 18 people responded to the email invitation and 17 participated in the interviews (40% participation rate).

Online interviews lasted approximately 45 minutes (via Zoom). All interviews were audio recorded and transcribed.

Participant Information

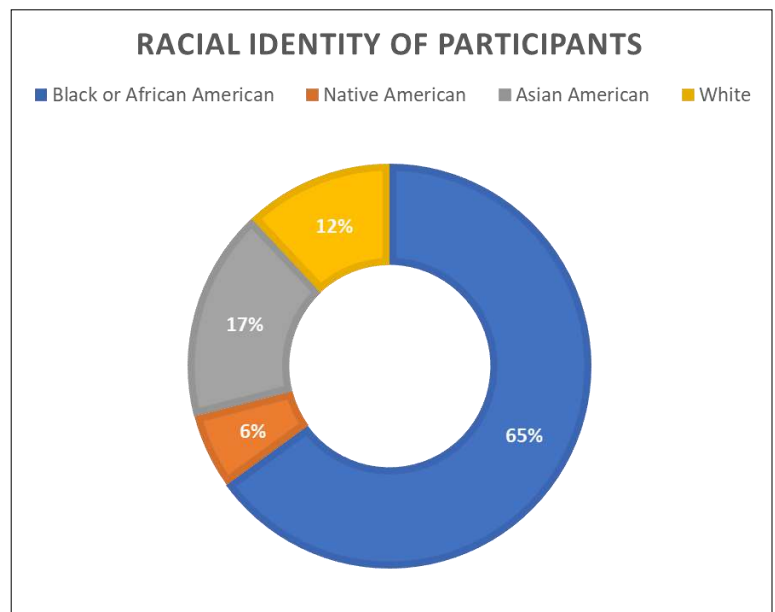
Participants were between the ages of 18-25 (M = 21.7) and the majority identified as Black or African American (65%).

Gender Identity

- ◆ 47% cisgender female
- ◆ 35% cisgender male
- ◆ 18% transgender

Sexual Orientation

- ◆ 82% heterosexual
- ◆ 18% sexual minority (e.g., bisexual, queer, asexual)



Participants were from seven different counties, representing urban (59%), suburban (18%) and rural (24%) geographies.

Finally, 47% of the sample reported at least one disability.

Crime & Victimization Experiences

Experiences with Crime & Victimization

Participants were asked to reflect on an experience with crime or victimization that affected them the most. Participants discussed a range of experiences, such as domestic violence and intimate partner violence, sexual assault, robberies, bullying, and stalking. These experiences are listed in the table below.

	N
Domestic violence or intimate partner violence	4
Sexual assault	3
Robbery	5
Assault or aggravated assault	5
Bullying	3
Witnessed a murder or homicide	1
<i>Note: These numbers do not total 17 as some participants described multiple experiences with crime or victimization</i>	

Impacts of Crime & Victimization

Participants discussed the various ways in which this experience with crime or victimization impacted their lives. Every participant discussed impacts to one's mental health or emotional wellbeing. Other common impacts included a decline in school or work performance, feeling disruptions to one's sense of belonging or connection, post-traumatic stress, and feelings of isolation.

- ◆ Mental health, emotional well-being (17)
- ◆ School or work performance (9)
- ◆ Sense of belonging and connection (6)
- ◆ Post-traumatic stress (e.g., nightmares, memories) (5)
- ◆ Feelings of isolation (5)
- ◆ Physical health (4)
- ◆ Impacts to one's relationships (4)
- ◆ Physical injury (3)
- ◆ Feeling scared and unsafe (3)
- ◆ Cognitive wellbeing (e.g., not being able to think straight) (3)
- ◆ Financial concerns (1)
- ◆ Feeling powerless (1)
- ◆ Impacts to self-confidence (1)
- ◆ Feeling burned out (1)
- ◆ Feeling stressed (1)
- ◆ Feeling closed to new experiences (1)
- ◆ Feeling sexualized (as a member of the transgender community) (1)

Impacts of Crime & Victimization

Impacts of Crime & Victimization, continued

Participants described the various ways in which the experience impacted various aspects of their lives.

“It took away my self-esteem, it made me depressed, it took away my self-confidence, it made me feel worthless and it made me feel like I don’t belong, or I really don’t matter.” (Participant 101)

“It affected me mentally. So, after some time I decided at least I should, because it kept, I don’t know what, how we can...it kept interfering with my schooling, my, I could not concentrate. I was trying to figure out things, it was very problem some. So, so that incident really left me psychologically disturbed...some things are life-long.” (Participant 102)

“So since then, I lost my respect in the community, my neighborhood. The people no longer talk to me...it was just a misconception and a misunderstanding between me and my neighbor. I wasn’t given the opportunity to air my view. I was isolated from a lot of people, and I just stayed on my own and did things on my own...So those were the things that I couldn’t relate to people, even when I needed help from my health care services. Nobody was ready to, like, to meet more to help me out and it was so devastating.” (Participant 103)

“So I was actually traumatized a little bit because that was actually the first time I [had] a gun pointed to my face. So it took me some weeks, yeah, few weeks for me to get out of the out of the trauma... there were some times that I had nightmares because of that particular incident. So I had to go for some therapy to clear my head.” (Participant 107)

“This was before I’d like come out, so it’s like, it was especially distressing that, like, my body was being sexualized by this individual that was stalking me. So I think that’s kind of unique to the, to like, the trans experience.” (Participant 109)

“So I was, I was, I think I wasn’t thinking straight. I didn’t know what to do at that point. I couldn’t even explain myself, so I tried that night. I couldn’t sleep because that night, I was having bad nightmares. I was having nightmares, nightmares, seeing my dad and gunshot...I couldn’t think straight... It’s given me this serious shock...I was helpless at that point, so it’s, part of me.” (Participant 111)

“Everything was taken away from me during that night. I was not myself following the incident.” (Participant 116)

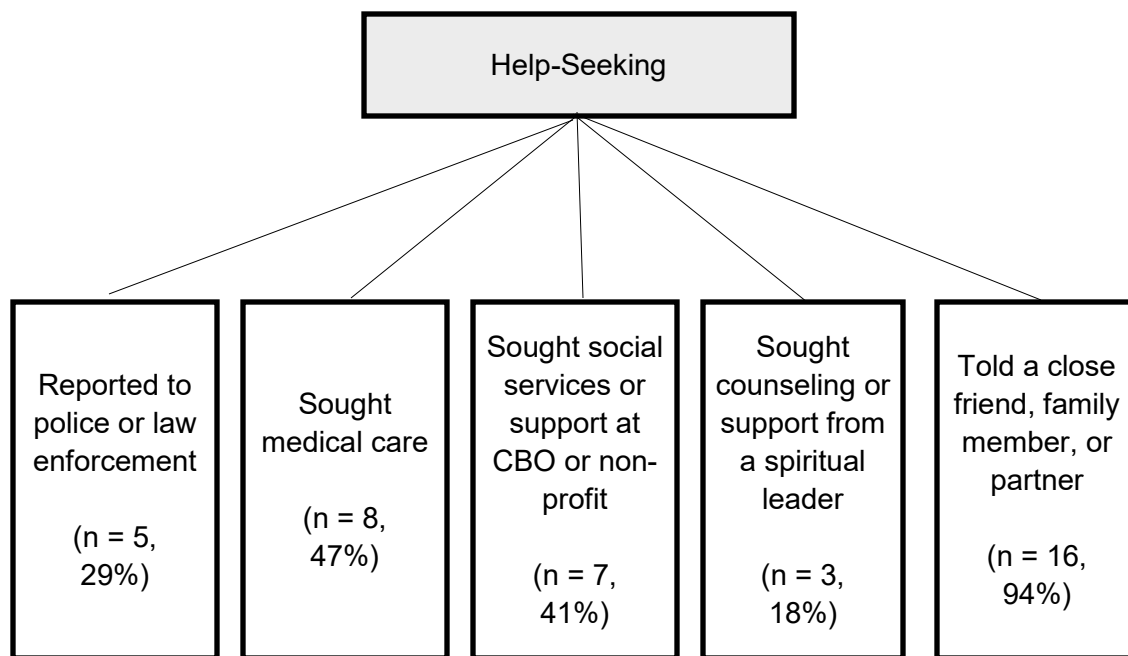
Participants also reflected on how these experiences not only impacted their lives, but how they highlighted specific needs and supports.

“I didn’t just feel like I needed help, I needed a family. I needed my mom, a dad, siblings. Because I was the only child, so I feel like I needed a whole family. I needed a mom, a new mom, a new dad, siblings. I needed friends. I needed company. I needed someone that I could talk to that would just hug me and tell me it was going to be fine, and just a support to go through it.” (Participant 104)

Help-Seeking & Supports

Help-Seeking & Supports

Following these experiences, participants were asked to reflect if they sought formal services or supports, and/or if they disclosed what happened to an informal support (e.g., friend, family member, partner). Most participants sought a mix of formal and informal supports (53%), while others only sought informal support from family, friends, or a partner (41%), or only formal support (6%).



Over half of participants (53%) reported to formal services and disclosed to informal supports. Several participants discussed how they sought formal services following encouragement from their family, friends, or partners. Participants discussed how receiving these formal supports were helpful to them.

“For 3 months, I went through the counseling process. For me, for me to just talk to someone at that point to just comfort me at that point and just make me have a reason to still live.” (Participant 111)

“For some medical care... So, I- the service was okay. I was kinda scared. I was totally supported. The services were actually okay... They didn’t avoid me or try to get into me, try to get about the details, try to get to know more about the details.” (Participant 108)

“Yeah, my family, friends, the school, and my teacher. They just offered me support and services. I didn’t continue my education for some time. Especially because everyone know that it was just because of what had happened, so I think majorly, my friends, my family knew about it and can also know about my predicament came over, and the church I attend.” (Participant 117)

“It was actually helpful, it was actually helpful I would say. Because before I started the counseling session, nothing meant anything to me... I couldn't mind living, and I couldn't see anything I was living for. When I started the counseling session, after months I started thinking of some other things I could actually live. So I started thinking I have my mom, I have my younger sibling. So it was actually helpful. It brought me out of this dark spot, where I was for months.” (Participant 111)

Help-Seeking & Supports, continued

Another participant discussed how they needed help, but could not find that help until time had passed and they still were feeling the impacts of the experience.

“Yes, I felt like I needed help, but I could, I could not find that help. I shared first with my friends, because I could not maybe share with some, my family member, my dad, to be specific. So I shared with my friend, but they didn't take the issue seriously...so, up to some point in time, maybe after 3 weeks or so, I decided to at least let me share it with my family, because so I shared the problem with them, and they my father had some psychiatrist and some psychologist and he talked with him so at least I had that support from him.” (Participant 102)

Even if participants needed formal supports, several participants only disclosed to family and/or friends. However, most of these participants felt very supported by these individuals.

“Yeah, I definitely needed to [seek formal supports]. I needed to call the police, I needed the doctor, I needed to report to the police and tell them what's going on... the only support I looked for was support with friends. I attempted family, but it did not really go well, so I seek support from friends. And I tried dialing 911, I actually did. I told them it was a mistake and that I am fine. I dialed the line, but I did not report. I did not say anything to them.” (Participant 101)

“Yeah, I found support [from] my close relations: my family, my friends, even the spiritual leaders. Also, my-my church and stuff like that. So, yeah, they've been really, really encouraging. But my family the most. I really pour my heart and mind to them. They really support me and have been there for me. Trying to fix me and fix that part of my life. I think they are really cool, my family and friends. They are a big part of my life and the church leaders are a big part of my life.... He [spiritual leader] was able to drive me and fix me. Just pull me out of sadness when we are together.” (Participant 105)



Perceptions of Services & Supports

Perceptions of Services and Supports

Participants discussed a range of perceptions of the services and/or supports they sought following the crime or experience with victimization. While many participants described being satisfied with services, participants discussed a range of barriers to accessing services, experiences with discrimination, feeling shame and stigma for needing support, and finally, negative responses from family and friends.

Satisfaction: 10 participants discussed how they were satisfied with the services they received. For example, participants mentioned:

- ◆ Satisfactory services
- ◆ No challenges or barriers accessing services
- ◆ Counselor was helpful; felt comfortable with counseling
- ◆ Good health care services
- ◆ Strong support from police
- ◆ Services were overall helpful

Barriers: 10 participants highlighted barriers they faced when trying to access services or supports. Some of these barriers included:

- ◆ Felt mental health professional did not take experience seriously
- ◆ Providers re-scheduling
- ◆ Received negative comments on an online support group
- ◆ Advised not to go to the police
- ◆ Length of police response time
- ◆ Transportation
- ◆ Waitlists for providers
- ◆ Unable to afford medication or treatment
- ◆ Financial concerns
- ◆ Not always knowing where to go or who to speak to

Perceptions of Discrimination: 6 participants mentioned that they felt discriminatory behaviors from providers and law enforcement. For example, they discussed:

- ◆ Trouble accessing services for people of color
- ◆ Perceived discrimination by color and income level
- ◆ Police normalized the experience because they were Black
- ◆ Participant felt the doctor was racist, and they didn't receive usual treatment

Shame and Stigma: 4 participants discussed how they did not report to formal services because of family shame or stigma associated with accessing formal services.

- ◆ Family didn't want them to report due to the potential family shame it would bring
- ◆ Family didn't want the police to hear about the situation
- ◆ Advised not to seek formal supports
- ◆ Felt that family and friends could handle it

Negative Family and Friend Responses: Although most participants felt their family/friends were supportive, five participants reported negative family and family responses.

- ◆ They couldn't provide support
- ◆ Parent scolded the participant and ignored the situation
- ◆ Parents made a joke and were not supportive
- ◆ Still felt alone even after disclosing to their mother

Barriers to Help-Seeking

Barriers to Help-Seeking

When asked about services and supports, several participants discussed barriers and negative services that they received. For example, participants discussed how transportation and availability of services were barriers, as well as concerns about cultural competency and discrimination.

“Um, mental health services. I think the only area, you know, that I had trouble accessing. And it is just the, the transportation and how far it is from where I stay. And, um, just one of the major barriers from getting the mental health services. And also secondly, I think it depends on who is delivering the services to me, someone’s personality, the background of the person, and if it’s not really in connection to me, I-I do have a problem. These are the factors that make me feel not powerful...Being a person of color, I’m not really well taken care of. I’m not really given that attention, except I met someone, for someone of my color and background, it goes easier. But if not, uh, it’s going to be difficult.” (Participant 105)

“Okay, yeah, because I’m mostly a Black American and it’s just even when I read, you know, because Black Americans are not given a chance to do a whole lot of thought. They are, really restricted in my area where I live, and first of all I wasn’t giving the social services I needed...Because yeah, I felt that maybe I’ll be discriminated for it, because the person I had the fight with was a money born, and she was a white neighbor. So telling the police I think they won’t listen to me to think I’m the one that caused it because they all think Black persons are the major reasons why people have trouble in the society they don’t believe that we don’t look for trouble... So I didn’t have to tell them, so I just have to keep it within me.” (Participant 103)

Other participants talked about when their disclosures to family and friends was not especially helpful. For example, one participant talked about they weren’t taken seriously, and another felt they received little help from their friends.

“And at, at that time, I did speak to my parents about the incident, but they kind of made a joke about it, but I don’t think they realized the, like, the stress I was experiencing over this incident, so I never contacted anyone at [school] over it. I-I just didn’t know that this was, like, the kind of situation that there was help for... I know this might sound strange, but, like, once I got the response from my parents, I just felt like there weren’t any services that would support me at all.” (Participant 109)

“That was when I started talking to my friends. I-I called them, um, I’d say I got a little help. It wasn’t so much of a help, but it was enough to at least keep me alive. “ (Participant 101)

Participants also offered solutions on how to reduce these barriers related to help-seeking.

“I would, I would just say that equality should ...the number one thing that should be put in place and we shouldn’t look down on anybody, because when you look down on anybody you don’t know if that person is actually the person that needs help at that particular time, so especially the police.” (Participant 115)

Perceptions of Police or Law Enforcement

Perceptions of Interactions with the Police or Law Enforcement

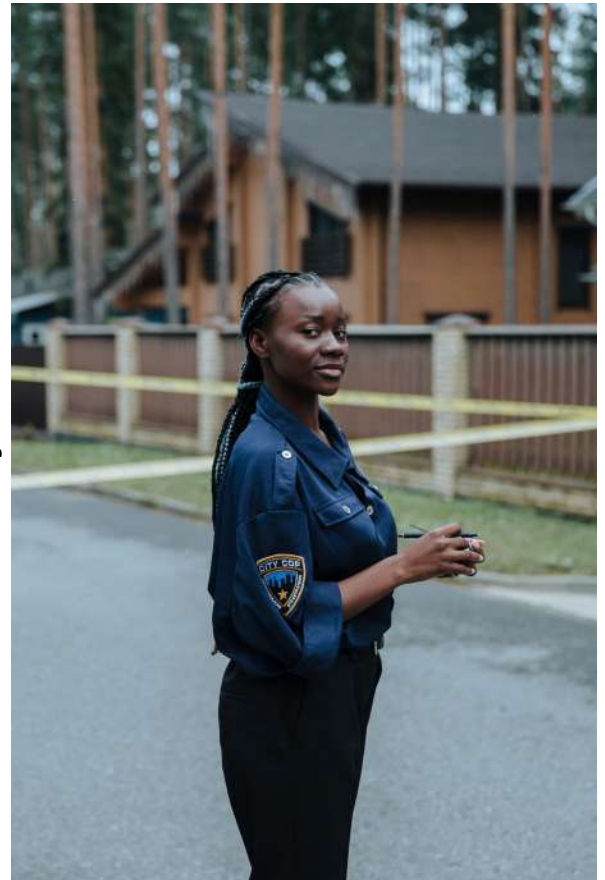
Next, we asked participants to reflect on their interactions with the police/law enforcement. Five participants reported to the police. Across their experiences, they overall felt supported.

“So, it was when I started recovering that was when I met with the police officers. So, my meeting with them was actually fair. He, he understood how it feels being in my shoes. That’s why I would say it was okay.” (Participant 116)

“They chose to just have sympathy for me and make me feel safe, but at that point, I was just into deep shock, so I couldn’t even take notes of my environment. I couldn’t even notice if anything had happened at that point because I was in very serious shock.” (Participant 111)

A cisgender, female participant described their interactions with female police officers compared to male police officers. While they felt the female police were “accommodating, open, and accepting,” they did not feel that way about the male officers on the case.

“It’s just, oh, somewhat satisfactory. First of all, it was a woman police who attended to my mom. So what the fact that they are both women... And also she has to call me in... I felt her concern, and I felt the way she, you know, took the issue to ourselves, and it’s really make me feel so good...I could just figure out that the female colleagues officers are where...are more accommodating, open and accepting than the male ones because they really treat us as if anything happened to them. But when we assessed the male police men they were like, you know. They were so straight they were just so candid or just know some even went cranky.” (Participant 110)



One participant described how the police response time and length of investigation were bad but, overall, they felt that the police tried their best to help them (i.e., by giving regular updates and continuing to check on them).

Perceptions of Interactions with the Police or Law Enforcement, continued

Across experiences, the rest of the participants chose not to report to the police. Reasons for not reporting included:

- ◆ Fear of being mocked, insulted, or judged
- ◆ Afraid to call the police; scared of the reaction
- ◆ Worried about family image
- ◆ Family pressure not to report
- ◆ Advised not to call the police
- ◆ Told the police could not meet the participants' emotional/mental health care needs
- ◆ Prior experiences and interactions
- ◆ Perceived discrimination
- ◆ Didn't recognize their experience as a crime
- ◆ Felt they could deal with the situation on their own
- ◆ Not feeling ready to report

Several of the participants described their reasons for not reporting to the police:

“For the domestic violence, it just felt like I would be mocked. It was my decision to be with him against all odds. So I felt I would be mocked, insulted, and judged, so I just kept it this to myself.” (Participant 101)

“If she [a family member] could not believe me saying it, I know she would not like me saying it to the police. I was scared of the reaction.” (Participant 104)

“But I just wasn't ready for filing a case, I wasn't ready for coming back. I wasn't ready if all of those problems, not really problems but all of those stress. So I felt I was a mess already. I don't want anything that would stress me, so I just have to let it go.” (Participant 113)

“A friend of mine ...And he advised me not to go to the police, and that that would that would like take away my attention from getting mental treatment .” (Participant 114)

Services during the COVID-19 Pandemic

Perceptions of Services during the COVID-19 Pandemic

Starting in the spring of 2020, the world faced the COVID-19 pandemic, which moved many services to virtual spaces and redistributed resources and supports. Individuals and communities were faced with shelter-in-place orders, businesses shutting down, unemployment, food insecurity, and other challenges, on top of people in their lives falling ill or dying from the pandemic.

“People were fighting...fighting for their lives and being careful to make sure that people were living safely.” (Participant 116)

Unfortunately, crime and victimization also continued throughout the pandemic. We talked to participants about their perceptions of services and supports following crime and victimization during the pandemic.

Disruptions. Participants discussed how services and supports have been disrupted by the COVID-19 pandemic, including how “everything seems so virtual and detached” (Participant 109). Participants felt that services were less accessible, less affordable, and more restricted. Three participants also discussed how they were afraid to go out for services for fear of getting infected.

“I would probably say yes, just, just because like everything seems so like virtual and detached, which made like sometimes, at least for me, attending social events, even though this isn't exactly analogous, seemed like a, a chore since all work took place over Zoom or online. So I-I think Zoom fatigue would have discouraged me from seeking online counseling if I had been in the position to need that at the time.” (Participant 109)

“During the pandemic, very many people lost opportunities and ended up where people had to go home to their families, and they had no source of income, and just ended up in a situation where becoming poor and that leads to crime of sorts.” (Participant 112)

Another person discussed how virtual services did not provide the same level of support as in-person services.

“So I think that is one of the issues I have with being online. I was unable to speak. As far as myself, I wasn't able to let the person know what I was actually feeling. I was trying to get the person to know. You know, when you're scared of something, and there is a facial reaction. There was not body language to feel about it, so I think this comes back to the issues when the pandemic was not in person.” (Participant 117)

Improvements. A few participants mentioned improvements (e.g., more online and phone options), and two participants discussed how the pandemic made them more knowledgeable and independent in their abilities to find services.

Mixed Perceptions. Finally, two participants felt that there were both improvements and disruptions to services during the pandemic. For example, one person discussed how rates of violence increased, but they felt the delivery of resources was overall positive. Another person discussed how they felt services were more accessible online, but that in-person provision of services was still necessary.

Overall Reflections on Services & Supports

Reflections on Services and Supports for Victims

We asked participants for their general thoughts about services, supports, and resources for people who experience violence or crime. We prompted them to discuss how services could be improved or expanded, or to brainstorm ways that services can better serve people impacted by violence or crime. Participants discussed various ways they felt victim services could be improved. For example, participants discussed the need for environmental improvements to make spaces more accommodating, caring, and accessible for victims. They also discussed increasing resources, types of programs, and ways to minimize barriers.

Make environmental improvements to victim services

- ◆ Create more accommodating, welcoming, caring, and accessible spaces
- ◆ Work together to promote equity and equality with service providers and their clients
- ◆ Decrease discrimination
- ◆ Decrease stigma
- ◆ Increase overall concern for mental health and well-being
- ◆ Create safer environments for disclosure of crime and victimization
- ◆ Create more gender-responsive services
- ◆ Increase cultural competence among providers

Increase resources and options to improve services

- ◆ More government assistance to improve services
- ◆ Increase marketing to increase community awareness of resources
- ◆ Create more online options for reporting and services
- ◆ Increase security/law enforcement for quicker response times and more patrol
- ◆ Have a social worker or psychologist at every police station
- ◆ Increase the number of agencies and service providers
- ◆ Increase the number of primary prevention programs
- ◆ Create more bystander trainings in communities
- ◆ Create more support groups for people who have experienced crime or victimization
- ◆ Create more resources so that folks can increase their understanding of services and what their options are following a crime

Make improvements to minimize barriers related to:

- ◆ Transportation
- ◆ Finances and health insurance costs
- ◆ Navigating the legal system and Child Protective Services

Other suggestions

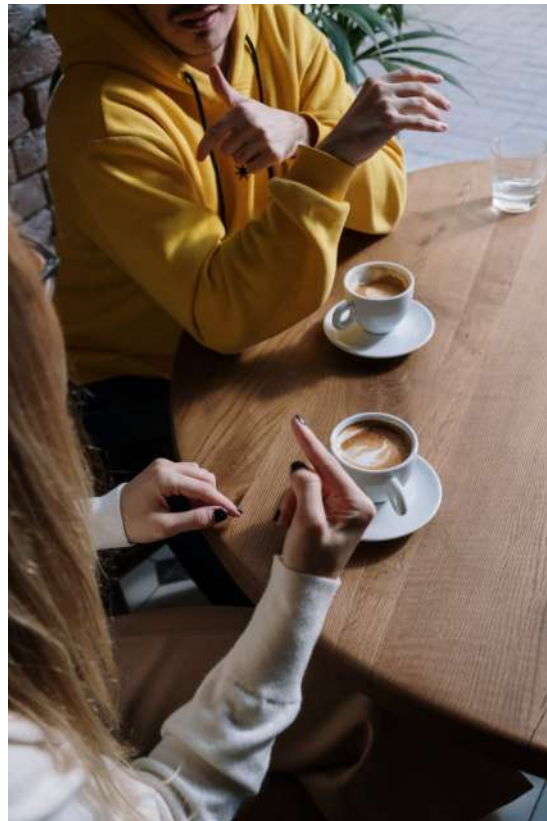
- ◆ Create more options for anonymous reporting and support groups where you can remain anonymous
- ◆ Create a hotline specifically for young children to make reports
- ◆ More programming related to substance use and sexual assault prevention
- ◆ More resources for college students

Reflections on Services and Supports for Victims, continued

The most common theme across interviews was the need to increase the accessibility of services for victims.

“First, maybe to ensure that there is awareness about these services to make sure that I can, people who are feeling these challenges, should be aware of where to reach out to and at least to, there should be better awareness, community awareness, about these things to make sure that, yeah. Every -every single people in Illinois should understand better if I have been victimized, or I'm facing this very bad problem, this is what I should do. I should discuss my problems without it being victimized. That would be really very great. And the approach should be open. It should be really understandable to everyone, even maybe 60-year-old. I should be really, the approach should be really understandable, without even the age factor. Everyone would be understanding and would look for a solution when such a problem arises.” (Participant 102)

“Okay, I think there should be more services. Being accessible for people...like creation of more services that could be easily accessible for people. A lot of people have different things they go through. So, I think services should be improved in every area.” (Participant 110)



Results Part IV: Review of Victim Needs— An Annotated Bibliography

Methodology

Annotated Bibliography: Methodology

Academic databases, including Google Scholar, Academic Search EBSCO, and PsycINFO, were searched for academic articles examining victim needs. Additionally, we searched for Illinois and national victim needs assessment reports that were published online.

Articles and reports were included if they were published or released between January 1, 2016 to July 10, 2022. Our summary is organized by type of report (academic article and public reports) and categories of victimization within each report type.

Search key terms included:

Overarching key terms:

- 1) “crime” or “victimization” or victim* or “crime victim”
- 2) “needs assessment” or “victim needs”

Types of crime/victimization:

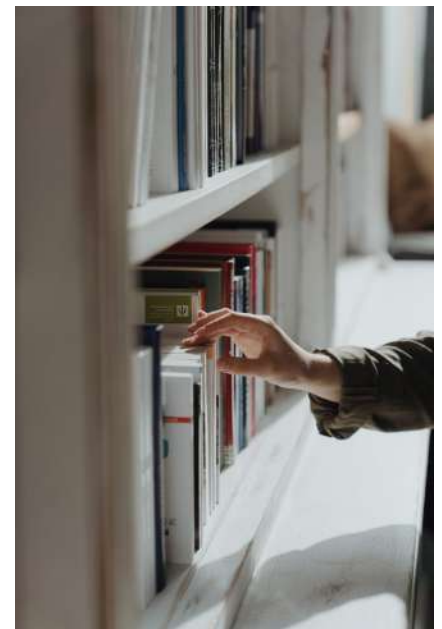
- 1) “sexual assault” or “sexual violence” or rape
- 2) “domestic violence” or “intimate partner violence” or “dating abuse” or “dating violence”
- 3) (gun or weapon) AND violence
- 4) “community violence”
- 5) “hate crime”
- 6) “human trafficking”

Identity-specific forms of victimization:

- 1) Victim or survivor AND LGBT* or disability or race or gender or sex*
- 2) Victim or survivor AND rural or urban or suburban

For public reports (nationally and within Illinois), we examined websites for published reports that addressed victim needs:

- 1) Federal Bureau of Investigation (FBI)
- 2) National Resource for Reaching Victims
- 3) Office for Victims of Crime
- 4) Public health districts and county/city webpages
- 5) Hospital systems



Summary of Findings

Annotated Bibliography: Summary of Findings

Across empirical articles and public reports, victim needs were highlighted, mirroring many of our survey findings and in-depth interview themes. For example, many of the articles and reports discuss distinct victim needs among vulnerable or underrepresented populations. Not only do these groups have a higher risk for experiencing crime and victimization, they also report more barriers to accessing and receiving services and supports. Recent research and this report also document the impact of the COVID-19 pandemic on victim services. Though some improvements have been documented (e.g., an increase in online or telehealth options), barriers remain. These barriers and challenges urge stakeholders to consider evaluating the impact of the pandemic on services, while also strategizing best-practices in this time period. An annotated bibliography of the studies informing this review can be found in the Appendix.

Victim Needs among Vulnerable or Underrepresented Populations: Public reports highlighted several marginalized populations, such as the LGBTQ+ population, racial and ethnic minorities, populations with disabilities, older adults, minors, and homeless individuals. The reports discussed the barriers of reaching and serving these vulnerable populations, such as a lack of public awareness for services available. Each of these groups requires distinct and intersectional approaches for their interventions, and training for service providers is needed to build trust among vulnerable and underrepresented populations.

Similarly, academic articles also identified barriers experienced by marginalized populations: 1) agencies tend to specialize in sexual assault or domestic violence, leaving out other forms of violence, such as human trafficking. This lack of specialization led to organizations feeling ill-equipped to provide services to victims of other forms of violence. 2) Studies found that cisgender male, transgender, and non-binary people who experience sexual assault or domestic violence face unique challenges that require greater sensitivity, training and approaches, compared to victims who are cisgender female. 3) Many studies tended to leave out those with disabilities or those in rural areas, leaving their needs underrepresented.

Victim Needs by Geography: Public reports pointed out major issues in rural areas, including a lack of overall services and perceptions of inadequate services. The policies and practices that have been studied in urban areas do not always translate to rural providers. Additionally, there are even fewer services for marginalized and vulnerable populations in rural areas. In non-rural areas, many reports look at community violence/gun violence and their effects on physical and mental health. They also examine major issues that plague their communities such as poverty, unemployment, education, housing, etc., the effects they have on people's health, and how they relate to violence and crime.

Research questions and evaluation methods need to be created to be in alignment with community preferences and directions. Also, vulnerable populations, have a need to build trust and relationships with research entities before research and evaluation can begin. First responders need to be ingrained in the communities they serve. Future policies could consider ways that all local agencies can collaborate and form meaningful professional relationships to better serve and support residents in diverse community settings.

Annotated Bibliography

The Impact of the COVID-19 Pandemic: Several agencies reported about the impact of COVID-19 to state and organizational services. COVID-19 intensified the barriers to accessing services, such as access to affordable childcare resources, when seeking victimization services. In vulnerable communities, the impact of COVID-19 was connected to rises in community violence and financial insecurity issues. This impact led to an increased need for victimization services; however, many agencies struggled to address the increases in service needs with their new COVID-19 protocols. COVID-19 protocols at agencies increased waiting times and added to the frustration of victims.

Similar impacts were presented in research articles. For example, pertaining to fraud victimization, the pandemic enabled offenders to change their methods of targeting victims and many offenders used the current circumstances surrounding COVID-19 as context for their schemes. For domestic violence and sexual assault victimization, the prevalence of these forms of violence increased due to the individuals sheltering-in-place with their abusers. Studies demonstrated a decrease in formal help-seeking among victims during the pandemic, speaking to an impaired access to services, but also limiting our understanding of other ways in which the pandemic has affected survivors.

Studies also highlighted the innovative approaches to responses, which include, but are not limited to: telehealth and education and prevention. COVID-19 also disrupted victim service programs among predominately minority populations and communities of color. In terms of racism and hate crime, studies found that people of Asian descent were reporting significantly higher levels of COVID-related victimization distress and perceived increases in racial bias, compared to those of Black and Latinx descent. This further demonstrates the need for understanding the association between COVID-19 and long-standing racial biases, in order to create adequate mental health services and prevention policies for Asian, Black, and Latinx adults during the current and future pandemics. For child victimization, parents' self-reporting of physical punishment increased compared to the results before COVID-19, and youths also reported many challenges as a result of COVID-19 due to the limited access to traditional counseling services and access to phones for receiving resources.

Future Research and Reports of Victim Needs Assessments: An overarching limitation among the reports was that there is not a standard definition of vulnerable populations across reports. For instance, there is not a standard definition of what constitutes a disability, and reports noted how this represented a challenge in data collection. Additionally, terms, such as "LGBT," "LGBTQ," "LGBTQIA+," offer different research perspectives and need clarification. Another limitation was that many reports felt that they did not gather enough data from marginalized populations. In research articles, limitations included small sample sizes and nonrepresentative sample selection methods. For instance, there was a lack of cisgender male and non-binary participants in studies focusing on domestic violence and sexual assault. Future research is needed to be more inclusive across identities of victims.

Victim Needs by Type of Victimization

Victim Needs by Type of Victimization

Victim needs were assessed by types of victimization from academic articles and from public reports. For each type of victimization, we identified victim needs that providers can and should address, as well as barriers to providing and/or receiving services, summarized below. We begin with victim needs from academic articles.

Victim Needs & Barriers (from Academic Articles):

Type of Victimization	Victim Needs that Providers Can and Should Address	Barriers to Providing and/or Receiving Services
Domestic Violence (DV)	<ul style="list-style-type: none"> • Need for culturally sensitive services that cover a wide variety of issues faced by immigrants, such as language services, counseling, pro-bono immigration services, and policy advocacy. • Need for serving highly intersectional communities. • The increase of DV incidents during COVID-19 pandemic lockdowns; this increase points to the need for increasing consideration when implementing lockdowns, specifically the impact on children and the intergenerational transmission of violence. • The prevailing culture of masculinity needs to be taken into consideration when identifying why male identifying DV victims may not seek help. • Need for forming an alliance between survivor and advocate to provide an environment for the survivor to feel a sense of empowerment and safety. • Need for addressing COVID-19 stressors surrounding victims of DV. 	<ul style="list-style-type: none"> • Agencies do not do enough to systematically design programs for the clientele, and they are often reluctant to address the intersectional identities of their clients for fear of stigmatizing certain communities prone to violence. • Despite similarities in help-seeking behaviors between men and women, men face unique challenges which require greater sensitivity, training, and diverse approaches. • COVID-19 has isolated individuals with their abusers (shelter-in-place orders) leaving them in an unsafe living situation.

Victim Needs & Barriers (from Academic Articles), continued:

Type of Victimization	Victim Needs that Providers Can and Should Address	Barriers to Providing and/or Receiving Services
Sexual Assault	<ul style="list-style-type: none"> • Need for pairing direct victim voice with open-minded listening to expressed priorities, especially in vulnerable populations, and designing services accordingly. • Need for interprofessional collaboration between physicians and sexual assault nurse examiners to train emergency department providers on sexual assault patient care. • Need for addressing social reactions from social network members that affect survivors' coping strategies and symptoms over time. • Need for addressing survivors' support networks in treatment. • Need for survivors having informal supporters, formal service providers, and other survivors to assist with what is needed in the aftermath of sexual assault. • Need for considering future campus-based sexual assault interventions: (a) culture of caring, (b) one-stop-shop, (c) validation, (d) survivor control and agency, and (e) confidentiality. • Need for more accessible mental health services, funding, and safety planning during COVID-19. • Need for medical forensic examinations even if victims may be positive for COVID-19. 	<ul style="list-style-type: none"> • Blaming victims of alcohol-related rapes for their assaults. • COVID-19 has limited access to mandatory reporters/trusted adults.

Victim Needs & Barriers (from Academic Articles), continued:

Type of Victimization	Victim Needs that Providers Can and Should Address	Barriers to Providing and/or Receiving Services
Human Trafficking	<ul style="list-style-type: none"> • Need for accessible, culturally competent, and long-term crisis service centers • More training regarding trafficking prevention by sexual assault and domestic violence organizations • Ensuring the victim has legal aid, safe and secure accommodations, and the skills to rejoin society 	<ul style="list-style-type: none"> • Trafficking is seen as taboo and not enough is done to increase awareness and prevention • Few agencies specifically focus on human trafficking • There is not enough assistance to keep up with the demand for services
Hate Crimes	<ul style="list-style-type: none"> • Need for providing specialist support services for victims of hate crime by the state, or by designated units or staff in police, prosecution, crime victim supports, and social work services. • Need for establishing and strengthening structural arrangements for hate crime victim support. • Need for understanding the associations between COVID-19 and racial biases. • Ways to limit or prevent cyber racism. 	<ul style="list-style-type: none"> • Legal frameworks, law enforcement and criminal justice bodies sometimes fail to see hate crimes and needs of hate crime victims, and they do not properly identify relevant support and direct victims to it. • Many counties' victim support systems for hate crimes are fragmented, underfunded, or in the early stages of development. • Many domestic legal and policy frameworks are underdeveloped or non-existent, and where they do exist, they commonly lack the necessary foundations for a comprehensive support structure for victims of hate crimes.
Fraud/Identity Theft	<ul style="list-style-type: none"> • Fraud not only has financial impacts, but physical, emotional, and psychological impacts. More mental health services specific to victims of fraudulent exploitation are needed. • Opportunities for victims to openly share about their experiences free of judgment and opportunities to connect with other victims. • Open and direct conversations on fraud and awareness of how older adults are experiencing greater levels of vulnerability during COVID-19. 	<ul style="list-style-type: none"> • Fraud victims are commonly excluded from current victim policy, not allowing them to access financial aid through victim support schemes. • Misunderstandings and inaccurate beliefs about fraud hinder agencies' abilities to help victims. • Current prevention methods for fraud are ineffective or have not been rigorously evaluated.

Victim Needs & Barriers (from Academic Articles), continued:

Type of Victimization	Victim Needs that Providers Can and Should Address	Barriers to Providing and/or Receiving Services
Child Abuse	<ul style="list-style-type: none"> • Trauma-informed approaches and children being made aware of their rights. • Customized support plans. • Victims desire recognition of the crimes and the aggressors’ guilt, and retribution for the harm caused • A need for child protective services to have multiple platforms for victims and providers to share their experiences and share resources. • More thorough state and federal policies to prevent firearm injuries. 	<ul style="list-style-type: none"> • There remains a lack of knowledge of services related to child abuse prevention and intervention. • There remains a reluctance to disclose and seek services related to child abuse. • During COVID-19, victims have had issues connecting to support systems outside of their family, as well as barriers with accessing technology and having limited access to supportive adults and safe areas.
Victimization among Vulnerable/ Underserved Populations	<ul style="list-style-type: none"> • The LGBTQ+ community was not served as well as heterosexual and cisgender communities, with a lot of services being directed towards heterosexual relationships and binary gender identities. • Rural, Native American, and other minoritized populations need agencies to create meaningful/trusting professional relationships. 	<ul style="list-style-type: none"> • Agencies have not fully recognized its duty to serve those with disabilities. For example, agencies have not established written policies to ensure inclusive services to those with disabilities and deaf survivors.

Victim Needs & Barriers (from Public Reports):

Type of Victimization	Victim Needs that Providers Can and Should Address	Barriers to Providing and/or Receiving Services
Domestic Violence (DV)	<ul style="list-style-type: none"> • Housing is an urgent need of victims – a majority of women impacted by DV experience homelessness. • Mental health resources • Finding legal representation 	<ul style="list-style-type: none"> • Financial instability can prevent victims from reaching independence from their abusers. • Law enforcement, legal aid, legal systems, and organizations often do not have the proper training in DV cases. Also, language barriers and barriers related to one’s disabilities can impact service delivery and accessibility.
Sexual Assault	<ul style="list-style-type: none"> • Increased collaboration and partnerships between community organizations, including community-level approaches to target broader aspects of sexual violence. • Emphasis on primary prevention rather than risk reduction strategies. 	<ul style="list-style-type: none"> • Poor responses towards survivors of sexual assault – the stress and pressure survivors often feel regarding legal and medical choices remain barriers .
Human Trafficking	<ul style="list-style-type: none"> • To improve outreach among agencies. • Advocacy and crisis intervention training 	<ul style="list-style-type: none"> • Many agencies did not feel capable addressing human trafficking concerns. • Many agencies lack service options for trafficking victims with disabilities.
Hate Crime	<ul style="list-style-type: none"> • Many police departments lack the appropriate training to offer interviews that validate the experiences of hate crime victims. • There is a tremendous need for agencies and police departments to receive thorough diversity training to assist LGBTQ+ victims of hate crimes. 	<ul style="list-style-type: none"> • Victims of hate crimes can be more fearful about lapses in confidentiality by police departments and agencies. • Many hate crime victims aren’t aware of the services available to them and can’t envision how agencies could assist them following hate crimes.
Fraud/Identity Theft	<ul style="list-style-type: none"> • Financial abuse among older adults is becoming one of the most common forms of victimization. • Most financial exploitation crimes against older adults are committed by family members or close acquaintances of older victims. There is a need for advocates that understand the complexities of seeking resources after being victimized by friends or family. 	<ul style="list-style-type: none"> • Many fraud and financial exploitation cases against older adults are not reported.

Victim Needs & Barriers (from Public Reports), continued:

Type of Victimization	Victim Needs that Providers Can and Should Address	Barriers to Providing and/or Receiving Services
Child Abuse	<ul style="list-style-type: none"> • Child abuse typically co-occurs with substance use, domestic violence, and general violence/anger. Agencies could consider offering approaches to simultaneously address these other concerns to address child abuse issues. • In cases of child abuse, agencies and service providers could utilize more trauma-informed approaches for children and adolescents coping with trauma. 	<ul style="list-style-type: none"> • Many parents impacted by domestic violence, whose children may have experienced child abuse at the hands of abuser, may be tentative to reach out to services. • The National Resource Center for Reaching Victims shared that most victims of child abuse are under the age of one years old (The National Resource Center for Reaching Victims, 2019). For this reason, self-advocacy can be complicated for young victims. • There has been a rise in adolescent abuse (i.e., abuse perpetrated by parents towards their adolescent children), and this still poses complications for the underage victim’s ability to advocate.
Victimization within Vulnerable/ Underserved Populations	<ul style="list-style-type: none"> • Cultural competency trainings • Language translators and American Sign Language interpreters could make advocacy spaces more welcoming to populations where English is not their primary language, and deaf populations. • If an agency has advocates that are comfortable working with specific populations, more public awareness and outreach should be performed to reach these populations. 	<ul style="list-style-type: none"> • Many agencies did not have the proper training and understanding of the unique circumstances of marginalized communities. • Victims feared seeking assistance out of concern that the police and other service providers would not treat them with respect, dignity, and understanding. • Many victims aren’t aware of the services available to them due to a lack of outreach, program marketing, and public awareness.

Conclusions & Recommendations

Conclusions

Conclusions

As seen across these survey and interviews, as well as in the review of the current literature, crime and victimization remain a public health concern. The impacts of victimization are immense. Victims are formally and informally reporting their victimization experiences in a variety of ways, but still many experiences remain underreported and victim needs unaddressed. Participants highlighted various barriers to accessing and receiving services and supports, in addition to the ways in which the COVID-19 pandemic has made accessing these services even more difficult. Similar findings detailing victim needs and barriers to accessing services were highlighted in our annotated bibliography of recently published academic articles and public reports. Many victim needs remain unmet, urging the State of Illinois to invest in increasing the accessibility and quality of services and supports for victims.



Limitations: There are limitations to note for the current study. First, surveys and interviews were collected from convenience and purposive sampling methods. Although our sample was diverse and represented many counties in Illinois, there remain concerns related to generalizability. These data were also collected during the COVID-19 pandemic (throughout 2022), which may have impacted willingness to participate. We offered a monetary incentive to participate, which also may have led to participants with economic concerns to be more willing to participate. Second, our study asked self-reported, detailed items about experiences with crime and victimization. While this may lead to participants reflecting more accurately on their experiences, it makes comparability to other crime and victimization reports difficult. For example, rather than asking if someone had ever experienced a physical assault, we asked if they had ever been “physically attacked, resulting either in no injury, minor injury (e.g., bruises, cuts, black eye), or an injury requiring hospitalization” and “attacked with a knife, or something used as a weapon, like a baseball bat, frying pan, scissors, club, stick, etc.” These detailed, self-reported items may have impacted the higher rates of prevalence we saw across types of crime and victimization experiences (compared to rates we would typically see with administrative data or surveys with less detailed items). This limitation makes comparability difficult.

Recommendations

Recommendations

Despite these limitations, this report offers important findings that inform our recommendations for victim services. First, services not only need to be more available and accessible, but the services need to be of better quality. Many victims face discrimination or stigma, or do not feel supported by the various systems. Second, underrepresented groups in Illinois continue to face higher rates of victimization and may experience more barriers to accessing services. Third, the impacts of victimization can be lifelong, yet services are often time-limited and unable to continue to meet the needs of victims. Additional recommendations are provided, informed by the findings of this report.

Informed by the survey and interview results, as well as results from current needs assessments and research on victim needs, the following recommendations are made:

- ◆ Environmental changes need to be made to victim services so that they are more accessible, more accommodating, more welcoming, more culturally competent, more gender-responsive, more inclusive, and more equitable for all victims.
- ◆ Victim services need to be enhanced to better serve underrepresented groups. In addition, we need to strategize ways to decrease experiences with discrimination and inequities when receiving formal services.
- ◆ Ensure all organizations serving victims are trauma-informed.
- ◆ Strengthen resources for accessing victim services by reducing transportation and financial barriers.
- ◆ Create more primary prevention programs within communities to reduce the need for interventions, enhance education around victimization, and strengthen knowledge of available resources and supports.
- ◆ Provide longer-term services to victims with longer-term impacts of victimization.
- ◆ Create bystander and family/friend support groups to enhance informal supports.
- ◆ Continue to enhance and evaluate virtual services as the pandemic continues so that victims can still access high-quality support and assistance.
- ◆ Continue to increase training of evidence-based, victim-centered services across systems—police/law enforcement, medical and healthcare, social services, community-based organizations, helplines and hotlines— as well as other systems of support, including spiritual and faith-based settings. These trainings need to also increase cultural competence and understanding.
- ◆ Increase education on victim-centered services in communities across Illinois, so that folks know where/when/how to report or disclose their experience.



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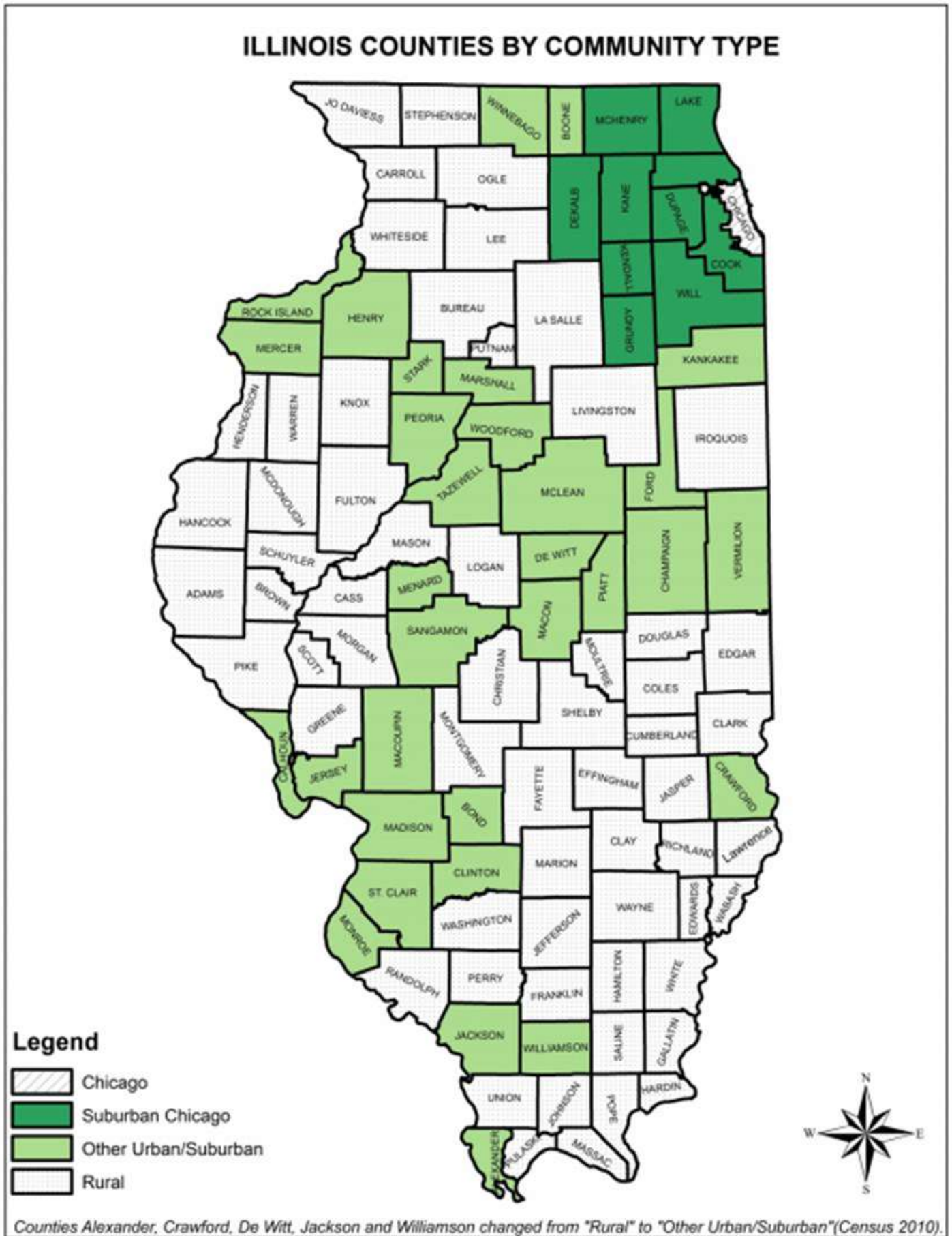
APPENDIX

Appendix

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Counties in Illinois by Community Type Categorizations



Informed Consent Documents



ONLINE CONSENT FORM: Adults 18+

“Finding PEACE (Protection, Equality, Access, Community, and Empowerment) by Sharing Your Story”

You are being asked to participate in a voluntary research study. The purpose of this study is to better understand experiences with violence, crime, and adversity, while also understanding your perceptions of the support, help, and services that were available and accessible to you (in your lifetime and during the COVID-19 pandemic). This study will inform State of Illinois efforts to better support and fund services for individuals who have experienced violence, crime, or adversity.

Participating in this study will complete an online survey and your participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including your experiences with adverse childhood experiences, such as physical abuse or exposure to domestic violence, intimate partner violence, sexual violence, being a victim of violent and nonviolent crimes, and questions about your mental health and wellness. Your responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if you would like to reach out for support.

We strongly encourage you to take the survey in a quiet, private location. Since we are not collecting your name, we will not be tracking your responses. Thus, if you feel any discomfort answering these questions, you can skip questions or stop taking the survey at any point. We will provide resources throughout the survey, with downloadable resources at the end of the survey. Although these questions may lead to discomfort while taking this survey, your responses and sharing your perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

By participating in this study, you will be making a strong contribution to the state’s plan to better support its residents by providing more high-quality services around Illinois. As a token of our gratitude for your participation, you will receive a \$25 Amazon e-code at the end of the survey.

Principal Investigator Name and Title: Dr. Rachel Garthe, Assistant Professor
Department and Institution: School of Social Work, University of Illinois at Urbana-Champaign
Contact Information: 1010 W Nevada #2066, Urbana, IL 61801/ rcgarthe@illinois.edu
Sponsor: Illinois Criminal Justice Information Authority (ICJIA)

What procedures are involved?

Participating in this study will involve taking an online survey. You will need to participate once (enter study date period). Participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including your experiences with adverse childhood experiences, such as physical abuse or exposure to domestic violence, intimate partner violence, sexual violence, being a victim of violent and nonviolent crimes, and questions about your mental health and wellness. Your responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if you would like to reach out for support.

We are not collecting your name, so we will not be tracking your responses. Confidentiality will be maintained. If you feel any discomfort answering these questions, you can skip questions that you do not want to answer or stop taking the survey at any point. You will be reminded of this throughout the survey.

Although these questions may lead to discomfort while taking this survey, your responses and sharing your perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

ONLINE CONSENT FORM, cont.

Will my study-related information be kept confidential?

We will use all reasonable efforts to keep your personal information confidential, but we cannot guarantee absolute confidentiality. When this research is discussed or published, no one will know that you were in the study. But, when required by law or university policy, identifying information may be seen or copied by: a) The Institutional Review Board that approves research studies; b) The Office for Protection of Research Subjects and other university departments that oversee human subjects research; c) University and state auditors responsible for oversight of research; or d) Illinois Criminal Justice Information Authority, the funder of this research. Finally, we need to make you aware of one exception to confidentiality. If you disclose actual or suspected abuse, neglect, or exploitation of a child, it is our ethical and legal responsibility to report such situations to the appropriate authorities.

Will I be reimbursed for any expenses or paid for my participation in this research?

You will be offered payment for being in this study. After completing the survey, you will receive a \$25 Amazon e-code.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Your participation in this research is voluntary. Your decision whether or not to participate, or to withdraw after beginning participation, will not affect your current or future dealings with the University of Illinois at Urbana-Champaign. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests.

Will data collected from me be used for any other research?

Your de-identified information could be used for future research without additional informed consent.

Who should I contact if I have questions?

Contact the researcher, Dr. Garthe, at 217-333-2261 or rcgarthe@illinois.edu if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

What are my rights as a research subject?

If you have questions about this project, you may contact Dr. Garthe at 217-333-2261 or rcgarthe@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or via email at irb@illinois.edu. If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link here or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

Please print this consent form if you would like to retain a copy for your records.

I have read and understand the above consent form. By clicking the "Submit" button to enter the survey, I indicate my willingness to voluntarily take part in this study.

SUBMIT



ONLINE CONSENT FORM: Parent/Guardian of Youth Ages 15-17

“Finding PEACE (Protection, Equality, Access, Community, and Empowerment) by Sharing Your Story”

Introduction & Overview

Your child (who is between the ages of 15 and 17) is being asked to participate in a voluntary research study. The purpose of this study is to better understand experiences with violence, crime, and adversity, while also understanding their perceptions of the support, help, and services that were available and accessible to them (in their lifetime and during the COVID-19 pandemic). This study will inform State of Illinois efforts to better support and fund services for youth and individuals who have experienced violence, crime, or adversity.

Participating in this study will complete an online survey and their participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including experiences with violence, being a victim of violent and nonviolent crimes, and questions about their substance use, criminal legal involvement, and mental health and wellness (e.g., depression, anxiety, trauma, and sleep). Their responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if they would like to reach out for support.

At the end of the survey, youth will be asked if they would like to participate in a possible follow-up interview. This interview will take place virtually and will last approximately 60 minutes. If they wish to participate in a possible follow-up interview, your child will be asked for their contact information (email or phone number).

Your child may be selected for the interview; approximately 50 youth will be selected from our sample of 325 youth. We will be reviewing a few items on the survey to make sure that we are including youth representing various backgrounds and demographic groups. It is very important for the state to learn about their experiences so that they can better serve diverse youth across the state of Illinois. This interview will include answering questions about supports and services your child may have accessed following a negative experience. We will also be asking youth about their perceptions of service and support availability in your community and state.

By participating in this study, your child will be making a strong contribution to the state's plan to better support its residents by providing more high-quality services around Illinois. As a token of our gratitude for their participation, your child will receive a \$25 Amazon e-code at the end of the survey. If they are chosen to participate in the interview, they will receive an additional \$25 to Amazon at the end of the interview.

Study Information

Principal Investigator Name and Title: Dr. Rachel Garthe, Assistant Professor

Department and Institution: School of Social Work, University of Illinois at Urbana-Champaign

Contact Information: 1010 W Nevada #2066, Urbana, IL 61801/ rccgarthe@illinois.edu

Sponsor: Illinois Criminal Justice Information Authority (ICJIA)

Why is your child being asked?

Your child has been asked to participate in the research because the State of Illinois wants to hear youths' experiences and make sure that youth voices are incorporated into service planning moving forward. Approximately 325 youth participants (ages 15-25) will be involved in this research at the University of Illinois at Urbana-Champaign.

Your child's participation in this research is voluntary. Your and your child's decision whether or not to participate will not affect your or your child's current or future dealings with the University of Illinois at Urbana-Champaign. If you decide your child can participate, you or your child are free to withdraw at any time without affecting that relationship.

ONLINE CONSENT FORM, Parent/Guardian of Youth Ages 15-17, cont.

What procedures are involved?

Participating in this study will involve your child taking an online survey. If selected, your child also may be invited to participate in a voluntary online interview. Thus, everyone will participate in the survey once, and about 50 youth will be selected to participate twice (once for the survey and once for the interview). The study will take place (enter study date period).

Online Survey: Participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including experiences with violence, being a victim of violent and nonviolent crimes, and questions about their mental health and wellness. Their responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if they would like to reach out for support.

We will not be tracking their responses. Confidentiality will be maintained. If they feel any discomfort answering these questions, they can skip questions that they do not want to answer or stop taking the survey at any point. They will be reminded of this throughout the online survey.

Interview: Participation will last approximately 60 minutes. This interview will include answering questions about supports and services your child may have accessed following a negative experience. We will also be asking youth about their perceptions of service and support availability in their community and state. The interviews will take place virtually (via Zoom), and we will arrange a date/time with your child (if they are selected) to conduct the interview in a private location. We will record the interview. We will then use the audio to transcribe/ enter the information into a password protected computer. We will then destroy the audio file once everything is transcribed. We will store everything on a password-protected, encrypted computer. What are the potential risks and discomforts? Are there benefits to participating in the research? Although the questions in the survey (and interview) may lead to discomfort, youths' responses and sharing of perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

The proposed project will inform the need, access, use, and barriers of victim-centered services among Illinois residents. Given the past two years of surviving a global pandemic, it is especially important for the state to make sure its residents are able and comfortable in accessing victim services.

What other options are there?

Your child has the option to not participate in this study.

Will my child's study-related information be kept confidential?

We will use all reasonable efforts to keep your child's personal information confidential, but we cannot guarantee absolute confidentiality. When this research is discussed or published, no one will know that your child was in the study. But, when required by law or university policy, identifying information (including your signed consent form) may be seen or copied by: a) The Institutional Review Board that approves research studies; b) The Office for Protection of Research Subjects and other university departments that oversee human subjects research; c) University and state auditors responsible for oversight of research; d) Illinois Criminal Justice Information Authority, the funder of this research. Finally, we need to make you aware of one exception to confidentiality. If your child discloses actual or suspected abuse, neglect, or exploitation of a child in the interview, it is our ethical and legal responsibility to report such situations to the appropriate authorities.

Will we be reimbursed for any expenses or paid for participation in this research?

Your child will be offered payment for being in this study.

After completing the survey, they will receive a \$25 Amazon e-code.

If your child is selected for the interview, they will receive another \$25 Amazon e-code after completing the interview.

ONLINE CONSENT FORM, Parent/Guardian of Youth Ages 15-17, cont.

Can my child withdraw or be removed from the study?

If your child decides to participate, you are free to withdraw consent for your child and discontinue participation at any time. Your child can also choose to stop participating in the study. The researchers also have the right to stop your child's participation in this study without your consent if they believe it is in your child's best interests.

Will data collected from my child be used for any other research?

Your de-identified information could be used for future research without additional informed consent.

Who should I contact if I have questions?

Contact the researcher, Dr. Garthe, at 217-333-2261 or rcgarthe@illinois.edu if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

What are my child's rights as a research subject?

If you have any questions about your child's rights as a participant in this study, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or irb@illinois.edu. If you would like to complete a brief survey to provide OPRS feedback about your or your child's experiences as a research participant, please follow the link here or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

{To be reviewed and "signed" via REDCap}

I have read the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to let my child be in the research study described above. I will be given a copy of this signed and dated form.

E-Signature collected via REDCap.



ONLINE ASSENT FORM: Youth Ages 15-17

“Finding PEACE (Protection, Equality, Access, Community, and Empowerment) by Sharing Your Story”

Overview

You are being asked to participate in a voluntary research study. The purpose of this study is to better understand experiences with violence, crime, and adversity, while also understanding your perceptions of the support, help, and services that were available and accessible to you (in your lifetime and during the COVID-19 pandemic). This study will inform State of Illinois efforts to better support and fund services for individuals who have experienced violence, crime, or adversity.

If you received this survey link, this means that your parent/guardian gave their permission for you to participate in this survey. Participating in this study will complete an online survey and your participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including your experiences with violence, being a victim of violent and nonviolent crimes, and questions about your substance use, criminal legal involvement, and mental health and wellness (e.g., depression, anxiety, trauma, and sleep). Your responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if you would like to reach out for support.

At the end of the survey, you will be asked if you would like to participate in a possible follow-up interview. This interview will take place virtually and will last approximately 60 minutes. If you wish to participate in a possible follow-up interview, you will be asked for your contact information (email or phone number). You may be selected for the interview; approximately 50 youth will be selected from our sample of 325 youth. We will be reviewing a few items on the survey to make sure that we are including youth representing various backgrounds and demographic groups. These items are highlighted so you know which items we will be reviewing.

It is very important for the state to learn about their experiences so that they can better serve diverse youth across the state of Illinois. This interview will include answering questions about supports and services you may have accessed following a negative experience. We will also be asking you about your perceptions of service and support availability in your community and state.

We strongly encourage you to take the survey in a quiet, private location. We will not be tracking your responses. Thus, if you feel any discomfort answering these questions, you can skip questions or stop taking the survey at any point. We will provide resources throughout the survey, with downloadable resources at the end of the survey. Although these questions may lead to discomfort while taking this survey, your responses and sharing your perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

By participating in this study, you will be making a strong contribution to the state's plan to better support its residents by providing more high-quality services around Illinois. As a token of our gratitude for your participation, you will receive a \$25 Amazon e-code at the end of the survey. If you are chosen to participate in the interview, you will receive an additional \$25 to Amazon at the end of the interview.

Study Information

Principal Investigator Name and Title: Dr. Rachel Garthe, Assistant Professor

Department and Institution: School of Social Work, University of Illinois at Urbana-Champaign

Contact Information: 1010 W Nevada #2066, Urbana, IL 61801/ rccgarthe@illinois.edu

Sponsor: Illinois Criminal Justice Information Authority (ICJIA)

ONLINE ASSENT FORM, Youth Ages 15-17, cont.

What procedures are involved?

Participating in this study will involve taking an online survey. If selected, you also may be invited to participate in a voluntary online interview. Thus, everyone will participate in the survey once, and about 50 youth will be selected to participate twice (once for the survey and once for the interview). The study will take place (enter study date period).

Online Survey: Participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including your experiences with violence, being a victim of violent and nonviolent crimes, and questions about your mental health and wellness. Your responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if you would like to reach out for support.

We will not be tracking your responses. Confidentiality will be maintained. If you feel any discomfort answering these questions, you can skip questions that you do not want to answer or stop taking the survey at any point. You will be reminded of this throughout the survey.

Interview: Participation will last approximately 60 minutes. This interview will include answering questions about supports and services you may have accessed following a negative experience. We will also be asking you about perceptions of service and support availability in the community and state. The interviews will take place virtually (via Zoom), and we will arrange a date/time with you (if you are selected) to conduct the interview in a private location. We will record the interview. We will then use the audio to transcribe/ enter the information into a password protected computer. We will then destroy the audio file once everything is transcribed. We will store everything on a password-protected, encrypted computer.

What are the potential risks and discomforts? Are there benefits to participating in the research? Although these questions may lead to discomfort while taking this survey (or participating in the interview), your responses and sharing your perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

The proposed project will inform the need, access, use, and barriers of victim-centered services among Illinois residents. Given the past two years of surviving a global pandemic, it is especially important for the state to make sure its residents are able and comfortable in accessing victim services.

What other options are there?

You have the option to not participate in this study.

Will my study-related information be kept confidential?

We will use all reasonable efforts to keep your personal information confidential, but we cannot guarantee absolute confidentiality. When this research is discussed or published, no one will know that you were in the study. But, when required by law or university policy, identifying information may be seen or copied by: a) The Institutional Review Board that approves research studies; b) The Office for Protection of Research Subjects and other university departments that oversee human subjects research; c) University and state auditors responsible for oversight of research; or d) Illinois Criminal Justice Information Authority, the funder of this research. Finally, we need to make you aware of one exception to confidentiality. If you disclose actual or suspected abuse, neglect, or exploitation of a child in the interview, it is our ethical and legal responsibility to report such situations to the appropriate authorities.

Will I be reimbursed for any expenses or paid for my participation in this research?

You will be offered payment for being in this study.

After completing the survey, you will receive a \$25 Amazon e-code.

If selected for the interview, you will receive another \$25 Amazon e-code after completing the interview.

ONLINE ASSENT FORM, Youth Ages 15-17, cont.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Your participation in this research is voluntary. Your decision whether or not to participate, or to withdraw after beginning participation, will not affect your current or future dealings with the University of Illinois at Urbana-Champaign. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests.

Will data collected from me be used for any other research?

Your de-identified information could be used for future research without additional informed consent.

Who should I contact if I have questions?

Contact the researcher, Dr. Garthe, at 217-333-2261 or rcgarthe@illinois.edu if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

What are my rights as a research subject?

If you have questions about this project, you may contact Dr. Garthe at 217-333-2261 or rcgarthe@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or via email at irb@illinois.edu. If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link here or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

Please print this consent form if you would like to retain a copy for your records.

I have read and understand the above consent form. By clicking the "Submit" button to enter the survey, I indicate my willingness to voluntarily take part in this study.

SUBMIT



ONLINE CONSENT FORM: Youth Ages 18-25

“Finding PEACE (Protection, Equality, Access, Community, and Empowerment) by Sharing Your Story”

Overview

You are being asked to participate in a voluntary research study. The purpose of this study is to better understand experiences with violence, crime, and adversity, while also understanding your perceptions of the support, help, and services that were available and accessible to you (in your lifetime and during the COVID-19 pandemic). This study will inform State of Illinois efforts to better support and fund services for individuals who have experienced violence, crime, or adversity.

Participating in this study will complete an online survey and your participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including your experiences with violence, being a victim of violent and nonviolent crimes, and questions about your substance use, criminal legal involvement, and mental health and wellness (e.g., depression, anxiety, trauma, and sleep). Your responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if you would like to reach out for support.

At the end of the survey, you will be asked if you would like to participate in a possible follow-up interview. This interview will take place virtually and will last approximately 60 minutes. If you wish to participate in a possible follow-up interview, you will be asked for your contact information (email or phone number). You may be selected for the interview; approximately 50 youth will be selected from our sample of 325 youth. We will be reviewing a few items on the survey to make sure that we are including youth representing various backgrounds and demographic groups. These items are highlighted so you know which items we will be reviewing.

It is very important for the state to learn about their experiences so that they can better serve diverse youth across the state of Illinois. This interview will include answering questions about supports and services you may have accessed following a negative experience. We will also be asking you about your perceptions of service and support availability in your community and state.

We strongly encourage you to take the survey in a quiet, private location. We will not be tracking your responses. Thus, if you feel any discomfort answering these questions, you can skip questions or stop taking the survey at any point. We will provide resources throughout the survey, with downloadable resources at the end of the survey. Although these questions may lead to discomfort while taking this survey, your responses and sharing your perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

By participating in this study, you will be making a strong contribution to the state's plan to better support its residents by providing more high-quality services around Illinois. As a token of our gratitude for your participation, you will receive a \$25 Amazon e-code at the end of the survey. If you are chosen to participate in the interview, you will receive an additional \$25 to Amazon at the end of the interview.

Study Information

Principal Investigator Name and Title: Dr. Rachel Garthe, Assistant Professor

Department and Institution: School of Social Work, University of Illinois at Urbana-Champaign

Contact Information: 1010 W Nevada #2066, Urbana, IL 61801/ rccgarthe@illinois.edu

Sponsor: Illinois Criminal Justice Information Authority (ICJIA)

ONLINE CONSENT FORM, Youth Ages 18-25, cont.

What procedures are involved?

Participating in this study will involve taking an online survey. If selected, you also may be invited to participate in a voluntary online interview. Thus, everyone will participate in the survey once, and about 50 youth will be selected to participate twice (once for the survey and once for the interview). The study will take place (enter study date period).

Online Survey: Participation will last approximately 45 to 60 minutes. The survey asks potentially sensitive questions, including your experiences with violence, being a victim of violent and nonviolent crimes, and questions about your mental health and wellness. Your responses will not be monitored immediately, and the research team will not be able to respond to participants who express mental health issues on the survey. However, we will provide resources and information if you would like to reach out for support.

We will not be tracking your responses. Confidentiality will be maintained. If you feel any discomfort answering these questions, you can skip questions that you do not want to answer or stop taking the survey at any point. You will be reminded of this throughout the survey.

Interview: Participation will last approximately 60 minutes. This interview will include answering questions about supports and services you may have accessed following a negative experience. We will also be asking you about perceptions of service and support availability in the community and state. The interviews will take place virtually (via Zoom), and we will arrange a date/time with you (if you are selected) to conduct the interview in a private location. We will record the interview. We will then use the audio to transcribe/ enter the information into a password protected computer. We will then destroy the audio file once everything is transcribed. We will store everything on a password-protected, encrypted computer.

What are the potential risks and discomforts? Are there benefits to participating in the research? Although these questions may lead to discomfort while taking this survey (or participating in the interview), your responses and sharing your perspectives are incredibly important for us to better understand how to support individuals who may have experienced any adversity, crime, or violence. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois.

The proposed project will inform the need, access, use, and barriers of victim-centered services among Illinois residents. Given the past two years of surviving a global pandemic, it is especially important for the state to make sure its residents are able and comfortable in accessing victim services.

What other options are there?

You have the option to not participate in this study.

Will my study-related information be kept confidential?

We will use all reasonable efforts to keep your personal information confidential, but we cannot guarantee absolute confidentiality. When this research is discussed or published, no one will know that you were in the study. But, when required by law or university policy, identifying information may be seen or copied by: a) The Institutional Review Board that approves research studies; b) The Office for Protection of Research Subjects and other university departments that oversee human subjects research; c) University and state auditors responsible for oversight of research; or d) Illinois Criminal Justice Information Authority, the funder of this research. Finally, we need to make you aware of one exception to confidentiality. If you disclose actual or suspected abuse, neglect, or exploitation of a child in the interview, it is our ethical and legal responsibility to report such situations to the appropriate authorities.

Will I be reimbursed for any expenses or paid for my participation in this research?

You will be offered payment for being in this study.

After completing the survey, you will receive a \$25 Amazon e-code.

If selected for the interview, you will receive another \$25 Amazon e-code after completing the interview.

ONLINE CONSENT FORM, Youth Ages 18-25, cont.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. Your participation in this research is voluntary. Your decision whether or not to participate, or to withdraw after beginning participation, will not affect your current or future dealings with the University of Illinois at Urbana-Champaign. The researchers also have the right to stop your participation in this study without your consent if they believe it is in your best interests.

Will data collected from me be used for any other research?

Your de-identified information could be used for future research without additional informed consent.

Who should I contact if I have questions?

Contact the researcher, Dr. Garthe, at 217-333-2261 or rcgarthe@illinois.edu if you have any questions about this study or your part in it, or if you have concerns or complaints about the research.

What are my rights as a research subject?

If you have questions about this project, you may contact Dr. Garthe at 217-333-2261 or rcgarthe@illinois.edu. If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois at Urbana-Champaign Office for the Protection of Research Subjects at 217-333-2670 or via email at irb@illinois.edu. If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link here or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

Please print this consent form if you would like to retain a copy for your records.

I have read and understand the above consent form. By clicking the "Submit" button to enter the survey, I indicate my willingness to voluntarily take part in this study.

SUBMIT

Survey Questionnaire



“Finding PEACE (Protection, Equality, Access, Community, and Empowerment)
by Sharing your Story”

SCREENING SURVEY

If interested in participation, individuals will be screened for eligibility through a brief survey (link to these questions found on the flyer).

Screening for Survey #1 (Adults 18 and older):

Are you 18 years of age or older? <i>If yes, have them confirm their age.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently live in Illinois? <i>Eligibility check: must check “yes” to continue</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thinking about where you live (or primarily reside), what is your 5-digit zip code?	Write in (will be confirmed with a list of all IL zip codes in RED-Cap)

Screening for Survey #2 (Youth ages 15-25):

Are you between the ages of 15 and 25? <i>If yes, have confirm their age.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If they select they are 15-17 years old:</i> You will need parental/guardian permission before you can participate. Please provide their email address and we will be in touch with them. Thank you!	Write-in (will be confirmed in REDCap as an email address)
Do you currently live in Illinois? <i>Eligibility check: must check “yes” to continue</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thinking about where you live (or primarily reside), what is your 5-digit zip code?	Write in (will be confirmed with a list of all IL zip codes in RED-Cap)

We will be in touch with you if you are eligible to participate in the survey.

Please provide an email where we can send you the survey link. _____.

Thank you for your interest!

Survey Questionnaire

SURVEY QUESTIONS

Demographic Questions

This first section asks you questions about yourself.

How old are you today?	Write-in (unit: in years)
How would you describe the area you live or reside in?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____
What is your sex according to your birth certificate?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary "X" <input type="checkbox"/> Other _____
How do you identify in terms of gender? (<i>check all that apply</i>) <i>Note—Transgender: gender identity or expression is not congruent with the traits culturally associated with the sex assigned at birth.</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Gender non-conforming <input type="checkbox"/> Gender non-binary <input type="checkbox"/> Gender fluid <input type="checkbox"/> Another identity_
What is your sexual orientation? (<i>check all that apply</i>)	<input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Pansexual <input type="checkbox"/> Demisexual <input type="checkbox"/> Asexual <input type="checkbox"/> I prefer to self-describe _____

<p>How do you identify in terms of race and ethnicity? (<i>check all that apply</i>)</p>	<ul style="list-style-type: none"> ◇ African ◇ African American ◇ Alaska Native ◇ American Indian or Native American ◇ Asian ◇ Asian American ◇ Asian Indian ◇ Black ◇ Caucasian or White ◇ Chicano or Chicana ◇ Chinese ◇ Cuban ◇ European American ◇ Filipino ◇ Guamanian or Chamorro ◇ Hispanic ◇ Japanese ◇ Korean ◇ Latino or Latina or Latinx ◇ Mexican ◇ Mexican American ◇ Middle Eastern ◇ Native Hawaiian or Other Pacific Islander _____ ◇ Puerto Rican ◇ Samoan ◇ Spanish ◇ Vietnamese ◇ Another race/ethnicity not listed here _____ ◇ Prefer to self-describe _____ ◇ Unknown
<p>What is your primary language?</p> <p><i>(The language that you use most frequently to communicate with. This is the language you use in everyday life such as when you are at school or work, when you go out, and at home).</i></p>	<p>Write in.</p>
<p>Were you born in the United States?</p>	<ul style="list-style-type: none"> ◇ Yes ◇ No ◇ I prefer not to answer

<p>How would you describe your religious beliefs/spirituality? <i>(check all that apply)</i></p>	<ul style="list-style-type: none"> ◇ Agnostic ◇ Atheist ◇ Baha'i ◇ Baptist ◇ Buddhist ◇ Catholic ◇ Christian ◇ Hindu ◇ Islam ◇ Jehovah's Witness ◇ Jewish ◇ Lutheran ◇ Methodist ◇ Mormon ◇ Muslim ◇ Protestant ◇ Another: _____ ◇ I don't know ◇ Prefer to self-describe: _____
<p>What is your current marital or relationship status?</p>	<ul style="list-style-type: none"> ◇ Not currently in a relationship, or single ◇ Single (divorced or separated) ◇ Married ◇ In a relationship ◇ Widowed ◇ Open relationship ◇ I've never dated or been in a relationship (if they check this, they will skip the questions on intimate partner violence) ◇ Prefer to self-describe: ____
<p>What is the highest level of education that you completed?</p>	<ul style="list-style-type: none"> ◇ Some elementary or grade school ◇ Graduated Eighth grade ◇ Some high school ◇ Graduated high school / GED ◇ Vocational or Technical School Certificate ◇ Some college ◇ Associate Degree ◇ Graduated college (e.g., Bachelor's Degree) ◇ Some graduate school ◇ Graduate degree (e.g., Master's Degree or higher) ◇ I'm not sure ◇ Other: _____

<p>Are you currently covered by any of the following types of health insurance or health coverage plans?</p>	<ul style="list-style-type: none"> ◇ Insurance through a current or former employer or union (through yourself or another family member) ◇ Insurance purchased directly from an insurance company, including marketplace coverage (through yourself or another family member) ◇ Medicare, for people 65 and older, or people with certain disabilities ◇ Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability ◇ Military health care ◇ VA (including those who have ever used or enrolled for VA health care) ◇ Indian Health Service ◇ No insurance ◇ Other: _____
<p>Do you have any of the following medical or health-related disabilities?</p>	<ul style="list-style-type: none"> ◇ Hearing difficulty (deaf or having serious difficulty hearing). ◇ Vision difficulty (blind or having serious difficulty seeing, even when wearing glasses). ◇ Cognitive difficulty (Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions). ◇ Ambulatory difficulty (Having serious difficulty walking or climbing stairs). ◇ Self-care difficulty (Having difficulty bathing or dressing). ◇ Respiratory difficulty (having difficulty breathing) ◇ Independent living difficulty (Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping). ◇ Other: _____ ◇ I don't know ◇ I don't have any of these medical or health-related disabilities.

<p>How would you describe your current living situation/housing?</p>	<ul style="list-style-type: none"> ◇ Own house, townhouse, apartment, or condo ◇ Rent house, townhouse, apartment, or condo ◇ Live in house, townhouse, apartment, or condo owned or rented by someone else ◇ Dormitory or student housing ◇ Assisted living facility ◇ Short-term or long-term shelter ◇ Group home ◇ Hotel ◇ Staying temporarily with friends or a relative ◇ Please self-describe if none of these options match your current living or housing situation: _____
<p>Who else lives in your household? (check all that apply and specify the number of people) – drop down menus</p> <p><i>{“Household” here means everyone living together and pooling resources to pay for mortgage/rent, groceries, etc.}</i></p>	<ul style="list-style-type: none"> ◇ I live alone ◇ Spouse or partner ◇ Friend or roommate ◇ Parent or caregiver ◇ Biological children ◇ Stepchildren ◇ Adopted children ◇ Foster children ◇ grandchildren ◇ Sibling or stepsibling ◇ Grandparent ◇ Another family member _____ ◇ Other _____
<p>Do you currently receive any of the following forms of assistance? (check all that apply)</p>	<ul style="list-style-type: none"> ◇ Community Services Block Grant (CSBG) ◇ Illinois Home Weatherization Assistance Program ◇ Lifeline ◇ Low Income Home Energy Assistance Program (LIHEAP) ◇ Medicaid ◇ Public Housing (e.g., Section 8 housing, federally subsidized housing) ◇ Supplemental Nutrition Assistance Program (SNAP; also known as EBT, Link or Quest card) ◇ Supplemental Social Security ◇ Social Security Disability ◇ Temporary Assistance to Needy Families (TANF) ◇ Unemployment Benefits ◇ I receive financial assistance, but I don’t what it’s called ◇ Another form of assistance: _____

<p>What is your current employment status? (<i>check all that apply</i>)</p>	<ul style="list-style-type: none"> ◇ Employed full-time (at least 35 hours or more per week) ◇ Employed part-time ◇ Full-time student ◇ Part-time student ◇ Currently looking for employment ◇ Not employed and not looking for work ◇ On disability and cannot work ◇ Home-maker ◇ Retired ◇ Laid off ◇ Temporary employment ◇ Other: _____
<p>Has your employment status changed since the start of the COVID-19 pandemic?</p>	<ul style="list-style-type: none"> ◇ Yes <i>If yes: Write in _____</i> ◇ No
<p>During the COVID-19 pandemic, how often was your mental health not good? (<i>Poor mental health includes stress, anxiety, and depression.</i>)</p>	<ul style="list-style-type: none"> ◇ Never ◇ Rarely ◇ Sometimes ◇ Most of the time ◇ Always
<p>Have you or do you currently have any of the following concerns during the COVID-19 pandemic? (<i>check all that apply</i>)</p>	<ul style="list-style-type: none"> ◇ Quality of my or my child's education ◇ Housing or living situation ◇ Food or food security ◇ Financial or money problems ◇ Quality of your relationships ◇ Job or work-related concerns ◇ None of the above
<p>Please check the category that tells us your approximate total or gross household income for the last 12 months.</p> <p><i>"Household" here means everyone living together and pooling resources to pay for mortgage/rent, groceries, etc. Gross household income means before taxes are taken out. Consider all sources of income, including work earnings, welfare cash assistance, child support, etc.</i></p>	<ul style="list-style-type: none"> ◇ Less than \$10,000 ◇ \$10,001 to \$15,000 ◇ \$15,001 to \$25,000 ◇ \$25,001 to \$50,000 ◇ \$50,001 to \$75,000 ◇ \$75,001 to \$100,000 ◇ \$100,001 to \$150,000 ◇ More than \$150,000 ◇ Write-in: _____ ◇ I'm not sure

<p>What is your primary form of transportation (e.g., to get to work, school, run errands, etc.)? (<i>check all that apply</i>)</p>	<ul style="list-style-type: none"> ◇ I drive my own car ◇ I have friends/family who drive me ◇ I take a train ◇ I take a bus ◇ I walk ◇ I ride my bike ◇ I use ride-sharing options (Uber, Lyft, etc.) ◇ Other_____
<p>Do you have any Internet access in your home or primary place of residence?</p>	<ul style="list-style-type: none"> ◇ Yes ◇ No ◇ Other:_____
<p>In the last three months, due to a lack of money or other resources, have you or another adult in your household (<i>check all that apply</i>):</p>	<ul style="list-style-type: none"> ◇ Worried you might run out of food ◇ Were unable to eat healthy, balanced, and nutritious food ◇ Ate only a few kinds of foods ◇ Skipped breakfast, lunch, or dinner ◇ Ate less than you thought you should have ◇ Ran out of food ◇ Were hungry but did not eat ◇ Went without eating for a whole day ◇ None of the above

Crime and Victimization

The following questions ask you about experiences or crimes that may have occurred. These things may have happened to you (please indicate if this happened to you in the past year; 1-5 years ago; or more than 5 years ago). These experiences also may have happened to a family member, close friend, or an intimate partner. Check the box if this ever happened to them.

Please remember that your answers will be kept confidential.

	This never happened to me	This happened to me in the past year	This happened to me 1 to 5 years ago	This happened to me more than 5 years ago	This happened to a family member, a close friend, or an intimate partner
Threatened to be physically attacked.	◇	◇	◇	◇	◇
Physically attacked, resulting either in no injury, minor injury (e.g., bruises, cuts, black eye), or an injury requiring hospitalization.	◇	◇	◇	◇	◇
Threatened to be attacked with a knife, or something used as a weapon, like a baseball bat, frying pan, scissors, club, stick, etc.	◇	◇	◇	◇	◇
Attacked with a knife, or something used as a weapon, like a baseball bat, frying pan, scissors, club, stick, etc.	◇	◇	◇	◇	◇
Threatened to be shot or shot at by a firearm (e.g., gun, rifle, shotgun)	◇	◇	◇	◇	◇
Been shot or shot at by a firearm (e.g., gun, rifle, shotgun)	◇	◇	◇	◇	◇
Witnessed a murder or homicide.	◇	◇	◇	◇	◇
Lost an immediate family member, close friend, or intimate partner to murder/homicide.	◇	◇	◇	◇	◇
*Some forced you to do sexual things you did not want to (<i>count things such as kissing, touching, or being physically forced to have sexual intercourse. Also count things if you were unable to give consent, like if you were drunk or high, or passed out</i>).	◇	◇	◇	◇	◇
*Someone physically forced you or threatened to physically harm you to make you have sex (e.g., vaginal, anal, or oral sex).	◇	◇	◇	◇	◇
*Someone exposed their sexual body parts to you, flashed you, or masturbated in front of you Or made you show your sexual body parts to them.	◇	◇	◇	◇	◇
*Someone made you look at or participate in sexual photos or videos against your will.	◇	◇	◇	◇	◇
*Someone made unwanted sexual contact with you or engaged in behaviors at school or at your workplace (<i>might have included someone making verbal or written comments, making gestures, displaying pictures or images, using physical coercion, or any combination of these actions either in person or through electronic means</i>).	◇	◇	◇	◇	◇

Crime and Victimization, continued

	This never happened to me	This happened to me in the past year	This happened to me 1 to 5 years ago	This happened to me more than 5 years ago	This happened to a family member, a close friend, or an intimate partner
Someone physically harmed you/them because of your/their skin color or race/ethnicity.	◇	◇	◇	◇	◇
Someone physically harmed you/them because of your/their gender identity, expression, or sexual orientation.	◇	◇	◇	◇	◇
Forced to perform sex using force, fraud, or coercion by someone for profit OR someone tried to recruit, transport, harbor or obtain you/them for any sex act.	◇	◇	◇	◇	◇
Forced to work using force, fraud, or coercion by someone for profit OR someone tried to recruit, transport, harbor or obtain you/them for any work or labor.	◇	◇	◇	◇	◇
Someone burned or attempted to burn or set fire to your house/housing or your personal property (e.g., car or vehicle).	◇	◇	◇	◇	◇
Someone kidnapped or abducted you/them from one place to another against your/their will, or held you/them confined, captive, restrained, or against your/their will in a controlled space.	◇	◇	◇	◇	◇
Something belonging to you/someone in your household (e.g., things you carry like a wallet or purse, clothing, jewelry, things in your home like a TV, a cell phone) was stolen.	◇	◇	◇	◇	◇
Someone broke into or attempted to break into your home, housing, and/or vehicle (e.g., by forcing a door or window, pushing past someone, entering through an open door or window).	◇	◇	◇	◇	◇
Someone robbed you/them or attempted to rob you/them by using force or threatening to harm you/them.	◇	◇	◇	◇	◇
Something belonging to you/them was vandalized (damaged or destroyed).	◇	◇	◇	◇	◇
Someone stalked you/them in-person or online, and you/they felt fearful or unsafe (e.g., followed you/them or spied on you/them, left you/them unwanted items, used GPS or apps to monitor your/their location).	◇	◇	◇	◇	◇
Been victim of a consumer fraud or identity theft (cheated out of money; fraudulent checks or banking; phishing; credit and debit card fraud; fake charities; debt collection fraud; mortgage fraud; prize and lottery fraud; COVID-19 scams, etc.).	◇	◇	◇	◇	◇

Crime and Victimization Follow-up — Reporting & Help-Seeking

For each item of crime or victimization endorsed (on the previous page), participants were asked:

<p>(You marked that you experienced “(insert item endorsed).”</p> <p>Did you...</p> <p>(If you were a child when this happened to you, did a parent/caregiver or another adult...)</p>	<ul style="list-style-type: none">◇ Report this crime to the police or law enforcement.◇ Seek medical care (e.g., go to Emergency Room, urgent care, hospital, physician)◇ Seek social services (e.g., go to Dept. of Human Services, Domestic Violence Shelter, Benefits office)◇ Seek support at a community-based organization or nonprofit◇ Call or text a hotline or helpline◇ Tell a close friend, family member, or intimate partner about the experience◇ None of the above◇ I don't remember
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Crime and Victimization: Intimate Partner Violence

Did you ever have a partner or partners who:	This never happened to me	This happened to me in the past year	This happened to me 1 to 5 years ago	This happened to me more than 5 years ago	This happened to a family member, a close friend, or an intimate partner
Grabbed, pushed, slapped, choked, punched, hit, kicked, burned, used a weapon, or threw something at you?	◇	◇	◇	◇	◇
Pressured, physically forced, threatened, or blackmailed you to engage in sexual activity when you didn't want to or were unable to give consent (e.g., you were drunk, passed out, etc.)?	◇	◇	◇	◇	◇
Tried to keep you from doing what you wanted to do, tried to make you do something you didn't want to do, threatened to hurt you or someone you loved unless you did what they wanted, or used other threats and controlling behaviors not listed here?	◇	◇	◇	◇	◇
Spread rumors about you, spoke to you in a hostile or mean tone of voice, insulted you with put-downs, or said things to your friends or family to try and turn them against you?	◇	◇	◇	◇	◇
Made you feel unsafe, fearful, or afraid by making unwanted phone calls or sending unwanted texts/messages, following you or spying on you, showing up places without legitimate reasons, leaving unwanted items, presents, or flowers, or other situations where you feared for your safety?	◇	◇	◇	◇	◇
Made you feel unsafe, fearful, or afraid by checking your call history, using your passwords or passcodes to check up on you, sending threatening messages or texts, making or sending excessive phone calls/texts, checking your social media or email, using GPS or other apps to monitor where I am, or using cameras to monitor my activities?	◇	◇	◇	◇	◇
Withheld money from you when you needed it, withheld information about finances, controlled your finances or money, or spent large sums of money and refused to tell you why or what the money was spent on?	◇	◇	◇	◇	◇
{for transgender and non-binary folx}: Force or pressure you into doing something that did not agree with your gender identity (e.g., not pursuing gender transition, altering your gender presentation, etc.)?	◇	◇	◇	◇	◇
{for transgender and non-binary folx}: Threaten you to stay in the relationship by telling you that "you would never find someone else who would want to date or be with someone like you" because of your gender identity or expression?	◇	◇	◇	◇	◇

Crime and Victimization: Intimate Partner Violence Follow-up — Reporting & Help-Seeking

For each item of crime or victimization endorsed (on the previous page), participants were asked:

<p>(You marked that you experienced “(insert item endorsed).”</p> <p>Did you...</p> <p>(If you were a child when this happened to you, did a parent/caregiver or another adult...)</p>	<ul style="list-style-type: none">◇ Report this crime to the police or law enforcement.◇ Seek medical care (e.g., go to Emergency Room, urgent care, hospital, physician)◇ Seek social services (e.g., go to Dept. of Human Services, Domestic Violence Shelter, Benefits office)◇ Seek support at a community-based organization or nonprofit◇ Call or text a hotline or helpline◇ Tell a close friend, family member, or intimate partner about the experience◇ None of the above◇ I don't remember
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Non-Reporting (to Police/Law Enforcement and Medical Care)

Next, we are going to ask you some additional questions about supports, resources, or help that you sought following these experiences. Please remember all of your answers are confidential.

After questions in the Crime and Victimization section are answered, and they did not select “report this crime to the police or law enforcement” for any of the experiences, they will be prompted with this additional follow-up question: (only asked once)

<p>You indicated that you (or a caregiver/adult) did not report a crime or crimes to the police or law enforcement. What were reasons you didn't report this crime to the police? <i>(check all that apply)</i></p> <p>(Reminder: there are no right or wrong answers)</p>	<ul style="list-style-type: none"> ◇ I didn't think the police could do anything to help. ◇ I didn't think the police would want to help me. ◇ I was concerned the police wouldn't believe me. ◇ I didn't trust the police. ◇ I was worried they would notify Child Protective Services (CPS). ◇ I have reported to the police before and I felt it did not help. ◇ I reported the crime to someone else. ◇ I was concerned I would be blamed. ◇ I feared retaliation against me or my family. ◇ I didn't want to get the offender/perpetrator in trouble. ◇ I wasn't sure the crime took place. ◇ I didn't want to get involved. ◇ I didn't know what to do. ◇ I was afraid of my parents/caregivers/spouse/partner. ◇ I was too scared. ◇ I don't know. ◇ Other: _____
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After questions in the Crime and Victimization section are answered, and they did not select “seek medical care” for any of the experiences, they will be prompted with this additional follow-up question: (only asked once)

<p>You indicated that you (or a caregiver/adult) did not seek medical care. What were reasons you didn't seek medical care? <i>(check all that apply)</i></p> <p>(Reminder: there are no right or wrong answers)</p>	<ul style="list-style-type: none"> ◇ I did not require medical care. ◇ I was concerned I would be blamed. ◇ I feared retaliation against me or my family. ◇ I didn't want to get the offender/perpetrator in trouble. ◇ I was worried they would notify Child Protective Services (CPS). ◇ I wasn't sure the crime took place. ◇ I didn't want to get involved. ◇ I didn't know what to do. ◇ I was too scared. ◇ I did not have health insurance. ◇ My health insurance would not cover all the expenses. ◇ I did not know where to go for medical care. ◇ I did not have money to buy medicine. ◇ I don't know. ◇ Other: _____
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Help-Seeking and Attainment of Services/Supports

<p>Related to any of the experiences we just asked you about, did you actively seek or receive help or support from any of the following (<i>check all that apply</i>):</p>	<p>Domestic Violence or Sexual Violence Services</p> <ul style="list-style-type: none"> ◇ Domestic violence helpline or hotline ◇ Domestic violence housing or shelter ◇ Domestic violence support group ◇ Domestic violence text line/support ◇ Emergency Pregnancy Pill ◇ Post-Exposure Prophylaxis (PEP)* ◇ Sexual assault text line, helpline, or hotline ◇ Sexual assault support group ◇ Testing for HIV* ◇ Testing for a STI* <p style="text-align: center;"><i>*Definitions provided as footnotes in the survey</i></p> <p>Medical/Healthcare Services</p> <ul style="list-style-type: none"> ◇ Doctors' appointment ◇ Emergency Room (ER) visit ◇ Hospital stay ◇ Medication ◇ Perinatal care ◇ Urgent Care ◇ Sexual assault Forensic Exam/Rape Kit <p>Mental Health Services/Substance Use Services</p> <ul style="list-style-type: none"> ◇ Counseling services or therapy ◇ Crisis intervention provided by victim service agencies ◇ Life skills support ◇ Online support groups ◇ Alcohol treatment ◇ Alcoholics Anonymous (AA) ◇ Drug treatment ◇ Narcotics Anonymous (NA) <p>Legal or Criminal-legal Services</p> <ul style="list-style-type: none"> ◇ Calling the police ◇ Civil or criminal legal assistance ◇ Crime scene services ◇ Criminal/juvenile justice system advocacy ◇ Obtaining an order of protection 	<p>Basic Living, Family, and Financial Services</p> <ul style="list-style-type: none"> ◇ Childcare services ◇ Education-related resources ◇ Emergency funds/loans ◇ Emergency shelter ◇ Food assistance services ◇ Funeral/burial services ◇ Help accessing or applying for crime victim's compensation ◇ Housing assistance or supports ◇ Immigration related supports or language services ◇ Relocation ◇ Transportation ◇ Utilities – support or assistance ◇ Vocational support <p>Support from someone you know:</p> <ul style="list-style-type: none"> ◇ Family member ◇ Friend ◇ Hairdresser or barber ◇ Religious or spiritual leader ◇ Social media groups ◇ Someone I go to school with ◇ Someone I work with ◇ Spouse or romantic partner ◇ Teacher or professor ◇ Other: _____
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Help-Seeking and Attainment of Services/Supports, continued:

After each cluster of services on the previous page, participants rated the most helpful and least helpful of services they accessed.

(after each cluster): If you received help or assistance from one or more of these services, which did you find the MOST HELPFUL?	Drop down with repeated options
(after each cluster): If you received help or assistance from one or more of these services, which did you find the LEAST HELPFUL?	Drop down with repeated options

Reflecting on the experiences we asked you about, the resources you accessed, and/or the people you told, did you feel that your needs were addressed?	<ul style="list-style-type: none"> ◇ Fully addressed ◇ Mostly addressed ◇ Moderately addressed ◇ Somewhat addressed ◇ Not at all addressed
Please indicate if you had any of these experiences below when you connected with someone from an organization, agency, or institution following the experiences you had with harm or violence. <i>Check all that apply.</i>	<ul style="list-style-type: none"> ◇ Someone seemed reluctant to provide services, take a report, or treat me. ◇ Someone refused to provide services, take a report, or treat me. ◇ Someone said or asked if I could have done anything to prevent or stop the victimization ◇ Someone asked me why my memory was vague or scattered. ◇ Someone asked about my prior victimization history in a way that made me uncomfortable ◇ Someone told me the case was not serious enough to pursue or there was not enough evidence ◇ Someone seemed cold and unwelcoming ◇ Someone gave me information about the victimization I experienced or the impact of trauma ◇ Someone seemed to believe my story ◇ Someone supported by decisions ◇ Someone said there was nothing they could do ◇ Someone blamed me for the victimization ◇ Someone used a gender pronoun that does not match my gender identity ◇ Someone seemed to treat me unfairly or differently than others ◇ Someone gave me information on services for victims
Is there anything else you'd like us to know about the services you accessed or the support you sought?	◇ Write in
Has the COVID-19 pandemic impacted services, resources, and supports for you? How so?	◇ Write in
Have there been changes to services or resources that have been helpful or beneficial to you during the COVID-19 pandemic?	◇ Write in

Access and Availability of Resources

This next section asks you about access and availability of resources, services, and supports following a harmful or violent experience.

<p><u>If you did not access</u> or reach out for specific services or assistance, did any of these things impact your decision? <i>(check all that apply)</i></p>	<ul style="list-style-type: none"> ◇ Did not know how or where to get support services ◇ Worried about being blamed or not believed, or judged ◇ Concerned services would not be sensitive to one's beliefs ◇ Concerned services would not be accessible due to a disability ◇ Concerned services would not be sensitive to immigration ◇ Worried about perpetrator/offender/abuser finding out ◇ Worried of treatment side effects ◇ Assumed one did not qualify for services ◇ Wasn't sure these services would be able to help ◇ No service providers nearby ◇ No transportation to reach service providers ◇ Unsure of how to find services in one's primary language ◇ Cost of services, and/or didn't have insurance to cover it ◇ Was a child/Was too young ◇ I thought I was OK/Thought I could deal with it on my own ◇ Someone close to me did the abuse (e.g., parent, caregiver, spouse/partner) ◇ Had no time, had to work, or couldn't find childcare ◇ Other: _____ ◇ None of the above; I access or reached out for services or assistance.
<p><u>If reached out for services or supports, but you did not receive</u> specific services or assistance, did any of these things impact this outcome? <i>(check all that apply)</i></p>	<ul style="list-style-type: none"> ◇ Did not qualify for services ◇ No service providers/health facility nearby ◇ No transportation to reach service providers ◇ Wait list for services was too long ◇ Was blamed or not believed ◇ Services or providers were not sensitive to one's beliefs or cultural backgrounds ◇ Did not have time, had to work, or did not have childcare ◇ Services were not accessible due to a disability ◇ Did not have services in one's primary language ◇ Services or providers were not sensitive to one's immigration status ◇ Services or providers were not sensitive to one's criminal-legal status ◇ Cost of counseling/services/Didn't have insurance to cover it ◇ Scared ◇ Calls never returned/places don't answer the phone ◇ Police did not help me ◇ Police did not show up ◇ Concerned with treatment side effects ◇ Other: _____

<p>If you or a family member were victims of violent crime (sexual assault, child abuse, homicide, assault, robbery), where would you go to get help or services in your community? <i>(check all that apply)</i></p>	<ul style="list-style-type: none"> ◇ I'm not sure where I would go to get help or supports. ◇ Library ◇ Hospital ◇ Police / Law enforcement ◇ Calling 9/11 ◇ Resource center ◇ Social worker, case manager, or counselor ◇ Health care provider ◇ I would ask a friend ◇ I would ask a family member ◇ At school ◇ At work ◇ Online ◇ Helpline or text service ◇ Research ◇ Social media ◇ Other: _____
<p>Victims of violent crime in Illinois are eligible for compensation (money) from the state. Which of these statements describes you? <i>(check all that apply)</i></p>	<ul style="list-style-type: none"> ◇ I'm aware of this compensation fund. ◇ I or a household member have applied. ◇ I received help filling out forms. ◇ My application was approved ◇ Someone in my family or household had their application approved. ◇ I don't know about the compensation fund. ◇ I would like to learn more.

Adversity (Adverse Childhood Experiences)

Asked only to those ages 18 and older:

This section asks you about things that may have happened to you when you were a child or teenager. Please remember that your answers will be kept confidential.

Have you ever experienced the following during your first 18 years of life?

	Yes	No
Did a parent or other adult living in your home... Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?	◇	◇
Did a parent or other adult living in your home... Push, grab, slap, or throw something at you?	◇	◇
Did a parent or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? Or Try to or actually have oral, anal, or vaginal sex with you?	◇	◇
Did you often or very often feel that... No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?	◇	◇
Did you often or very often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	◇	◇
Were your parents separated or divorced?	◇	◇
Was one of your parents or caregivers: Often or very often pushed, grabbed, slapped, or had something thrown at them? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?	◇	◇
Did you live with anyone who had a drinking problem or was an alcoholic? Or Did you live with anyone who used illegal drugs or abused prescription medications?	◇	◇
Did you live with anyone who had depression and/or another mental health disorder? Or Did you live with anyone who had suicidal thoughts or attempted suicide?	◇	◇
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? Or Did you ever live with someone who was serving a probation or parole sentence?	◇	◇
Did you see or hear someone being beaten up, stabbed, or shot in your community?	◇	◇

Additional Questions

In addition to the previous sections, participants were also surveyed on the following topics. These results are not presented in this report, but may be available upon request.

Mental health (depression and anxiety symptoms, suicidal ideation, post traumatic stress, substance use)
Health (sleep)
History with criminal-legal system
Perceptions of neighbors and police interactions
Day-to-day Discrimination
Social Support & Online Social Support
Post-Traumatic Growth & Resilience

Interview Guide

Interview Guide

Introduction to virtual interview:

Introduction: I am <Name> and I am a researcher from the University of Illinois at Urbana-Champaign. I'm a <MSW/PhD student> in the School of Social Work. <Time period>, you took a survey that asked you about experiences with crime or victimization. We are going to talk more about these experiences today.

Please know that there are no right or wrong answers; I want to hear your thoughts, opinions, feelings, and perspectives. Are you still comfortable continuing with this interview?

Study Information: Before we get started, I have some information to review with you. I'm going to review some of the key parts of this consent form. If you have any questions as I'm going through this document with you, please let me know.

Explain key procedures (detailed on consent form):

This interview is a part of a voluntary research study. The purpose of this study is to better understand experiences with violence, crime, and adversity. We also want to understand your perceptions of the support, help, and services that were available and accessible to you in your lifetime and during the COVID-19 pandemic. This study will inform State of Illinois efforts to better support and fund services for individuals who have experienced violence or crime.

- ◆ Participating in this interview will take approximately 60 minutes. I will be asking you questions about experiences you may have had with violence or crime. We will start with some survey questions, then I'll ask you some questions related to your experiences with violence or crime, and then we will end with a few survey questions.
- ◆ We will be recording today's interview. The audio file will be transferred to my password-protected computer immediately after the interview and saved to a password-protected folder. Then the file will be deleted from the audio recorder. Only our research team will have access to audio files.
- ◆ Your answers will be kept confidential, which means we will never link your name to your responses or experiences. No one will know that you were in the study.
- ◆ As you see here in the consent form, there are a few exceptions to confidentiality. If you disclose actual or suspected abuse, neglect, or exploitation of a child, it is our ethical and legal responsibility to report such situations to the appropriate authorities.
- ◆ Because everything we talk about will be confidential, please try to be open and honest with me. We want your honest opinions and thoughts about your experiences.
- ◆ If you do not want to answer a question, or start to feel uncomfortable with a question, please let me know. We can always skip questions, pause, and we can stop the interview at any point.
- ◆ We will provide a list of resources to you at the end of today's interview if you would like to talk to someone more about your experiences.
- ◆ You will be paid a \$25 Amazon e-code at the end of the interview. We will ask for your email address to send this Amazon code.
- ◆ Also listed on the consent form is contact information if you have questions about the study or about your rights as a research participant.

We really appreciate your willingness to talk with us today. Your responses and sharing your stories will be incredibly important for the state of Illinois to better understand how to support people who have experienced violence or crime. Our goal is to strengthen the accessibility, availability, and quality of services throughout the state of Illinois. **Do you have any questions for me?**

NOTES:

- ◆ Questions and probes (in italics) are listed on the next page.
- ◆ Interviewer can offer the participant a break at any point if they sound or appear distressed. The entire interview will be confidential (unless they disclose actual or suspected abuse, neglect, or exploitation of a child, then it is our ethical and legal responsibility to report such situations to the appropriate authorities).

1. Getting to Know Them

- ◆ To start, what would you like me to call you?

Name or nickname; Pronouns

- ◆ Can you tell me a little about yourself?

What are some of your favorite things to do?

- ◆ Where do you live? How long have you lived in this <town/community/neighborhood/area>?

How would you describe your <town/community/neighborhood/the area where you live>?

- ◆ Do you feel that your <town/community/neighborhood/area> has good resources regarding health care, mental health care, and other services if someone experiences violence or crime?

Do you feel like the <town/community/neighborhood/area where you live> is safe?

2. Experiences with Crime & Victimization | Disclosures & Help-Seeking | Perceptions of Services & Supports

For this part of the interview, I'm going to be asking you some questions about the experiences you shared with us on your survey.

You indicated that you experience at least one form of crime or violence on your survey. We are hoping you can talk today about the one(s) that affected you the most.

- ◆ Can you describe this experience(s)? How do you feel this experience(s) affected you?
- ◆ Did you feel that you needed any support or assistance following this incident(s)?

For example, did you need to go to the hospital? Did you need to call the police? Did you need social services?

- ◆ Did you seek any services, assistance or support? Can you describe how you went about seeking help or support?

If they discuss seeking formal services:

- ◆ How did you find this service, support, or assistance? How was the experience for you?
- ◆ Did you access this service during the COVID-19 pandemic?
- ◆ Were there any barriers or hurdles to accessing any of these services?
- ◆ Sometimes, being a person of minority group(s) experiences things differently due to racial and social background (e.g., race and ethnicity, sexual orientation, gender identity, immigration status, disability, geographic location...etc.). Has there been a time after the incident that you felt you've been treated differently or unfairly due to your race and social background? Can you share a bit more about what happened?
- ◆ Did you tell anyone about what happened?

For example, did you tell a friend, family member, or partner? Did you then seek medical or health care? Did you tell a therapist or counselor? (Timeframe of disclosure?)

-
- ◆ Did you report what happened to law enforcement?

- ◆ (If yes): How was the experience?

Did reporting to law enforcement make you feel safer? Resolve the situation?

- ◆ (If no): What were the reasons you didn't report this to law enforcement?

3. Perceptions of Services & Supports, continued

- ◆ Did you feel that your needs changed as time passed following the incident(s)?
- ◆ Were there any services or supports that you did not see as available or accessible to you?

Can you describe how you felt if they were unavailable or inaccessible to you?

- ◆ (if they did not tell anyone about what happened): Would you be willing to share some of the reasons why you chose not to tell anyone or report this to anyone?

4. Overall Perceptions of Services & Supports

We'd love to hear about your general thoughts about services, supports, and resources for people who experience violence or crime.

- ◆ In terms of current services, how can they be improved?

What might need to be expanded?

- ◆ Are there innovative or new ways to serve people impacted by violence or crime?

5. The Impact of the COVID-19 Pandemic

The COVID-19 is an ongoing pandemic that has been challenging for everyone.

- ◆ Do you feel that the pandemic impacted services and supports for people who experienced violence and crime?
- ◆ How has COVID-19 impacted your experience (or a family member) of receiving services and supports?

6. Closing

Thank you so much for talking with me today.

- ◆ Is there anything else important to understanding you or your experiences that we haven't talked about?
- ◆ What was it like to talk with me today?

We really appreciate you sharing your story with us today. As a token of our appreciation, a \$25 Amazon e-code will be emailed to you within 48 hours of completing this interview. This email will also include resources that will be helpful if you want to talk to someone about anything that we discussed today.

Thank you again!

Annotated Bibliography

ANNOTATED BIBLIOGRAPHIES FOR EMPIRICAL RESEARCH LITERATURE

Note: Articles and reports are organized by type of document (i.e., empirical research articles and public reports) and type of victimization.

EMPIRICAL RESEARCH LITERATURE

Domestic Violence

Goodman, L. A., Fauci, J. E., Sullivan, C. M., DiGiovanni, C. D., & Wilson, J. M. (2016). Domestic violence survivors' empowerment and mental health: Exploring the role of the alliance with advocates. *American Journal of Orthopsychiatry*, 86(3), 286.

The goal of the article was to examine the relationship between the survivor and advocate alliance, mental health outcomes, and the mediating role of sense of empowerment. Participants were obtained via convenience sampling of 15 urban and suburban DV organizations in five states. There were 370 total participants. There was a positive direct relationship between alliance strength and empowerment and alliance strength and PTSD symptoms. There was a negative association between empowerment and depression and PTSD. There was no relationship between alliance and depression in the model. This article provides insight into how DV programs may impact positive outcomes for survivors, which has not been thoroughly studied. The alliance between survivor and advocate may provide the proper environment for a sense of empowerment and safety to flourish, which could then reduce mental health symptomatology.

Huntley, A. L., Potter, L., Williamson, E., Malpass, A., Szilassy, E., & Feder, G. (2019). Help-seeking by male victims of domestic violence and abuse (DVA): A systematic review and qualitative evidence synthesis. *BMJ open*, 9(6), e021960.

This systematic review article was written to understand help-seeking by male victims of domestic violence and their experiences with victim services. It included 12 qualitative studies based in a variety of Western countries that recruited male victims of domestic violence from social services, the criminal justice system, sexual health clinics, and other healthcare systems. However, the studies did not include detailed information on the duration, frequency, or type of victimization experienced. The review identified several barriers to help-seeking, including fear of disclosure, challenges to masculinity, commitment to the relationship, diminished confidence, and perception of services. Several themes were identified with respect to experiences of support services, which include initial contact (perceived level of crisis), confidentiality, and appropriate and inappropriate professional approaches. Included in these themes was the finding that the LGBTQ+ community was not served as well as the heterosexual community, with a lot of services being directed towards heterosexual relationships. This research exemplifies that the prevailing culture of masculinity needs to be taken into consideration when identifying why male domestic violence victims may not seek help. Part of addressing victims' needs, in this case, may rely on addressing traditional depictions of masculinity and sexuality. Despite similarities in help-seeking behaviors between men and women, men face unique challenges, which require greater sensitivity, training, and diverse and well-advertised approaches.

Kapur, S., Zajicek, A. M., & Gaber, J. (2017). Nonprofit Organizations Serving Domestic Violence Survivors: Addressing Intersectional Needs of Asian Indians. *Affilia*, 32(1), 50-66.

In this article, the authors used interviews with 26 domestic violence advocates. These advocates were from 14 nonprofit organizations that primarily serve Asian Indian women. Purposeful sampling was used to get the largest number of Asian Indian women served by the advocates. The goal of the research was to examine how nonprofit domestic violence organizations address the needs of married Asian Indian immigrants in abusive relationships. Respondents emphasized the need for culturally sensitive services that cover a wide variety of issues faced by immigrants, such as language services, counseling, pro-bono immigration services, and policy advocacy. The researchers also found that the surveyed domestic violence nonprofits do not do enough to systematically design programs for the clientele, and they are often reluctant to address the intersectional identities of their clients for fear of stigmatizing certain communities prone to violence. This research is important to inform researchers and other interested parties of what to look for in nonprofits and other organizations that serve highly intersectional communities.

Sexual Assault & Rape

Brooks, O., & Burman, M. (2017). Reporting rape: Victim perspectives on advocacy support in the criminal justice process. *Criminology & Criminal Justice*, 17(2), 209-225.

This study sets out to address the concerns about the criminal justice response to rape by drawing upon a study evaluating an innovative advocacy model introduced in Scotland to assist in reporting rape to the police. The evaluation was conducted over a 12-month period. The methodology used to gather information was via qualitative semi-structured interviews conducted with nine adult female rape victims who used the services. Findings from interviews highlight the importance of advocacy that is independent of statutory and criminal justice agencies. However, it is argued that this does not mitigate the need for specialization or reform in the criminal justice response to rape and, further, that the distinction between advocacy at an individual and societal level represents a false dichotomy. A limitation of this study is its small sample size. This study still provides valuable insights for understanding sexual assault survivors' needs.

Chandramani, A., Dussault, N., Parameswaran, R., Rodriguez, J., Novack, J., Ahn, J., ... & Carter, K. (2020). A needs assessment and educational intervention addressing the care of sexual assault patients in the emergency department. *Journal of Forensic Nursing, 16*(2), 73.

This study set out to create a Sexual Assault Nurse Examiners-led (SANE-led) educational intervention, addressing the training gap of often untrained Emergency Department (ED) providers. This study achieved this objective by 1) conducting a needs assessment of ED providers' self-reported knowledge of and comfort with sexual assault patient care at an urban academic adult ED, and 2) using these results to create and implement a SANE-led educational intervention to improve emergency medicine (EM) residents' ability to provide sexual assault patient care. This project is limited by its single-center status, the sample-selection bias, and the small sample size of the educational intervention. Findings reveal that ED providers reported confidence in medical management but not in providing trauma-informed care, conducting forensic exams, or understanding hospital policies or state laws. Less than half of respondents felt confident in their ability to avoid re-traumatizing sexual assault patients and only 29% felt comfortable conducting a forensic exam. Based on these results, a SANE-led educational intervention was developed for EM residents, consisting of a didactic lecture, two standardized patient cases, and a forensic pelvic exam simulation. Pre- and post-intervention surveys demonstrated an increase in respondents' ability to avoid re-traumatizing patients, comfort with conducting forensic exams, and understanding of laws and policies. These results demonstrate the value of interprofessional collaboration between physicians and SANEs to train ED providers on sexual assault patient care.

Greeson, M. R., Campbell, R., Bybee, D., & Kennedy, A. C. (2016). Improving the community response to sexual assault: An empirical examination of the effectiveness of sexual assault response teams (SARTs). *Psychology of Violence, 6*(2), 280.

This study sets out to explore the relationship between Sexual Assault Response Teams (SARTs) structure and effectiveness. Structured phone interviews with SART leaders (n = 172) were conducted. Participants reported on SART structural characteristics and their perceptions of their team's effectiveness at improving victims' help-seeking experiences, victims' participation in the criminal justice system, police processing of cases, and prosecution of cases. The key methodological limitation of this study is the measurement of SART leaders' and long-time members' perceptions of their team's effectiveness as a proxy for SARTs' effectiveness. In this study, cluster analysis revealed 3 types of SARTs: 1) Low Adopters: utilized fewer formal structures and were less likely to institutionalize collaborative processes into their teamwork, 2) High Adopters: utilized more formal structures and were more likely to institutionalize collaborative processes but did not engage in program evaluation as a multidisciplinary team, and 3) High Adopters Plus Evaluation: were similar but also engaged in the evaluation as a team. High Adopters Plus Evaluation were perceived as significantly more effective than Low Adopters across all domains. High Adopters Plus Evaluation were perceived as more effective at improving victims' participation in the criminal justice system than High Adopters. SARTs with broader active membership from more stakeholder groups also tended to have higher perceived legal effectiveness. The study concluded that SARTs should consider broad-based active membership and adopt formal structures and collaborative processes to organize their team. This study provides implications for future SART implementation.

Annotated Bibliography

Hester, M., & Lilley, S. J. (2018). More than support to court: Rape victims and specialist sexual violence services. *International Review of Victimology*, 24(3), 313-328.

This study sets out to explore the involvement of specialist sexual violence services, including Independent Sexual Violence Advisers (ISVAs), in supporting victims/survivors of rape and sexual abuse to engage with the criminal justice system (CJS) in England and Wales. The methodology in this study was a qualitative design that utilized 1) in-depth interviews with survivors (n = 15, 12 women and 3 men) and 3 of their mothers to explore their experiences and the level and type of support they had received, and 2) semi-structured interviews with 14 practitioners to explore the work of the ISVAs within the different agency settings. A possible limitation of this study is the small sample size. The research found that specialist sexual violence services play particularly crucial roles when using approaches that can be characterized as flexible, enabling, holding, and mending. However, this important work could easily be lost in the current climate of local service commissioning, to the great detriment of victims/survivors of sexual violence. This study provides information on components of future sexual violence support services.

Kirkner, A., Lorenz, K., & Ullman, S. E. (2021). Recommendations for responding to survivors of sexual assault: A qualitative study of survivors and support providers. *Journal of Interpersonal Violence*, 36(3-4), 1005-1028.

This study sets out to provide an understanding of social reactions survivors perceive as helpful and hurtful, because current studies have not asked support providers about how to respond to survivors in a positive way. This study examined recommendations for responding to survivors from two methodologies. First, as a broader approach, open-ended survey responses from survivors (N = 1,863) were examined for unprompted recommendations on what survivors need following assault. Second, in a sample of 45 informal support dyads, survivors and support providers were specifically asked to provide recommendations on responding to survivors in a positive way. Possible limitations of this study are that (a) convenience sample of survivors and their primary support provider, (b) the survey was completed by only survivors and focused on survivors' assault and disclosure experience, and (c) the retrospective design. Results include recommendations from survivors to informal supporters, formal service providers, and other survivors on what is needed in the aftermath of sexual assault. Results also include recommendations on responding to survivors in a positive way from interviewed support providers to other supporters. This study provides valuable knowledge on what survivors need in the aftermath of assault and how this can inform future sexual violence support services.

Annotated Bibliography

Koss, M. P., White, J. W., & Lopez, E. (2017). Victim Voice in Re-Envisioning Responses to Sexual and Physical Violence Nationally and Internationally. *American Psychologist*. Vol 72(9), 1019-1030.

This study sets out to understand obstacles to effective service provision in sexual and physical violence (SPV) victim response and violence prevention in the U.S and internationally. A scoping review is used in this study to provide insights and recommendations about service delivery challenges in U.S. programs to envision a path forward. The authors suggest pairing the thoughts and feelings of victims with open-minded listening to understand victim priorities, especially in vulnerable populations, and designing services accordingly. Through a process that prioritizes adaptation to diverse needs and cultures, U.S models can increase desirability and equity, as well as enhance international relevance. This article presents an opportunity to re-envision and revitalize responses to SPV nationally.

Munro-Kramer, M. L., Dulin, A. C., & Gaither, C. (2017). What survivors want: Understanding the needs of sexual assault survivors. *Journal of American College Health*, 65(5), 297-305.

This study sets out to explore components of alternative interventions to consider in the development of campus-based interventions for sexual assault survivors. The methodology in this study was a qualitative design that utilized semi-structured interviews and semi-structured focus groups with survivors (n = 8), healthcare providers (n = 6), and advocates (n =19). Participants were recruited from May 2014 to December 2014 from two university campus communities via flyers and purposive sampling. Possible limitations of this study are (a) convenience sample in one geographic region and (b) small sample size and limited to female survivors. Five themes emerged to consider for future campus-based sexual assault interventions: (a) culture of caring, (b) one-stop-shop, (c) validation, (d) survivor control and agency, and (e) confidentiality. Although accessible and effective options for post-assault care do currently exist, participants described alternative future interventions that were either (a) print materials or (b) technology based. This study provides information on components of future sexual assault interventions from survivor, healthcare, and advocate perspectives.

Annotated Bibliography

Peter-Hagene, L. C., & Ullman, S. E. (2018). Longitudinal effects of sexual assault victims' drinking and self-blame on posttraumatic stress disorder. *Journal of Interpersonal Violence, 33*(1), 83-93. DOI: 10.1177/0886260516636394

This study sets out to provide an examination of the impact of alcohol on sexual assault recovery outcomes in a longitudinal manner. This study investigated the effects of victim drinking on post-traumatic stress disorder (PTSD), as well as the mediating role of characterological and behavioral self-blame attributions in a longitudinal manner with adult sexual assault survivors (n = 1,013). Although the sample in this study was diverse, they are nonrepresentative and voluntary in nature. Specifically, the sample was limited to women who had disclosed the assault to at least one person. Findings in this study were in line with some prior research. Victims who were drinking before their assault experienced less PTSD but more self-blame than those who were not drinking. Characterological, but not behavioral self-blame, was related to increased PTSD symptoms. Thus, although drinking was overall related to less PTSD, it was also associated with increased PTSD via self-blame attributions, highlighting the danger of blaming victims for alcohol-related sexual violence. This study provides implications for future research and clinical work with survivors of alcohol-related sexual assaults.

Ullman, S. E., & Relyea, M. (2016). Social support, coping, and posttraumatic stress symptoms in female sexual assault survivors: A longitudinal analysis. *Journal of Traumatic Stress, 29*(6), 500-506.

This study sets out to understand the associations between social support, maladaptive coping, and post-traumatic stress symptoms (PTSS) after sexual assault over 3 years period. The methodology used to gather information was a questionnaire of women aged 18 or older who had undergone unwanted sexual experiences from the community, college, and agency sources in a large metropolitan area (N = 1,863). Women completed a series of three mail surveys voluntarily: an initial survey at baseline and two follow-ups at 1-year later and at 2-years later, respectively. The participation rate of the study was 54.3% (N = 1,012) at the third wave. Possible limitations of this study are 1) that survivors who engaged in higher levels of avoidance coping may not have been as likely to participate, 2) the use of self-report measurement, and 3) findings may not be generalizable to survivors who have more chronic PTSS beyond 3 years. This study's results suggest that treatment approaches attempting to address PTSS in the aftermath of sexual assault need to address social reactions from social network members that affect survivors' coping strategies and symptoms over time. This study's results further confirm other findings in the literature regarding the adequate treatment of addressing survivors' support networks to facilitate their coping and affect their recovery. This study provides information in a longitudinal framework for understanding sexual assault survivors' needs.

Human Trafficking

Muraya, D. N., & Fry, D. (2016). Aftercare Services for Child Victims of Sex Trafficking: A Systematic Review of Policy and Practice. *Trauma, Violence, & Abuse, 17*(2), 204–220.

The research article found articles about the current intervention methods for sex trafficking victims. The article identified limitations in its process, such as how it only looked at articles in English, potential limited access to organizational and state approaches or “grey literature” (Muraya & Fry, 2016, p. 207). All the articles found did not assess and evaluate current methods for quality and some only included ideas and opportunities to support victims. The literature exploration process found 15 articles for evaluation in the article. The most important themes among the research articles for the needs of victims were the importance of trauma approaches in care, care that deeply understands the human rights of sex trafficking victims, and assistance that children aware of their rights. The literature also offered ways that services could be expanded to improve outcomes of child sex trafficking victims. The literature suggested examining the needs of each individual case and creating customized support plans accordingly. Additionally, case management should be a crucial component of the healing process. Case managers should represent stable and supportive resources for the victims. The literature also found that when different agencies and disciplines collaborated, victims had the most successful recovery outcomes. The journal article included a model that culminated the literature search. It broke down the different stages in a sex trafficking victims’ journey and ways to support. These stages included “rescue,” “recovery,” and “reintegration” (Muraya & Fry, 2016, p. 213). Articles found also were organized into themes corresponding to the needs of victims. These recommendations point to developing a minimum quality of care standard for victims of child trafficking.

Nichols, A. J., Preble, K. M., & Cox, A. (2019). Human trafficking in Missouri and Metro East St. Louis: Provider based needs assessment and demographic snapshot. *Missouri Coalition Against Trafficking & Exploitation-CATE*. <https://mocate.org/wp-content/uploads/2020/02/Needs-Assessment-Report11>, 15.

The authors wrote this needs assessment on human trafficking survivors in Missouri and East St. Louis. The survey contained items regarding substance abuse services, shelter, transitional housing, prevention programming, IPV, job training, education, mental healthcare, food security, medical care, and training needs. A total of 107 anti-trafficking service providers completed the survey. They found that providers emphasized the statewide need for accessible, culturally competent, long-term, and crisis service responses. In terms of structural improvement, the providers suggested housing, professional training, peer support services, and statewide coordination. Additionally, they suggest more training regarding trafficking prevention by sexual assault and IPV organizations. Regionally, providers highlighted the discrepancy between resource accessibility between urban and rural areas, with rural communities needing many more mental health and crisis services. They found that younger and poorer people of color are at heightened risk for trafficking victimization. Furthermore, certain ethnic groups are at a higher risk for trafficking victimization in certain regions of the East St. Louis area. These individuals also need culturally sensitive and language-appropriate services. Logistical problems prevented full data collection from all organizations. Despite this limitation, this research contributed important knowledge on the characteristics and needs of trafficking victims in the East St. Louis area.

Hate Crimes

ODIHR, O. (2021). Compendium: Practices on Structural Frameworks for Individual Needs Assessment (INA) of Hate Crime Victims and Referrals. *Organization for Security and Co-operation in Europe*.

Participating States of the Organization for Security and Co-operation in Europe (OSCE) have committed themselves to act against hate crimes, including supporting victims of hate crimes. This compendium builds on information collected via the Baseline Report survey conducted in 2020, with additional research and semi-structured interviews conducted to supplement this information. The interviews were conducted between April and May 2021 with representatives in Bosnia and Herzegovina, Croatia, the Czech Republic, France, Germany, Greece, Hungary, the Netherlands, North Macedonia, Sweden, and the United Kingdom. Some of the limitations were that it's neither comprehensive nor exhaustive and, where several countries employ a similar approach, only one country example is included for illustrative purposes. Additionally, the compendium does not offer an evaluation of the practices presented. The INA is a key instrument for ensuring a victim-centered approach to address the needs of hate crime victims. It constitutes the first step to ensuring the full provision of services and access to rights for victims.

Identity Theft, Fraud, & Other Financial Crimes

Cross, C. (2016). 'They're very lonely': understanding the fraud victimization of seniors. *International Journal for Crime, Justice and Social Democracy*, 5(4), 60-75.

This article examines two discourses relevant to older fraud victims: the first being that older victims of crime are seen as weak and vulnerable and the second being that fraud victims are generally greedy and gullible. To examine these two discourses, the researcher conducted 21 interviews with Canadian volunteers who provide telephone support to older fraud victims. These volunteers were all seniors themselves. The participants were between the ages of 60-91 years, with the average time of volunteering being 10 years, and with all reporting no previous fraud victimization. There were limitations to this study. The first being that the findings were not representative of all volunteers across all victim support services. Another limitation was that the findings showed the views of volunteers based on their understanding and experiences of providing support and not the victim's interpretation of their own experiences. They also found that the volunteers did not seek to further verify/corroborate the information they received, meaning that the information provided was one version of the truth. The study found that volunteers overwhelmingly perceive fraud to occur out of loneliness and isolation of the victim, and they actively resist victim-blaming narratives toward these individuals.

Cross, C. (2018). Expectations vs reality: Responding to online fraud across the fraud justice network. *International Journal of Law, Crime and Justice*, 55, 1-12.

This article shows a variety of misconceptions held by victims regarding the fraud justice network regarding responding to online fraud. To do this, the article drew from data taken from a larger research project that examined the reporting experiences and victims support needs of online fraud victims in Australia. The data was collected from 80 semi-structured interviews with online fraud victims across Australia. To be eligible to participate, participants must have reported it to the Australian Competition and Consumer Commission (ACCC), have suffered a loss of AU\$10,000 or more, be 18 years or older, and be a resident within 100km of Sydney, Melbourne, Brisbane, Perth, and Adelaide. This article looked at the issues associated with locating an appropriate agency across the fraud justice network, misunderstandings about the jurisdiction of various agencies, as well as inaccurate beliefs about the ability of agencies to share or respond to their information in a manner deemed appropriate by victims. This study demonstrated the need for agencies across the fraud justice network to better communicate with victims.

Cross, C. (2018). (Mis) Understanding the impact of online fraud: Implications for victim assistance schemes. *Victims & Offenders*, 13(6), 757-776.

This study examined the experiences of online fraud victims and explored how the impact of online fraud goes far beyond financial losses. The study consisted of semi-structured interviews with 80 online fraud victims across Australia (Sydney, Melbourne, Brisbane, Perth, and Adelaide), with $\frac{1}{3}$ consisting of romance fraud, $\frac{1}{3}$ investment fraud, and $\frac{1}{3}$ a combination of other fraudulent schemes. The participants fell between the ages of 30-77 where the majority consisted of men (58%). All participants were recruited through the Australian Competition and Consumer Commission (Australia's federal consumer protection agency), and to be eligible to participate, individuals must have reported a loss of at least AU \$10,000 due to fraud victimization. This study demonstrated the ongoing and debilitating effects that online fraud victimization can have on an individual. Cross found that online fraud victimization not only had financial impacts, but physical, emotional, and psychological impacts, with victims expressing suicidal ideation and some even taking their own life. Cross also found a strong relational aspect to many online fraud schemes, which exposed victims to additional levels of trauma and further exacerbated the impacts of their victimization. This study can potentially improve availability of accessing financial aid through victim support schemes and help support victims who have been excluded by current victim policy.

Annotated Bibliography

Cross, C., & Kelly, M. (2016). The problem of “white noise”: Examining current prevention approaches to online fraud. *Journal of Financial Crime*, online publication.

The data was collected from two sources. The first source was from when Cross conducted 72 semi-structured face-to-face interviews undertaken with 85 seniors who were 50 years old or older from Australia. Each participant had received a fraudulent email requesting money, personal details, or passwords. The second data source was made up of materials and evidence collected by Kelly during a fraud investigation in Canada. They wanted to focus on the prevention messages that exist around online fraud. This paper argues that current prevention messages are ineffective due to victims being unable to apply current educational materials on online fraud or awareness to their own experiences. Additionally, the categorization of fraudulent approaches was seen as unimportant because perpetrators do not maintain the boundaries between different plotlines in fraud. Rather, they will use any means necessary to obtain money from victims. Based on their findings, they show that future prevention approaches need to be focused on the simple message of protecting money and protecting personal information.

Cross, C., Richards, K., & Smith, R. (2016). *Improving responses to online fraud victims: An examination of reporting and support*. Report to the Criminology Research Advisory Council, 1–90.

The Criminology Research Advisory Council interviewed 80 victims of online fraud to gather an understanding of their needs and the impact of fraud on the victims and their relationships. The interviews were semi-structured and took place in-person to gather a multidimensional understanding of fraud victimization. Victims who had reported a loss of more than \$10,000 to the ACCC Scamwatch website and the hotline were asked to participate. Participants also needed to live within 100 kilometers from Sydney, Melbourne, Brisbane, Perth, and Adelaide. After interviews were conducted, researchers coded the qualitative responses and organized them to fit specific themes. Most participants were 30-77 years old and experienced a variety of different types of fraud. These included romantic fraud, investment fraud, and various other fraudulent experiences. While fraud victimization can result in significant financial losses for victims, the report deeply explored the emotional and psychological impact of fraud victimization. Many victims felt a lot of guilt and shame in falling for fraudulent schemes. This can lead to mental health struggles as victims attempt to cope with this type of victimization. Mental health issues can worsen with the threats of physical violence and death threats by scammers. While the participants reported fraud experiences to Scamwatch’s hotline and website, fraud often isn’t reported by victims. Participants in the interviews highlighted ways that their needs could be better fulfilled. These included opportunities to openly share about fraud experiences free of judgment, mental health services for victims of fraudulent exploitation, opportunities to connect with other victims of fraud, and more education about fraud victimization in crime intervention services.

Annotated Bibliography

Child Abuse

Daigle, L. E., Harris, M. N., & Mummert, S. J. (2019). Crime victims and their unmet civil legal needs: Pro bono service provision among private attorneys. *Journal of Victimology and Victim Justice*, 2(1), 26-46.

Data for this study was collected from a larger project assessing the civil legal needs of crime victims in Georgia. The study involved an online survey of members of the Georgia Bar Association who worked in private practice during the fall of 2015. The survey assessed the extent to which private attorneys provide pro bono services to crime victims, the barriers to these services, and how they could be incentivized to provide pro bono services. To select participants, the research team consulted with partners on the project who provide pro bono services and clients to select sections from the Georgia Bar that would likely be open to providing crime victims pro bono services. Of the participants, 82 percent worked in civil legal private practice, 25 percent worked in family law, 13 percent worked in litigation, 13 percent worked in general practice, and 12 percent worked in criminal law. A limitation in this study was that the data is cross-sectional and unable to address time-ordering of variables. Furthermore, the data was not drawn from a random sample, meaning that it's unknown whether the findings are generalizable. The study found four findings on how private attorneys view pro bono work. First, very few attorneys represented or assisted crime victims. Second, attorneys felt they did not have enough time or felt unqualified to provide services to crime victims. Third, trainings may be successful in leading to actual service provision of pro bono services. Fourth, there may be certain types of lawyers who are more likely to give pro bono services to crime victims. This study can potentially improve and increase the availability and accessibility of services to crime victims and increase pro bono services

Gonzalez-Pons, K. M., Gezinski, L., Morzenti, H., Hendrix, E., & Graves, S. (2020). Exploring the relationship between domestic minor sex trafficking myths, victim identification, and service provision. *Child Abuse & Neglect*, 100, 104093.

This group sets out to see if human service professionals understand the difference between myths and facts regarding domestic minor sex trafficking. The methodology used to gather information was a cross-sectional survey that assessed participant demographics, beliefs in human trafficking myths, the ability to identify victims, and service provisions. The survey included a range of 69 service providers, 29 being from organizations, in a large metropolitan area in the southwest of the United States. A limitation in this study was that the findings were not generalizable since their surveys were only conducted in a large metropolitan area, and the sample size was relatively small. However, most of the study's findings are consistent with research regarding an individual's beliefs on human trafficking myths and how victim identification remains a current issue in victim services. It also pushes for creating strong partnerships between survivors, healthcare professionals, and other service professionals in ensuring that the victims' needs are met. This study will help professionals and agencies see the importance in creating trainings that cover the legal definitions of domestic minor sex trafficking and victim identification, as well as training on accurate identifiers.

Victim Service Delivery

Martinho, G., Gonçalves, M., & Matos, M. (2020). Child trafficking, comprehensive needs and professional practices: A systematic review. *Children and Youth Services Review, 119*, 105674.

This review was conducted to learn and understand professionals' practices and their understanding of comprehensive needs when working with victims of child trafficking. The literature was narrowed from 734 articles to 17 articles. The types of exploitation they found were sexual exploitation, forced marriage, labor exploitation, and both labor and sexual exploitation – some articles did not have a focus on a specific form of exploitation. The articles covered 14 different countries: Hungary, Slovenia, Afghanistan, Cambodia, Thailand, Philippines, India, Laos, Nepal, Vietnam, United Kingdom, United States, Brazil, South Africa. The methods used to collect the data were semi-structured interviews, focus groups, and surveys. A majority used qualitative design with one using a mixed design method. The participants were professionals from education, health services, protection and social services, justice fields, and other stakeholders in child trafficking/other professionals. This systematic review found that collaborative action by a multidisciplinary team is needed for efficient practice that meets the needs of child trafficking victims. This review emphasizes the importance in having specialized qualifications and training to meet the victim, institutional, professional, human resources' macro-societal needs of those victimized and of those working with victims of child trafficking. It captures how professionals should integrate a culturally sensitive posture, trauma-informed care, and victim-centered approach.

Annotated Bibliography

Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., Casale, M., & Sherr, L. (2017). Disclosure of physical, emotional, and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychology, Health & Medicine*, 22(sup1), 94-106.

This study aims to explore whether children in South Africa know about post-abuse services, if they disclose and seek services, and what the outcomes of help-seeking behavior are. To do this, the researchers conducted a confidential self-report questionnaire. To find participants, they looked at two health districts with high rates of poverty - all areas were chosen at random. The 3,515 participants all were between the ages of 10-17, and 3,401 (96.8) participants were followed up on a year later. A limitation that was present was that the findings are not representative of the South African population since this study only took place in low-income, Black African communities. They also recognize that social-desirability bias could have taken place, and that the study did not measure response to first disclosure. This study found severe disparities between children's knowledge of services and children's reluctance to disclose and seek help from formalized services. 98.6% of children were able to identify at least one suitable form of formal service or confidante for abuse disclosure, and only 20% of them disclosed their abuse or requested help. These findings of low rates of disclosure of abuse were consistent with studies from high income countries.

Sumalla, J. M. T., & Hernández-Hidalgo, P. (2018). Victims of child sexual abuse: Understanding their need for justice. *International Journal of Law, Crime and Justice*, 54, 11-20.

The study involved an in-depth interview with 23 adults who were victims of child sexual abuse. Their aims were to understand what victims believed the criminal justice system (CJS) could offer and how they thought it could impact their wellbeing and give them a feeling of justice. The researchers met with professionals from a victim support center specialized in child sexual assault, who then reached out to potential participants. The participants were between the ages of 17 and 50, with the majority (N = 20) being women. The interviews were conducted during December 2014 through April 2015 after a detailed explanation of the goals, possible risks, and benefits of the study were given and written consent was received. The limitations of this study were found in the characteristics of the sample. All the participants received psychological treatment with the majority (N=19) still undergoing therapy. They also recognized the possibility for biases because of the sensitivity of the topic, which may have led to participants giving socially desirable responses. They also identified that the memory of participants could be affected due to the consequences of the retrospective nature of the study and the trauma they experienced. The study found 3 main expectations of victims of child sexual abuse: (1) the prevention of future abuse against them or others, (2) retribution for the harm caused, (3) recognition of the crimes and the aggressors' guilt. This study confirmed what other studies have found regarding the expectations of the CJS. It also highlighted how the focus was placed on the outcome of the process in its perception of its fair or unfair nature to a victim's experiences.

Annotated Bibliography

Wright, N. M., Srinivas, T., Lee, M. S., & DePrince, A. P. (2022). Development of a legal service needs and barriers measure for victims of family violence and other crime. *Journal of Family Violence*, 1-19.

This was a 2-phase study conducted to create a measure of crime victims' legal service needs and barriers to be used in screening or program evaluation. Phase 1a involved interviews (N=25) with providers working with diverse crime victim populations. In this phase, they focused on 11 areas of legal needs. Phase 1b involved focus groups (N=88) with crime victims and/or those who could speak to the experience of specific crime victims. The sample consisted of 35 people who identified as White, 2 as Black/African American, 7 as Latinx, 1 as Native American or Alaskan Native, and 3 as more than one identification. The ages of participants ranged from 18-78 years old. Phase 2 used the data collected in phase 1 to create a measure of 8 needs and 4 barriers as categories. A limitation in this study is that the data only consisted of those who were willing to talk about issues publicly, limiting the sample to those at a specific stage of coping (those further out from the crime) or those with strong viewpoints who want to share. Because of this, they could not know the strength of how the sample matched the larger population of crime victims. Even so, this 43-item measure can inform the development and implementation of programs to help improve legal services for crime victims.

Underserved Populations

de Heer, B. A., Jones, L. C., Larsen, B., Runge, J., & Patton, S. Y. (2021). Improving Justice for American Indian and Rural Victims of Crime Through Community-Engaged Research. *Journal of Contemporary Criminal Justice*, 37(2), 192–211.

Researchers collaborated to investigate the ways that rural and Native American victims of crime could be assisted through more innovative and applicable research approaches. The article pondered the ways that local agencies and researchers could connect to find the most effective solutions for rural and Native American groups. Grand Canyon and Page, Arizona were two areas investigated in the research, and local agencies included tribal leaders to help share the specific community needs. The article deciphered the best ways to collaborate from the perspective of researchers and practitioners working in these communities. Researchers emphasized the importance about understanding all the services and resources that each agency provides, having specific research roles when gathering data, and collaboration when establishing research designs. Practitioners emphasized that they could play a crucial role in connecting researchers to communities and defining the most important research questions. Additionally, they could play a large role in advocating for research participants and protecting their rights. The report also shared several ways that rural victims of crime could be supported in future research efforts. Research questions and evaluation methods need to be created to be in alignment with rural lifestyles, and Native American communities have a need to build trust and relationships with research entities before research begins. First responders need to be ingrained in the communities they serve. Finally, future policies could consider ways that all local agencies can collaborate and form meaningful professional relationships to better serve rural and Native American populations.

Annotated Bibliography

Naughton, S. (2020). Issues of accessibility in victim services for survivors with disabilities: an agency assessment. *Graduate Student Papers, 1653*, University of Northern Iowa.

This study aims to measure the capacity of Cedar Valley Friends of the Family (FOF) to effectively serve survivors and clients with disabilities, as well as suggestions for short and long-term improvement through utilizing a manual and scoring tool provided by the Vera Institute of Justice. Several findings were identified in the study. First, 54% achieved progress toward the commitment of addressing domestic violence against people with disabilities and people with deafness. Specifically, FOF has not fully recognized its duty to serve survivors with disabilities. FOF has not collaborated well with other disability organizations to enhance its ability to meet the needs of survivors with disabilities, and FOF has not fully established written policies to ensure accessible and inclusive services are provided to survivors with disabilities. Second, 32% achieved progress toward the capacity of providing domestic violence services to survivors with disabilities and deaf survivors. Specifically, FOF has not established physical infrastructure to increase accessibility to survivors with disabilities, FOF has not fully developed its employment and staff, and the unique needs of people with disabilities has not been fully accounted for within resources and activities. Recommendations for FOF and future victim service agencies are listed below: 1) improving outreach efforts by updating outreach materials or create disability-specific brochures and include violence against people with disabilities in violence prevention programming. 2) increasing available disability resources for staff and clients by creating case management resources. 3) increasing alternative formats in vital agency documents, such as investing in Braille, plain language, and ASL or captioned video content. 4) improving and expanding staff and volunteer training to include disability victimization and advocacy by requiring disability modules and expanding staff learning opportunities. 5) Advancing the utilization and collection of important data by recording and researching and adjusting agency priorities. In terms of policy development, interpreter policy, eligibility policy, service animal policy, shelter resident agreement, and medication policy should all be considered.

Annotated Bibliography

COVID-19

Bennett, E. R., Snyder, S., Cusano, J., McMahon, S., Zijdel, M., Camerer, K., & Howley, C. (2021). Supporting survivors of campus dating and sexual violence during COVID-19: A social work perspective. *Social Work in Health Care, 60*(1), 106–116.

The issue of dating and sexual violence (DSV) on college campuses has received increased attention nationwide as a criminal justice and public health issue. College and university-employed social workers play a critical role in preventing and responding to campus DSV through direct clinical services to students, as well as prevention through educational programming and training. COVID-19 has negative implications for DSV student victims, as well as service delivery and accessibility. This study examines the innovative methods used by university-employed social work clinicians and educators to meet evolving mental health care needs and violence prevention services during COVID-19. Specifically, the innovative approaches include but are not limited to: the crisis response and counseling via telehealth, education and prevention workshops, addressing TFSV, and incorporating anti-racism. Overall, for future directions, it is important to colleges and universities to evaluate interventions and implement institutional-level support for social workers.



Annotated Bibliography

Campbell, R., Javorka, M., Engleton, J., Goodman-Williams, R., & Gregory, K. (2022). Post-Assault Health Care for Sexual Assault Survivors During COVID-19: A Mixed Methods Analysis of Service Rates in a Predominately African American Community. *Journal of Interpersonal Violence, 14*(1), 1-23.

This study looked at how the COVID-19 pandemic affected sexual assault healthcare services in a predominately African American city, Detroit, Michigan. This study used both quantitative and qualitative sampling methods. Their quantitative sampling evaluated changes in service rates for three core post-assault healthcare services: medical forensic exams (MFEs), medical advocacy MEF accompaniment, and counseling. This evaluation took place from January 2019 through June 2021. They also conducted qualitative interviews with 12 sexual assault advocates to understand how their clients were impacted by COVID and how their agency adapted services to respond to the needs of their community. Both the qualitative and quantitative data showed disruptions in service provisions, with the rate of MFEs never returning to pre-pandemic levels during this study's observation period. This speaks to why it is so critical to understand how victim service programs have been affected, especially in communities of color.

Cohen, J. S., Donnelly, K., Patel, S. J., Badolato, G. M., Boyle, M. D., McCarter, R., & Goyal, M. K. (2021). Firearms Injuries Involving Young Children in the United States During the COVID-19 Pandemic. *Pediatrics, 148*(1), 1–8.

Researchers collaborated to understand the themes surrounding firearm injuries of young children during the COVID-19 pandemic. Accidental firearm injuries are the most common cause of death for children under the age of 12. Multiple years of the Gun Violence Archive were utilized to compare the rates of gun violence injuries in children less than 12 years old from 2016-2019. These trends were compared to the first six months of the COVID-19 pandemic. There were some limitations mentioned, such as the data used was from a public database. This may lead to underestimations of gun injuries in children. Due to the various gun policies in each state in the United States, there could be an overestimation of the number of guns acquired. Finally, it is difficult to study the relationships between firearm injuries and required background checks in various states. The radical life changes following the COVID-19 pandemic led to the rise in gun ownership in families with children. The research found that there was an increase in both child firearm fatal and nonfatal injuries compared to the trends of firearm injuries before the COVID-19 pandemic. The study also found an increase in fatal and nonfatal firearm injuries for children under 12 years old. The researchers concluded that a likely cause of the dramatic increase in firearm injuries was the increase in gun ownership in the United States. The researchers suggest more thorough state and federal policies to prevent firearm injuries.

Annotated Bibliography

Cross, C. (2020). Theorizing the impact of COVID-19 on the fraud victimisation of older persons. *The Journal of Adult Protection*. 23(2), 98-109.

This paper was written to understand how COVID-19 may change the vulnerability levels of older people and how this can change their potential for fraud victimization. This review examines what is known about the fraud victimization of older adults, what is known about fraud within the context of COVID-19, and how it applies to the current circumstances arising from COVID-19. This paper argues that there are no new categories of fraud. However, it is seen that COVID-19 has enabled offenders to change their methods of targeting victims and using the current circumstances surrounding COVID-19 as context for their schemes. This review also highlights the need for awareness of how older adults may be experiencing greater levels of vulnerability during the pandemic, and how this could increase their susceptibility to fraud. This review demonstrates the need for open and direct conversations around fraud and that the types of approaches seen during the pandemic apply to older adults.

Elliott, S. A., Bardwell, E. S., Kamke, K., Mullin, T. M., & Goodman, K. L. (2022). Survivors' Concerns During the COVID-19 Pandemic: Qualitative Insights From the National Sexual Assault Online Hotline. *Journal of Interpersonal Violence*, online publication.

With the onset of the COVID-19 pandemic and the implementation of stay-at-home orders in March 2020, experts warned of the possible threat of increased interpersonal violence among individuals isolated with abusers. Researchers have sought to understand how the pandemic impacted victims primarily through the analysis of administrative data sources, such as hospital and police records. The preponderance of this data shows a decrease in formal help-seeking among victims during the pandemic, speaking to an impaired access to services but limiting our understanding of other ways in which the pandemic has affected survivors. To overcome these limitations, this study examined data collected about users of the National Sexual Assault Online Hotline (NSAOH). Information was collected through staff based on retrospective recall following one-on-one chat sessions with 470 victims of sexual violence who contacted the NSAOH in the first six months of the pandemic and discussed COVID-19-related concerns. This study qualitatively examined open-ended descriptions of COVID-19-related concerns and identified the four most common themes: (1) mental health concerns, (2) creation or exacerbation of an unsafe living situation, (3) not being able to access services, and (4) not having access to a mandatory reporter or trusted adult. The findings demonstrate the myriad ways in which the pandemic affected the lives of victims of sexual violence and can inform practices for services and practitioners to best meet the needs of survivors moving forward. Specifically, these findings highlight the need for more accessible mental health services and funding for sexual assault service providers, as well as the importance of safety planning, particularly in times of crisis.

Annotated Bibliography

Fisher, C. B., Tao, X., Liu, T., Giorgi, S., & Curtis, B. (2021). COVID-Related Victimization, Racial Bias and Employment and Housing Disruption Increase Mental Health Risk Among U.S. Asian, Black and Latinx Adults. *Frontiers in Public Health, 9*.

This study examined the disruptions in employment and housing, COVID-19-related victimization and racial biases, and mental health risks among Asian, Black, and Latinx adults during the pandemic. The data used in this study was part of a larger national survey on social determinants of mental health and substance use among U.S. adults during COVID-19, which started in September 2020. Participants were recruited online through Qualtrics Panel and must have been U.S. residents above the age of 18. Measures used in this survey included financial and health information, housing disruptions, and distress in response to employment changes, COVID-19 related victimization distress, and perceived increases in racial bias, depression, and anxiety. Limitations were found in the participant recruitment procedure. The surveys were limited to those who had previously registered for taking online surveys, leaving out individuals who were not registered with the recruitment sites. Because of the cross-sectional nature of the data, causal interpretation cannot be concluded. The study found participants of Asian descent reporting significantly higher levels of COVID-related victimization distress and perceived increases in racial bias compared to those of Black and Latinx descent. They also found that having at least one COVID-related health risk was connected to distress in response to changes of employment and housing disruptions and pandemic-related victimization distress. Perceived increases in racial bias were positively and significantly related to depression and anxiety. This study demonstrates the need for understanding the association between COVID-19 and long-standing racial biases to create adequate mental health services and prevention policies for Asian, Black, and Latinx adults during the current and future pandemics.

Fogarty, A., Savopoulos, P., Seymour, M., Cox, A., Williams, K., Petrie, S., Herman, S., Toone, E., Schroeder, K., & Giallo, R. (2022). Providing therapeutic services to women and children who have experienced intimate partner violence during the COVID-19 pandemic: Challenges and learnings. *Child Abuse & Neglect, 130*.

The current study aimed to explore parents' experiences of participating in a parent-child telehealth intervention during the COVID-19 pandemic. The study also wanted to explore clinicians' experiences of delivering the service, including key strengths and challenges. Participants were five mothers who took part in Berry Street's Restoring Childhood Service during the COVID-19 pandemic in Melbourne, Australia. 14 Restoring Childhood clinicians who delivered the service across metropolitan and regional sites also participated. Semi-structured qualitative interviews were conducted, and data was analyzed using thematic analysis to determine key themes and sub-themes within the data. Parents identified several strengths and benefits of Restoring Childhood delivered via telehealth including improvements in parenting skills and confidence, parent-child relationships, and the children's emotional-behavioral functioning. Both parents and clinicians noted the creativity utilized during the online approach, and the increased access it offered for families. However, challenges to the telehealth approaches were also noted. Clinicians discussed important considerations for telehealth within this context including safety and confidentiality, technology issues, and challenges working from home. There were several limitations worth noting: 1) The sample of parents was small ($n = 5$) and included parents of children who varied in age from early childhood to adolescence. This was likely to have limited the depth of experiences collected. 2) The sample consisted of only mothers and may not represent the experiences of fathers or other caregivers who took part in Restoring Childhood services. 3) There were significant differences between the benefits of the services noted by parents and clinicians, and this limited the triangulation observed across our data. This is likely due to clinicians having prior experience delivering Restoring Childhood within a face-to-face setting. The current study highlighted the promise of telehealth interventions for parents and children who have experienced intimate partner violence. It also poses several important considerations for the use of telehealth within this setting and emphasizes the need for rigorous evaluations of telehealth services for children exposed to intimate partner violence.

Annotated Bibliography

Gee, G. C., Morey, B. N., Bacong, A. M., Doan, T. T., & Penaia, C. S. (2022). Considerations of Racism and Data Equity Among Asian Americans, Native Hawaiians, And Pacific Islanders in the Context of COVID-19. *Current Epidemiology Reports*. 9(2), 77–86.

The purpose of this review was to reveal the importance of considering social determinants of health such as racism. To do this they took a look at data from hate crime statistics, social media analysis, and survey-based research. This review focuses on 3 key themes: (1) racism is a major public health issue; (2) racism is not simply about interpersonal experiences of hate crimes or micro-aggressions; (3) disaggregation is paramount. Through the data they found, they show how the pandemic has contributed to and increase in anti-Asian sentiment and discriminatory incidents. More research is showing that such discrimination may also impact health issues such as psychological distress. The pandemic is illustrating the major gaps in data available to disentangle the health and social concerns facing Asian Americans and Native Hawaiian, and Pacific Islander communities, which contribute to bias that obscures objective data and amplifies health inequalities. This review demonstrates the need to simultaneously attend to all of the system-related factors that contribute to the health of our populations and specifically to health inequities.

Gresham, A. M., Peters, B. J., Karantzas, G., Cameron, L. D., & Simpson, J. A. (2021). Examining associations between COVID-19 stressors, intimate partner violence, health, and health behaviors. *Journal of Social & Personal Relationships*. *Journal of Social and Personal Relationships*. 38(8), 2291–2307

Researchers wanted to understand the extent to which COVID-19 stressors impacted IPV victimization and how IPV victimization is associated with health and health behaviors. All procedures in the study were approved by the Ohio University Institutional Review Board and informed consent was obtained from all individuals prior to administering the survey. During May 15-28, 1,813 participants were recruited through ResearchMatch – a national health volunteer registry supported by the U.S. National Institutes of Health – to complete an online survey. To participate, they were required to be in a romantic relationship for 4+ months and be cohabiting with their partner. Of the participants, 79.7% were female, 88.4% were white, and the average age was 44.6 years old. The survey assessed COVID-19 stressors (financial anxiety, social disconnection, health anxiety, COVID-19-specific stress), IPV victimization, physical and mental health, substance use, and movement outside of the home. Although the sample size was large, the data is cross-sectional, which limits the ability to make causal conclusions and the cross-sectional data limits their ability to understand whether and how the relations (of mental health, physical health, COVID-19 stressors, and IPV) may have changed across the course of the pandemic. Their research found that COVID-19-related stressors were associated with greater IPV victimization during the pandemic, as well as demonstrating how situational stressors are related to IPV victimization. These findings suggest that addressing the stressful context surrounding victims may help reduce IPV victimization during the pandemic.

Annotated Bibliography

Johnson, J., Sattler, D. N., & Otton, K. (2021). COVID-19-Related Assault on Asians: Economic Hardship in the United States and India Predicts Diminished Support for Victim Compensation and Assailant Punishment. *International Journal of Environmental Research and Public Health*, 18(10).

Researchers examined whether economic hardship during the pandemic and the race of a victim (Chinese, White) would influence support to compensate a victim and punish the assailant. The study also looked at whether the perception that the victim experienced emotional and physical suffering due to the assault would mediate the relationships. This study was conducted in both the United States (N = 202) and India (N=203). The research was conducted in compliance with the host institution's Internal Review Board. Participants were recruited using the crowdsourcing website Amazon Mechanical Turk (MTurk). Some limitations from this study come down to their data. The sample may be less representative than national probability samples due to using the crowdsourcing platform MTurk. And it is unknown whether individual difference variables are associated with reactions to violence, as it was seen that a majority of participants completed some level of college. Participants were asked to report their own economic hardship due to the pandemic. Then they read about an incident where someone suffered a COVID-19 attack. They found that when the victim was Chinese and participants were experiencing a high level of COVID-19 economic hardship, they were less likely to support financially compensating the victim. They also found that participants were less likely to punish the assailant if the victim was White. Furthermore, when the victim was Chinese, there was less recognition that the victim had suffered emotional trauma and pain as a result of the attack. This study demonstrates the need to mitigate economic hardship and to address racism and discrimination.

Lee, S. J., Ward, K. P., Lee, J. Y., & Rodriguez, C. M. (2022). Parental Social Isolation and Child Maltreatment Risk during the COVID-19 Pandemic. *Journal of Family Violence*, 37(5), 813–824.

This study investigated the link between the social isolation of parents and child maltreatment risks as a result of the COVID-19 pandemic. Surveys were distributed to adults of U.S. nationality that were 18 years or older. The study evaluated the responses of 555 adults, 58.2% being mothers of children. 73.4% of participants were White and held at least a Bachelor's degree (53.4%). The items on the survey evaluated conflicts between parents and children, social isolation perception, and the effects of COVID-19 on employment and parental discipline. The "Parent-Child Conflict Tactics Scale" and "Personal Health Questionnaire" were utilized for survey items and other questions were created to evaluate the effects of COVID-19 on parenting styles. By the time that the survey had been distributed and completed by participants, most participants had socially distanced for 10 days and were in complete isolation for 5 days. One limitation of the research mentioned was that the survey participants were mostly White, well-educated, and middle-class. The study shared that the effects of the COVID-19 pandemic mostly impacted marginalized populations and low-income individuals. The study also shared that the survey size was small and could be expanded in the future to increase the survey results' accuracy. The amount that a parent felt socially isolated increased physical neglect by 71%. When parents lost jobs due to the COVID-19 pandemic, the likelihood of emotional neglect increased by 151%. There was no significance between the perception of social isolation and spanking and slapping. However, self-reporting of physical punishment increased 124% compared to results before the COVID-19 pandemic. Parents also reported more screaming and yelling at their children compared to before the pandemic. One out of three parents exhibited depressive symptoms, and depressive symptoms were linked with more self-reports of discipline and conflicts with their children.

Annotated Bibliography

Munro-Kramer, M. L., Cannon, L. M., Scheiman, L., St Ivany, A. R., & Bailey, J. M. (2021). Accessing Healthcare Services During the COVID-19 Pandemic: The Plight of Sexual Assault Survivors. *Journal of Forensic Nursing, 17*(2), 93–97.

This study aims to explore how the pandemic and its associated restrictions have impacted sexual assault survivors and their ability to access specialized care and resources. The purpose of this research brief is to use longitudinal data to compare the number of medical forensic examinations done pre-pandemic and during the COVID-19 pandemic shelter-in-place order. The study uses retrospective data on medical forensic examinations from January 2010 through November 2020 from one large academic Midwestern hospital. Results show that monthly medical forensic examinations have increased over time, from a mean of 4.5 cases per month (range: 1–9) in 2010 to a mean of 9 cases per month (range: 7–11) in 2019. In April 2020, when COVID-19-related shutdowns were at their first peak, cases dropped to a historic low of 0 examinations. This was the lowest number of cases in the past 10 years. Overall, the data shows an initial drop in the number of survivors seeking post-assault care after the COVID shutdown. However, cases rebounded through the second full month of shutdown orders. Programs that provide medical forensic examinations need to be prepared for subsequent waves of survivors, who may be COVID-19 positive. Professionals must be better prepared for many of the adverse consequences impacting individuals around the country related to COVID-19 responses.

Piquero, A. R., Jennings, W. G., Jemison, E., Kaukinen, C., & Knaul, F. M. (2021). Domestic violence during the COVID-19 pandemic-Evidence from a systematic review and meta-analysis. *Journal of Criminal Justice, 74*, 101806.

This article sought to examine the rates of domestic violence incidence after the institution of COVID-19 lockdowns. The authors only used studies that looked at domestic violence rates pre-COVID-19 and post-COVID-19 and that relied on administrative/official records, not self-reports. Overall, they used 37 estimates in analyses. They found that domestic violence increased by an average of 7.86% in all studies and 8.10% in studies based in the United States. These rates were accompanied by a 0.66 and 0.87 effect size, respectively. This literature provides evidence that domestic violence increased because of the COVID-19 pandemic lockdowns. This research contributes knowledge about the increase of COVID-19 and points to increased consideration when implementing lockdowns, specifically the impact on children and the intergenerational transmission of violence.

Annotated Bibliography

Rai, A., Choi, Y. J., Cho, S., Das, U., Tamayo, J., & Menon, G. M. (2022). “#Domestic Violence Isn’t Stopping for Coronavirus”: Intimate Partner Violence Conversations on Twitter during the Early Days of the COVID-19 Pandemic. *Journal of Evidence-Based Social Work*, 19(1), 108–128.

Intimate partner violence (IPV) became a cause of growing concern due to the shelter-in-place orders during COVID-19. Social media has been utilized to share information and communicate during national emergencies and disasters. This study aims to analyze data from Twitter to examine the types of IPV conversations during the early days of the pandemic. Of the tweets we collected between March 19 and April 19, 2020, a 10% sample was chosen (n = 3,506). We utilized content analysis to identify our themes and categories. Five themes were identified: (a) increase in IPV during the COVID-19 pandemic and its impact, (b) resources to help victims and abusers of IPV during COVID-19, (c) general discussion about IPV, (d) experience of IPV, (e) Others. This study provides implications for social work professionals and how social media can be utilized for prevention efforts.

Sinko, L., He, Y., Kishton, R., Ortiz, R., Jacobs, L., & Fingerman, M. (2022). “The Stay at Home Order is Causing Things to Get Heated Up”: Family Conflict Dynamics During COVID-19 From The Perspectives of Youth Calling a National Child Abuse Hotline. *Journal of Family Violence*, 37(5), 837–846.

Researchers collaborated to investigate COVID-19 perspectives of children and adolescents using the National Child Abuse Hotline. They utilized the chats from The Childhelp National Child Abuse Hotline to investigate the perceptions of youth regarding experienced abuse during the COVID-19 pandemic. Most studies had previously investigated how the COVID-19 pandemic had impacted caregivers and relationships between parents and children, but there were very few surveys to investigate how children and adolescents felt during the COVID-19 pandemic and their views of potential abuse. All text and chats (n= 105) on the hotline from May 1, 2020 to June 30, 2020 were used to gather key insights about child abuse from the perspectives of children and adolescents. All responses were coded by various family conflict and abuse themes. One limitation noted was the possibility of a less diverse sample of participants due to the limited timeframe of coded responses. Another limitation noted was that chats and texts were only analyzed, not phone calls. Finally, the study evaluated chats and texts after they had been completed and not in real-time. Many youth shared how school lockdowns impacted their relationships with parents and increased abuse. Additionally, there was a prevalent theme of children and adolescents wanting to consult the staff counselors about ways that they could encourage caregivers to seek mental health resources. Youth also reported increases in violence, both physical and emotional. The study also investigated the unique challenges of the COVID-19 pandemic for youth in abusive circumstances. Some of these barriers included having issues connecting with their support systems outside their family, challenges related to technology access, and having very limited access to supportive adults and safe areas. While the youth participants reported many challenges as a result of COVID-19, there were several ways that they coped with such challenges. Due to the limited access to traditional counseling services, the youth surveyed shared that some of the counselors through the hotline shared mindfulness and journaling methods. This allowed participants to become aware of the danger and establish a way to remain safe during parental conflicts. The study found that adolescents and children can perceive the mental health challenges of their parents and feel a need to mitigate such stresses in a family. Many children in the research shared that they did not have access to phones, but they did have more confidential access to computers during the pandemic. This highlighted the need for child protective services in states across the United States to have multiple platforms for younger victims to share their experiences and receive resources.

Annotated Bibliography

Wu, T.-Y., Hsieh, H.-F., Chow, C. M., Yang, X., Resnicow, K., & Zimmerman, M. (2022). Examining racism and firearm-related risks among Asian Americans in the United States during the COVID-19 pandemic. *Preventive Medicine Reports*, 27.

This study was conducted to examine how Asian Americans' experiences with racism and discrimination were related to firearm-related behaviors during the COVID-19 pandemic. A cross-sectional survey was conducted between December 2020 through January 2021. To maintain a representative yet random sample, researchers used Dynata, which was comprised of over 2.5 million U.S. residents and had a verification process that included digital fingerprinting and spot-checking via third-party verification. Participants must have been 18+ years old, able to read English, self-identified as Asian American, and have internet access. 940 participants completed the survey, which included measures covering demographics, firearm-related risks, and three measures of racism/discrimination experiences since the start of the COVID-19 pandemic. The limitations of this study stem from their data. Their cross-sectional design limits causal attributions, and their non-probability sample poses some limitations for them to generalize their findings to all Asian Americans. Additionally, their finding of an association between racism and firearm-related behaviors can be confounded by unmeasured psychological and social attributes. This study found that Asian Americans who experienced racial discrimination, perceived more cultural racism. They reported higher anticipatory racism-related stress and were all more likely to purchase a gun during the COVID-19 pandemic. These findings suggest an urgent need to investigate the compounded effects of racism, COVID-19, and firearm-related behaviors in this population.

Ying, C. (2021). Regulating Cyber Racism in the United States: Legal and Non-Legal Responses from a Comparative Perspective. *Wisconsin International Law Journal*, 38(3), 477–524.

With the rise of COVID-19, there has been a significant rise in racism online towards Asian individuals. While online attacks against those of Asian descent have risen online, there have also been physical attacks against Asian victims. While the United Nations has included stances against the acts of racism, online attacks have not been deeply explored. One of the greatest challenges for the United States in limiting racism online are the constitutional rights attached to freedom of speech. For this reason, there is an important balance between the rights of free speech and its limitations in the United States. The article highlighted Supreme Court cases, such as the United States vs. Machado. In such a case, this was the first case against cyber racism that was fully prosecuted. The Brandenburg v. Ohio case also made history in the Supreme Court with its limitations to freedom of speech. The report goes into detail about how the Australian model and French model for hate speech represent legal responses to cyber victimization that could be useful in reconsidering the United States' current policies. For instance, the Australian government's usage of "scrutiny tests" could offer a unique opportunity for reconsideration (Chen, 2021, p. 511). It also offers several suggestions about the ways that cyber racism could be limited. Non-legal suggestions included diversity education and the accountability of internet and online companies.

ANNOTATED BIBLIOGRAPHIES FOR PUBLIC REPORTS

State/Local Victim Needs Assessment Research

Alliance for Health Equity. (2019). *2019 Community Health Needs Assessment for Chicago and Suburban Cook County*. https://allhealthequity.org/wp-content/uploads/2019/06/FINAL_2019_CHNA-Report_Alliance-for-Health-Equity.pdf

The Alliance for Health Equity represents 37 hospitals, collaborating with health departments and community organizations, to create a community health needs assessment for Chicago and Suburban Cook County. The report looks at the data to link the role of racism to the health inequities in health care, life expectancy, maternal health, and community violence. The Alliance for Health Equity thoroughly explores the social factors perpetuating health inequities in Chicago, specifically the role of poverty, unemployment, education, food access, housing, environmental injustices, and community violence on health. It also examines how lower income communities of color are more likely to experience violence due to the impact of poverty, educational inequities, limited access to health care services, mass incarceration, and the impact of generational trauma. Community violence can have many immediate and indirect health impacts. For instance, community violence can impact a supermarket from opening up in regions with more crime. The prevalence of gun violence can impact the economy and job opportunities. The occurrence of violence in a neighborhood also may limit the proliferation of parks to encourage healthy activities. There is a profound link to community violence and public health concerns, and the report shares the significant ways that physical health is impacted by an exposure to violence.

Alliance for Safety and Justice. (2016). *Illinois Crime Victims' Voices: The First-Ever Survey on Illinois Victims' Views on Safety and Justice*.

https://www.allianceforsafetyandjustice.org/wp-content/uploads/2016/12/ASJ-Illinois-Crime_survivors-FINAL-online.pdf

The Alliance for Safety and Justice established the "Illinois Crime Victims' Voices: The First-Ever Survey of Illinois Victims' Views on Safety and Justice." Focus groups in Chicago and Peoria were executed, and a survey was distributed across Illinois to understand how victims experienced the criminal justice system, the steps victims took to rehabilitate following a crime, and their views on current Illinois policies. When victims reached out for help in response to being a victim of a crime, seven out of ten victims sought the support of friends or family. Approximately four out of ten victims sought help from police departments. The report included a comparison of the unique differences between violent crime victims and regular crime victims for not reporting crimes. Most violent crime victims feared revenge for reporting the crime and also distrusted the police. Nonviolent crime victims had a plethora of reasons that they did not report to the police, such as other people didn't want the victim to report the crime, they didn't trust the police, etc. The report also discussed that a common theme among all victims was an interest in the criminal justice system taking a more rehabilitative approach. Victims preferred investment in schools, mental health treatment, community service, and substance use treatment to investment in the traditional criminal justice system. 70 percent of participants also preferred crime prevention methods and shorter sentences compared to more intense usage of the criminal justice system. 80 percent of participants also wanted there to be a great focus on improving communities than investing in the criminal justice system.

Annotated Bibliography

Alliance for Safety and Justice. (2021). *Federal Advocacy Brief*. <https://allianceforsafetyandjustice.org/wp-content/uploads/2021/07/ARP-Report-Issue-3-Illinois.pdf>

The Alliance for Safety and Justice produced a short federal advocacy brief to investigate ways to improve the American Rescue Plan. The American Rescue Plan includes funds to support victims of crime and promote safety to reduce violent crime in the United States. While the 14 billion dollar plan has made many strides to support victims in Illinois, the Alliance for Safety and Justice considered the program from different perspectives. The rise of the COVID-19 pandemic has introduced a rise in crime, such as the rise in homicides by 50 percent in some cities in Illinois. The brief also considered the relationship between crime violence, trauma, and seeking help, as many victims do not receive assistance or resources following traumatic crime events. The brief also sourced data collected from the Illinois' Crime Victims' Voices report to highlight the urgent needs of victims. These included financial assistance to cover the medical expenses following the crime, therapy and counseling services, financial assistance to replace the stolen item or damaged property, and housing support. While the report primarily extrapolates data from other sources to make recommendations for policymakers, it established insightful opportunities to make current services more accessible and impactful. These ideas included investing the majority of resources into agencies serving areas with high rates of crime, giving preferential compensation to essential workers who supported victims during the COVID-19 pandemic, and building the organizational infrastructure for agencies to collect and organize the data about their crime victim services.

Champaign County Developmental Disabilities Board & Champaign County Mental Health Board. (2021). *2021 Community Needs Assessment Report*. http://www.co.champaign.il.us/MHBDDDB/agendas/mhb/2021/210922_Meeting/210922_CNA%20Report.pdf

Champaign County Mental Health Board and Champaign County Developmental Disabilities Board conducted their "2021 Community Needs Assessment Report" to determine the most urgent needs for Champaign County residents. While the report focused its attention on mental health trends, substance use trends, and disabilities data, it also shared findings about the connection between gun violence and community violence and the rise of mental health concerns. While some crimes have decreased across the United States, violent crimes, such as aggravated assault, gun assaults, and homicides have increased in 2021. Survey data collected by the Champaign County Developmental Disabilities Board and the Champaign County Mental Health Board showed that the increases in gun violence and crime were the participants' most concerning aspects of living in Champaign County. The report found that work still needs to be done to progress mental health services, especially for victims of domestic violence, child abuse, and elder abuse.

Champaign-Urbana Public Health District. (2021). *Champaign County Community Health Plan: 2021-2023*. <https://www.c-uphd.org/documents/admin/Community-Health-Plan-2021-2023.pdf>

This report was written primarily by the Champaign-Urbana Public Health District in conjunction with the Carle Foundation Hospital, Presence Covenant Medical Center, and the United Way of Champaign County. This report utilized the Mobilizing for Action through Planning and Partnership (MAPP) model which consists of four assessments: the Community Health Status Assessment, the Community Themes and Strengths Assessment, the Local Public Health System Assessment (LPHSA), and the Forces of Change Assessment. After the four health assessments, three health priorities were selected to focus on through 2021-2023 behavioral health, reducing obesity and promoting healthy lifestyles, and violence. The results of this report are consistent with previous reports done by the Champaign-Urbana Public Health District. Addressing violence remains a top health priority.

Annotated Bibliography

Champaign-Urbana Public Health District. (2014-2016). *Community Health Improvement Plan: Champaign County/ Illinois 2014-2016*. <https://carle.org/getmedia/589c97d2-5f61-4880-b35d-0ca9c36cfee6/carle-community-health-needs-assessment-2014-2016.pdf>

Champaign-Urbana Public Health District. (2018-2020). *Community Health Improvement Plan: 2018-2020 Champaign County Illinois*. <https://carle.org/getmedia/144e258d-b63b-4253-a058-012f7817bec0/carle-chna-full-detail-2017-2019.pdf>

Both of these reports were written primarily by the Champaign-Urbana Public Health District but included work from the Champaign County Regional Planning Commission, Carle Foundation Hospital, Presence Covenant Medical Center, and the United Way of Champaign County. In addition, both of these reports utilized the Mobilizing for Action through Planning and Partnership (MAPP) model which encourages community engagement on all levels through four components; The Community Health Status Assessment, The Community Themes and Strengths Assessment, The Local Public Health System Assessment, and The Forces of Change Assessment. The goal of these reports was to improve the community's health by receiving input from community partners, planners, elected officials, and residents. According to the 2014-2016 report, over 60 individuals from 30 different agencies contributed to the process of the report. Also, over 1,000 community residents were surveyed through focus groups, surveys, and community meetings. Based on the MAPP assessments, over 30 health concerns were identified. However, participants narrowed down the list to four which included access to care, behavioral health, obesity, and violence. Using the same four MAPP assessments, the 2018-2020 report narrowed its focus on three main health priorities: behavioral health, reducing obesity and promoting healthy lifestyles, and violence. It is encouraging that both of these reports include similar results regarding identified health priorities. It is even more encouraging that in both of these reports one health priority that was reported was violence, thus showing that violence continues to be a public health issue.

Crime Survivors for Safety and Justice & Californians for Safety and Justice. (2021). *California Crime Victims Agenda 2021: A Ten-Point Plan to Address the Needs of California's Diverse Victims of Crime*. https://safeandjust.org/wp-content/uploads/CaliforniaVictimsAgenda_050621.pdf

The Crime Survivors for Safety and Justice collaborated with the Californians for Safety and Justice to produce the "California Crime Victims Agenda 2021: A Ten-Point Plan to Address the Needs of California's Diverse Victims of Crime." This brief report offered several recommendations for the state of California and was broken up into three objectives. These objectives were to "expand rights, end discrimination, and provide real help" (Crime Survivors for Safety and Justice and Californians for Safety and Justice, 2021, p. 2). Within each of these objectives, the plan includes opportunities to improve victim services. To expand the rights of victims in California, the report recommended increasing the current legal services provided to the public and creating more legal protections for victims to protect their careers and housing. To help end discrimination, the report suggested ideas such as pushing more agencies to expand their eligibility for services and working to end the racial equity issues in the service demographics. To offer more assistance to clients, the report suggested offering crisis services more efficiently and effectively, helping to pay for the trauma-informed rehabilitation of victims, increasing the funding to support local organizations and agencies for victims, and increasing the funding for crisis services.

Annotated Bibliography

Cruz, T. H., Athas, W. F., Cervantes, I. V., Kaminsky, A., Vitanzos, Y. C., Bartlett, M. R., & Velarde, C. R. (2021). *New Mexico Domestic Violence Needs Assessment*. The University of New Mexico. <https://digitalrepository.unm.edu/prc-reports-documents/45>

The goal of this report was to conduct a needs assessment on the domestic violence services in New Mexico such as the capacity and needs and challenges at the organizational and systems levels. The needs assessment consisted of three components which were an online survey of programs, interviews with domestic violence service providers, and a geospatial analysis in hopes of better understanding of access to services across the state. Based on the results of these three components, the University of New Mexico created a list of recommendations for the future. Some of these recommendations were to provide more training opportunities and continuing education, consider collaboration among domestic violence agencies, and provide domestic violence resources that better address the needs of the LGBTQ+ community. The state of New Mexico hopes to improve its domestic violence services and systems similar to the findings and reports of other states.

Delaware Coalition Against Domestic Violence (2017). *Domestic Violence Needs Assessment: A Survey on Most Pressing Services, Resources, and Training Needs*. https://dcadv.org/file_download/19303332-8452-4198-bbbc-4ae7630cd8a1

The Delaware Coalition Against Domestic Violence (DCADV) is a statewide non-profit organization of agencies and individuals working to prevent domestic violence. In this needs assessment, the DCADV contacted domestic violence service providers and recipients to assess where improvements can be made in resources and populations served. They used online surveys and in-person interviews. The survey respondents gave several wants and needs, including better services for victims in the LGBTQ community, more training, increased conviction rates for offenders, more services for teens and young adults, and more financial assistance for victims. The interview findings include increased collaboration and communication among domestic violence organizations, improvements to the law enforcement and legal system response, and healthy relationships training.

Annotated Bibliography

Domestic Violence Offender Management Board, Division of Criminal Justice, & Colorado Department of Public Safety. (2016). Domestic Violence Risk and Needs Assessment (DVRNA) Scoring Manual. <https://uadv.org/includes/DVRNA.pdf?v=1.21>

The Domestic Violence Risk and Needs Assessment (DVRNA) is a risk assessment for adult domestic violence offenders (18+ years) created by the Treatment Review Committee (Committee) of the Colorado Domestic Violence Offender Management Board. DVRNA is composed of 14 domains of risk most highly predictive of future violence based on an extensive literature review, the clinical experience of the Committee, and the knowledge of the criminal justice system participants. The assessment is intended to only be used for offenders who have been arrested and are in the criminal justice system for a domestic violence offense. The assessment is empirically based and has both content and face validity. The empirically based risk factors are predictive for offenders in the criminal justice system and help determine appropriate levels of treatment intensity: low, medium, or high. DVRNA provides a method of determining the probability of ongoing or repeat violence.

Gruschow, K., & Vasquez, A. L. (2020). Who are underserved victim of domestic violence and sexual assault?: Underrepresented victim populations and barriers to service seeking. *Illinois Criminal Justice Information Authority*.

This research aims to improve victim services for underserved populations. VOCA guidelines share that State Administering Agencies (SAAs) must base their definitions on victim characteristics (e.g., race, residence, income) and/or victimization type (e.g., sexual assault, robbery). The present study examines the definition of underserved in the context of Illinois sexual assault and domestic violence victims. Domestic violence and sexual assault service provider perspectives were solicited directly via focus groups, which included a discussion on provider definitions and experiences related to underserved victims and reflections on findings of a statistical and geographic analysis of domestic violence and sexual assault service-receiving victims in Illinois. Several limitations to this study: First, focus group participants comprised only a subset of Illinois providers and their participation was determined primarily by their availability. Second, rural providers were underrepresented, with no participation from Illinois's southern region. Third, the virtual format of focus groups may have prevented researchers from observing non-verbal cues typically useful for directing the facilitation of the discussion or assessing participant agreement. In this study, findings indicate service provider definitions were rooted in individual barriers victims face during and after victimization. Their definitions diverged both from the framing of the VOCA guidelines and definitions suggested by researchers' analysis of service data. Findings also reveal that the barrier-focused definition preferred by service providers and the analysis of demographic characteristics used to identify underrepresented victim populations complemented each other. Combined, these perspectives offered a more comprehensive understanding of underserved victims in Illinois.

Houston-Kolnik, J., Vasquez, A., Alderden, M., & Hiselman, J. (2017). *Ad Hoc Victim Services Committee Research Report*. <https://icjia.illinois.gov/researchhub/articles/ad-hoc-victim-services-committee-research-report>

Prepared by multiple research analysts from the Illinois Criminal Justice Information Authority (ICJIA), this research report aims to "identify crime victim needs and service gaps and measure the existing capacity of Illinois victim service providers" (1). The methodology used to gather information was a literature review, an analysis of administrative data, and surveys and interviews of crime victims, their families, and service providers/practitioners, all in collaboration with Aeffect, Inc., a marketing and communications research firm.

Because the research report focused heavily on analyzing crimes reported to police, service providers, and other agencies, one potential limitation of this research report is that many crimes go unreported. The results of this research report shed light on victim needs, barriers to meeting those needs, and service provider need. This research report will provide important insight on victim needs and service gaps, as well as provide recommendations to address victimization in Illinois.

Annotated Bibliography

Houston-Kolnik, J & Vasquez, A. L. (2017). *Victim Service Delivery: Illinois Providers' Perspectives on Victim Service Barriers and Agency Capacity*. http://www.icjia.state.il.us/assets/articles/Illinois_Victim_Service_Delivery_Capacity_020618.pdf

Prepared by multiple research analysts from the Illinois Criminal Justice Information Authority (ICJIA), this research report focused on “provider capacity, barriers, and strategies to address victim need and providers’ vision for the future of victim services” (3). The methodology used to gather information was a literature review, a survey of victim service providers from the state of Illinois, and follow-up focus groups with victim services staff. Service providers shared that there was a need for to offer a more “holistic” approach to service delivery in order to help address all of the needs of victims (1). Additionally, many service organizations shared that one of the most significant barriers to service delivery was a lack of public awareness for all of the services they provide. Although it was important for providers to build an understanding of services, agencies wanted to continue to progress in their ability to provide a more comprehensive and thorough service delivery for clients.

King, L., Growette, Bostaph, L., Gillespie, L., Wells, J., & Jeffries, R. (2020). *Idaho Crime Victim Survey*. <https://icdv.idaho.gov/wp-content/uploads/2021/09/V1-Iss-4-Victim-Survey-Final-Report-2020.pdf>

The 2020 Biennial Report on Victimization and Victim Services in Idaho was produced by Boise State University in partnership with the Idaho Council on Domestic Violence and Victim Assistance. The Qualtrics survey was distributed directly to victims to hear their perspectives on service providers in Idaho. 97 participants shared their responses, but a major barrier in the data collection process was that several surveys were only partially completed. The report was completed during COVID-19, and this may be partly responsible for the difficulty in receiving full survey responses. The top three crimes that victims reported experiencing within the last year were domestic violence victims (31 percent), stalking victims (19 percent), and child abuse (19 percent). The victims reported that perpetrators were either their current intimate partners, former intimate partners, relatives, friends, or other acquaintances. When seeking services, victims shared several common barriers, such as their perpetrator, lack of access to the services, expense of services, transportation, and communication barriers. Another contribution of the report was if the victims understood their rights as crime victims. Approximately 52.9% of surveyed victims understood their rights. 25% of victims utilized their rights to promote justice.

Livingston, J., & Reback, D. (2016). *The Unmet Needs of Crime Victims in Vermont: Recommendations for Funding Services Through the Victims of Crime Act (VOCA)*. Vermont Center for Crime Victim Services.

<https://www.ccvv.vermont.gov/uploads/The%20Unmet%20Needs%20of%20Crime%20Victims%20in%20Vermont%20FINAL.pdf>

“The Unmet Needs of Crime Victims in Vermont” gathers opportunities and options for services in Vermont through the Victims of Crime Act to reach more victims and have a greater impact on the lives of victims following a crime. Group interviews of legal service advocates, domestic violence program directors, criminal justice programs staff members, child well-being advocates, and staff members of service providers for marginalized groups. The report shares the most important needs of victims in the state of Vermont. Many victims desire more support options for their unique victim experiences, such as sexual assault or elder abuse. Victims also highlight the need for more resources to help them adjust to life after traumatic experiences. Emergency housing and health resources are some of the key resources identified. Victims emphasize that they need greater access to affordable legal assistance and victim advocates. Expanding access to child abuse advocates and domestic violence advocates together would encourage more victims to reach out to services. The report also shares the most important trainings for service providers to assist victims of crime. Understanding the issues impacting LGBTQ+ individuals, immigrants, older adults, and individuals with disabilities are some of the top ways that service providers could be more welcoming to specific client groups.

Annotated Bibliography

Lowry, S., Feeley, L., Cramer, J., Murray, C., Reddy, V., & Gibbes, L. (2016). *State of Iowa Victim Needs Assessment: Final Report*. http://publications.iowa.gov/27734/1/2016_Iowa_Victim_Needs_Assessment_F_EDA8635CBAF99.pdf

The ICF research team worked on behalf of the Iowa Attorney General's Office Crime Victim Assistance Division to conduct a needs assessment of victim service providers and crime victims across the state of Iowa. This needs assessment had two components, the first being a survey of service providers and allied professionals, and the second being focus groups and phone interviews with crime victims. The web-based survey targeted all providers and allied professionals in Iowa who service crime victims across all six regions in the state. The survey was also given to all individuals familiar with their organization's service delivery to crime victims regardless of their position. Of the 1,323 surveys received, 1,140 surveys were deemed valid and included in the analysis. The ICF also used focus groups to capture the perspectives of crime victims in both urban and non-urban areas in all six state regions. 3 main focus groups were scheduled in each region with survivors of domestic abuse, sexual abuse, and other forms of violence. They also had 8 focus groups to understand the needs of underserved/mis-served populations including the African American, LGBTQIA, Native American, Asian, Deaf and Hard of Hearing, and Latino/a communities. Service providers contracted crime victims they felt may have been interested in participating in the focus groups. In order to participate, participants must have been 18 years or older, a direct victim of crime, have experience with victim services in Iowa, and identify as mentally prepared to participate in research related to their experiences receiving victim services. The ICF listed common recommendations from both service providers and crime victims. These recommendations ranged from increasing awareness of available services, widening the net of services, making improvements to services already available, increasing funding, staff training, housing, and more. One limitation of this report is there were some disagreements between service providers and crime victims. Service providers ranked lack of available services, lack of services available in the victim's community, and eligibility requirements very low. In other words, they did not see them as the greatest challenges for victims seeking services. Victims, however, mentioned the lack of services as one of the biggest challenges, especially for victims located in more rural areas.

Maryland Governor's Office of Crime Control and Prevention. (2016). *Statewide Victim Services Needs Assessment Final Report: June 14, 2016*. <https://goccp.maryland.gov/wp-content/uploads/statewide-victims-needs-assessment-20160614.pdf>

The Maryland Governor's Office of Crime Control and Prevention produced a statewide needs assessment report on the effectiveness of current resources for victims of crime. The report also was created to highlight the gaps in service and areas that could be expanded. Interviews were conducted with directors, crime victim experts, program managers, and other victim service organization members to highlight the gaps and most urgent needs of service providers. A focus group was conducted with 11 homicide survivors. Additionally, surveys were sent out electronically to 196 service providers and 146 law enforcement entities. The report shared insight into the perceived ways that Maryland victim services could expand to suit the needs of vulnerable populations. These ideas included expanding training to intervene with immigrant/ESL clients, methods to incentivize pro bono legal services, standardization of case record technology to seamlessly share across organizations and agencies. Another insight in the report was a need for more understanding of the comorbidities of mental health issues and substance use in sexual assault and human trafficking victims. Public awareness and the marketing of services through community intervention and social media outreach were also suggested to improve the effectiveness of service providers.

Annotated Bibliography

McLean County Health Department. (2016). *Community Health Needs Assessment: McLean County/Illinois*. <https://health.mcleancountyil.gov/ArchiveCenter/ViewFile/Item/386>

McLean County Health Department. (2019). *Community Health Needs Assessment: McLean County/Illinois*. <https://health.mcleancountyil.gov/DocumentCenter/View/3670/2019-McLean-County-Community-Health-Needs-Assessment-PDF>

Written collaboratively by two hospitals in McLean County (Illinois), the McLean County Health Department, the McLean County Mental Health Council, and United Way of McLean County both of these reports provide a broad community needs assessment. In the 2019 report, Chestnut Health Systems replaced United Way. The goals of these reports were to establish the McLean County Community Health Council, analyze data collectively, prioritize and select the top health needs for McLean County, generate one community health needs assessment for McLean County, and work collaboratively on a community health implementation plan addressing each of the top health priorities with other key community stakeholders. In 2016, these goals were able to be achieved by utilizing a mixed methodology approach in order to analyze data from July 2015 to February 2016. Then during a prioritization stage, the Hanlon method was used in order to select the top three health priorities for McLean county. Some of the results from this assessment are the need for accessible healthcare in areas of high socioeconomic need as discussed in other pieces of literature as well as the importance of behavioral health such as mental health disparities.

Nevada Division of Child and Family Services. (2017). *VOCA Needs Assessment Gap Analysis*. [https://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Tips/Reports/VOCANeedsAssessmentFINALMay2017\(2\).pdf](https://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Tips/Reports/VOCANeedsAssessmentFINALMay2017(2).pdf)

The Nevada Division of Child and Family Services produced a needs assessment to investigate the needs of victims and gaps in services for victims. The report explored the strengths of the current VOCA services in Nevada. Some of these included that the current services are accomplishing the aspirations of the national VOCA goals, data has been properly gathered to evaluate the needs of victims throughout the state of Nevada, leaders in Nevada are motivated to establish changes, and there are many resources available to crime victims. While there are many strengths to current crime victim services in Nevada, the report identified ways that the victim services could improve. Inaccessibility of services, a lack of trauma-informed approaches to victims, limited strategies to reach vulnerable and marginalized groups, and the ability for agencies to engage in reflection about the ways to improve their services were all examples of ways to expand and improve current practices. The report also thoroughly examined how the data collection process could be improved to more deeply understand victim needs. The report suggested more organization on behalf of agencies and organizations gather data about the needs of the victims they are serving.

Annotated Bibliography

New Hampshire Department of Justice. (2019). *Research Report: New Hampshire Victims Needs Assessment Survey – Survey of Victims*. <https://www.doj.nh.gov/grants-management/documents/20190601-victim-survey-report.pdf>

The New Hampshire Department of Justice created this assessment to learn about the gaps and needs of victims of crime in New Hampshire. The topics that are addressed are awareness of rights and resources, legal services, counseling, advocacy and support, and financial support. The survey used was part of a larger statewide assessment of crime victims' needs. It is a quantitative exploration of the victims' perspective on receiving services in the state of New Hampshire. Convenience sampling was used, and surveys were distributed through service providers and stakeholder organizations. Some limitations they reported came from their qualitative research. They caution that a single comment may not be representative of anything other than an individual experience, and note that not every moment of every interview was productive. Through the survey, they found that victims wanted to be heard and not dismissed by law enforcement and the courts, that advocacy and navigation services are needed, distributing information in the community and schools would be helpful, and many victims (1 in 6) still have unmet needs for therapy. Possible limitations of this survey are: 1) respondents are not sampled in proportion to their demographic frequency in the overall population, and the respondents surveyed may differ in meaningful ways from the total population of victims in New Hampshire. 2) Due to the use of convenience sampling, a response rate cannot be calculated for this survey.

Ohio Office of Criminal Justice Services & Ohio Family Violence Prevention Center Advisory Council. (2016). *2016: Ohio Family Violence Needs Assessment*. https://www.ocjs.ohio.gov/links/2016_VAWA_Needs_Assessment.pdf

In 2016, the Ohio Family Violence Needs Assessment was completed by the Ohio Office of Criminal Justice Services and Ohio Family Violence Prevention Center Advisory Council. The families investigated in the report experienced domestic violence, dating violence, sexual assault, or stalking. The data was collected from law enforcement (N = 35), prosecutors (N = 24), courts (N = 25), and nonprofits (N = 95), and other entities (N = 11). An online survey was distributed to these individuals to quantitatively and qualitatively explore the current needs, barriers, and positive attributes of current services. Additionally, questions were included to compare responses to the 2013 victim needs assessment. Focus groups also were executed to explore the specific barriers for sexual assault, domestic violence, stalking victims, and each group included a participant from an agency serving a marginalized population. Focus groups also revealed the specific barriers for marginalized populations. The focus groups also helped to create an opportunity to consider ways to expand public understanding of programs and services, methods to seamlessly integrate all services to assist victims, and ways to address the largest barriers in service delivery. Across all agencies, the most significant issues impacting victims according to field experts were unaffordable housing options, difficulty finding legal representation, inadequate implementation of current laws, child custody cases that included allegations of child sexual abuse, and issues finding child care. The survey revealed that the communities that agencies and experts felt least comfortable serving were immigrants/refugees, Native American individuals, and Native Hawaiians and Pacific Islanders. The survey revealed a significant need for interpreters for victims who speak different languages, are deaf, or blind. Ohio participants shared that deaf and blind populations are not served as much due to such service barriers. LGBT populations also were highlighted as particularly in focus groups due to some regions of the state having excessive bias towards LGBT relationships. Law enforcement, probation officers, judges, correctional staff, and prosecutors were highlighted in needing additional training in family violence cases. In focus groups and the surveys, participants shared that these individuals needed additional training about the impact of trauma psychologically on the victim and the family system.

Annotated Bibliography

Partnership for a Healthy Community. (2019). *Community Health Needs Assessment 2019: Peoria, Tazewell, and Woodford County*. <https://carle.org/getmedia/819b1bd2-8ad7-4f40-ab7f-0b2ef697fa74/2019-CHNA-Tri-County-PFHC.pdf?ext=.pdf>

The Community Health Needs Assessment for Peoria, Tazewell, and Woodford Counties (Illinois) was compiled in 2019 by the Partnership for a Healthy Community. The report covered the demographics of these counties, the potential signs and predictors of diseases, the most prevalent causes of death, and the ability of clients to reach services and resources for well-being and wellness. The data was collected from available information to the public, but demographic data was collected directly from clients. The most significant topics that were found to be of concern to community members related to healthy foods and lifestyle, cancer, mental health, and substance use. While the report mostly focused on health and wellness, it took an interesting approach to looking at violence by asking participants to consider their perception of these “unhealthy behaviors” (Partnership for a Healthy Community, p. 77). Illegal drug use, general anger/violence, domestic violence, and child abuse were examples of unhealthy behaviors featured. Illegal drug use consistently was rated as one of the most unhealthy behaviors impacting the wellness of communities.

Pennsylvania Commission on Crime and Delinquency. (2018). *Pennsylvania Victim Services Needs Assessment*. <https://www.pccd.pa.gov/Victim-Services/Documents/2018%20Needs%20Assessment/Complete%20Needs%20Assessment%20File.pdf>

The Pennsylvania Commission on Crime and Delinquency published a needs assessment to assess the current gaps and needs of victims in the state of Pennsylvania. The report utilized a literature review, previous data gathered, surveys, and interviews to determine the most urgent needs of victims and services providers. A common finding was the need for unique service approaches in different regions of Pennsylvania. Victims of crime in rural areas felt that there were not adequate services provided, but service providers felt that the biggest service gaps were in urban regions of Pennsylvania. Victims and service providers both identified the urgency to establish strategies to reach marginalized and vulnerable populations, such as homeless, LGBTQ+, immigrant, and Latinx populations. Community stakeholders in Pennsylvania shared perceived barriers when reaching out for services. Substance use issues, perceived stigmatization by the victim, and lack of childcare resources were some examples of the top reasons that victims often don't seek resources. The report also highlighted some resources that need to be more publicized with the community to increase awareness of resources. Court advocates, victim advocates, police resources, and medical services were some examples of crucial resources that alleviated the burdens of being a crime victim.

Annotated Bibliography

Rhode Island Public Safety Grant Administration Office. (2017). *Needs Assessment and Gap Analysis: Rhode Island Victims' Services Program*. https://psga.ri.gov/documents/RI_VOCA_GAP_ANALYSIS.pdf

The report had three main objectives: to evaluate the current marginalized and vulnerable populations needing victim services, to explore if the current methods of Victims of Crime Act grant funding for victim services in Rhode Island are being efficiently used, and to develop a plan based on the victim needs assessment to improve victim services in Rhode Island. A literature review was conducted to identify the most prevalent interventions for crime victims, and the research team focused on finding interventions for vulnerable and marginalized populations. Websites, community agencies, and victim needs reports were evaluated in the literature review process. Focus groups and interviews were conducted to gather data from victims of crime. The interviews were semi-structured to provide some guidance in the interview process while also allowing victims to fully share their experiences. Finally, agencies serving crime victims not funded by VOCA grant funding were contacted to gather their perspectives on working with vulnerable populations, such as individuals with disabilities. The Federal Bureau of Investigations' Uniform Crime Report was also utilized to highlight the prevalence of property and violent crimes in Rhode Island. Some of the vulnerable populations that the report identified for Rhode Island were immigrants, older adults, people with disabilities, LGBTQ individuals, the homeless, and deaf and blind individuals. For each of these distinct groups, the report revealed their particular needs and opportunities for service providers to make their services more accessible and inviting. Domestic violence, child abuse, assault, and sexual assault were the most common forms of victimization. The report also shared the most common methods of intervention. Information and referral were one of the most common methods of intervention for crime victims.

Strauss, T., Swerin, D., Kifer, M.M., Idaho Statistical Analysis Center, Planning, Grants & Research, & Idaho State Police. (2020). *Idaho Criminal Justice Needs Assessment: A Survey of Criminal Justice Practitioners and Community Leaders*. <https://isp.idaho.gov/pgr/Research/documents/NeedsAssessment4102012.pdf>

In 2019, the Idaho Statistical Analysis Center (a survey of criminal justice practitioners and community leaders to evaluate the state of the justice system in Idaho, and identify the areas in need of additional resources. 615 responses were recorded across six different sectors of the justice system. The survey identified major criminal justice needs in mental health services, drug treatment programs, support services for reentry, services and funding to rural areas, domestic violence prevention, offender intervention, and victim services, and pay increases in specialized training. From these findings the ISAC has three recommendations: (1) prioritizing funding for mental health and substance abuse programs, (2) having state administrators of grant programs conduct outreach to agencies in rural areas, and (3) having agencies explore ways to increase staffing levels and compensation.

Annotated Bibliography

Vasquez, A. L. (2019). *Victimization and Help-Seeking Experiences of LGBTQ+ Individuals*. <https://icjia.illinois.gov/researchhub/articles/victimization-and-help-seeking-experiences-of-lgbtq-individuals>

Research supports that there is an increased risk of experiencing violence and the negative impacts associated with violence – stress, PTSD symptoms, and injury – if they are a part of the LGBTQ+ community. This article explores how the victimization and help-seeking experiences of LGBTQ+ victims in Illinois and how to differ from those of non-LGBTQ+ victims. This study looks at the results from an Illinois statewide needs assessment in 2016. This was an online survey that was carried out by Aeffect, Inc. which was contracted by ICJIA. In this survey only 11 percent identified as lesbian or gay (3%), bisexual (3%), queer/questioning (1%), or other (1%). The study found that individuals who identify as LGBTQ+ were more likely to have been victimized, have more experiences of violent crime in their lifetime, have more victimization experiences, and are at a greater risk of experiencing violent victimization than their non-LGBTQ+ counterparts. From this study they have created recommendations for policy and practice, those being: ensuring LGBTQ+ individuals are screened for victimization, developing victim service provider and LGBTQ+ provider partnerships, providing services to meet LGBTQ+ victims' needs, providing victim services for all gender-identified victims, establishing a provider grievance system, and conducting more research on LGBTQ+ victim needs and provider capacity.

Vermilion County Health Department. (2018). *Vermilion County Community Health Needs Assessment for 2021-2023*. <https://vchd.org/wp-content/uploads/2021/03/FINAL-VC-2020-IPLAN.pdf>

The Vermilion County (Illinois) Community Health Needs Assessment for 2021-2023 gathers data about the most significant needs and issues affecting Vermilion County to create wellness goals for Vermilion County for 2021-2023. While the report compiles data about social determinants of health issues, such as poverty, access to health services, behavioral factors, environmental justice issues, and mental health, the report also investigates premature death and community violence. For instance, the report finds many staggering statistics about community violence trends in Vermilion County. Between 2013 and 2018, there was a 300 percent increase in homicide. Sexual assault, robbery, aggravated assault/battery, and motor vehicle theft increased. While these crimes had increases in their prevalence, burglary, theft, and arson. The crime statistics show that Vermilion County has the highest crime rates of all of the counties in Illinois. The breakdown of drug arrests showed that between 2013 and 2018, the Methamphetamine Act was connected to an increase in 500 percent, while the Cannabis Control Act had decreased arrests by 36.5 percent between 2013 and 2018. Child abuse was shown to be twice as prevalent in Vermilion County compared to the state of Illinois.

Wisconsin Department of Health Services. (2019). *Sexual Violence Prevention Needs Assessment Report 2018–2019*. <https://www.dhs.wisconsin.gov/publications/p02445.pdf>

Wisconsin's Rape Prevention and Education (RPE) program uses primary prevention strategies to curtail sexual violence throughout the state. This needs assessment was written to inform RPE programming for the next five years of funding, and it consisted of four community listening sessions and one provider survey. Several common themes appeared in the listening sessions and survey. These included a need for increased collaboration and partnerships between community organizations, and community-level approaches to target broader aspects of sexual violence such as culture and climate, sexual violence education, and youth involvement, among others. Furthermore, this report uncovered a need to emphasize primary prevention strategies, which place the onus of prevention efforts on perpetrators and society at large, rather than risk reduction strategies, which place prevention responsibilities on victims.

Annotated Bibliography

Wisconsin Department of Justice Office of Crime Victim Justice. (2021). *Statewide Crime Victim Services Needs Assessment*. <https://www.doj.state.wi.us/sites/default/files/ocvs/not-victim/ocvs-2020-needs-assessment-survey-results-executive-summary.pdf>

In the Wisconsin Department of Justice Office of Crime Victim Services' statewide examination of victim services, the report investigates the demographics that make the clients of crime victim services unique. Most clients in Wisconsin who took part in crime victim services lived in rural areas, and the Amish were identified as a client demographic that was underserved. Other identified underserved clients were Native Americans, LGBTQIA+, male victims, Latinx victims, homeless victims, and Hmong victims. The report included a thorough literature review and 365 surveys were collected across the state of Wisconsin. After the duplicate surveys and incomplete surveys were removed, 313 surveys were available for analysis. Additionally, 30 victims, family members of victims, and caregivers of younger victims participated in focus groups. Most participants in the survey felt that the services were empathetic and welcoming. Victims shared that services to help with issues such as housing, employment, educational help, childcare, and mental health would be useful. The survey also evaluated the perceptions of services during COVID-19 and found that clients had trouble accessing services, was upset about the delays and staffing shortages, and preferred in-person services to virtual options. 90 organizations completed surveys to evaluate the strengths and weaknesses of their agencies.

Federal/National Victim Needs Assessments

FBI. (2016-2019). Crime in the United States: Cargo Theft.

<https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/additional-publications/cargo-theft/cargo-theft.pdf>

<https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/additional-data-collections/cargo-theft/cargo-theft.pdf>

<https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/additional-data-collections/cargo-theft>

<https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/additional-data-collections/cargo-theft/cargo-theft.pdf>

The FBI's Uniform Crime Reporting (UCR) Program collects cargo theft data to inform the law enforcement community, state and federal legislators, academia, and the public about this crime. The first publication of cargo theft data was in 2013 and is collected every year. Participation in the UCR Program is voluntary – agencies or states may choose not to participate. Each year the number of states participating has increased. In 2016, 30 states participated in the data collection, of which 20 reported a valid cargo theft incident, to 2019 where 41 states participated in the data collection, of which 27 reported a valid cargo theft incident. The UCR Program collects the data by two means: the Summary Reporting System, and the National Incident-Based Reporting System. The data collected fall into 5 different categories which are split into tables: cargo theft by state, cargo theft property stolen and recovered by type and value, cargo theft by location, cargo theft by victim type, and cargo theft by the offense. This data can be used to create awareness to measure the impact that cargo theft has on the economy and the potential threats to national security. Limitations for this report are: 1) The data used in creating this table were from all law enforcement agencies submitting one or more cargo theft incidents for at least 1 month of the calendar year. The published data, therefore, do not necessarily represent reports from each participating agency for all 12 months of the calendar year. 2) To arrive at the totals provided, the UCR Program counted one offense for each offense type reported in an incident.

Annotated Bibliography

FBI. (2016-2019). *Crime in the United States: Federal Crime Data*.

https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/additional-publications/federal-crime-data/federaldata_2016.pdf

<https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/additional-data-collections/federal-crime-data/federal-crime-data.pdf>

<https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/additional-data-collections/federal-crime-data/federal-crime-data.pdf>

<https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/additional-data-collections/federal-crime-data/federal-crime-data.pdf>

The Uniform Crime Reporting (UCR) Program's Federal Crime Data is growing and refining federal crime reporting directly for the public eye. The UCR created updated reports yearly, adding new data. They aimed to get a true sense of crime in the nation. In these reports, the UCR presents employee and arrest data from the FBI and the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF), and from the United States Marshals Service (USMS). The arrest data from the FBI, ATF, and USMS have all been mapped to correspond to the UCR's National Incident-Based Reporting System offense codes. When these reports started the data collected were placed into nine tables: (1) offenses known to law enforcement, (2) full-time law enforcement employees, (3) FBI number of arrestees, (3a) FBI number of arrestees for child exploitation, (4) ATF number of arrests, (5) USMS number of arrestees from federally-issued warrants, (6) USMS number of arrestees from state-issued warrants, (7) FBI employment by gender, (8) ATF employment by gender, (9) USMS employment by gender. In 2017, two more tables were added: DOJ OIG Number of arrestees and DOJ OIG employment by gender. In 2018, tables 3, 5, and 6 were expanded (i.e. 3a-e) and two more tables were added: EPA OIG number of arrestees, and EPA OIG employment by gender. The additions show that there is a widening of participation and signals a wider development in federal data.

FBI. (2016-2019). *Crime in the United States: Hate Crime Statistics*.

<https://ucr.fbi.gov/hate-crime/2016>

<https://ucr.fbi.gov/hate-crime/2017>

<https://ucr.fbi.gov/hate-crime/2018>

<https://ucr.fbi.gov/hate-crime/2019>

The Uniform Crime Reporting (UCR) Program created a compilation about bias-motivated incidents throughout the nation. They collected information about offenses, victims, offenders, and locations of hate crimes. Each year the number of law enforcement agencies that submitted data fluctuated. In 2016, 15,254 law enforcement agencies submitted data, which increased in 2017, but dropped in 2018 and 2019, when 15,588 law enforcement agencies submitted data. However the incident reports were at a steady incline from 6,121 criminal incidents and 7,321 offenses motivated by bias towards race, ethnicity, ancestry, religion, sexual orientation, disability, gender, and gender identity in 2016, to 7,314 criminal incidents and 8,559 offenses motivated by bias toward race, ethnicity, ancestry, religion, sexual orientation, disability, gender, and gender identity. These offenses were categorized by victims of hate crime incidents, offenses by crime, known offenders (which indicated that some aspect of the suspect was identified making the suspect distinguishable from an unknown offender), and locations of hate crimes (law enforcement agencies may specify the location of an offense within a hate crime incident as 1 of 46 locations).

Annotated Bibliography

FBI. (2016-2019). *Crime in the United States: Human Trafficking*

<https://ucr.fbi.gov/crime-in-the-u.s/2016/crime-in-the-u.s.-2016/additional-publications/human-trafficking/human-trafficking.pdf>

<https://ucr.fbi.gov/crime-in-the-u.s/2017/crime-in-the-u.s.-2017/additional-data-collections/human-trafficking>

<https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/additional-data-collections/human-trafficking/human-trafficking.pdf>

<https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/additional-data-collections/human-trafficking/human-trafficking.pdf>

The national Uniform Crime Reporting (UCR) Program's Human Trafficking started collecting offense and arrest data regarding human trafficking in 2013 as authorized by the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. This act requires the FBI to collect human trafficking offense data – making distinctions between prostitution, assisting or promoting prostitution, and purchasing prostitution. The FBI's UCR Program collects the data by two means: the Summary Reporting System, and the National Incident-Based Reporting System. The data collected is split into four different tables. The first table being offenses and clearances by state: this table includes the states that have added human trafficking offenses to their data collection. The second table is age by state: this table provides the number of juvenile and adult male/female persons arrested for human tracking offenses. The third table is race by state: this table provides the number of people arrested for human trafficking offenses broken down by the race of the arrestee. And the fourth table is ethnicity by state: this table provides the number of people arrested for human trafficking offenses by state broken down by the ethnicity of the arrestee. The UCR continues to collect this data each year to continue efforts to expand, gather, and make information available regarding human trafficking incidents. Limitations for this report are: 1) The data used in creating this table were from law enforcement agencies submitting one or more human trafficking incidents for at least 1 month of the calendar year. Also included are zero data for states which have incorporated human trafficking offenses in their data collection where no 2018 human trafficking incidents were reported to the FBI UCR Program. The published data, therefore, do not necessarily represent reports from each participating agency for all 12 months of the calendar year. When the FBI determines an agency's data collection methodology does not comply with national UCR guidelines, the figure(s) for that agency's offense(s) will not be included in the table, and the discrepancy will be explained in a footnote. 2) The data used in creating this table were from law enforcement agencies submitting one or more human trafficking arrests for at least 1 month of the calendar year. The published data, therefore, do not necessarily represent reports from each participating agency for all 12 months of the calendar year.

Annotated Bibliography

International Association of Chiefs of Police. (2021). *Evidence-Based Crime Reduction Strategies for Small, Rural, and Tribal Agencies*. <https://cops.usdoj.gov/ric/Publications/cops-p454-pub.pdf>

In 2019, the U.S. Department of Justice, Office of Community Oriented Policing Services (COPS Office), and the International Association of Chiefs of Police (IACP) partnered with George Mason University's Center for Evidence-Based Crime Policy (CEBCP) for a project in which they collected research for evidence-based policing practices (EBPP) specific to small, rural, and tribal agencies. They created a guide that provides agencies with innovative and creative ways to incorporate EBPPs. This guide presents case studies on EBPPs that have been evaluated and demonstrated successful outcomes as well as tips, ideas, and promising strategies identified in published studies and conversations with law enforcement leaders. However the IACP and the CEBCP understand that what they know about EBPPs and what "works" in policing has mainly been studied in large, urban agencies, so the conclusions of these studies do not translate meaningfully into small, rural, and tribal agencies. The guide is divided into three sections: maximizing the strengths of agencies, addressing common needs and challenges of agencies, and addressing common problems identified in agencies.

Kearl, H. (2018). *The Facts Behind the #MeToo Movement: A National Study on Sexual Harassment and Assault*. <https://www.nsvrc.org/sites/default/files/2021-04/full-report-2018-national-study-on-sexual-harassment-and-assault.pdf>

This report was authored by the founder of Stop Street Harassment (SSH), Holy Kearl. The goal of this report was to provide a "wake-up call" illustrating how imperative the issues of sexual harassment and assault are. This report presents the findings of a national survey in which approximately 1,000 men and 1,000 women aged 18 years or older answered questions through GfK's services. This survey was conducted in January of 2018 and the University of California San Diego's Center on Gender Equity and Health completed all data analyses. After collecting and analyzing the survey results, SSH was able to compile a list of ten key findings. Two of the findings included concluded that sexual harassment and assault pose a significant problem, especially for women and sexual harassment and assault incidences often begin at a young age. These findings, along with the others, confirm that sexual harassment and assault are prevalent issues and therefore need to be focused upon.

Office of Community Oriented Policing Services. (2021). *Law Enforcement Solutions by the Field, for the Field: Collaborative Reform Third Annual Review*. <https://cops.usdoj.gov/RIC/Publications/cops-p453-pub.pdf>

The Office of Community Oriented Policing Services (COPS) main mission is to assist the nation's law enforcement. To do this they partnered with the International Association of Chiefs of Police (IACP) to create a technical assistance delivery center known as the Collaborative Reform Initiative Technical Assistance Center (CRI-TAC). This center has fielded more than 450 technical assistance requests from law enforcement agencies all over the country. The center helps assist on a range of topics from strategy consultation, policy assistance, training, and informational briefings by subject matter. Through their survey data, they found that 94% of agencies stated that the training provided through CRI-TAC was effective and found that a majority of agencies (strongly) agree that the assistance met their expectations, was relevant to their identified problem and agency, and helped their agency address the issue. The report also highlights an initiative where CRI-TAC shifted to a virtual approach to still effectively support and meet the needs of the field in 2020 due to COVID-19. The review shares how CRI-TAC will pilot training to further active bystander techniques to address tribal missing person cases. It also shares how CRI-TAC is working with some partners to create training curriculums that provide law enforcement with the tools and skills necessary to de-escalate a situation and build the capacity of law enforcement to help them recognize and report hate crimes while strengthening their community's trust.

Annotated Bibliography

OSCE Office for Democratic Institutions and Human Rights. (2021). *Model Guidance on Individual Needs Assessments of Hate Crime Victims*. <https://www.osce.org/odihr/489782>

The Organization for Security and Co-Operation in Europe (OSCE) Office for Democratic Institutions and Human Rights in Europe produced a guide to set a precedent about the ways to approach hate crimes in the European Union and methods to better fit the needs of hate crime victims. For instance, after a hate crime occurs, victims feel especially vulnerable. For this reason, police departments can work to validate the experiences of hate crime victims and emphasize a victim's safety. The report offered a structure for police departments to give questionnaires and deliver unstructured interviews to hate crime victims. Additionally, the report offers more thorough recommendations about the ways that victims can be properly referred for services. These guides were designed to fit the traumatic impact of hate crimes and took into consideration the most informed methods to communicate with victims of hate crimes. Finally, the report emphasizes the importance of confidentiality in the cases of hate crime victims and ways to make victims feel safer in hate crime investigations.

Teigen, A. (2020). *Improving Responses to Sexual Assault Survivors*. *LegisBrief*, 28(2). https://www.ncsl.org/Portals/1/Documents/legisbriefs/2020/JanuaryLBs/Sexual-Assault-Survivors_02.pdf

After there was a rise in sexual assault between 2015 and 2018, Teigen wrote this article to address the poor responses toward survivors of sexual assault. For instance, many survivors feel stress and pressure when making legal and medical choices. The article also mentioned the efforts made by federal and state legislation in order to combat these issues. On the federal level, Teigen shared the importance of The Sexual Assault Survivors' Bill of Rights Act in 2016. The law established many crucial rights for victims, such as how victims should receive free forensic medical examinations and have the right to keep their rape kit preserved for 20 years. On the state level, states passed additional laws to support the rights of victims. In order to combat the large number of rape kits not being tested, Hawaii passed a law that required its police departments to evaluate the number of untested kits. Pennsylvania and Wyoming also passed similar legislation to gather information about untested kits.

Annotated Bibliography

U.S. Department of Justice. (2016-2020). *Crime Victimization Bulletin Reports*.

<https://bjs.ojp.gov/content/pub/pdf/cv16.pdf>

<https://bjs.ojp.gov/content/pub/pdf/cv17.pdf>

<https://bjs.ojp.gov/content/pub/pdf/cv18.pdf>

<https://bjs.ojp.gov/content/pub/pdf/cv19.pdf>

<https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/cv20.pdf>

The U.S. Department of Justice compiled crime victimization reports for 2016, 2017, 2018, 2019, and 2020. The survey data and household interview data were collected from the National Crime Victimization Survey. Across the reports, there were several key trends of acts of crime. Crimes, such as burglary, trespassing, and other property crimes steadily decreased during this period. Between 2016 and 2018, there was an increase in the number of sexual assaults. In 2018, violent crime reports to the police began to decline. In 2019, 41% of the participants reported violent crimes to the police. Between 2019 and 2020, all violent crime reports decreased. Additionally, there was a decrease in crime involving firearms. The significant decline in the assault was theorized to have impacted overall violent crime numbers. Violent crime included sexual assault and intimate partner violence, but 41% of intimate partner violence victims reported their victimization to the police in 2020 compared to 58% in 2019. The unprecedented times of the COVID-19 pandemic caused changes to the standard interviewing data collection procedures. In-person interviews were suspended. Eventually, interviews were conducted predominantly on the phone for returning sample households. For this reason, the COVID-19 pandemic procedures may have impacted the data.

Additional Needs Assessments

Adult Advocacy Centers. (2019). *Needs Assessment: Fall 2019*. https://www.adultadvocacycenters.org/assets/documents/needs_assessment_2019.pdf

The Adult Advocacy Center compiled an Ohio needs assessment for victims of crime with disabilities. 35 different county boards across the state of Ohio responded to a survey sent through the mail from the Adult Advocacy Center. The survey asked the county boards about their process of referral for victims of crime with disabilities and victims of abuse with disabilities. When reports of abuse or reports of crime victimization are disclosed, it was most common for county boards to refer clients to hospitals and mental health resources. 26% of organizations didn't have a protocol in place when individuals with disabilities disclose being a victim of a crime or abuse. Approximately 60% of participants did not have response teams or did not answer if their county had access to response teams in cases of victimization. In cases of abuse, approximately 57% of participants shared that the "MUI Rule" is enacted (Adult Advocacy Centers, 2019, p. 7). This is where the local police are alerted of the victimization and independently conduct the investigation. A need in the report exposed was the importance of standardization when investigating cases against populations with disabilities. Depending on the county, some police departments will collaborate with county boards to comprehensively investigate cases involving individuals with disabilities. Other police departments will only contact county boards when they deny cases. The report shared that the majority of victimization cases are never taken to court, but the needs assessment illuminated several ways to improve advocacy and justice. For instance, cases may not be investigated fully due to a police department's lack of training in disabilities. The needs assessment shared the need for disability experts to assist in forensic interviews and medical examinations. The report also examined which teams are available to support interviewing, and there could be potential to have police and advocates work together in the interview process. In the majority of regions in Ohio, there also were no support groups or specific organizations available to people with disabilities. When victimization occurs, many individuals with disabilities are more isolated than victims without disabilities.

Annotated Bibliography

Adult Advocacy Centers. (2020). *Needs Assessment: Human Trafficking and People with Disabilities*. https://www.adultadvocacycenters.org/assets/documents/aacs_needs_assessment_human_trafficking.pdf

The Adult Advocacy Centers (AACs) in Ohio created a report to evaluate the needs of victims of human trafficking with disabilities. The report represented a crucial report because there is no national or international victim needs assessments evaluating the specific needs of individuals with disabilities who experience human trafficking. The Department of Developmental Disabilities shared data about “Major Unusual Incidents” (Adult Advocacy Centers, 2020, p. 5). relating to human trafficking and the services provided to human trafficking victims. 14 Ohio Anti-Human Trafficking Coalitions completed surveys to investigate the services for people with disabilities. The survey responses from the Anti-Human Trafficking Coalitions highlighted the barriers to support services and the need to target human trafficking services for individuals with disabilities. 46% of the organizations surveyed did not assist any victims of human trafficking with disabilities in 2019. Ohio has many gaps in connecting human trafficking organizations to populations with disabilities, and the needs assessment found a need to create a collaborative, statewide approach for victims. The most common responses for the lack of support for victims with disabilities were the lack of service options in the organizations themselves, limited reporting by individuals with disabilities, lack of proper screening procedures, and limited resources for individuals with disabilities. There is a lack of information about the services for individuals with disabilities, trauma-informed care for a person with disabilities, and methods for a multidisciplinary, comprehensive service delivery.

Advocate Trinity Hospital. (2019). *Community Health Needs Assessment (2017-2019)*. [https://www.advocatehealth.com/assets/documents/chna/trinity-hospital/0805_trinity_chna_2017-2019-final-linked-\(lr\).pdf](https://www.advocatehealth.com/assets/documents/chna/trinity-hospital/0805_trinity_chna_2017-2019-final-linked-(lr).pdf)

Advocate Trinity Hospital collaborated with the Alliance for Health Equity to create a report for the six different zipcodes in the Chicagoland region that Advocate Trinity Hospital serves. The Alliance for Health Equity was made up of Illinois Public Health Institute experts, hospitals, local health departments, and organizations. The partnership collected data about the most vital needs from the perspectives of the community, community organizations, and hospital employees. The most urgent health needs were asthma, cancer, diabetes, heart disease, hypertension, mental health, and violence. While the report offered a general overview of the finding of health data among the Advocate Trinity Hospital network and Advocate Aurora Health network, the report also explores community violence and crime victimization. When exploring the social environment of clients, violent crime was evaluated and was considered an urgent need of the area by 36 percent of participants. Violent crime was found to be higher outside the city of Chicago itself. Greater Grand Crossing had 10,680 violent crime reports per 100,000 people compared to the city of Chicago’s 4,491 violent crime reports per 100,000 people. Homicide was determined to be a significant sign of community safety and wellness. The report breaks down homicide in 2017 among the different regions of Chicagoland. The South Chicago Neighborhood Network (SCNN) also collaborated with Trinity Hospital to improve community health and wellness by incorporating trauma-informed approaches into health interventions. The SCNN conducted their own research project using surveys and a focus group to evaluate needs surrounding violence and trauma of community members. The report included an investigation of the importance of trees for community violence. Cook County has a tree canopy of 19%, and regions with more trees had lower rates of community violence and healthier communities.

Annotated Bibliography

Arizona State University & Office of Sex Trafficking Intervention Research. (2021). *Human Trafficking in Arizona: Needs Assessment for Services and Training*. <https://socialwork.asu.edu/sites/default/files/stir/finalazneedsassessmentfeb2021.pdf>

The Arizona State University's Office of Sex Trafficking Intervention Research compiled a needs assessment of service providers to evaluate the current needs of services and needs for further training opportunities. A list of 340 services providers was compiled, and 100 agencies completed surveys distributed through Survey Monkey. One representative of each agency completed the survey. The survey included both close-ended and open-ended questions, and the quantitative survey responses were analyzed using SPSS. Themes were extracted for the qualitative questions. The needs assessment found the most common ways that victims of human trafficking found service providers. These were referrals from other service providers, word-of-mouth referrals, community outreach, personal referrals, and brochures/written materials. While 81% of agencies felt capable of providing sex trafficking services, 29% felt capable addressing work and labor trafficking concerns. The report also explored the typical client demographics of sex trafficking victims. The most urgent needs of agencies to improve outreach and impact were more training opportunities, additional funding opportunities, and more referrals from other agencies. The report also conveyed the unique needs of human trafficking victims. Most victims needed advocacy, clothing, crisis intervention, food, transportation, and mental health resources.

Berk & Enviroissues. (2018). *Tacoma: Domestic Violence Needs Assessment*. Berk & Enviroissues. https://cms.cityoftacoma.org/ncs/hsd/COT_2018_Domestic_Violence_Needs_Assessment.pdf

This report of a Domestic Violence Needs Assessment was conducted by the city of Tacoma, Washington. The three primary research efforts that were focused upon during this report were the prevalence of domestic violence, the range of services provided, and opportunities. The primary data was a provider survey that was administered in October 2017. The secondary data relied on the most current data available. However, it is noted within the report that there is a lag between the time the data is collected and processed and the time of the analysis for the report. Based on the data that was collected and analyzed, it was concluded that the rate of domestic violence that is reported is higher than the rate reported state-wide and in other nearby cities. The need for more domestic violence resources and services is consistent with the findings of other cities.

CEDA. (2021). *Comprehensive Community Needs Assessment: Suburban Cook County, 2021*. https://www.cedaorg.net/wp-content/uploads/2022/01/2021-CEDA-Community-Needs-Assessment_Revisedcompressed.pdf

CEDA compiled a "Comprehensive Community Needs Assessment" to explore issues and needs in Suburban Cook County. The COVID-19 pandemic radically changed the financial landscape of households in the United States, and unemployment and job loss increased as a result of changes to many industries across Illinois. While the report doesn't solely focus on victim experiences, it does include an investigation of the impact of crime on the Suburban Cook County community. The report explored how many residents have noticed increases in crime in their communities. The CEDA survey for community members found that this was a more significant concern and was rated higher than financial instability. Low-income clients are more likely to live in communities impact by community violence. The report also found that Latinx and Black communities have higher rates of violence and crime, and these communities have been most impacted by unemployment, decreased income, and debt during the COVID-19 pandemic. The report included a map of the redlining of Cook County communities and showed how adequate housing, excelling educational systems, lower crime rates, and flourishing economies are concentrated in more white and wealthy regions of Cook County. Communities with higher rates of violence were more likely to have mental health and physical health issues. The report also found that as the COVID-19 pandemic restrictions were eliminated, violence increased significantly in some regions. Many clients reported that they were the most concerned about crime and safety in their communities and shared with researchers the connection between crime and the health of neighborhoods. Continued drug crime, gun violence, and gang activities were some of the top concerns of community members surveyed in the report. The report offered a thorough breakdown of which suburbs are the most vulnerable to community violence. Sauk Village, Matteson, and Harvey had the highest rates of violence and crime victimization in 2016.

Annotated Bibliography

Downtown Women's Center. (2019). *2019 Los Angeles Women's Needs Assessment*. <https://www.downtownwomensresourcecenter.org/wp-content/uploads/2020/01/DWC-2019-Los-Angeles-Womens-Needs-Assessment.pdf>

In the Los Angeles Women's Needs Assessment, it is a collaborative report between the City of Los Angeles and Downtown Women's Resource Center. The report utilizes descriptive statistics and cross tabulation to analyze responses to close-ended survey questions. With the rise of approximately 18,331 homeless women in Los Angeles, the report was completed to have updated findings about the issues impacting women. The demographics of women in Los Angeles, housing social justice issues, the impact of healthcare, and the impact of violence against women were topics explored in the report. The report connects homelessness to a variety of issues, but it goes into great depth about the role that violence against women plays in homelessness. The report explores the sexual violence, domestic violence, and interpersonal violence that women might experience throughout their lifetime that could impact their ability to have stable and affordable living arrangements. Of the women sampled, 53.2% of them experienced domestic violence in their life, and many women were victims of violence in shelters. The report also includes a breakdown about which circumstances make homeless women more likely to experience domestic violence and sexual violence. Finally, it also offers an analysis of current service providers and opportunities to tackle the issues affecting the of women in the Los Angeles. For approximately 23% of victims, it was common for agencies to need to offer on-going assistance for three to six months. 14% of victims needed on-going assistance for six to 12 months. 15% of victims needs assistance for one to three months.

Heartland Alliance. (2017). *Cycle of Risk: The Intersection of Poverty, Violence, and Trauma*. https://www.heartlandalliance.org/povertyreport/wp-content/uploads/sites/26/2017/03/FINAL_PR17_3_14.pdf

Heartland Alliance is a non-profit organization working to advance human rights through the three focus areas of health and healing, safety and justice, and economic opportunity. This report was made to illustrate the intersection between poverty and violence. They show that poverty is at Great Recession levels as of 2015 and that people of color and women are disproportionately affected by poverty. Additionally, while violence overall has been declining in the state of Illinois and resembles national levels, violence is actually concentrating in certain areas, namely Chicago, which has seen a large increase in murders and non-fatal shootings between 2015 and 2016. As with poverty, violence also disproportionately impacts people of color. The report then examines the relationship between poverty and violence. Low-income households experience types of violence more than double the rate of high-income households. Violence in communities results in trauma which perpetuates the cycle of poverty and violence. To combat this, the authors suggest long-term solutions that get at the underlying causes of violence, rather than surface-level solutions such as increased policing and longer sentences. Better healthcare, education, affordable housing, reworking the criminal justice system, and trauma informed care are a few of these solutions.

Annotated Bibliography

Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services. (2019). *The Police Response to Domestic Abuse: An Update Report*. <https://www.justiceinspectors.gov.uk/hmicfrs/wp-content/uploads/the-police-response-to-domestic-abuse-an-update-report.pdf>

In 2014 Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) published its first report on police services provided to victims of domestic abuse. Since then the service the police give to domestic abuse has increasingly improved. In this report they assessed how effective forces were at protecting and supporting victims of domestic abuse, taking a look at how well they identify, respond to, and investigate domestic abuse, as well as work with other organizations to safeguard victims. In 2017, HMICFRS inspected all 43 police forces in England, Wales, and the British Transport Police on their effectiveness as a part of their police effectiveness, efficiency, and legitimacy (PEEL) inspection program. This inspection was mainly devoted to 'reality testing' in forces. The inspections were accompanied by experts in domestic abuse as well as public protection specialists from police forces. They reviewed crime files, spoke with officers, staff, supervisors, and police leaders, and commissioned a practitioners' survey. They were also (for the first time) able to review all force management statements. Through this investigation they found that responses to domestic abuse continue to improve, however, they are concerned that at times police are too slow in getting to domestic abuse incidents – which can be damaging to both the victim and the investigation. They also found that the police need to do more to seek feedback from victims of domestic abuse, which led them to ask 12 forces to improve their process of getting feedback. And the number of occasions when victims don't support police investigations is increasing, however, they also found a 16% increase in the number of domestic violence protection orders (DVPOs) granted, and have asked 9 forces to consider using them when protecting victims.

Los Angeles LGBT Center. (2018). *Report on Needs Assessment: LGBT Victims of Violent Crime in the City of Los Angeles*. https://lalgbtcenter.org/images/Downloads/StopViolence/Report_on_Needs_Assessment_Findings.pdf

In 2018, the Los Angeles LGBT Center through support by the Department of Justice, Office of Justice Programs, Office for Victims of Crime compiled a report entitled "Report on Needs Assessment: LGBT Victims of Violent Crime in the City of Los Angeles." The methodology used to gather information was victim interviews, victim focus groups, surveys to victims, service provider surveys, and FBI violent crime data. The report breaks down the importance of investigating LGBT victims in Los Angeles by exploring the demographics of the overall population identifying as LGBT, transgender-identifying individuals in Los Angeles, LGBT immigrants, LGBT youth, and LGBT older adults. The report uncovered several themes of LGBT victims in Los Angeles, such as the trends of violent crime victimization, intimate partner violence, and hate crime victimization. When survivors of victimizations were surveyed, they determined that intimate partner violence, sexual assault, and assault were the most common forms of victimization. Many victims shared insightful perspectives about the common reasons that they avoided reaching out for services, such as perceiving that a service provider lacks experience working with the LGBT population, insufficient police investigations, and fear that service providers could not provide proper assistance for their unique crime experiences. Over 2/3 of survey participants opted to not receive surveys due to these perceptions. The service providers surveyed shared several unique needs of the LGBT victim population in Los Angeles. Most commonly victims needed financial resources, housing, mental health supports, and security from abusers. The common theme across the report was a lack of ability by Los Angeles service organizations to provide these resources to all clients due to their high demand.

Annotated Bibliography

Metropolitan Family Services & Legal Aid Society. (n.d.). *Needs Assessment Results: A Comprehensive Report of Survey Responses from the Metropolitan Family Services Legal Aid Society Needs Assessment Stakeholder Survey, Client Survey, Client Focus Groups, and Client Interviews*. <https://ncvli.org/wp-content/uploads/2021/11/chicago-vlan-needs-assessmentpdf.pdf>

The Metropolitan Family Services and its Legal Aid Society (Metropolitan LAS) partnered with the University of Illinois at Chicago's Interdisciplinary Center for Research on Violence to conduct a comprehensive needs assessment in Cook County. This needs assessment to identify the gaps in the current legal assistance system. It includes a literature review, environmental scan, stakeholder survey (service providers and administrators), client survey, client focus group discussions, and client interviews. The literature review found that access to legal aid in the state of Illinois is severely limited. This is due to the overwhelming demand for these services and the limited resources in addressing areas of victimization, so much so that legal aid hotlines are only able to respond to less than 1/3 of the calls they receive. They also found that victims with multiple needs found it difficult to connect with agencies that could address all of their needs. The surveys cover two main categories: service provision/service use, and barriers to accessing services. The multi-method, multiple sample data collection provides a comprehensive picture of the types and quality of victim services available, utilization, and barriers to access in Cook County. The report states the highest percentage of need for legal services was related to domestic violence and sexual assault. And 47% of domestic violence victims indicated accessing services was hard, due to the most common barrier to these victims – fear. Even though the surveys were collected from a broad range of community members in geographic areas with high crime and poverty rates to oversample users of pro bono services, it was still a convenience sample. In order to effectively address the tangible barriers of access as well as intangible barriers to victim service utilization, increased agency coordination, information sharing, training, and outreach are necessary.

Morely, A. & Fletcher, M. (2020) *Safety, Support, and Recovery: Identifying the Needs of Victims of Domestic Abuse in the New 'Normal.'* Deloitte. https://www2.deloitte.com/content/dam/Deloitte/xs/Documents/public-sector/me_domestic-violence.pdf

The Public Safety & Justice Lead and the Senior Consultant of Deloitte have previously written a paper on how the circumstances of COVID-19 and the lockdowns would likely result in an increase in crimes, and how victims of violence are placed at a greater risk. Since the beginning of the pandemic, there has been a sharp increase in the number of phone calls to domestic service hotlines globally. In the first two weeks alone France reported a 32% increase in the number of phone calls reporting conjugal violence. In the UK there were at least 16 homicides believed to be a result of domestic violence, much greater than the average of 5 homicides in the same time period over the last 10 years. There is concern that domestic abuse will continue to rise even as the world begins to return to “normal.” Speculating that perpetrators may use COVID-19 as an excuse to further isolate victims. And anxiety over the economy/employment, maybe a factor in abuse and violence in families. The pandemic has shaped the way victim support agencies will need to respond to domestic abuse. And this paper explores how agencies can adapt to the new normality that has been created by COVID-19. It investigates the tools and capabilities that are required to develop a response to domestic abuse.

Annotated Bibliography

National Resource Center for Reaching Victims. (2019). *Crimes Against Boys and Men of Color*. <http://reachingvictims.org/wp-content/uploads/2019/08/Crimes-Against-Boys-and-Men-of-Color-Fact-Sheet.pdf>

In the “Crimes Against Boys and Men of Color” report, the National Resource Center for Reaching Victims created a report to investigate the experiences of men of color in the United States. The report included the experiences of Latinx and Black adult males and male youth in the United States. The report explored how young Black males are most vulnerable to victimization. Homicide was a focal point of the report, as data in 2017 found that homicide was the most common form of death for Black men ages 15-34. The report also illustrated that Black men are more likely to experience many types of victimization or “polyvictimization” (National Resource Center for Reaching Victims, 2019, p. 2). While the report made attempts to share the experiences of this particular population, it acknowledged that there are many gaps in data collection. The data did not include the experiences of incarcerated or homeless individuals, and the report highlighted that the rates of victimization are most likely significantly underestimated.

National Resource Center for Reaching Victims. (2019). *Crimes Against People with Disabilities*. <http://reachingvictims.org/wp-content/uploads/2019/08/Crimes-Against-People-with-Disabilities-Fact-Sheet.pdf>

The National Resource Center for Reaching Victims compiled a report that explored the needs of individuals with disabilities in the United States. Victims with disabilities have unique circumstances that make them more vulnerable for violent crime. The report found that people with disabilities are more than three times more likely to experience crime. Younger victims with disabilities also were identified as a group that needed greater attention for bullying support services and dating violence support services. Adults with disabilities also were 3.5 times more likely to experience sexual violence. Men and women with disabilities were shown to experience different types of dating violence. For instance, women were shared more experiences of rape, stalking, psychological abuse, reproductive health manipulation and control. Men typically reported psychological abuse and stalking. While this brief report highlights important information about victims with disabilities, it also highlights many limitations when gathering data about this population. For instance, there is not a unified definition of disabilities in the research realm, and many research entities have just begun the process of researching the connection between disabilities and crime. As a result, this highlights the need for research that investigates the unique circumstance of crime victims living with disabilities.

Annotated Bibliography

National Resource Center for Reaching Victims. (2019). *Crimes Against Older Adults*. <http://reachingvictims.org/wp-content/uploads/2019/09/CrimesAgainstOlderAdultsFactsheet-NRC.pdf>

In the 2019 “Crimes Against Older Adults” report by the National Resource Center for Reaching Victims, the organization examines the unique circumstances of older adult victims of crime. While the demographic may not experience similar rates of crime compared to younger demographics, older adults are more vulnerable to the physical impact of crime. The research found that older adults who were victims of abuse were 300% more likely to be at risk for death compared to older adults, not endure abuse. Additionally, crimes against older adults are significantly underreported, posing challenges for support and resource outreach. Approximately 11% of older victims reached out for support services. From 2015 to 2017, trends showed that the victimization of older adults had increased. The report detailed the common themes of victimization of older adults and detailed that financial exploitation and identity theft are becoming prevalent forms of crime victimization for older adults. The National Resource Center for Reaching Victims also explored victimization in long-term and assisted living facilities. Older adults highlighted that other residents were most likely to be perpetrators of their victimization and not facility staff. A study investigating the perceptions of workers in long-term care facilities, provided estimates of sexual victimization in residential facilities. While the report delved into older adult victims, there are still gaps in research exploring the needs of older adults and their special circumstances as crime victims.

National Resource Center for Reaching Victims. (2019). *LGBTQ Victimization*.

<http://reachingvictims.org/wp-content/uploads/2019/08/LGBTQ-Victimization-Fact-Sheet.pdf>

The National Resource Center for Reaching Victims compiled a report that looked at the needs of LGBTQ victims of crime. The research found that LGBTQ individuals are more likely to be victims of crime even though society may appear more accepting. LGBTQ+ youth were at particular risk to be victims of crime. There are trends of higher rates of sexual violence and domestic violence in this population, with those identifying as bisexual having the highest rates of intimate partner violence. Those identifying as transgender were significantly more likely to experience sexual violence. Despite those identifying as LGBTQ being more likely to experience crime, there are many barriers that this population of victims facing when reporting and seeking help for crimes they have experienced. One of the most cited reasons for a victim’s reluctance to reach out for assistance was a lack of competency by police and support services to understand LGBTQ+ issues and unique circumstances.

Annotated Bibliography

National Resource Center for Reaching Victims. (2019). *Youth Victimization*. <https://education.victimsofcrime.org/?mdocs-file=360>

The National Resource Center for Reaching Victims produced a report about the experiences of young victims of crime. While crime has detrimental effects on any population, crimes, such as child abuse, make children vulnerable victims. From 2016-2017, there was a significant rise in adolescent victims. Approximately 74.8% of younger victims reported experiences of neglect. The report also shared several key factors about the demographics of younger victims of crime. Those under one year old were most frequently victims, and their perpetrators were most often their parents. 61% of younger victims were able to receive child protective services intervention and support after being victims. In 2016, 1,750 children died as a result of child abuse. While child abuse has declined overall since 1990, it is crucial to consider that child abuse is still evident in the United States.

Network Advocating Against Domestic Violence. (2020). *Data Report: State of Domestic Violence in Illinois*. <https://the-network.org/wp-content/uploads/2020/07/Data-Report-State-of-Domestic-Violence-in-Illinois.pdf>

The Network Advocating Against Domestic Violence compiled a data report of domestic violence in Illinois. The report gathered data from previous police and health department reports, data from state agencies, hotline data, and survey data from victims of domestic violence. While the report mostly focused on the demographics of victims, the gaps in the legal system, and the health data of victims, it also included many insightful areas for potential growth in the Illinois approaches to domestic violence. The report exposed the gaps of the legal system in Illinois and the lack of consideration for domestic violence survivors. The Network Advocating Against Domestic Violence shared that 86% of incarcerated women experienced sexual assault before being incarcerated, and 77% experienced intimate partner violence. Many survivors of domestic violence also are criminalized in their attempts to defend themselves from abusers when law enforcement doesn't provide adequate safety. The reports detailed major barriers for victims and shared the data trends of the financial instability that prevent victims from reaching independence from their abusers. Housing was an urgent need of victims, and the report highlighted how 57% of homeless women were impacted by domestic violence. 80% of homeless women with children had experienced domestic violence. For the services offered by organizations, legal resources, mental health resources, and case management were the most needed services of victims. The report shared that one of the biggest barriers for victims is that they are often turned away from state resources and the report offered opportunities and methods to improve service access.

Annotated Bibliography

Richland Memorial Hospital. (2016). *Community Health Needs Assessment: September 2016*. <https://carle.org/getmedia/21599387-2a63-4510-8ca0-70feb3f8549/CHNA-Final-Report-2016.pdf>

Carle Richland Memorial Hospital. (2021). *2021: Community Health Needs Assessment*. <https://carle.org/getmedia/4f7d59da-2104-44e8-b6e8-555112b70ce5/2021-Carle-Richland-CHNA-FINAL.pdf>

Both of these reports were written by the Richland Memorial Hospital. In the 2016 Community Health Needs Assessment, the report was written collaboratively by members of the Community Health Needs Assessment Committee. In 2021, Richland Memorial Hospital officially became a part of the Carle foundation and the 2021 report was written as a part of the Illinois Critical Access Network's initiative for community health assessments. The goal of both of these reports was to provide a document that will serve as a key component in improving the overall health of the community. In the 2016 report, three health needs were identified amongst the Richland, Clay, Lawrence, Jasper, and Edward counties. The needs were behavioral health, increasing access to healthcare services, and chronic diseases. For the 2016 report, data collection began in September of 2015 through August of 2016. Along with this, seven focus groups were made based on populations of "critical priority" and private interviews were conducted. This data led to the determination of what health areas were deemed "significant." For the 2021 report, three focus groups met starting on May 20, 2021, in order to discuss the overall health and wellness of the Carle Richland Memorial Hospital service area. These focus groups included community leaders, schools, faith-based organizations, etc. The findings of these focus groups were then presented along with secondary data to a third group for identification and prioritization of significant health needs on June 28, 2021. Secondary data was pulled from many resources including SparkMap, Centers for Disease and Control, and County Health Ratings. Both reports created by the Richland Memorial Hospital confirm that behavioral health, increasing access to healthcare services, and chronic diseases should be focused upon and currently consist of multiple disparities.

Smith, N., & Hope, C. (2020). *Helping Those Who Help Others: Key Findings From a Comprehensive Needs Assessment of the Crime Victims Field*. The National Resource Center for Reaching Victims. <https://ovc.ojp.gov/library/publications/helping-those-who-help-others-key-findings-comprehensive-needs-assessment>

In response to approximately thirteen percent of crime victims reaching out for services, the National Resource Center for Reaching Victims compiled a report to investigate the needs of the crime victims field and methods to reach more victims. Interviews were conducted with advocates of victims, service providers for victims, Victims of Crime Act (VOCA) Administrators, and marginalized victims. Surveys were collected from over 1,500 individuals working in the crime victims field. Over 75 crime victims brochures also were evaluated for service gaps and opportunities to reach more victims. The report felt that an overwhelming number of service providers found that vulnerable communities, such as LGBTQ+, communities of color, older adults, and individuals with disabilities, often were not reached as much as other demographics. Human trafficking, sexual assault, and domestic violence were some of the most underserved crimes. The report revealed the reasons that specific groups may be hesitant to report, such as the stigmatization of certain crimes and a fear by victims that service providers won't be culturally competent and versed in the complexities of trauma. The report offered suggestions to help victims reach more service providers. These suggestions included having bilingual staff and volunteers, expanding cultural competency in organizations, and marketing programs to build public understanding of the resources available to them.

Annotated Bibliography

The Network. 2020. *Meeting the Needs of Survivors: Reimagining Domestic Violence Services in Illinois*. <https://the-network.org/wp-content/uploads/2020/10/Domestic-Violence-Funding-Report.pdf>

This report details funding sources for domestic violence prevention funding in the state of Illinois. The authors then explore additional improvements to various aspects of violence prevention services implemented in other states, including streamlining grant funding and increased research. They then highlight the limitations of the currently used shelter model and strategies to combat these limitations, including increased public housing, flexible funding, mobile advocacy, and substance abuse/mental health services. They use these case studies to make several administrative, policy, and program recommendations for the next steps. These include grant guidelines that allow more flexible uses of funding, alleviating the administrative burden in the application process, increasing funding for domestic violence services, addressing wider economic and physical needs of survivors, and better outreach to survivors via technology.

Vincent, N., Robinson, A., Hund, K., Grays, S. (2021). *Report on Perceived Needs of Non-Fatal Gun Violence Victims*. <https://www.jrsa.org/projects/jrsa-lev-chicago-pd-final-report.pdf>

The report attempted to investigate the needs of non-fatal gun violence victims and defined the gun violence trends in Chicago. In 2020 and early 2021, there was an average of 94 non-fatal gun violence victims every month. The prevalence of gun violence in Chicago highlighted an opportunity to investigate the needs of gun violence victims and a new program by the Chicago Police Department, the Crime Victims Advocacy and Support Pilot Project. The project administrators and researcher, Neil J. Vincent, collaborated to produce a report on the needs of victims participating in the program. Initial intake forms and interviews were the main methods of data collection. Even though many of the participants in the program were interested in participating, no actual participants reached out to be interviewed. Instead, the advocates of victims were interviewed to find the most pressing needs of gun violence victims in Chicago. The report distinguished needs into two different categories. These were “basic/practical needs” and “mental health needs” (Grays et al., 2021, p. 6). Some of the most common “basic/practical needs” were health insurance, housing, compensation for victims, services for individuals with disabilities, transportation options, legal and court advocacy, leadership development opportunities for the youth of Chicago, food, and employment opportunities (Grays et al., 2021, p. 6-7). The “mental health needs” were immediate crisis interventions and trauma-informed therapeutic approaches to process the traumatic events of gun violence.



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