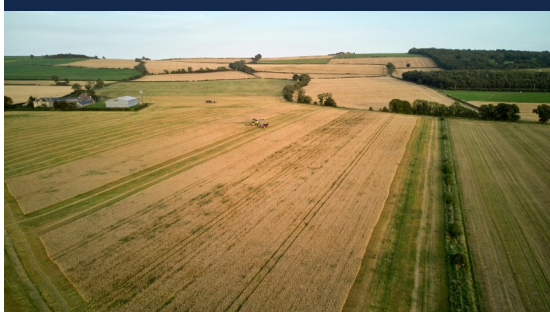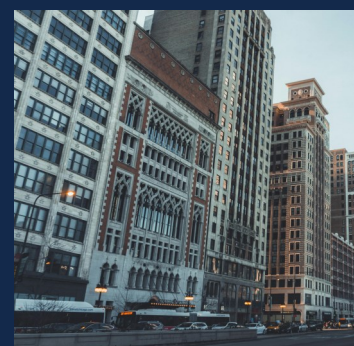State of Illinois
JB Pritzker, Governor

Illinois Criminal Justice Information Authority
Delrice Adams, Director

Statewide Violence Prevention Plan for Illinois | 2025-2029

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ICJIA
Illinois Criminal Justice Information Authority

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EXECUTIVE SUMMARY

Violence is a global public health crisis. Violence is prevalent for many individuals and communities in Illinois (Garthe et al., 2021), and a leading cause of death (Illinois Department of Public Health, 2022). Experiencing or perpetrating violence can result in an array of negative health, mental health, economic, and relational impacts (World Health Organization, 2023). Thus, the prevention of violence is paramount.

The Illinois Criminal Justice Information Authority (ICJIA) aims to continue funding and supporting violence prevention efforts across Illinois. This report was written to inform ICJIA's violence prevention planning for 2025-2029, but also with the intent to be utilized by any state or community group interested in violence prevention efforts or in developing their own localized plan.

The first Statewide Violence Prevention Plan, for 2020-2024, was released in 2021. Since then, a variety of implementation, research, and activities have taken place. The Ad Hoc Violence Prevention Committee and its workgroups reviewed these activities, reports, and research, discussing ways in which this work could be used to inform the next violence prevention plan, collectively writing the 2025-2029 goals and recommendations. This plan presents three violence prevention goals and recommendations within each goal. They include:

1. **Prevent violence and promote health and safety through trauma-informed/healing-centered, evidence-based and comprehensive primary, secondary, and/or tertiary prevention efforts.**
Programs and service should:
- Honor people's complex histories (i.e., multi-generational adversity and trauma, multiple victimizations and perpetrations) and provide holistic services that address multiple forms of violence.
- Aim to engage families, schools, communities, and other important relationships and contexts in prevention efforts.
- Aim to address multiple risk and protective factors within an individual's social ecology and shared risk and protective factors.
- Focus on groups of individuals at a higher risk for violence (e.g., individuals with minoritized identities, individuals with high levels of adversity), aiming to minimize or eliminate inequities.
- Address local needs using evidence-based practices (i.e., using research or evaluation evidence, clinical expertise, and client values).
Organizations should:
- Strengthen the capacity of providers to implement trauma-informed and healing-centered policies, training, and organizational practices.
- Foster culturally responsive, trauma-informed/healing-centered environments that provide safe

and developmentally appropriate opportunities. Additionally, organizations should equip providers with developmentally and culturally appropriate screening practices and referral networks for providers to actively implement.

- Use evidence-based practices or discuss a plan for conducting an evaluation of proposed efforts.
- Support prevention staff's health and well-being using organizational trauma-informed/healing-centered practices and aiming for pay equity, to the extent possible.

2. Advance equity by increasing access to grants and other economic opportunities.
- Continue improving access to funding.
- Provide more support for small and medium-sized organizations.
- Improve reimbursement and budget processes.
- Promote and connect grantee work.
- Improve systems and communication.

3. Promote collaboration across state, municipal, and community-based agencies, informed by research and data, sharing of best practices and lessons learned, and ongoing discussions.
- Analyze and disseminate statewide data trends and continue to collect data to inform future violence prevention planning efforts. This ongoing data analysis and collection should incorporate youth, family, and community feedback and utilize quantitative and qualitative evaluation methods, including rigorous comparison group data. ICJIA should determine its capacity to complete this objective internally or through a contract with research partners.
- Coordinate violence prevention funding in Illinois by continuing the Ad Hoc Violence Prevention Committee under the ICJIA Board structure.
- Host a statewide violence prevention event to highlight research and program evaluation findings, as well as the work of community-based organizations leading violence prevention work. This event could also encourage governmental partnerships and build community across grantees, evaluators, governmental officials, stakeholders, and researchers.

As this work continues, ICJIA is committed to supporting violence prevention initiatives. The goals of this plan aim to address inequities by increasing access to grant and economic opportunities and prioritizing trauma-informed/healing-centered practices across the state and within communities most impacted by violence. Focused and deliberate efforts are critically needed to begin the process of healing and finding justice within communities that have faced persistent inequities and disinvestment, structural racism, and other systemic barriers. Furthermore, Illinois is committed to violence prevention efforts from a public health perspective, utilizing evidence-based practices.

Violence Prevention from a Public Health Approach

Violence is a global 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, 2002). Violence can include child abuse and neglect, bullying and cyberbullying, teen dating violence, youth physical fighting and weapon carrying, adult intimate partner violence, sexual violence, violent crime (e.g., homicides, aggravated assault, criminal sexual assault, robbery), and abuse against older adults and adults with disabilities. People are exposed to violence within their homes, at school or work, and in their communities.

In Illinois, violence is prevalent. For example:
⇒ Rates of child maltreatment are higher in Illinois than national rates (2018-2021).
⇒ About 12% of high school youth have experienced sexual violence (2019-2021).
⇒ 1 in 3 youth in 6th to 12th grades report experiencing a form of bullying, and 1 in 5 report having been in a physical fight in the past 12 months (2018-2022).
⇒ In 2020 and 2021, Illinois saw an increase in the firearm mortality rate.

Across these rates of violence in Illinois, disparities exist for minoritized groups. For example, Black or African American men who are between the ages of 15-34 faced significant disparities in rates of experiencing gun violence and violent offenses. Also, transgender[a] and gender expansive[b] youth reported substantially higher rates of violence compared to male and female youth.

Societal inequities result from oppression and discrimination, and 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 (Armstead et al., 2021).

[a]Transgender: gender identity or expression is not congruent with traits culturally associated with sex assigned at birth; [b] Gender expansive: gender is beyond the male-female binary or not identifying with one specific gender (Garthe et al., 2021)

Due to the high prevalence of violence, and the persistent disparities, violence is seen as an epidemic impacting our state and our society. Violence prevention efforts are crucial so that we can reduce rates of violence and prevent future violence. Additionally, work is needed to address societal inequities to prevent violence and begin the healing process (i.e., healing-centered care) in communities impacted by these persistent inequities.

Creation of a Statewide Violence Prevention Plan
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 aims to continue funding and supporting violence prevention efforts across Illinois. In 2020, ICJIA's authorizing statue included 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 first four-year Statewide Violence Prevention Plan was released in 2021. Since then, a variety of implementation, research, and activities have taken place. ICJIA created the Violence Prevention Ad Hoc Committee, a group that convenes quarterly under the ICJIA Board. This committee meets to coordinate violence prevention funding in Illinois, share updates and resources, and stay informed about partnerships and opportunities.

The current report was written to inform ICJIA's violence prevention planning for the next four years (2025-2029). Also, this report was written for any state or community group interested in violence prevention efforts or in developing their own localized plan. This report utilizes a public health approach to violence prevention.

Public Health Framework

Evidence-informed violence prevention efforts utilize a public health framework to prevent violence. This approach is grounded in the scientific method and includes four steps (Centers for Disease Control and Prevention [CDC], 2024):

1. **Define and monitor the problem**. Understanding who experiences violence, as well as when and where it occurs, is the first step in preventing violence. Data can help us understand the prevalence of violence, where it occurs, trends in violence rates over time, and who it impacts. In defining violence, it is also critical to find appropriate, validated measurements.

2. **Identify risk and protective factors**. We need to understand what factors protect individuals from experiencing or perpetrating violence, and what factors place individuals at greater risk for victimization or perpetration. These factors can help providers know where to focus violence prevention efforts.

3. **Develop and test prevention strategies**. Prevention efforts are developed and modified based on community needs, practitioner and organizational expertise and experience, and participant, stakeholder, and collaborator feedback. Once prevention strategies are developed or identified for implementation, strategies should be evaluated to ensure they are effective. Evidence-based practices are vital to ensure programs are doing what they set out to do.

4. **Assure widespread adoption**. Communities are encouraged to implement evidence-based programs. Additionally, they should continually assess if the strategy is a good match for their participants or community area, evaluating any adaptations or changes. The growing evidence-base for violence prevention practices will fuel widespread adoption of evidence-based strategies.

Within the public health approach, further guidance is provided to organize strategies for better synergy. This guidance includes utilizing the social-ecological model to examine risk and protective factors, as well as providing organization for prevention strategies based on when and to whom services are targeted. The social-ecological model is a framework for understanding where to target violence prevention efforts, including addressing factors at the individual, relational, community, or society level.

Violence prevention efforts aim to decrease risks (i.e., factors that place individuals at a higher risk for violence victimization or perpetration) and strengthen protection (i.e., factors that protect individuals from experiencing or perpetrating violence). Risk and protective factors exist at various levels of the social-ecological model, including individual, relational, community, and societal factors (CDC, 2019; Wilkins et al., 2014). **Comprehensive efforts that address prevention across multiple levels of the social-ecological model are more sustainable and can have more of a long-term impact.** Thus, violence prevention efforts should aim to address factors across the social-ecological model whenever possible.

The Centers for Disease Control and Prevention have urged researchers to consider how multiple forms of violence can share many of the same risk and protective factors (Wilkins et al., 2014). By considering these shared factors, programs can be expanded or enhanced to prevent multiple forms of violence.

Violence prevention efforts can also be organized by when they take place and who is the focus of prevention efforts (CDC, 2019).
- **Primary prevention** is considered *universal*, occurring for an entire population; primary prevention efforts take place before violence occurs.
- **Secondary prevention** is considered *selected*, or focused on those with one or more risk factors for violence. Secondary prevention efforts take place immediately after violence occurs, or interventions occur when violence is about to occur.
- **Tertiary prevention** is considered *indicated,* or efforts for those who have already experienced or perpetrated violence. Tertiary prevention efforts, or long-term recovery services and supports, occur after violence has occurred.

Finally, **a public health approach aims to achieve health equity** (i.e., all people have the opportunity to attain their highest level of health; CDC, 2019). By addressing systemic inequities in social and healthcare systems, like increasing access to affordable housing, income, education, and healthcare, we can reduce the risk of violence that is associated with these inequities. Thus, in aims to achieve health equity, collective work is needed from all sectors, stakeholders, and policymakers.

GUIDING PRINCIPLES

The five guiding principles of the 2020-2024 Violence Prevention Plan informed the updated plan goals and recommendations.

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 practices include policies and efforts 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.

PLANNING PROCESS

In preparation for the 2025-2029 Violence Prevention Plan, several groups were convened to review data and research, hear updates on violence prevention efforts across the state, review previous recommendations, and contribute feedback. The goals and recommendations in this plan are a result of this collaborative effort.

Planning Process

- Research and data analyses took place throughout the 2020-2024 plan period. An overview of this research can be found in "2020-2024 Research Summary Report."

- Research and reports were shared with the Violence Prevention Ad Hoc Committee in Fall 2021 to Summer 2024.

- Three workgroups were formed:

  - A data workgroup was formed to review the updated violence rates and trends report that was released, ensuring the new plan was reflective of these data.

  - A grant implementation workgroup was formed to review the focus group and interview results from ICJIA violence prevention grantees and grant monitors. This workgroup focused on the goal related to equity in grant implementation.

  - A recommendations workgroup was formed to review the 2020-2024 goals and recommendations, while considering new recommendations from the data and grant implementation workgroups.

The 2025-2029 Statewide Violence Prevention Plan goals and recommendations are reflective of committee and workgroup members' feedback and suggestions.

Violence Prevention Ad Hoc Committee Meetings

After the 2020-2024 Statewide Violence Prevention Plan was released, the Violence Prevention Ad Hoc Committee was formed and it held 13 quarterly meetings. These meetings included data and research presentations, ICJIA and community program updates, and discussions about writing the 2025-2029 Violence Prevention Plan.

Meetings were held on the following dates:

⇒ 2021: August 2 and November 4, 2021

⇒ 2022: February 10, June 9, September 8, and November 10, 2022

⇒ 2023: February 23, May 11, August 10, and November 9, 2023

⇒ 2024: February 8, May 9, and August 8, 2024

Data Workgroup Meetings

This workgroup was formed to review updated violence data and trends. This workgroup met to ensure the new plan included the most up-to-date data. Meetings were held on:

⇒ February 22 and March 21, 2024

Grant Implementation Workgroup Meetings

This workgroup assembled to review data from ICJIA grant staff interviews and violence prevention grantee focus groups. The group met to ensure the plan incorporated grant implementation goals and recommendations with up-to-date feedback. Meetings were held on:

⇒ March 21 and May 23, 2024

Recommendations Workgroup Meetings

This workgroup formed to review previous recommendations and to modify and propose new goals and recommendations. Meetings were held on:

⇒ March 28 and May 23, 2024

Violence Prevention Goals
and Recommendations

VIOLENCE PREVENTION GOALS

1. **Prevent violence and promote health and safety** through trauma-informed/healing-centered, evidence-based and comprehensive primary, secondary, and/or tertiary prevention efforts.

2. **Advance equity** by increasing access to grants and other economic opportunities.

3. **Promote collaboration** across state, municipal, and community-based agencies, informed by research and data, sharing of best practices and lessons learned, and ongoing discussions.

VIOLENCE PREVENTION GOAL #1

Prevent violence and promote health and safety through trauma-informed, evidence-based, and comprehensive primary, secondary, and/or tertiary prevention efforts.

Recommendations for violence prevention <u>programs and services:</u>

- Honor people's complex histories (i.e., multi-generational adversity and trauma, multiple victimizations and perpetrations), and provide holistic services that address multiple forms of violence.

- Aim to engage families, schools, communities, and other important relationships and contexts in prevention efforts.

- Aim to address multiple risk and protective factors within an individual's social ecology and shared risk and protective factors.

- Focus on groups of individuals at a higher risk for violence (e.g., individuals with minoritized identities, individuals with high levels of adversity), aiming to minimize or eliminate inequities.

- Address local needs using evidence-based practices (i.e., using research or evaluation evidence, clinical expertise, and client values).

Recommendations for <u>organizations</u> providing violence prevention programs and services:

- Strengthen the capacity of providers to implement trauma-informed/healing-centered policies, training, and organizational practices.

- Foster culturally responsive, trauma-informed and healing-centered environments that provide safe and developmentally appropriate opportunities.

- Equip providers with developmentally and culturally appropriate screening practices and referral networks for providers to actively implement.

- Use evidence-based practices or discuss a plan for conducting an evaluation of proposed efforts.

- Support prevention staff's health and well-being using organizational trauma-informed/healing-centered practices and aiming for pay equity, to the extent possible.

To articulate components of Goal #1, we provide further definitions and graphics to describe what is meant by trauma-informed/healing-centered practices, evidence-based, and comprehensive primary, secondary, and/or tertiary prevention efforts.

Trauma-informed and healing-centered practices

The Substance Abuse and Mental Health Services Administration (SAMSHA, 2014) provides six guiding principles for trauma-informed efforts:

1. **Safety:** Within an organization or setting, clients/patients and staff feel safe physically and psychologically.

2. **Trustworthiness and transparency:** Throughout the process of care, decisions are transparent to build and sustain trust.

3. **Peer support:** Services include connecting individuals with other individuals with shared lived experiences.

4. **Collaboration and mutuality:** The power differential is eliminated to promote shared decision-making.

5. **Empowerment, voice and choice:** Clients/patients are supported in determining what they need and want for healing and the next steps they would like to pursue. Staff are seen as facilitators of healing, also empowered and supported in their work.

6. **Cultural, historical and gender considerations**: Services and organizational policies are responsive to socio-demographic and intersectional needs of participants, while also recognizing and addressing the roles of historical trauma, biases and stereotypes, and discrimination.

Trauma-informed practices **realize** the impact of trauma, **recognize** the signs and impacts of trauma among clients/patients and staff, **respond** by integrating knowledge of trauma into policies and practices, and **resist** re-traumatization (i.e., stemming from a triggering event, you are reminded of an earlier trauma; SAMHSA, 2017).

For a list of key references and resources, please see:

https://store.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884

https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

https://blogs.cdc.gov/publichealthmatters/2022/05/trauma-informed/

While trauma-informed practices are important, they are incomplete. They focus on the harm and injury resulting from trauma, individual experiences (rather than collective), and they lack a strengths-based perspective. An approach to address these limitations is called **healing-centered practice**, which involves "culture, spirituality, civic action and collective healing… highlighting the ways in which trauma and healing are experienced collectively." Thus, healing-centered moves away from a risk reduction model, and instead provides an asset driven and restorative approach that focuses on well-being as the goal (rather than focusing on what we want to reduce or suppress; Ginwright, 2018).

Evidence-based practices

In social services, evidence-based practices integrate the best research or evaluation evidence, clinical expertise, and participant or community values to meet the needs of a participant or community (Bent-Goodley et al., 2019). For evidence-based resources across types of violence prevention, please see: https://health.gov/healthypeople/objectives-and-data/browse-objectives/violence-prevention/evidence-based-resources

Comprehensive practices

Comprehensive practices mean addressing risk and protective factors across the social-ecological model (Wilkins et al., 2014). The social-ecological model is a useful framework for understanding where to target violence prevention efforts. As shown in Figure 1, violence prevention efforts may address factors at the individual, relational, community, or society level. These efforts may also target factors at multiple levels. Comprehensive efforts that address prevention across multiple levels of the social-ecological model are more sustainable and can have more of a long-term impact. Thus, violence prevention efforts should aim to address factors across the social-ecological model whenever possible.

WHERE Violence Prevention Efforts Occur:

Societal Level
- The role of the economy, cultural norms, media, policies, laws (e.g., policies that create or maintain inequities, cultural norms that encourage violence)
- Prevention efforts aim to address norms/attitudes, offer equitable services and opportunities, focus on policy proposals/changes

Community Level
- The role of places (e.g., school, work, neighborhood) and conditions that contribute to violence (e.g., poverty, residential segregation)
- Prevention efforts aim to improve physical or social aspects of a setting, strengthen setting characteristics, climates, or connections, or address structural conditions

Relational Level
- The role of interactions with peers, partners, family members, etc. (e.g., a family member may encourage or promote violence)
- Prevention efforts involve improving relationships (e.g., family-based program that focuses on strengthening parent-child communication) and can involve mentoring

Individual Level
- The role of personal characteristics, behaviors, experiences that may increase risks for violence victimization or perpetration (e.g., history of experiencing abuse, age)
- Prevention efforts teach individual skills, behaviors, and awareness (e.g., social-emotional skills; conflict resolution, healthy relationship skills and safe dating)
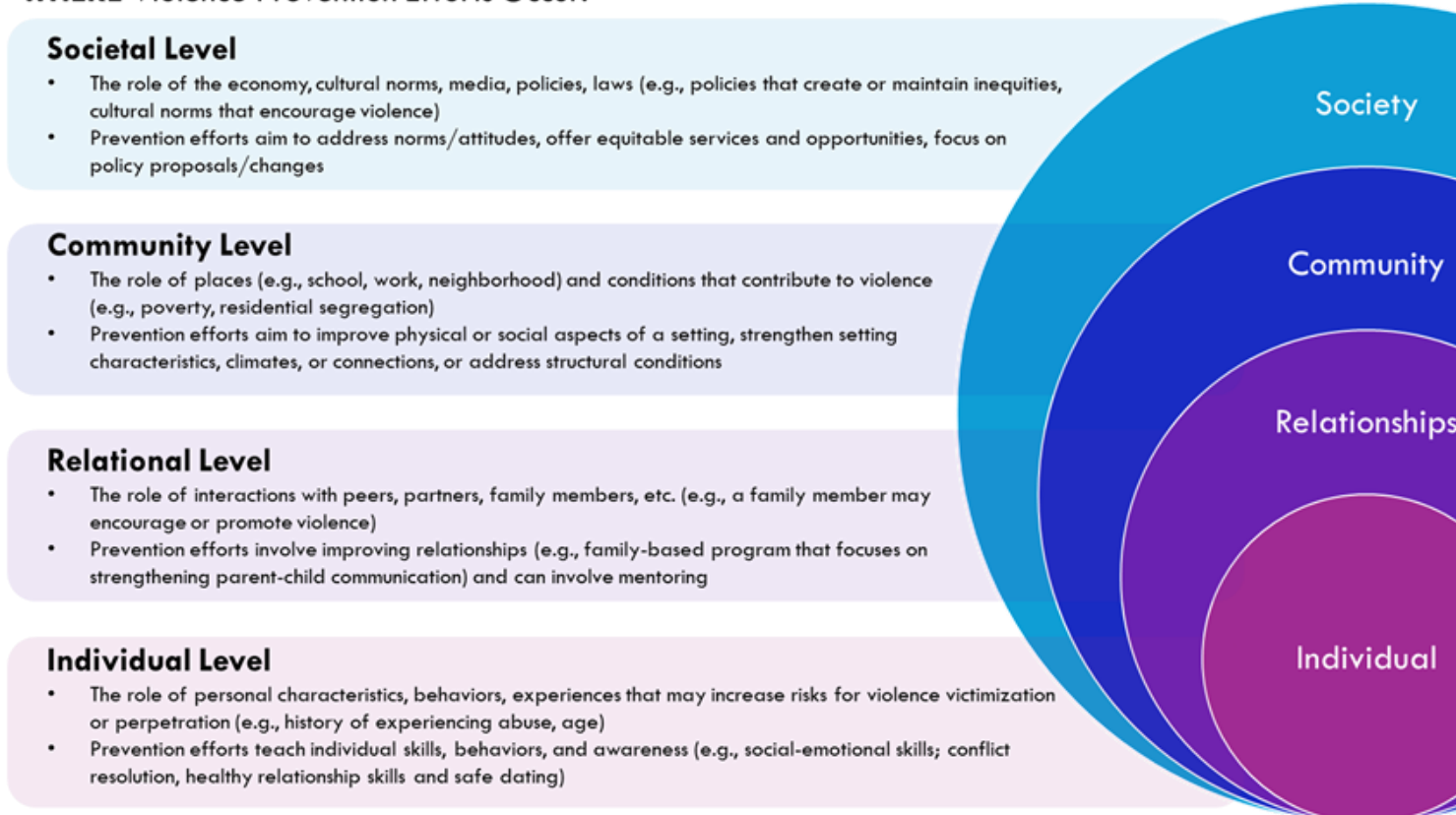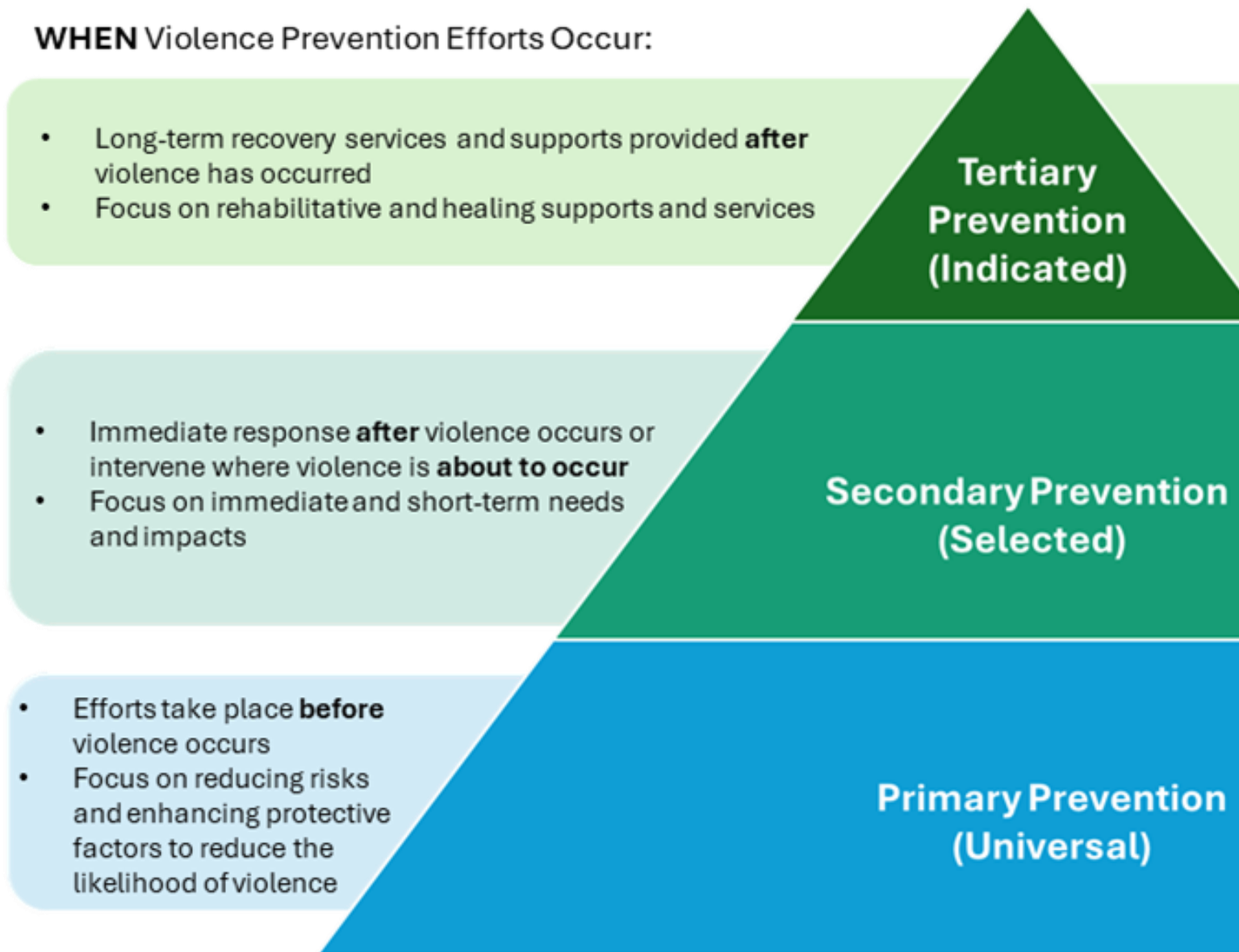
Figure 1. Social-ecological model

For additional resources regarding the socio-ecological model and coordinated and comprehensive violence prevention efforts, please see:

https://www.cdc.gov/violence-prevention/about/index.html

https://vetoviolence.cdc.gov/apps/connecting-the-dots/node/5.

"Primary, Secondary, and Tertiary Prevention Efforts" organize violence prevention approaches to specify **when** programming or services take place, and **who** violence prevention efforts occur with. Primary prevention is considered universal, occurring for an entire population; secondary prevention is considered selected or focused on those with one or more risk factors for violence; tertiary prevention is considered indicated, or efforts for those who have already experienced or perpetrated violence (Figure 2).

WHEN Violence Prevention Efforts Occur:

- Long-term recovery services and supports provided **after** violence has occurred
- Focus on rehabilitative and healing supports and services

Tertiary Prevention (Indicated)

- Immediate response **after** violence occurs or intervene where violence is **about to occur**
- Focus on immediate and short-term needs and impacts

Secondary Prevention (Selected)

- Efforts take place **before** violence occurs
- Focus on reducing risks and enhancing protective factors to reduce the likelihood of violence

Primary Prevention (Universal)

Primary prevention efforts include programs and services that prioritize child and family support and healthy relationships and development by reducing risk factors and strengthening protective factors for an entire population. These services foster social connections and belonging.

Secondary prevention efforts include intervention programs for those at highest risk of violence (e.g., community violence interventions like street outreach, Trauma Recovery Centers, hospital-based intervention programs), focus on de-escalation and comprehensive case management, as well as clinical support for participants and their families.

WHO Violence Prevention Efforts Occur With:

- Efforts are focused on those who have **already engaged in or experienced violent behavior**, addressing trauma and other mental health, health, economic, social, and behavioral impacts

- Efforts are focused on those who are **at risk for violence** (e.g., program is delivered to youth with risk factors)
- Efforts may also emphasize settings where **higher risk** individuals frequent (e.g., homeless shelters, substance use disorder programming)

- Efforts occur **for an entire population** (e.g., every student receives a program)
- Programs, activities and events for all that foster social connections and belonging

Figure 2. Primary, secondary, and tertiary prevention efforts

Tertiary prevention efforts include victim services, re-entry services, and other recovery services after violence has occurred. Approaches emphasize relationships and are focused on addressing trauma and providing long-term supports.

For additional resources on primary, secondary, and tertiary approaches to violence prevention, please see: Violence Education Tools Online, https://vetoviolence.cdc.gov/apps/main/prevention-information/violence-prevention-fundamentals/

Violence Prevention Goal #2

Advance equity by increasing access to grants and other economic opportunities.

<u>**Recommendations:**</u>

Continue improving access to funding.

- 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.
- Funding notices should use accessible language.
- The application review process should include community members.
- Provide 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.

Provide more support for small and medium-sized organizations.

- Conduct active and rigorous outreach to communities and provide accessible education on upcoming solicitations and capacity building opportunities (e.g., in areas of writing grants and budgets, proposing implementation or evaluation plans).
- Develop a mentoring program so small and medium-sized, or new organizations can learn from more experienced or larger organizations.
- Enhance capacity building curricula, and its accessibility, for prospective grantees and current grantees.

Improve reimbursement and budget processes.

- Improve the overall infrastructure for reimbursements, streamlining budgetary and reporting requirements to reduce burden on grantees.
- Evaluate the workflow within fiscal and grant departments to identify opportunities that will decrease time to reimbursement.
- Enhance grantee budgetary and reporting training.
- Prioritize pay equity across community agencies (to the extent possible), investing in people in the local community who provide support for those impacted by violence.

Promote and connect grantee work.

- Develop media and materials to promote the exceptional work of violence prevention grantees.
- Foster grantee engagement activities throughout implementation.

Improve systems and communication.

- Update grant monitoring systems and include a more centralized approach (e.g., where to submit and track reports, budgets, requests).
- Encourage communication between state agencies to increase use of best practices for Notice of Funding Opportunities, reporting, budgets, and training.

Violence Prevention Goal #3

Promote collaboration across state, municipal, and community-based agencies, informed by research and data, sharing of best practices and lessons learned, and ongoing discussions.

Recommendations:

- Analyze and disseminate statewide data trends, and continue to collect data to inform future violence prevention planning efforts. This ongoing data analysis and collection should incorporate youth, family, and community feedback and utilize quantitative and qualitative evaluation methods, including rigorous comparison group data. ICJIA should determine its capacity to complete this objective internally or through a contract with research partners.

- Coordinate violence prevention funding in Illinois by continuing the Ad Hoc Violence Prevention Committee under the ICJIA Board structure.
    - Identify and invite organizations to address missing representation.
    - Convene a quarterly meeting in which committee members stay in conversation with each other. Regular communication and convening fosters collaboration between agencies. This committee will determine sub-committee projects.
    - Identify possible projects, key contacts within agencies, and develop a project timeline. This collaborative project should include at least two state agencies and relevant community partners.

- Host a statewide violence prevention event to highlight research and program evaluation findings, as well as the work of community-based organizations leading violence prevention work. This event could also encourage governmental partnerships and build community across grantees, evaluators, governmental officials, stakeholders, and researchers.

References

References

American Public Health Association. (2009). Building public health infrastructure for youth violence prevention. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/22/14/51/building-public-health-infrastructure-for-youth-violence-prevention

Armstead, T. L., Wilkins, N., Nation, M. (2021). Structural and social determinants of inequities in violence risk: A review of indicators. *Journal of Community Psychology, 49,* 878-906.

Bent-Goodley, T. B., Williams, J. H., Teasley, M. L., & Gorin, S. H. (Eds.). (2019). *Grand challenges for society: Evidence-based social practice.* NASW Press.

Centers for Disease Control and Prevention [CDC]. (2019). Violence prevention fundamentals. https://vetoviolence.cdc.gov/apps/main/prevention-information/violence-prevention-fundamentals/

CDC (2024). About the public health approach to violence prevention. https://www.cdc.gov/violence-prevention/about/about-the-public-health-approach-to-violence-prevention.html

David-Ferdon, C., Vivolo-Kantor, A. M., Dahlberg, L. L., Marshall, K. J., Rainford, N., & Hall, J. E. (2016). *Youth violence prevention: Resource for action.* CDC. Atlanta, GA.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258.

Garthe, R. C., Kaur, A., Rieger, A., Blackburn, A. M., Kim, S., & Goffnett, J. (2021). Dating violence and peer victimization among male, female, transgender, and gender expansive youth. *Pediatrics, 147*(4).

Garthe, R. C., Smith, D. C., & Freeman, S. (2021). *Illinois Criminal Justice Information Authority Statewide Violence Prevention Plan 2020-2024: Review of Programs and Strategies, Needs Assessment of Violence in Illinois & Recommendations for Funding.* Illinois Criminal Justice Information Authority.

Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

Illinois Department of Public Health. (2022). Leading causes of death by age group, Illinois residents, 2022. https://dph.illinois.gov/data-statistics/vital-statistics/death-statistics.html

Illinois State Police. (2024). Human trafficking. https://isp.illinois.gov/Home/HumanTrafficking

National Center for Injury Prevention and Control (2017). Connecting the Dots. https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/discover-connections

Office of Juvenile Justice and Delinquency Prevention. Gun violence and youth/young adults. https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/gun-violence-and-youth-young-adults

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

SAMHSA (2017). Tips for survivors of a disaster or other traumatic event: Coping with retraumatization. https://store.samhsa.gov/sites/default/files/sma17-5047.pdf

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.

World Health Organization (2002). *World report on violence and health.* Geneva, World Health Organization.

World Health Organization (2023). Youth Violence Key Facts. https://www.who.int/news-room/fact-sheets/detail/youth-violence#:~:text=Youth%20homicide%20and%20non%2Dfatal,'%20families%2C%20friends%20and%20communities.