State of Illinois
JB Pritzker, Governor

Illinois Criminal Justice Information Authority
Delrice Adams, Acting Executive Director

STATEWIDE VIOLENCE PREVENTION PLAN: 2020-2024

Review of Programs and Strategies, Needs Assessment of Violence in Illinois, and Recommendations for Funding

ICJIA
Illinois Criminal Justice Information Authority

STATEWIDE VIOLENCE PREVENTION PLAN: 2020-2024

A message from Lieutenant Governor Juliana Stratton:

Governor Pritzker and I are excited about this statewide plan. Since the beginning, our administration has prioritized repairing historical harms done to communities by decades of disinvestment. This statewide plan incorporates an equity-focused objective and speaks to our commitment by providing a roadmap for investments in restorative, effective violence prevention programming. I am grateful to the members of the Violence Prevention Committee for being the wisdom in the room, and for contributing their time and expertise to the development of these strategies. I look forward to working with community members from across the state to implement this plan.

Respectfully,

Lieutenant Governor Juliana Stratton

A message from ICJIA Acting Executive Director Delrice Adams:

Equity must be at the center of everything we do. As we work toward creating more resilient, safe and thriving communities it's important that we leverage all our resources to make equity centered violence prevention a reality. This innovative statewide violence prevention plan develops a framework that acknowledges youth development, family services, and investments in trauma-informed and restorative practices as prevention strategies. We're very proud of this report and are looking forward to using this framework with all our stakeholders to build the community infrastructure needed to support healthy communities. This one important step of many in our journey to improving the quality of life for every resident throughout our great state.

ICJIA Acting Executive Director Delrice Adams

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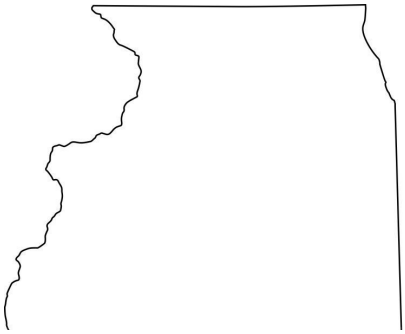
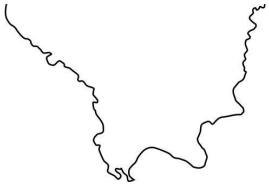
Delrice Adams, Acting Executive Director, ICJIA
Reshma Desai, Strategic Policy Advisor, ICJIA



"Violence is not the main problem, rather it is a symptom of a system with many problems."

- Respondent, Violence Prevention and Intervention Staff Survey



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School of Social Work
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EXECUTIVE SUMMARY

Violence remains a public health crisis and a leading cause of death for individuals in Illinois. However, research and evidence-based practices have taught us is that violence can be *prevented.* Violence prevention efforts seek to decrease vulnerability (i.e., factors that place individuals at a higher risk for violence) and increase resiliency (i.e., factors that protect individuals from violence) through various strategies. These evidence-based strategies can include supporting the healthy development of families, providing high quality education, focusing on positive youth development, creating and sustaining protective communities, and intervening and supporting those impacted by violence (David-Ferdon, 2016).

The Illinois Criminal Justice Information Authority (ICJIA) aims to continue funding and supporting violence prevention efforts across the state. This report was written in efforts to inform ICJIA's violence prevention planning for 2020-2024. An important step in planning is to conduct a thorough needs assessment (i.e., What is the problem? What are the solutions that can be strengthened or implemented?) **Therefore, this report aimed to address these key questions in this planning phase:**

- **What is the prevalence of violence across and within Illinois?**
- **What groups are at highest and disproportionate risk?**
- **What efforts are already happening?**
- **Where should we target efforts?**

We obtained and analyzed various data sources and reports, presenting these findings back to a group of state and community violence prevention stakeholders, leaders, providers, and researchers (referred to as the violence prevention planning group). By beginning to answer these key questions within this report, ICJIA can most effectively target funding opportunities and make sure future prevention efforts are aligned with need. **This consolidation, collection, and analysis of data allowed the planning group to write five violence prevention goals for ICJIA funding**. **These overarching goals include:**

Goal #1: Stop Violence and Promote Safety: The ability to live without fear of harm is a fundamental human right and essential to individual, family, and community development and success.
Goal #2: Support Children, Youth, and Families by Emphasizing Programs that Foster Social Connectedness and Belonging: Increase the quantity and quality of programs that emphasize healthy and nonviolent relationships.
Goal #3: Advance Equity: Address systemic equities by increasing access to grants and other economic opportunities.
Goal #4: Support Health: Violence prevention programming should build, support, and sustain mentally and physically strong individuals, families, and communities.
Goal #5: Promote Collaboration across State, Municipal & Community-Based Agencies: Violence prevention efforts should occur through coordinated, cross-sector collaborations, using research and data.

Another theme that emerged from the planning meetings is that there needs to be more connection and collaboration across sectors. For example, for the state to prevent violence more effectively, there needs to be more coordination, productive collaborations, and consolidated efforts. The plan includes goals and strategies for how to continue building and expanding collaborative violence prevention efforts.

This report also details information from the needs assessment and review of existing programs, both of which informed the goals for ICJIA funding. We summarize some of the key take-aways here (the full write-ups of these analyses and reviews can be found in the Appendices).

Notably, this is one of the first statewide plans that reviews and consolidates the many different forms of violence, including child maltreatment (e.g., abuse, neglect), youth violence (e.g., bullying, cyberbullying, dating and sexual violence, physical fighting, weapon carrying), juvenile violence offenses that resulted in detention, adult violent offenses (including arrests and convictions), gun violence, intimate partner violence, sexual assault, and adverse childhood experiences. The report includes additional data from specific groups of individuals such as incarcerated women, parents and caregivers, and older adults. We analyzed publicly available data and obtained data from numerous sources to write a thorough and inclusive needs assessment.

Some of the key findings from the needs assessment include:

Across most forms of violence, Illinois had higher rates of violence compared to the rate in the United States (see pages 19-20 of the report for a full comparison of rates). Specifically, in Illinois:

- About 1 in 4 youth reported experiencing bullying in the past year
- About 1 in 5 youth reported engaging in physical fighting in the past year
- An estimated 1 in 3 women experience sexual violence or violent victimization by an intimate partner in their lifetime

Some of the groups at highest risk for violence include racial, ethnic, sexual, and gender minorities. Disparities were also seen within community types and counties (see Appendices for specific rates).

- Black youth and adults experienced disproportionately high rates of juvenile detention and adult arrests and convictions for violent offenses.
- The firearm death rate was highest among Black adults compared to White and Hispanic adults.
- Adolescents who identified as lesbian, gay, bisexual, transgender, and other diverse gender identities reported higher rates of victimization compared to their non-LGBTQIA peers.

Also, youth who experienced violence were at a significantly higher risk for depressive feelings, suicidal ideation, and substance use, compared to those who had not experienced violence.

Several gaps in the existing data were identified by the violence prevention planning group, including hearing from violence prevention and intervention staff. To address this gap, we surveyed 130 violence prevention and intervention staff about their perceptions of violence prevention efforts and collaborations, as well as gaps and resources within their communities.

Some of the key findings include:

- Although staff felt that violence was a concern to families and community residents, they perceived that violence was less of a concern to community leaders and community elected officials.
- Staff perceived that only about 1 in 3 providers across the state are knowledgeable about evidence-based violence prevention programs.
- Staff perceived individual (e.g., social skills) and relational (e.g., family relationships) factors to be of high importance in preventing violence. However, many of them felt their communities were not adequately addressing these important factors.

Another gap in the existing data was hearing from adult residents and their experiences with violence prevention programs, adverse childhood experiences, and mental health and trauma. So, we surveyed 712 adult residents across the state around these topics.

Some of the key findings include:

- About 41% of adult residents were aware of organizations or programs in their community that addressed the needs of individuals who experienced violence or trauma.
- 63% of adult residents reported experiencing at least one adverse childhood experience (ACE) and 29% had experienced four or more ACEs. Experiencing ACEs was associated with greater levels of depression, anxiety, and traumatic stress symptoms.
- Across ACEs, Black or African American adults experienced the highest levels of adversity.

This report also highlights the exceptional work of organizations, agencies, and groups that are all tirelessly working to prevent violence from happening and healing those who have been impacted by violence. For example, this report details 88 state violence prevention programs that were implemented in Illinois during 2018 and strategies from ICJIA-funded violence prevention programs. See pages 16 and 25 of the report, as well as the Appendices for details on these programs and their prevention strategies.

Full details of these data analyses, results, and programs can be found in the Appendices. In addition to presenting full statistics about violence and disparities for the state, we also present violence data by community types (i.e., city of Chicago, suburban Chicago counties, other urban and suburban counties, and rural counties) and for all 102 counties in Illinois. Service providers, schools, organizations, and other

stakeholders within these locations may find these data helpful in informing their own local and regional efforts for violence prevention.

Although the data and statistics within this report can help illuminate risk and disparities, they do not fully capture the impact that violence can have on individuals, families, and communities. Violence can impact one's mental health, development, or relationships, and create long-lasting pain and trauma. Violence not only impacts the victim or target of violence, but also the one perpetrating the violence, those witnessing or exposed to the violence, and those connected to those involved in the violence. More work is necessary to fully capture the distinct experiences of those impacted by violence.

These statistics also may be difficult to read; it is clear from these numbers that violence is widespread and disproportionally experienced by historically marginalized groups of individuals. The goals of this plan aim to address these inequities by increasing access to grant and economic opportunities, promoting restorative justice, and prioritizing trauma-informed practices both across the state and within the communities most impacted by violence. However, this is just a start. Focused and deliberate efforts need to ensue in order to begin the process of healing and finding justice within communities that have faced persistent inequities, structural racism, and other systemic barriers.

Compiling violence statistics and reports in one location is a strong first step towards more effective and coordinated violence prevention efforts in the state of Illinois. These numbers should continue to be consolidated for the ability to track progress in moving towards eliminating disparities and violence. **Thus, we hope that the plan and needs assessment is useful to state agencies, community organizations, city and county governments, and other groups looking towards cultivating strong violence prevention initiatives.**

"Violence is a health issue, not a crime issue."

- Respondent, Violence Prevention and Intervention Staff Survey

VIOLENCE PREVENTION FRAMEWORK & GOALS

INTRODUCTION

Experiencing forms of violence is a substantial public health concern. Violence is defined as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." (World Health Organization, 2021). Violence can include child abuse and neglect, bullying and cyberbullying, teen dating violence, youth physical fighting and weapon carrying, adult intimate partner violence, sexual assault and violence, violent crime (e.g., homicides, aggravated assault, sexual assault, robbery), and abuse against older adults and adults with disabilities. People can be exposed to these forms of violence within their homes, at school, and in their communities.

A staggering 3.5 million children in the United States in 2017 were reported to Child Protective Services (CPS) for maltreatment concerns (ACF, 2019), and an estimated 15.5 million children are exposed to IPV annually (McDonald et al., 2006). Approximately 1 in 3 youth are victimized by their peers at school, and 1 in 4 experience a form of teen dating violence (CDC, 2018). There were also approximately 368.9 violent crimes per 100,000 people in the United States (FBI, 2018). Victimization, perpetration, and exposure to violence can result in enormous costs to society, including substantial health care, criminal justice, and child welfare costs. Violence also can have a significantly negative impact on an individuals' mental health, such as depression, suicidal behavior, and posttraumatic stress disorder, as well as medical outcomes and conditions, such as chronic disease, cardiovascular disease, and asthma (Garthe, 2019; Gilbert et al., 2015; Mersky et al., 2013; Metzler et al., 2016; Rivera et al., 2019; Sumner et al., 2015). There is also substantial research that documents the relationship between the perpetration and victimization of violence; most perpetrators of violence have also been victims of violence (Delong & Reichert, 2019).

In addition, causes of violence and trauma stem from societal inequities, including discrimination, racism, oppression, and poverty. These inequities result in limited economic opportunities, a disinvestment in education, fewer social services, fewer affordable and quality housing options, and systemic racism, all of which can increase the likelihood of experiencing violence and trauma.

Together, the high prevalence statistics and compounding outcomes highlight the utmost urgency of *preventing* violence from occurring. In addition, trauma-informed services that recognize the impact of trauma on an individuals' development and emotional, behavioral, and relational outcomes are critical for recovery. For more information on trauma-informed care, please see: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

VIOLENCE PREVENTION FRAMEWORK

Science-informed violence prevention efforts seek to decrease vulnerability (i.e., factors that place individuals at a higher *risk* for violence) and increase resiliency (i.e., factors that *protect* individuals from experiencing violence). Risk and protective factors exist at various levels, including individual, relational, community, and structural or systemic factors (Weisner, 2020; Wilkins et al., 2014).

Although research on violence can take a siloed approach, the Centers for Disease Control and Prevention (e.g., Wilkins et al., 2014) have urged researchers to consider how multiple forms of violence can share many of the same risk and protective factors. **By considering these shared factors, programs can be expanded or enhanced to prevent multiple forms of violence.** These factors include:

Individual *risk factors include* impulsiveness/poor emotional and behavioral control, substance use and abuse, aggressive beliefs, norms, and attitudes, weak school achievement, unsupervised access to firearms, witnessing violence, history of violent victimization, mental health concerns
Protective factors include academic achievement, commitment to school, social skills & emotion regulation, involvement in prosocial activities, opportunities for recognition, effective nonviolent behaviors and skills

Relationship *risk factors include* peers who engage in violent or gang activity, parental conflict and violence, messages from parents and peers about how to handle conflict, lack of connection to school, exposure to violence in relationships, lack of social support
Protective factors include positive family relationships and involvement, high parental monitoring, messages promoting nonviolence, positive friendships and peer groups, healthy dating relationship skills, and relationships with caring adults at school

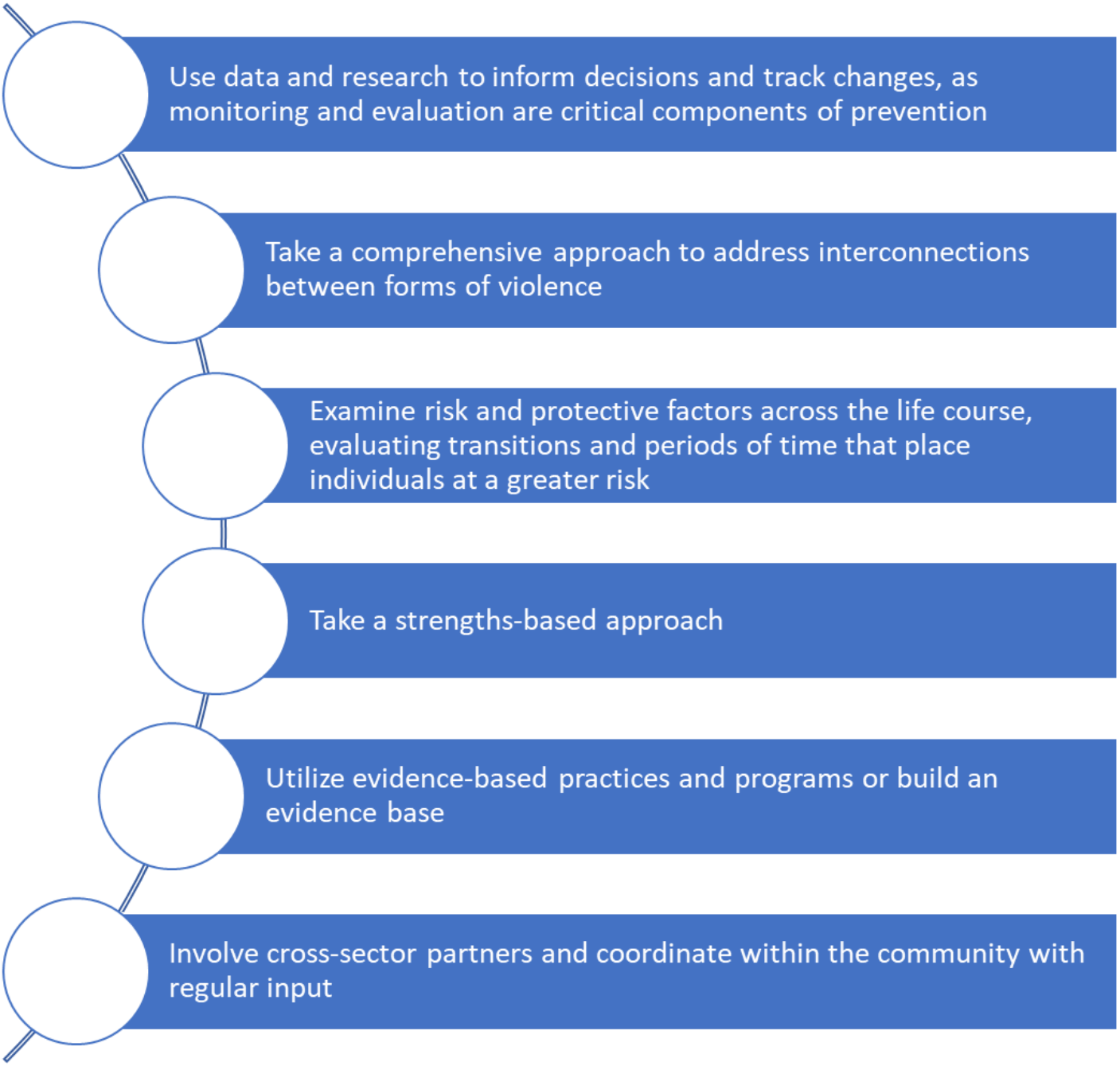
Community *risk factors include* residential instability, concentrated poverty, lack of positive relationships and connections between neighbors, crime and gang activity, drug use or sales, lack of quality services, lack of accessibility to services,
Protective factors include collective efficacy (neighbors would intervene if something were happening; strong connections), attachment to one's community, investment in a community, and community norms of nonviolence

Societal *risk factors include* cultural norms that support violence, violence in the media, economic inequities, structural racism
Protective factors include making investments in community building and community engagement, creating economic opportunities, and dismantling structural racism

Adapted from the CDC's Prevention Strategies (David-Ferdon, 2016), recommendations have been made for how to address these shared risk and protective factors through five violence prevention strategies:

Information on shared risk and protective factors can be found here: https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Additionally, David-Ferdon (2016) stresses the importance of the following approaches to these five violence prevention strategies, including:



The CDC's Technical Package for Preventing Youth Violence can be found here: https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf

GUIDING PRINCIPLES

This Violence Prevention plan utilizes these national strategies and approaches as a framework for its recommendations. In addition, the planning group wrote five guiding principles, informed by this evidence-based framework:

1. Foster belonging and social connectedness. Individuals, families, and communities can find acceptance and develop resiliency through healthy, peaceful relationships. Violence prevention programming can include relational opportunities based on developmental stages and risk factors.

2. Advance equity: Violence prevention programming can address inequities by partnering with individuals, families and communities who experience a disproportionate amount of risk factors. State agencies can address historical inequities by embedding communities' true voice in the decision-making processes.

3. Promote Safety: The ability to live without fear of harm is a fundamental human right and developmentally essential to individual, familial and community success. Violence Prevention programming cannot only attempt to stop violence but also strive to develop culturally responsive, safe, and peaceful environments.

4. Support health: Violence prevention programming can build and sustain mentally and physically strong individuals, families, and communities. These trauma informed settings include policies and practices that support staff in local organizations.

5. Engage state agencies in collaboration: Violence prevention programming takes place across many state agencies and are often focused on similar outcomes. We can work more effectively by communicating across agencies at least quarterly in which sharing resources, best practices and data is the norm. This coordination results in efficiency for funded agencies and improved outcomes for individuals, families, and communities in Illinois.

OVERVIEW OF THE PLANNING PROCESS

Statewide Violence Prevention Plan 2020-2024
The Illinois Criminal Justice Information Authority (ICJIA) is a state agency whose mission is to improve the administration of justice in Illinois. ICJIA brings together key leaders from the justice system and the public to identify critical issues facing the justice system in Illinois, and to propose and evaluate policies, programs, and legislation that address those issues. ICJIA's authorizing statute includes the requirement of a four-year statewide violence prevention plan:

> To coordinate statewide violence prevention efforts and assist in the implementation of trauma recovery centers and analyze trauma recovery services, the Authority shall develop, publish, and facilitate the implementation of a 4-year statewide violence prevention plan, which shall incorporate public health, public safety, victim services, and trauma recovery centers and services.
> 20 ILCS 3930/ 7(x)

The purpose of this plan is to identify and implement violence prevention grant program recommendations as well as cross-state agency collaboration related to violence prevention projects. ICJIA has convened a Statewide Violence Prevention Planning group consisting of representatives from state government agencies and ICJIA Board Members who met and collaborated to develop goals that will focus any general violence prevention funding appropriated to ICJIA during state fiscal years 2022-24.

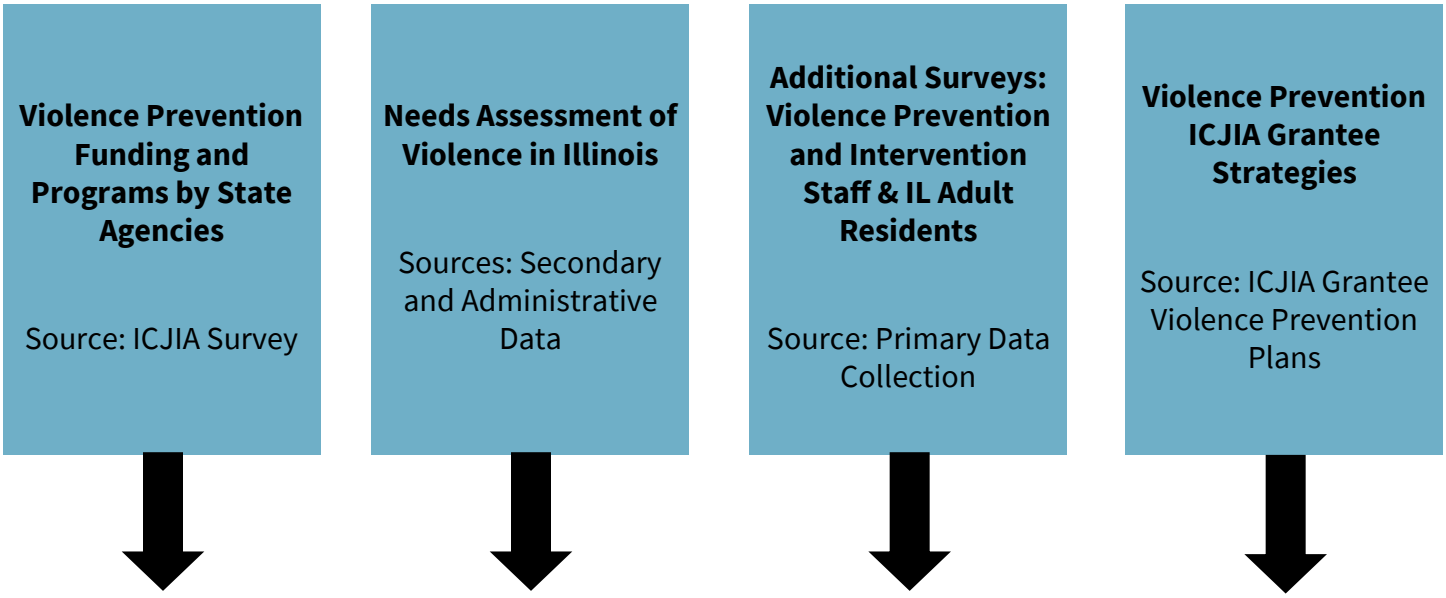
"Systemic problems don't disappear without systemic solutions."

- Respondent, Violence Prevention and Intervention Staff Survey

PLANNING PROCESS

Methodology
To inform the violence prevention plan, a series of reviews and analyses were conducted, and meetings were held for plan development and modifications.

Planning was also guided by five guiding principles written by the planning committee, as well as national recommendations for violence prevention.



Full results from these surveys and data can be found in the appendix. An overview of these results are listed on pages 16-25 of this report

The results from these various planning steps were reviewed and discussed across the course of six planning meetings. *Planning meetings took place:* May 5, 2020, May 27, 2020, July 22, 2020 , September 24, 2020, October 21, 2020, and November 19, 2020.

A draft of the full report was reviewed by the planning committee on December 4, 2020. Together the group wrote recommend goals and strategies, informed by these data and reviews (See pages 9-14 for goals and strategies).

VIOLENCE PREVENTION PLAN GOALS

Three subcommittees (organized by primary, secondary, and tertiary violence prevention strategies; see page 16 for a description of these strategies) met in July and October 2020. The goals and strategies identified by these subcommittees were aggregated and reviewed by the larger planning committee during the October and November meetings. All of the strategies were informed by the Needs Assessment data, the planning group committee meeting discussions, and current ICJIA violence prevention grantee strategies.

Goals and Recommended Objectives
The five violence prevention goals include:

Goal #1: Stop Violence and Promote Safety

The ability to live without fear of harm is a fundamental human right and essential to individual, family, and community development and success.

Goal #2: Support Children, Youth, and Families by Emphasizing Programs that Foster Social Connectedness and Belonging

Increase the quantity and quality of programs that emphasize healthy and nonviolent relationships.

Goal #3: Advance Equity

Address systemic equities by increasing access to grants and other economic opportunities.

Goal #4: Support Health

Violence prevention programming should build, support, and sustain mentally and physically strong individuals, families, and communities.

Goal #5: Promote Collaboration across State, Municipal, and Community -Based Agencies

Violence prevention efforts should occur through coordinated, cross-sector collaborations, using research and data.

The following goals, objectives, and strategies were developed by Statewide Violence Prevention Planning Group to inform future violence prevention notice of funding opportunities (NOFO). Any future NOFO(s) are contingent on appropriated State funds with broadly worded appropriated language so the following goals, objectives and strategies can be applied to any NOFO(s).

Note: Please see page 34 for a glossary of terminology used in these goals.

VIOLENCE PREVENTION PLAN GOALS & OBJECTIVES

Goal #1: Stop Violence and Promote Safety

The ability to live without fear of harm is a fundamental human right and essential to individual, family, and community development and success.

Objective	Objective Description	Recommendations
1	Support programs that address gun violence which include de-escalation, comprehensive case management and clinical support for participants and their families.	a. Require providers to implement trauma informed training and policies to ensure staff are supported and invested in. b. Allow innovative primary prevention strategies such as positive social norms programs that that contribute to de-escalating conflict and promote respect.
2	Support programs that address local needs demonstrated in this plan such as bullying prevention, teen dating violence.	a. Focus on children and youth at higher risk for violence, such as those with disabilities, who identify as LGBTQIA, and children with adverse experiences such as poverty. b. Encourage programs to address inequity in local municipal practices demonstrated through the Plan's county appendices and additional statistics.
3	Develop culturally responsive, trauma informed environments that provide safe and developmentally appropriate opportunities for individuals, families, and community.	a. Promote public events for prosocial opportunities that reduce risk of crime and violence. b. Improve access to early childhood and out of school programs that support social and emotional development while also allowing parents high quality child care. c. Promote equitable opportunities for employment and workforce development training in these settings.

Goal #2: Support Children, Youth, and Families by Emphasizing Programs that Foster Social Connectedness and Belonging

Increase the quantity and quality of programs that emphasize healthy and nonviolent relationships.

Objective	Objective Description	Recommendations
1	Invest in trauma responsive early childhood, school-based and out-of-school programs that prioritize family and student supports, as well as youth mentoring.	a. Ensure the understanding of trauma and the importance of attachment in provider trainings. b. Promote primary prevention programs that teach children and youth healthy relationship and social-emotional skills, as well as nonviolent norms and responses to conflict. Engage families, schools, and communities in this process.
2	Increase restorative justice practices and healing programs in community-based settings.	a. Expand restorative justice training, rooted in indigenous practices, and program support needed to improve the understanding and practice of restorative justice across settings. b. Promote healing through a variety of approaches that emphasize relationships and are focused on addressing trauma. c. Ensure that leaders in community organizations are able to apply restorative justice to their work.
3	Honor people's complex histories that include multi-generational trauma, multiple victimizations and perpetrations.	a. Provide holistic services that address multiple forms of violent experiences, addressing shared risk and protective factors. b. Hold people accountable for harm while maintaining and/or providing supportive relationships to them. c. Emphasize settings in which higher risk individuals frequent (i.e. homeless shelter; substance abuse programming), equipping multidisciplinary providers with developmentally and culturally appropriate screening practices and referral networks.

Goal #3: Advance Equity

Address systemic equities by increasing access to grants and other economic opportunities.

Objective	Objective Description	Recommendations
1	Provide community-driven capacity building support so that grassroots organizations can apply and legally manage state funds.	a. Conduct active and rigorous outreach to communities and provide accessible education on upcoming solicitations and capacity building opportunities. b. Provide grant pre-qualification and application capacity building sessions to increase the likelihood of successful applications. c. Provide additional capacity building sessions to successful applicants in identified areas such as administrative, fiscal, or program management. d. Promote collaboration and mentoring between large social service agencies, smaller agencies, and community groups.
2	Invest in the grassroots helpers—the people in the local community who provide supportive and consistent relationships for those touched by violence.	a. Recognize the importance of and prioritize pay equity in traditionally less valued positions and across community agencies. b. Persons employed in these roles should have trauma-informed support and training needed to work with at-risk populations.
3	Identify systemic barriers that have historically perpetuated inequities by blocking access to federal or state resources to people and communities directly impacted by violence.	a. Funding opportunities should be flexible to accommodate the priorities identified by the local community and support the unique traits and strengths of grassroots community organizations that are doing this work but have been unable to gain access to federal or state resources. b. Funding opportunities should allow for regional differences in programmatic focus and local needs. c. Funding notices should use accessible language. d. Application review process should include community members. e. Include incentives such as extra application points to disenfranchised agencies and communities; for addressing underserved groups; and/or for the applicant agency's board and leadership to engage in racial equity training and planning.

Goal #4: Support Health

Violence prevention programming should build, support, and sustain mentally and physically strong individuals, families, and communities.

Objective	Objective Description	Recommendations
1	Promote resiliency for at-risk people across the lifespan.	a. Support safe and pro-social programming, activities, and events in communities with attention to a wide variety of demographic groups and developmental needs.
2	Strengthen the capacity of providers to implement trauma-informed policies, training, and practices.	a. Train and embed restorative practices into programming, where applicable, which embraces community-based decision making and reduces the reliance on law enforcement, when possible. b. Increase trauma-informed services through broad training and technical assistance toward implementation. c. Support violence prevention staff's health and well-being through an emphasis on grantee's implementation of trauma-informed practices and pay equity, to the extent possible.
3	Encourage communities and providers to understand the interconnection of all forms of violence and share information on common risk and protective factors.	a. Utilize the Center for Disease Control and Prevention's Connecting the Dots document in ICJIA grant notices. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

Goal #5: Promote Collaboration across State, Municipal, and Community-Based Agencies

Violence prevention efforts should occur through coordinated, cross-sector collaborations, using research and data.

Objective	Objective Description	Recommendations
1	Conduct, analyze, and disseminate data trends, focusing on improving resiliency factors such as the development of conflict regulation and relaxation techniques; connection to at least one caring adult; and healthy peer relationships. This ongoing data collection should include youth, family, and community feedback, utilize rigorous comparison data, including quantitative and qualitative evaluation methods.	a. ICJIA should determine it's capacity to complete this objective internally or through a contract with a state university.
2	Coordinate violence prevention funding in Illinois by creating an Ad Hoc Violence Prevention Committee under the ICJIA Board structure.	a. Identify and invite organizations to address missing representation. b. Convene a quarterly meeting in which committee members stay in conversation with each other. The regular communication and convening fosters collaboration and projects between agencies. This committee will determine sub-committee projects in 2021. c. Implement at least one collaborative project that includes at least two state agencies and the relevant community providers. Identify possible projects, key contacts within agencies, and develop a project timeline.

OVERVIEW OF FINDINGS: NEEDS ASSESSMENT OF VIOLENCE & VIOLENCE PREVENTION EFFORTS

OVERVIEW OF FINDINGS

To inform the funding and violence prevention goals, a series of reviews and analyses took place. First, we reviewed state agency efforts in violence prevention.

Violence Prevention Funding and Programs by State Agencies

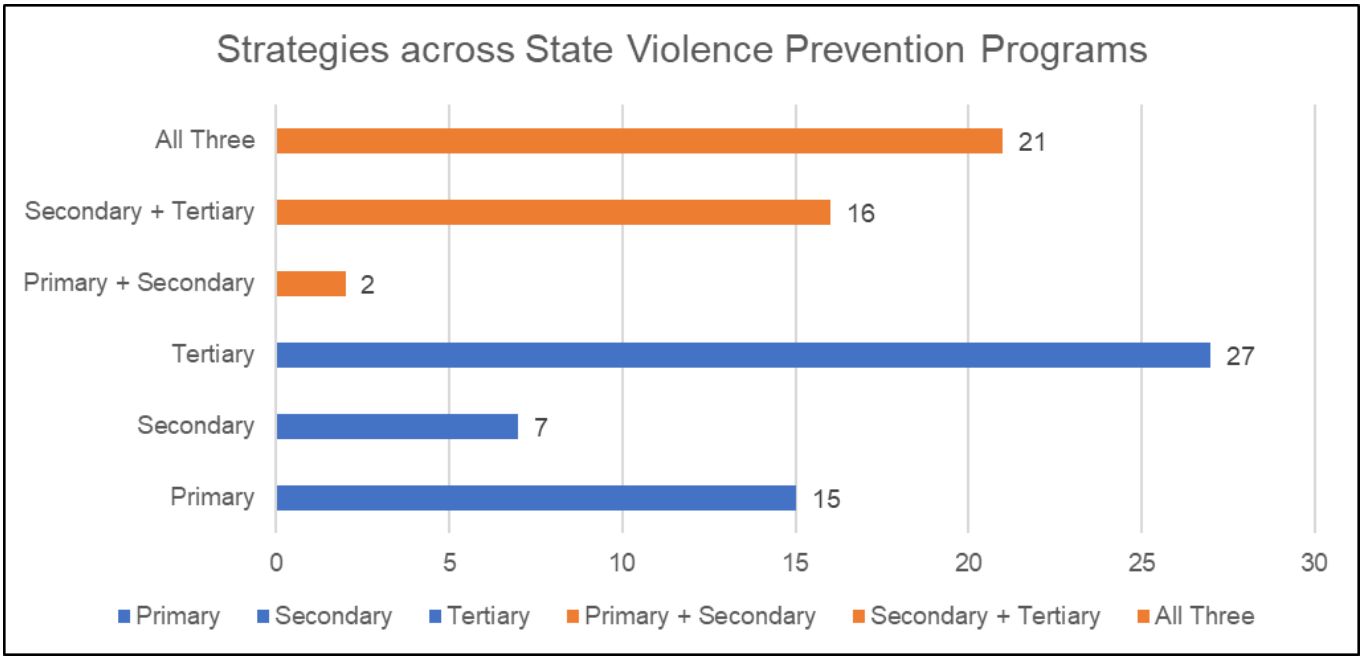
In 2018, state violence prevention funding was reported by state agencies in a survey administered by ICJIA, and was reviewed by this planning group. A total of 14 state agencies responded, with 88 violence prevention programs detailed. Many programs were multi-faceted and included multiple strategies (i.e., primary, secondary, tertiary).

Funding was organized by primary, secondary, and tertiary strategies. For the full list of programs and program descriptions, please see Appendix #1.

> ***Primary Strategies:*** involve whole populations (e.g., social-emotional skills taught at the school district level), aiming to prevent violence from occurring.
>
> ***Secondary Strategies:*** involve immediate intervention and response to violence that has already occurred, aiming to prevent violence from occurring again and help with the short-term impacts of violence.
>
> ***Tertiary Strategies:*** involve long-term or ongoing support and services to victims or people harmed by violence, as well as accountability and services for those who have harmed others. Tertiary also includes diversion and enforcement programs (please note that most diversion funding is at the county level in Illinois).

As shown below in orange, many programs included two or three violence prevention strategies (i.e., combinations of primary, secondary, or tertiary strategies). Of the programs with one violence prevention strategy (as shown below in blue), the majority were tertiary violence prevention.

Additionally, across all programs, tertiary was included in the majority (73%), whether on its own (n = 27), or in combination with secondary strategies (n = 16) or in combination with primary and secondary strategies (n = 21). Secondary strategies were included in 50% of programs, while primary strategies were included in the fewest number of programs (44%).



Needs Assessment of Violence in Illinois

Next, data was pulled for the comprehensive needs assessment of violence in Illinois. Data came from a variety of sources, including publicly available datasets and reports. Data were also obtained by the research team from various organizations and centers. All data sources are listed here—for links and citations, please see the full section of the data presentation of these sources in the Appendices.

Type of Violence	Year	Source
Child Maltreatment (Abuse, Neglect)	2018	Publicly Available Data: IL Department of Children & Family Services (Children and Family Research Center at University of Illinois; CFRC) & Children's Bureau • Rates by demographic factors was obtained from CFRC
Youth Violence (Bullying, Dating Violence, Physical Fighting, etc.) & psychosocial indicators	2018-2019	Publicly Available Data: Youth Risk Behavior Surveillance (Centers for Disease Control and Prevention; CDC, 2019) 2018 Illinois Youth Survey data obtained from Center for Prevention Research & Development (CPRD) at University of Illinois
Juvenile Justice Detention for Violent Offenses	2018	Data obtained from Illinois Juvenile Justice Commission & CPRD
Adult Violent Crime	2018	Publicly Available Data: Uniform Crime Report Index Offense Explorer (ICJIA). Rates by demographic factors were obtained from ICJIA – Criminal History Record Information data request
Gun Violence	2018	Publicly Available Data: CDC WONDER Online Database
Adult Domestic Violence & Sexual Assault	2010-2012; 2018 2018	Publicly Available Data: ICJIA Research Hub Datasets (2018) & CDC's National Intimate Partner and Sexual Violence Survey (2010-2012) Victim service utilization data obtained from InfoNet (ICJIA)

Data were also collected by the research team in response to gaps identified in the existing data sources. Please see Appendix #2 for details of methodology and findings.

Additional Populations	Timing	Information
Violence Prevention and Intervention Staff	October 2020	Primary data collection of 130 violence prevention and intervention staff
Illinois Adult Residents	November-December 2020	Primary data collection of 712 adult residents

Additional reports were compiled for this needs assessment, obtaining information about additional populations impacted by violence and additional forms of violence.

Variable(s) or Topic(s)	Year	Source
Illinois Population & Geography	2018	Publicly Available Data: U.S. Census American Community Survey
Illinois Economic, Education, and Mental Health Indicators	2018-2020	Publicly Available Data: Kids Count Data Center, Mental Health America, and the U.S. Census
Abuse among Older Adults and Persons with Disabilities	2018-2019 2015	Publicly Available Report: Adult Protective Services of Illinois Publicly Available Data: ICJIA Research Hub Datasets (2018)
Human Trafficking Cases & Arrests	2018	Publicly Available data and reports: Illinois State Police, National Human Trafficking Hotline, Federal Bureau of Investigation
Incarcerated Women: Victimization Histories	2017-2018	Data obtained with permission from a research report
Physical Abuse & Perceptions of Safety Before, During, and After Pregnancy	2018	Publicly Available data: Illinois PRAMS Annual Report
Parent/Guardian Perceptions of Violence for their Child	2017-2018	Publicly Available data: National Survey of Children's Health
Injury and Violence	2018	Publicly Available report: Illinois Department of Public Health
Violent Deaths	2020	Publicly Available report: ICJIA
Illegal Possession of a Firearm	2018	Publicly Available report: Loyola University Chicago
Identified Needs among Victims of Violence	2017	Publicly Available report: ICJIA

As detailed in the Appendix, rates of violence were assessed across type of violence and by demographic or geographically based groups. Across most types of violence, Illinois had higher rates of violence compared to the rate in the United States.

Violence	% or Rate in Illinois	% or Rate in U.S.
Substantiated Cases of Childhood Maltreatment	10.95 per 1,000 children	9.2 per 1,000 children
Children experienced at least 1 Adverse Childhood Experience (ACE)	22.5%	23.3%
Children experienced 2 or more ACEs	16.7%	18.6%
Youth Violence: Experienced Bullying	19.9% to 29.5%[1]	19.5%
Youth Violence: Experienced Cyber Bullying	16% to 19.2%[1]	15.7%
Youth Violence: Experienced Dating Violence	7.4% to 14.3%	8.2%
Youth Violence: Experienced Sexual Violence or Forced Sexual Intercourse	10.7% to 12%	7.3% to 10.8%
Youth Violence: Physical Fighting	20.2% to 20.7%	21.9%
Youth Violence: Weapon Carrying	10.4% to 13.7%	13.2%
Youth: Suicidal Thoughts	15.5%	18.8%
Juvenile Violent Offenses	1.83 violent admissions per 1,000 youth (ages 10-17)	2.17 violent admissions per 1,000 youth (ages 10-17)
Lifetime: Intimate Partner Violence, Stalking, and Sexual Violence	13.5% to 41.5%	15.8% to 37.3%
Adult Violent Offenses (Arrests)	395.75 violent crimes per 100,000 residents	368.9 violent crimes per 100,000 residents
Firearm Deaths	10.85 per 100,000 residents	12.15 per 100,000 residents

[1] A range is given as there were multiple assessments and sources of data for youth violence rates in Illinois.

Additionally, these rates were examined by demographic characteristics and geographic regions. Several disparities are noted here; please see the appendix for additional information and analyses.

Violence	Group or Groups at Highest Risk in Illinois
Substantiated Cases of Childhood Maltreatment	Children under 3 and between the ages 6-11 Children in rural counties
Youth Violence: Experienced Bullying	LGBTQ Youth, including: Lesbian, Gay, Bisexual (LGB) Youth Transgender and Youth who do not identify as Male, Female, or Transgender Native American/American Indian and Multiracial Youth Youth in Rural and Other Urban/Suburban counties Middle School Youth
Youth Violence: Experienced Cyber Bullying	
Youth Violence: Experienced Dating Violence	
Youth Violence: Experienced Sexual Violence or Forced Sexual Intercourse	
Youth Violence: Physical Fighting	Black/African American, Native American/American Indian, Multiracial Youth Transgender and Gender Expansive Youth Middle School Youth Chicago (Physical Fighting) Rural Counties (Weapon Carrying) Youth from lower-income families
Youth Violence: Weapon Carrying	
Youth: Suicidal Thoughts	Native American/American Indian, Multiracial Youth Transgender and Gender Expansive Youth Rural Youth
Juvenile Violent Offenses	Black/African American Youth Male Youth Youth in Other Urban/Suburban Counties
Adult Violent Offenses	Black/African American Adults Male Adults
Firearm Deaths	Black/African American Adults Male Adults

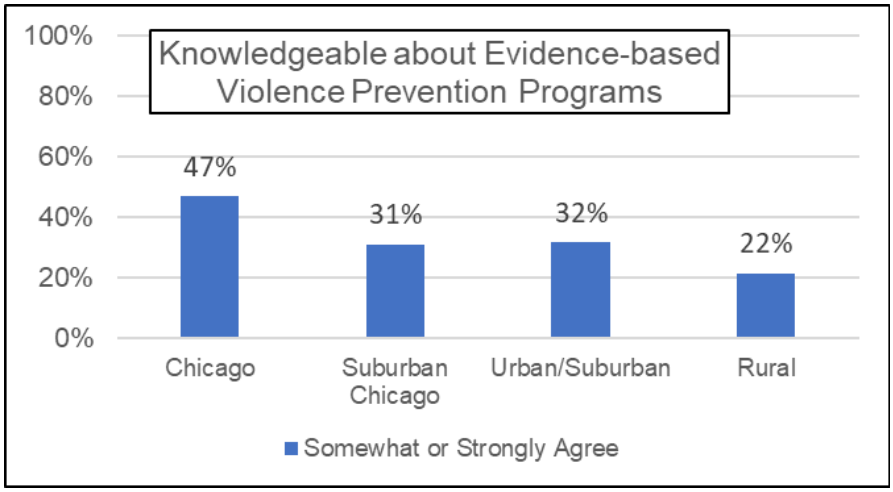
Additional Surveys: Violence Prevention & Intervention Staff and IL Adult Residents
As detailed in Appendix #2, data from two additional surveys were collected.

In the first survey, **130 violence prevention and intervention staff** across the state (serving 91% of the counties in Illinois) were asked questions about community collaborations, perceptions on protective factors, and violence prevention strategies.

Some of the key findings include:

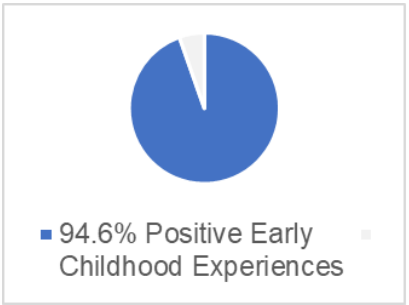
- Staff strongly agreed that violence is a concern in their community to families (65%), community residents (64%), community leaders (45%), and community elected officials (33%). Staff serving rural counties perceived that violence is less of a concern across these four entities (e.g., 18% strongly agreed that violence was a concern to elected officials).

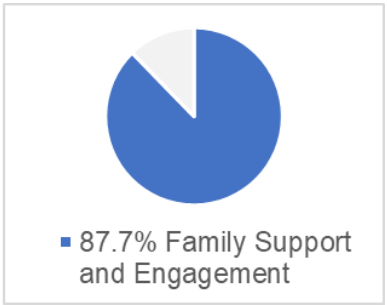
- About 30% of staff across the state "somewhat" or "strongly agreed" that community leaders are knowledgeable about evidence-based violence prevention programs. These rates varied by community type, with the lowest rates among staff serving rural counties.



- Staff collaborated with a variety of organizations, groups, and stakeholders. A total of 81% to 93% of staff endorsed "some" or "a lot" of collaboration on violence prevention efforts with the following collaborators: social service agencies, school leadership staff, community-based organizations, community coalitions, healthcare institutions, law enforcement, and city government.

Additionally, staff rated a list of evidence-based protective factors of violence from "not important at all" to "very important." The top-rated protective factors were at the individual and relational level:



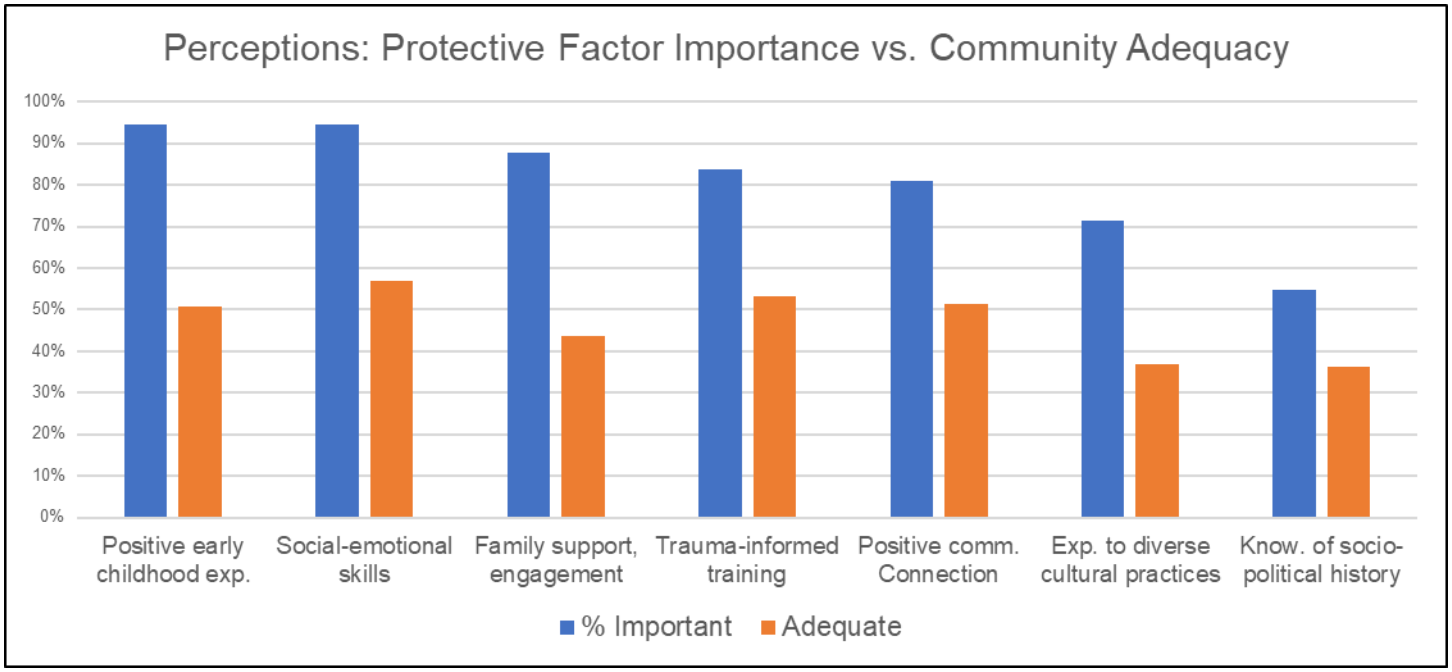


Key findings, continued:

Community and other protective factors were also rated as very important:

83.8%-Trauma-informed training and practices
80.8%-Positive community connection and engagement
72.1%-Job training and workforce development
71.5%-Exposure to diverse cultural practices
54.6%-Knowledge of community and socio-political history

After rating these protective factors on importance (shown in blue), staff were asked to rate if their community was adequately addressing each factor (shown in orange). There was a gap between perceived importance and adequacy of addressing these factors in communities:



Finally, staff were asked to list solutions that are not considered in their community that could prevent or reduce violence. Many of the solutions were in alignment with the five guiding principles (see page 28), including fostering belonging and social connectedness, advancing equity, promoting safety, supporting health, and engaging state agencies.

Additional solutions included:

- Increasing comprehensive and collaborative initiatives
- Increasing opportunities and access to resources
- Addressing economic and employment inequities
- Increasing knowledge and solutions related to violence prevention
- Others (e.g., using evidence-based practices, strengthening education).

Also detailed in Section IV (pages 100-107), a sample of **712 Illinois adult residents** were surveyed through a Qualtrics Panel. Adults were surveyed on their experiences with adverse childhood experiences (ACEs), mental health and trauma, and sources of protection against violence within relationships and communities.

Some of the key findings include:

Knowledge of Violence Prevention Organizations & Programs
Respondents were asked if they knew of organizations or programs in their community that aimed to prevent different forms of violence. The majority of respondents (81%) indicated that they knew of at least one type of violence prevention organization or program in their community.

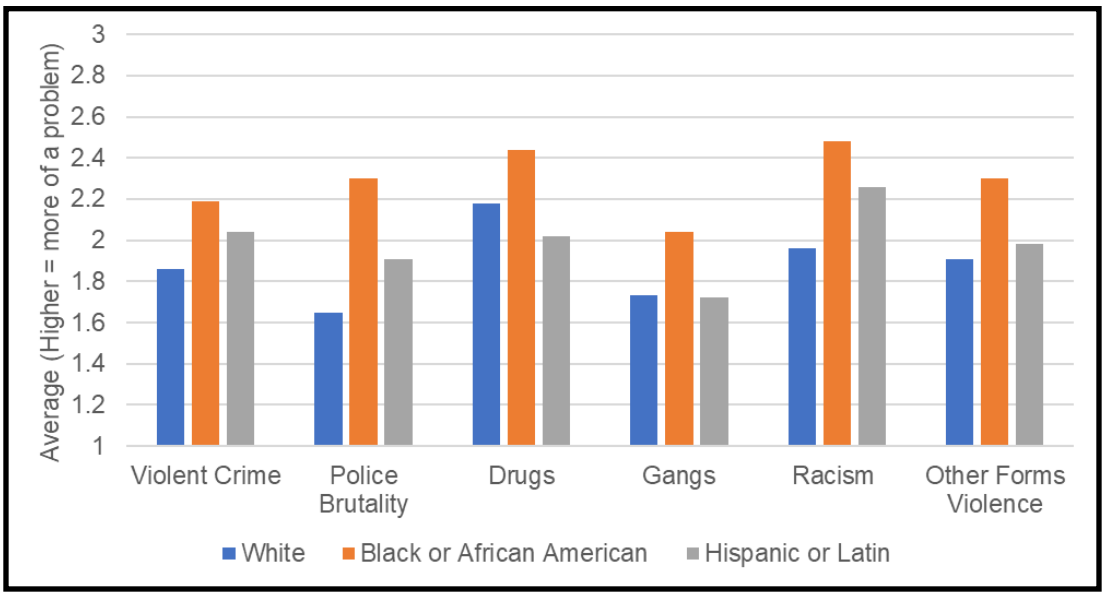
Respondents also indicated they were knowledgeable about:

- 41.2%—Organizations or programs in their community or neighborhood that address the needs of individuals who have experienced violence or trauma.
- 28.2%—Organizations or programs in their community or neighborhood that provide support for individuals who are returning from prison or jail, or are serving a probation or parole sentence.
- 29.2%—Organizations or programs in their community or neighborhood that provide support for youth who have been detained for a crime or that aim to prevent youth from entering the juvenile justice system.

Quality of Resources
They also rated the quality of various resources in their neighborhood/community. Resources that were rated as fair or excellent by fewer participants included employment and job training opportunities, family-focused programs, mental health care services, and substance abuse services.

Perceptions of Neighborhood Problems:

- Across types of neighborhood problems, Black or African American adults perceived each of these problems to be more prevalent in their neighborhood/community, compared to Hispanic or Latin and White adults.



Of the 712 adults surveyed in Illinois, about 63% of the sample had experienced at least one Adverse Childhood Experience (ACE), and about 29% had experienced four or more ACEs.

National reports suggest that around 61% of adults experience at least one ACE, and about 17% experienced four or more ACEs. For more information, see: https://www.cdc.gov/violenceprevention/aces/index.html

Adverse Childhood Experience (ACE)	% Experienced
Abuse and Neglect[1]	
Emotional Abuse	40.1%
Physical Abuse	31.4%
Emotional Neglect	30.4%
Physical Neglect	14.8%
Household Challenges	
Parental separation or divorce	33.3%
Exposure to intimate partner violence	18.6%
Substance abuse disorder in the household	26.0%
Mental illness in the household	27.6%
Household member involved in criminal justice system	17.4%
Total ACEs (note: 1 item on sexual abuse was omitted from the original 10-item ACE measure)	
At least 1 ACE	63.2%
1 to 3 ACEs	34.7%
4 to 9 ACEs	28.5%

Protective Factors
Among adults with higher levels of ACEs, several factors protected them from experiencing as high of mental health symptoms. These protective factors included:

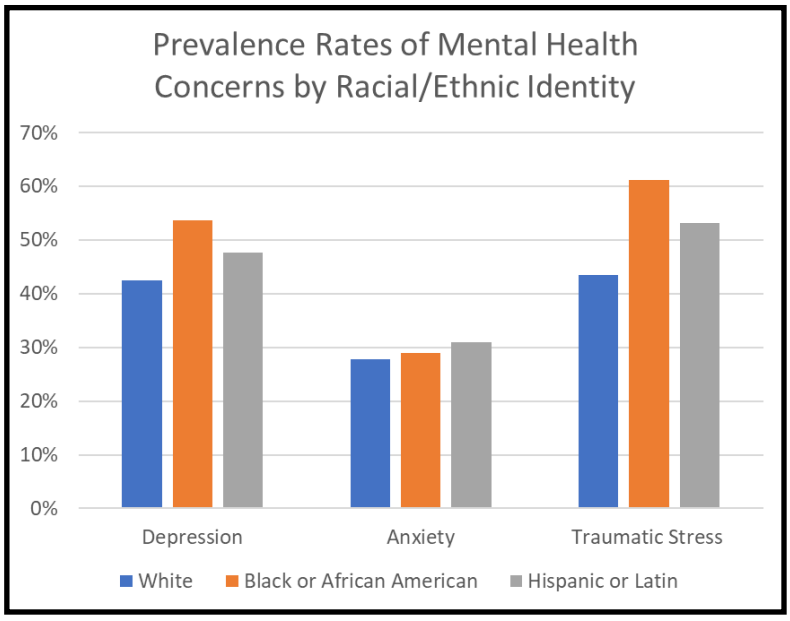
- Social Support (e.g., can rely on friends or family)
- Family Resilience (e.g., open communication and trust in the family)
- Community Social Cohesion (e.g., connections and trust with one's neighbors)

Mental Health
Across three areas of mental health, adults reported heightened or clinically significant symptomology of mental health concerns, including:

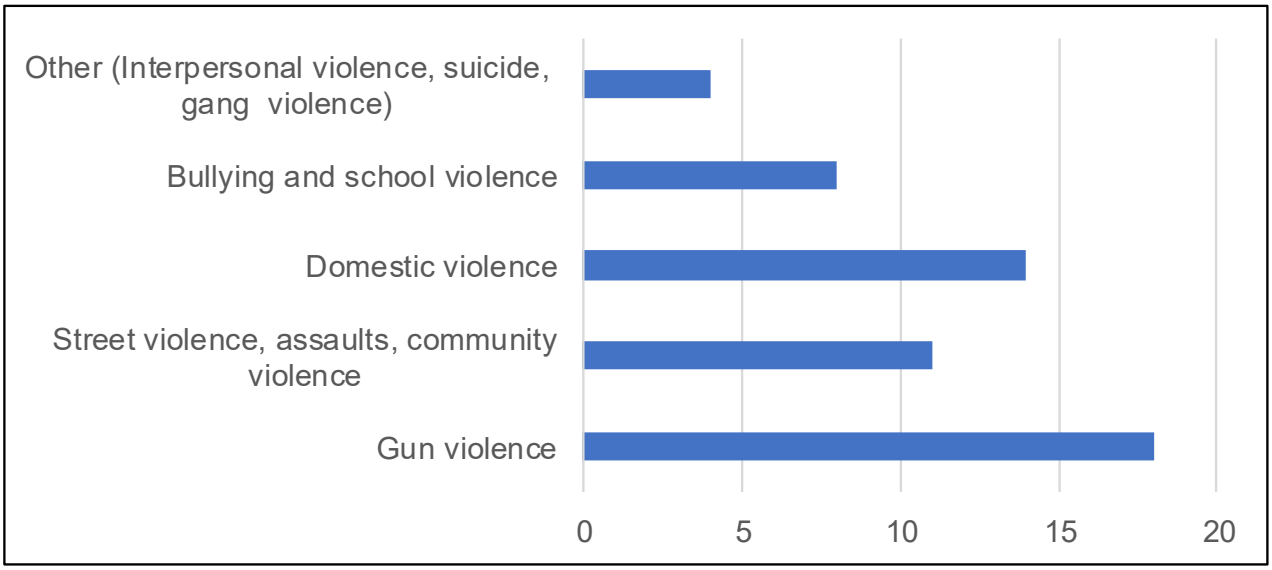
- 42.4%-Depression Symptoms
- 45.1%-Traumatic Stress Symptoms
- 27.1%-Moderate or Severe Anxiety Symptoms

Black or African American adults reported the highest rates of depression and traumatic stress.

Hispanic or Latin adults reported slightly higher levels of anxiety compared to White and Black or African American adults.



Violence Prevention ICJIA Grantee Strategies
In 2020, there were 11 violence prevention ICJIA grantees that drafted their own violence prevention plans. These grantees represented the City of Chicago (n = 3), Suburban Cook County (n = 5), Central Illinois (n = 2) and East St. Louis (n = 1). Across the plans, gun violence was the most common type of violence to be addressed, followed by domestic violence.



As detailed in Appendix #1, violence prevention strategies from these plans were coded according to the guiding principles of this plan.

LIMITATIONS

This review and needs assessment that informed the goals presented in this plan make many strong contributions. However, a few limitations are worth noting:

- **Administrative data includes various self-report surveys, as well as reports to agencies and law enforcement; however, violence is often under-reported, so these data may not represent true experiences of violence**. Also, while the majority of data sources in this report are from 2018, we had to include reports that were older (e.g., 2010-2012) as they were the most recent data available. Continued data collection efforts are necessary to truly understand the prevalence of the various forms of violence.

- **Although the data and statistics within this report can help illuminate risk and disparities, they do not capture the complexities of violence, nor do they fully capture the impact that violence can have on individuals, families, and communities.** Violence can impact one's mental health, development, or relationships, and create long-lasting pain and trauma. Violence not only impacts the victim or target of violence, but also the one perpetrating the violence, those witnessing or exposed to the violence, and those connected to those involved in the violence. People also may define and label these experiences differently. More work is necessary to fully capture the experiences of those impacted by violence.

- **This report relied on quantitative data;** qualitative data from individuals impacted by violence are needed to move this work forward. Qualitative data would allow for a greater understanding of the context in which violence is taking place. This type of data collection would also allow for individuals to describe violence and the impact of violence in their own words, creating a more in-depth and immersive understanding of violence.

- **Disruptions from COVID-19:**
  - The adult resident survey collection took longer than anticipated. Thus, the adult resident survey data came in after the planning committee meetings concluded.
  - The researchers had hoped to gather qualitative data from program participants (e.g., youth panels, etc.); however, in-person data collection was not possible due to university pandemic regulations, and there was not enough time to collect qualitative data via electronic platforms.
  - There is also the possibility that mental health concerns were heightened among adult residents during the pandemic.

- **The adult resident survey was completed by a research panel;** although largely representative of the state of Illinois in terms of race/ethnicity, sex, and economic status, and surveys were obtained from all areas of the state, participants were individuals who are paid to complete surveys. Thus, the survey results not generalizable to all adults in Illinois.

"Violence prevention has to be intersectional and inclusive."

- Respondent, Violence Prevention and Intervention Staff Survey

CONCLUSIONS

This report includes the five overarching goals that will inform ICJIA's SFY 22-24 state violence prevention funding.* In addition, this report also details the violence prevention framework and guiding principles that shaped five overarching goals. It also provides an overview of the needs assessment, review of state agency violence prevention programs, and ICJIA grantee community-based violence prevention goals. The ICJIA Violence Prevention Planning Group reviewed all this information and developed the five goals with related objectives and recommendations. These directed ICJIA and the planning group to create a broad framework for community-specific approaches that aim to strengthen protective factors, decrease risk factors, and address disparities in violence through a collaborative approach. This is an ambitious challenge and will continue to evolve as ICJIA listens and adapts to community needs.

The Planning Group will continue to provide feedback to ICJIA violence prevention funding through quarterly committee meetings. ICJIA staff have enjoyed collaborating on this project with the Planning Group members, and look forward to an expanded group dedicated and focused on **creating safer homes, schools, and communities across Illinois.**

*Contingent on state appropriations and that the actual appropriated language be general enough for the plan to be applied to a NOFO.

"Ending violence has to be a whole community wrap-around. From community leaders to the smallest child, businesses to social services. There has to be buy-in from everyone."

- Respondent, Violence Prevention and Intervention Staff Survey

APPENDIX INFORMATION & REFERENCES

APPENDIX INFORMATION

Please see the Appendices for full reports of the following:

1. State Funded Violence Prevention Programs (including ICJIA Grantee Violence Prevention Plan Goals & Strategies)
2. Needs Assessment of Violence in Illinois
3. Needs Assessment of Violence in Illinois by Community Types
4. Needs Assessment of Violence in Illinois by County

REFERENCES (FROM REPORT & APPENICES)

Administration for Children and Families (ACF), Administration on Children, Youth and Families, Children's Bureau, U.S. Department of Health & Human Services. (2019). *Child Maltreatment 2017.* https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf

Adult Protective Services of Illinois (2019). Adult Protective Services of Illinois Annual Report 2019. https://www2.illinois.gov/aging/Resources/NewsAndPublications/Publications/Documents/FY19_APS_Report.pdf

Aeffect, Inc. (2017). 2016 victim needs assessment. Chicago, IL: Illinois Criminal Justice Information Authority. https://icjia.illinois.gov/researchhub/files/2016_ICJIA_Victim_Needs_Assessment_Summary_Report-191011T20092564.pdf

Center for Prevention Research and Development (CPRD; 2018). *Illinois Youth Survey, 2018*. Center for Prevention Research and Development, University of Illinois at Urbana-Champaign School of Social Work.

Centers for Disease Control and Prevention [CDC]. (2018). *Youth Risk Behavior Surveillance, 2018.* https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Centers for Disease Control and Prevention (CDC; 2019). Youth Risk Behavior Surveillance System, Youth Online High School Results. https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org]

Child and Adolescent Health Measurement Initiative. 2017-2018 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org]

Child Trends. (2013). *Adverse experiences: Indicators of child and youth well-being.* https://www.childtrends.org/wp-content/uploads/2013/07/124_Adverse_Experiences-1.pdf

Children and Family Research Center (CFRC, 2020). Outcome Indicator Tables. https://cfrc.illinois.edu/outcome-indicator-tables.php?ind=pct_repeat_subreps

Children's Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services. (2020). *Child Maltreatment 2018.* https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf

Covey, H. C., Menard, S., & Franzese, R. J. (2013). Effects of adolescent physical abuse, exposure to neighborhood violence, and witnessing parental violence on adult socioeconomic status. *Child Maltreatment, 18,* 85-97.

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). A comprehensive technical package for the prevention of youth violence and associated risk behaviors. *Centers for Disease Control and Prevention.* https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf

Delong, C., & Reichert, J. (2019). The victim-offender overlap: Examining the relationship between victimization and offending. *Illinois Criminal Justice Information Authority.*

Farrell, A., & Reichert, J. (2018). Using U.S. law-enforcement data: Promise and limits in measuring human trafficking. *Journal of Human Trafficking, 3,* 39-60.

Federal Bureau of Investigation [FBI]. (2018). *2018 Crime in the United States.* https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018

Federal Bureau of Investigation (n.d.). Human trafficking in Uniform Crime Reporting (UCR) Program. https://ucr.fbi.gov/human-trafficking

Fedock, G. (2019). *Findings from a Survey of Incarcerated Women at Logan Correctional Facility*. Report prepared for Illinois Department of Corrections.

Garthe, R. C. (2019). Intimate Partner Violence. In J. Ponzetti (Ed.), *MacMillan Encyclopedia of Intimate and Family Relationships: An Interdisciplinary Approach.* Macmillan Reference, a Cengage Company.

Gilbert, L. K., Breiding, M. J., Merrick, M. T., Thompson, W. W., Ford, D. C., Dhingra, S. S., & Parks, S. E. (2015). Childhood adversity and adult chronic disease: An update from ten states and the District of Columbia, 2010. *American Journal of Preventative Medicine, 48,* 345-349.

Houston-Kolnik, J. D., Kirkner, A., Guharay, R., & Hiselman, J. (2019). Domestic violence trends in Illinois: Victimization characteristics, help-seeking, and service utilization. Chicago, IL: Illinois Criminal Justice Information Authority.

Houston-Kolnik, J., Vasquez, A., Alderden, M., & Hiselman, J. (2017). *Ad hoc victim services committee research report.* Chicago, IL: Illinois Criminal Justice Information Authority.

Illinois Criminal Justice Information Authority. (2020). *Uniform Crime Report Index Offense Explorer*. https://app.icjia.cloud/app/ucr-index-offense-explorer

Illinois Department of Public Health. (February 2018). Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book: The Burden of Injury, Violence, and Suicide in Illinois, 2010-2015. https://www.dph.illinois.gov/sites/default/files/Leading%20causes%20by%20age%202018.pdf

Illinois Department on Aging (2015). https://icjia.illinois.gov/researchhub/datasets/elder-abuse

Illinois Juvenile Justice Commission & University of Illinois Center for Prevention Research & Development (2020). Illinois Juvenile Detention Data Report, Calendar Year 2018. http://ijjc.illinois.gov/sites/ijjc.illinois.gov/files/assets/IJJC%20CY%202018%20Annual%20Illinois%20Juvenile%20Detention%20Data%20Report%20Final.pdf

Illinois Uniform Crime Reports (UCR) Domestic Crime Offense (2018).https://icjia.illinois.gov/researchhub/datasets/illinois-uniform-crime-reports-ucr-domestic-crime-offense

Illinois Uniform Crime Reports (UCR) Human Trafficking Arrest (2019). Illinois State Police. https://icjia.illinois.gov/researchhub/datasets/illinois-uniform-crime-reports-ucr-human-trafficking-arrest

Illinois Uniform Crime Reports (UCR) Index Crime Offense (2018). https://icjia.illinois.gov/researchhub/datasets/illinois-uniform-crime-reports-ucr-index-crime-offense

Kids Count Data Center. (2020). Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health (NSCH). https://datacenter.kidscount.org/

McDonald, R., Jouriles, E. N., Ramisetty-Mikler, S., Caetano, R., & Green, C. E. (2006). Estimating the number of American children in partner-violent families. *Journal of Family Psychology, 20,* 137-142.

Mental Health America. (2020). 2020 Mental Health America Data. https://www.mhanational.org/issues/2020/mental-health-america-all-data

Mersky, J. P., Topitzes, J., & Reynolds, A. J. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S. *Child Abuse and Neglect, 37,* 917-925.

Metzler, M., Merrick, M. T., Klevans, J., Ports, K. A., & Ford, D. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review, 72,* 141-149.

National Center for Juvenile Justice. (2020). *National Juvenile Court Data Archive: Juvenile court case records 1985-2018* [machine-readable data files]. Pittsburgh, PA: NCJJ [producer].

Olson, D. E., Stemen, D., Michalak, H., Juarez, S., Ward, A., & Jacobs, L. (2020). *Arrests in Illinois for illegal possession of a firearm*. Center for Criminal Justice Research, Policy, and Practice, Loyola University Chicago.

Reichert, J., & Bostwick, L. (2010). Post-traumatic stress disorder and victimization among female prisoners in Illinois. Illinois Criminal Justice Information Authority.

Rivera, F., Adhia, A., Lyons, V., Massey, A., Mills, B., Morgan, E., Simckes, M., & Rowhani-Rahbar, A. (2019). The effects of violence on health. *Health Affairs, 38,* 1622-1629.

Substance Abuse and Mental Health Services Administration (2014). SAMSHA's concept of trauma and guidance for trauma-informed approach. *SAMSHA's Trauma and Justice Strategic Initiative.* https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

Sumner, S. , Mercy, J. , Dahlberg, L., Hillis, S., Klevens, J., & Houry, D. (2015). Violence in the United States: Status, challenges, and opportunities. *Journal of the American Medical Association, 314,* 478-488.

U.S. Census Bureau. (2018). *2018 American Community Survey, Demographic and Housing Estimates.* https://data.census.gov/cedsci/table?g=0400000US17&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP05

U.S. Census Bureau. (2018). *2018 American Community Survey, Poverty Status in the Past 12 Months.* https://data.census.gov/cedsci/table?q=Illinois%20poverty%202018&tid=ACSST1Y2018.S1701&hidePreview=false

Watkins W., & Westley, C. (2020). *Prior criminal justice involvement of persons experiencing violent deaths in Illinois.* Illinois Criminal Justice Information Authority. http://www.icjia.state.il.us/assets/articles/Violent%20Death%20FINAL%20PDF%20to%20Post-200810T22415305.pdf

Weisner, L. (2020). *Youth development: An overview of related factors and interventions.* Chicago, IL: Illinois Criminal Justice Information Authority. http://dx.doi.org/10.13140/RG.2.2.35238.68164/1

Weisner, L. (2020). *Youth development: An overview of related factors and interventions.* Chicago, IL: Illinois Criminal Justice Information Authority. http://dx.doi.org/10.13140/RG.2.2.35238.68164/1

Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute. https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf

World Health Organization (2021). Definition and typology of violence. https://www.who.int/violenceprevention/approach/definition/en/

GLOSSARY OF TERMS

Equity: The fair treatment, access, opportunity and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that there are historically underserved and underrepresented populations and that fairness regarding these unbalanced conditions is needed to assist in the provision of adequate opportunities to all groups.

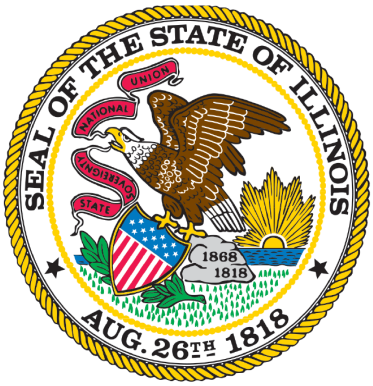
LGBTQIA: An inclusive term for those who identify as lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or ally.

Restorative Justice: A formal process that addresses the harm done to the victim by the offender taking responsibility for the harm. It also focuses on the rehabilitation of offenders through reconciliation with victims and the community at large and can take place in or outside a formal court system.

Trauma-Informed: The Substance Abuse Mental Health Services Administration's six principles that guide a trauma-informed approach, including: 1) Safety, 2) Trustworthiness & transparency, 3) Peer support, 4) Collaboration & mutuality, 5) Empowerment & choice, and 6) Cultural, historical & gender issues. Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, should help to imbed this approach which can be augmented with organizational development and practice improvement.
https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Trauma Responsive: The implementation of interventions that intent to alleviate the symptoms of trauma and improve life functioning.

Violence: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." (World Health Organization, 2021).



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