

# FROM THE FRONT LINES: Survivor And Provider Perspectives On Illinois Domestic Violence Assistance Gaps And Action Initiatives

## *Conclusions and Recommendations*

October 1, 2010

The full report may be obtained by visiting [www.ilcadv.org/FromTheFrontLines--FullRpt.pdf](http://www.ilcadv.org/FromTheFrontLines--FullRpt.pdf)



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**WE CALL YOU TO ACTION**

The Illinois Coalition Against Domestic Violence (ICADV) is the powerful statewide voice for battered women and their children, working to ensure that families have knowledge of and access to services and opportunities to pursue a safer life. ICADV is a not-for-profit membership organization composed of over 50 domestic violence service providers whose primary mission is to provide battered women and their children with assistance. The vision of ICADV is to eliminate violence against women and their children; to promote the eradication of domestic violence across the state of Illinois; to ensure the safety of survivors, their access to services, and their freedom of choice; to hold abusers accountable for the violence they perpetrate; and to encourage the development of victim-sensitive laws, policies, and procedures across all systems that affect survivors of domestic violence.

In September 2007, the Board of Directors of ICADV embarked upon a three year assessment of the needs of survivors of domestic violence and their children in Illinois. We asked over 900 survivors of domestic violence, and the domestic violence service agencies assisting them, what victims and their children needed and where communities were lacking support.

At the close of this project, we share with you here our conclusions and a plan for making Illinois a safer place for families. Domestic violence providers alone cannot end family violence in Illinois. All systems within our state must do their part—public and private; national, statewide, and local; organizations; businesses; and individuals. The following stakeholders each play a key role in assisting survivors to safety and we call them to action.

Landlords, Landlord Associations, and Property Management Firms	Supportive Housing Providers	Faith-Based Organizations	Health Professionals – Doctors, Dentists, Nurses, and Nurse Practitioners
Federal and State Homeless Funding Sources	Banks, Financial Assistance Firms – Public and Private Not For Profit Credit Counseling Agencies	Circuit Clerks	Public Health Departments
Local Homeless Service Providers and Community Continuums of Care	Tax Assistance Firms	Law Enforcement	Insurance Companies
Legislators	Job Training, Vocational, Educational, and Job Placement Services	State’s Attorneys	Businesses
Hotels	Child Care Providers	Judges	Mental Health Service Providers
Community Members	Employers	Private Bar	Substance Abuse Service Providers
Media	Federal and State Government	Partner Abuse Intervention Service Providers	Schools and Parents
Centers for Independent Living	Community Organizations and Advocacy Groups	Legal Aid	Child Protective Services
		Mediation Providers	
		Probation Departments	
		Medical Facilities – Hospitals, Emergency Rooms, and Clinics	

**We all** probably know someone who has experienced domestic violence in a relationship –whether it was physical, emotional, or financial. Therefore, **we all** have an important part to play in ending domestic violence in our communities. Please read on to find specific ways **we all** can help in stopping the spread of this epidemic in our state.

On page 7 and 8 of this document, we have provided a key to finding action steps specifically outlined for you, a stakeholder, to help us save lives. To start taking action against domestic violence and support our work in ending violence against women, please contact ICADV at 217-789-2230 or [ilcadv@ilcadv.org](mailto:ilcadv@ilcadv.org). You may also visit [www.ilcadv.org](http://www.ilcadv.org) to find information about how to contact your local domestic violence service provider.

**FROM THE FRONT LINES: SURVIVOR AND PROVIDER PERSPECTIVES ON ILLINOIS  
DOMESTIC VIOLENCE ASSISTANCE GAPS AND ACTION INITIATIVES**

## CONCLUSIONS

Our assessment shows us that the survivors of domestic violence in Illinois face barriers when trying to obtain:

- A safe place to live while in crisis and transitioning to long term housing solutions;
- Resources to help her become more economically sufficient so she can survive, like skills and education to increase employability, affordable transportation, affordable child care, and a better understanding of managing household finances.
- A justice system that holds batterers accountable and makes her safety a priority by fully understanding the dynamics of domestic violence, by implementing the entire Illinois Domestic Violence Act and by increasing resources available to her to seek these legal protections; and
- Timely access to affordable and appropriate mental and physical health services to support long term safety.

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

The severe inaccessibility of services for victims of domestic violence and their dependents is statewide, but there are some regional differences in prioritizing how we address those. For example, we found a priority in Cook County is advocacy in criminal court partially due to the sheer volume of survivors and the inability to meet that need. In the Southern Region, transportation to safety is a priority because resources and populations are more scarce when compared to the square mileage of that region. The need for adequate physical and mental health services is statewide.

Providing a safe and secure home after experiencing domestic violence takes time and resources. Isolation, physical and mental scars, child trauma, and loss of support systems all take a toll. Escape doesn't happen overnight, especially when the resources she needs to find safety aren't accessible to the survivor. Domestic violence agencies need more advocates to help break down the barriers prohibiting survivors from obtaining safety – not fewer advocates, which is the real impact of recent funding cuts.

However, domestic violence providers cannot close these gaps and end family violence alone. Addressing these needs requires the entire community to step up. We are asking our communities to speak out and clearly declare that domestic violence is unacceptable. Earlier in this report, we outlined our Recommendations for how communities, government organizations, other not for profits, for profits, and individuals can step up and do their part to end family violence. Yes, we need more money, but money alone won't end family violence unless we all work together.

**Collaborate with us. Train with us. Partner with us to end domestic violence.**

FROM THE FRONT LINES: SURVIVOR AND PROVIDER PERSPECTIVES ON ILLINOIS  
DOMESTIC VIOLENCE ASSISTANCE GAPS AND ACTION INITIATIVES

## RECOMMENDATIONS

### EXECUTIVE SUMMARY

The prevalence and consequences of domestic violence in our society are outstanding. One in four women will be the victim of domestic violence in her lifetime.<sup>1</sup> It is estimated that each year approximately 2.3 million people are physically and/or sexually assaulted by a current or former spouse or intimate partner.<sup>2</sup> While this data speaks to the physical scars of domestic violence, it does not address the greater scale of emotional abuse. Domestic violence too often leads to murder. Intimate partner homicides make up about half of all murders of women in the United States and in the vast majority (70–80%) of those homicides, no matter which partner was killed, the man physically abused the woman before the murder.<sup>3</sup>

Domestic violence service providers and survivors of domestic violence are often presented with the question, “Why doesn’t she just leave?” ICADV’s mission is to help individuals, organizations, and systems understand why a survivor may not be able to leave an abusive relationship and work to eliminate those barriers. Some of those reasons are directly related to the dynamics of power and the control a batterer has over the victim. Other reasons are directly related to the gaps in services available to survivors in Illinois and barriers discovered when they ask for help. Many of these barriers could be overcome if only resources were available to provide the necessary support when the survivor needed it. *What are those barriers? What is missing for survivors in Illinois? Why can’t they find safety?* ICADV set out to find the answers to these questions and has outlined our findings for you here. We reviewed other publications about domestic violence services in Illinois, and surveyed our domestic violence service providers and over 900 survivors. One thing was clear—communities are not adequately supporting survivors of domestic violence trying to escape abusive relationships.

The information we gathered through our assessment of service gaps led us to identify four major areas where communities in Illinois are failing to respond to survivors. The first issue is lack of safe shelter and affordable housing, which leaves survivors limited options after escaping violence. The second issue is a survivor’s economic sufficiency, when a batterer prohibits the victim from obtaining an education or maintaining a job and limiting her access to household finances. Without support to help increase her employability, she has no way to support herself after leaving the batterer. The third issue deals with a legal system that doesn’t fully implement the entire Illinois Domestic Violence Act (IDVA) and whose inconsistent commitment to victim safety and perpetrator accountability prohibits her from finding protection. And last, without accessible, affordable mental and physical health care opportunities, she is not able to receive the emotional support she needs to heal from the traumatic effects of domestic violence nor is she able to meet the health care needs of herself or her children.

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<sup>1</sup> Tjaden, P., & Thoennes, N. (2000, November). *Prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Research report. Washington, DC, and Atlanta, GA: U.S. Department of Justice, National Institute of Justice, and U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

<sup>2</sup> National Institute of Justice and Centers for Disease Control and Prevention. (2000, July). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. Research report. Washington, DC: National Institute of Justice.

<sup>3</sup> Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M.A., F. Gary, ... Wilt, S.A. (2003, November). *Assessing risk factors for intimate partner homicide*. *NIJ Journal*, 250,14–19. NCJ 196547.

To some of you reading this document these services may seem readily available in communities, and we recognize that may be true in some local areas. However, as you will read, even when services are available on some level, they may not be accessible or appropriate for all survivors throughout Illinois. Illinois communities will increase survivors' ability to successfully realize a violence-free home by understanding domestic violence and executing strategies that prioritize the individualized safety needs of survivors and their children.

We have outlined the findings for our recent assessment and our proposal for how you can help make Illinois a safer place for families. However, before we delve into those details, we want to share a little about the ubiquitous question, "Why doesn't she leave?" It is important to remember that "leaving" does not always equal "safety." There are many reasons why leaving an abusive relationship is a long process and why a survivor of domestic violence may not leave at the first signs of abuse. The simple answer is fear—fear of the violent consequences of leaving and facing insurmountable challenges in trying to support herself and her children; fear of her children or herself being killed by her batterer; fear of living on the street; fear of not being able to get medical care for herself and her children; fear of the intimidating process of seeking legal protections within her rights, only to be blamed by the justice system for the crimes committed against her. She may try several times to leave her batterer, only to return. She may return for many reasons: because the batterer threatened to kidnap or kill her children; because she cannot find safe housing, a job, or affordable child care; because the legal system didn't holding the batterer accountable for his criminal behavior.

After a batterer escalates to a violent incident, he typically will act remorseful and promise never to do it again. Some victims want to believe their batterers will cease their abusive behavior and want to believe they can remain in the relationship free of abuse. For a brief period, a batterer may hold true to his promise to end the violence, but this respite doesn't last. The batterer will escalate again using verbal, financial, sexual, emotional, and/or physical abuse to exert power and control over his victim. Domestic violence is a cycle from which a survivor may escape only when resources and support are provided in an immediate manner sensitive to these dynamics. Over time, an abuser may escalate his tactics, increasing the victim's perceived fears when trying to negotiate safety.

Domestic violence is a cycle that will continue until we, as a society, as organizations, and as individuals say, "We have had enough," that batterers should be held accountable for their criminal behavior, and survivors should be given every opportunity to thrive safely without fear of abuse. Community stakeholders, including the private and public sectors, must partner with the domestic violence services community to gain a thorough understanding of the unique dynamics of domestic violence and how to develop policies and procedures sensitive to safety needs of survivors. It is only then that survivors will have access to the resources they need to live abuse free. Survivors ask for help from police, the courts, social service providers, spiritual leaders, their neighbors, and other members of the community. Unfortunately, many survivors are greeted with an attitude that the domestic violence perpetrated against them is somehow their fault. Other victims of crime asking those same community partners for help don't receive the same response. No one blames the victim of robbery or burglary for the crimes perpetrated against them. No one asks the victim of a drunk driving accident, "Why were you driving on that road?" Survivors are the victims of these crimes, not the perpetrators committing these crimes. It is time to stop asking victims of domestic violence, "Why don't you just leave?"

For the past thirty years, domestic violence service providers have remained survivor centered, saving lives. We provide—or assist in finding—what a survivor and her family need to build a life free from violence. This means if she needs emergency shelter to flee her home at an especially dangerous time—we do that. If it means providing her a better understanding of her rights under the law—we do that. If it means helping her to get enrolled in the local community college—we do that. If it means helping her understand strategies for improving her relationship with her children—we do that. If it means giving her a ride to the local thrift store to buy clothes for a job interview, and then getting her to the job interview—we do that. We are there 24/7 helping survivors stay safe and finding ways to build a life free of violence. A survivor's needs are immediate because of the safety issues she is facing and long waiting lists for

services can result in further harm to her and her children. The services domestic violence service providers offer save lives. We provide these services in ways that are trauma-informed and delivered from the perspective of understanding how needs of survivors are different from those of the general public. When we assist survivors in finding services from other systems, we try to ensure that those services are delivered with consideration for how the trauma of domestic violence affects a survivor.

Domestic violence service providers meet survivors where they are in their lives and provide them information based on what is available in the community, while also remaining grounded in the foundation that domestic violence is gender-based violence. While there are exceptions, domestic violence is primarily perpetrated against women and children by men. The effect of domestic violence is on the entire family so when services are offered to adult survivors, it is important that they are offered in a way that can provide those survivors paths to safety that incorporate their children's needs as a unit. Some service providers don't consider the importance of incorporating a survivor's children into the core of their service delivery. By the same token, some service providers may not consider the importance of incorporating child safety with the safety of the non-abusive parent.

While domestic violence service providers play a major role in supporting survivors while they seek safety, we cannot do it alone. Survivors are seeking help from other service providers in government, for-profit, and not-for-profit sectors. However, what those entities may not fully understand is that they may be implementing policies and procedures that were created with a lack of knowledge of the dynamics of domestic violence and often with little consideration or priority for the safety of survivors of domestic violence and their children. All services provided by domestic violence agencies, all sectors of the justice system, all medical professionals, mental health systems, and others, are interrelated. The safety net for survivors is only as strong as the weakest system in the community of support. Yes, addressing these issues will require financial support, but funding alone will not keep survivors safe. Existing financial resources for some services could be used more efficiently to better address the unique needs of domestic violence survivors thoughtfully and holistically. Each system must take into account the needs of survivors. Otherwise, domestic violence will continue to increase and cost Illinois communities.

Domestic violence is often thought of as a private problem, one confined to the walls of the abusive home, but it directly affects society in a number of ways. Unfortunately, this is one reason why it is also underreported, because of the resulting feelings of shame and fear by the survivor. The health care costs of domestic violence alone are astronomical. Domestic violence affects the workplace productivity and morale of survivors who may be suffering injuries, emotional trauma, or in some cases may have batterers targeting her workplace or sabotaging her employment. In fact, in 2003, the U.S. Centers for Disease Control and Prevention estimated that national health care costs directly related to domestic violence totaled over \$4 billion and almost \$2 billion in productivity losses due to injuries and premature death.<sup>4</sup> Domestic violence crimes and related homicides cost communities tremendous amounts of resources to investigate and prosecute. When a survivor isn't able to find safety and is killed at the hands of her batterer, the homicide case may cost the community as much as \$173,000— \$2,400 to clean up the murder site; \$7,445 for a casket and funeral; \$2,500 for an autopsy; \$5,600 for law enforcement costs; \$45,000 for a trial; \$111,000 for a sentence of (only) five years in prison.<sup>5</sup> Unlike other groups of individuals seeking similar types of services like counseling or housing, the domestic violence survivor is a victim of crime. Victims have legal rights under the Illinois Domestic Violence Act (IDVA), and there are legal consequences for the courts to hold perpetrators accountable for committing these crimes. Simply put, physical domestic violence is against the law and it is wrong, like murder, child abuse, elder abuse, drunk driving, and rape.

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<sup>4</sup> Data retrieved from the 2003 Center for Disease Control report *Cost of Intimate Partner Violence Against Women in the United States*. Atlanta, GA: National Center for Injury Prevention and Control.

<sup>5</sup> Figures are based on data presented in *The cost of murder*, in *The Tennessean*. Retrieved 7/18/06 from <http://tennessean.com/apps/pbcs.dll/section?Category=NEWS1302>

We have identified several stakeholders who have opportunities to help (or hinder) a survivor in her attempts to permanently leave an abusive relationship. Each stakeholder may directly affect one or more of the four major areas where survivors face challenges. We hope you, as a stakeholder, will join us in taking action to end domestic violence in Illinois and help to keep families safe. Survivors are asking you for help. By implementing these action steps and working with domestic violence service providers, you will be doing your part to end domestic violence in Illinois. Help us save lives.

<b>WE CALL THE FOLLOWING STAKEHOLDERS TO TAKE ACTION</b>	<b>Provide Adequate Safe Shelter &amp; Housing</b>	<b>Provide Economic Sufficiency Resources</b>	<b>Hold Battersers Accountable &amp; Provide Legal Resources for Survivors</b>	<b>Provide Resources for Survivor Mental &amp; Physical Health</b>	<b>Acknowledge and Support Survivor Populations With Special Needs</b>
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Banks, Financial Assistance Firms—Private and Public Groups		Page 12			Page 23
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WE CALL THE FOLLOWING STAKEHOLDERS TO TAKE ACTION	Provide Adequate Safe Shelter & Housing	Provide Economic Sufficiency Resources	Hold Battersers Accountable & Provide Legal Resources for Survivors	Provide Resources for Survivor Mental & Physical Health	Acknowledge and Support Survivor Populations With Special Needs
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Schools and Parents				Page 22	Page 23
Child Protective Services			Page 17	Page 22	Page 23

## PROVIDING ADEQUATE SAFE SHELTER AND HOUSING FOR SURVIVORS

Shelter and housing continue to be needs for survivors of domestic violence. We discovered at the time of our assessment that while most regions felt there were adequate emergency shelter resources, those resources have diminished over the last few years. We learned that as a result of recent funding cuts, complexity of survivor needs, increases in average shelter stays by survivors, and increased costs of doing business, providers continue to struggle to meet the emergency shelter needs in their communities. In state fiscal year 2009, Illinois domestic violence service providers turned away over 15,000 survivors and children in need of shelter, a 24% increase over the last three years. Current transitional and permanent affordable housing resources do not meet the needs of survivors looking for a place to live after they are out of crisis and departing an emergency shelter. Additionally, it is difficult for survivors to access available units due to long waiting lists, leaving survivors and their children homeless. According to a report published by the National Law Center on Homelessness and Poverty, “Violence against women is the leading cause of homelessness nationwide. About 20% of homeless women report domestic violence or abuse as a reason for their homelessness, and 28% of U.S. cities surveyed in 2008 reported that domestic violence was a primary cause of homelessness.”<sup>6</sup>

Communities must strive to work together to meet the housing needs of survivors by assessing how they are planning for their next steps, assessing needs of the entire region, and ensuring that there is a voice for survivors in other systems—national, state and local—when planning and implementing housing programs. Emergency shelter, transitional living facilities, and permanent affordable housing each meets unique needs of a survivor at different stages of the process while seeking a life free from abuse. Emergency shelter offered by domestic violence agencies provides survivors a safety net in a time of crisis. During her time in emergency shelter, she may seek an order of protection, strategize plans for next steps to living free from violence, and begin to heal from the trauma she has experienced. After using her time in emergency shelter to establish a long-term plan for safety, she may need transitional housing and/or affordable permanent housing resources. As resources dry up for emergency shelter, transitional housing, and permanent affordable housing, her stay in emergency shelter becomes longer as she has no alternate safe place to go. Data from Illinois domestic violence providers has shown that the average shelter stay for survivors has increased by 15% over the past three years while the number of survivors to whom they were able to provide shelter decreased by 8%. If transitional housing or affordable permanent housing opportunities are not readily available to the survivor at the time she has left the abusive situation, she is left with few options—living on the street or going back to the abuser. Increasing resources will allow domestic violence service providers to increase their capacity to offer shelter from violent situations. However, even with additional emergency shelter resources, without transitional and permanent housing resources promptly and appropriately providing long-term solutions for survivors, they are left with no options in their pursuit of long-term survival.

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### CALL TO ACTION FOR LANDLORDS/LANDLORD ASSOCIATIONS/MANAGEMENT FIRMS

1. Participate in educational opportunities provided by the domestic violence service community on landlord and tenant laws as they relate to domestic violence, i.e., the Safe Homes Act.
2. Communicate with the domestic violence service community to advertise properties available for lease.
3. Implement rental agreements sensitive to domestic violence issues.
4. Arrange payment plans for survivors to pay the deposit on properties.
5. Include utilities in the rent amount to minimize survivor information in utility databases, etc.

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<sup>6</sup> National Law Center on Homelessness and Poverty. (2009). *Insult to injury: Violations of the Violence Against Women Act*. Retrieved from [http://www.nlchp.org/view\\_report.cfm?id=301](http://www.nlchp.org/view_report.cfm?id=301)

6. Ensure that rental agreements and other related materials are available in languages other than English.

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#### CALL TO ACTION FOR FEDERAL AND STATE HOMELESS FUNDING SOURCES

1. Seek partnerships, education, and consultation opportunities with domestic violence service providers.
2. Review policies regarding eligibility, income limits, payment schedules, etc., ensuring sensitivity to safety and confidentiality issues for survivors. Ensure consistent implementation, including grant stipulations, of these survivor-centered policies on national, state, regional, and local levels.
3. Provide resources for additional Safe Home Act opportunities.

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#### CALL TO ACTION FOR LOCAL HOMELESS SERVICES PROVIDERS AND COMMUNITY CONTINUUMS OF CARE

1. Make efforts to support domestic violence program participation in housing and homeless community meetings.
2. Educate all staff on domestic violence as a major cause of homelessness and how domestic violence safety issues may affect survivors' ability to access housing.
3. Implement survivor-sensitive policies regarding eligibility.
4. Ensure local offices are equipped with a plan for identifying procedures, materials, and bilingual staff to ensuring effective communications with non-English-speaking and/or Deaf and Hard of Hearing (HOH) survivors.
5. Replace and/or repair existing residential facilities to increase available units.

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#### CALL TO ACTION FOR LEGISLATORS

1. Support funding proposals that will increase resources to pay for emergency shelter, transitional housing, and permanent affordable housing.
2. Support funding and policies that provide adequate resources for survivors with special needs.
3. Support creating adequate resources to help a community respond to special issues such as mental health, bilingual/bicultural, Deaf/HOH, lesbian, gay, bisexual, transgendered, and queer (LGBTQ), and/or substance abuse.
4. When making budget decisions, remain aware that lack of resources for any of these issues affects survivors' safety and ability to live free from violence.
5. Ensure policy development that is survivor-centered by involving domestic violence service providers in language development and implementation strategies.
6. Provide tax incentives and/or public recognition to hotels that partake in training and vouchering for the provision of emergency shelter needs of survivors.

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#### CALL TO ACTION FOR HOTELS

1. Partner with the domestic violence services community, training staff about domestic violence issues and providing additional vouchering to meet emergency shelter needs of survivors.

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#### CALL TO ACTION FOR COMMUNITY MEMBERS AND MEDIA

1. Volunteer housing units for safe emergency shelter.
2. Partner with the domestic violence services community in raising awareness about domestic violence and the needs of survivors.

#### CALL TO ACTION FOR DISABILITIES SERVICES (E.G., CENTERS FOR INDEPENDENT LIVING)

1. Coordinate with the domestic violence service community to provide adequate resources for accessing assistive technologies for the Deaf, Hard of Hearing, and people with disabilities, such as alarm clocks, door bells, TTYs, and other communication devices.
2. Offer training to domestic violence service community staff periodically to ensure continuous knowledge on appropriate response to these special needs communities.
3. If an agency is a residential facility, incorporate strategies into staff training for meeting the needs of survivors in an appropriate and timely manner.
4. Implement partnerships with the domestic violence services community to increase cross-training opportunities among organizations. Collaborate with Deaf/HOH interpreters that would be willing to be “on call” for response to Deaf/HOH survivors seeking shelter after regular business hours.

#### CALL TO ACTION FOR SUPPORTIVE HOUSING PROVIDERS (FOSTER PARENTS, RESIDENTIAL TREATMENT FACILITIES, ETC.)

1. Coordinate with the domestic violence service community to provide adequate resources for accessing assistive technologies for the Deaf, Hard of Hearing, and people with disabilities, such as alarm clocks, door bells, TTYs, and other communication devices.
2. Offer training to staff periodically to ensure continuous knowledge on appropriate responses to these special needs communities.
3. If the agency is a residential facility, incorporate strategies into staff training for meeting the needs of survivors in an appropriate and timely manner.
4. Replace and/or repair existing residential facilities to increase the availability of housing units.

## **INCREASING SURVIVORS' ECONOMIC SUFFICIENCY**

The perpetrator of domestic violence often use tactics to prohibit his victims from thriving economically and from believing that she is able to survive on her own. He often will create a situation in which leaving is close to impossible. This economic abuse may include prohibiting his victim from accessing bank accounts and other financial resources; accumulating debt for which she is also responsible; increasing her risk for identity theft or stealing her identity himself; sabotaging her efforts to increase her skills, education or employability; sabotaging employment; and damaging her credit. If carried through, these situations can result in poverty. Research shows that a survivor's decision to stay in the abusive relationship, leave, or return, is strongly influenced by the survivor's economic dependency. The presence of these behaviors is a strong indicator that safety is a primary concern. Those who are more financially independent have more options to successfully achieve long-term safety; however, once a survivor leaves, the likelihood of debt, homelessness, and unemployment increases. Financial dependence and instability have serious implications for survivors who need a variety of tools to become more economically secure while negotiating a plan for a violence-free home.

Our assessment found that while survivors are working to become more economically sufficient they encounter several barriers. Lack of access to money or other resources is a barrier to survivors' finding and obtaining housing, food, medications, and other resources for survival. Lack of access to information and activities that help increase a survivor's economic literacy is a barrier to obtaining long-term safety and economic stability. Lack of access to credit counseling services affects a survivor's ability to obtain housing, secure a job, and save money. Lack of access to tax assistance may cause fear of financial or legal consequences for tax liabilities that are complicated and difficult to understand. The emotional toll of domestic violence can be a barrier to survivors seeking employment or educational opportunities. Lack of accessible, affordable transportation is a barrier to survivors reaching safety, finding jobs, and accessing resources. Lack of affordable, safe child care is a barrier to survivors maintaining employment, participating in educational programs, and keeping appointments with other service providers. All of these gaps contribute to a survivor's fear and her inability to live free from abuse. All of these services are interrelated and delivery must be timely and appropriate to ensure a survivor's success.

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### **CALL TO ACTION FOR BANKS, FINANCIAL ASSISTANCE FIRMS, AND SERVICES—PRIVATE AND PUBLIC GROUPS**

1. Create partnerships with local domestic violence agencies to include domestic violence education for staff, discussion about addressing barriers for survivors, training for staff on financial abuse, cross-training, and consultation opportunities.
2. Review financial assistance policies (eligibility criteria, application process, payment schedules, etc.) in order to create survivor-sensitive policies and practices.
3. Work with domestic violence agencies to identify and address barriers to financial assistance for survivors with special needs.
4. Ensure that applications, tools, and all services are available in multiple languages and that plans for securing interpreters are available for effective communication with non-English-speaking survivors.

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### **CALL TO ACTION FOR NONPROFIT CREDIT COUNSELING AGENCIES**

1. Create partnerships with local domestic violence agencies to include domestic violence education for staff, discussion about addressing barriers for survivors; training for staff on financial abuse and its effect on their credit; cross-training; and consultation opportunities.
2. Review credit counseling services policies (eligibility criteria, application process, payment schedules, etc.) in order to create survivor-sensitive policies and practices.

3. Work with domestic violence agencies to identify and address barriers to financial assistance for particular groups of survivors with special needs.
4. Ensure that applications, tools, and all services are available in multiple languages and that plans for securing interpreters are available for effective communication with non-English-speaking survivors.

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#### CALL TO ACTION FOR TAX ASSISTANCE FIRMS—PRIVATE AND PUBLIC AGENCIES

1. Create partnerships with local domestic violence agencies to include domestic violence education for staff, discussion about addressing barriers for survivors; training for staff on financial abuse; cross-training; and consultation opportunities.
2. Review tax assistance service policies (eligibility criteria, application process, payment schedules, etc.) in order to create survivor-sensitive policies and practices.
3. Provide more low-cost and/or free tax assistance services to the community.
4. Work with domestic violence agencies to identify and address barriers to financial assistance for particular groups of survivors with special needs.
5. Ensure that tax assistance forms, tools, and all services are available in multiple languages and that plans for securing interpreters are available for effective communication with non-English-speaking survivors.

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#### CALL TO ACTION FOR JOB TRAINING, VOCATIONAL, EDUCATIONAL (UNIVERSITIES, COMMUNITY COLLEGES, ETC.), AND PLACEMENT SERVICES—PRIVATE AND PUBLIC AGENCIES

1. Create partnerships with local domestic violence agencies to include domestic violence education for staff, discussion about addressing barriers for survivors, training for staff on financial abuse; cross-training; and consultation opportunities to create more educational and employment opportunities for survivors.
2. Review application policies (eligibility criteria, application process, fees, etc.) in order to create survivor-sensitive policies and practices.
3. Work with domestic violence agencies to identify and address barriers to job training, placement, and education for particular groups of survivors: undocumented, Deaf/Hard of Hearing, immigrants, disabled, etc.
4. Ensure that all applications, forms, and services are available in multiple languages and that plans for securing interpreters are available for effective communication with non-English-speaking survivors.
5. Create accessible opportunities for undocumented survivors.

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#### CALL TO ACTION FOR CHILD CARE AGENCIES—PRIVATE AND PUBLIC AGENCIES

1. Create partnerships with local domestic violence agencies to include domestic violence education for staff including collaboration on addressing safety issues for children; discussion about addressing barriers for survivors; training for staff on financial abuse; cross-training; and consultation opportunities to better address child care needs for survivors.
2. Identify child care slots for domestic violence program clients.
3. Develop strategies for increasing access to child care after regular business hours (e.g., 24/7 opportunities).

#### CALL TO ACTION FOR EMPLOYERS

1. Set up training programs in collaboration with your local domestic violence agency on the following topics: VESSA, recognizing and responding to domestic violence in the workplace, personnel and health benefits sensitive to the needs of survivors, workplace safety, security, and management issues.
2. Create personnel and health care policies, security procedures, and management/staff training that are survivor sensitive.
3. Develop policies that outline intolerance to employees who are perpetrating domestic violence.

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#### CALLS TO ACTION FOR FEDERAL AND STATE AGENCIES

1. Department of Labor, Illinois Department of Employment Security, Illinois Department of Human Services, and the Corporate Alliance to End Partner Violence, and Social Security Disability Insurance Office— Partner with the domestic violence community to:
  - a. Identify and address barriers to job training, placement, and education for all survivors of domestic violence, including those who have special needs.
  - b. Review compliance with the laws and recommend changes in policy and practice in order to address these barriers for survivors seeking employment and for those in the workplace.
  - c. Advocate with legislators on implementation strategies that would benefit survivors.
2. Illinois Department of Transportation and the Illinois Department of Human Services – Partner with the domestic violence services community to identify and address transportation deficiencies for survivors in each region.
3. Department of Children and Family Services—Partner with the domestic violence community to explore child care options for survivors.
4. Department of Human Services—Work with domestic violence agencies and TANF to secure funds for child care slots for domestic violence agency clients.

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#### CALL TO ACTION FOR LEGISLATORS

1. Review current legislative language for policies and practices that reduce barriers for survivors and increase opportunities for financial assistance, job training and placement, and child care so survivors can remain safe and free from domestic violence.
2. Partner with the domestic violence community, the Illinois Department of Employment Security, the Illinois Department of Human Services, and the Illinois Department of Transportation on economic, child care, and transportation policies that will better meet the needs of survivors.
3. Work with advocacy groups such as the National Network to End Domestic Violence when considering implementation of legislation affecting domestic violence on a national level.

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#### CALL TO ACTION FOR COMMUNITY ORGANIZATIONS/ADVOCACY GROUPS

1. Create partnerships with local domestic violence agencies to include domestic violence education for staff, discussion about addressing barriers for survivors, training for staff on financial abuse, cross-training, and consultation opportunities so that barriers to receiving financial, economic, and job training and placement services are reduced and survivors' needs are included in all advocacy agendas.

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#### CALL TO ACTION FOR FAITH-BASED ORGANIZATIONS

1. Create partnerships with local domestic violence agencies to include domestic violence education, barriers for survivors, understanding financial abuse, cross-training, and consultation opportunities to

reduce barriers to receiving financial, economic, and job training and placement services and ensure that survivors' needs are included in all policies.

2. Review financial assistance and job training and placement opportunities offered through the faith-based organization in order to create survivor-sensitive policies and practices.

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#### CALL TO ACTION FOR COMMUNITY MEMBERS/MEDIA

1. Create reports on workplace domestic violence that reflect an ongoing course of conduct.

## INCREASING ACCOUNTABILITY OF BATTERERS AND LEGAL RESOURCES TO INCREASE SURVIVOR SAFETY

The Illinois justice system's inconsistent implementation of the entire Illinois Domestic Violence Act (IDVA) and all of its legal protections is a barrier to survivors accessing legal protections available to them. A lack of legal representation in civil, criminal, and family court is a barrier to survivors obtaining safety. A lack of effective partner abuse intervention services (PAIP) is a barrier to batterers receiving information and tools to help them end their violent behavior. A lack of domestic violence education for attorneys, law enforcement, and judges for civil and criminal cases is a danger to survivors and their children. All of these barriers must be addressed for survivors to achieve safety and batterer accountability in a system that is highly intimidating for most survivors.

Levels of IDVA implementation vary from region to region, county to county, and even within a community. Yet to protect survivors, all sectors of the justice system must remain committed to practices that put the safety of survivors and their children first, while holding batterers accountable. However, survivors face numerous barriers when trying to access legal protections. For example, one common tactic batterers use is the public's tolerance of domestic violence to draw out prosecution, resulting in cases of longer duration and increasing the expenses of prosecution to taxpayers. The level at which each sector of the justice system—police, prosecutors, judges, probation—helps or hinders a survivor's pursuit of safety is dependent upon the level at which they hold batterers accountable. Each sector must remain committed to exercising practices and techniques sensitive to the dynamics of domestic violence and batterer behaviors and tactics. The justice system's ability to exercise these practices may depend upon the various sectors holding each other accountable and ensuring that each is implementing the entire IDVA appropriately. When one sector falls short, it prohibits or at best dilutes the other sectors' commitment to holding batterers accountable in the criminal and civil justice system, thereby putting survivors at further risk.

In addition to providing key protections for survivor safety, *consistent* enforcement of granted protection orders is also an efficient use of tax dollars. According to a recent study, overall, protective orders work—reducing threats to kill or harm victims by 50%, reducing moderate physical abuse by 61%, and reducing severe physical abuse by 50%.<sup>7</sup> The majority of victims whose respondent did not violate the protective order attributed it to the batterer being fearful of jail time. The study also found that for every dollar spent on a granted protective order, society saves \$30.75. In fact, one state examined in the study saved at least \$85 million annually through its use of protective orders. The report also indicated that enforcement of protective orders played a critical role in maintaining public safety, with 78% of the batterers averaging 9 prior charges and 63% averaging 7 prior convictions.

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### CALL TO ACTION FOR COMMUNITY MEMBERS/MEDIA

1. Work with the domestic violence services community to implement and maintain a court watch program to hold court personnel accountable for response to survivors in the courtroom.
2. Hold elected officials accountable when their response to domestic violence cases is inappropriate.
3. Hold candidate forums for elected officials to share their plans for assisting survivors and holding batterers accountable.

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<sup>7</sup> Logan, T.K., Walker, R., Hoyt, W., & Faragher, T. (2009). *The Kentucky civil protective order study: A rural and urban multiple perspective study of protective order violation consequences, responses, & costs*. Lexington, KY: University of Kentucky.

#### CALL TO ACTION FOR UNIVERSITIES/LAW SCHOOLS

1. Students: Volunteer to work with local court watch programs implemented in the community for experience beneficial in future job seeking.
2. Law students: Volunteer to assist survivors with seeking orders of protection for course credit.
3. Partner with local domestic violence providers as an externship site for law schools in other communities.
4. Offer language department students/faculty for translation services or make connections to former students who may be able to offer these services.
5. Incorporate victim rights information into standard curricula for law students.

#### CALL TO ACTION FOR CHILD PROTECTIVE SERVICES

1. Make appropriate referrals and implement case management that ensures follow-through with the abusive parent during the decision-making process about child safety and service planning that holds the abusive parent accountable.
2. Hold batterers accountable by implementing courts' recommended interventions.

#### CALL TO ACTION FOR ALL JUSTICE SYSTEM PROFESSIONALS

1. Use multidisciplinary approach to assess the level at which the IDVA is being implemented. We suggest using ICADV 's position paper on accountability as a tool for this assessment. *Achieving Accountability In Domestic Violence Cases: A Practical Guide For Reducing Domestic Violence* provides survivor-centered principles and assessment questions for implementing the IDVA.
2. Use Family Violence Coordinating Councils to facilitate discussions and implement plans that include all sectors of the justice system.
3. Hold each of the other sectors accountable and assess how all of the sectors together in the community are responding to domestic violence and holding batterers accountable.
4. Develop plans for delivering ongoing training in systemic ways to keep justice system professionals informed about new laws and updates to laws, and better understand the intersection of trafficking and domestic violence.
5. Assess training needs and partner with the domestic violence services community for developing and providing training for each of the following groups: judges, probation officers, police, prosecutors, 911 dispatch operators, circuit clerks, sheriff deputies, jail personnel, and victim advocates.
6. Better understand the dynamics of teen dating violence and teen-perpetrated family violence; execute the IDVA fairly to those victims.
7. Consider domestic violence-sensitive strategies that hold the abusive parent accountable in domestic violence and juvenile cases involving mediation, prioritizing the safety of the children and the non-abusive parent.
8. Consider domestic violence-sensitive strategies that hold the abusive parent accountable in domestic violence and juvenile cases involving child custody and visitation, prioritizing the safety of the children and the non-abusive parent.

#### CALL TO ACTION FOR CIRCUIT CLERK

1. Work out plans with the domestic violence services community for identifying and accessing interpreter services for survivors in need of those resources.
2. Work with domestic violence providers to develop survivor-centered policies when considering placing court records online.

#### CALL TO ACTION FOR LAW ENFORCEMENT

1. Provide basic domestic violence training to new and potential police officers at academies. Training should minimally include likely abuser behaviors, tactics and demeanor upon police arrival on scene, the likely survivor behavior and demeanor upon arrival on scene, and basic domestic violence education.
2. Reiterate the importance of emphasis on evidence gathering to help prosecutors pursue cases by approaching domestic violence cases as homicide prevention.

#### CALL TO ACTION FOR STATE'S ATTORNEYS

1. Prioritize resources for appropriate management of domestic violence, sexual assault, and stalking cases.
2. Include information on batterer behavior and tactics in training of new prosecutors on domestic violence cases.

#### CALL TO ACTION FOR JUDGES

1. Increase fines to support victim services.
2. Understand batterer tactics in the courtroom.
3. Prioritize the safety of the non-abusive parent and the safety of the children in court proceedings.

#### CALLS TO ACTION FOR PRIVATE BAR

1. Include information on batterer behavior and tactics in training of both new and seasoned attorneys.
2. Invite domestic violence providers to speak at local bar meetings about survivors' needs and begin strategizing methods attorneys can use to help survivors.
3. Young Lawyers Division of Illinois State Bar Association and the American Bar Association Commission on Domestic Violence: Work with the domestic violence services community to educate new attorneys about how they can begin helping survivors to access legal representation.
4. Increase online resources for attorneys and victims and educate attorneys on using those resources.

#### CALL TO ACTION FOR PARTNER ABUSE INTERVENTION PROGRAMS (PAIP)

1. Remain committed to working with domestic violence service providers in presenting a united front in domestic violence cases in the justice system.
2. Advocate for appropriately screened batterers to be required to successfully complete PAIP.
3. Advocate for all PAIPs to be protocol approved and monitored.
4. Advocate for PAIP to be a part of criminal consequences for the batterer and not the alternative to criminal charges.
5. Assess how equipped PAIP is to communicate with non-English-speaking and/or Deaf/HOH survivors and batterers.

#### CALL TO ACTION FOR LEGAL AID

1. Remain committed to a working relationship with the domestic violence services community for representation of survivors.
2. Partner with domestic violence agencies and seek to expand criteria for accepting and prioritizing domestic violence cases. This includes providing representation on many legal fronts beyond orders of protection.

3. Revise income restrictions to qualify survivors for services and understand the reality that financial resources available to the batterer are not always available to the survivor during the divorce or custody process.

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#### CALL TO ACTION FOR MEDIATION PROVIDERS

1. Partner with domestic violence agencies and seek expansion of domestic violence-sensitive service delivery in domestic violence cases.

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#### CALL TO ACTION FOR PROBATION

1. Advocate for appropriately screened batterers to be required to successfully complete PAIP.
2. Advocate for PAIP to be part of criminal consequences for the batterer and not the alternative to criminal charges.
3. Include information on batterer behavior and tactics in training of new and seasoned probation officers.

## MEETING MENTAL AND PHYSICAL HEALTH NEEDS OF SURVIVORS

Domestic violence victims have similar physical and mental health needs as the general public. However, in addition to the direct injuries from physical violence, domestic violence also has an adverse effect on the survivors' overall health. Domestic violence victims are more likely to report health problems such as cardiovascular disorders, physical challenges like arthritis and/or use of disability equipment, smoking, heavy alcohol use, and risk factors for HIV.<sup>8</sup> A lack of access to health and dental care services present barriers for survivors as they try to plan for long-term safety and health for themselves and their children. A lack of informed partnerships between domestic violence and substance abuse service providers can be a barrier to survivors' safety. Concern over reporting substance abuse issues to domestic violence services providers or other providers is a barrier to survivors who have chemical dependency issues that need to be addressed. Lack of prompt, accessible mental health services that are trauma-informed is a barrier to survivors' ability to make progress on goals established while working with a domestic violence program. A lack of immediate access to individual counseling within a domestic violence program is a barrier to survivors' maintaining an adequate level of emotional support needed to pursue a life free from abuse and to stay focused on goals like finding a job or housing. Lack of access to individual and/or group services within a domestic violence agency or other service agency is a barrier to survivors' receiving peer support and services that serve as a source of empowerment to achieve safety goals.

For survivors to achieve and maintain physical and mental health upon leaving an abusive relationship, several services need to be readily available for her and her children. Survivors and their children often need mental health services in the form of counseling and/or therapy. However, their specific mental health services must be trauma-informed and address the tremendous impact violence has had on their lives. Access to this type of assistance is limited, but is necessary to begin the healing process and for the survivor to move forward in her life. In addition, survivors have often been denied basic health needs by their batterers, and many survivors depend on their batterers for access to health insurance. This dependency on the batterer for health care needs presents a barrier to pursuing safety. Even though staying with the batterer means suffering additional victimization, she may see access to health care services such as regular check-ups, vaccinations, or diagnoses as more important. Additionally the pursuit of living free from abuse is complicated if substance issues are present for either the perpetrator or the victim. Services must be delivered in ways that can help survivors set goals in understanding and addressing the relationship of addiction and the violence in her life.

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### CALL TO ACTION FOR MEDICAL, DENTAL, AND NURSING SCHOOLS

1. Incorporate domestic violence education into curricula for appropriate domestic violence assessment methods and response to survivors, including basic domestic violence education.
2. Curricula should also stress the importance of collaboration between medical settings and domestic violence service providers when developing internal policies for responding to patients and clients.

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### CALL TO ACTION FOR MEDICAL FACILITIES: HOSPITALS, EMERGENCY ROOMS, CLINICS

1. Implement domestic violence education and implementation of protocols into the certification process.
2. Collaborate with the domestic violence services community during development of policies and procedures for appropriately responding to survivors of domestic violence.

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<sup>8</sup> Centers for Disease Control and Prevention. (2008). *Adverse health conditions and health risk behaviors associated with intimate partner violence—United States, 2005*. Morbidity and Mortality Weekly Report. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm>

3. Train staff on domestic violence-specific issues related to their specialty.
4. Address the mental health needs of survivors with trauma-informed practices on psychiatric units.
5. Maintain electronic medical records using methods sensitive to domestic violence survivor confidentiality issues.
6. Partner with the domestic violence community to provide on-site domestic violence support to patients.

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#### CALL TO ACTION FOR HEALTH PROFESSIONALS: DOCTORS, DENTISTS, NURSES, NURSE PRACTITIONERS, ETC.

1. Offer pro bono health assessments and/or treatment for clients of domestic violence services providers.
2. Increase access for survivors to obtain prescriptions during the period of transition and as they become settled in their new safer environment.
3. Partner with the domestic violence services community to receive ongoing training on appropriate domestic violence assessments in health settings and on making appropriate referrals to domestic violence service providers.

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#### CALL TO ACTION FOR PUBLIC HEALTH DEPARTMENTS

1. Increase access to health benefit programs for survivors.
2. Increase screening and make appropriate referrals to domestic violence services providers.

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#### CALL TO ACTION FOR INSURANCE COMPANIES: PRIVATE AND PUBLIC (SSDI, MEDICARE, MEDICAID, ETC.)

1. Work with the domestic violence services community to help improve access to health care insurance for survivors.
2. Implement policies and eligibility criteria that are sensitive to survivors' income limitations.

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#### CALL TO ACTION FOR BUSINESSES

1. Sponsor health and dental clinics for survivors and their children.
2. Collaborate with the domestic violence services community to develop policies and procedures that are VESSA compliant and survivor sensitive.
3. Pharmacies: Collaborate with the domestic violence services community to increase access to low-cost prescription and nonprescription medications.

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#### CALL TO ACTION FOR MENTAL HEALTH SERVICE PROVIDERS

1. Collaborate with the domestic violence services community to develop strategies for effectively and appropriately approaching domestic violence survivors.
2. Implement model practices that increase access for survivors, which may include offering services on-site at domestic violence programs.
3. Triage potential clients, minimizing wait lists for domestic violence survivors so access is prompt to meet survivor safety issues.
4. Pursue cross-training opportunities with the domestic violence services community for better understanding of the intersection of mental health and domestic violence.
5. Incorporate regular training on providing trauma-informed services.
6. Offer reduced-cost services to survivors and their children.

#### CALL TO ACTION FOR SUBSTANCE ABUSE SERVICE PROVIDERS

1. Partner with the domestic violence services community to create an intentional process for working together.
2. Work with clients to help support safety and sobriety efforts that address their goals.
3. Incorporate into staff training domestic violence education and education on batterer tactics as they relate to substance abuse issues survivors and batterers may have.
4. Develop a process for service plans based on whatever issue is identified as the primary issue.

#### CALL TO ACTION FOR FAITH-BASED ORGANIZATIONS

1. Provide spiritual support that is sensitive to domestic violence and safety issues, with a primary focus on supporting survivors during their pursuit of safety.
2. Work with the domestic violence services community to develop a more cohesive plan for working with domestic violence survivors and educating congregations on the emotional and spiritual effect it has on survivors, their families, and communities.
3. Prioritize the safety of children and the non-abusive parent when providing spiritual guidance to survivors.

#### CALL TO ACTION FOR SCHOOLS AND PARENTS

1. Partner with the domestic violence services community to increase training on teen dating violence for school professionals.
2. Increase screening skills of parents and school professionals to better identify domestic violence and its effect on teens' health.
3. Support the domestic violence services community's efforts for delivery of teen dating violence prevention programs.

#### CALL TO ACTION FOR CHILD PROTECTIVE SERVICES

1. Provide domestic violence-sensitive training to workers to understand the unique emotional effect losing children can have on survivors.
2. Provide domestic violence-sensitive training to workers to understand the unique emotional effect losing the non-abusive parent can have on a child witness.
3. Develop better strategies for helping survivors address these emotional needs, allowing them to become better parents.
4. Collaborate with the local domestic violence agency for case management strategies that prioritize the safety of the non-abusive parent and her children.

#### CALL TO ACTION FOR COMMUNITY MEMBERS/MEDIA

1. Provide reporting that reflects domestic violence as a crime rather than "relationship problems."
2. Learn of available resources in the community for survivors, batterers, and child witnesses.

## **ADDENDUM: SPECIAL NEEDS POPULATIONS**

The recommendations outlined previously relate to each of the four major issues that present barriers to achieving safety for survivors—safe shelter and housing; economic sufficiency; accountability for batterers and legal resources for survivors; and mental and physical health. While these affect all survivors, some groups of survivors are at heightened risk due to geographic and/or demographic qualities that present additional barriers. All of the strategies for addressing the issues described above are applicable to varying levels for each survivor regardless of race, gender, ethnicity, ability, sexual orientation, or geographic location. ICADV’s mission is to make resources available and accessible to *all* survivors, but to do that, stakeholders in each community need to acknowledge that the needs of many are not the needs of all. If the systems from which a survivor is seeking assistance don’t understand these divergent qualities, or perhaps even acknowledge them, those very systems in place to provide assistance may inadvertently put her and her children at even more risk for being abused. Sometimes these barriers are about a system’s inability to communicate with the survivor. Other times they are related to an agency’s misinformation about a survivor’s culture and the effect it may have on service delivery and her decision-making process. Sometimes these barriers are related to where a survivor lives and the general resources available to her in the community. Whatever those additional barriers and whatever their origin, as stakeholders in Illinois communities, we all must do a better job to seek education and better understand those issues and their effect on a domestic violence survivor’s ability to be safe. We must strive to help *all* survivors realize assistance that provides equitable opportunities regardless of demographic and geographic uniqueness.

Through this assessment process, ICADV identified several underserved populations and unique survivor populations that should receive special consideration as we move forward implementing strategies for improving safety for survivors statewide. While we specifically discuss several special needs populations in this summary—lesbian, gay, bisexual, transgendered, and queer; monolingual non-English-speaking and/or immigrant groups; Deaf, Hard of Hearing, and people with disabilities; teens; trafficking victims; and survivors from each geographic region—this is not an exhaustive list. As we implement policies and practices in our day-to-day work, we all must consider the special needs of these populations in our decision-making processes, remain flexible as individual survivors from these populations ask us for assistance, and make conscientious efforts to provide all survivors the accessible resources they need to achieve safety.

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### **LESBIAN, GAY, BISEXUAL, TRANSGENDERED, AND QUEER (LGBTQ)**

While little research is available on domestic violence in the LGBTQ community, many sources in the field suspect that the prevalence is about the same as in heterosexual relationships. Survivors from the LGBTQ community face many of the same challenges as heterosexual survivors, but may have additional barriers directly related to her/his sexual or gendered orientation. Fear of continued victimization and discrimination by the justice system and other community agencies may keep survivors from this population from seeking assistance if they are being abused. Service providers may further isolate LGBTQ survivors by not obtaining education on the dynamics of intimate partner violence in that community.

Many survivors of domestic violence from the LGBTQ population may see their job, personal safety, and family relationships threatened by the biases communities have against their sexuality. If a survivor is not open about their sexuality, fear of being “outed” may be a major concern. Batterers may threaten to “out” their partner to keep them from seeking help, or the survivor may fear that simply accessing services will result in them being “outed.” Another concern in some local areas is the “everybody knows everybody” phenomenon. It is likely that if the survivor seeks assistance, the batterer will soon discover that the survivor has asked for help, which could put the survivor at further risk of abuse.

These barriers may seem insurmountable to some survivors of domestic violence in the LGBTQ community. While the density of survivors from this population may be larger in heavily populated areas of Cook County and North Collar county regions, there are LGBTQ populations throughout each region in the state. It is important that stakeholders in all communities throughout Illinois increase their awareness and understanding of these barriers to ensure opportunities for safety for LGBTQ survivors and their children.

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### MONOLINGUAL NON-ENGLISH-SPEAKING, BICULTURAL, AND IMMIGRANTS

Monolingual non-English-speaking survivors and immigrant or non-citizen survivors are separate and distinct survivor populations, but for the purposes of this summary we have grouped them together. Each population may have distinctive needs, but we suspect that the needs of these groups and the needs of other minority populations overlap substantially. In each circumstance, it is likely that there will be miscommunication between an organization providing assistance and the survivor seeking it. Basic English language skills are one key issue. If the organization providing assistance is not prepared to offer services in the native language of the survivor, it is impossible to effectively communicate with the survivor and her children about her situation. A lack of understanding or awareness of a survivor's cultural background and its effect on how she communicates, makes decisions, or needs services delivered, presents additional barriers to safety. A fear of authorities regarding the immigration status of her or family members may prohibit her from either asking for help or understanding that domestic violence is against the law. In addition to many other fears all survivors face when asking an intimidating system for help, an immigrant woman may also be fearful of the justice system due to a perceived or real threat of deportation or child custody challenges. Additionally, the immigrant community may also have even more challenges obtaining education and job training opportunities.

Hiring bilingual staff may help a survivor communicate with that professional but one or a few bilingual staff alone usually isn't enough to provide to the survivor the full spectrum of assistance typically offered by the organization. An organization must also commit to infusing sensitivity and understanding of diverse issues throughout all layers of an organization—on the front lines, in management, and at policy-making levels. These bicultural and bilingual skills are in high demand as our communities are becoming more diverse. They can cost an organization more in compensation than a monolingual, English-speaking staff person with comparable expertise and experience in the field. In many local communities these resources are rare, especially outside of the more diverse and dense population centers of Cook County and the North Collar regions. However, survivors from these distinctive groups live in each region throughout the state. We urge stakeholders to evaluate the density of these needs in all of your communities, secure resources to meet the needs of this population, and develop plans for effective communication and service delivery until such time that in-house skills are available.

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### SURVIVORS WHO ARE DEAF AND/OR HARD OF HEARING AND SURVIVORS WITH DISABILITIES

Deaf and Hard of Hearing (HOH) survivors of domestic violence have special needs that need to be met in order to communicate with a service provider and achieve safety. Many of the issues that the Deaf and HOH population face are similar to those faced by the non-English and bicultural populations described above. Basic communication is one issue. Stakeholders should develop plans ahead of time for obtaining appropriate Deaf interpreters and use other communication technologies for equitable service delivery to Deaf survivors seeking assistance. However, acquiring interpreter services only begins to address the gaps for Deaf and HOH survivors. Stakeholders should also seek the expertise of those professionals from the Deaf and Hard of Hearing community to expand staff understanding of the Deaf and HOH culture and how it may increase a survivor's risk of abuse.

As many people with disabilities struggle every day due to limited physical or mental accessibility of services, this inaccessibility presents additional barriers for domestic abuse survivors. Some people with

disabilities rely upon personal care attendants for daily needs, which include a survivor's connection to resources available to other survivors. In some cases, the survivor's personal caregiver may actually be the perpetrator of abuse, leaving the abused person with little or no hope for achieving safety. Collaboration between the domestic violence community and organizations serving people with disabilities will present additional opportunities to provide attendants and other professionals working with people with disabilities training on domestic violence and increase awareness of the unique needs of people with disabilities. While the density of survivors from this population may be larger in heavily populated areas of Cook County, North Collar county regions, and parts of the Central region that house schools specifically for the Deaf community, the Deaf, HOH and people with disabilities reside in each region in the state. It is important that stakeholders in all communities throughout Illinois increase their awareness and understanding of these additional barriers and ensure opportunities for safety for this population.

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### TEENS (BOTH VICTIMS AND PERPETRATOR SERVICES)

Survivors of teen dating violence are often an underserved population that may face unique challenges. According to a study conducted by the Liz Claiborne Foundation, nearly one third of teens participating had been a victim of physical or sexual victimization by their partner and over half reported being a victim of other controlling behaviors.<sup>9</sup> Schools and other community organizations working with teens should partner with the domestic violence community to increase efforts for serving these survivors. With increased collaboration for prevention work and services for teen survivors and teen perpetrators, survivors of teen dating violence are given more opportunities to achieve safety now and in their futures. Acknowledging and intervening with this group of survivors is an important step in ending the cycle of violence in their lives.

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### RESOURCES SPECIFIC TO GEOGRAPHIC REGION

For the purposes of this assessment we analyzed the gaps in service specific to five regions in Illinois. Those were Cook County, a very large metropolitan area with an extremely dense population; the northern region collar counties that encompass urban and suburban areas, with a sprinkling of rural areas; the northern region rural counties that encompass northern counties of the state with lower population density and more rural characteristics; the central region that encompasses a lot of rural area with some suburban population centers as well; and the southern region, which is primarily rural and with an extremely low population density overall (with the exception of counties in southwestern Illinois, close to the St. Louis metro area, which is more heavily populated and slightly more diverse).

There were several commonalities in the gaps identified within each region, and in some cases across multiple regions. These have all been specifically summarized earlier in this report and we wish not to restate them here. However, what we do wish to acknowledge here are the demographic and geographic differences among those areas of Illinois and how those characteristics affect a survivors' ability to achieve safety and a service provider's ability to help her do so. On the next page, we have outlined some of those differences for you as reported by the U.S. Census Bureau. Our observations about how those differences should be carefully considered as we move forward and implement the aforementioned strategies follow.

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<sup>9</sup> Liz Claiborne, Inc., Teen Dating Abuse Survey 2005, results obtained from [http://www.loveisnotabuse.com/web/guest/survey2005/journal\\_content/56/10123/84662/DEFAULT](http://www.loveisnotabuse.com/web/guest/survey2005/journal_content/56/10123/84662/DEFAULT)

**Data from the 2000 U.S. Census As Compiled by Regions Used in Our Assessment**

Region	Population total	Land area (sq miles) 2000	persons/mile squared 2000	Percent of land	Percent people	Per Capita Income
Cook Co.	<b>5,278,738</b>	945.68	<b>5581.95</b>	1.70	41.09	<b>29,299.00</b>
North Collar	<b>3,712,802</b>	4,911.71	<b>755.91</b>	8.23	28.90	<b>30,071.40</b>
North Rural	814,936	11,749.53	34.02	21.12	6.34	22,129.78
Central	<b>1,740,363</b>	21,592.85	<b>80.60</b>	38.81	13.55	<b>20,546.44</b>
South	1,300,233	16,438.4	79.13	29.55	10.13	<b>19,042.22</b>
<i>Entire state</i>	<i>12,847,672</i>	<i>55638.17</i>	<i>230.9147</i>			

Region	White %	Black or African American %	Am In & AI Nat. %	Asian %	Native Haw/ Other Pacific Islander %	Other %	Two or more races %	Hispanic or Latino Ethnicity (of any race) %
Cook Co.	52.92	25.40	0.19	5.70	0.06	14.08	1.65	22.80
North Collar	80.58	6.31	0.16	5.21	0.02	6.09	1.63	15.80
North Rural	90.00	4.81	0.23	0.79	0.03	2.45	1.66	6.47
Central	86.73	7.49	0.15	1.91	0.03	0.23	1.56	2.25
South	82.87	10.04	0.23	0.78	0.02	0.56	1.25	1.79
<b>Entire state</b>	<b>70.88</b>	<b>14.60</b>	<b>0.19</b>	<b>4.24</b>	<b>0.04</b>	<b>7.87</b>	<b>1.59</b>	<b>14.23</b>

In our assessment, we identified four major areas where survivors are not being provided the resources they need to achieve safety. Survivors throughout the state need to have those gaps addressed by stakeholders offering them assistance. However, development and implementation of policies and practices for meeting the needs of survivors in one area of the state may look quite different from those in another part of the state. When developing plans for increasing safety opportunities for survivors, we ask that you consider the following differences.

### **Population Density and Square Mileage Served**

Many residents of rural counties live in geographical isolation. While victims of domestic violence may have family members and/or friends who live in the same county, they may live in a home that is not physically within walking distance or hearing distance from the nearest neighbor. This isolation increases the danger level for rural victims of domestic violence. Stakeholders in densely populated areas like Cook County and North Collar regions struggle with the volume of requests for assistance with approximately 70% of the state's population spread over just 11% of the land. Stakeholders in the Southern, North Rural, and Central regions, which are more rural, struggle with the square mileage they must cover to reach survivors. These regions serve approximately 30% of Illinois' population, but that 30% is sprawled out over 89% of the land, affecting survivors' access to available services.

Population density and square mileage served is closely tied to the transportation needs of survivors and communities. Assuming that services are available for her within her region, county, or town, without appropriate transportation to get to the place where services are delivered, safety resources are not accessible to her. In many areas, in order to get to services, a survivor has to travel an hour or two. Most of these rural areas have no public transportation system in place, further complicating access. Even in areas that do have some public transportation, such as the North Collar region, it is not consistently or widely accessible, which presents challenges for survivors in those parts of the region as well. How stakeholders address these accessibility issues may look very different from region to region, so development of strategies for addressing the four major gaps for survivors must consider the specifics of the populations and accessibility of services in each community. If survivors are fortunate to have their own form of transportation, they often do not have the financial resources for gasoline, insurance, and maintenance. This makes it challenging to begin finding employment options that are in larger towns, hours away. Part-time employment with low pay is often the only option for many survivors seeking safety.

Another barrier for survivors in rural areas relates to untimely response from law enforcement and medical responders. This untimely response provides an opportunity for the abuser to leave the scene before the responding officer arrives. Consequently, batterers in rural areas may be given more opportunities to violate orders of protection and perpetrate additional domestic violence against victims. The large geographic areas can make the quick response of law enforcement and/or medical personnel a difficult task.

### **Population Diversity and Population Density**

The dense population in Cook County and North Collar Counties proves to be much more diverse than their more rural counterparts in the North Rural, Central, and Southern regions. Only about 53% of the population in Cook County indicated their race as White and the remaining 47% reported in minority race categories, while all other regions outside of Cook County indicated from 80–90% White with only 10–20% reporting minority categories for race. Additionally, Cook County and North Collar counties reported approximately 23% and 16% respectively in the Latino/Hispanic category for ethnicity compared to other regions that reported between 7% and 1%.

This higher density of minority races and ethnicities in the Cook County and North Collar regions affects the increased requests for bilingual, bicultural services, and services sensitive to immigration issues as described in the previous section. Stakeholders in these regions struggle to meet the special needs of these populations that are asking for assistance every day. While the need for these types of services are greater in the Cook County and North Collar regions, other areas of the state that are less diverse in their demographic qualities are also struggling to meet the needs of those populations even if they make up smaller percentages of the community. Minority populations may be smaller than in Cook County and North Collar regions, but securing resources to support the special needs of those survivor populations in the North Rural, Central, and Southern regions may prove more difficult because the pool of potential candidates from which those staff skills can be acquired by an organization is smaller as well.

### **Population Density, Per Capita Income, and Availability of Resources**

The per capita income of the Cook County and North Collar regions is \$29,000 to \$30,000 and for the other regions ranges from \$19,000 to \$22,000. This may increase the economic base for Cook County and the North Collar regions that are dense with employment opportunities; however, some areas are not flourishing. For example, one community in Cook County (Ford Heights) has the lowest per capita income in the United States. While many areas of Cook County may offer economic opportunities for survivors, others do not. The economic disparity of many rural areas of the state makes it difficult for survivors to find the resources they need to achieve safety, such as employment, education, child care, transportation, and housing.

As stakeholders work with domestic violence providers to implement strategies for increasing opportunities for survivors, it is crucial that we remain aware that the density of resources and the needs of survivors not only vary from region to region, but also from county to county, town to town, and even neighborhood to neighborhood. For example, even though in the North Collar region public transportation may exist in many areas, providing survivors accessibility to many services, those transportation systems (Metra and PACE) do not fully cover the entire region.

Another factor related to economic density we wish to mention is that this “density” of service providers in one geographic region can present a perceived “competition” for resources that are diminishing year after year. At the same time, while resources may be becoming harder and harder to come by for all, we would like to urge stakeholders to help us seize the opportunities for increased collaboration, which can more efficiently use available resources to benefit survivors.

### **Other Notes About Rural Areas**

Providers in the Southern region more often report that the general societal attitude about domestic violence is “acceptance.” This is especially true as related to a batterer’s right to own firearms, even when the Illinois Domestic Violence Act may prohibit him from doing so. Although we suspect this is true in many small communities throughout the state, another issue which Southern region providers report is the challenge for a survivor to maintain her confidentiality when she decides to seek assistance. The “everybody knows everybody” phenomenon may put her at further risk if the batterer finds out that she is seeking and receiving services.