



**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**

300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

**REGULAR MEETING MINUTES
ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY**

August 22, 2018, 10:45 a.m. to 12:00 p.m.
3000 South Dirksen Parkway
Springfield, IL 62703

Roll Call

ICJIA Chair Elizabeth Robb welcomed Board members and guests to the quarterly Illinois Criminal Justice Information Authority Regular Meeting. She called the meeting to order at 10:45 a.m. and asked General Counsel Malgorzata Bereziewicz to call the roll.

ICJIA Board Member	Present	Absent
Director John Baldwin		X
Public Defender Carla Barnes		X
Clerk Dorothy Brown		X
Public Defender Amy Campanelli		X
Director James Chadd		X
Sheriff Tom Dart		X
Director Patrick Delfino, Vice Chair	X	
Director Brent Fischer	X	
State's Attorney Kim Foxx		X
Superintendent Eddie T. Johnson		X
Clerk Maureen Josh		X
State's Attorney Bryan Kibler	X	
Cynthia Hora for Attorney General Lisa Madigan	X	
Director David Olson	X	
President Toni Preckwinkle		X
Judge Elizabeth Robb, Chair	X	
Director Kathy Saltmarsh	X	
Director Leo Schmitz		X
Director Nirav Shah		X
Director BJ Walker		X
Director Jennifer Vollen-Katz		X
Director Paula Wolff		X

Leadership Panel: A Resilient and Trauma-Informed Illinois

Research Director Dr. Megan Alderden welcomed the panelists and introduced the topic of trauma-informed services. She explained that trauma, often conceptualized as adverse childhood experiences (or ACEs), can cause psychological harm to the victim and manifest in chronic health problems, depression, alcoholism and substance use, low graduate rates, academic underachievement, lost work time, and criminal conduct. She initiated a discussion with the panelists on what it means to be trauma-informed and why it is important.

Director John Maki quoted Chicago Beyond Executive Director Liz Dozier, who described being trauma-informed as moving from a framework where service providers ask, “What’s wrong with you?” to one where they ask, “What happened to you?” He said government has a responsibility to understand the influence it has on funded organizations and also give them time to collaborate, plan, implement, research, and evolve. Rushing those steps heightens the risk of re-traumatizing victims, he said. Lifespan Policy Director Jennifer Greene added that training all members of an organization, even those who do not work directly with victims, is necessary to become fully trauma-informed.

Illinois Coalition Against Domestic Violence Executive Director Vickie Smith explained that in the field of domestic violence, providing trauma-informed services means listening to and treating the entire family, including the abuser. This practice is borne of the understanding that all people have been through some sort of trauma, she said. UCAN Vice President of Violence Intervention and Prevention Services Norman Kerr compared trauma-informed practices to how a massage therapist asks which areas of their client’s body have had surgery or broken bones, so they can understand which areas need to be treated gently.

Illinois Coalition Against Sexual Assault Executive Director Polly Poskin recommended the book *Trauma and Recovery* by Dr. Judith Herman, which explains that children can come from environments that destroy their sense of trust, autonomy, and identity, which leaves them ill-prepared for adulthood. Ms. Poskin described how we meet these victims as young adults and rather than comparing them to their well-adjusted peers, service providers need to meet them where to properly address their trauma. Ms. Smith said no one achieves anything alone and that walking alongside victims to understand what they need will help them move forward.

Dr. Alderden then asked for input on creating a statewide effort while recognizing that services should be locally informed.

Children’s Advocacy Centers of Illinois Executive Director Kim Mangiaracino said her organization achieves the best responses by participating in multi-disciplinary teams, which ensure that systems that work in partnership with service providers also are trauma-informed.

Ms. Greene noted that while the Guiding Principles of Trauma-Informed Care have been available for many years from the Substance Abuse and Mental Health Services Administration, further guidance on their implementation is needed. Understanding that people cannot be categorized solely by “caused harm” and “received harm” is key to the adoption of these principles, she said. She also asserted that trauma is not usually resolved in a few months and that funding timelines need to reflect the long-term needs of clients.

Director Maki said that in a state that is so diverse and decentralized, collaboration is the only way to move toward this goal. He added that in his experience, face-to-face contact helps dissipate adversarial attitudes.

Ms. Poskin encouraged the Board to remember that government is not an entity separate from the people, because that attitude belittles the public’s responsibility to enact change. Mr. Kerr reminded the Board and panel that when citizens do not feel represented by the government, they are likely to disengage rather than become empowered and involved in advocacy.

Dr. Alderden asked the panel for thoughts on next steps and to identify anticipated barriers.

Ms. Smith highlighted the need for research to examine how trauma affects human biology throughout the life course and how to integrate the findings into practice.

Ms. Poskin noted that while people of color are more likely to be victims of crime, inequity, and oppression, services often were provided by white people whose perspective can be a disservice to victims even when they’re driven by compassion. Mr. Kerr added that cultural competency should not be limited to race and ethnicity and should include generational understanding. In addition to compassion, he said, training to compartmentalize and manage biases is key.

Mr. Kerr also explained that resiliency can be misinterpreted, especially in children, partially because they can physically recover so quickly. He said those who work with youth outside of a service setting may not have the clinically prescribed tools to identify and address trauma. He said there will never have enough clinicians, so society needs to take responsibility for asking intimidating questions in a safe way, he said.

Dr. Alderden summarized the panel’s discussion on how Illinois could become a trauma-informed state:

1. **Comprehensive training.** Training on trauma for service providers as well as other practitioners (e.g., criminal justice and education stakeholders).
 - a. The training should build cultural competencies.
 - b. The training should include ways to help people be self-aware of their experiences, privileges, and prejudices and how this might impact their views, understandings, and approaches.

2. **Acknowledge historical trauma.** Recognize and acknowledge the impact of historical trauma and the role government has played in creating and reinforcing it.
3. **Increase access to long-term services.** Fund in a manner that allows for longer-term services. It takes time to build the relationships needed for people to disclose their victimization experiences and address its impact.
4. **Provide space for community voice.** Engage residents of the neighborhoods being served; consider what and how being trauma-informed will assist them in building collective efficacy and strengthening their communities.
5. **Use a multidisciplinary approach.** Encourage adoption of multidisciplinary team approaches. MDT approaches can increase impact of training, buy-in, and sustainability.
6. **Identify trauma and consider its impact.** It is important for individuals to identify, acknowledge, and consider the impact of trauma. This starts with being willing to screen for trauma and then building appropriate responses.
7. **Build a systematic approach.** Make sure all parts of the system are aware of and consider trauma in everyday responses.
8. **Fund research that informs practice.** Fund research that furthers the understanding of trauma and what victims need. Use results to aid program growth and modification.

Public Comment

Chair Robb open the floor to public comment.

Arkhawara Salih from Apna Gar related her experience of working with domestic violence and gender-based violence outside of the United States, and asked that ICJIA assists providers in finding resources to work with all victims, including the abuser.

Ashley Miller of BUILD seconded Ms. Salih's comments, requesting that grants be allowed to fund services for victims and offenders, as well as preventative services for youth who have not been explicitly identified as victims through the traditional criminal justice system intercepts. He added that the voices in this conversation need to reflect the people being served.

Adjourn

Director Maki invited other members of the public to comment. Seeing none, he requested a motion to adjourn. Mr. Kibler moved to adjourn and Ms. Hora seconded. The meeting was adjourned at 11:58 p.m.