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### EVALUATING GENDER BASED VIOLENCE SYSTEMS

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### SUCCESSFUL PROGRAM MODELS

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Executive Summary
Executive Summary

Annually, the Network: Advocating Against Domestic Violence (The Network) publishes a report to assess the documented instances of domestic and gender-based violence and responding service provision in Illinois. The Network gathers experiences from survivors of domestic and gender-based violence, collects quantitative data from public sector agencies tasked with responding to domestic and gender-based violence, and includes quantitative and qualitative information from service providers on what is needed and what is working well.

The goal of each annual report is to learn from survivors and providers about the nature of violence, the gaps in services and systems, and the steps needed to repair harm as well as prevent further violence.

Survivors of gender-based violence seek help from a variety of community-based and/or systemic supports. This report analyzes survivors’ interactions with each of these systems, highlighting areas where systems need improvement to effectively support survivors.

However, the primary focus of the 2021 Measuring Safety data report is to provide a blueprint for public and private stakeholders to invest in services that increase safety for survivors. By focusing our attention on what is working well for the most vulnerable, we hope to guide the sector into increased, impactful investments in our future.
KEY TAKEAWAYS:

Need for Assistance Remains High.
The Illinois Domestic Violence Hotline received 32,363 contacts in 2021, a 9% increase from 2020. This increase was seen across the state, with many counties receiving substantially higher increases in contacts.¹

Simultaneously, overall violence rates increased in Chicago. In 2021, there were 121 domestic violence related shootings recorded by CPD, a 64% increase from 2020.² More survivors received services, though rates remained below pre-COVID levels.³

Survivors & Criminal and Legal Response Systems
The report analyzes survivors’ experiences with law enforcement, the legal system, the family regulation system, government assistance programs, and services from private providers. Calls to the Chicago Police Department decreased from 2020 to 2021 by 5%.⁴ This aligned with negative experiences with law enforcement reported by many of the survivors who were interviewed.⁵ Survivors predominantly utilized the legal system for access to orders of protection, as survivors faced challenges accessing other legal remedies.⁶ Survivor involvement with the family regulation system increased, creating challenges for many families.⁷

Housing & Public Benefit Programs
The report examines subsidized housing and public benefit programs, demonstrating the barriers to accessing these resources and the severe underutilization. In 2021, only 34 individuals in Illinois received a family violence waiver for Temporary Assistance for Needy Families.⁸

Private Providers
Lastly, the report examines the services offered by private providers, such as non-gender-based violence associated legal firms and counseling services. In addition to the increased costs of these programs, survivors who were interviewed highlighted that these providers did not have the same expertise as the gender-based violence service organizations.⁹
Programming

Many programs offered by gender-based violence service providers that have demonstrated effectiveness in working with survivors of gender-based violence are highlighted in this report. These include:

- Programs for children
- Housing programs
- Economic needs programs
- Health & wellness programs
- Community-building programs

Within each of these, there are multiple program models provided that can be utilized to serve survivors. Each program works to address some of the top needs of survivors.

Programs for Children

In 2021, 94% of Illinois contacts to the IL DV Hotline that provided victims’ dependent information reported that the survivor had dependents, indicating the high need for children to also receive services.10

Housing Programs

Similarly, survivors consistently reported a need for housing. While requests from Illinois contacts for shelter through the IL DV Hotline decreased by almost 8% from 2020, requests for affordable and transitional housing services drastically increased by 62%.11

Economic Self-Sufficiency Programs

Many survivors served by gender-based violence service providers had little to no income, with a 56% increase in survivors relying on unemployment insurance from 2020 to 2021.12

Health & Wellness Programs

While healthcare needs are harder to track due to limitations with medical data, survivors who utilized hospital-based programs spoke to the importance of being able to connect with service providers in these settings, reflecting that they would not have known what services were available if they had not been connected in the hospital.

Community Building Programs

Lastly, survivors consistently reported feelings of isolation. Accordingly, the report closes the program overview with ways that service providers facilitate community connections amongst survivors.13
Sustain Increased Financial Investments in Direct Services
The City of Chicago and State of Illinois recently made new investments in services for gender-based violence which will help service providers expand and improve their programs. These increased investments must be sustained and built on moving forward.

Increase Awareness of, and Connection to, Community-Based Resources
Many survivors reported being unaware of the services available. It is vital that awareness of these resources is raised so survivors can access the services they need.

Increase Gender Based Violence Data Collection and Availability
Many factors connected to gender-based violence are still unknown due to limited data collection. The Network encourages those within all systems who interact with survivors to accurately record information from these interactions that can be utilized for research.

Prioritize Gender-Based Violence Services Over Other Systems of Response
As this report highlights, the majority of survivors receive the strongest support from direct service providers. As officials look to address increasing rates of gender-based violence, emphasis must be placed on these service providers which continue to provide a positive impact on survivors.
Introduction
WHO WE ARE

The Network: Advocating Against Domestic Violence (The Network) is a diverse collaborative of over 40 organizations that provide gender-based violence services in the Cook County Metropolitan Area. The Network is dedicated to improving the lives of those impacted by gender-based violence through education, public policy and advocacy, and connecting community members to direct service providers.

Each year, The Network releases a comprehensive overview of the statewide response to gender-based violence, with a particular focus on domestic violence. In this edition, the report examines the relationships survivors have with criminal and legal systems while profiling programs that provide a more comprehensive approach to addressing gender-based violence throughout Illinois.

The report provides information about programs that intervene to support survivors in crisis while providing a preventative approach for families and communities.

The services identified in this report, as being critical to survivor well-being, address the survivor as a whole person—one who is growing up surrounded by violence, parenting, in need of economic assistance, and may require mental or physical health care. Our report also examines the critical preventative and healing nature of programs supporting children experiencing violence. The holistic nature of these services represents key strategies in shifting towards a more community-based response to gender-based violence.
PROGRAM OVERVIEWS

Programs for Children
All too often, children experience or witness violence in their homes and communities. Childhood traumatization can be a contributing factor to perpetrating or being further victimized by acts of violence in the future. Children and adolescents may face severe adverse impacts on mental health, behavior, and cognitive development. These impacts may manifest as overly aggressive behavior from PTSD and an increased likelihood of substance abuse. Domestic violence service providers both assist in the healing process for these children and can help prevent future violence, making these programs key to community responses to gender-based violence.

Housing Programs
Housing remains a persistent point of concern for survivors of gender-based violence. Survivors may face additional obstacles to securing housing due to financial abuse that has damaged their credit, a lack of savings, or having faced a previous eviction. Survivors who receive housing report greater safety, connection, stability, and overall well-being. This report highlights the many different approaches to meeting the housing needs of survivors, including government programming as well as programs from community-based organizations. By helping to meet the basic needs of individuals, providers build a stronger community safety net for survivors.

Economic Self-Sufficiency Programs
Significant evidence demonstrates the increased prevalence of domestic violence among individuals with limited income or financial assets. Economic instability can also create additional challenges in receiving assistance and leaving a harmful relationship. Survivors with restricted financial means are unlikely to be able to afford private attorneys or access stable housing and other resources to help them find safety. The Center for Disease Control and Prevention has named economic instability as a risk factor for intimate partner violence.

Addressing economic needs helps survivors find safety and helps to prevent future violence. This report looks at different approaches to addressing these needs including direct cash assistance, employment programs, financial literacy training, entrepreneurship programs, and more. Direct cash transfers have been shown to decrease incidents of gender-based violence amongst those who receive this assistance. Programs that assist survivors in developing the skills necessary to find and maintain work help address violence. Job stability for both those who cause harm and survivors has been shown to decrease rates of intimate partner violence. Each of the different approaches to addressing economic needs serves as an important step in providing a community response to gender-based violence.
Medical and Wellness Programs
Medical centers are a key site where survivors receive assistance outside of the criminal and legal system. These programs can assist survivors in addressing physical and mental health concerns stemming from their experiences in a neutral environment. This report focuses largely on hospital-based programs, though programs that help survivors in addressing health concerns in other settings, such as Federally Qualified Health Centers or public health clinics can be just as vital. These programs enable survivors to address their health concerns in their own communities and with providers who may share their cultural or community identity.

Community-Building Programs
A community can be defined geographically or through shared characteristics. Within this report, we consider multiple forms of community, including those defined by a neighborhood or shared survivor status. As this report shows, survivors of gender-based violence frequently report feeling isolated and disconnected from their communities. Community members can serve as supporters to survivors and service providers can assist in building networks of survivors who can see their own experiences mirrored in others. The community-building programs highlighted in this report provide opportunities for survivors to connect with one another in both therapeutic and social settings.

Community efforts must also engage with those who cause harm. These programs help to build healthier interpersonal skills among these individuals and create opportunities for accountability outside of the legal system. As a result, these programs can increase community safety and address the trauma that all parties have experienced. These programs help to examine the role of the larger community in addressing and preventing gender-based violence.
Methods & Terminology
Methods

The data analyses conducted throughout the report draw on data collected from the following resources:

- **Survivor Interviews**
- **Illinois Domestic Violence Hotline (IL DV Hotline)**
- **InfoNet**
- **Chicago Police Department (CPD)**
- **Illinois State Police (ISP)**
- **Department of Children and Family Services (DCFS)**
- **Chicago Housing Authority (CHA)**
- **Cook County Department of Public Health (CCDPH)**
- **Illinois Department of Human Services (IDHS)**
- **Service Provider Surveys, Interviews, and Reports**
- **Network Staff Interviews**
- **Secondhand Data from Relevant Studies**

Each source is cited throughout the report where appropriate and detailed notes regarding the collection processes are noted as relevant. The following pages outline a brief overview of the collection and analysis procedures.
Survivor Interviews

The Network worked with its member service providers to connect with clients who utilized programs relating to children’s services, housing, economic needs, and public health needs. Survivors were also recruited through social media channels. Twenty interviews were conducted. Nine of those interviews were conducted in Spanish by Network staff and subsequently translated to allow for Spanish-speaking survivors to participate. All survivors were compensated for their interviews with gift cards; several opted to donate these gift cards to their service providers to benefit other survivors. While the survivors who were interviewed are not fully representative of all survivors throughout Illinois, they still provide vital insight into the experiences that many survivors face.

Illinois Domestic Violence Hotline

The Network operates the Illinois Domestic Violence Hotline in partnership with the City of Chicago’s Department of Family and Support Services. The IL DV Hotline is a 24-hour, 7 days a week resource for survivors throughout the state. The Network staff reviewed all relevant data for this report. The IL DV Hotline data is collected by Victim Information Referral Advocates while on calls utilizing iCarol, a web-based hotline software tool. As the safety and security of survivors are the first priority on any call, many questions will go unanswered. Additionally, survivors are never required to answer demographic questions. These procedures limit the data available for analysis.

InfoNet

InfoNet is a web-based system run by the Illinois Criminal Justice Information Authority (ICJIA). Domestic and sexual violence service providers throughout the state enter data into the database. The Network staff submitted a request for InfoNet data for the year 2021 to capture information pertaining only to domestic violence service providers. Information from sexual violence services is not reflected in InfoNet data throughout the report. For survivor anonymity, any value that is less than ten is omitted from InfoNet records and subsequently excluded from this report. Some data are divided by region. The region refers to the center’s location rather than the location origin of the individual receiving services. Some providers have multiple locations but enter data into the same account. For these 3 providers, the region was estimated based on the portion of clients that lived in each region (Chicago or suburbs). These regions are derived from the labels used by the Illinois Department of Human Services with Chicago including the city, the Suburbs including suburban and collar counties, the North including the Northern and Northwest Regions, Central including the West Central, North Central, Central, Northeast Central, Southeast Central, and Southwest Central regions, and the South encompassing the Southern region. While InfoNet collects data throughout the state, there may be providers in counties or jurisdictions that do not utilize InfoNet for data tracking of their programs.
Chicago Police Department, Illinois State Police, Department Of Children & Family Services, Chicago Housing Authority, Cook County Department Of Public Health, And Illinois Department Of Human Services

Data was collected through Freedom of Information Act Requests according to availability.

Service Provider Surveys, Interviews, And Reports

The Network staff developed surveys that were distributed to member organizations focused on specific program areas. The Network received 26 completed responses. Staff then conducted follow-up interviews with survey respondents to clarify and expand upon responses. Additionally, upon request, the Network received client narratives regarding service provider programs’ impacts on survivors and their children to supplement the information in this report.

Network Staff Interviews

Network staff with expertise in the Network’s grants and programs, as well specific issue areas, were interviewed to provide insight on these topics. These staff also provided additional resources or data sources that are cited throughout the report.

Additional Resources

Additional research was gathered to supplement the above data as needed. It is cited throughout the report.
Definitions & Language

Defining Gender-Based Violence
Gender-based violence (GBV) refers to any type of violence entrenched in power and control inequities within relationships between genders. It stems from harmful gender norms and expectations. Gender-based violence includes domestic/intimate partner violence, sexual violence, stalking, and human sex trafficking. Any individual across the gender spectrum can experience gender-based violence. The term is used throughout the report to encapsulate all survivors and discuss general common trends seen amongst survivors.

Defining Domestic Violence
Domestic violence or intimate partner violence (IPV) describes a pattern of harmful behaviors used by one partner to maintain power and control over another within intimate partnerships. The types of harm that occur in relationships are not always physical; they can also be emotional, psychological, verbal, financial, economic, social, reproductive, institutional, and health-based.

The Illinois Domestic Violence Act (IDVA) uses a more expansive definition of domestic violence. The IDVA provides remedies for those who have experienced harm from a family or household member. Relationships eligible for these protections include: “spouses, former spouses, parents, children, stepchildren, and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who share or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants, and caregivers.” Law enforcement, court personnel, and service providers rely on the IDVA definition of domestic violence. Therefore, data cited in this report from these sources reflect this latter definition.
Defining Sexual Violence

Sexual violence is a non-legal term that describes a range of non-consensual sexual acts. Sexual violence encompasses—but is not limited to—rape, sexual assault, child sexual abuse, incest, unwanted sexual contact/touching, sexual harassment, sexual exploitation, watching or recording a private act without consent, and non-consensual sharing of explicit images. This violence can occur within dating/intimate partner relationships and among acquaintances, family, and strangers. Sexual violence can be part of a larger pattern of harmful behavior within a domestic violence context or can be a singular occurrence. Legal definitions of sexual violence and consent vary by state.

Illinois law criminalizes certain types of sexual violence, including sexual assault and sexual abuse. Criminal sexual assault refers to acts of sexual penetration and criminal sexual abuse includes acts of sexual nature, such as touching or fondling. Both require these acts to occur through use of force, threat of force, or knowledge that the victim cannot provide knowing consent. Other provisions exist for acts against minors. Illinois also criminalizes other forms of sexual violence such as revenge porn, incest, grooming, sexual exploitation, obscenity, and sexual harassment in the workplace.

Consent in Illinois is defined as a “freely given agreement to the act of sexual penetration or sexual conduct in question.” Lack of verbal or physical resistance or submission by the victim resulting from the use of force or threat of force does not constitute consent. Illinois law also specifies that what the victim wore at the time of the violence cannot serve as consent. Consent can be withdrawn at any time and initial consent does not apply once it is withdrawn.

This report will utilize “sexual violence” in order to encompass the various forms of sexual-related violence survivors may experience. Sexual violence survivors may have experienced one or more of the listed acts in addition to acts not listed.
“Survivor” And “Victim”
The terms “victim” and “survivor” are both used to describe a person who has been harmed. Increasingly, “survivor” is the preferred term within the domestic violence community, as it moves away from the passive connotation of “victim” to better reflect the perseverance and resilience of those who have been impacted by violence. Ultimately, however, the preferred term should be determined by the individual who experienced harm.

Person Who Causes Harm
The terms “abuser” and “perpetrator” are often used to describe a person who has harmed someone else. However, defining an individual solely in terms of their actions erases their humanity and subjectivity, as well as their own previous experiences of trauma or victimization. Such terms imply a permanency and pathology to an individual’s identity, with no space for restoration. In contrast, a “person first” approach positions the person before their actions, allowing individuals to be perceived as more than their actions. “A person who harms” suggests the individual can transform their behavior and make amends.

Identity Categories
The lack of appropriate language in research often fails to encompass the lived experiences of those who are affected by relationship violence. In addition to silencing or further marginalizing individuals, these failures can have significant implications for advocacy efforts around funding, resource allocation, and service provision. In order to better articulate the varying identities of those affected by IPV, this report will use the preferred terms of individuals being referenced. A few data points have also been edited to reflect this preferred language. Collected data may define racial and ethnic groups in different ways. Details on these procedures can be obtained from the original data sources. Some reported data employ a limited number of categories and may not, therefore, reflect the varied experiences of those impacted.
Some additional language distinctions to note:
The historically varying classifications and distinctions between “Hispanic” and “Latino/a/x” as an ethnic or racial category often limit the comparability of data across systems. There is no consensus among community members on the correct terminology and it is often based on personal preference. A 2018 Pew Research survey found that 27% of individuals within this racial and ethnic group prefer “Hispanic,” 18% prefer the term “Latino” and the rest (54%) have no preference. Nonetheless, it is important to acknowledge that some community members see the term “Hispanic” as tied to colonial oppression and racist slurs utilized against individuals with Spanish-speaking Latin American and Caribbean heritage. Moreover, 47% of Hispanic/Latino/a/o/x most often describe themselves by their family’s country of origin rather than one of the general terms.

In recognition of the main ways survivors may identify and to be consistent with data collected from various sources while acknowledging community members’ view that Latinx is a more inclusive and less harmful term, the report will utilize Hispanic/Latinx.

This report uses the term “American Indian” or “Native American” when possible. While many prefer using tribal names to more accurately reflect the diversity across this group, the data reported here is limited by the classifications of its data source and therefore cannot make these distinctions.

While relationship violence affects people of all genders, it disproportionally impacts trans and gender nonconforming (TGNC) individuals. Many of their experiences are systemically excluded, silenced, or misrepresented in research and data systems, as evident in terminology used, which ultimately contributes to a lack of advocacy for more appropriate services as well as further stigma, discrimination, and harm. Data cited in this report use a limited set of categories for representing gender identity/expression due to data restrictions. Where possible, this report will use language that is conscious of varying gender identities and expressions in order to help articulate a more expansive understanding of the varied experiences of those impacted by intimate partner violence.
Evaluating Gender-based Violence Systems
01
Measuring the Need For Assistance
There are an untold number of survivors of gender-based violence in Illinois. Given Illinois’ population and national gender-based violence rates,

<table>
<thead>
<tr>
<th>3 million+</th>
<th>SURVIVORS OF DOMESTIC VIOLENCE</th>
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<tbody>
<tr>
<td>are estimated to reside in our state(^{32})</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32,364 INDIVIDUALS</th>
<th>6% INCREASE in Hotline calls since 2020</th>
<th>42% INCREASE in Hotline texts since 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>contacted the IL DV Hotline in 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>385 INDIVIDUALS</th>
<th>sent online chat messages to the IL DV Hotline(^{33})</th>
</tr>
</thead>
<tbody>
<tr>
<td>sent online chat messages to the IL DV Hotline(^{33})</td>
<td></td>
</tr>
</tbody>
</table>
IL DV Hotline Calls in Chicago & Illinois by Year

Source: IL DV Hotline

IL DV Hotline Texts in Chicago & Illinois by Year

Source: IL DV Hotline
In 2021, the IL DV Hotline received calls from 90 out of 102 counties across the state. Similar to the City and State levels, many counties saw increasing rates of contact, some substantially increased likely due to outreach efforts. For example, Bureau County saw an increase of 280% in contacts to the IL DV Hotline from 2020 to 2021. Other counties with substantial increases are noted on the following page. Cook County was an outlier, with a slight decrease in contacts from 2020 to 2021. The counties outside of Cook County with the most contacts to the IL DV Hotline over the past 3 years were DuPage, Lake, Kane, Will, and Winnebago. As shown on the following page, each of these counties has seen steadily increasing contacts from survivors.
Measuring the Need for Assistance

**IL DV Hotline Calls & Texts in Cook County by Year**

Source: IL DV Hotline

**Illinois Counties Outside of Cook with the Most IL DV Hotline Contacts Over Time**

Source: IL DV Hotline
2021 IL DV Hotline Contacts* by County

**Ogle County**
- 2021 Contacts: 44
- 2020–2021 Contacts Increase: 144%
- Population Size: 50,973

**Rock Island County**
- 2021 Contacts: 58
- 2020–2021 Contacts Increase: 81%
- Population Size: 144,672

**Bureau County**
- 2021 Contacts: 19
- 2020–2021 Contacts Increase: 280%
- Population Size: 33,244

**Vermillion County**
- 2021 Contacts: 19
- 2020–2021 Contacts Increase: 90%
- Population Size: 74,188

**Williamson County**
- 2021 Contacts: 9
- 2020–2021 Contacts Increase: 50%
- Population Size: 67,153

**Boone County**
- 2021 Contacts: 24
- 2020–2021 Contacts Increase: 200%
- Population Size: 53,448

**DeKalb County**
- 2021 Contacts: 120
- 2020–2021 Contacts Increase: 64%
- Population Size: 100,420

**Cook County**
- 2021 Contacts: 19,825
- 2020–2021 Contacts Increase: -0.30%
- Population Size: 5,275,541

**Will County**
- 2021 Contacts: 708
- 2020–2021 Contacts Increase: 69%
- Population Size: 696,355

**Grundy County**
- 2021 Contacts: 23
- 2020–2021 Contacts Increase: 77%
- Population Size: 52,533

**Effingham County**
- 2021 Contacts: 10
- 2020–2021 Contacts Increase: 67%
- Population Size: 34,669

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**Measuring the Need for Assistance**

IL DV Hotline received

31,506 CONTACTS

90 out of 102 COUNTIES IN ILLINOIS

*Contacts: Calls, texts, chats*
Despite the high needs of survivors, the COVID-19 pandemic and related capacity issues have limited the number of individuals that service providers have been able to assist. Providers throughout Illinois have begun to expand. With recent funding investments, this trend should hopefully continue to allow service providers to reach pre-COVID levels in the next few years.

**From 2020 to 2021, there was a 4% increase in the number of survivors who were served throughout Illinois, representing a step towards pre-COVID numbers, which had been steadily increasing and reached over 55,000 in 2019.**

---

**Total Clients Served by DV Providers in Illinois by Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>50.9K</td>
</tr>
<tr>
<td>2018</td>
<td>54.4K</td>
</tr>
<tr>
<td>2019</td>
<td>55.9K</td>
</tr>
<tr>
<td>2020</td>
<td>47.2K</td>
</tr>
<tr>
<td>2021</td>
<td>49.1K</td>
</tr>
</tbody>
</table>

*Source: InfoNet Data provided by ICIA*
As shown below, 45% of survivors who received domestic violence services statewide were white. 25% of survivors served were Black, and 22% were Hispanic/Latinx. The remaining groups of survivors were Middle Eastern or North African (MENA), Asian, American Indian/Native American, multiple races, and unknown, each group amounting to 3% or less of the survivors served. Relative to population data, a larger percentage of Black and Hispanic/Latinx individuals received domestic violence services. This difference in percentages may be due to a larger reluctance to rely on carceral systems from Black and Hispanic/Latinx survivors and a resulting increased reliance on service providers. Additionally, People of Color are more likely to experience gender-based violence due to systemic oppression, which may also be reflected in these data.

### 2021 Race/Ethnicity of Adult Clients of DV Providers in Illinois

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>45%</td>
<td>18,814</td>
</tr>
<tr>
<td>Black/African American</td>
<td>25%</td>
<td>10,353</td>
</tr>
<tr>
<td>Latinx</td>
<td>22%</td>
<td>8,993</td>
</tr>
<tr>
<td>Unknown</td>
<td>3%</td>
<td>1,128</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
<td>866</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>1%</td>
<td>543</td>
</tr>
<tr>
<td>MENA</td>
<td>1%</td>
<td>481</td>
</tr>
<tr>
<td>American Indian/Native American</td>
<td>1%</td>
<td>213</td>
</tr>
</tbody>
</table>

Source: InfoNet Data provided by ICJIA
Notes: The categories are mutually exclusive. Multiple race category excludes Hispanic + White, MENA + White, and Asian + South Asian. MENA = Middle East & North Africa

While survivors may be connected to services through various points of entry, including the criminal and legal system, data suggests that survivors of Color are more likely to seek help from service providers or the Illinois Domestic Violence Hotline directly.

In 2021, at both the city and state levels, Black survivors made up the largest portion of IL DV Hotline contacts, exceeding population demographics. Black survivors, however, only made up 25% of those who received services from domestic violence service providers throughout Illinois.

**This difference indicates that Black survivors may not be receiving the services they need.**
2021 IL DV Hotline Illinois Victim Race/Ethnicity

- Black: 4380 (49%)
- Hispanic/Latino: 1938 (22%)
- White: 2046 (23%)
- Multi-Racial: 172 (2%)
- Asian: 204 (2%)
- Native American Indian: 75 (1%)
- Middle Eastern: 87 (1%)
- Other: 40 (0%)

Source: IL DV Hotline

2021 IL DV Hotline Chicago Victim Race/Ethnicity

- Black: 2407 (58%)
- Hispanic/Latino: 964 (23%)
- White: 535 (13%)
- Multi-Racial: 76 (2%)
- Asian: 57 (1%)
- Native American Indian: 41 (1%)
- Middle Eastern: 26 (1%)
- Other: 15 (0%)

Source: IL DV Hotline
This difference may be partially attributed to the increased likelihood of Black individuals to experience gender-based violence. It also indicates that Black survivors feel comfortable reaching out to the IL DV Hotline for assistance.

This trend was seen beyond the city level. Across the state, even in the most diverse counties, survivors of Color are contacting the IL DV Hotline at rates disproportionate to population percentages. For example, in Cook County, Black individuals account for less than 30% of the population, but 48% of those who contacted the IL DV Hotline were Black survivors.

Trends for Hispanic/Latinx survivors were not as consistent as amongst Black survivors, with many counties receiving calls proportionate to population demographics, but several counties still saw disproportionate contacts. These counties included Champaign, DuPage, Jackson, St. Clair, and Will County. Hispanic/Latinx survivors were 18% of those who contacted the IL DV Hotline, 3 times the Hispanic/Latinx proportion of Champaign’s population.
02
Continuing Lethality of Domestic Violence in the City of Chicago
The Chicago Police Department (CPD) utilizes the definition of domestic violence outlined in the IDVA. Domestic violence homicides are those that are identified by CPD personnel as domestic-related under this definition. In 2020, the City of Chicago experienced a significant increase in domestic violence homicides. The year 2021 followed with an overall decline in domestic violence homicides but a 64% increase in domestic violence-related shootings.48

Unfortunately, the persistently high shooting rates demonstrate that the underlying violence has yet to be addressed in Chicago.

CPD DV-Related Shootings, Homicides, & Homicide by Firearm Over Time

This data also highlights the need to address the intersection of gun violence and domestic violence.

63% of domestic violence homicides were homicides by firearm in Chicago in 2021. This proportion has continued to grow over the past several years.49
In addition to highlighting the need to address gun violence, the data continue to demonstrate the racial disparities amongst victims of gender-based violence. As shown below in 2021, 86% of domestic violence-related homicide victims were Black, a significantly higher proportion than the 30% of the population that are Black individuals.\(50\) This proportion is more closely aligned with calls to the IL DV Hotline, indicating the disproportionate impact of gender-based violence on Black individuals.

### 2021 Victim Race/Ethnicity of CPD DV-Related Homicides

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>86%</td>
<td>37</td>
</tr>
<tr>
<td>Hispanic</td>
<td>9%</td>
<td>4</td>
</tr>
<tr>
<td>White</td>
<td>2%</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>2%</td>
<td>1</td>
</tr>
</tbody>
</table>

*Source: CPD*

### Number of FOID Cards and Firearm Disposition Records Returned in Illinois Over Time

- **FOID Cards Returned**
- **Firearm Disposition Records Returned**

<table>
<thead>
<tr>
<th>Year</th>
<th>FOID Cards Returned</th>
<th>Firearm Disposition Records Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>11,364</td>
<td>4272</td>
</tr>
<tr>
<td>2020</td>
<td>6957</td>
<td>3405</td>
</tr>
<tr>
<td>2019</td>
<td>7171</td>
<td>3832</td>
</tr>
</tbody>
</table>

*Source: Illinois State Police*
The domestic violence homicide rates across the state must be obtained from numerous departments with varying reporting mechanisms, creating difficulties in measuring homicide trends statewide. We can, however, assess risk level of gun violence by considering the number of guns owned by those who cause harm throughout the state. The Illinois State Police is responsible for Firearm Owner Identification (FOID) card revocations. In 2021, over 11,000 FOID cards were revoked.\(^5\) The number of FOID cards revoked expressly for gender-based violence related charges was not provided, but domestic violence has been previously noted as the number one reason for these revocations.\(^6\) However, only 4,000 individuals, or 38%, also returned their firearm disposition record, indicating that over 60% of individuals who had their FOID cards revoked did not account for their firearms.\(^3\)

In domestic violence cases, the presence of a gun in the home increases the risk of homicide by \(500\%\). Thousands of guns unaccounted for presents a high risk for survivors across the state.
Survivor Experience With Law Enforcement
Jasmine* is a Black woman who is a survivor of domestic violence. She experienced verbal, emotional, and sexual abuse at the hands of her ex-boyfriend. Like many domestic violence relationships, the relationship did not start out violent. As time progressed, and Jasmine’s then-boyfriend dealt with external stressors, he slowly began to display his anger towards her.

Jasmine chose to leave her relationship after her ex-boyfriend escalated to acts of sexual violence. She chose to report this violence to CPD. She was not emotionally prepared to make the report until a few months after the relationship. She had never gone to get a rape kit because she did not know she needed to get one. After she had been raped by her ex-boyfriend, she didn’t have any idea what resources were available or what action she should take to help him accountable.

Jasmine originally reported to a female officer whom she described as nice and understanding. Unfortunately, after the initial report, her experience with CPD was overwhelmingly negative. Her case was assigned to a detective who she said seemed disinterested and did very little to track down her ex-boyfriend. Jasmine complied with the detective’s requests as best she could, providing details about her ex-boyfriend, his location, and other information that the detectives could use to find him.

An officer was once sent to the wrong address, but no further attempts were made to locate and bring in the ex-boyfriend for questioning or to press charges. Jasmine regularly contacted the detective for updates but never saw the case progress. After several follow-up calls, she noted that the detective stopped taking her calls all together. During several attempts to make contact, over a period of several months, she was told that he was “on vacation” each time.
Jasmine contacted everyone she could think of to try to access help but felt like she continually reached closed doors. Eventually, she was able to connect with a DV legal advocate who assisted her in obtaining an order of protection. Jasmine noted that this was also a long and draining process. After she had the order of protection, she felt like the CPD officers involved no longer felt the need to address her case.

Due to the many negative experiences with CPD Brianna had during this process, she did attempt to make a formal complaint against the primary detective. However, as the case was still in progress, she was told the complaint could not be filed. At the time of this report, over 2 years after the original assault, Jasmine’s case was still open with CPD and she had not received any updates from the detective.

Fortunately, Jasmine has received services from Resilience and YWCA which she reported have been extremely helpful. The advocates she has worked with have been incredibly supportive and understanding of her situation. She wished she had been able to access additional resources at the time, noting that economic or housing assistance could have been very helpful as she was balancing her criminal case with a stressful work environment.

While Jasmine was grateful for the services she received, she was truly devastated by her experiences with the criminal and legal system. During her interview, she tearfully stated that not only the violence she experienced but also the secondary trauma caused by the frustrating procedures had “irreversibly changed [her].”

* All names changed for anonymity
From 2020 to 2021, calls for service to the Chicago Police Department (CPD) for domestic violence decreased by 5%.\textsuperscript{55}

Given that the number of clients served, and IL DV Hotline calls increased during this time period, it is unlikely that this represents a decrease in need, but rather a reluctance to seek help from law enforcement. This theory was also well supported by the experiences of interviewed survivors who shared distrust in law enforcement as well as negative experiences when reaching out for assistance. For many, the experience was extremely traumatic, and they reported leaving the experience feeling discouraged and dismissed.\textsuperscript{56}

**CPD DV Calls for Service**

![CPD DV Calls for Service Chart]

*Source: CPD*
Arrests related to domestic violence have also continued to decrease. From 2020 to 2021 CPD arrests for domestic violence-related incidents decreased by 16%. Arrests occurred in less than 5% of domestic violence-related calls for service. There are many reasons why this rate may be so low. Many survivors do not wish to press charges and CPD officers may be respecting survivors’ requests. Notably, though, interviewed survivors who did wish to pursue an arrest reported feeling dismissed by responding officers.

**Total CPD DV-Related Arrests**

![Graph showing decrease in total CPD DV-related arrests from 2019 to 2021](Image)

Source: CPD
Gender-Based Violence Survivor Experiences With Law Enforcement

While survivors reported many different experiences with law enforcement, they were overwhelmingly negative. These include experiences with local police departments across the state, including but not limited to CPD. Some survivors reported more positive experiences when dealing with female officers. These experiences, however, were not enough to balance out the feelings of mistreatment from survivors.

"Not that I was biggest fan of cops previously, but [this experience] has substantially changed my view on authority and police."

The detective who was assigned "seemed disinterested."
It has not been a great experience.
It was just unimportant to them.
[Advocates] were more helpful than the police.
The police were not helpful, whatsoever.

Left asking 'Did they believe my story, are they taking me seriously?'
Everywhere that you’re told to turn to for help has turned their backs on me.
I dealt with some victim blaming.
Just wish that law enforcement took this a lot more seriously.

"The police basically want me to move on and it’s something I think about every day."

Why would I pursue this for this long if I was just making some s**t up? Why would I put myself through this?
The restraining order just seemed like a band aid on the situation, so they didn’t have to do police work.

Everything that I asked for was not followed up on.
Felt [the officers] were a little bit stand-offish.
[I was] basically told to move on, in not so many words.
"Police have never solved problems. In my opinion they escalate matters. [They] don’t provide safety and security that is needed in these situations."

"I was fighting my ex, but also fighting the institution."

Many survivors were too fearful to rely on law enforcement at all. When asked why they did not report to the police, these were some of the responses:

I was scared.
I was afraid of retaliation.
I was too-overwhelmed.
I had no idea what to do.
Because [the police] are not safe.
I feel like that will turn into a mess.

I was met with denial and accused of lying.
[Reporting] felt very unsafe, very unprotected.
[The police] leave you when you are the most broken down.
[The police] totally screwed that all up.
I was asked if I provoked the attack.
They made me feel a lot worse.
Detective said, “Just because you were drunk does not constitute rape.”

Seemed like [the police] were not a big fan of me having an advocate there.
[The police] leave you when you are the most broken down.
[The police] did not have a lot of empathy.
I feel very cynical and just devastated that this is how this process works.
Sometimes I would just call [my advocate] and break down from the frustrating process of dealing with the cops.

"I just don’t feel like I have enough protection.
You don’t know who you’re going to get.
I didn’t want things to be disruptive for my son.
[I was] pondering, should I [report], what would happen if I did."
04
Survivor Utilization of the Legal System
Survivors who choose to utilize the criminal justice system can petition the Court for an Order of Protection with or without criminal charges being filed. Survivors often expressed finding the court system confusing. However, interviewed survivors who were able to work with domestic violence advocates reported positive experiences in obtaining orders of protection, though they still struggled in seeking other remedies. Further court data was requested from the Cook County State’s Attorney’s Office to review charges and other remedies, but the FOIA request had not been fulfilled at the time of this report’s publication.

As shown on the next page, the number of civil and criminal orders of protection served in Illinois increased by 55% in 2021. While a definitive, singular reason for the significant increase is difficult to arrive at, many factors were identified by advocates in Cook County as contributing to this increase locally. One factor identified was the move to remote criminal screenings instead of in-person case screenings at the Court. This change disadvantaged some survivors, as demonstrated by the counts of individuals sent from the Domestic Violence Help Desk to screen with the Cook County State’s Attorney’s Office. In 2019 6,175 individuals were referred by the Help Desk to be screened in person. In 2020, this number decreased to 1406, and in 2021, only 19 individuals were referred to screening at the Court. While many individuals were able to screen remotely, desk staff were unable to refer them to the State’s Attorney’s Office to seek out criminal charges. Instead, these survivors were likely referred to the process of obtaining a civil order of protection, a process that is typically more accessible to survivors than pursuing criminal charges.
The limited accessibility of other legal remedies was also reflected in the experiences of survivors who were interviewed. In attempting to seek out criminal charges or other legal assistance, survivors expressed many frustrations. They reported struggling with the time and costs associated with pursuing legal action. Survivors also noted that many of the court personnel they encountered lacked an understanding of domestic violence. Interviewed survivors reported calling numerous places to try to determine the steps for court procedures and encountering individuals who seemed rude and disinterested. Survivors instead reported receiving impactful services outside of the legal system, as outlined in the program section of this report.
Survivor Involvement With Family Regulation System
Elena* is a Spanish-speaking, Mexican immigrant survivor of domestic violence. She experienced physical, verbal, and psychological abuse in addition to coercion.

During one particularly violent incident in which her partner assaulted her while her daughters were present, she called the police for assistance. However, the police refused to arrest him or remove him from the premises because they said the incident wasn’t bad enough. The police told her to simply have him stay in another room and she would be fine. After already experiencing inaction from the police, Elena was met with additional frustrations when the officers reported the incident to DCFS.

The DCFS investigation was re-traumatizing for Elena as they told her they would take her daughters if she didn’t comply with her case plans despite the investigation primarily focusing on her partner.

One requirement of her case plan mandated her to attend mental health therapy without providing the resources necessary to complete this requirement. While that case was resolved and DCFS indicated her partner, Elena lacked financial housing stability and was forced to go back to the person causing harm. She was subsequently investigated a second time, during which her case plan required her to pay her own rent, gain employment, and remove her daughter from the home. Without any economic support in place to achieve financial independence from the person causing her harm, Elena felt as though she was left with nothing.

* All names changed for anonymity
Parenting survivors of gender-based violence may become involved in the family regulation system due to interactions with law enforcement, a report made to DCFS, an injury to the child, or false reports made by those causing harm. Most reports of child abuse and neglect come from mandated reporters, but utilization of the system by those who cause harm is still a cause for concern. The person causing harm may threaten to report the survivor to DCFS based on the history of domestic violence, or other presenting issues, such as substance misuse. The fear of losing custody of their children often prevents survivors from seeking safety.

Statewide domestic violence service provider client data recorded in InfoNet show a steady increase in child client involvement with the Department of Children and Family Service (DCFS). Among children served by domestic violence providers in 2021, 918 child clients were involved in open DCFS cases with 506 involved in DCFS investigations. Almost 100 child clients were in DCFS custody in 2021. Additional trauma may occur during the family regulation process, especially during child removal or involvement in the foster care system. Research into the effects of child removal shows that “separation can impact children in various ways, including developmental regression, difficulty sleeping, depression, and acute stress.” Similar to witnessing violence in the home, family separation can be considered an Adverse Child Experience (ACE). Child removal has comparable impacts on the child’s ability to regulate stress and can have detrimental physical, social, mental, and developmental health impacts.

“My greatest pain is to leave with my arms empty without my daughter.”

- Survivor (translated from Spanish)
As shown below, DCFS cases and custody of children receiving services from domestic violence service providers increased in 2021, marking an increase in DCFS involvement for many families. As DCFS involvement increases, more children are at risk of compounding trauma by facing family separation in addition to the violence they have experienced at home. Moreover, fear of losing custody of their children may discourage survivors from seeking help. While some survivors are assigned caseworkers who understand the dynamics of domestic violence, many are not. DCFS caseworkers may require actions of survivors that they do not have the resources to complete, such as parenting classes, supervised visits, or therapy. In addition, the family regulation system often leaves survivors without the concrete resources needed to achieve reunification goals, such as financial support for safe housing, connections to affordable childcare, or assistance in applying for economic benefits.

**Illinois DV Providers Child Clients’ Involvement with DCFS Over Time**

- **DCFS Case Open**: 2019 - 716, 2020 - 500, 2021 - 842
- **Investigations**: 2019 - 90, 2020 - 95, 2021 - 97
- **DCFS Custody**: 2019 - 506, 2020 - 513, 2021 - 918

*Source: InfoNet Data provided by ICJIA*
PUNISHMENT FOR PARENTING AS A SURVIVOR

While survivors’ interactions with DCFS may entail an investigation into the person causing harm, survivors may be investigated under Rule 300, Appendix B, Allegation 60 under DCFS rules. This allegation refers to domestic violence in the home that may create an “environment injurious.” This environment is described as “a child’s environment [that] creates a likelihood of harm to the child’s health, physical well-being or welfare.” Caregivers are required to “exercise reasonable precautionary measures” to prevent or avoid risks of harm. This language may be considered a “failure to protect” law that punishes survivors for having their children present while experiencing harm. There is currently no clear definition of what constitutes “precautionary measures” which may confuse mandated reporters or survivors on the actions they must take. This allegation may also be grounds for child removal.

Indicated cases under Allegation 60, Option B reached an all-time high in 2020 with 16,229 cases. While indicated case numbers decreased in 2021, rates are still 4.5% higher than pre-pandemic 2019 Allegation 60 Option B cases.

Children of Color are historically overrepresented in DCFS involvement compared to their overall representation in the general population. This is highlighted by the 2021 Allegation 60, Option B victim racial breakdown shown below. Black/African American children were victims in 36% of these cases, more than double their general population size in Illinois.
**Indicated DCFS Allegation 60, Option B (DV) Cases Over Time**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Indicated Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>13,679</td>
</tr>
<tr>
<td>2020</td>
<td>16,229</td>
</tr>
<tr>
<td>2021</td>
<td>14,296</td>
</tr>
</tbody>
</table>

Source: DCFS

**2021 Indicated Allegation 60, Option B Case Victim Race**

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>62%</td>
<td>(8817)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>36%</td>
<td>(5096)</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>(207)</td>
</tr>
<tr>
<td>Unknown/Declined/Not Reported</td>
<td>1%</td>
<td>(164)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>&lt;1%</td>
<td>(12)</td>
</tr>
</tbody>
</table>

Source: DCFS
REDUCING HARM IN CHILD WELFARE SYSTEM ENGAGEMENT

Working with a domestic violence advocate while undergoing a DCFS investigation can improve the experiences of child and adult survivors. Wrap-around services and the provision of concrete essential supports can create a safe environment for healing and begin the transition to safety more quickly and effectively than a DCFS investigation without advocate support.

Children’s services in domestic violence programs allow the children of survivors to build their capacity for long-term success. These programs include supervised visitation and safe exchange programs, counseling, and access to safe housing alongside adult survivors. Survivors are better served through wrap-around services than through family regulation, which can lead to re-traumatization and child removal.

Many service providers are mandated reporters and therefore required to contact the DCFS Hotline if there is suspected child neglect or abuse. However, service providers often have a closer relationship with clients that allows them to distinguish if a DCFS report is necessary. If they do feel a call is warranted, most service providers notify the survivor of the report and/or make the call with them to showcase the steps the survivor has taken to protect their child. This protocol can help minimize harm in DCFS reporting. Connecting the family to specific children’s programming may also include advocacy on behalf of the child and survivor during a DCFS investigation or court proceeding. Survivors and their children thus receive the services they need and have supports to help them navigate the child welfare system.
Survivor Experience With Government Programs
SUBSIDIZED HOUSING & SUPPORTIVE PROGRAMS

While many survivors will seek housing assistance from gender-based violence service providers, others may try to utilize subsidized housing programs. Unfortunately, survivors frequently encounter obstacles when accessing and maintaining subsidized or affordable housing in safe areas. Despite existing subsidized programs that seek to address homelessness and housing instability, these programs are often inaccessible for survivors because of long waitlists and lack of units in safe areas. Overwhelmingly, these housing programs are not trauma-informed and often do not include other wrap-around services critical for survivors.

CHICAGO HOUSING AUTHORITY (CHA) PROGRAMS

The CHA is Chicago’s public housing agency, and it runs and administers a public housing program, the Housing Choice Voucher Program, and the Project Based Voucher Program. The CHA Victim Assistance Program assists residents living in public housing who are victims of non-random violent crimes occurring on CHA property or individuals who are impacted by a traumatic event. The program covers gender-based violence in addition to community violence.78

Survivors often require relocation to a safe unit due to gender-based violence and require assistance from CHA to facilitate the move to another public housing unit. Frequently, survivors are forced to turn down relocation units because of safety concerns and must remain in unsafe locations. Of the approved cases in 2021, 40% of those offered units refused them.79

While CHA does not collect the reason for denial, those who have worked with survivors in the process have noted it is usually due to unsuitable or unsafe units.80 Cross-analysis of available CHA property and the Urban Displacement Project’s Housing Precarity Risk Model, shows family public housing units are concentrated in high housing precarity areas of Chicago.81

With almost no options in low precarity areas, survivors requiring relocation are forced to live in areas with high risks of evictions, displacement, and unemployment.82 Moreover, when an individual declines a unit they have the ability to submit a grievance and be considered for a new unit.83 Of those who pursue a grievance, almost 40% are successful indicating that the CHA often agrees that the originally offered unit was unsuitable.84
The CHA concurrently offers the Housing Choice Voucher Program and Public Housing Program. The Public Housing Program allows for survivors to self-identify as having experienced gender-based violence and request a preference ranking to access housing.85 As survivors seeking safety may need immediate housing assistance, this enables them to move up the waitlist and, in theory, be housed faster. The CHA elected not to preference survivors of domestic violence in the Housing Choice Voucher Program, potentially creating barriers for survivors utilizing the program.86

In 2021, there were 1,492 total applicants to the CHA Public Housing Program with a domestic violence status, down 2% from 2020. Yet there were only 86 survivors housed as a result of that identification.87 While this marks an 82% increase from 2020, the increase may be due to survivors finally being housed after waiting over 4 years.

### CHA Victim Assistance Program Cases Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases Approved</th>
<th>Cases Refused Unit</th>
<th>Relocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>70</td>
<td>39</td>
<td>19</td>
</tr>
<tr>
<td>2020</td>
<td>110</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>2021</td>
<td>133</td>
<td>53</td>
<td>74</td>
</tr>
</tbody>
</table>

Source: CHA
The average wait time in 2021 for housed residents with domestic violence victim status was 1615 days. This is the longest wait time in the past 4 years.\textsuperscript{88}

**Average Wait Time for Housed Residents w/ Domestic Violence Status (in days) or CHA Public Housing Over time**

<table>
<thead>
<tr>
<th>Year</th>
<th>Wait Time (in days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>1433</td>
</tr>
<tr>
<td>2020</td>
<td>1511</td>
</tr>
<tr>
<td>2021</td>
<td>1615</td>
</tr>
</tbody>
</table>

Source: CHA

Long wait times may be explained in part by a majority of applicants requiring larger units that can accommodate them and their families.\textsuperscript{89}

62\% of applicants needed at least a two-bedroom unit

Source: CHA
Other voucher programs provided through the CHA, such as the federal Emergency Housing Vouchers program, often do not provide specific allocation parameters for survivors. While survivors of gender-based violence are indicated as a protected or priority population, the local housing providers can determine how many vouchers they will set aside for survivors. CHA makes voucher decisions working from guidance from the Continuum of Care. Out of the 1,165 vouchers allocated to the CHA, only 116 were issued to survivors. Similarly, only 4 vouchers were issued to support a Violence Against Women Act emergency transfer.

\[\text{Source: CHA}\]

<table>
<thead>
<tr>
<th>EMERGENCY HOUSING VOUCHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1165</td>
</tr>
<tr>
<td>vouchers issued</td>
</tr>
</tbody>
</table>

Those who were issued vouchers, including non-survivors, still experienced a 7 week wait time before receiving their voucher.

\[\text{Source: CHA}\]

<table>
<thead>
<tr>
<th>AVERAGE WAIT TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>49 days</td>
</tr>
<tr>
<td>between referral request and when voucher was issued</td>
</tr>
</tbody>
</table>

\[\text{Source: CHA}\]

Delays in accessing housing assistance such as the Housing Choice Voucher, Public Housing, and Emergency Housing Voucher programs means survivors spend extended periods of time without housing stability. Accordingly, some survivors become homeless or even return to the person causing harm. This, compounded with unsafe living options, creates extensive barriers to long-term safety seeking for survivors.
PUBLIC BENEFITS

Survivors may also seek government assistance to help them navigate economic concerns by seeking out public benefits. These include programs such as:

- **Temporary Assistance for Needy Families (TANF)**
  Offers direct financial assistance for families in need, with special provisions for survivors of domestic violence.

- **Supplemental Nutrition Assistance Program (SNAP)**
  Unemployment insurance.

Much like programs offered by service providers, these benefits help survivors ensure their basic needs are met and help them achieve safety. However, these programs are often underutilized due to a lack of knowledge as well as barriers to access.

In 2021, thousands of survivors seeking services from domestic violence providers across Illinois utilized public benefits. As shown on following pages,

16,000 survivors reported relying on SNAP

60% of clients reported utilizing at least one form of public benefits93

In Illinois, survivors of gender-based violence rarely utilize the TANF program despite the crucial financial assistance it offers. TANF provides assistance for pregnant women or families with at least one child. There are Federal requirements including time limits and work restrictions, but many of these can be waived due to the Family Violence Option (FVO). The FVO allows states to waive requirements for a victim of domestic violence. In Illinois, a client who qualifies for a Domestic Violence Exclusion Waiver is not required to participate in work and training activities and the TANF 60-month counter stops.94 In order to access the waiver, clients must show that they experience difficulty participating in work due to domestic violence, request to be excused from work, and provide documentation that they are a current or former victim of domestic violence. The waiver must be reassessed every 2 months.95 As shown on a following page, a mere 34 individuals received a TANF Domestic Violence Waiver in 2021.96 This represents 0.05% of the 73,855 individuals in Illinois averaged to have received TANF benefits in 2021.97
Nationally, survivors often struggle to access TANF. Data collected from various TANF offices across the country revealed that TANF caseworkers asked fewer than 1 in 10 TANF applicants about experiences with domestic violence. Further studies have reiterated that many TANF offices do not properly screen for survivors and many survivors do not feel safe disclosing their experiences to the TANF caseworker. These found only 30-50% of TANF recipients are informed about domestic violence/good cause waivers and 20-30% of survivors disclosed their experiences. A lack of proper confidentiality procedures may also not be in place to protect survivors’ information from being accessed by the person causing harm. Survivors may also struggle to produce the necessary documentation.

As efforts are continued to address concerns and service providers are continually learning about the options available for survivors, it is important that survivors can receive other forms of assistance to meet urgent needs.

Extensive application requirements, concerns about confidentiality, and intensive interview processes can create barriers that prevent gender-based violence survivors from applying for public assistance. Survivors who have limited or no English language proficiency experience additional barriers in applying for public programs. Community-based service providers can help survivors determine what benefits they are eligible for and help them navigate the system to receive these benefits. Service providers can also provide direct assistance through their own programming. Assistance offered by service providers comes with fewer barriers and more flexibility for survivors.
Non Cash Benefits of DV Provider Clients in Illinois in 2021

- Food Stamps/Food Benefit Card (Link Card): 16.5K
- No Benefit: 14.0K
- Special Supplement Nutrition (WIC): 2.2K
- Section 8, Public Housing, Rent Assistance: 0.8K
- Other Source: 0.7K
- TANF Child Care Services: 0.3K
- Other TANF Child Care Services: 0.1K
- TANF Transportation: 0.1K

Number of Individuals in Illinois Receiving Temporary Assistance for Needy Families with Domestic Violence Waivers by Year

- 2019: 136
- 2020: 57
- 2021: 34

Source: InfoNet Data provided by ICJIA

Source: IDHS
07

Survivor Experience With Private Care
Another individual at the same company reported similar violence to the company and the person who had committed these acts of violence was fired.

It took her several months to come to terms with the violence she had experienced. At the time, Rebecca was severely depressed and had thoughts of suicide. She saw several private therapists and a psychiatrist but struggled to find someone who she felt understood what she had been through and was able to provide the proper care.

Through an online search, Rebecca was able to locate Resilience and signed up for their therapy services. Unfortunately, she was placed on a waitlist for several months. Once she was able to connect with a therapist, she was relieved by the assistance they were able to provide. She shared that her therapist was kind and helpful. She instantly felt safe talking about her experiences. Rebecca said it “automatically felt like the right place,” especially in comparison to the other therapist she had seen.

During this time, Rebecca also connected with a lawyer at the Chicago Alliance Against Sexual Exploitation (CAASE). She once again was on a waitlist for a couple of months but was eventually connected. The lawyer helped her draft a VESSA letter for her employer. The VESSA assistance allowed her to have space to heal and access resources, such as her therapy sessions. She noted that the CAASE staff also helped her understand her rights and recognize that requesting this accommodation was not a sign of weakness.

Rebecca stated that while the experience is still very challenging for her to talk about, she wanted to participate in the interviews for this report to share her perspective on how helpful Resilience and CAASE were for her in healing from her trauma. She ended the interview by stating that she was very appreciative of all the staff at both agencies. From the intake individuals, to therapist, to lawyers, she believes “all the people there are really special.”

* All names changed for anonymity
Many programs offered by service providers can also be provided by private services. However, survivors may not have the resources to access private services. Additionally, the survivors interviewed reported being dissatisfied with private providers in comparison to gender-based violence service providers. Gender-based violence service providers have many unique benefits given their expertise specific to gender-based violence and low-cost or no-cost programming.

**BARRIERS TO RECEIVING PRIVATE HEALTHCARE**

Private services are often tied to health insurance. Survivors often face economic barriers to accessing private health insurance. In 2021, 42% of adult clients utilized Medicaid as a form of health insurance, a slight increase from 2019 and 2020.

As survivors may experience financial abuse, be unable to work, or be the only income earner in their household once they flee violence, they may need to rely on Medicaid to access medical care for themselves and their children. Over 6,000 adult clients reported not having any health insurance in 2021, making up 14% of clients.

“We encounter multiple barriers in connecting community members to mental health services. Cost, insurance status, and immigration status are the primary impediments to service access. There is very limited availability of free, long-term mental health services for individuals who are uninsured on Chicago’s southwest side. The programs that do exist have extensive waiting lists.”

- Anonymous Service Provider

Survivors who are uninsured can seek mental health services at local gender-based violence organizations yet may encounter long waitlists for therapists, especially for sexual violence services. Interviewed sexual violence survivors noted waitlist times from 3-4 weeks to up to 6 months for individual counseling services. Service providers may lack staffing levels and the capacity to address the demand. Survivors then have to find outside therapists who may not provide trauma-informed, violence-specific therapy or simply wait without emotional support.
Survivor Experience With Private Care

Source: InfoNet Data provided by ICJIA
Note: Not mutually exclusive (except No Health Insurance, Unknown, and Unassigned)
08
Survivor Needs
As outlined in this section, despite numerous systems that survivors may turn to for assistance, community-based service providers are best equipped to help survivors.

Additionally, survivors may have specific needs that cannot be addressed through other means. In 2021, throughout Illinois and Chicago, the top needs reported by contacts to the IL DV Hotline were shelter, followed by information only calls.\(^{105}\) Information only calls are often contacts with questions about services who may not be ready to leave their situation yet. IL DV Hotline staff will work with these contacts to develop safety plans. Other top needs were requests for counseling or linkage to a service provider.\(^{106}\)

The following sections of this report will take a deeper look at some of these and other needs of survivors and community programs that successfully address them.

The included programs exemplify the specific benefits that stem from gender-based violence service providers working with survivors, compared to the other systems analyzed in this section of the report. The programs highlighted were selected as they address some of the top needs as reported by survivors contacting the IL DV Hotline and interviewed survivors.
2021 Hotline Caller Top Service Needs in Illinois

- DV Shelter: 9270
- Information Only: 6831
- Legal Advocacy for OPs: 6425
- Administrative Call: 4251
- DV Counseling & Advocacy: 1841
- Linked to Services: 1436

Source: IL DV Hotline

2021 Hotline Caller Top Service Needs in Chicago

- DV Shelter: 3465
- Information Only: 2848
- Legal Advocacy for OPs: 2388
- Administrative Call: 1824
- DV Counseling & Advocacy: 766
- Linked to Services: 700

Source: IL DV Hotline
Successful Program Models
PREVALENCE OF PARENTING & DOMESTIC VIOLENCE

Analysis of data collected by the National Child Stress Network (NCSN) of children aged 7-18 who received mental health services from programs in the NCSN showed 49% of the children sampled had been exposed to intimate partner violence. The first exposure to IPV for 30% of children occurred before the age of 2. An additional 26% had their first exposure between the ages of 2 through 7. Another study found that this exposure overwhelmingly came in the form of witnessing violence as 90% of children saw the violence take place. Exposure to violence is considered an adverse childhood experience (ACE) that can negatively affect the development and mental and physical health of children. Exposure can impact social-emotional learning which can lead to additional challenges as an adult.

These statistics also highlight that many survivors are primary caregivers. In 2021, 94% of Illinois Domestic Violence Hotline contacts from Illinois that provided victims’ dependent information reported that the survivor had dependents. This data includes victim information provided by all contacts including survivors and those who know the survivors.

Through InfoNet, domestic violence service providers reported 66% of clients in 2021 having at least one child and 4% having 5 or more children. Illinois DV Hotline contacts reported their young children aged anywhere from only a few months old to 24 years old. Some also reported dependents over the age of 24 which are not shown in the graph of the following page.

**94%** of IL DV Hotline contacts who provided victims’ dependent information reported the survivor had dependents
As shown by the graph above, half of the young dependents were between the ages of 2 and 9. 32% were 10 to 24 years old and 15% were under the age of 1. Additionally, over 330 Illinois IL DV Hotline contacts reported the survivor being pregnant. Pregnancy can be an added risk factor as survivors may experience violence beginning during pregnancy or escalation of previous violence.

324,000
PREGNANT WOMEN IN THE UNITED STATES
are affected by intimate partner violence each year

Experiencing violence during pregnancy has been associated with pregnancy complications and fetal development issues. Additionally, homicide has been reported as the leading cause of maternal mortality, with the majority of these murders perpetrated by a current or former intimate partner. Violence during pregnancy was a common theme among Spanish-speaking, Hispanic/Latinx immigrant survivors in Cook County/Chicago. A majority expressed they experienced violence for the first time or more frequently during pregnancy.
SEEKING CHILDREN’S SERVICES

Parenting survivors interviewed by the Network reiterated their strong desire to shield their children from harm. Many took the risk of leaving the harmful relationship to provide a safer environment for their children and set the example of healthy relationships. Survivors interviewed by the Network also shared that they sought services for children in addition to services for themselves. Children’s services provide trauma-informed approaches to help children work through the impacts of domestic violence, a safe space to interact with their parents, and additional support to be successful socially and academically.

In 2021, 119 IL DV Hotline contacts in Illinois sought children's services. Illinois DV Hotline contacts also reported other child-related service needs such as Supervised Visitation/Safe Exchange and Safe from the Start programs.

The number of child clients served by domestic violence service providers in Illinois peaked in 2019 and decreased by 22% in 2020. As shown by the graph below, child clients served by domestic violence service providers increased by 5% in 2021. This upward trend after the significant decrease in 2020 may be due to children’s services re-opening as COVID restrictions as well as the growing capacity to serve clients both in-person and virtually.

IL DV Hotline: Illinois Contacts Child-Related Services Needs Over Time

Source: IL DV Hotline
Children’s services often focus on addressing the emotional and psychological impacts of witnessing violence in the home.

![Graph showing Child Clients Served by DV Providers in Illinois by Year](chart.png)

Source: InfoNet Data provided by ICJIA

The main ways domestic violence service providers assist children in processing trauma and maintaining healthy relationships with their parents are counseling services, Safe from the Start programs, and supervised visitation/safe exchange programs. General client data is provided by domestic violence providers accompanied by highlights of Network member organization programs that offer children’s services in 1 of the 3 program areas. These programs exemplify how critical domestic violence-specific services are for children in addition to concurrently serving parenting survivors.
COUNSELING SERVICES

Illinois domestic violence service providers provided group and/or individual children’s domestic violence mental health counseling to over 5,000 child clients in 2021. This includes over 34,000 hours of service in 2021 with an average of 12 of service for group children’s counseling and 4 hours for individual children’s counseling. Domestic violence service providers also served 96 child clients through art therapy and 632 adult clients received child care services for their children.

“Through sessions of engagement and having her take control of the conversation, she began to open up and learn how to express her fear in a healthy way. Her feelings are valid, being able to speak on them to her parents helped her feel heard, and eventually, she returned to school!”

- Arab American Family Services, Service Provider (on child client struggling with separation anxiety after witnessing her mother experience violence)

Number of Child Clients Receiving Children’s Services at Illinois DV Providers 2021

Several survivors noted their children received counseling to address the trauma of experiencing violence in the home. One survivor saw how her children were struggling with seeing their mother so upset and depressed as a result of the violence. Seeking counseling allowed them to express these feelings and find tools to cope.

Source: InfoNet Data provided by ICJIA
Children's Education & Counseling Program
ARAB AMERICAN FAMILY SERVICES

Program Overview
Arab American Family Services provides trauma screening within its mental health and sexual assault department that includes a full sixteen-week plan based on education and counseling.

Improvements & Pressing Needs
Arab American family services highlighted an expansion of outreach in schools as a possible area of program improvement. Expansion of education for children of all ages can highlight the dynamics of domestic violence and what harmful relationships look like.

In order to achieve this improvement, the program currently needs to develop more learning tools for children on emotion management. Moreover, hosting celebrations for child clients would be beneficial to acknowledge the participation and accomplishments of the children in the program.

2021 CLIENTS
7 clients served in 2021
90-100% identified as Middle Eastern
40-50% identified as female
40-50% identified as male

70-80% 18-24 years old
10-20% 12-17 years old
10-20% under 12 years old

Children's Clinical Services
CHICAGO CHILDREN'S ADVOCACY CENTER

Program Overview
The Chicago Children's Advocacy Center provides a range of child-related services focused on child abuse. This includes clinical services that provide access to evidence-based, trauma-informed mental health services for children ages 3-17 and their non-offending parents/caregivers to address trauma symptoms, overcome challenges, develop positive coping skills and build healthy relationships, through their Family Hope Center (FHC) and PATHH (Providing Access Toward Hope and Healing) Collaboration, a network of 29 treatment providers.

Improvements & Pressing Needs
Chicago CAC stated improvements to the program would only be possible through increasing staffing levels of mental health therapists and expanding space to provide services.

2021 CLIENTS
3,233 clients served in 2021
290 individuals on the waitlist for services
40-50% Black
30-40% Hispanic
10-20% White
10-20% Asian/Pacific Islander
<10% Native American, Middle Eastern
70-80% identified as female
20-30% identified as male
<10% Transgender
40-50% under 12 years old
40-50% 12-17 years old
<10% 18-24 years old
Child Counseling Program
LIFESPAN

Program Overview
LifeSpan offers a children’s counseling program staffed with experienced children’s counselors who assist children whose parents are victims of domestic violence and who themselves are engaged with a LifeSpan counselor. Their children’s counseling services teach children nonviolent self-expression and conflict resolution skills. The goal is to interrupt the intergenerational cycle of violence and address the trauma children have experienced. In some cases, LifeSpan staff will work jointly with both children and parents in family sessions.

Improvements & Pressing Needs
LifeSpan noted the program would benefit from the utilization of more specialized services such as play therapy training and sand therapy training. These are tools that have been updated and are evidence-based and would assist children who might not be as willing or ready to share emotions or feelings during traditional activities such as drawing.

The program currently needs increased staff capacity to meet the needs of clients and their schedules. Because of school schedules, extracurricular activities, and the parent’s workweek, it is very hard to meet with children during the majority of the day or maintain a consistent counseling relationship.

Child and Family Counseling Program
SARAH’S INN

Program Overview
The Sarah’s Inn Child and Family Counseling Program provides advocacy and counseling to non-offending parents/caregivers and their children. Families and children can participate in individual, group, or family interventions.

The program aims to increase safety, stability, and resiliency and to strengthen the bond with the non-offending caregiver. Sarah’s Inn utilized models informed by CBT, motivational interviewing, and child-parent psychotherapy.
SAFE FROM THE START

The Safe from the Start Program was created to address childhood exposure to violence. As exposure to violence can lead to negative developmental, mental, social, and physical impacts on children, it is critical that young children receive proper programming to overcome or mitigate these effects. The program implements and evaluates comprehensive and coordinated community models to identify and respond to children ages 0 to 5 who have been exposed to violence in the home or community. Program components include coalition and collaboration building, direct services, and public awareness. Addressing trauma early on can help disrupt negative behaviors and diminish involvement in punitive systems later on such as the school to prison pipeline.

“We can’t undo what’s been done, but there are ways we can set up the child and parents to process and move through what has happened.”

- Casa Central, Service Provider
Program Overview
Based in their Calumet office, the Metropolitan Family Services Safe From the Start program offers clinical therapy services to children aged 0-5 years old and their families, who have been affected by abuse or neglect, or exposed to community, domestic, and/or media violence.

The program provides assessments, referrals, linkages, individual and family counseling, and support and education groups for parents and children. In addition, staff provide community presentations, professional trainings, and quarterly coalition meetings for community members working with small children and families.

Improvements & Pressing Needs
To meet demand and expand services, the program needs additional clinicians. This entails increased funding and additional resources to support the program.

2021 CLIENTS
14 clients served in 2021
60-70% identified as female
40-50% identified as male
20-30% Black
90-100% under 12 years old
10-20% Hispanic
10-20% White

Programs for Children
Program Overview
Through their violence prevention and intervention program, Casa Central’s Safe Start Program offers free bilingual services to help very young children, ages birth to five, and their families regain a sense of safety and well-being. Therapeutic services are available to children and their caregivers when there has been an exposure/experience of violence and/or trauma. The program seeks to increase child-wellbeing and strengthen caregiver-child relationships.

There is no limitation for the duration of services. Many families participate for an average of 9–12 months.

Improvements & Pressing Needs
Increased awareness and collaboration from community partners on the importance of therapeutic interventions for very young children who are exposed to violence/trauma is essential to support the referral and engagement of such families. Expansion of outreach and community would engage more families with exposure to violence/trauma and prevent child welfare involvement.

The program needs increased flexible funding to allow families to continue to access services free of charge, with evidence-based interventions and bilingual staff (currently in English and Spanish). This includes no cap on the number of sessions and increased staff support. The child-parent psychotherapy treatment model requires intensive training and follow-up. Training staff to provide these trauma-informed services is critical yet has been costly and time-intensive. The retention of staff with ongoing professional development, competing salary and benefits, etc., has been a challenge for the program.

2021 CLIENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients served in 2021</td>
<td>76</td>
</tr>
<tr>
<td>Hispanic</td>
<td>70-80%</td>
</tr>
<tr>
<td>Black</td>
<td>20-30%</td>
</tr>
<tr>
<td>White</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Identified as female</td>
<td>50-60%</td>
</tr>
<tr>
<td>Identified as male</td>
<td>30-40%</td>
</tr>
<tr>
<td>Under 12 years old</td>
<td>40-50%</td>
</tr>
<tr>
<td>12-17 years old</td>
<td>&lt;10%</td>
</tr>
</tbody>
</table>

Adult clients

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30%</td>
<td>25-34 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>35-44 years old</td>
</tr>
</tbody>
</table>
SUPERVISED VISITATION AND SAFE EXCHANGE

Supervised Visitation and Safe Exchange programs provide a safe place where children can interact with their visiting parents in the presence of a trained facilitator. The program also offers a safe location for parents to pick up and drop off their children when the courts determine that unsupervised visits are a safe option.\textsuperscript{132}

“The support and emphasis of this program is needed to continue helping the communities to break cycles of family violence.”

- Mujeres Latinas en Acción\textsuperscript{133,134}

The number of clients utilizing safe exchange programs in Illinois has continued to increase since 2019. The 77 total clients receiving safe exchange program services in 2021 is a 57% increase from 2020 and a 67% increase from 2019.\textsuperscript{135} Service providers of safe exchange services more than tripled average service hours from previous years. Similarly, clients served by supervised visitation programs have also increased since 2019. 2020 marked the highest number of clients in the last 3 years at 175 individuals served, up from 158 in 2019. In 2021, 160 clients were reported to have utilized supervised visitation programs.\textsuperscript{136}

---

### Illinois DV Service Providers: Hours of Service & Number of Clients Utilizing Safe Exchange/Supervised Visitation in 2021

<table>
<thead>
<tr>
<th></th>
<th>Hours of Service</th>
<th>Number of Clients Receiving Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised Visitation</td>
<td>1355</td>
<td>160</td>
</tr>
<tr>
<td>Safe Exchange</td>
<td>834</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: IL DV Hotline

Note: Includes Adult & Child clients utilizing these direct services
Supervised Visitation/Safe Exchange
MUJERES LATINAS EN ACCIÓN

Program Overview
In 2002, in partnership with the Department of Family and Support Services (DFSS). Mujeres developed and implemented the Supervised Visitation and Safe Exchange (SVSE) and is one of only four organizations in Chicago that provide supervised visitation and safe exchange services. To this day, it is the only free program for low-income families in Chicago that offers services designed specifically for Spanish-speaking, predominantly immigrant families.

Mujeres sees these services as opportunities for parents and children to spend time together in a safe, comforting environment. They also strive to ensure a child can visit with the non-custodial parent off the premises without conflict between the two parents and that all parties feel safe when exchanges take place. This program’s goal is to serve children, survivors, and those who cause harm in a safe, appropriate, and comfortable environment.

Improvements & Pressing Needs
Funding remains a critical need for the Mujeres SVSE program. Additional funds would enable the program to provide direct assistance to families.

2021 CLIENTS
133 clients served in 2021
40-50% identified as female
<10% identified as male
30-40% Hispanic
<10% Gender-non-binary
30-40% Other
40-50% 12-17 years old
Multi-racial
10-20% 18-24 years old
10-20% Black
Adult clients
<10% 55-64 years old
40-50% 25-34 years old
12-17 years old
<10% 35-44 years old
<10% Asian/Pacific Islander, Native American
40-50% Middle Eastern
10-20% White
Program Overview
Apna Ghar is also one of only four Chicago organizations providing SVSE services. Its goal is to provide client-centered service to those who have suffered from domestic violence whether it be children or adults. It aims to also hold those who have caused harm accountable for their actions. This includes helping these families graduate from the program and no longer require their services. In doing so, they hope to help survivors and their children cope with their emotions and help children maintain or build healthy relationships with their parents.

Improvements & Pressing Needs
Apna Ghar identified additional services for those who cause harm would benefit their SVSE program. The program would be able to provide a safe space for those who cause harm to speak openly. It would then facilitate better communication and working relationships with those who cause harm in the SVSE program.

Apna Ghar noted they are understaffed to meet the needs of survivors. They may lack staff that can provide services in additional languages and female staff to connect with female clients who would feel more comfortable with someone with a similar gender identity.
10
Housing Programs
Seeking safety is not as simple as leaving the person causing harm. Survivors often do not have permanent, safe housing to flee to when they are ready to leave. As a result, experiencing violence is a main cause of homelessness for survivors and their children. Many survivors experience economic abuse that can further cause barriers to accessing housing due to unsuitable credit, unemployment, and lack of funds. In a California study, women who experienced interpersonal violence in the last year were 4 times more likely to report housing instability than women who did not experience interpersonal violence.\textsuperscript{137}

**Housing remains a top service need for Illinois Domestic Violence Hotline contacts.**

In 2021, 25\% of IL DV Hotline contacts who reported a service need in Illinois sought information on domestic violence shelters.\textsuperscript{138} Of these requests, 37\% came from Chicago contacts.\textsuperscript{139} While requests from Illinois contacts for shelter through the IL DV Hotline decreased by almost 8\% from 2020, requests for affordable/transitional housing services increased by 62\%.\textsuperscript{140} Even with this increase, survivors may not be thinking about longer-term housing options when contacting the IL DV Hotline due to a lack of awareness of their availability or immediate safety concerns. Rates of affordable and transitional needs may be higher than those collected by the IL DV Hotline due to survivors not knowing they can seek other options. Nonetheless, **survivors continue to need temporary shelter to seek safety and increasingly need affordable, longer-term housing options.**

As the demand for housing increases so does the need for housing advocacy services. These services help connect survivors with housing options, support them through the application processes, and advocate on their behalf when issues arise.

Both the number of clients requiring housing advocacy and navigation services and the intensity of this work has increased. There are 15\% more survivors requesting assistance locating safe housing, resulting in an increase in service hours of 45\%.\textsuperscript{141}
IL DV Hotline: Illinois Contacts Housing-Related Services Needs

Source: IL DV Hotline

Illinois DV Provider: Housing Advocacy Services Over Time

Source: InfoNet Data provided by ICJIA
Domestic Violence Housing Navigation
METROPOLITAN FAMILY SERVICES

Program Overview
Metro Family Services provides a Domestic Violence Housing Navigation that supports individuals impacted by domestic violence and/or human trafficking that are experiencing homelessness. Housing Navigators support survivors throughout the process to ensure that they are successfully connected to a permanent housing opportunity. Clients referred by the All Chicago Program receive assistance with transportation to view housing and/or find a housing unit.

Improvements & Pressing Needs
The Domestic Violence Housing Navigation program can be expanded with additional funding to be able to serve more survivors. This will enable the program to hire additional personnel such as a domestic violence counselor and legal aid staff to address the complex issues that may arise during housing advocacy.

2021 CLIENTS

35 clients served in 2021

30-40%
25-34 years old

60-70%
10-20%
45-54 years old

20-30%
<10%
35-44 years old

<10%
65-75 years old

<10%
identified as female

90-100%
identified as male

<10%
identified as male
These needs exist across the state as shown by the graph on the following page. In 2021, clients in the suburb region reported the highest housing and shelter needs in the state. Central Illinois clients had the second-highest shelter needs and total housing or shelter needs in the state.142 These data reflect those who were able to access services at a domestic violence service provider. Thus, data on client shelter and housing needs at intake at domestic violence service providers does not account for those who may call looking for shelter but are not able to receive it.

Additionally, while survivors in regions outside of Chicago may report high rates of shelter needs upon intake at domestic violence service providers, they are likely to have their needs met more quickly than those in Chicago. Downstate shelters have a total capacity of 444+ beds compared to Chicago’s 97+ bed capacity.143 In 2021, Chicago shelters experienced 69 days with no beds, 187 days with no cribs, and 67 days with no beds or cribs. In suburban shelters, there were 13 days with no beds, 63 days with no cribs, and 13 days with no beds or cribs.144

A lack of beds and cribs means survivors must remain in a home with harm or seek alternate housing that is not trauma-informed or does not have domestic violence-specific services/referrals. This poses a significant risk for homelessness or reconciling with the person causing harm in order to maintain housing.
**2021 Illinois DV Provider Client Shelter and Housing Needs Indicated at Intake by Region**

- **Suburbs**
  - Only Housing Needs: 713
  - Only Shelter Needs: 814
  - Both Shelter & Housing Needs: 1232
  - Total: 2405

- **Chicago**
  - Only Housing Needs: 312
  - Only Shelter Needs: 782
  - Both Shelter & Housing Needs: 695
  - Total: 1789

- **North**
  - Only Housing Needs: 242
  - Only Shelter Needs: 695
  - Both Shelter & Housing Needs: 774
  - Total: 1411

- **Central**
  - Only Housing Needs: 200
  - Only Shelter Needs: 800
  - Both Shelter & Housing Needs: 1226
  - Total: 2226

- **South**
  - Only Housing Needs: 132
  - Only Shelter Needs: 453
  - Both Shelter & Housing Needs: 671
  - Total: 1256

*Source: InfoNet Data provided by ICJIA*

**Days of Bed, Crib, and Bed & Crib Unavailability in Chicago and Suburban Shelters**

- No Cribs
  - Chicago: 187
  - Suburban: 63

- No Beds
  - Chicago: 69
  - Suburban: 13

- No Beds or Cribs
  - Chicago: 67
  - Suburban: 13

*Source: IL DV Hotline*
SHELTER

A report completed for the National Institute of Justice found that survivors needed shelter to address safety, housing, emotional, and childcare needs.

Survivors reported they would experience dire consequences without shelter such as “homelessness, serious losses including children, continued abuse or death, or actions taken in desperation.”

Domestic violence shelters provide a safe space for survivors and their children to begin their path to healing and security. They often also link survivors and their children to wrap-around services such as counseling, economic assistance, and legal advocacy. Therefore, shelters play an important role in safety-seeking and connections to long-term healing.

“The shelters provide a safe haven for victims, a place where violence cannot find them.”
- WINGS, Service Provider

In 2021, 6,604 clients received shelter (on-site or off-site) at an Illinois domestic violence service provider. This is a 9% increase from 2020. Many survivors may not have felt safe or were unable to seek shelter during the height of the pandemic, which may have led to the spike seen in 2021. Client numbers have not yet returned to pre-pandemic levels seen in 2019. The number of clients receiving shelter at a domestic violence service provider was 19% lower in 2021 than in 2019.

**Illinois DV Provider: Adult and Child Clients Receiving On or Off-Site Shelter Over Time**

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>3317</td>
<td>8146</td>
</tr>
<tr>
<td>2020</td>
<td>2371</td>
<td>6043</td>
</tr>
<tr>
<td>2021</td>
<td>3926</td>
<td>6604</td>
</tr>
</tbody>
</table>

Source: InfoNet Data provided by ICJA
Additionally, an overwhelming majority of Illinois DV Hotline contacts in Illinois noted the survivor had dependents and would be taking their dependents to shelter with them. In 2021, there was a 12% increase in children receiving shelter from 2020. Similar to the rates seen for total clients, the number of children receiving shelter at a domestic violence service provider in 2021 was 19% less than 2019.

As long-term, affordable housing options are scarce, survivors and their children may need to remain in shelter beyond the 30-day recommended time frame. In 2021, shelter stays often averaged 53 days, a reduction of 17% since 2019. This could be in part due to new housing programs that have emerged to safely house people in the community during the public health crisis.

### Number of Days Illinois DV Provider Adult & Child Clients Received Shelter Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>271,468</td>
<td>154,225</td>
</tr>
<tr>
<td>2020</td>
<td>313,447</td>
<td>214,503</td>
</tr>
<tr>
<td>2021</td>
<td>315,309</td>
<td>223,790</td>
</tr>
</tbody>
</table>

Source: InfoNet Data provided by ICJIA
Shelter & Transitional Housing
APNA GHAR

Program Overview
Apna Ghar provides safe spaces to heal while receiving culturally competent housing and helps clients move toward a secure and healthy life. Their shelter and transitional housing program give survivors the opportunity to save, plan, and progress toward their next chapter.

Improvements & Pressing Needs
Apna Ghar highlighted that increased funding would enable the housing program to expand housing options to meet survivor needs. Survivors are currently experiencing challenges due to staffing shortages and inaccessible housing programs.

2021 CLIENTS

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>179</td>
<td>clients served in 2021</td>
</tr>
<tr>
<td>60-70%</td>
<td>identified as male</td>
</tr>
<tr>
<td>40-50%</td>
<td>under 12 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>10-20%</td>
</tr>
<tr>
<td>&lt;10%</td>
<td>25-34 years old</td>
</tr>
<tr>
<td>70-80%</td>
<td>40-54 years old</td>
</tr>
<tr>
<td></td>
<td>identified as female</td>
</tr>
</tbody>
</table>

Constance Morris House (CMH) Shelter Program
PILLARS COMMUNITY HEALTH

Program Overview
Pillars Community Health is a non-profit that provides wrap-around medical and behavioral services for community members. Their domestic violence program is housed in Constance Morris House (CMH) which provides emergency and/ or short-term shelter in a communal living environment. Shelter life is supported by a complement of essential services, including, but not limited to 24-hour hotline response, crisis intervention, DV education, life skills, financial literacy groups, case management, children’s services, legal and medical advocacy, and health care for shelter residents and their dependent children.

2021 CLIENTS

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>444</td>
<td>clients served in 2021</td>
</tr>
<tr>
<td>50-60%</td>
<td>identified as male</td>
</tr>
<tr>
<td>40-50%</td>
<td>25-34 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>35-44 years old</td>
</tr>
<tr>
<td>&lt;10%</td>
<td>44-54 years old</td>
</tr>
<tr>
<td>90-100%</td>
<td>identified as female</td>
</tr>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>Transgender</td>
</tr>
<tr>
<td></td>
<td>Gender non-binary</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>20-30%</td>
<td>under 12 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>18-24 years old</td>
</tr>
<tr>
<td>&lt;10%</td>
<td>55-64 years old</td>
</tr>
<tr>
<td></td>
<td>65-74 years old</td>
</tr>
</tbody>
</table>
Despite the many survivors who benefited from shelter services, not all survivors and their children were able to access shelter. Turn-away data reflects only those survivors who were recorded to have been turned away from shelter with domestic violence service providers. Domestic violence service providers who experienced high demand may not have had the capacity to record all turn-aways.

4,452
SURVIVORS IN ILLINOIS
were turned away from shelter by domestic violence service providers in 2021151

2,687 ADULTS & 1,865 CHILDREN

While total turn-away rates are slightly down from 2020 (3%), there were more adults turned away in 2021.152 There may have been more non-parenting survivors seeking shelter or shelters may have prioritized housing families before single survivors. The regional breakdown in the graph below also reflects a high demand for shelter in the suburbs, yet many survivors in the region did not have their need met.

Number of Adults and Children Turned Away From Illinois DV Provider Shelter in 2021 by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburbs</td>
<td>1692</td>
<td>609</td>
</tr>
<tr>
<td>Chicago</td>
<td>1020</td>
<td>632</td>
</tr>
<tr>
<td>North</td>
<td>189</td>
<td>113</td>
</tr>
<tr>
<td>Central</td>
<td>121</td>
<td>84</td>
</tr>
<tr>
<td>South</td>
<td>76</td>
<td>16</td>
</tr>
</tbody>
</table>

Source: InfoNet Data provided by ICJIA Note: Not all providers may have completed entering 2021 Turnaway data. A single person may be counted multiple times for turnaways if they are turned away from multiple centers.

The Chicago and suburbs region shelters have fewer beds combined than the total downstate shelters which may account for their high rates of turnaways from domestic violence provider shelters.153 With only 163+ beds total available in the suburbs, survivors may not be able to access shelter as easily as survivors in the North, Central, and South regions.154
TRANSITIONAL AND RAPID RE-HOUSING

Transitional/rapid re-housing acts as a bridge between emergency shelters and permanent housing. While shelter stays may be limited to a certain number of months, transitional/rapid re-housing can be utilized for a longer period of time, sometimes up to 2 years. These programs often also include wrap-around services integrated into the housing program that provide additional supports and resources to create long-lasting emotional and economic stability.

As more survivors sought shelter in 2021, there was a similar increase in transitional housing. In 2021, 1,249 clients received transitional housing in Illinois, up by 34% from 2020. This data reflects longer-term housing provided to a client in a facility operated by a domestic violence service provider. While it may include some domestic violence service provider-operated rapid re-housing programs, it may not capture all rapid re-housing received by survivors.

Due to the economic impacts of the pandemic and intensified violence experienced during stay-at-home orders in 2020, survivors may have required housing that also provides counseling, employment/career, and children’s services in 2021. Graduates of these programs usually remain clients at the organization and stay connected to a support system that is critical, especially when in permanent housing.

“By the time they’re done, they’re back integrated into their communities, they find secure housing on their own. It’s so rewarding to see them go through the program”
- WINGS, Service Provider

Source: InfoNet Data provided by ICJIA

IL DV Provider Clients Receiving Transitional Housing in 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>695</td>
<td>56%</td>
</tr>
<tr>
<td>Adult</td>
<td>554</td>
<td>44%</td>
</tr>
</tbody>
</table>

- The Network 2021 Data Report // 92
Program Overview
WINGS offers a range of housing options for survivors including shelter, communal homes, rapid re-housing units, transitional housing, and permanent homes.

Shelter
WINGS operates two Safe Houses, one in the Northwest suburbs and one on the Southwest Side of Chicago, that have the capacity to house 45 women, men, and children fleeing intimate partner violence.

Transitional / Rapid Re-housing
Individuals escaping from domestic violence can stay in the transitional housing units for up to two years. Survivors utilizing rapid rehousing have access to temporary rental assistance to help maintain market rent. Program participants are offered assistance with housing costs, counseling, and employment services, providing the tools needed to help individuals and families move toward self-sufficiency.

Improvements & Pressing Needs
In the last several years, WINGS has drastically expanded its housing program to better serve housing insecure survivors. This includes a current expansion project with an All Chicago initiative (local housing and homelessness advocacy organization). In order to support this expansion and vital wrap-around support services for housing clients, more funding is needed.

2021 CLIENTS
- 553 clients served in 2021
- 90-100% Black
- 10-20% Hispanic
- <10% White
- Asian/Pacific Islander
- Middle Eastern
- Native American
- Other

- 90-100% identified as female
- <10% identified as male, Transgender
- Other

- 20-30% 12-17 years old
- 10-20% 18-24 years old
- 25-34 years old
- 35-44 years old
- <10% under 12
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75+ years old
CHICAGO COORDINATED ENTRY DOMESTIC VIOLENCE SYSTEM

Through the Corporation of Supportive Housing, the Chicago Domestic Violence & Human Trafficking Coordinated Entry System (CES) connects survivors of domestic violence and human trafficking experiencing homelessness to housing programs.

This system was designed to address the safety/confidentiality concerns of survivors that the general Coordinated Entry System cannot. Survivors are most often assessed for longer-term housing at domestic violence shelters, but there have been recent prioritization changes that allow survivors to be referred by domestic violence service providers.

In 2021, 187 domestic violence survivors were housed in transitional/rapid re-housing through the Coordinated Entry System. Critically, the system currently under serves human trafficking survivors and has not built the capacity to include survivors of sexual violence who have not experienced domestic violence or human trafficking. Nonetheless, the Chicago Coordinated Entry Domestic Violence System is an important resource for survivors to achieve housing stability through domestic violence providers that can concurrently provide wrap-around services and trauma-informed care.
DV Survivors, Human Trafficking Survivors, and DV & Human Trafficking Survivors Housed in Transitional/Rapid Re-Housing in 2020 through the Chicago Coordinated Entry DV System

Source: Chicago Coordinated Entry DV System Dashboard

Survivors Assessed, Matched and Housed in Rapid Re-Housing/Transitional Housing in 2021 through the Chicago Coordinated Entry DV System

Source: Chicago Coordinated DV Entry System Dashboard
MAINTAINING PERMANENT HOUSING

“With her rental assistance, it gave her time and space to take off time from work to address her mental health needs as a direct result from her domestic violence relationship. She since has been able to find a support group for mothers who have lost their children due to abuse as well as a doctor who is trauma-informed. Without the rental assistance, it would have been extremely hard for her to focus on her mental health and self-care rather than income and working.”

- Service Provider

While some survivors seek safety through emergency shelter and transitional housing, others remain in their current housing or move to permanent units. Survivors in permanent housing are still at risk for homelessness. These survivors may still encounter housing insecurity due to the costs of moving and housing-related expenses. Common housing expenses survivors encounter are rent or mortgages, security deposits, move-in fees, lock change fees, and rental application fees. Housing-related direct assistance programs can aid survivors in maintaining permanent housing and overcoming the economic challenges of experiencing harm. These programs may be specific to rental assistance while others can cover other related expenses. Gender-based violence organizations can also provide more flexibility in housing assistance and funding.

“Access to unrestricted rental assistance for survivors in our programming continues to be vital in providing housing stability and relieving financial pressure.”

- Service Provider

Gender-based violence service providers are key to helping survivors navigate or eliminate barriers through offering shelter, transitional/rapid re-housing, housing expenses assistance, and advocacy. These service providers utilize trauma-informed approaches that weave wrap-around services in mental health, economic empowerment, and childcare to set survivors up for success once they find housing. Without these services, survivors may be at risk of homelessness once again.
Rental & Housing Assistance
ARAB AMERICAN FAMILY SERVICES

Program Overview
Arab American Family Services advocates assist clients in completing rental applications for security deposits and past due rents. They help survivors navigate housing options through culturally specific services and language access.

Improvements & Pressing Needs
Advocates frequently encounter landlords who are unwilling to house clients in domestic violence situations. By creating partnerships with local landlords, advocates could help survivors access housing more easily and with the support and understanding in place from the landlords. While Arab American Services can provide emergency assistance to survivors, more funding is needed to support housing insecure clients who require longer-term assistance.

2021 CLIENTS

| 165 clients served in 2021 |
| 40-50% 25-34 years old |
| 90-100% 35-44 years old |
| <10% 45-54 years old |
| 90-100% 55-64 years old |
| identified as female |
11
Economic Needs Programs
Gender-based violence is deeply intertwined with economic inequality.

While individuals of all economic backgrounds experience gender-based violence, individuals earning a lower income are far more likely to be victims of gender-based violence and experience pervasive negative effects of the abuse. As many as two-thirds of women in a lower income range report experiencing domestic violence. This correlation is reflected in the number of survivors experiencing violence or abuse in Illinois.

42% of survivors served throughout the state reported an income of $500 or less per month.

Many survivors reported NO EARNED INCOME.

As shown below, the COVID-19 pandemic continues to create additional economic hardships for many, including survivors of gender-based violence. The number of survivors relying on earned income as their primary income source dropped by 20%. While there was a slight increase in this population in 2021, the proportion of survivors who can rely on earned income continues to remain well below pre-COVID levels.

Economic Needs Programs
Similarly, the number of survivors who reported relying on unemployment insurance as their primary source of income increased significantly in 2020. This number, however, has not started to trend towards pre-COVID levels, continuing to rise by 56% in 2021.164

Survivors often report experiencing financial abuse alongside other forms of violence. Such abuse can include restricting access to finances, interfering with employment, damaging an individual’s credit, coerced debt, and more.165 Studies point to financial abuse being a common experience among survivors with estimates that approximately 99% of survivors experience economic abuse.166 Experiencing an abusive intimate partner relationship has been shown to decrease the lifetime earnings of an individual. Survivors of abuse are reported to earn less, with income often decreasing following the establishment of an order of protection.167 These economic concerns often create barriers to getting help. Many individuals leaving an unsafe relationship have difficulty meeting their basic needs.168 Programs that work to address economic needs, therefore, are critical survivor-centered gender-based violence programs.

One survivor reported that the economic assistance she received "allowed [her] the space to heal."
SEEKING ECONOMIC SERVICES

Community-based programs that provide economic benefits to survivors include many different forms of support and advocacy. These include helping survivors navigate public assistance programs, such as Crime Victim Compensation assistance, TANF, social security, Medicaid or Medicare, and public housing assistance. In Illinois, the Victims’ Economic Security and Safety Act (VESSA) provides legal and economic protections for survivors, which they often need attorney assistance to obtain. Many domestic violence advocates and attorneys also assist survivors in repairing credit or removing debt, applying for employment programs, seeking educational assistance, or obtaining direct cash assistance. In 2021, domestic violence service providers reported providing these types of services to over 8,000 survivors. Examples of domestic violence service provider programs are highlighted later in the section.
There is an emerging need for additional targeted programs to provide economic assistance and financial advocacy to survivors. In 2021, nearly 5,000 survivors received economic assistance services from domestic violence providers, a 9% increase from 2020. The increase in survivors in need of economic assistance has likely been impacted by the economic stress brought on by the COVID-19 pandemic. This impact can be seen prominently in the substantial increase —over 75%—in hours of economic assistance provided from 2019 to 2020. While there was a slight decrease in hours of service in this critical area in 2021, the amount of economic assistance provided in 2021 remained significantly higher than in 2019, demonstrating the high level of economic needs survivors are still facing.

**Economic Assistance Hours of Service & Number of Clients**

- **Total Hours of Service**
- **Total Number of Clients Receiving Service**

Source: InfoNet Data provided by ICJIA
DIRECT FINANCIAL ASSISTANCE

“The financial assistance will help maintain [the survivor’s] physical and emotional safety by giving her a safe home without having to worry about where she will live as she continues to navigate the court system.”
– Service Provider

“This money will help me stay safe inside and away from my abusers.”
– Network Emergency Fund Applicant

Given the substantial economic needs of survivors, providing economic assistance can be the determining factor in securing safety. Service providers can provide direct payments to survivors or pay bills on their behalf, such as rent, utility bills, childcare, medical bills, transportation, and more. These programs have been shown to decrease violence and coercion. Allowing flexibility in what the funds can be used for gives survivors the autonomy to address their most pressing needs.
Network Crisis Response Fund

In response to the COVID-19 pandemic and its economic impacts on survivors, the Network created the Crisis Response Fund to address critical gaps in the safety net for survivors.

The Network's Crisis Response Fund is a low-barrier, flexible financial assistance fund that is designed to meet the needs of survivors.

Flexible financial assistance is a core element of providing trauma-informed services to survivors because it provides a quick pathway to housing security for survivors, without the typical barriers to receiving financial assistance. The amount available to distribute to survivors is dependent on outside funding such as grants and donations.

In 2020, the Crisis Response Fund had the capability to provide $463,214 in direct assistance to 464 survivors from April to December. This included over $13,000 for utilities, $11,000 for e-learning, and $93,000 for miscellaneous household bills. The Network also provided a large portion of the funds, over $340,000, for rental assistance. The need for direct assistance in 2021 was higher than the fund’s capacity based on available grant funding. Nonetheless, the Network provided over $111,000 to 105 survivors. This included $95,938 for rent/housing and $15,112 for household expenses.

Network Crisis Response Fund 2021

$111,050
EMERGENCY FUNDS DISTRIBUTED

105 Total helped survivors
$15,112 Household expenses
$95,938 Rent/housing
The program was flooded with applications from survivors and their advocates, but from March to October there were no funds available. Those who were unable to receive assistance in the first round of funding were considered when new funding became available in October. The program has already distributed almost $100,000 in rental assistance in the past 6 months. Some applicants that have previously received funding from the program are still facing housing instability and have reapplied.

“I have an order of protection against my husband and this funding could maintain safety for me and my three kids because I don’t work and therefore, I have no option to pay rent.”
- Network Emergency Fund Applicant

The demand for this program showcases that housing remains a pressing need for survivors. The majority of applicants stated that the funding would enable them to seek or maintain safe housing free of violence and the person causing them harm. Many highlighted that the pandemic created economic barriers to housing security through unemployment, medical bills, and other expenses.

Domestic violence service providers have also created similar programs either in response to the pandemic or prior as survivors have consistently needed financial support to achieve safety and stability. Receiving direct assistance from domestic violence service providers may also come with additional wrap-around economic supports and resources to ensure financial success.
Pay It Forward Program

Program Overview
The WINGS Pay it Forward Program allows current WINGS clients to apply for business or emergency funds to support their needs. Clients also have access to career services workshops hosted by community members seeking to give back and share their skill set. These services may range from resume assistance, mock interviewing skills, and job search help. Survivors that take part in WINGS housing programs may also utilize financial planning and economic empowerment modules and materials to educate them on financial literacy.

Improvements & Pressing Needs
Additional and more consistent funding would allow the program to assist more clients with direct assistance.

2021 CLIENTS
4 clients served in 2021
11 families assisted in 2021
$26,052 in total funds provided

80-90%
Black

<10%
Hispanic
White

90-100%
identified as female

35-44 years old

<10%
25-34 years old

Economic Needs Programs
Importance of Affordable & Accessible Transportation

Accessible, affordable, and safe transportation is essential to enable survivors to maintain employment and find financial stability and safety. The financial abuse that survivors of domestic violence experience can include withholding access to a car, their driver’s license, and money to use for public transportation. Public transportation can also pose a safety risk for survivors trying to stay away from the person causing them harm.

In 2021, Women Employed surveyed Chicago domestic violence survivors and service providers regarding the economic impact of domestic violence. 20% of survivors surveyed indicated transportation as a key employment-related need, and 60 percent of domestic violence advocates surveyed reported that transportation is one of the specific job-related services that clients ask for (the second-most common request).

Through the IL DV Hotline, over 400 people were provided with transportation to safety in 2021 via Uber. This program allows survivors to seek safety by eliminating transportation as a barrier in moving to safety.

Flexible direct assistance can play a critical role in meeting survivors’ transportation needs, enabling them to achieve safety and economic stability. For instance, when grant funding allowed, from April 2020 through December 2021, the Network Emergency Crisis Fund provided survivors $28,642 for transportation costs.

Source: IL DV Hotline

442 UBER RIDES provided in 2021
445 ADULTS taken to safety in 2021
66 CHILDREN

Source: IL DV Hotline
FINANCIAL AND EMPLOYMENT TRAININGS

In order to create long-term economic stability and independence, survivors of gender-based violence must obtain and maintain gainful employment. Survivors often face obstacles in this effort due to the harm they experienced. Survivors may have gaps in employment, criminal records from coerced behavior or survivorship, and/or challenges to employment due to the long-lasting psychological impacts of violence.

Survivors may also have specific needs that must be met before they can be successful in seeking or maintaining employment. The 2021 Women Employed study founds survivors’ top needs related to work are career exploration (41%), seeking credentials (35%), developing new skills/job training (35%), and childcare (35%). Harassment from the person causing them harm and the corresponding need to communicate their experience of domestic violence to their employer were also cited as common needs.

Domestic violence service providers have created programs to address survivors' employment-related needs that integrate career/employment services and financial literacy with other wrap-around services.

“I feel like I’m in a place where I feel like I’m paying more attention to my career, budgeting my money, tackling the clutter.”
— Survivor

These programs can cover a wide array of topics including financial planning, credit building, investing, budgeting, resume building, mock interviews, and more. Many service providers utilize the Allstate Financial Economic Empowerment Modules. This program has been shown to help survivors set goals, create a budget, and pay off debt. One study of this program showed that a quarter of participants had even begun saving for retirement. Similar improvements have been seen stemming from related programs. Participants report feeling more stable, more capable of meeting basic needs, and less likely to be experiencing housing instability.

Despite the strength of these programs, survivors are still limited by societal economic inequalities and structural barriers to employment. Domestic violence service providers work with survivors to provide all-around case management and a variety of resources that can help account for these additional difficulties.
Program Overview
Apna Ghar offers career development, assistance accessing public benefits and filing taxes, and job placement support. After participating in the program, survivors will have a better understanding of managing their finances effectively, gain safe and fair employment that reflects their career goals and be able to sustain living independently in rented or self-owned housing within a period of 2 years from when they started the program. This assistance enables survivors to live with financial stability and independence.

Improvements & Pressing Needs
Survivors would benefit from increased access to the program through diverse language representation and online platform access training. Survivors are currently facing economic instability due to housing impacted by COVID-19. They also need more trauma-informed job hunting options, immigration status accessibility for employment, and better childcare options.

2021 CLIENTS

<table>
<thead>
<tr>
<th>152 clients served in 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40% Black</td>
</tr>
<tr>
<td>20-30% Asian/Pacific Islander</td>
</tr>
<tr>
<td>10-20% White Middle Eastern</td>
</tr>
<tr>
<td>&lt;10% Hispanic Native American</td>
</tr>
<tr>
<td>90-100% identified as female</td>
</tr>
<tr>
<td>&lt;10% identified as male</td>
</tr>
</tbody>
</table>

30-40% 35-34 years old
30-40% 35-44 years old
10-20% 18-24 years old
10-20% 45-54 years old
<10% 55-64 years old
<10% 65-74 years old
Program Overview
Between Friends offers three programs with a focus on helping survivors reach financial stability. Through Economic Empowering Counseling, clients understand the dynamics of financial abuse and develop a better insight into their finances and economic health, including developing a budget and understanding credit, banking, and investment.

The Survivors for Economic Empowerment (SEE) Project is one of the agency’s main accomplishments in recent fiscal years. Over the past year, the SEE Project has fostered cross-sector collaboration and created inclusive financial literacy and leadership curricula for minorities with LEP. It utilizes a peer-to-peer model to build relationships, foster trust, and ultimately build skills that lead to long-term economic freedom for survivors of domestic violence.

Between Friends recognizes the ways in which economic emergencies can inhibit a client from achieving their plan for a violence-free life. To address this barrier, they emergency funding assistance to a client in crisis who is working with her/his counselor or advocate on a plan to become independent.

Improvements & Pressing Needs
In order to expand the program and provide services to intersectional survivors, the program needs more bilingual counselors. Providing more language access will increase the number of survivors who can engage in economic empowerment programming.

2021 CLIENTS
- **120** clients served in 2021
- **19** individuals on waitlist
- **30-40%** Hispanic
- **30-40%** White
- **10-20%** Black
- **<10%** Middle Eastern
- **<10%** Native American
- **80-90%** identified as female
- **<10%** identified as male
- **<10%** Transgender
- **<10%** Gender-non-binary

**Economic Needs Programs**
VICTIMS’ ECONOMIC SECURITY AND SAFETY ACT (VESSA)

Survivors are able to take time off work and have job security when they return.”
– Service Provider

“I would not be where I am today without [VESSA].”
- Survivor

Another service that benefits survivors’ economic standing is assistance navigating the Victims’ Economic Security and Safety Act (VESSA).

VESSA allows survivors of gender-based violence to take unpaid leave from their place of employment for up to twelve weeks. This time can be used to seek medical services, handle legal matters, and receive counseling or other services.

In 2021, VESSA was amended through House Bill 3582. The amendments allow for leave for a “crime of violence,” inclusive of sexual violence, armed violence, domestic violence, and other crimes. VESSA can now be used for a more expansive definition of family member; documentation requirements are more explicitly stated to allow for individuals utilizing leave to choose the type they submit; and there is now a confidentiality provision ensuring the information shared with an employer to request leave remains protected.

Service providers can assist in compiling and providing documentation for survivors. Service providers may also assist a survivor if they feel their rights under VESSA have been violated. Advocates or attorneys can also serve as mediators to help the survivor and employer determine appropriate accommodations. While this leave is unpaid, for many survivors simply ensuring that their job is secure is crucial. This allows survivors space to navigate complex systems and heal from the trauma they have experienced without the burden of job insecurity.
**Program Overview**

The Economic Justice Project provides free legal representation to survivors of gender-based violence in the following areas: Housing Matters under the Safe Homes Act, Employment Matters under the Victims' Economic Security and Safety Act ("VESSA"), Crime Victims Compensation Claims with the Attorney General's Office, and Consumer Debt Issues (i.e., ordering and analyzing credit reports, drafting dispute and collection-proof letters, filing identity theft reports, etc.). The program ensures survivors are able to access the legal protections and economic remedies available to them.

**Improvements & Pressing Needs**

There is an identified need for economic justice legal representation yet, survivors need assistance connecting with the program. A more streamlined process of receiving referrals from other organizations would increase the number of survivors the program can connect with and assist.

**2021 CLIENTS**

<table>
<thead>
<tr>
<th>Clients Served in 2021</th>
<th>Age Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>18-24 years old</td>
</tr>
<tr>
<td>30-40%</td>
<td>25-34 years old</td>
</tr>
<tr>
<td>30-40%</td>
<td>35-44 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>45-54 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>65+ years old</td>
</tr>
<tr>
<td>90-100%</td>
<td>under 12</td>
</tr>
<tr>
<td>90-100%</td>
<td>12-17 years old</td>
</tr>
<tr>
<td>90-100%</td>
<td>45-54 years old</td>
</tr>
<tr>
<td>90-100%</td>
<td>65+ years old</td>
</tr>
</tbody>
</table>

- Identified as female: 90-100%
- Identified as male: <10%
- Transgender, Gender-non-binary: <10%
NEED FOR LARGE-SCALE ECONOMIC EQUALITY

While this section of the report has largely focused on the economic programs that can assist families and individuals, large-scale movements toward economic equality are vital to prevent gender-based violence. Just as economics play an important role in violence at the individual level, they too play an important role at the macro level. Studies have demonstrated increases in domestic violence tied to economic downturns. Economic concerns for individuals who are suffering from violence must also be viewed in the larger context of societal economic concerns. Just as individual socioeconomic status plays a role in predicting individual likelihood of experiencing violence, so too does community economic distress.  

While individual assistance is crucial to survivor safety, providers, funders, and government officials must also work towards addressing the many root causes of gender-based violence.
12
Health & Wellness Programs
Domestic and sexual violence impact the physical, mental, and sexual health of survivors. Physical injuries coupled with stress and fear can cause chronic health issues in addition to depression, anxiety, and post traumatic stress disorder (PTSD). As a result, survivors have greater health needs and may seek health services more often than the general population.

Survivors may seek medical attention for urgent injuries through emergency medical services (EMS). Paramedics provide pre-hospital treatment and transport to medical care. There was a drastic decrease in calls for EMS assistance for domestic violence situations in 2020. Survivors may have felt unsafe calling for help in the midst of the pandemic. Yet, as restrictions were lifted in 2021, calls sharply increased, settling just above pre-pandemic 2018 and 2019 levels.

This same trend is seen in calls for EMS assistance in sexual violence situations. 2021 marked a record year for EMS events for sexual violence in the last 4 years. The graph above highlights the 2% increase in 2021 from pre-pandemic 2019 which was already 59% increase from 2018. These increases may point to more survivors reaching out for emergency medical attention than in previous years due to higher rates and escalated instances of violence.
Emergency Medical Services Events in Cook County for Intimate-Partner Violence

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>4109</td>
</tr>
<tr>
<td>2019</td>
<td>4132</td>
</tr>
<tr>
<td>2020</td>
<td>3143</td>
</tr>
<tr>
<td>2021</td>
<td>4132</td>
</tr>
</tbody>
</table>

Source: CCDPH

Emergency Medical Service Events in Cook County for Sexual Violence

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>672</td>
</tr>
<tr>
<td>2019</td>
<td>1075</td>
</tr>
<tr>
<td>2020</td>
<td>840</td>
</tr>
<tr>
<td>2021</td>
<td>1106</td>
</tr>
</tbody>
</table>

Source: CCDPH
MEDICAL ADVOCACY

Whether survivors are seeking medical help through routine visits or crisis stations, health care providers may be the first point of contact for many survivors. Many may not be able to seek preventative treatment for other non-violence-related health concerns, placing survivors at greater risk for additional health complications. Moreover, survivors may not seek help for violence-related injuries until the violence escalates significantly.

"It was] nice to have someone not only in my corner but [also] so knowledgeable."
- Sexual Violence Survivor discussing the importance of having a medical advocate

Illinois DV Hotline contacts seeking medical advocacy services to support them when accessing medical care have increased a staggering 460% in 2021 compared to 2020. Demand in 2021 also far exceeded pre-pandemic 2019 levels by 180%. As violence escalated in 2020 due to the pandemic, survivors may have experienced increased and/or more serious injuries. However, survivors may not have been able to access medical services in 2020, as medical centers prioritized COVID-19 patients and had limited capacity to address other medical needs. As restrictions were lifted and COVID-19 hospitalizations decreased, survivors may have felt comfortable seeking medical attention and contacted the IL DV Hotline for referrals to medical advocacy services.
Survivors may be uncomfortable disclosing their experiences due to fear of retaliation from the person causing them harm and distrust of how medical professionals may handle their disclosure.

While healthcare providers try to encourage disclosure through routine inquiry, or universal screening, the healthcare system alone may not be able to provide the services and support survivors need. Partnerships between local domestic and sexual violence organizations and health care providers help connect survivors to wrap-around services and trauma-informed care. Through these programs, survivors not only receive medical treatment but access to medical advocates who can provide bedside support, explain legal options, and link survivors to other resources. These programs play a critical role in identifying survivors and facilitating access to help.
Melissa* sought medical care at a local hospital. She wanted to tell hospital staff about the abuse she was experiencing, but the person causing harm was in the hospital room with her.

She went to the bathroom and saw the WINGS “Help” poster on the door. Melissa wanted to call the number on the poster but did not have a phone. Yet, she realized that the hospital would likely support her if she came forward and there were resources available. The poster gave her hope, support, and a plan to escape.

Melissa took a piece of toilet paper and wrote, “Me and my unborn child need help.”

She then rolled up the toilet paper and slipped it into the nurse’s chart. Once the nurse opened the chart and read the message, WINGS hospital staff were called to assist Melissa.

WINGS, Service Provider

* All names changed for anonymity
HOSPITAL BASED PROGRAMS

Medical advocates may be co-located at local hospitals to assist survivors seeking medical services. These programs often serve as the first point of contact for services and connect survivors with resources they would otherwise not know were available. This is especially true for sexual violence survivors who may be seeking medical attention to address their injuries but do not know what options they have. Advocates can help answer questions, provide insight into the legal reporting process, and talk through the survivor’s experience.

“Seeing them at the hospital changed everything for me. I don’t know where I would be without [them].”
- Sexual Violence Survivor on experience with medical advocate

Program Overview
The CAWC offers critical support to domestic violence survivors at the time of medical intervention by offering crisis intervention, safety planning, resource referral, case management, and mental health counseling. The Hospital Crisis Intervention Project provides on-site crisis intervention and counseling, training the healthcare team to identify, assess, and effectively refer victims to appropriate resources, and improving the healthcare system’s response to domestic violence victims.

Improvements & Pressing Needs
The Hospital Crisis Intervention Project identified the program could be expanded to provide 24/7 services and increase the ability to facilitate survivor access to resources. This includes increasing private spaces for counselors and clients to interact and providing safe and secure technology. Outreach to increase awareness in hospital systems of available on-site services would enable the program to reach more survivors. To achieve these improvements, funding remains a pressing need specially to increase survivor access to resources. Survivors may require financial assistance, safe transportation, safe technology, basic needs, and children’s resources.

Hospital Crisis Intervention Project
CONNECTIONS FOR ABUSED WOMEN & THEIR CHILDREN (CAWC)

Program Overview
The CAWC offers critical support to domestic violence survivors at the time of medical intervention by offering crisis intervention, safety planning, resource referral, case management, and mental health counseling. The Hospital Crisis Intervention Project provides on-site crisis intervention and counseling, training the healthcare team to identify, assess, and effectively refer victims to appropriate resources, and improving the healthcare system's response to domestic violence victims.

Improvements & Pressing Needs
The Hospital Crisis Intervention Project identified the program could be expanded to provide 24/7 services and increase the ability to facilitate survivor access to resources. This includes increasing private spaces for counselors and clients to interact and providing safe and secure technology. Outreach to increase awareness in hospital systems of available on-site services would enable the program to reach more survivors. To achieve these improvements, funding remains a pressing need specially to increase survivor access to resources. Survivors may require financial assistance, safe transportation, safe technology, basic needs, and children’s resources.

2021 CLIENTS

<table>
<thead>
<tr>
<th>2021 CLIENTS</th>
<th>2021 CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>129 clients served in 2021</td>
<td>30-40% 25-34 years old</td>
</tr>
<tr>
<td>40-50% Black</td>
<td>20-30% 35-44 years old</td>
</tr>
<tr>
<td>20-30% Hispanic</td>
<td>10-20% 18-21 years old</td>
</tr>
<tr>
<td>10-20% White</td>
<td>45-54 years old</td>
</tr>
<tr>
<td>&lt;10% Middle Eastern</td>
<td>&lt;10% 55-64 years old</td>
</tr>
<tr>
<td>&lt;10% Native American, Asian/Pacific Islander</td>
<td>65-74 years old</td>
</tr>
<tr>
<td>Mixed-race/ethnicity</td>
<td>Other</td>
</tr>
<tr>
<td>90-100% identified as female</td>
<td>&lt;10% identified as male</td>
</tr>
<tr>
<td>&lt;10% Gender-non-binary</td>
<td></td>
</tr>
</tbody>
</table>
### Hospital Program

**WINGS**

### Program Overview

The WINGS Hospital Program operates out of 4 hospitals in Chicago’s Northwest suburbs: representatives work on-site to provide intervention services in emergency rooms to help individuals who have experienced domestic violence obtain help. They are available to provide support to victims and to help them understand how to begin formulating a safety plan. They can also help connect victims to resources such as counseling services, legal advocacy, and assistance in obtaining orders of protection. WINGS also offers training to emergency room medical personnel and staff to help them identify the signs of potential abuse and to educate them about resources available to victims of domestic violence.

### Improvements & Pressing Needs

Funding to increase community footprint and expand outreach would allow more survivors to receive bedside services and be connected to wrap-around services.

<table>
<thead>
<tr>
<th>2021 CLIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>161 clients served in 2021</td>
</tr>
<tr>
<td>112 bedside consults in 2021</td>
</tr>
<tr>
<td>411 medical staff trained in 2021</td>
</tr>
<tr>
<td>40-50% White</td>
</tr>
<tr>
<td>20-30% Hispanic</td>
</tr>
<tr>
<td>10-20% Black</td>
</tr>
<tr>
<td>&lt;10% Middle Eastern</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>90-100% identified as female</td>
</tr>
<tr>
<td>&lt;10% identified as male Transgender</td>
</tr>
<tr>
<td>40-50% 35-44 years old</td>
</tr>
<tr>
<td>20-30% 25-34 years old</td>
</tr>
<tr>
<td>10-20% 45-54 years old</td>
</tr>
<tr>
<td>&lt;10% 18-24 years old</td>
</tr>
<tr>
<td>55-64 years old</td>
</tr>
<tr>
<td>65-74 years old</td>
</tr>
<tr>
<td>75+ years old</td>
</tr>
</tbody>
</table>
Program Overview
Resilience is an independent, not-for-profit organization dedicated to the healing and empowerment of sexual assault survivors. Resilience provides high-quality 24-hour crisis support for victims of sexual violence and any non-offending family members or friends who accompany them to the emergency departments at 15 Chicago area hospitals. This includes crisis support with information on options and resources in addition to follow-up services related to ongoing medical system involvement. Resilience also offers trauma therapy services for sexual violence.

Improvements & Pressing Needs
Resilience identified staff turnover and investments in staff salaries are a constraint for program expansion. The organization also noted that sexual violence survivors would benefit from non-carceral options. This includes funding for sexual violence services and basic needs such as housing and direct assistance.

2021 CLIENTS

| 1416 | clients served in 2021 |
| 62 | individuals on wait list for services |
| 20-30% | White |
| 20-30% | Black |
| <10% | Hispanic |
| <10% | Middle Eastern |
| <10% | Native American |
| <10% | Asian/Pacific Islander |
| 80-90% | identified as female |
| <10% | identified as male |
| Gender non-binary |
| Transgender |
| 30-40% | 25-34 years old |
| 20-30% | 35-44 years old |
| 45-54 years old |
| <10% | under 12 |
| 12-17 years old |
| 18-24 years old |
| 55-64 years old |
| 65-74 years old |
| 75 + years old |

MENTAL HEALTH COUNSELING

“[It] provided so much in my healing and my growth.”
- Survivor

Individual counseling is frequently a critical step in a survivor’s healing journey. Counseling and therapy can assist survivors in processing the trauma they endured while recognizing the harmful behaviors of the person causing harm. It can provide healthy coping mechanisms to manage the mental health impacts of experiencing violence—anxiety, PTSD, and depression—in addition to bolstering their self-confidence.

Research points to counseling at gender-based violence-specific agencies as being more supportive and helpful than counseling received at traditional counseling or mental health agencies. Gender-based violence service providers often provide more trauma-informed approaches that understand the dynamics of gender-based violence and its effects. Survivors are also linked to additional services in legal advocacy, financial assistance, housing, and areas to address the multifaceted needs of experiencing domestic or sexual violence.
In addition, in Illinois, survivors receiving services at domestic violence programs have greater confidentiality protections through the Illinois Domestic Violence Act than they would when receiving services at providers not covered by this Act.

The demand for domestic violence-specific counseling has grown substantially since 2019. The IL DV Hotline has seen a 26% increase from 2019 and a 36% increase in 2020 from Illinois contacts seeking counseling services. Similar to other service areas, the pandemic most likely impacted the accessibility of counseling services including long wait lists. Some service providers may now be operating in person or have built reliable remote capacity to provide therapy.

**IL DV Hotline Illinois Contacts DV Counseling & Advocacy Service Need Over Time**

![Graph showing the number of service needs over time from 2019 to 2021.](image)

*Source: IL DV Hotline*
Survivors in 2021 utilized a variety of individual DV mental health services with certain services exceeding pre-pandemic demand. For example, telephone counseling saw an 11% increase from 2019 to 2020. As many domestic violence service providers closed their offices for safety concerns surrounding the COVID-19 pandemic, domestic violence mental health services transitioned to remote offerings. Telephone counseling remains an accessible service delivery model as it can be conducted without an Internet connection and in a location that works best for the survivor. In 2021, over 21,000 clients utilized telephone counseling, 21% more than the number who relied on in-person counseling services.

Creative forms of therapy are also re-emerging with art therapy on its way back to pre-pandemic levels. Art therapy can provide sensory benefits that aid in emotional regulation for survivors.

It allows survivors to have an outlet for emotional expression and develop self-calming techniques. Survivors, particularly sexual violence survivors, highlighted interest in this form of therapy. As a result, many interviewed survivors remain on wait lists for these services.

Source: InfoNet Data provided by ICJIA
Counseling Program

APNA GHAR

**Program Overview**

Individual counseling for adult survivors enables them to process and heal from the trauma of abuse, using psycho-social education, narrative therapy, support groups, expressive art therapy, conflict resolution, and other modalities.

Apna Ghar offers mental health services as a part of in-person and remote crisis intervention. Clients in the counseling program also receive connections to safety planning, legal advocacy, and housing advocacy. The program also aims to share services and resources with the hospital system to build trust and referrals for survivors.

**Improvements & Pressing Needs**

Apna Ghar noted the program could potentially be expanded with increased staffing and cross-collaborative-trainings with the medical field. Currently, survivors’ most pressing needs center on access to basic needs such as food and housing in addition to other resources.

---

**2021 CLIENTS**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>178</td>
<td>20-50%</td>
</tr>
<tr>
<td>clients served in 2021</td>
<td>35-44 years old</td>
</tr>
<tr>
<td>10-20%</td>
<td>20-30%</td>
</tr>
<tr>
<td>Black</td>
<td>25-34 years old</td>
</tr>
<tr>
<td>&lt;10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>under 12</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>18-24 years old</td>
</tr>
<tr>
<td>White</td>
<td>45-54 years old</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>55-64 years old</td>
</tr>
<tr>
<td>20-30%</td>
<td>65-74 years old</td>
</tr>
<tr>
<td>identified as female</td>
<td>20-30%</td>
</tr>
<tr>
<td>&lt;10%</td>
<td>identified as male</td>
</tr>
</tbody>
</table>
GROUP COUNSELING

“I learned how to lift myself up, make decisions, handle my emotions, and smile while looking [in] the mirror. When I face problems, I say ‘I can, I am not alone.’”
- Spanish Speaking Survivor (translated)

“I know statistically I probably have met other women who have experienced sexual trauma but no close friends... running into the issue of wanting to be able to talk about it, but didn’t really have anyone to talk to about it, who understands it from that perspective.”
- Survivor

While individual counseling can be effective for survivors, being around others who genuinely understand their pain will likely prove beneficial in their treatment progress and perceived feelings of support. Group therapy can provide survivors with a community of people who understand their experiences and make them feel they are not alone. These groups can be beneficial in addition to individual therapy as survivors can learn from others’ experiences while processing their own. It can help rebuild trust and re-establish friendships.

Hispanic/Latinx, Spanish-speaking survivors emphasized the benefits of group counseling and support groups. Many of these survivors attended or currently attend the domestic violence support group at Centro Romero. Centro Romero is a community-based organization that has been serving the refugee immigrant population on the northeast side of Chicago for over 35 years. The Domestic Violence Prevention Project provides one-on-one counseling as well as group empowerment therapy. These group sessions discuss sexuality, self-esteem, and the cycle of domestic violence. Survivors in the group are provided childcare to reduce barriers to attending sessions. Outside of sessions, support is only a text or call away. The Centro Romero program has become an important program in the community as it enables survivors to find professional and peer support while also being connected to Centro Romero’s wrap-around services in public benefits application assistance, safety planning, immigration services, and other services for people of all ages.
The program goes beyond direct services to facilitate a sense of community for survivors. It often hosts events throughout the year to bring survivors together and allow them to celebrate holidays and their successes. Survivors mentioned their appreciation of the program’s efforts to make essential goods available to them. They often provide essential items such as back-to-school supplies, clothes, and toys during the holidays made possible by the program’s partnership with sponsors. Centro Romero is not only a place to receive assistance with their needs, but a safe space to process trauma and feel connected to their community.

Survivors left group sessions feeling empowered to re-take ownership over their lives and feel confident in making decisions on their own. Those who are still experiencing harm felt supported to leave the violence. These sentiments were also shared by sexual violence survivors in group therapy.

As survivors from all backgrounds come together, it creates a bonding experience in group sessions. One survivor noted the importance of meeting people in different stages of their healing process who were able to showcase progress as possible and share advice. They stated they still keep in touch with survivors in their past group sessions to offer messages of support and kindness.
**Domestic Violence Program**

**CENTRO ROMERO**

**Program Overview**
The Centro Romero DV Program has over 22 years of experience providing direct counseling services in trauma-informed for Spanish-speaking survivors of domestic violence. Their counseling services are free and offered in a safe and respectful environment. Clients in the counseling program also receive wrap-around services in crisis intervention. Legal advocacy, safety planning, and community referrals.

Survivors can take part in the DV group sessions which allow them to share and process experiences of abuse, explore their emotions, work on their self-determination and create healthy coping strategies and self-care, while building an empowering community. Survivors also have access to individual counseling sessions and childcare during sessions if needed.

**Improvements & Pressing Needs**
Survivors are experiencing increasing financial and legal needs as a result of the violence. Centro Romero highlights a need to support clients financially and have better connections to agencies that provide legal and emotional services. To expand their program, increased staff and a core advocate are crucial to better serving survivors.

<table>
<thead>
<tr>
<th>2021 CLIENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>140</strong></td>
<td><strong>30-40%</strong></td>
</tr>
<tr>
<td>clients served in 2021</td>
<td>35-44 years old</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td><strong>20-30%</strong></td>
</tr>
<tr>
<td>individuals on wait list</td>
<td>25-34 years old</td>
</tr>
<tr>
<td><strong>90-100%</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td><strong>&lt;10%</strong></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td><strong>80-90%</strong></td>
<td></td>
</tr>
<tr>
<td>identified as female</td>
<td>44-54 years old</td>
</tr>
<tr>
<td><strong>&lt;10%</strong></td>
<td></td>
</tr>
<tr>
<td>identified as male</td>
<td></td>
</tr>
</tbody>
</table>

**Health & Wellness Programs**
13
Community Building Programs
SURVIVORSHIP AND ISOLATION

Survivors of gender-based violence consistently report feelings of isolation. They may not know anyone with shared experiences and feel alone in their trauma. Additionally, isolation is a tactic widely used by those who cause harm. Those causing harm frequently disrupt a survivor’s connection to their friends and family.\textsuperscript{225} One survivor interviewed by the Network said that the violence she experienced did not begin in her relationship until she moved away from friends and family. This is not uncommon. Studies have shown that disconnecting from one’s community is not just emotionally challenging but can lead to an increase in violence. One study revealed that women with stronger social networks experienced less physical harm than those with smaller social networks.\textsuperscript{226}

Therefore, strengthening social ties and building up communities not only helps survivors feel less alone but can help deter violence.
GENDER-BASED VIOLENCE AS A COMMUNITY PROBLEM

The first resource for many survivors is their own community. Several of the survivors interviewed reported that they first reached out to a family member or friend.\textsuperscript{227} It is important for these individuals to be prepared to offer support and understand when and how to safely intervene. Communities require core gender-based violence knowledge and resources so they are equipped to support survivors.

Community building efforts work to provide a support system for survivors and underscore the importance of strong communities in preventing interpersonal violence. In Chicago, this approach is utilized for addressing community violence. Trained and connected community members mobilize in response to violence and work together to prevent future violence. Gender-based violence is equally impacted by wider community factors. Certain community assets have been shown to impact the rate of gender-based violence in a specific community. Informal supports such as churches and community centers decrease rates of violence in an area.\textsuperscript{228} Social supports have also been shown to deter violence. Friends and family can play an important role in offering both material and emotional support.\textsuperscript{229}

Community-building efforts in the gender-based violence sector are still limited; survivor advocates continue to work to demonstrate the value of strong communities in preventing domestic and sexual violence.

The following section highlights programs that have begun to take steps towards community building. These programs include those that allow survivors to connect with one another, building their own community. Additionally, this section highlights work with those who cause harm. Working with these individuals is vital in building strong non-violent communities that value the contributions of all members. People who cause harm must be held accountable. Providing services and opportunities for repair allows for healing and reintegration, reducing violence. While many of the programs that work with those who cause harm still stem from the criminal and legal system, services may also be available to those who self-identify. Voluntary services play an important role in learning how to best work with this population. Lastly, this section also discusses the importance of cross-sector collaboration. As many other sectors are already deeply embedded in communities, working with these organizations helps gender-based violence organizations connect to communities and understand the needs of individuals.
A Night Out Program
BETWEEN FRIENDS

A night out supports our efforts to serve the whole person in their healing process.

Program Overview
Through the A Night Out Program, Between Friends organizes group outings for individuals and families impacted by domestic violence to allow them to create connections and experience activities safely. Survivors are able to enjoy events and receive a much needed break from traditional services and the demands of the healing process.

Survivors and their families are accompanied by clinicians and volunteers in addition to childcare being provided. Family-friendly activities are also offered so survivors can attend with their children. Survivors can engage in self-care and positive experiences while feeling comfortable and surrounded by peers and staff who support them.

Mentor Programs
WINGS

Advocating For Latinx Achieving Self-Sufficiency (ALAS)
After seeing a need from the Latinx community eight years ago, WINGS launched the ALAS program to empower Latinx survivors of domestic violence. WINGS co-located the program at a community center to connect with community members already seeking out other resources. A majority of mentors are domestic violence survivors who are also bilingual in Spanish and English. Mentors are trained in the dynamics of domestic violence and how to be a mentor. It allows survivors to see there is hope along their journey to healing and hear the success of others who understand their experience. Survivors who were clients at WINGS often come back to participate in the program and give back to their local community. In doing so, it provides survivors the opportunity to engage in advocacy, mentorship, and create lasting, impactful bonds with other survivors just starting their healing journey. ALAS also provides support groups, access to parenting groups, English classes, and other activities that emphasize self-development and self-sufficiency.

Survivor Lifeline (SLL)
As ALAS proved to be an important program for Latinx survivors, WINGS created the Survivor Lifeline pilot program last year to expand mentorship opportunities to all survivor clients. Mentors are paired with survivors who are leaving domestic violence shelters and moving into the WINGS Rapid Re-Housing program. SLL mentors empower survivors through various services including budgeting assistance, connections to eligible community resources, and caring encouragement.

Mentors build relationships with WINGS advocacy staff to bridge communication between survivors and their advocates. Mentors develop close connections with the survivor and can often help inform advocates of their mentee’s progress and needs.

"I am thankful for being part of such a positive and encouraging program where survivors are prioritized and guided through different avenues and options available to them."

-SLL mentor
SURVIVOR CONNECTION

While group counseling often serves as the primary opportunity for survivors to connect, some service providers are moving towards less clinical options to offer opportunities for survivors to connect with one another. These alternatives include mentorship programs where survivors are paired with a survivor who has healed from their violence and can speak to their own experiences. Another model that is offered to survivors is organized social opportunities, such as Between Friends’ Night Out program. Much like counseling options, these programs allow survivors to create a community and counter feelings of loneliness.

Several of these programs are also structured around meeting the specific cultural needs of individuals. For example, the WINGS Advocating for Latinas Self Sufficiency program is a mentoring program where all participants are both bi-cultural and bilingual. Not only does this program offer the opportunity for survivors to connect with one another, but they can do so with the additional understanding that stems from shared identities.

In creating spaces for survivors to connect with one another, service providers help them heal and help deter future violence. As discussed above, having strong social networks can help dissuade individuals from harming others. For program participants, they leave with new friends whom they can turn to for future support.

 Clients told us they enjoyed interacting with other domestic violence survivors, and felt that the event had a positive impact, helping them feel more optimistic about the future and alleviating feelings of loneliness and isolation.”
- Between Friends, Service Provider

 It provided us an opportunity to socialize, to get away from stressors, from the abuse.”
- Survivor experience with Between Friends Night Out

 We should have more nights out, it helps a lot with dealing with your pain,’ said one attendee, while others added ‘I am glad I was able to get out, I’m pretty isolated’ and ‘Everyone had so much fun at this event... Thank you for thinking of me.”
- Blog post quoting participants in Between Friends’ Night Out program

 I am not alone.”
- Survivor on how she felt after joining a mentorship program
Hotline Illinois Partner Abuse Intervention Program (PAIP)
Service Needs Over Time

![Bar chart showing the number of service needs over time from 2019 to 2021.]

Source: IL DV Hotline

2021 IL DV Hotline: Reported Person Causing Harm Relationship to Victim from Illinois Contacts

<table>
<thead>
<tr>
<th>Relationship Type</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex-Spouse or partner</td>
<td>3194</td>
</tr>
<tr>
<td>Partner-living together</td>
<td>2739</td>
</tr>
<tr>
<td>Spouse</td>
<td>2499</td>
</tr>
<tr>
<td>Family/blood relative</td>
<td>983</td>
</tr>
<tr>
<td>Child in common only</td>
<td>464</td>
</tr>
<tr>
<td>Dating partner not living together</td>
<td>383</td>
</tr>
<tr>
<td>Roommate</td>
<td>256</td>
</tr>
<tr>
<td>Personal care attendant</td>
<td>20</td>
</tr>
<tr>
<td>Partner (living status unknown)</td>
<td>11</td>
</tr>
</tbody>
</table>

Source: IL DV Hotline
Partner Abuse Intervention Program (PAIP)
HEALTHCARE ALTERNATIVE SYSTEMS

Program Overview
The Healthcare Alternative System PAIP offers group and individual counseling that helps participants recognize and understand their abusive behaviors and refrain from engaging in them. The primary goal of the program is to prevent violence and abuse with intimate partners and family members.

2021 CLIENTS
100 clients served in 2021
70-80% Hispanic
10-20% Black
<10% White
80-90% identified as male
10-20% identified as female
60-70% 25-34 years old
10-20% 18-24 years old

Partner Abuse Intervention Program (PAIP)
SARAH’S INN

Program Overview
In order to address the harmful behaviors used against survivors, Sarah's Inn offers a partner abuse intervention program. Those who cause harm participate, either voluntarily or through a court mandate, in a 26-weeklong program to take accountability for their actions and learn new skills to move toward a violent-free life.

Sarah’s Inn believes that abusive and controlling behavior is learned over time; therefore, it can be unlearned. Healthier behaviors can be learned by taking individual responsibility for choices, behavior, thoughts, and feelings. Clients are provided the necessary tools, coping mechanisms, and education to confront violent behavior and create appropriate methods to communicate and meet their needs.

Improvements & Pressing Needs
Persons who cause harm participants would benefit from more care management with staff. This may include more individual work while in PAIP or post-program follow ups to ensure success.

2021 CLIENTS
106 clients served
July 2020 – June 2021
40-50% Black
20-30% White
<10% Asian/Pacific Islander
90-100% identified as male
50-60% 25-34 years old
30-40% 35-44 years old
20-30% 18-24 years old
Problematic Sexual Behavior Cognitive Behavioral Therapy Program
CHICAGO CHILDREN’S ADVOCACY CENTER

Program Overview
Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT) is an evidence-based treatment model for children ages 7-12 who have engaged in problematic sexual behavior (PSB). In the program, children participate in a treatment group with peers where they learn sexual behavior rules and healthy boundaries, emotional regulation and coping skills, impulse-control and problem-solving skills, abuse prevention and safety planning, developmentally appropriate sexual education, and empathy and remorse.

Concurrently, caregivers participate in a treatment group with other caregivers where they learn key components including behavior parent training, parental guidance and supervision, effective communication, and receive an overview of the children’s curriculum in order to support application of the skills. Treatment consists of an initial assessment and approximately 18-22 group sessions with ongoing assessment of progress during treatment.

2021 CLIENTS

<table>
<thead>
<tr>
<th>31 clients served in 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-70% identified as male</td>
</tr>
<tr>
<td>50-60% Black</td>
</tr>
<tr>
<td>30-40% Hispanic</td>
</tr>
<tr>
<td>&lt;10% Asian/Pacific Islander White</td>
</tr>
<tr>
<td>60-70% identified as female</td>
</tr>
<tr>
<td>70-80% under 12 years old</td>
</tr>
<tr>
<td>20-30% 12-17 years old</td>
</tr>
</tbody>
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Improvements & Pressing Needs
Chicago CAC identified that increased funding and program staff would help support current clients. This would enable the program to continue to reduce recidivism of problematic sexual behavior through program engagement, outreach, and education.

Peace Within Chicago Homes
METROPOLITAN FAMILY SERVICES

Change comes with dialogue, self-exploration, accountability, and an adaptation of new beliefs and behaviors that promote equality and empowerment for all.

Program Overview
Funded by the Chicago Department of Public Health, Metropolitan Family Services (MFS) will be launching the Peace Within Chicago Homes (PWCH) program for persons who cause harm. The aim of the program is to address abuse in interpersonal relationship issues by creating opportunities/spaces that help change the understanding and narrative about persons who cause harm and incorporate community accountability.

Through workshops and accountability circles, the program will serve four neighborhoods identified as high-risk areas. PWCH seeks to move away from the carceral system to view persons who cause harm as people who have also experienced or witnessed trauma and harm. It helps participants identify the impacts of trauma and their continuation of this behavior that subsequently influences the next generation in the community. Community members can reach out to the program’s intake line to participate in the program. They will be provided wrap-around services through the educational and workshops phases and aftercare with accountability circles.
Laura* was a female victim of domestic violence in her forties who had become increasingly abusive toward her husband during the course of their 20 year relationship and had become the primary aggressor in many incidents. As a result, she was sentenced to complete PAIP classes. A Domestic Violence Inventory was administered prior to the start of services which indicated PAIP classes were appropriate.

Laura was angry that she had to be there but wanted to comply with the court order as quickly as possible so that the case could be closed. She left the family home and found an apartment that she shared with 1 of her 2 daughters. The other remained with her spouse. She was struggling financially. She had worked at a family-owned business during her marriage but was no longer employed there after the separation. The marital property remained with her spouse, as did most of the funds they had saved.

Laura was assisted with navigation of the social service systems so that she could apply for food assistance, obtain legal services so that she could claim her share of the marital property, and obtain other types of assistance.

Initially, she had difficulty speaking about anything personal in the group, but as she grew to know the other group members and the facilitators, she opened up.
She began to recognize that she could not control the situation in her home and that she was strong enough to survive on her own, without her former partner. Laura also expressed recognition of her past attempts to control her partner and how that became a factor in the violence she perpetrated.

By the end of the course, she expressed that she was happier in her current life than she had been throughout her marriage. She stated that she understood that she could only control herself and that she understood how to avoid the volatility that can develop and become a pattern of behavior in unhealthy relationships.

Laura emphasized that she would miss the mutual support she experienced in the group. As with all clients, she was informed that after successfully graduating she could attend groups without charge if she ever felt the need.

Narrative Provided by a PAIP Service Provider

* All names changed for anonymity
WORKING WITH THOSE WHO CAUSE HARM

Working with individuals who cause harm is often stigmatized by public and private funders, who prioritize limited funding for survivors of gender-based violence. While many survivors state that they do not wish to see the person causing harm incarcerated, but rather simply have the violence stop, the societal response to gender-based violence remains centered around punitive measures for those causing harm. Often individuals are required to attend programming under court orders. With limited funds, it is difficult for programs to retain the capacity for those who may self-identify as using intimate partner violence. With this in mind, it is unsurprising to see the low requests for this specific service. As shown below, in 2021 only 175 individuals who contacted the IL DV Hotline were inquiring about such services.

Partner Abusive Intervention Programs (PAIP) are the most common service for those who cause harm in Illinois. These programs focus on individual accountability and nonviolent communication. They allow those who have engaged in harmful actions to learn how to build healthy relationships and connect with their communities. These programs are focused on intimate-partner violence. While intimate partner violence accounts for a large portion of domestic violence and must be addressed, communities should also consider other models that are more applicable to additional forms of domestic violence. As shown below, harm may be perpetrated by family members, roommates, personal care attendants, and others besides intimate partners.

Service providers have begun to consider models of service for those who cause harm outside of PAIP. These programs are designed to be completely separate from the criminal and legal system. Many try to integrate restorative or transformative justice practices. These models allow for community accountability and help in strengthening community connections for all involved.

“The Network 2021 Data Report

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“My husband did fix himself and things are a lot better.”
—Survivor whose husband was a PAIP Participant

“When there are peaceful homes, there are more peaceful interactions in our communities.”
—Service Provider, Metropolitan Family Services

Community Building Programs
THE NETWORK 2021 Data Report // 139
CROSS-SECTOR COLLABORATION

Another new approach to addressing gender-based violence is cross-sector collaboration. Gender-based violence intersects with many other forms of violence including community and gun violence. Survivors interact with a wide array of organizations as they address needs shared by others, such as housing, food security, and childcare. As gender-based violence organizations work with organizations in other sectors it creates a new community web or resources.
COMMUNITIES PARTNERING FOR PEACE (CP4P)

Launched in 2017, Communities Partnering 4 Peace (CP4P) is a collaborative initiative between victim services organizations and street outreach workers in Chicago communities at high risk of community violence.

It focuses on proactive violence prevention, reclamation of community space, education, and connection to wrap-around services. The program was convened by Metropolitan Family Services which offers a range of services to community members and domestic violence survivors.

CP4P has grown from 8 organizations to 16 in the last 4 years, now serving 28 community areas.

There is a distinct link between high rates of community violence and domestic violence. Studies show witnessing and being the victim of violence in the community serves as a risk factor for future aggression. Child exposure to this violence can result in negative psychological, educational, and health effects in addition to an increased likelihood of experiencing or perpetrating teen dating violence and adult intimate partner violence.

This correlation is present in the Chicago area as communities identified as high risk for community violence also experience high rates of domestic violence-related gun violence.

In 2021, the top neighbors with firearm homicides included Austin, North Lawndale, Auburn Gresham, Greater Grand Crossing, Roseland, and Belmont-Cragin. Each of these neighborhoods experienced at least 2 domestic violence homicides by firearm. Victims of these homicides were almost exclusively People of Color, with the majority identified as Black and 2 identified as Hispanic/Latinx. These same communities—Austin, South Shore, Roseland, Greater Grand Crossing, and Auburn Gresham—had the highest rates of domestic violence shootings. Similarly, victims were also Black or Hispanic/Latinx. As shown by the map of CP4P above, these communities are now being served by 1 or 2 community organizations to address both community and domestic violence-related gun violence.

Early analysis of the program shows that CP4P organizations successfully locate high-risk populations, appear to increase positive outcomes such as educational attainment and employment, and potentially reduce the risk of involvement in gun violence of its participants in the 18 to 24 months after participation.

CP4P participants turned to their outreach worker (or victim service advocate) for core emotional support—especially help during “dark times” and to deal with the trauma associated with gun violence. Outreach workers were consistently seen as one of the few “positive role models” in participants’ lives, often described as the only person with whom participants “felt safe.”
1. Austin Institute for Nonviolence Chicago (INVC)
2. Humboldt Park Alliance of Local Service Organizations (ALSO)
3. West Garfield Park Institute for Nonviolence Chicago (INVC)
4. East Garfield Park Breakthrough for Urban Ministries
5. North Lawndale UCAN
6. South Lawndale (Little Village) New Life Centers, Enlace
7. New City (Back of the Yards) Precious Blood Ministry of Reconciliation
8. West Englewood IMAN, Target Area Development Corp.
9. Englewood Target Area Development Corp., Public Equity
10. Roseland UCAN
11. Greater Grand Crossing Acclivus
12. South Shore Claretian Associates
13. South Chicago Claretian Associates
14. Auburn Gresham Target Area Development Corp.
15. Chatham Target Area Development Corp.
16. Chicago Lawn Southwest Organizing Project (SWOP)
17. Avondale Alliance of Local Service Organizations (ALSO)
18. Rogers Park ONE Northside
19. Uptown ONE Northside
20. Washington Park Acclivus
21. Woodlawn Project H.O.O.D.
22. Albany Park Alliance of Local Service Organizations (ALSO)
23. Near West Side Together Chicago
24. Belmont-Cragin Alliance of Local Service Organizations (ALSO)
25. Lower West Side New Life Centers, Enlace
26. Brighton Park New Life Centers
27. Gage Park Southwest Organizing Project (SWOP)
28. South Deering Claretian Associates
These positive community impacts will only continue to grow with the Illinois DV Hotline partnership with CP4P. In the summer of 2020, the IL DV Hotline began its CP4P collaboration to respond to Crime Prevention and Information Center (CPIC) homicide and shooting email notifications and link to Crisis Responder agencies in the Chicago districts of the incident reports. In 2021, the IL DV Hotline responded and referred 3,766 CPIC notifications.251

3766
CPIC notifications responded to

924
homicide calls

Source: IL DV Hotline

Additionally, the IL DV Hotline assists Chicago Survivors in addressing the needs of homicide victims’ family members whenever domestic violence is a part of their victimization. This includes case consultation and referrals. The IL DV Hotline responded to 924 homicide calls in 2021.

CP4P and other community collaborations act as critical bridges to prevention and survivor services, together working to decrease rates of gun violence. Further, these collaborations help address domestic violence at the local level and create better partnerships with community members and organizations.
Progress Towards Increasing Successful Programs
This report has highlighted key community-based programs that address the needs of survivors of gender-based violence. These should serve as indicative examples of the professional, comprehensive supports survivors need to heal from gender-based violence. However, the programs identified are not fully representative of the many community-based programs that exist throughout the state. Fortunately, at both City and State levels there have been initial steps taken to prioritize these services.

In 2021, the City of Chicago developed a Citywide Strategic Plan to Address Gender-based Violence and Human Trafficking in addition to devoting $35 million towards gender-based violence services. The City’s Strategic Plan includes strategies to increase capacity within City government to address gender-based violence, collect and analyze data, enhance coordination between the community and the government, increase culturally specific services, improve law enforcement response, and reform policies to increase access to gender-based violence services.

$70.9 million
in general revenue funds towards domestic violence services had been allocated with Illinois increased investments by the publication of this report.

THIS INVESTMENT IS A HISTORIC STEP FORWARD

Funding levels for services had been stagnant since 2009, with only marginal increases each year. In response to advocacy by the gender-based violence community, the final budget included a $50 million increase over the original proposed budget. These funds will enable service providers to expand services and outreach, address unmet survivor needs, and pay their staff a thriving wage, ensuring that those responding to gender-based violence have the proper expertise.

Future editions of The Network’s Measuring Safety Report will measure the impact of these new investments and progress in prioritizing the issue of gender-based violence in state and local policies. The Network will also continue to advocate for additional ways in which services can be expanded and improved, beginning with the recommendations outlined in the following section of this report.
15 Recommendations
The programs highlighted in this report provide much needed services for the community, but there is still more to be done to address gender-based violence in Illinois.

The Network has the following recommendations:

**SUSTAIN INCREASED FINANCIAL INVESTMENTS IN DIRECT SERVICES**
When asked what their programs needed, service providers consistently mentioned the need for increased funding to support them. Fortunately, both Chicago and Illinois recently made substantial new investments for domestic violence services. Providers are hopeful that these funds will allow them to strengthen and grow their programs. Given the importance of these funds, the City and State must sustain these funds moving forward. The Network will continue to monitor investments for gender-based violence services and hold officials accountable for supporting these vital programs.

**INCREASE AWARENESS OF AND CONNECTION TO COMMUNITY-BASED RESOURCES**
Many of the survivors interviewed for this report mentioned not knowing what to do after experiencing violence. While these survivors were able to search online for hotline numbers or were referred to providers by a healthcare provider, friend, or other individuals, it was often after a long and confusing process. Public education and outreach are needed to help individuals know where they can get help and find those who are never able to access resources. Funding investment must include printed materials, school programming, community forums, and other methods of connecting with individuals who might not know what services are available. Tracking survivors who utilize programs and request services can assist in indicating the success of outreach efforts, along with survivor experiences.
INCREASE GENDER-BASED VIOLENCE DATA COLLECTION AND AVAILABILITY

While this report includes numerous data points on gender-based violence in Illinois, there is still a large portion of the survivor experience that is not recorded. Despite the healthcare system being one of the primary resources for survivors, data specific to gender-based violence is not readily available due to the strict confidentiality protocols surrounding both medical data and data specific to gender-based violence. Additionally, data collected from many sources is not easily obtained. In conducting research for this report, Network staff submitted many FOIA requests that could not be fulfilled or were delayed past the publication of this report, as agencies stated that they did not track the requested data or that it would require more in-depth analysis than dictated by FOIA regulations. The Network encourages all agencies and organizations that interact with survivors of gender-based violence to track how these survivors engage with their programs while keeping in mind confidentiality concerns. For many organizations, this may start with simply screening individuals accessing their programs for potential gender-based violence. These screenings can also help connect survivors to resources.

PRIORITIZE GENDER-BASED VIOLENCE SERVICES OVER OTHER SYSTEMS OF RESPONSE

Given the decline in calls to law enforcement, the increase in demand for civil legal services, and the rising need for community-based services, investments should prioritize a community focus. Community-based service providers have the expertise, tools, and understanding to provide the best response to gender-based violence. Interviewed survivors consistently reported positive experiences with gender-based violence service providers. They shared that advocates were available at all times of the day, were helpful, supportive, and assisted them in finding safety, security, and validation. As officials look to respond to the increase in domestic violence related shootings, community response models must be uplifted. This will ensure individuals with gender-based violence expertise are able to support survivors.
Endnotes
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1 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.
2 Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.
3 InfoNet data provided by ICJIA, February, 2022.
4 Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.
5 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.
6 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.
7 Data provided by the Illinois Department of Children and Family Services through a Freedom of Information Act request, September 2021 & March 2022.
8 Data provided by the Illinois Department of Human Services, March 2022.
9 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.
10 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.
11 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.
12 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.
13 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.
14 Violence Policy Center (2017). The Relationship between Community Violence and Trauma. wvpc.org/studies/trauma17.pdf
18 Benson and Fox, Economic Distress, Community Context and Intimate Violence, 127.


33 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

34 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

35 InfoNet data provided by ICJIA, February, 2022.

36 InfoNet data provided by ICJIA, February, 2022.


40 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

41 InfoNet data provided by ICJIA, February, 2022.

42 U.S. Census Bureau Quickfacts; Chicago. https://www.census.gov/quickfacts/fact/table/chicagocityillinois,US/PST045221

43 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.


45 Most diverse counties as reported on https://stacker.com/illinois/most-diverse-counties-illinois

46 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

47 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

48 Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.

49 Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.

50 Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.

51 Data provided by the Illinois State Police through a Freedom of Information Act request, April, 2022.


53 Data provided by the Illinois State Police through a Freedom of Information Act request, April, 2022.

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113 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.

114 InfoNet data provided by ICJIA, February, 2022.

115 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.

116 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.

117 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.


120 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.

121 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.

122 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.

123 InfoNet data provided by ICJIA, February, 2022.

124 InfoNet data provided by ICJIA, February, 2022.

125 InfoNet data provided by ICJIA, February, 2022.

126 InfoNet data provided by ICJIA, February, 2022.

127 Child narrative provided by service provider member, April, 2022.

128 Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.


130 Interviews conducted by Network staff of service provider members, March-April, 2022.

131 Interviews conducted by Network staff of service provider members, March-April, 2022.


133 Interviews conducted by Network staff of service provider members, March-April, 2022.

134 Interviews conducted by Network staff of service provider members, March-April, 2022.

135 InfoNet data provided by ICJIA, February, 2022.

136 InfoNet data provided by ICJIA, February, 2022.


138 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.

139 Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, icarol, April, 2022.
Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

InfoNet data provided by ICJIA, February, 2022.

Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.

Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.


Interviews conducted by Network staff of service provider members, March-April, 2022.

Coronavirus Emergency Supplemental Funding (CESF) Sub-Grantee Quarter Report Anecdotes, July-September 2021.


Application to the Network Emergency Fund, 2021.

Survivor Application to the Network Emergency Fund, 2021.


Survivor Application to the Network Emergency Fund, 2021.


Network Staff Analysis of Network Emergency Crisis Fund, 2021.


Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.


Interviews conducted by Network staff of service providers, January-April, 2022.

Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.


The Victims’ Economic Security and Safety Act, (820 ILCS 180/10)

Deborah M. Weissman, Law, Social Movements, and the Political Economy of Domestic Violence, 20 Duke Journal of Gender Law & Policy 221-254 (Spring 2013) Available at: https://scholarship.law.duke.edu/djglp/vol20/iss2/1

Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.


Illinois prehospital data accessed by the Cook County Department of Health provided through a Freedom of Information Act request, January 2022

Illinois prehospital data accessed by the Cook County Department of Health provided through a Freedom of Information Act request, January 2022

Illinois prehospital data accessed by the Cook County Department of Health provided through a Freedom of Information Act request, January 2022


Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.

Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.
Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.


Client narrative provided by service provider member, April, 2022.

Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.

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InfoNet Data provided by ICJIA, February, 2022.


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Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.


Interviews conducted by Network staff of service provider members, March-April, 2022.
Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.

Interviews conducted by Network staff of individuals identifying as survivors of gender-based violence, January-April, 2022.


Client narrative provided by service provider member, April, 2022.

Interviews conducted by Network staff of service providers, January-April, 2022.


Service provider surveys

Author analysis of Illinois Domestic Violence Hotline Data obtained through the internal database, iCarol, April, 2022.


Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.

Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.

Data provided by the Chicago Police Department, Strategic Initiatives Division, Data Analytics Unit through a Freedom of Information Act request, March, 2022.

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