

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

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Executive Summary

Metropolitan Family Services and its Legal Aid Society (Metropolitan LAS) have partnered with legal assistance providers, victim advocates, and leaders in the civil/criminal justice system to build and coordinate a Wraparound Victim Legal Assistance Network for Cook County, Illinois. To inform this work, Metropolitan Family Services LAS and the University of Illinois at Chicago's Interdisciplinary Center for Research on Violence conducted a comprehensive needs assessment in Cook County to identify gaps in the current legal assistance system. This report contains the results of a literature review, environmental scan, stakeholder survey (service providers and administrators), client survey, client focus group discussions, and client interviews.

Literature Review:

According to a 2011 report from the US Department of Justice, U.S. residents age 12 or older experienced an estimated 5.8 million violent victimizations and 17.1 million property victimizations. In 2002, the Illinois Criminal Justice Information Authority (ICJIA) reported that an estimated 39% of Illinois residents 18 or older were victims of at least one type of crime one or more times. When examining Illinois crime victims by region, Chicago residents had the highest rate of victimization in the state. An estimated 47% of Chicago residents were victimized in 2002, which was significantly higher statistically when compared to other regions.

Historically, legal aid services and the victim assistance community in Cook County had many diverse resources to address various types of victimizations. However, with the economic downturn in the state of Illinois /Cook County, limited resources and programmatic constraints have become a real concern for social and legal service providers. Access to legal aid in Illinois is severely limited due to the resource constraints and the overwhelming demand for these services. So much that legal aid intake hotlines around the state are able to only respond to less than a third of the call they receive (Legal Aid Safety Net, 2005). Limited resources have presented a problem for addressing various areas of victimization. For clients, the need for legal services still remains high and for most types of legal problems the numbers are on the rise. Over the course of an eight year period, legal aid organizations have been inundated with more cases (74,000 in 2002 to 179,875 in 2009). For example, family law increased from 18,150 in 2002 to 47,153 in 2009 and immigration law from 6,793 in 2005 to 27,068 in 2009.

These questions raise ways that services are delivered. Findings show the victim-system interactions can be psychologically distressing at times and clients perceive that they do not receive the services that they are requesting (Campbell, 2005). Understanding how victim system interactions occur is as important as what kinds of services are delivered. Previous research suggests that some services are routinely provided during post-assault hospital emergency room care but others are infrequently offered. For example, most rape survivors receive a medical exam and forensic evidence collection kit. Yet only 40% of the survivors received information about the risk of pregnancy (Campbell, 2005). Additionally, if systems fail to process or follow through with the next stage, it hurts victims ability to pursue legal means such as when rape kits were discovered recently and had been improperly stored and not processed for legal prosecution

in a Chicago suburb (Toner, 2013). Survivors who had the assistance of an advocate were significantly more likely to have police reports taken, less likely to be treated negatively by police officers, reported fewer negative interpersonal interactions with system personnel, and reported less distress from their medical contact experiences (Campbell, 2005; Campbell, 2006).

Those with multiple needs also found it difficult to connect with service agencies which would address the full range of their needs. An NIJ study of Victim Service Connections found that the majority of victims, who sought services and had multiple needs; 1) got information, a referral, or linkage 2) reported getting into service requested; 3) found services exist, but cannot meet the demand, 4) found service does not fit the needs when enrolled. The majority of victims received the information, referral, or linkage they requested from the Help Line with many connecting with and receiving the service that they needed. However for those who did not get the service(s) they wanted, several barriers emerged: while the service did exist, it could not meet the demand; the service offered did not fit the victim's need; or the service was very limited when the victim had multiple needs rather than one dominant need (Landis, 2009). Other barriers to accessing services are: 1) the service was not in the victim's neighborhood; 2) victims choose services in their own area over ones that will provide more of what is needed; 3) Traveling out of neighborhoods is difficult because of their children's school, personal work schedules and their ability to physically travel to the service; 4) Leaving school and work is not always an option because of location and service availability concerns; 5) greater language barriers, Spanish interpreters and; 6) victims didn't know services were available (Virginia Legal Needs, 2007; Landis, 2009).

These findings suggest that for various types of victimizations having an advocate to assist with the transition from system to system and even while transporting through one system promotes being connected to more services and also reduces the secondary victimization of the process. If victims of identity theft, financial fraud, elder abuse, victims of gun violence, domestic violence, sexual assault, and trafficking are connected with an advocate, then people will be able to be connected to services sooner and would help to prevent/relieve the secondary victimization. Also, research suggests that more trainings for individuals who represent large systems (e.g., Police Officers, domestic violence workers, medical staff) is needed. Addressing these issues and providing new avenues of services for victims with multiple needs, as well as singular needs, in various communities is something that is not currently a priority for many agencies and organizations. Because with cuts in public and private funding and delayed payments from Illinois agencies are under greater stress, forcing staff cutbacks, the disbanding of specialized services and trying to maintain at a minimum their basic level of service. Consequently, they are unable to meet the increasing needs and gaps in services for their client population. With those resource constraints, there has become a substantial need not just to identify legal needs for the service areas but more specifically to identify those focused resources available to address the needs of individuals who have been victimized. Existing needs assessments are a valuable resource in determining and identifying where resources should be focused along with understanding gaps between providers and victims perception of need, awareness of services, and prioritization in the utilization of services (Lundy & Grossman, 2004; Campbell, 2006; Campbell, 2005; Herman, 2003; Kilpatrick & Acierno, 2003).

Research suggests that an implementation plan that includes a network that has both social service and legal assistance providers working in tandem will strengthen the provision of Wraparound Victim Legal Assistance Services in Cook County. This focus determined indicators that were important to measure within the client surveys such as knowing if services exist that would benefit clients, if the client is willing and able to access the services, and understanding their experience with the services

that do exist. It was also important to consider how legal and social services have been utilized together when supporting victims.

It is important to determine if clients are being linked with services that are needed. The North Carolina Statewide Legal Needs Assessment found that many providers did not have a sense of the needs of their clients beyond the services they provided. Other assessments show high levels of uncertainty with regard to the need for specialized legal services.

In tandem with the stakeholder survey, we were able to identify currently where in Cook County services for various crime victims were located through an environmental scan. The digital document visually displays the location of services relative to other locations of interest. A closer look shows service fragmentation between the central areas of Chicago, (i.e., the loop) and other areas of Cook County. The lack of and scattered services for victims of crime who reside in the southern and northern areas of Cook County were identified. The environmental scan not only served as an indicator of the service availability but also as a new approach to assist victims in finding and connecting with services in their particular area. The map along with the ILAO portal will allow victims to search for services by location or by service needed. This environmental scan shows the disparities in the location of service but can also provide visual representation of utilization (or lack of utilization) of services in different communities throughout Cook County based on various legal needs. The environmental scan, as a part of our needs assessment, highlighted that there remains a gap in services for all victims of crime in various locations of Cook County.

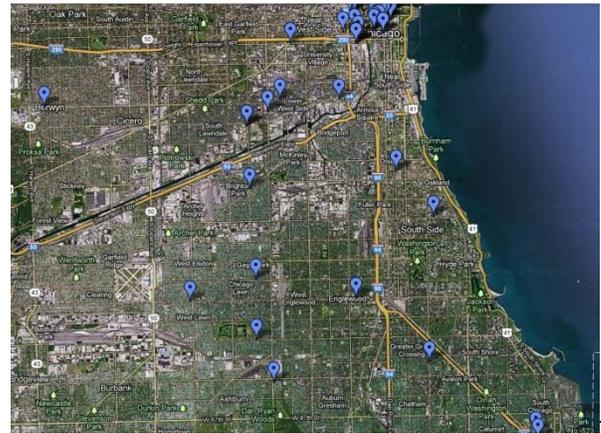


Fig. 1. Map of the social services and legal services available in Cook County.

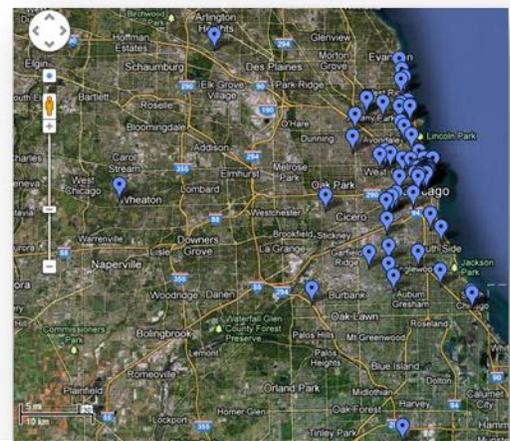


Fig. 2. Map of the social services and legal services available North of “the loop”.

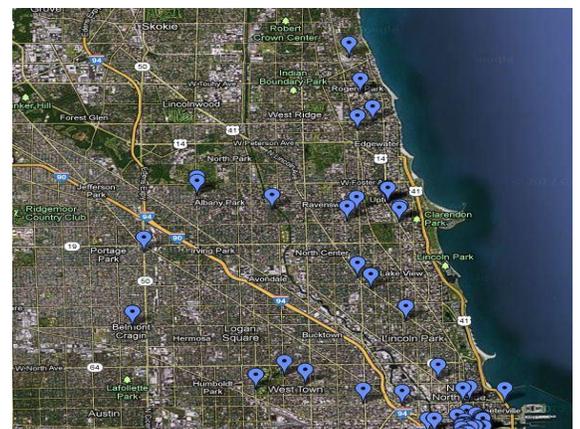


Fig. 3. Map of the social services and legal services available South of “the loop”.

Sampling and Responses

Stakeholder Survey

Sixty-one service providers from 47 different coalitions completed the survey. Just over 70% of respondents indicated that they offer services at multiple locations. Cumulative results demonstrated that there are services for every type of victim somewhere within Cook County.

Client Survey

Of the 1,092 clients who completed the survey, 135 of them indicated that they received social or legal services for the crime that had the biggest impact on their life. Robbery, Violence, and Identity Theft were the most commonly experienced crimes.

Client Focus Groups

We conducted four focus groups. Three focus groups were conducted in English with the number of clients in each group ranging from five to eight (20 people total). One focus group with five participants was conducted in Spanish.

Client Interviews

Eight clients participated in individual interviews conducted over the phone. Interviews were conducted in English and Spanish depending on the client's preference.

Service Provision/Service Use

Stakeholder Responses

Stakeholders indicated that the most common requests for services were for legal services related to domestic violence (DV), sexual assault (SA), and homicide. The highest percentage of services was provided to victims of domestic violence and sexual assault. The most common services provided were advocacy, civil legal services, and case management and referral. The most common reason for referral was that the agency did not provide the type of service needed. The lowest percentage of services were provided to victims of identity theft, gun violence, and survivors of homicide. The least common services provided were housing assistance, financial support, and criminal legal services.

Client Responses

Client responses from the Client Survey, focus groups and interviews provided rich information about the referral process, service utilization and quality. Overall, clients reported that they most needed a safety plan, legal support and therapy. The most common services received were legal support, medical services, and a safety plan. The largest numbers of clients accessing both legal and social services reported experiencing Robbery, Domestic Violence, or Identity Theft. When

asked what would help them the most regarding their most recent victimization, clients indicated that Legal and Social services, followed closely by Police and Counseling would help them most. In addition to the services we asked about in the client survey, clients in the focus groups and interviews indicated that their country's consulate, Coordinated Advice and Referral Program for Legal Services (CARPALS), religious institutions and nonprofits (e.g., Catholic Charities), Shelters, the internet, and friends were either sources of service or served as links to service for some clients.

Regardless of type of victimization experience, the highest number of clients got connected to services through the police station. Some clients reported that the first responders treated the victims like they were criminals or seemed to question the veracity of the client's claims. Clients indicated that the referral process works well when the first responders provide appropriate and accurate referral information. Overall, clients rated the usefulness of the services they received from 3.77 (child care) to 2.87 (legal support) [1 = not useful; 4 = very useful]. Overall, clients indicated that accessing services was "very hard" or "hard" more often than "very easy" or "easy". One clear exception was that victims of domestic violence indicated that accessing services was "very easy" or "easy" slightly more often than "very hard" or "hard".

Barriers to Accessing Services

Stakeholder Survey

Stakeholders indicated that victims experienced tangible barriers to service access such as transportation, lack of adequate shelter, and childcare. Providers also indicated less tangible barriers such as pressure from family members not to press charges, fears related to undocumented status, clients not thinking they need or qualify for services, and fear of retaliation. Respondents also indicated barriers specific to types of violence. For example, barriers related to victims of elder abuse may include memory and/or mobility problems and fear of going to a nursing home.

In addition to both tangible and intangible barriers, providers indicated that there are some demographic factors that may serve as barriers to seeking and accessing services, and/or result in more significant gaps in services (e.g., services for populations such as those identifying as LGBTQ may be limited; Services for clients under 17 years are also limited). The demographic factors identified as presenting the most barriers were affluent families, minorities, those who identify as LGBTQ, immigrants, elderly, clients with disabilities or mental health issues, clients unfamiliar with using technology, male clients, and youth.

Stakeholders provided some suggestions to overcoming barriers that included better training for providers to offer high quality services and knowledge of appropriate and timely resources and referrals. They also suggested better coordination of services and better outreach to increase

crime victims' awareness of services. Stakeholders suggested flexibility in service provision such as providing home visits may also help to reduce service gaps.

Stakeholders indicated that having more collaborations would be helpful. This may be particularly important given the high rates of referral and case management provided. Respondents identified 10 major service providers with which they would like to develop stronger partnerships. The most common responses for additional partnerships included the Police Department, Housing, and legal services. However, respondents indicated that the largest barriers to forming these collaborations included time, knowledge of other services, in-house resources, and geography.

Client Responses

Overall, clients reported that the most common barriers to accessing services were long wait times, time, services not available, and privacy. Although victims of every type of crime also indicated barriers such as distance to service, child care, and fear, only victims of domestic violence and adult physical assault reported fear as the leading barrier to service access. Other barriers to accessing service reported in focus groups and interviews included unaware of services, no resource guides or lists available, transportation, not wanting to go alone, fear about deportation, lack of current and appropriate referrals, not enough services, and language barriers. Clients who reported a good experience with first responders and accessing services seemed to tell very similar stories that included five key points. First, police showed care and concern for victim. Second, police asked questions that seemed necessary to charge the perpetrator. Third, police provided an appropriate next contact (referral). Fourth, the referral source had capacity to either see the victim or help navigate resources to get the client other services. Even if the next contact was not the person or agency who provided the service follow up, if that agency could explain and navigate the process and facilitate appropriate referrals for multiple different needs, or one critical need, clients saw that as a success. Fifth, clients felt there was some legal follow up to meet their needs. Often, the legal follow up involved prosecuting the offender.

Conclusions

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. Stakeholders indicated that the most common requests for services were for legal services related to domestic violence, sexual assault, and homicide. The highest percentage of services provided were for legal services related to domestic violence and sexual assault. Thus, it seems that the volume of need for legal services related to DV and SA is appropriately reflected in service provision. Furthermore, victims of domestic violence were the only group in which more clients indicated accessing services was easy. However, 47% of domestic violence victims still indicated that accessing services was hard. It is unclear whether the difficulty of service access involved tangible barriers such as the availability of services or intangible barriers such as fear.

Particularly because the most common barrier to services for victims of domestic violence (and victims of adult physical assault) was fear. Stakeholders indicated that one of the smallest percentages of services were delivered to homicide victims, despite being one of the most common requests for legal services.

Barriers to service access included both tangible and intangible barriers. Tangible barriers can be categorized into barriers of Access and barriers of Quality. Barriers of Access include barriers that limit client access to services such as lack of awareness of services or victim rights, limited availability of services (e.g., gaps in service, long wait times, etc.), lack of knowledge of resources at ports of entry, transportation, lack of shelter and child care. Barriers of Quality include under trained staff, lack of knowledge of victim needs, lack of appropriate and timely referrals, inadequate staffing, and inaccessible locations. All sources of data provided suggestions for solutions to both Access and Quality barriers. For example, stakeholders and steering committee members suggested developing collaborative partnerships to share resources to improve awareness, decrease gaps in service, and coordinate referrals. They also suggested leveraging and expanding existing initiatives. For some of the barriers, some infrastructure exists that Metropolitan LAS could leverage to provide larger impact. For example, one barrier listed for accessing services was a lack of awareness that a) the law has been violated, b) remedies exist, c) free services are available. The State Attorney's offices started a public education campaign to increase awareness of services. Perhaps Metropolitan LAS can build on this campaign. Spanish-speaking focus group participants suggested posting information regarding victim services at schools.

Although multiple possible solutions were provided to address Quality Barriers, a comprehensive approach that integrates the solutions may be the most effective. A comprehensive approach might include multiple components such as developing and delivering training, and developing and implementing screening, triage and referral protocols. Training for organizations to engage empathetically with victims and assess victims' needs could follow a train-the-trainer model, or successful agencies could mentor other agencies to promote a sustainable way to address victim needs. A system for information sharing would be imperative so that organizations at all ports of entry know what resources are appropriate and available, and how to make referrals. The steering committee could develop a protocol for a systematic referral process with clear procedures for dropped referrals or tracking. Because the police are often first responders and the highest number of clients, regardless of victimization experience, get connected to services through the police, this may be a high target area for training. Based on these results it appears that increased agency coordination, information sharing, training and outreach would be required to effectively address tangible barriers of access and quality as well as intangible barriers to victim service utilization.

Stakeholder Survey Results

FOCUS

The Stakeholder Survey assesses stakeholders' perspectives of service's needs, utilization, and satisfaction with existing services. Stakeholders are an important voice in developing a comprehensive legal assistance network. Stakeholders:

- Know what services exist
- Know what services should exist
- Know the degree to which providers are coordinated
- Know how existing services may be improved to provide more efficient, effective, and satisfying client services

Research has focused on gaps between providers' and victims' perceptions of need, awareness of services, and prioritization in the utilization of services (Lundy & Grossman, 2004; Campbell, 2006; Campbell, 2005; Herman, 2003; Kilpatrick & Acierno, 2003). It is important to understand the prioritization, resources, and perspectives of the various stakeholders and clients to make sure that resources are most effectively delivered.

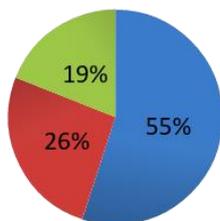
Stakeholders see the impact of system-wide policy and influence on client services. Stakeholders also see the consensus client issues that impact service utilization.

For this report, 61 stakeholders were recruited from courthouses, police departments, advocacy centers, and relevant social service agencies. The majority of stakeholders came from catchment areas or represent service areas within the Chicagoland area.

More than half of the stakeholders in this sample have been in their current position for under three years. A quarter of stakeholders have been in their current role between 3.5-10 years, and 19% of stakeholders have served in their position for over 10 years (Figure 1).

Figure 1: Years working in current position (n=59).

■ 3 years and under ■ 3.5-10 years ■ More than 10 years



Stakeholders represented a wide variety of coalitions and committees related to their practice areas. 47 different coalitions related to stakeholders' practice area were represented in the survey (Appendix A). The seven coalitions that were most related to stakeholders' practice

area included the Chicago Battered Women's Network, Illinois Coalition Against Sexual Violence, Illinois Coalition Against Domestic Violence, Legal Aid committee Against the American Bar Association, Illinois

Certified Domestic Violence Professional Board, Cook County State’s Attorney’s Sexual Assault Advisory Group, and the Chicago Alliance to End Homelessness.

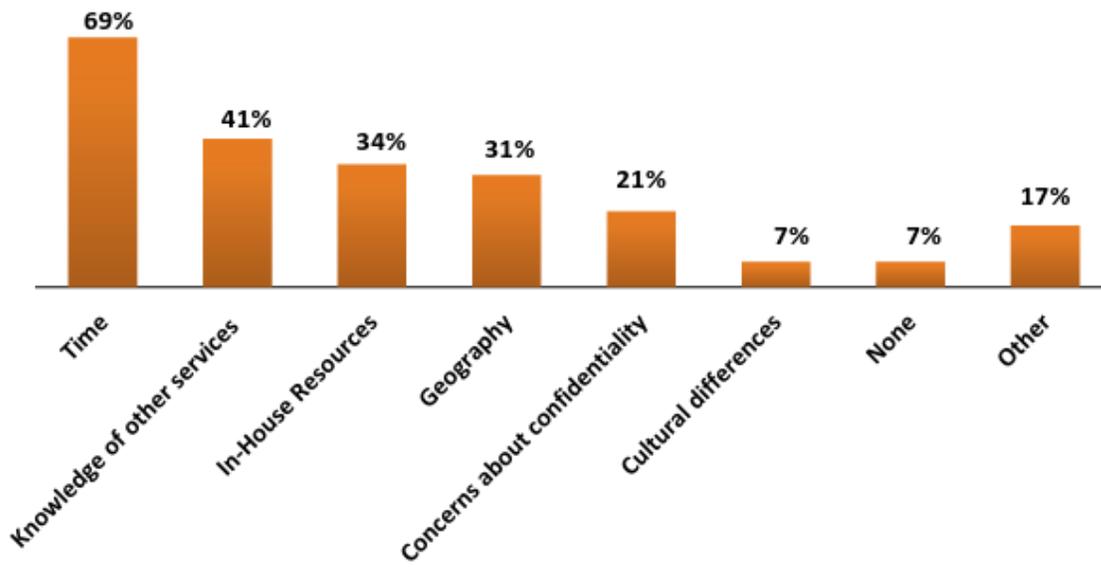
Stakeholders identified 10 major service providers that they would like to develop stronger partnerships with (see Table 1). The most common partnerships requested were with the Chicago Police Department, housing assistance, and legal assistance.

Table 1: Beneficial Partnerships for Collaboration (n=18).

Chicago Police Department
Agencies working with tenants in private market (rental housing not subsidized by the CHA)/housing assistance
Legal aid society/legal services/attorneys pro bono
Chicago volunteer legal services
Chicago’s job council/job training/vocational training
Universities
Catholic charities/churches, Apna Ghar
Medical and behavioral health providers
Haymarket House or women’s treatment center
Providers of counseling services for victims and abusers

Although stakeholders indicated having more collaborations would be helpful, there were a few barriers articulated in forming collaborations with other service providers (Figure 2). 69% of stakeholders indicated time was a barrier to forming collaborations. Knowledge of existing services was also a barrier (41%), followed by in-house resources (34%), geography (31%), and concerns about confidentiality (21%). 17% of respondents selected “other” barriers. Other barriers to forming collaborations with providers included capacity, professional culture, funding services, finding services, transportation for clients once a linkage was made, and language barriers when referring clients to other service providers.

Figure 2: Barriers to forming collaborations with other service providers (n=29).



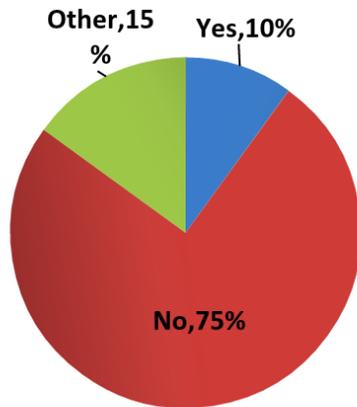
When asked what changes need to be made to improve legal services to victims, four major themes were represented. These included housing issues, changes to the criminal legal system (especially pertaining to the investigation and prosecution of sexual assault), the need for more funding to hire attorneys so people are not turned away from legal services, and more uniform referral, service delivery, and court processes. These results are presented in Table 2 below.

Table 2: Four major themes indicating changes needed to be made to improve legal services (n=7).

1) Housing issues—Illinois safe Homes Act: landlord refuses to return tenant/victim’s security deposit.
2) Criminal legal system: investigate and prosecute sexual assault according the law.
3) More attorneys: more funding to hire attorneys so people are not turned away
4) More uniform referral and service delivery process: simplification of court processes allowing no case to be dragged on, or where wait time to receive services renders the services unhelpful by the time it arrives.

When asked if clients are required to live in the catchment area to receive services, 75% of the stakeholders responded “no” (Figure 3). 10% of stakeholders indicated that clients must live in the catchment area, while 15% of stakeholders indicated clients do not necessarily have to live in the service/catchment area; however, the crime must have taken place in Cook County Jurisdiction. Another common response was a client can receive legal representation information over the phone despite service/catchment area.

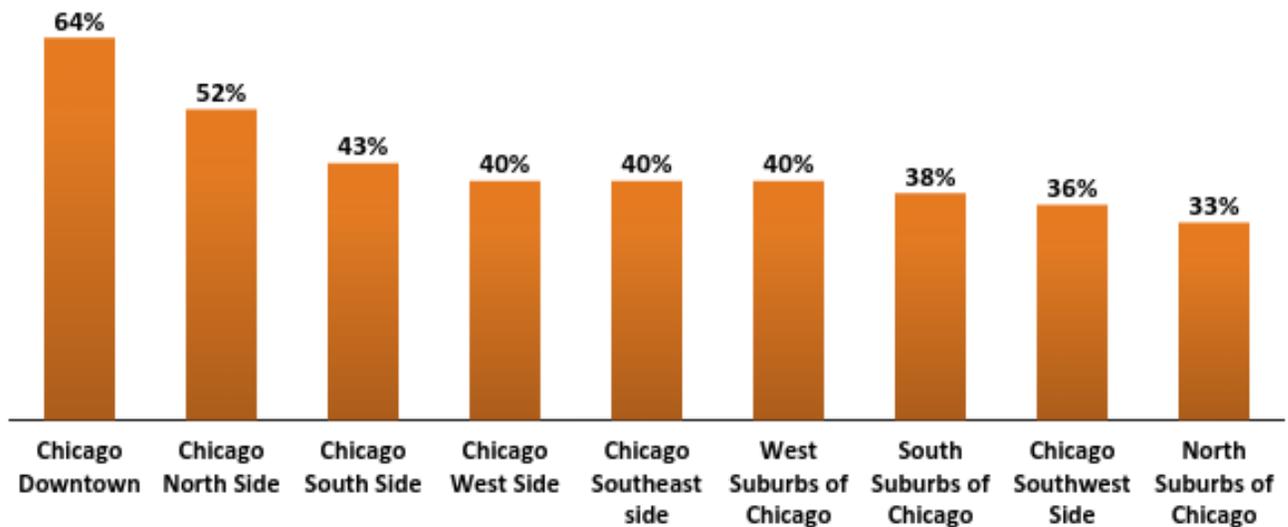
Figure 3: Are clients required to live within service/catchment areas to receive services (n=61).



Stakeholders were also asked whether or not they had multiple service locations for the agency they represented. 71% of stakeholders indicated they do offer services at multiple locations. Of the 71% of stakeholders who do offer services at various locations, 64% of the service provisions are provided in the Chicago

Downtown locations (Figure 4). Approximately half of service provisions are provided on the North Side of Chicago and one fourth of service provisions are provided in Chicago’s South side, west side southeast side, and west suburbs of Chicago.

Figure 4: Locations of service provision (n=58).



Based on survey results, 82% of agencies provide domestic violence (DV) services for victims (Table 3). This was followed by safety planning (72%) and sexual assault services (50%). The most common services not provided to victims are related to identity theft (84%), gun violence (78%), and services for survivors or witnesses of homicide (71%).

Table 3: Services provided for victims (n=59).

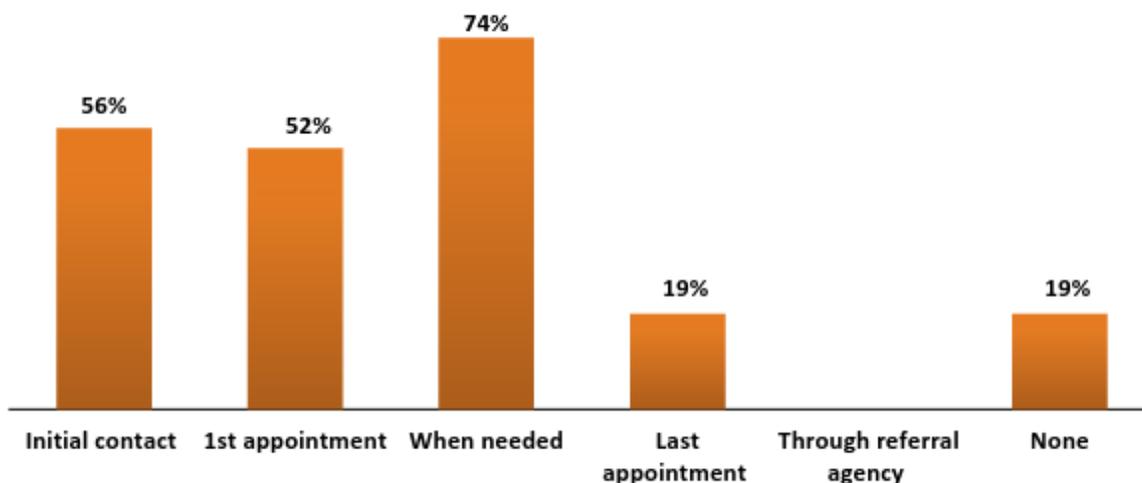
	YES	NO
DV	82%	18%
Safety planning	72%	28%
Sexual Assault	50%	50%
Financial assistance	43%	57%

Elder Abuse	41%	59%
Legal services	38%	62%
*Survivors or witnesses of homicide	29%	71%
Trafficking	28%	73%
Consumer Fraud	26%	76%
Gun Violence	22%	78%
Identity Theft	16%	84%

*N= 28 stakeholders who responded to the revised set of questions on the stakeholder survey

Most safety planning is performed when needed (74%) at participating agencies and over 50% of agencies conduct safety planning at initial contact and at the first appointment (Figure 5).

Figure 5: Time of safety planning (n=27).



The number of available appointments made each month to victims for services varied (see Table 4). For example, there were 6 agencies who selected DV appointments as unlimited. Nine agencies reported they have 10 or more available appointments made for victims of DV. The services with the least amount of available appointments for victims were related to identity theft and gun violence. Several stakeholders expressed the option of “varies,” this was most commonly seen in DV and gun violence appointments, though no thorough explanation on the survey were provided for these answers.

Table 4: Available appointments for services per month for victims.

	1-10	10+	Unlimited	Walk-in	Varies	Don't know
Consumer fraud	1	1	2	1	0	2
Identity theft	3	0	2	0	0	1
DV	1	9	6	6	5	6
Sexual assault	1	6	2	0	2	3
Trafficking	4	1	0	0	2	2
Elder abuse	4	2	0	1	2	3
Gun violence	1	2	0	0	3	1
Homicide	3	2	0	0	1	1

The survey also asked about client requests for services. Providers indicated that the most common requests were for legal services related to domestic violence, sexual assault, and homicide. Other requested appointments are listed below (Table 5).

Table 5: Requested appointment services from victims.

	1-10	10+
DV	8	14
Sexual assault	6	8
Homicide	1	6
Consumer fraud	3	2
Gun violence	2	2
Identity theft	4	1
Trafficking	3	1
Elder abuse	5	1

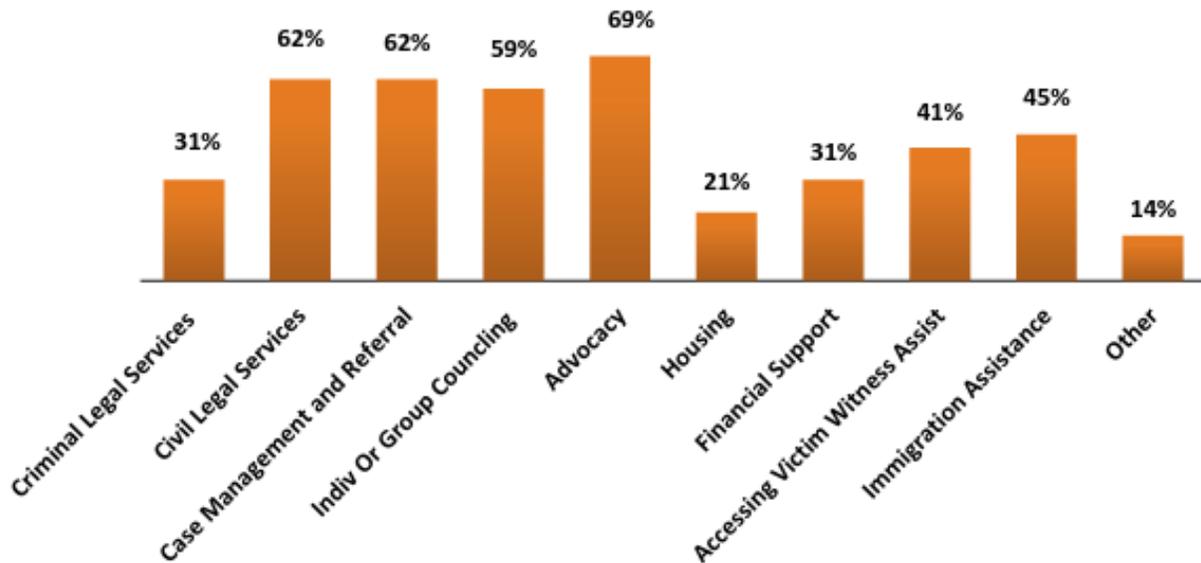
40% of survey respondents indicated additional services are provided at their agencies that were not included in the stakeholder survey. These other type services are summarized below (Table 6).

Table 6: Additional services provided for victims (n=14).

Violence against women act (VAWA)
Legal representation of children of victims of DV
Civil orders of protection, civil no contact orders
Wage theft
Consumer litigation against debt collectors, creditors, etc.
Financial literacy education and prevention
Economic Empowerment
Partner Abuse Intervention Program (PAIP)
Mental health, substance abuse services, nurse practitioner healthcare
Parenting, teen services
Emergency shelter, transitional housing
Dance/movement therapy for oncology, hematology, stem cell
Direct representation on immigration applications and for individuals

In addition to the supplementary services listed above, stakeholders were asked to check what additional services they offered (Figure 6). The type of service most provided to clients by agencies was Advocacy. 69% of agencies offer this service. This was followed by civil legal services and case management and referral at 62%. 14% of agencies selected “other”. Other services offered by agencies included legal information, education and awareness, CTA fare cards, training, and online resources.

Figure 6. Services provided to clients (n=29).



Stakeholders indicated several general barriers that interfered with victims accessing services. There were 5 major themes found (Table 7). Stakeholders also suggested solutions for victims to overcome barriers. These results are described below (Table 8).

Table 7: General barriers for victims accessing services (n=11).

Public awareness and provider referrals	Culture and language	Appointment availability and client base	Transportation	Fear of police
<ul style="list-style-type: none"> victims unnaaware of lega remedies or free legal services and unaware the law has been violated referring clients in multiple locations in the city 	<ul style="list-style-type: none"> shame and embarrassment not enough bilingual staff 	<ul style="list-style-type: none"> slots for the day are full incarcerated clients often have their identities stolen 	<ul style="list-style-type: none"> contruction-related closure of the Red line 	<ul style="list-style-type: none"> Reluctance to take action when offender is a family member/friend

Table 8: Solutions for victims to overcome general barriers (n=11).

Public awareness and provider referrals	Culture and language	Appointment availability and client base	Transportation	Fear of police
<ul style="list-style-type: none"> State attorney's office started public education campaign to increase awareness of services staff need viable referrals and resources for clients 	<ul style="list-style-type: none"> training/cultural development/education to work best with victims who are hesitant for help not enough bilingual staff 	<ul style="list-style-type: none"> Expand the legal program as a whole 	<ul style="list-style-type: none"> Outreach regarding how to get to the court and what to bring (and not bring) to the court. 	<ul style="list-style-type: none"> Greater education to the advocate community on how to work best with victims who are hesitant to work with law enforcement.

Stakeholders also emphasized the general barriers with victims following through with services. These barriers (Table 9) and the suggestions (Table 10) to overcome these barriers are summarized below.

Table 9: Barriers with victims following through with services (n=11).

Time and Money	Immigration laws and family pressure	No attorneys on staff	Court system	Language barriers and trust
<ul style="list-style-type: none"> •travel for services/court is costly •no incentives for service completion 	<ul style="list-style-type: none"> •pressure from family to drop charges 	<ul style="list-style-type: none"> •not enough attorneys available 	<ul style="list-style-type: none"> •Civil side-request for orders are contingent upon the victim having called the police at time of incident 	<ul style="list-style-type: none"> •victims must complete a civil petition on their own before seeing a judge •if clients don't trust their case manager, they will not return

Table 10: Solutions for victims to overcome barriers following through services (n=11).

Time and Money	Immigration laws and family pressure	No attorneys on staff	Court system	Language barriers and trust
<ul style="list-style-type: none"> •flexible hours •incentives to service completion 	<ul style="list-style-type: none"> •comprehensive immigration reform •support from the advocate community 	<ul style="list-style-type: none"> •funding for attorneys •ascertaining whether client has a civil legal remedy 	<ul style="list-style-type: none"> •improving civil process services •creating awareness with judiciary-continuances are a tool for perpetrators 	<ul style="list-style-type: none"> •translators/interpreters •treating all clients with respect and keeping an open-door policy

In addition to the barriers listed in general that discourage victims from seeking services, the barriers listed here are specifically related to domestic violence (Table 11). There are four common themes presented by stakeholders as to why victims of domestic violence are hesitant to seek help. The solutions to these barriers are also summarized below (Table 12).

Table 11: Barriers for DV victims accessing services (n=33).

Lack of available resources	Deportation	Fear of offender	Agency Services
<ul style="list-style-type: none"> •Victims do not have someone to look after their child/ren during appointments •Lack of adequate alternate housing/shelter 	<ul style="list-style-type: none"> •Victims are afraid to report because of undocumented status 	<ul style="list-style-type: none"> •Victim may be isolated and unable to obtain service provider information •Victim may be threatened with harm (i.e., physical, calling immigration) •Victim will return to the offender and terminate services; cycle of abuse 	<ul style="list-style-type: none"> •Complicated intake systems for certain services •Lack of LGBTQ specific services

Table 12: Solutions for DV victims of accessing services (n=33).

Lack of available resources	Deportation	Fear of offender	Agency Services
<ul style="list-style-type: none"> •Work with community agencies to develop viable housing and child care options •Streamlined funding and reporting to allow more resources to be directed to clients 	<ul style="list-style-type: none"> •Increase in cultural competency and expertise in immigrant-related issues 	<ul style="list-style-type: none"> •Highlight the confidentiality of services •Community outreach and education on service providers •Empower victims and ensure their progress will be made 	<ul style="list-style-type: none"> •Create a more simplified intake process •Discuss service needs the same day with immediate appointment for further service/s •Targeted marketing and funding mandated on LGBTQ specific services

Along with the barriers that prevent victims of domestic violence from seeking services, there were 2 major themes represented from stakeholders when asked what barriers restrict victims of sexual violence from accessing services. Below is a summary of the two major reasons why victims of sexual assault do not seek services right away (Table 13). Also summarized are the solutions for those barriers (Table 14).

Table 13: Barriers for sexual assault victims accessing services (n=19).

Victim perception of self	Children as victims
<ul style="list-style-type: none"> •Victims do not think of themselves as needing a civil lawyer’s assistance •People who engage in “survival sex” do not feel deserving/entitled to services •Being arrested/incarcerated for prostitution confuse clients as being victims 	<ul style="list-style-type: none"> •Often do not tell anyone about the assault for years

Table 14: Solutions for sexual assault victims accessing services (n=19).

Victim perception of self	Children as victims
<ul style="list-style-type: none"> •Education to inform victims about their rights as a crime victim •Better outreach (to allay feelings of guilt) •Better/more victim advocates 	<ul style="list-style-type: none"> •More awareness and counseling services for children

There was one shared theme illustrated in the survey when stakeholders were asked to describe what barriers interfere with victims accessing services for trafficking (n=11). The age of the victim was described as a barrier. Stakeholders expressed the limited resources available to victims under the age of 17. A solution proposed was the development of safe networks so resources can be developed and shared. There was also one common theme presented in the survey when stakeholders were asked to define the barriers that prevent victims of gun violence to seek services (n=7). Fear of retaliation from gangs or retaliation against family/friends was described as a barrier especially if the victim sought services. Stakeholders suggested that advocacy with law enforcement authorities and better collaboration with police departments would be solutions to the barriers often felt by victims of gun violence.

The barriers (Table 15) and solutions (Table 16) described below are specifically for victims of elder abuse.

Table 15: Barriers for elder abuse victims accessing services (n=14).

Health problems related to age
<ul style="list-style-type: none"> •If victim suffers from dementia or memory impairment, may be difficult to build a case •Health issues may limit victim’s mobility to seek services •Assistance with direct transportation for additional services

Fear of seeking services
<ul style="list-style-type: none"> •Distress of going into a nursing home

Table 16: Solutions for elder abuse victims accessing services (n=14).

Health problems related to age
<ul style="list-style-type: none"> •More availability of mental health courts and more social services as part of sentencing •Handicap accessible agencies •Increase agency’s ability to conduct home visits

Fear of seeking services
<ul style="list-style-type: none"> •Increase flexibility with provision of services (i.e., services via phone to assist those unable to come to the office)

Survey results found two major barriers that restricted survivors and/or witnesses of homicide from seeking services. Tables 17 and 18 below describe the barriers and the solutions to those barriers.

Table 17: Barriers for survivors/witnesses of homicide accessing services (n=11).

Insufficient support services
<ul style="list-style-type: none"> •Survivors/witnesses of homicide are often in shock near the time of the event*

Near time of loss
<ul style="list-style-type: none"> •Trauma happening too quickly and is overwhelming

*Survivors of homicide are not aware how to locate services when they realize they need them

Table 18: Solutions for survivors/witnesses of homicide accessing services (n=11).

Insufficient support services
<ul style="list-style-type: none"> •Better quality services, training and education for service providers who come in contact with survivor/witness

Near time of loss
<ul style="list-style-type: none"> •Coordinating services—keeping all providers near the time of loss on dispatch. Survivor/witness may feel trauma later and it may be related to the loss

Survey results also found two major barriers that restricted victims of Identity Theft from accessing services. Tables 19 and 20 describe the barriers and the solutions to those barriers.

Table 19: Barriers for Identity Theft victims accessing services (n=8).

<p>Unaware of services and how services are delivered</p> <ul style="list-style-type: none"> •Victims are unaware of free legal services •Most agencies can only offer civil legal remedies over the phone •Some agencies do not have collect numbers 	<p>Fear of retaliation</p> <ul style="list-style-type: none"> •Reluctance to take action against family members •Obstructive behavior by creditors and credit bureaus
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Table 20: Solutions for Identity Theft victims accessing services (n=8).

<p>Unaware of services and how services are delivered</p> <ul style="list-style-type: none"> •Calling agency advice line with a claim that has a potential civil remedy •Consumer education 	<p>Fear of retaliation</p> <ul style="list-style-type: none"> •Having viable referrals and resources
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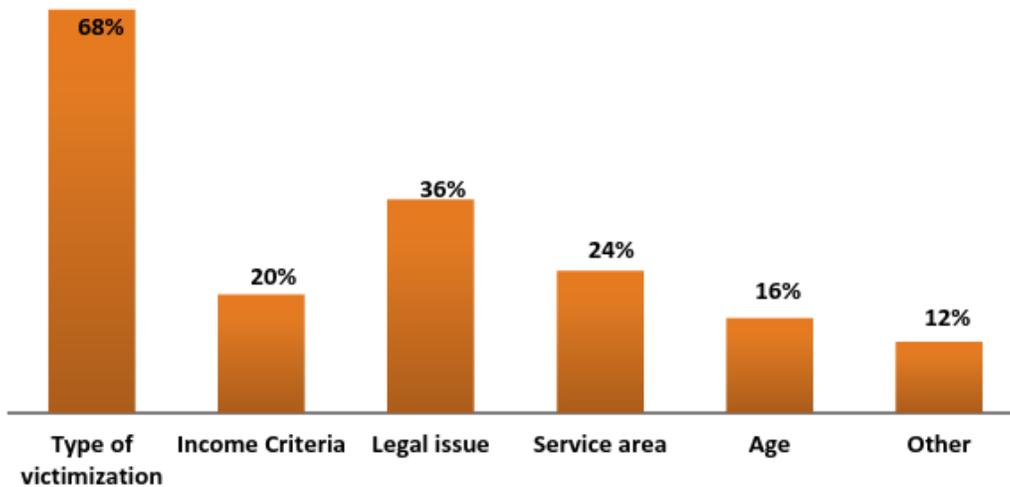
Stakeholders were also asked to describe the kind of “populations” most reluctant to access services in their catchment area. Results showed there were 11 different populations reported to be more hesitant to seek services and help. These are listed below (Table 21).

Table 21: Reluctant populations to access services (n=23).

Affluent families	Minorities
Immigrants	Undocumented population
LGBTQ	Youth
Elderly	Male
Clients with physical disabilities	Clients impacted by mental health
Clients leery of using technology	

Before agencies can take on a case, stakeholders were asked to describe client eligibility criteria (Figure 7). 68% of stakeholders indicated type of victimization is the most distinctive criteria of the victim. 12% of respondents selected “other.” Other included immigration status, case management requests, or issues identified by staff.

Figure 7: Client eligibility criteria (n=25).



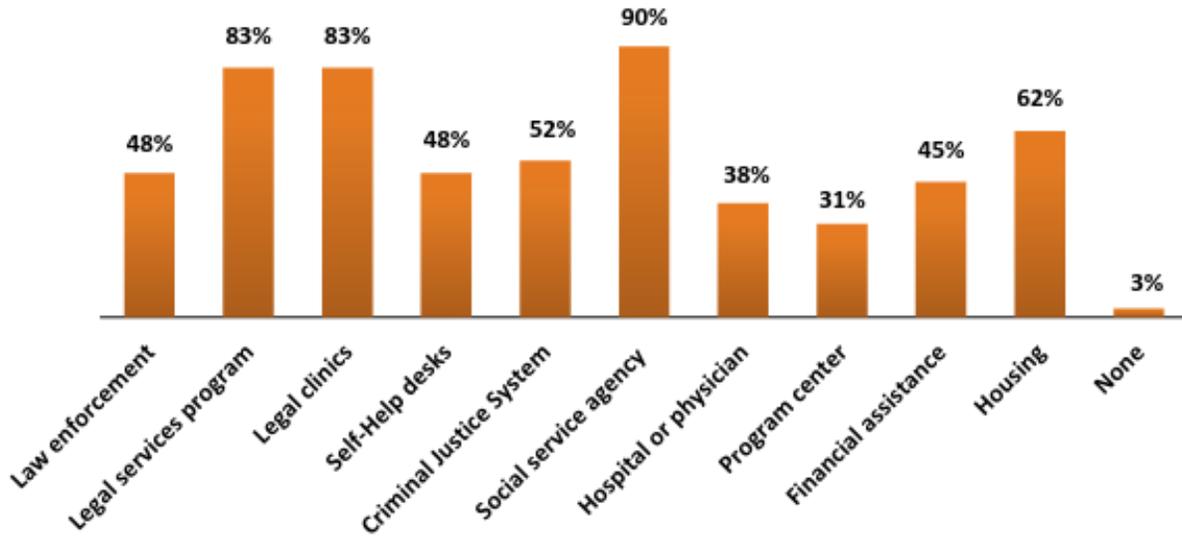
If a client does not meet eligibility criteria, stakeholders indicated their agency may refer clients outside their agency. 83% of stakeholders indicated a client may be referred to another agency because they do not provide the type of legal services needed (Table 22). 76% of stakeholders also indicated a client may be referred to another agency because they do not provide the social service required for the client.

Table 22: Reasons for referring clients to services outside agency (n=29).

Don't provide the type of legal services needed	83%
Don't provide the type of social services needed	76%
Client ineligible for residency reasons	17%
Client ineligible for financial reasons	14%
Client ineligible for citizenship reasons	3%
Other (waiting list, catchment area, client speaks language other than English or Spanish)	21%

When referrals are made, 90% of agencies refer to social service agencies. Approximately 83% refer clients to legal services programs and legal clinics (Figure 8). 7% of stakeholders selected “other.” Other included referring clients to literacy programs, substance abuse treatment, and job training services.

Figure 8: Most common referrals (n=29).



When it pertained to legal services, 50% of stakeholders indicated their agency handle appeals (Figure 9). Of the 50% of agencies who handle appeals, 56% said there is no limit to the number of cases handled by each of their attorneys (Figure 10).

Figure 9: Does your agency handle appeals? Figure 10: Limit on number of cases/attorney?



Of the 44% of stakeholders who indicated there was a limit on number of cases handled by each attorney, the specific number of case varied. Below is a brief summary of those results (Table 23).

Table 23: Caseload for each attorney (n=9).

No more than 3-5 cases/day

16 cases

20-80 cases

Varies, depending on practice area

If a new legal issue arises in a client's case, 50% of stakeholders indicated the new legal issue is taken on by the same attorney currently handling the case. 30% of stakeholders responded the new legal issue is referred to another attorney in the grantee agency. While 20% of stakeholders refer the new legal issue to a pro bono attorney.

Client Survey Results

The Client Survey was administered to current and former residents of Cook County who were 18 years of age or older. Respondents were recruited from public spaces or referred to the survey from victim service providers or print or digital advertisements on victim related websites. Respondents were given the option to complete paper surveys or online surveys. Surveys were administered in English, Spanish, and Polish.

Of the 1,092 respondents, 619 reported that they had been the victim of a crime. However, we suspect that that number may be slightly depressed as some people that responded they were not a victim of a crime acknowledged experiencing one or more of the crimes listed in Table 25. Furthermore, 403 of the respondents reported that someone they loved had been the victim of homicide. Some victims of homicide may not immediately identify as a victim of a crime. Some may define the deceased as the victim.

Respondents marked the types of crimes they've experienced throughout their lifetime and within the last two years. Respondents were asked to indicate each type of crime they have experienced (check all that apply). For lifetime experience, the largest crime types experienced were Robbery, Identity Theft, Domestic Abuse, Adult Physical Assault, and Stalking. However, many other violent crimes were experienced by very similar numbers of people (See Table 24). Within the past two years the highest number of people experienced Robbery, Stalking, Domestic Abuse and Consumer Fraud. As with lifetime experiences some differences with other categories were negligible. This survey appeared to get a good representation of victims of all types of crime.

Table 24: Crimes experienced throughout lifetime and within the last 2 years.

Types of Crimes Experienced	Lifetime	Last 2 years
Identity Theft (Someone used my identification for purchases or employment)	266	90
Consumer Fraud (Someone lied to me for financial gain)	197	96
Stalking (Someone repeatedly followed or harassed on my way to work, home, or school)	220	120
Robbery (Someone stole something from me of value)	486	195
Arson (Someone set my property on fire on purpose)	66	46
Gun Violence (Someone used a firearm to threaten or hurt me)	214	66
Witness of homicide (A love-one of mine was murdered or someone was murdered in front of me)	163	51
Hate Crime (Someone hurt me because of my race, ethnicity, gender or sexual orientation)	210	91
Elder Abuse (Someone has physically abused, threatened or tricked me to give them money as an older adult)	91	51
Domestic Abuse (Someone I am in a relationship with hit, kicked, punched or otherwise hurt me)	238	96
Adult Physical Assault (Someone hit, kicked, punched, or otherwise hurt me)	232	81
Adult Sexual Assault (Someone forced sexual acts on me)	131	44
Child Physical Abuse(As a child an adult hit, punched, or otherwise hurt you)	167	39
Child Sexual Abuse/Assault (An Adult, caregiver or older person forced sexual acts on you as a child)	133	35
Human Trafficking (someone through force, fraud, or coercion made me provide labor services or involved me the commercial sex trade)	45	33
Other crimes(please specify):	13	13

Table 25 reviews some of the other crimes specified not listed above. Most common other types of crime were Vandalism/property damage, followed by community/gang violence.

Table 25: Other crimes specified.

Vandalism/property crime/damage	5
Community/gang violence	3
Police brutality/gang violence	2
Drug use/alcohol/DUI	2
Held hostage	1

Clients were also asked to indicate which type of crime within the last two years had the biggest impact on their lives. Robbery, homicide, and identity theft were the top three crimes that had most impact on the client. Results are summarized in Table 26 below.

Table 26: Crimes within the past two years that had the biggest impact.

Robbery	113
Homicide	56
Identity theft	47
Domestic abuse	43
Gun violence/being shot	35
Adult physical abuse/assault	34
Discrimination/racism/hate crime	30
Burglary/home invasion	29
Consumer fraud	23
Stalking	20
Adult sexual abuse/assault	17
Auto theft/broken into/vandalism	17
Armed robbery	14
Community violence	14
Child sexual abuse/assault	12
Drug abuse	9
Police brutality/ false conviction	8
Child physical abuse/assault	7
Gang violence	7
Property damage/vandalism	4
Hit and run	3
DUI/hit by a drunk driver	2
Attempted kidnapping	1

For the most recent crime reported to have the biggest impact on respondent’s lives, 775 reported that they received legal or social services for that crime. Respondents indicated that the services that would help most at this time were legal, social, police, and counseling (See Table 27).

Table 27: Services that would help most at this time.

Legal	66
Social services	57
Police	42
Counseling, DV counseling	41
Court	11
Financial	10
Medical	4
Advice/support	3
Consumer fraud services	3
Education, DV education	2
Employment	2
Substance abuse/drug treatment	2
DCFS	1
Insurance	1
Veteran services	1

Across all types of services, 45% of clients who reported that they needed a service received that service (See Table 28). Of the services that clients stated that they needed, clients reported that they received 29% to 62% of the needed services. For example, 55% of the clients who said they needed legal support actually received legal support, whereas 62% of the clients who said they needed medical services received those services.

Table 28: Service use.

Service	Did you need		Did you receive		If 'yes', how useful was this service?	Percent needing service who
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	this service?		ve this service?		(1=Not useful, 4=Very useful)	received service
	Yes	No	Yes	No	Mean (SD)	
Received help from a lawyer, legal aid online, or a self-help kiosk (Legal Support)	245	511	135	418	2.87 (1.15)	55%
An advocate accompanied you to court and helped in e legal process (Legal Advocate)	148	583	73	424	3.30 (.88)	49%
Order of Protection	121	589	64	410	3.00 (1.00)	53%
Child Care	81	614	40	414	3.77 (.439)	49%
Help with transportation	206	516	83	405	3.27 (1.04)	40%
Medical Services	215	500	134	355	3.21 (1.11)	62%
Crisis Services	103	593	47	409	2.91 (1.04)	46%
Support Groups	153	560	71	406	3.36 (.90)	46%
Help with landlord issues/problems	129	588	38	437	3.44 (.81)	29%
Help with employment issues/problems	190	526	78	406	3.45 (.80)	41%
A plan so you know what to do to keep yourself safe (Safety Plan)	290	417	113	297	3.24 (1.00)	39%
Information and referral – in person	199	475	78	317	3.14 (.89)	39%
Information and referral - telephone	196	472	79	314	2.52 (1.19)	40%
Counseling or Therapy	221	462	95	314	3.37 (.91)	43%
*Total	2,497		1,128			45%

*** Note: these may not represent unique individuals needing each service, but represents the number of services requests.**

Table 29: Average service usefulness rating by use of service.

Service	Received Services	Did Not Receive Services
	M (SD)	M (SD)
Received help from a lawyer, legal aid online, or a self-help kiosk (Legal Support)	2.87 (1.15)	1.75 (1.11)
An advocate accompanied you to court and helped in e legal process (Legal Advocate)	3.30 (.88)	1.46 (.97)
Order of Protection	3.00 (1.00)	1.51 (1.00)
Child Care	3.77 (.439)	1.58 (1.09)
Help with transportation	3.27 (1.04)	1.52 (1.01)
Medical Services	3.21 (1.11)	1.67 (1.19)
Crisis Services	2.91 (1.04)	1.39 (.92)
Support Groups	3.36 (.90)	1.60 (1.11)
Help with landlord issues/problems	3.44 (.81)	1.57 (1.08)
Help with employment issues/problems	3.45 (.80)	1.44 (.97)
A plan so you know what to do to keep yourself safe (Safety Plan)	3.24 (1.00)	1.56 (.983)
Information and referral – in person	3.14 (.89)	1.44 (.93)
Information and referral - telephone	2.52 (1.19)	1.52 (1.00)
Counseling or Therapy	3.37 (.91)	1.51 (.98)

Clients also indicated other services they used (Table 30-9a). The majority of clients (218) specified they received no services or services were not offered. 29 clients indicated they received police services related to their crime. Furthermore, clients indicated the services they needed but did not receive related to their crime (Table 30-9b). The majority of clients indicated they needed social services, counseling, court, police, and legal services.

Table 30: Other services used.

9a. What other services did you receive related to the crime?	
No service/s received/offered	218
Police	29
Counseling	18
Social service	16
Legal	11
Financial	8
Medical	7
Religion	7
Didn't tell anyone/didn't report	6
Court	4
Family support	3
Hospital	3
Insurance	1

9b. What other services did you need that you did not receive?	
Social services	40
Counseling	33
Court	26
Legal	26
Police	26
Financial	15
Medical	4
DCFS	1
Fraud protection	1
Insurance	1

Table 31: For the following crimes listed below, tell us if you received or tried to receive social services or legal services and how far did you have to travel to access those services?

	Have you accessed social		Have you accessed		How far did you have to travel to			

	services?		legal services?		access services?			
	Yes	No	Yes	No	Less than 15 minutes	16-30 minutes	31-60 minutes	> 1 hour
Identity Theft	68	478	49	349	39	16	23	26
Consumer Fraud	40	463	25	334	20	7	12	18
Stalking	50	453	39	316	30	20	8	12
Robbery	96	471	62	353	46	30	14	18
Arson	8	450	7	314	19	5	6	7
Gun Violence	54	442	22	333	24	11	10	16
Witness of homicide	42	429	14	317	18	10	5	14
Hate Crime	44	435	17	319	20	12	10	11
Elder Abuse	11	444	7	312	16	5	5	7
Domestic Abuse	76	426	44	317	30	20	13	14
Adult Physical Assault	48	435	28	317	27	8	8	15
Adult Sexual Assault	30	434	14	313	18	5	7	9
Child Physical Abuse	33	433	9	318	17	7	6	9
Child Sexual Abuse/Assault	31	433	12	317	16	6	6	12
Human Trafficking	10	435	4	309	16	5	3	6
Other violent acts	17	336	10	243	14	5	4	13
Totals	658	6997	363	5081	370	172	140	207

Table 31 (continued): For the following crimes listed below, tell us if you received or tried to receive social services or legal services and how far did you have to travel to access those services?

	If you attempted to access services but were not able to, what got in the way of you getting services?						
	Time	Privacy	Distance	Child Care	Services not Available	Too long a wait	Fear
Identity Theft	19	10	13	3	22	18	8
Consumer Fraud	15	7	7	1	13	10	4
Stalking	13	8	4	0	9	17	12
Robbery	18	7	10	1	22	21	13
Arson	10	5	3	0	8	5	4
Gun Violence	13	6	7	1	14	15	9
Witness of homicide	10	4	4	0	8	9	6
Hate Crime	12	8	3	0	14	14	9
Elder Abuse	7	6	3	0	7	10	3

Domestic Abuse	14	9	6	5	10	15	17
Adult Physical Assault	12	10	5	0	8	11	13
Adult Sexual Assault	10	10	5	0	9	12	7
Child Physical Abuse	6	11	2	2	9	10	7
Child Sexual Abuse/Assault	8	6	3	0	9	10	6
Human Trafficking	9	6	4	0	4	7	3
Other violent acts	11	6	3	1	5	10	8
Total	187	119	82	14	171	194	129

For participants who responded that they had to travel an hour or more to access services, we analyzed which zipcodes they were reportedly from and which victimization they were reporting. This provided an estimate of service gaps (see Appendix B). We also summed the number of reports of travel an hour or more across victim type to generate an estimate of the zip codes that may represent the highest need for more accessible services (see Appendix C).

On a scale from 1 to 5 with 1 being very easy and 5 being very hard, clients were asked to indicate how easy it was to access the services they needed (Table 32). Results show that approximately 818 clients specified it was very easy to easy to access the services they needed. While 881 of clients who responded, indicated it was hard to very hard to receive the services they needed. Also represented in Table 32 are ways in which clients were connected to the services they needed. The most common type of way clients received connection to services, was the police station (n=478) and social service agencies (n=178).

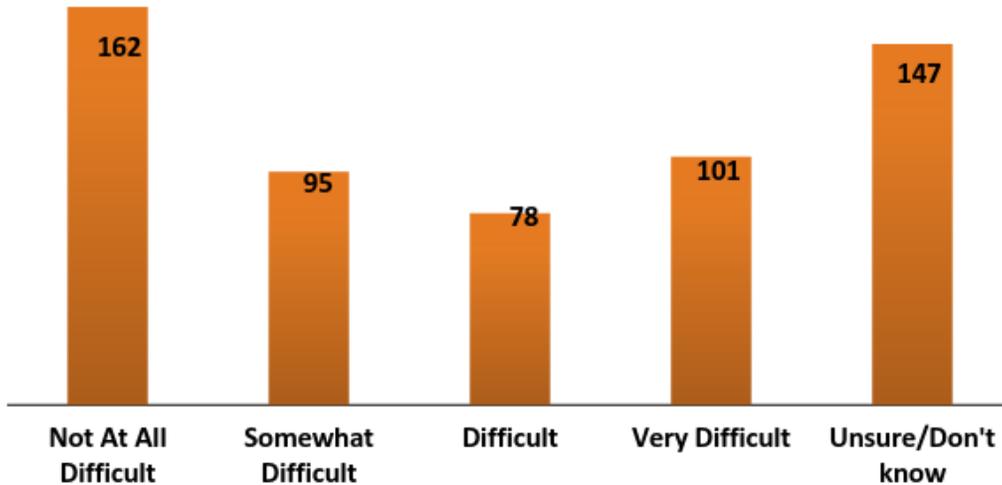
Table 32: For the following victimizations listed below, tell us how easy it was to access services and how you were connected to services (check all that apply).

	How easy was it to access services?					How did you get connected with services?					
	Very Easy 1	2	3	4	Very Hard 5	Hospital	Police Station	Court house	School	Soc. Service Agency	Hotline
Identity Theft	49	33	27	24	66	9	46	11	5	19	30
Consumer Fraud	32	23	24	14	49	3	22	7	6	8	19
Stalking	37	18	29	18	46	6	43	16	12	12	8

Robbery	63	39	40	19	72	12	114	10	7	11	8
Arson	21	13	15	12	30	4	16	6	4	10	5
Gun Violence	32	23	23	14	48	13	39	6	8	10	7
Witness of homicide	31	16	22	10	29	6	27	5	3	9	6
Hate Crime	26	24	18	7	44	6	18	6	10	12	5
Elder Abuse	17	17	14	9	34	5	13	6	5	10	7
Domestic Abuse	44	26	26	19	42	23	45	20	9	21	12
Adult Physical Assault	32	21	13	14	39	14	29	5	7	11	10
Adult Sexual Assault	23	16	18	9	32	11	14	2	5	7	9
Child Physical Abuse	27	16	11	11	39	8	12	3	4	12	8
Child Sexual Abuse	23	15	14	11	40	9	15	4	5	12	8
Human Trafficking	17	12	13	8	30	3	10	3	3	7	8
Other violent acts	20	12	13	10	32	7	15	6	5	7	8
Totals	494	326	323	213	672	139	478	116	98	178	158

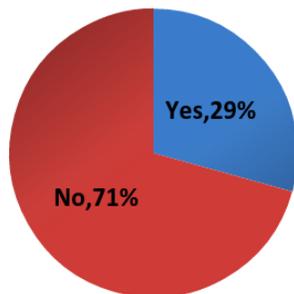
Clients were then asked to indicate the ease of actually getting the services they needed. Figure 11 below illustrates that approximately 162 clients said it was not difficult at all to get the services they needed. 95 clients indicated it was somewhat difficult. 78 of respondents said it was difficult, while 101 indicated it was very difficult. Roughly 147 clients specified they were unsure/didn't know how easy or difficult it was to receive services.

Figure 11: How easy or difficult was it to actually get the services you needed.



Clients who were connected to an agency were asked whether or not they were referred to another agency at any point. Out of 669 clients who responded, roughly 29.3% of them were referred to another agency (Figure 12).

Figure 12: When connected to an agency, were you at any point referred to another agency.



Experiences with the referral process varied as shown in Table 33. More than half of clients felt the process to be frustrating/time consuming, and difficult. 33 clients experienced a more helpful and supportive encounter with the referral process. Several clients said they received assistance from various

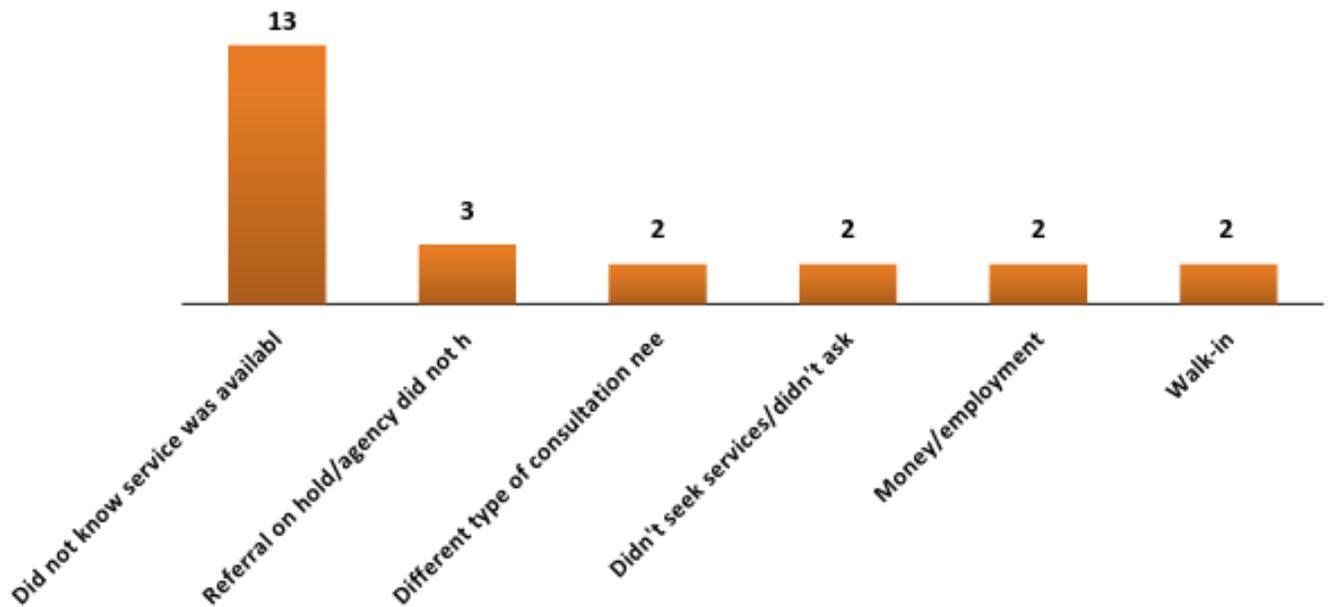
agencies (IRS/CGLA/metro), while 3 clients felt indifference from staff/police officers while being referred. A few clients indicated they found their own help or received what they needed through faith/religion.

Table 33: Experience with the referral process.

Did not get any assistance/frustrating/time consuming/long process/No/bounced around/difficult	71
Helpful/supporting/easy/Yes/Got what I needed/was referred to what I requested	33
Agency: IRS/CGLA/metro	4
In difference from staff/police officers	3
Found my own help/did it on my own/Religion	2

The primary reason why clients were referred to another agency was because the agency in which services were originally sought did not provide the type of legal service (Table 33). 61 clients indicated they had to be referred because they did not meet financial requirements for the services they requested. This was followed by 53 clients specifying they were referred because the type of social service they needed was not provided. Clients were also referred to another agency because they did not live in the community there were seeking services. Close to 70 clients indicated “other”. These reasons are highlighted in Figure 13.

Figure 13: Other experiences with the referral process.



Out of 240 clients who responded, approximately 56.7% of clients indicated money for transportation was the biggest element preventing them from seeking services they needed (Figure 14). The location of agency prevented 21% of clients from receiving the services they needed. While 13% indicated cultural differences played a role in the prevention of their needed services. In the survey, this question provided an opportunity for clients to indicate in writing additional barriers that prevented them from seeking services. Table 34 illustrates those additional barriers.

Figure 14: For the services you did not receive but needed, what prevented you from getting those services.

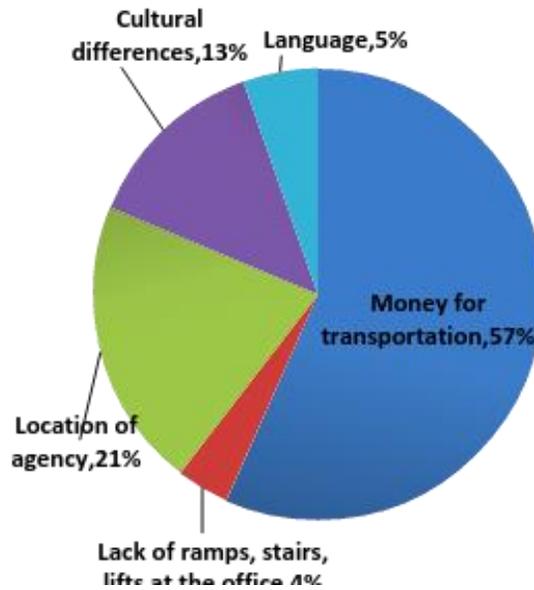
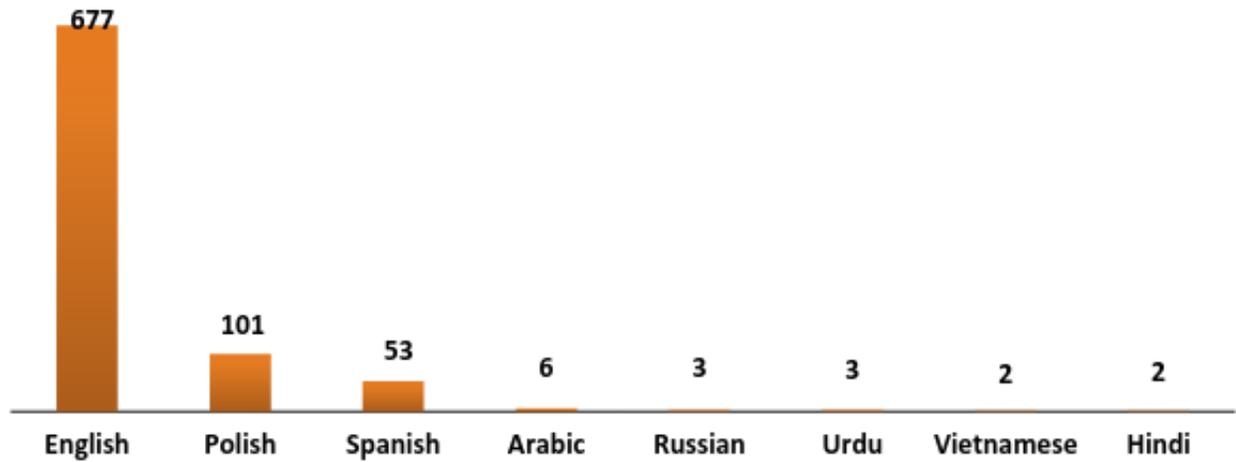


Table 34: For those services you did not receive but needed, what prevented you from getting those services.

Limited support from agency staff	14
Lack of knowledge/resources	13
Fear	12
Finances	10
Too busy/no time	7
Process is time consuming	5
Not worth it/didn't seek services	5
Discrimination due to race, gender, sex	3
Documents stolen/misplaced	2
Self help (took care of it myself)	1
Denial	1
Privacy	1
Legal status	1

Figure 15: Primary Language



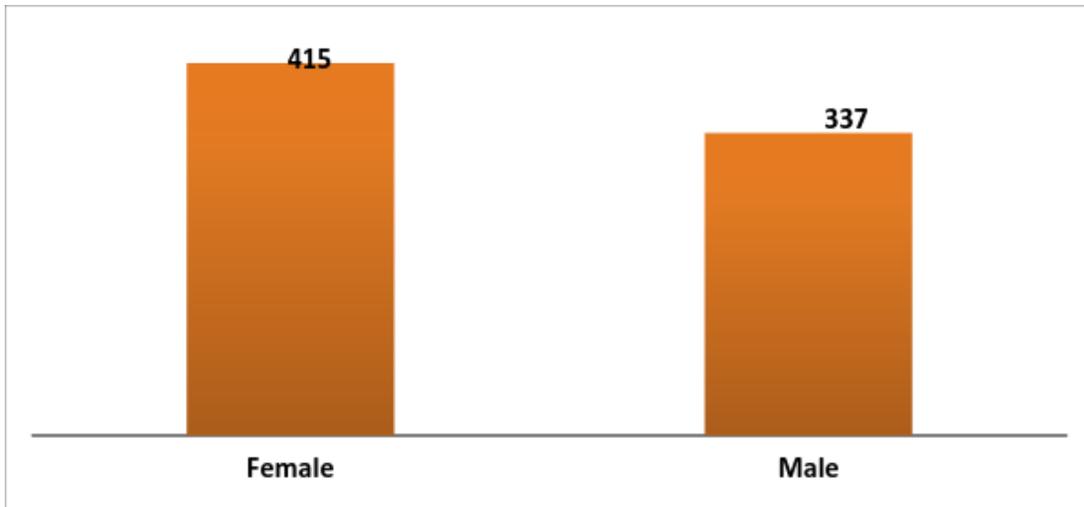
Clients primary language was English (n=677). This was followed by Polish (n=101), Spanish (n=53), and Arabic (n=6). Russian and Urdu were popular among 3 clients each. 2 clients indicated their primary language was Vietnamese and Hindi. Mandarin and Korean were indicated by 1 client as their primary languages. Below is table 35 which displays other languages clients indicated as their primary language.

Table 35: Other primary language

French	1
Gujratri	1
Nepalese	1
Portuguese (Brazilian)	1
Tagalog	1
Tatar	1
Tui	1
Ukrainian	1

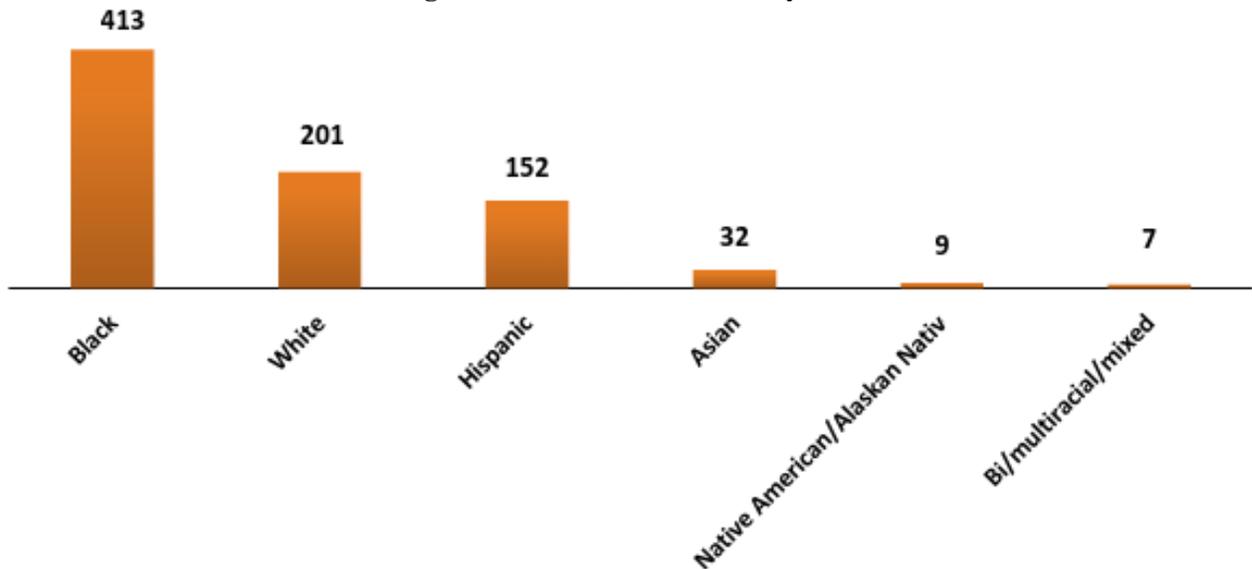
The majority of clients indicated they were female (n=415). There was 1 client who indicated they were “MF”.

Figure 16: Sex/gender.



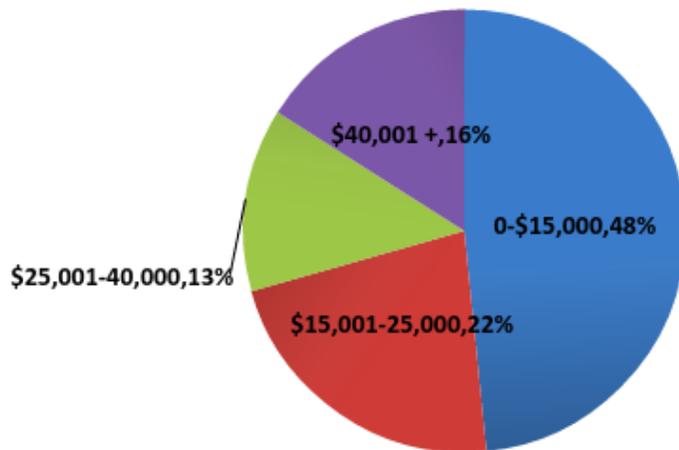
Approximately 662 clients indicated they were heterosexual or straight. 41 clients indicated they considered themselves to be gay or lesbian, while 35 clients said they were bisexual. When asked if clients had any long-standing or mental health condition, impairment or disability, 172 participants said yes and 600 said no. Of the 172 clients who indicated they had an impairment or disability, 64 clients had indicated it was a caused by their victimization.

Figure 16: Racial/ethnic identity.



When asked to describe their racial/ethnic identity, 413 clients indicated they were black. This was followed by White (n=201), Hispanic (n=152), Asian (n=32), Native American/Alaskan Native (n=9), and multiracial/mixed (n=7). There were several clients who specified they were “other”. Other included, Latina/Mestiza/Latino (n=4), Arab/Arabian (n=2), Middle Eastern (n=2), Hebrew (n=2), Bengali (n=1), Belizean (n=1), Hawaiian (n=1), Indian (n=1), and Puerto Rican (n=1).

Figure 17: Approximate annual household income.



Of the 756 clients who responded to this question, approximately 48% had an annual household income of 0-\$15,000. Roughly 22% made \$15,001-25,000. There were 14% of clients who indicated their approximate annual household income fell between \$25,001-40,000, and about 16% of clients specified they made \$40,001 or more.

Qualitative Data Section

In an effort to get more specific information about client experiences accessing and utilizing victims services we conducted focus groups and individual interviews. We compiled this information and present common themes regarding successful encounters with systems and common problems or barriers to service utilization or satisfactory service delivery.

Attitudes towards **victim advocates** seemed to be generally positive. They were found to be responsive; they kept the victim up to date about legal decisions and court dates related to the perpetrator. Victim advocates helped obtain copies of restraining orders. Advocates reportedly provided important assistance when the victim doesn't know what to do or who to contact. Information about victim advocates was found on the internet, or provided by social workers, hospital staff, and police. Clients seemed to feel most comfortable when the advocates were not associated with the police. Victims felt that non-police advocates were less likely to harass victims further. The focus group participants felt they needed a guide through a complicated system, not another person against them, not someone who felt threatening. In some cases, the advocate did not identify themselves as such, and were thought of as part of the police. Many victims may not know that victim advocates exist and may be assigned one without knowing what they are and what they do. Fortunately, most felt advocates did provide moral support to victims in need, and helped with the "warm handoff" to other service providers, which increased the likelihood of following through with services.

Opinions on **police** treatment were more divided. Some clients saw them as responsive with good follow-through, and others felt there was a slow response with no follow-up after the initial incident. Some victims felt like certain officers ignored their calls, showed a lack of interest, or even blamed the victim. Intimidation was reportedly used, such as threatening to take the victim's children away if they did not cooperate or sending them to jail for not talking. A focus group participant stated, "I feel like I was re-victimized by the police." Other complaints include abuse of authority, lack of referrals to services, and laziness. One seemed more concerned with asking the victims questions/taking a statement about the assault than with actually pursuing the assailant, who was still nearby.

However, not all experiences were negative. Other clients related stories of police referring them to a victim advocate and encouraging them to press charges and seek an order of protection. Though some victims felt uncomfortable with the pressure to answer questions or seek services, others appreciated the attention. One citizen reminisced about past methods of policing, "Back in the day, foot patrols, cops knew everyone. Truant officers used to come to the house if the kids weren't in school."

Reflections on experiences with **emergency rooms** were sparse, though one client went to the ER at the University of Chicago, and felt supported. The University contacted the YWCA to connect the victim with an advocate, who supported her emotionally and helped her pursue options. The doctors were reportedly helpful and gave her good care.

Interaction with the **States Attorney's Office/Court System** caused some anxiety, mostly because victims were not well-informed of the overwhelming process. The length of prosecution felt drawn out and made some victims want to give up. There were cases in which the focus group participants felt discriminated against and that the sentencing was unjust. The lonely feeling of the victim being on trial was discussed. And yet, the prosecutor appears to have been of great help in providing information such as a list of resources and specifics of plea agreements. One victim spoke of their difficult experience positively:

“When I followed up with the Prosecuting State’s Attorney they brought a victim advocate in to be with me. I was there for 8 hours talking about what happened and how I was brought in. It was difficult to rehash all the details over and over. I understood why they needed the information and I had a victim advocate with me the whole time. They kept trying to pull the things out of me and it was a long time, but I Had someone with me the whole time to emotionally support me.”

The YWCA seems to be a powerful community resource, as it was mentioned again in the focus group:

“YWCA gave me information to pursue legal prosecution. I called the YWCA hotline a few days later. There was a police report and a doctor’s examination that supported what happened along with very physical evidence of the crime. He broke my glasses and I was bruised along my face and down my body. The hotline gave me to the Alliance for Sexual Assault (CAASE) and they did an initial assessment over the phone and then came to my house to complete the intake because my glasses were broken and I could not see. This was very helpful for me as I could not leave my home. They helped me get new glasses too.”

Though many reported positive experiences with the legal system, there were recommendations made by participants. Blaming the victim was once again an issue, as clients felt like they had to convince the prosecution to take their case, as if they were not being truthful. Many of the focus group participants felt their personal strength was an asset, and could imagine proceedings failing if they had a criminal history or were less sure of their course of action.

The process of attaining an **order of protection** was a cause of distress, partially because of the redundancy of personal details that have to be shared, and because, again, the process feels like the victim is the one on trial. Gender inequality was also broached, because it feels like women win custody battles and men are discriminated against in domestic violence and child care cases.

Crime Victim's Compensation was also viewed as difficult to attain, as the role of the police and/or social worker intervention is necessary. The many steps and paperwork took an enormous amount of time, even with all of the correct documentation. Clients felt there should be a standard for letting victims know about VOCA funds at the time of the victimization, though it seems to be dependent on the officer's initial assessment of the crime.

Barriers to Services, unfortunately, were many and fell into several different categories. Commonly, victims had great fear of being outed as a "snitch". The legal system itself was viewed as a barrier, being so large and with a complex web of consequences. Other complaints included correctional facilities being exploitative of tax payers, a lack of disclosure of fees, and examples of cronyism. Workers seemed unskilled or there aren't enough who are professionally trained. When obtaining services, clients felt like providers make assumptions/judgments about individuals who use social services. For instance, when schools provide mental health programs after a victimization, counselor time is limited and rushed, and sessions are not well coordinated with educators' expectations. Counseling can reportedly be insensitive to special needs. Youth services are too costly and, in some cases, more is required than counseling alone. Shelters are not helpful for emergencies, as they are overcrowded, can be re-victimizing, and victims need to be on a waitlist in some cases. Accessing services can be incredibly difficult and confusing as different entry points offer different information on characteristics such as eligibility for aid. Practical barriers include transportation, time, child care, and simply not wanting to seek services alone.

Even with the difficulties mentioned, participants were willing to offer recommendations to improve the process for others. Police, often being the first point of contact for victims, should have a printed list of victim resources. There also needs to be more of a focus on listening to the victim before responding. The advice of 'if you see something, say something' needs to be a reality. All cases need to be taken seriously, not selectively regarded based on lethality. Victims felt response times could be improved with GPS in police vehicles, so that 911 could notify specific local cars. Ability to report anonymously is unknown to many citizens, whose fear of being identified decreases their willingness to call. Also discussed was the possibility of being able to text reports of crimes and pictures.

Victim advocates that are not associated with the police was a major topic of concern. Clients believed that an advocate should serve as a guide through a complicated system, not a threat. Clients with past legal issues felt like they were being judged as guilty before even addressing their victimization, which was an attitude the reportedly faced throughout their journey through the legal system. Education about the legal system seemed to be lacking, as more information should be available about what to do if you are victimized, what your rights are, and knowledge of u-visas in cases where deportation is a fear. Recording victim testimony may alleviate the stress and feelings of re-victimization, as clients felt that the repetition implied that they were not trusted. The fear of repercussions and danger to their families was clearly an issue for many

victims, along with the courts being responsible for keeping witnesses safe and enforcing rulings in which the aggressor is supposed to attend therapy (e.g. family counseling, anger management). In some cases, victims felt they needed to be able to call or meet about services, and not just rely on online information.

Services seen as lacking or less than available included mentoring (especially for young men), summer jobs and recreation for youth, school security, safe spaces, and mental health services. Services that were available reportedly needed to be more accessible. Increasing public awareness of available services (e.g. on public transportation, in social media, in schools) educating citizens, and making care affordable needs to be a priority. These service providers also need to be sensitive to the victim's state of mind by not being pushy, even phone calls can seem intrusive, and remembering that phone calls are a commodity for some (with limited minutes). Shelters also appear to be a limited especially after a victimization, suggestions were made to implement "foster houses", similar to the system for children, that will allow women and their families to stay in a transitional place until they can find their own.

Other points of entry into the system could use some greater training, access to services, and awareness of victimization needs as well, such as ensuring the presence of social workers in hospitals, who often provide the important connection to services. Strengthening services and care for homeless people was mentioned as a way to reduce crime and partnerships with places like consulates, which is one of the first places immigrants go for help, may also prove important. Access to affordable housing is at the top of many victims' lists as a priority in being able to build a healthy future.

Recommendations

Results from the Stakeholder Survey, Client Survey, client focus groups, client interviews, and steering committee discussion were used to provide a comprehensive account of victim services experiences and needs in Cook County. The results of these analyses will be used to inform the implementation phase of the project to build and coordinate a Wraparound Victim Legal Assistance Network. To address tangible barriers of access and quality, and intangible barriers we suggest leveraging and expanding existing infrastructure and partnerships to address issues related to improving awareness of services, improving appropriate referrals, and improving service quality.

Improving Awareness

Stakeholders and clients reported that lack of awareness of victim rights, victim needs, and service options each serve as barriers to service utilization. To make the most of funding, it will be important to leverage existing infrastructure to expand outreach and community education. Metropolitan LAS can partner with agencies and Network partners to expand current outreach and distribute public awareness campaign materials. This could include print materials and links

or ads on agency websites. Metropolitan LAS may also consider expanding this reach to community organizations such as YMCAs, Park Districts, and other community-based organizations. Metropolitan LAS could train agencies in navigating services such as gaining access to special CTA transportation for elderly clients and clients with disabilities. Additionally, the Network will likely be able to inform Metropolitan LAS of existing infrastructure that could assist victims.

Improving Appropriate Referrals

Several strategies can be used to improve appropriate referrals. Stakeholders identified awareness of services and referral sources as a barrier to providing services and clients confirmed that they received less than 50% of the services they needed. A well executed system of referral and service use requires an integrated plan to train providers and provide a structure for practice.

Training. Training agency staff to provide appropriate and timely referrals requires several aspects of training. First, agency staff will need to know how to assess victim needs. Staff will need to know all the consequences of crime victimization on the client's ability to access services. Second, agency staff will need to know what services are available and how a client accesses them. Third, agency staff will need to know how to refer clients, and how to elucidate the referral process and clearly illustrate the steps the client needs to take to access the referral sources.

Creating triage protocols and policies. Protocols and policies that assist agency staff in the steps listed above will ensure that the complicated process of referral is streamlined. The steering committee and Network could create a system to identify and triage victim needs so that victims have a clear path through the legal and social service system with multiple points of contact with service providers. Perhaps a system navigator or paraprofessional personnel could work with agencies to follow up with clients to facilitate their movement through the process.

Creating a central online service. Although respondents recognize the importance of expanding partnerships, more than half of respondents indicated time as a barrier to developing these partnerships. Almost half of respondents indicated a lack of knowledge of other services. Given these barriers, it may be possible to create a web-enabled resource with corresponding print materials for providers. This could be a comprehensive resource that lists service providers and contact information for referrals. There could be a link to Google transit so that the case manager or service provider could map a route for those clients who may not have the knowledge to navigate technology.

Improving Service Access and Quality

The barriers of quality not addressed above include under trained staff, lack of knowledge of victim needs, limited availability of services (e.g., long wait times, gaps in service), and transportation and child care. To overcome these barriers Metropolitan LAS could support the

expanding of partnerships between agencies, expand training to victim service agencies, and employ a sustainable direct service component that can engage in flexible training and service provision to agencies in the community to which clients are already connected (e.g., community clinics, religious institutions) to create a system of paraprofessionals trained in helping victims to navigate the service system. Leveraging resources within a less formal system of care may also address needs of victims who may be afraid to access services in a more formal way (e.g., victims of domestic violence, and immigrant populations).

Limitations

Providers indicated that there were several groups of people that were less likely to access services. These groups include affluent families, minorities, those who identify as LGBTQ, immigrants, elderly, clients with disabilities or mental health issues, clients unfamiliar with using technology, males, and youth. Taken together with the different types of tangible and intangible barriers respondents listed, it will be important to provide different types of supports to different groups to reduce gaps. Although we collected surveys from a broad range of community members by collecting data in geographic areas with high rates of crime and poverty to oversample users of pro bono services, it was still a convenience sample. During the implementation phase, it will be important to work with community members to incorporate cultural nuances of victim needs in different areas to inform outreach efforts.

Appendix A: Collations and committees related to practice area.

Chicago Battered Women’s Network	South Suburban Association Chiefs of Police
Illinois Coalition Against Sexual Violence	Cook County State's Attorney Child Advocacy Advisory Board
Illinois Coalition Against DV	Chicago Child Advocacy Center
Legal Aid Committee Against the American Bar Association	Rich Township Family and Youth Initiative Committee
Illinois Certified Domestic Violence Professional Board	Alliance of South East
Cook County State's Attorney's Sexual Assault Advisory Group	Woodlawn Social Network
Chicago Alliance to end Homelessness	MFS All Kids network
Cook County PREA task force	DFFS Domestic Violence Advisory Committee
Prostitution Alternatives Round Table	American Bar Association
Cook County Human Trafficking Task Force	American Dance Therapy Association
CBF Legal Aid Committee	Will County Chiefs of Police Association
Northwest Suburban Alliance Against Domestic Violence	Cook County Juvenile Sex Offender Management Board
Chicago police Dept. (3,4,6,7,12)	South Suburban Juvenile Officers' Association
South Chicago Chamber of Commerce	Roots to Wellness

8th District Domestic Violence Subcommittee	Justice and Accountability for DV survivors
18th Judicial Family Violence Coordinating Council	Justice and Accountability for DV survivors
Little Village VP Collaborative	Innovative Collaborations for DV agencies
Hope Response Coalition	Dating Matters Collaborative
Illinois Partners for Human Services	Rape Victim Advocacy Network
Donor's Forum Project Streamline	South Suburban Council on Homelessness
Chicago System Accountability Task Force on Racial and Ethnic Disparities	Chicago Lawyers Committee for Civil Rights Under Law
IDHS Domestic Violence Advisory Council	Monsignor Egan Payday Loan Reform Groups
City of Chicago Dept. of Family and Support Services	Coordinated Community Response committee and Supervised Visitation
Circuit Court social services PAI services committee	Illinois Association of Agencies and Community organizations for Migrant Advocacy

Appendix B: Zip code by crime type for travel 1+ hours.

Identity Theft		Gun Violence		Witness of Homicide		Adult Physical Assault	
60018	1	60101	1	60101	1	60101	1
60101	1	60402	1	60609	1	60201	1
60153	1	60604	1	60612	1	60612	1
60201	1	60612	1	60619	1	60617	2
60304	1	60617	1	60620	1	60619	1
60609	1	60619	1	60622	1	60620	2
60619	1	60620	1	60623	1	60623	1
60620	1	60622	1	60624	1	60624	1
60621	1	60624	2	60644	1	60637	1
60624	3	60641	1	60651	1	60644	1
60638	1	60644	1	60657	2	60651	1
60639	1	60651	1	60698	1	60653	1
60640	1	60657	1	Child Sexual Abuse		60657	1
60641	1	Hate Crimes		60101	1	Domestic Violence	
60644	1	60101	1	60608	1	60101	1
60647	2	60612	1	60618	1	60201	1
60649	2	60619	1	60619	1	60608	0
60651	1	60620	1	60620	2	60618	1
60652	1	60624	1	60624	1	60619	1
60653	1	60637	1	60644	1	60620	3
60657	1	60644	1	60651	1	60624	1
Robbery		60651	2	60652	1	60630	1
60101	1	60653	1	60657	1	60644	1
60612	1	60657	1	60660	1	60651	2
60619	1	Human Trafficking		Child Physical Abuse		60653	1
60620	1	60101	1	60101	1	60657	1
60624	1	60619	1	60608	1	Consumer Fraud	
60640	1	60620	1	60619	1	60018	1
60641	1	60624	1	60620	2	60101	1
60644	1	60644	1	60624	1	60153	1
60645	1	60657	1	60628	1	60585	1

60647	1	Stalking	60644	1	60609	1	
60651	1	60101	1	60657	1	60619	1
60652	1	60609	1	Adult Sexual Assault	60620	2	
60653	1	60617	2	60101	1	60624	1
60654	1	60619	1	60608	1	60630	1
60657	1	60620	1	60619	1	60641	1
Arson		60624	1	60620	2	60644	1
60101	1	60641	1	60624	1	60647	2
60619	1	60644	1	60644	1	60649	1
60620	1	60651	1	60651	1	60652	1
60624	1	60653	1	60657	1	60653	1
60644	1	60657	1	Elder Abuse	60657	1	
60651	1			60101	1		
60657	1			60619	1		
				60620	1		
				60624	1		
				60644	1		
				60657	2		

Appendix C: Zip Code counts for clients who had to travel an hour or more to receive services.

Zipcode	Total by zip code	Zipcode	Total by zip code
60018	2	60628	2
60101	16	60630	2
60153	2	60636	1
60201	3	60637	2
60304	1	60638	1
60402	1	60639	1
60585	1	60640	2
60604	1	60641	5
60608	4	60644	16
60609	4	60645	2
60612	5	60647	5
60614	1	60649	3
60617	5	60651	13
60618	2	60652	4
60619	16	60653	8
60620	23	60654	1
60621	1	60657	17
60622	2	60660	1
60623	2	60698	1
60624	20		