ASCEND JUSTICE

Domestic Violence and the Illinois Department of Children and Family Services:

Strategies for Advocating for Effective Interventions – Toolkit for Domestic Violence Advocates

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Purpose of Toolkit

The purpose of the Toolkit is to equip you – domestic violence service providers – with the knowledge, strategies and tools to effectively advocate on behalf of and empower clients to achieve safety and stability for children and families during DCFS investigations related to domestic violence.

Families experiencing domestic violence often come to the attention of the Illinois Department of Children and Families Services (DCFS). When a family comes to the attention of DCFS because of domestic violence, the non-offending parent (that is, the parent who is the victim of domestic violence) is often treated as a parent who neglected her children by "failing to protect them" from living in a home where domestic violence is occurring. As an advocate who works with survivors of domestic violence, you are often in the unique position of being a part of these child welfare interventions, especially during the investigation. In Illinois, the law states that a non-offending parent is *presumed to be not neglectful*. In this vein, when families experiencing domestic violence intersect with DCFS, DCFS investigators and caseworkers along with advocates for women and domestic violence service providers, need to ensure that the child welfare intervention strengthens, rather than weakens, the non-offending mother's ability to parent in safety and stability.

The purpose of this Toolkit is to equip you as a domestic violence advocate or service provider with important information about DCFS investigations so that you understand the effective role you can play on behalf of your clients. The information and worksheets will also help equip you to walk a client through the investigation in a way that empowers her to be her own advocate.

This Toolkit has four parts. Part I explains the sound social science research about the impact on children who live in homes where domestic violence is occurring as well as the most effective child welfare response. Part II provides an overview of DCFS, including DCFS investigation procedures generally. Part III outlines the laws in Illinois governing investigations related to domestic violence more specifically. Part IV shares worksheets that you can use during investigations to help present information in the most persuasive and relevant ways. Advocacy tips are highlighted throughout. An appendices of DCFS forms and referrals to lawyers are also included.

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Part I: Social Science Research and Best Practice

Advocacy Tip: DCFS' rules regarding domestic violence investigations are consistent with the national model for child welfare interventions which is based upon sound social science research. This national model is called The Greenbook and can be found at www.thegreenbook.info.

Why Does DCFS Care About Domestic Violence? DCFS cares about children who live in homes where domestic violence is occurring because of the harm or risk of harm that the domestic violence can cause to children. Witnessing domestic violence may impact children emotionally, cognitively and psychologically. Children can become unintended victims of the abuse (*i.e.,* physically hurt during an incident of domestic violence perpetrated against the adult victim) or can be used as a pawn in the ongoing abuse of the adult victim. Children may be very frightened by the violence even if they are not physically hurt or manipulated by the violence in the home. There is research that supports a correlation between severe or fatal child abuse and the existence of domestic violence.

Since the mission of DCFS is to protect children from abuse and neglect, it is important to consider domestic violence when it affects children's safety. It is important to keep in mind that the mission of DCFS also includes keeping families together. Unfortunately, misunderstanding domestic violence's impact on children and failing to intervene in effective ways can lead to harmful outcomes for children. Keeping children safe and keeping children with the non-offending parent requires a deeper understanding of domestic violence as it affects children's safety and well-being. The Toolkit aims to provide some tools for achieving both goals, in keeping with DCFS' dual mission.

The Research: Significant research exists surrounding the impact of domestic violence on children, and what is needed in order to help children recover from any harm they may have experienced. Some of the key research in this arena was conducted by Jeffrey Edleson and Susan Schechter. The key social science findings are:

- The impact of the domestic violence affects each child differently. Some children experience short and long-term harms while others do not;
- The well-being and safety of the children is linked to the well-being and safety of the non-offending parent;
- Living with the non-offending parent in safety and stability will mitigate or reduce the harm, if any, that witnessing the domestic violence has on the child; and
- Interventions that make it harder for the non-offending parent to find safety and stability will have a negative impact on the children's well-being.

The National Best Practice Model, As Informed by Research: This pivotal research culminated in a publication that became the model for child welfare interventions into the lives of families experiencing domestic violence. This national model is called *Effective Interventions In Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice*. This well-respected and accepted publication is commonly referred to as *The Greenbook* and can be found at www.thegreenbook.info. Under "Tools and Research," you will find a section entitled "Materials for Domestic Violence Service Providers" with excellent resources.

As *The Greenbook* instructs, the tenets of an effective child welfare intervention are to:

- Conduct individualized assessment of the impact of the domestic violence on each child;
- Hold the batterer solely accountable;
- Presume the non-offending parent is not neglectful;
- Keep children with non-offending parent in safety and stability; and
- Build upon the safety factors.

The disconnect between research-informed best practice and the reality of many child welfare interventions is highlighted by the struggles identified in the following questions: How can child welfare agencies work together with domestic violence service providers to enhance the safety of multiple victims in violent homes? How can child welfare agencies protect children when their mothers are being battered, without at the same time re-victimizing the mother? How can communities protect battered mothers and their children and hold batterers accountable for their violence? You have an important role to play in recognizing the complexities captured in these questions while also guiding investigations toward the best practice approach that strengthens, rather than weakens, the non-offending parent's ability to parent in safety and stability.

Part II: Overview of DCFS and DCFS Investigations

The Child Welfare System Defined: The Illinois child welfare system is composed of the Illinois Department of Children and Family Services (DCFS), juvenile court, and other social service agencies and public offices. The dual goals of the child welfare system are to protect children from abuse and neglect, and to strengthen families. Every family that is involved in Juvenile Court is also involved with DCFS, but families can be involved solely with DCFS without having a case in juvenile court. DCFS investigations precede all juvenile court involvement but do not necessarily lead to cases in juvenile court. This Toolkit focuses on providing you with information, advocacy tips, and tools to assist families during a DCFS investigation. More specialized assistance may be needed, beyond the scope of this Toolkit, if a domestic violence case becomes the focus of a juvenile court case. The Family Defense Center also has a manual, entitled Responding to Investigations (available at www.familydefensecenter.net/resources/manuals), which can assist with questions that arise during any type of DCFS investigation.

DCFS Defined: DCFS is the state-wide agency charged with protecting the welfare of children in Illinois. The main functions of DCFS are to:

1. Receive calls of abuse or neglect through the Hotline;
2. Investigate allegations of abuse and neglect;
3. Maintain the State Central Register of findings of abuse or neglect;
4. Provide services to at-risk families, with the goal of preserving families whenever possible and consistent with child safety;
5. Remove children if they are in imminent risk in their homes, while providing services and supports to reunite children with their families when possible; and
6. Manage and administer foster care and reunification services to families who are court involved.

Advocacy Tip: Any client who is under investigation by DCFS for alleged abuse or neglect of a child should be given a CANTS 8 notice that includes their "SCR" number and the name of the investigator and supervisor (and phone numbers for them). (See Forms section of the Toolkit, at Appendix A hereto.) If the client does not have this written notice, she can call the State Central Register based in Springfield at 217-785-4010 to check on the status and obtain information, but she needs to have the child's name and birthdate.

Priorities of DCFS Investigations: DCFS investigations are conducted by a division of DCFS called the Department of Child Protection. Investigators are often referred to as DCP investigators or "CPI's" (child protection investigators). During an investigation, the DCP investigator has the two priorities of making: 1) safety determinations and 2) investigative findings.

Advocacy Tip: During the investigation, it is helpful for the client to articulate her goal for DCFS investigation. She may feel, rightfully so, that she has very little control over the outcome, but it can be helpful if she articulates what the most important outcome would be to her. Some options may be:

1. Avoid an indicated finding against her;
2. Ensure the offender is indicated;
3. Keep her children living with her;
4. Avoid placement with the batterer or his family; and
5. Obtain services for her and her children.

By articulating her priority, it will help guide her decisions and strategic determinations throughout the investigation.

A. Safety Determinations, Protective Custody and Safety Plans

Investigators evaluate the safety of the children throughout the investigation. To determine if the children are safe, DCP investigators use a form called the Child Endangerment Risk Assessment Protocol (CERAP) (see Forms section of the Toolkit, at Appendix A). If the CERAP reveals that the children are unsafe according to the check box system that the CERAP employs, the investigators have the discretion to do the following: 1) maintain the status quo, 2) remove the children from the parents by taking protective custody, or 3) implement a safety plan.

Advocacy Tip: Review the CERAP with the client. If you and the client think DCP has or could have a safety concern, proactively try to find a way to reduce the potential concern if this is consistent with the client's wishes. This could mean that the client temporarily lives somewhere else with her children, prohibits someone from being in the home who could pose a risk, or allows the children to stay with a relative or friend. Or the client could be prepared to acknowledge the potential concern while explaining why the children's safety is not at risk.

DCP investigators have a lot of power because they – along with doctors and police officers – can remove children from their parents without a judge's order. This power should, however, only be exercised in emergency cases, where there is not time to get a judge's order. If the investigator believes that the children are at "imminent risk of harm" by staying with the parents and that "reasonable efforts by DCFS could not prevent the removal," DCP can remove the children from the parents by taking "protective custody." However, if a non-

offending parent can provide a plan for protecting the child from the imminent risk, protective custody should not be taken or threatened.

If protective custody is taken, the case must be filed and commence before a judge within 48 hours. Within these 48 hours, the children will likely be placed with relatives, in a temporary foster home, or in a shelter pending the first court date. To get a case into court, DCP brings the case to the State's Attorney who has the discretion to "screen" the case into juvenile court after reviewing the information that DCP provides to show that there is a possible claim of abuse or neglect of the children. If the State's Attorney does not "screen" the case into juvenile court, the protective custody must end and the children must be returned to their custodial parent. If the case is screened into court, the first court hearing will be in front of a judge who will determine if the case will proceed and where the children will be placed. In reality, once families become involved in Juvenile Court, it is likely that they will remain involved for a minimum of one to two years.

Advocacy Tip: If it appears likely that DCP may try to take "protective custody," help the client articulate why the child is not at "imminent risk of harm." Also, discuss with the client the possibility of alternatives for where the children could go or recommend conditions of an agreeable Safety Plan (see below) and encourage her to present these alternatives to DCP.

Safety Plans

The term "safety plan" is used in various ways in different legal settings. A domestic violence "safety plan" is not the same as a safety plan developed by the child welfare system during an investigation. In the context of a DCFS investigation, a safety plan is a specific arrangement which imposes some restrictions on the living arrangements for the family under the auspices that the conditions are necessary to keep the children safe. When DCFS has grounds to take protective custody (*i.e.*, to remove the children), it can choose instead to do what it calls a "voluntary" safety plan. Although many advocates have significant concerns about the appropriateness, duration, and conditions of safety plans, it is important to understand DCFS' policies regarding this commonly used intervention.

Although safety plans should not be used unless there are grounds for taking protective custody, safety plans are often used following an "unsafe" CERAP determination. Common safety plan conditions are that one parent will leave the home, the children will stay with a specified relative or friend, parents and/or children will engage in services, and/or that the parent will take specified affirmative action to keep the children safe (*e.g.*, prohibiting a registered sex offender from living in the home). DCFS policy anticipates that DCFS safety plans must be in writing, signed by the parents and any safety plan supervisor, "short term" (lasting 7-10 days), and reviewed every 5 days to make them the least restrictive on the family as they can be. When a parent genuinely agrees after understanding that the real alternative is that DCFS will take protective custody and signs a temporary agreement, a safety plan can be a lawful alternative that avoids DCFS taking the child and proceeding to juvenile court.

Although safety plans are technically voluntary agreements, in practice, parents often feel coerced to agree to them under the threat that the investigator will take protective custody of the children if the safety plan is not implemented, even when DCFS does not truly have a basis to threaten the parent and there is no emergency. The problem arises especially where DCFS has done no real investigation yet and has not determined that there is imminent risk (justifying protective custody) before DCFS demands that the parent and child separate.

Parents should be able to make informed and intentional decisions to agree to a safety plan or not, but it is difficult to advise parents in the absence of information from DCFS about the likelihood of DCFS taking actions against them.

Parents do not have to sign safety plans. DCP is not permitted to take protective custody solely because the parent does not agree to the safety plan, unless they do have grounds for protective custody before they request the safety plan. Since DCP can take protective custody based upon the underlying safety concerns (that the unsigned safety plan would have ameliorated), a parent or their advocate will want to know what DCP is actually going to do if the safety plan is not signed. Even if the parent agrees to the safety plan, DCP may take protective custody if other safety concerns arise or resurface. The lives of families are fluid and continue to change as the investigation proceeds. DCP, therefore, continues to make safety determinations throughout the investigation. We will discuss safety plans as they relate to families experiencing domestic violence in Part III.

Advocacy Tip: Considering a DCFS Safety Plan

If your client informs you that the investigator is asking her to sign a safety plan, educate her about what a safety plan is as described above and go over her options of:

1. Agreeing to the DCFS Safety Plan;
2. Proposing alternative conditions that the client is comfortable with; or
3. Refusing to sign the Safety Plan.

If she agrees to a safety plan, ensure that the safety plan:

1. Is written out on the “Safety Plan” form (see Forms section of the Toolkit, at Appendix A);
2. Outlines the specifics of the conditions;
3. Has a start date and an end date;
4. Is signed by all parties; and
5. That she receives a copy of the written safety plan, along with the corresponding rights and responsibilities document (see Forms section of the Toolkit, at Appendix A).

Advocacy Tip: If a client has a safety plan that is difficult for them to manage and is lasting more than 10 days, discuss with the client how this plan can be modified. If DCP refuses to modify the safety plan to make it manageable for the client, legal advocacy may be necessary. (See Referrals section of the Toolkit at Appendix B hereto for information about legal advocates who may be able to help negotiate safety plan changes or termination of safety plans.)

B. Investigation Findings, Registry of Findings and Appeals

Finding Determination: In addition to continually assessing the children’s safety, DCP investigators investigate to determine whether the parent abused or neglected their children so that a finding can be made at the end of the investigation. In Illinois, an investigator should make an effort to contact the alleged child victim within 24 hours of the Hotline call, or as soon as a field office within the DCFS Division of Child Protection is assigned. Sometimes a “mandate worker” goes out first before a primary investigator is assigned. Oftentimes, the initial investigator does not make contact right away, and a “good faith” attempt is sufficient. But if the investigator has made contact or has left a card, there will be information about who can be contacted about the investigation.

A family is assigned an "SCR" number and the letter at the end of it designates the number of times the family has been investigated. Investigations can last for 60 days, or can be extended to 90 days with good cause.

As noted in the aforementioned advocacy tip, at the beginning of the investigation, parents are entitled to written notice that an investigation is occurring. This written notice – the CANTS 8 – should specify the specific allegations of abuse and/or neglect being investigated. A list of the specific categories of abuse and neglect can be found at http://www.ilga.gov/commission/jcar/admincode/089/08900300ZZ9996bR.html. If the parent's children are the subject of an investigation, the parent should also receive written notice even if the parent is not alleged to have abused or neglected her children.

Most allegations have an abuse version and a neglect version. The abuse allegations will have a number equal to or less than 40, and the neglect allegations will have a number over 50. Allegations have a "Rule" and a corresponding "Procedure." The Rule gives the basic definition of the allegation and the Procedure lists out all the steps an investigator is supposed to take to make a determination of that allegation.

Advocacy Tip: Look up the Rule and Procedure of the allegation number on your client's notice. In addition to the web address above, you can find the Rules and Procedures on DCFS' website at https://www.illinois.gov/dcfs/aboutus/notices/Pages/default.aspx. On the right, there is a link entitled "Rules." Click "Rules," then go to the hyperlink of "Rule 300." Scroll to the bottom to "Appendix B." Appendix B lists the specific allegations and their definitions. Scroll to the specific number of the allegation on your client's notice. To locate Procedures, go to the "Procedures" link above "Rules."

During the investigation, the DCP investigator is supposed to gather information by interviewing the parents and children (when appropriate), observing the children, speaking to collateral contacts (teachers, doctors, law enforcement, friends/family with firsthand knowledge), and collecting documents (police reports, medical records, legal filings, etc.). A "Domestic Violence Screen" will be completed in all cases (See Forms section of the Toolkit, at Appendix A) and will be discussed in more detail in Part III. All of the information and documents gathered will be compiled in an investigative packet.

Advocacy Tip: Encourage your client to keep a Contact Log of communications with the DCP investigator. An example of a Contact Log is provided in Part IV of this Toolkit (Worksheets). Advise the client to document voicemails left for and by the investigator, telephone conversations, and in person visits. Also encourage your client to fax supportive documents (such as letters of support) to the DCP worker and keep a copy for herself.

Determining Third Party Involvement: The results of a DCP investigation are often unpredictable. Investigators and their supervisors make the decision about the outcome of the investigation before the client will have an opportunity to challenge their decisions through a formal legal process. In reality, the relationship between the investigator and the client is an important factor that often influences the outcome of the investigation. Many clients will report, however, that they feel the investigator is unfair, biased against her, or judgmental. Advocates have similar experiences with some investigators, though others may be entirely professional and courteous. Certainly, clients who are dealing with unprofessional investigators need special help to neutralize some of the negative experiences the client is reporting and to keep the investigation focused on the relevant facts (including holding the abuser, not the client, accountable for the domestic violence and focusing on the "precautionary

measures" she exercised). To respond to these concerns, consider the advantages and disadvantages of the following options with the client:

1. Discuss strategies for maintaining a positive relationship with the investigator;
2. Assist the client in articulating her concerns to the investigator;
3. Assist the client in providing written documentation to the investigator;
4. Contact the investigator yourself;
5. Contact the investigator's supervisor; and
6. Contact a lawyer if the investigator is unresponsive, unprofessional, or is expressing unfair conclusions about your client.

Bringing a third party into the investigation (*e.g.*, by having you or a lawyer contact the supervisor) can be helpful. Discuss with your client whether she wants to continue to advocate for herself or if she wants a third party to intervene on her behalf. If the client seeks and secures legal counsel, it does not necessarily mean that the lawyer or advocate will make all contacts for the client. When and how someone other than the client should make contact with the investigator is a question that should be considered in light of the likely reaction of the DCP investigator, which could be positive or negative depending on the specific investigator and the reasons for bringing in another person to advocate directly with DCFS on the client's behalf. If backlash occurs for bringing in a third party, consider with the client the pros and cons of contacting the investigator's supervisor and even the Area Administrator, who is the supervisor's supervisor, if the supervisor is unresponsive too.

Results of the Investigation: At the end of the investigation, the allegations against each parent will be either "unfounded" (*i.e.*, no credible evidence of abuse or neglect) or "indicated" (*i.e.*, credible evidence of abuse or neglect exists). The findings may differ for each parent depending on what DCFS finds is the level of responsibility of each parent for a specific incident. The parent is entitled to written notice of the findings against them. Parents have a right to appeal indicated findings and the written notice outlines their appeal rights. If the request to appeal is not timely filed, the right to appeal can be lost. An appeal is the first chance a client has to get a neutral review of the evidence against her.

The DCFS State Central Register maintains the results of the investigations. Indicated findings are retained in the State Central Register for varying lengths of time (anywhere from 5 years to 50 years) based on the severity of the ground of abuse or neglect and the specific allegation of harm category. A parent who has an indicated finding may be restricted from working in careers related to children, is sometimes restricted from even volunteering at their children's school, and may have other consequences in their lives as well.

Advocacy Tip: If your client is "indicated," she should receive written notification of the result of the investigation. This written notification will list the specific allegation of abuse or neglect for which the client is indicated. The written notification also lists her appeal rights. Every person who is indicated has a right to appeal the indicated finding. Thousands of indicated findings are overturned/expunged on appeal, so encourage your client to appeal the finding. As the written notification will state, the request for the appeal must be in writing and sent within 60 days of the written notice. The written request for the appeal should include the following information – nothing more is needed:

1. SCR # (find this at the top of the written notification regarding the indicated finding);
2. Date of indicated finding; and
3. Client's name and contact information including address and phone number – consider whether the client's address needs to remain confidential; "I am requesting an appeal of the indicated finding and that the Department's investigative packet be sent to me."

Once DCFS receives the written request, another letter will be sent to the address the client provided. This letter will provide the date and time for a pre-hearing telephone conference. During this telephone call, the Administrative Law Judge assigned to hear the appeal will call the client on a conference call with the attorney representing DCFS. The client must be present for the call; if she misses the call, her appeal may be dismissed. The client may also seek legal representation to represent her during her appeal (see Referrals section of the Toolkit, at Appendix B).

Part III: DCFS and Domestic Violence

The information shared in Parts I and II of this Toolkit are applicable to all investigations, yet there are additional rules and advocacy tips that are important to ensuring an effective child welfare intervention into the lives of families experiencing domestic violence for non-offending parents and their children. At the end of the investigation, your goals will likely be that the children are living with the non-offending parent in safety and stability, and that there is no neglect finding against the non-offending parent.

How Do Families Experiencing Domestic Violence Come to the Attention of DCFS? Every investigation begins with a call to the Illinois Child Abuse and Neglect Hotline. Families experiencing domestic violence often come to the attention of DCFS in one of the following ways:

- Someone calls the police because of domestic violence and the police call DCFS;
- A mandated reporter, such as a teacher or physician, calls the DCFS Hotline;
  Note: You may be a mandated reporter yourself. But since domestic violence reported to you by your client is not necessarily abuse or neglect, you only are required to make a Hotline call yourself if the client reveals to you abuse or neglect of the child. If there is already a Hotline call, you do not need to make another Hotline call as the matter has already been brought to DCFS' attention. Hotline calls must be made by mandated child abuse reporters when you have reason to believe a child has been abused or neglected.
- A child is injured during an incident of domestic violence;
- The family has a presenting issue, such as substance abuse, but domestic violence is the underlying cause or trigger; and
- The domestic violence perpetrator or a person working on his behalf calls the Hotline, sometimes in an effort to further abuse or manipulate the victim.

Unless the non-offending parent calls the Hotline seeking help, the majority of times DCFS knocks on her door, the visit is unwanted. It may be the first time anyone knows that domestic violence is occurring. Although she may not be ready to deal with the abuse she has been enduring, her immediate response and willingness to comply with DCFS will likely impact the outcome of the investigations. The effectiveness of the intervention is not only important to the family's overall well-being but it may impact the likelihood that the non-offending parent will reach out to systems of support in the future. For instance, if she calls the police during an incident of domestic violence, the police call DCFS, and the non-offending parent is "indicated" or her children are removed from her, she is not likely to reach out to law enforcement in the future for support. Unfortunately, an ineffective intervention can negatively impact the safety and stability of children if the dynamics of domestic violence are not understood, if the victim is not supported appropriately or is blamed for her own status as a victim

A. Understanding the Role You Can Play

Your involvement during a child welfare intervention will vary from client to client. If you are able to advise a client before the initial contact with DCFS occurs, you can help her understand what DCFS will want to see – that she is ready and able to deal with her own abuse and protect the children. If you are in a position to assist a client throughout the investigation, you can educate her about the process, her rights, and the important information to bring forth. Even if your involvement comes after the investigation is over, you may be able to help her cope with the trauma that the DCFS interview may have caused and the lingering fears that the implicit or actual threats to remove her children instill. Regardless of the timing of your involvement, the complexities of your role and the importance of the information and perspective you can bring remains consistent.

Advocacy Tip: Empathize with the non-offending parent about how she may be feeling about the investigation, normalize these reactions, and help her process those emotions.

- DCFS involvement is often unwanted;
- DCFS may force a parent to confront the abuse before she is ready;
- DCFS may impose conditions on the family that take away the parent's decision making power and/or compromise the family's safety;
- DCFS questions the mother's ability to protect her children when she knows the sacrifices she has made for her children;
- DCFS can re-victimize the parent by threatening to remove her children; and
- DCFS often focuses on the non-offending parent because often this parent is the one who is more compliant with demands that DCFS makes out of fear she will lose the children or because the batterer is not the parent of the children; therefore all eyes are on her to fix a situation that by definition she cannot control.

Remind her that appearing to be "in denial," aligning with the abuser, or minimizing the impact of the abuse may negatively impact the outcome of the investigation. Reinforce that the goal of DCFS is to assure the children are safe, and that DCFS cannot do that if DCFS does not believe the victim can or will protect herself and the children.

Determining Your Involvement: Determining your involvement in the investigation is a critical discussion to have with your client and with your supervisor. During an investigation, you can play a role in the background by educating the client about the investigation, coaching her to identify key information to share with the investigator through the information and worksheets of the Toolkit, and coaching her to deal with the complex emotions and fears of the investigation and abuse she has endured. It is also important that you decide how to keep your notes and what you are going to share with DCFS. Or you can play a direct role in the investigation by communicating with the investigator and the supervisor. There may be language barriers and other communication obstacles that make your direct involvement advantageous. Your involvement may be disadvantageous, though, if the investigator views advocates as meddling or demanding. Also, contacting DCFS for the client could be against the client's interests if you have information that is negative or ambiguous that you would be compelled to share in an honest discussion with the DCP investigator.

In any role that you decide to play, it is imperative to consider how your involvement impacts your confidentiality protections and privileges as a domestic violence advocate. This is a discussion you should have with your supervisor and, to the extent the protocols of your agency are not clear or raise questions in a specific case, with agency's attorney. Also, please determine if it is best for your communications to be written or oral. For example, if you have specific documents that support the client, these should be provided in writing, but if you are interested in forming a more cooperative working relationship with the investigator, then oral communication may be best, especially as a first step. Because the documents and information you provide become part of the investigative packet, it is likely that later on the abuser will have access to the investigative packet, so be mindful with the client about what information is shared.

Advocacy Tip: If you and the client decide that you will be an active part of the investigative process, you will likely be interviewed by the investigator as a collateral. The information you share will be documented in the investigative packet. The investigator may ask you questions such as:

- What do you believe happened during the incident that brought the family to DCFS' attention?
- Who is the victim? Who is the offender?
- Do you believe she protected the children in the past? Do you believe the client can protect the children? Why do you believe this? (Investigators may be skeptical about your client's willingness to protect the children so make sure you are prepared to explain the basis for your belief that she is able to protect the children.)
- Why did the client leave and return to the abuser in the past?
- Have you observed the client abuse her children?
- How would you describe her parenting abilities?
- Is the client in services? What kind? Is she making progress?
- What is the history of domestic violence? (Recognize that this can be a difficult area because the longer the history, the more likely it is that the investigator will hold the history or severity of the abuse against the client. Without minimizing the history yourself, consider how to present the history in a way that demonstrates protective actions your client has taken then and now.)
- How has the client responded to the abuse in the past and how did she respond to this incident?
- Do you think the client will return to the abuser? If not, why do you believe the client will not return?

In answering these questions, the Worksheets in Part IV will be very useful, but here are some key points to emphasize. If you and the client have decided you will not be directly involved, you should encourage your client to emphasize these same points on her own behalf:

SHARE your credentials;

- Inform the investigator about your qualifications in understanding the dynamics of domestic violence and working with families experiencing domestic violence.

RECOUNT your understanding of what happened during the incident;

- Describe what you understood happened;
- Highlight the consistency of the client's story; and
- Emphasize why the client responded appropriately.

IDENTIFY the victim and the offender;

- Investigators may not have a clear sense of the distinct roles of the victim and the offender;
- Correct the usage of "mutual domestic violence" or "both parents engaged in domestic violence";
- If both the non-offending parent and abuser used physical violence, describe "resistance violence" or "self-defense"; and
- If the client needs to qualify as a victim of domestic violence for your agency's services, describe the intake that was completed that deemed her a domestic violence victim

EDUCATE the investigator about domestic violence ("DV 101");

- What may seem like eternal truths to you may require in-depth explanations to others who do not have your training and experience with domestic violence;
- Provide the context for the incident; and
- Explain how *you* interpret the actions the client took or did not take.

FOCUS on the children;

- Remember: DCFS' mission is to protect children;
- Frame opinions on what would be best for the children; and
- Explain how the mother's interest and actions are congruent with what is best for the children.

REMIND the investigator about the presumption against finding the non-offending parent neglectful in Rule 300, Allegation 60 "environment injurious" (a detailed description is below in Part III.F.)

DESCRIBE how the children are doing;

- Socio-emotionally, behaviorally, psychologically and medically;
- In school; and
- Relationship with non-offending parent.

HIGHLIGHT the nuanced ways the client has protected the children before, during and after the incident;

- Investigators may overlook subtle, yet significant, actions the client did to protect her children during an incident of domestic violence; and
- Use the term "precautionary measures" for these protective steps in order to relate to DCFS' rule.

EMPHASIZE the importance of the children remaining with the non-offending parent in safety and stability as supported by social science research and *The Greenbook.*

DISCUSS whether the abuser is using the system to further abuse the client;

- Has he threatened to call DCFS before? Has he threatened to take the children from her?

DETERMINE whether DCFS' actions could put the family in more danger;

- Often DCFS will demand that she get an Order of Protection (OP). Even though it is not DCFS' official policy nor is it lawful to demand an OP in every instance, one may be requested or demanded by DCFS. In those instances where it is appropriate for the family, it can serve as a "precautionary measure," thus strengthening the applicability of the presumption against a neglect finding for the client. In reality, the circumstances might not qualify for an OP, the client does not want an OP, or she fears that the OP will put her and her children in increased danger. If the client resists a recommendation from DCFS, such as getting an OP, be prepared to explain why the intervention is not appropriate for the family.

CONFRONT issues that are troubling to the investigator;

- Why didn't she leave?
- Why did she leave but then return?
- Why did she drop her Order of Protection?
- Why did she tell the police officer that she did not want him arrested or the prosecutor that she did not want to press criminal charges?

ASK for other services from DCFS;

- Norman Funds are available to homeless families or if unstable housing is a factor for the family
  - Your client may qualify for Norman Funds if she has left the abuser and is in a shelter; and
  - Norman funds provide housing and cash assistance for security deposits, first month's rent, beds, etc.

Acknowledge the Challenges You May Feel: Guiding a client through a DCFS investigation may cause you to feel a variety of emotions – frustration, anger, fear, sadness. The source of these emotions may be caused by the nature of the investigation, the investigator and/or sometimes by the client.

The investigation or investigator may cause you to feel upset because:

- The investigation seems to replicate the cycle of abuse;
- DCFS does not orientate from a feminist perspective;
- Victim blaming may occur (*e.g.*, "she allowed the abuse to occur");
- Domestic violence is misunderstood or misapplied;
- Recommendations/requirements may not be therapeutically appropriate (*e.g.*, they may require her to confront the abuse she has experienced before she is ready) or may cause the family to be in increased danger (*e.g.*, by requiring her to get an Order of Protection);
- Worth as a mother appears to rest on whether she stayed or left; or
- The investigator treats the client unfairly and with judgment.

Translating these frustrations into opportunities to educate the investigator can be an effective response.

You may feel upset surrounding your interactions with your client:

- You may have been the one to call the Hotline;
  - The trust you had established with the client may be broken or damaged;
  - You may feel guilty even though you understand your legal obligation; or
  - You are trying to help the client through the investigation despite being the one who made the Hotline call.
- Clients sometimes make decisions that jeopardize other priorities they have articulated (*e.g.*, "I do not want DCFS to take my children but I returned to my abusive partner."); or
- The client is not following through on steps she agreed to take.

Open communication with the client about these challenges will enhance your working relationship as well as equip her to better prepare for the consequences of her choices.

If your frustration with the DCFS response is consistent and if you have found unprofessional or hostile reactions to your efforts to advocate for your client, make sure that you document your interactions and discuss with your

supervisor how to address these concerns more systemically. (See Family Defense Center Manual, Responding to Investigations www.familydefensecenter.net/programs/manuals, for specific ideas on advocacy strategies if you wish to complain about investigators' conduct.)

Advocacy Tip: Because relationships are key factors in the effectiveness of DCFS investigations and interventions, consider fostering a relationship with the local DCFS office that serves the area of your agency. Reaching out during a time when no current investigation is pending could be an effective way to build trust, improve communication, and establish best practice on both sides. You could invite the DCFS staff to your agency for a "Lunch and Learn" or "getting to know you" meeting. Maintaining these relationships on an ongoing basis could be a critical way to bridge the gaps between the child welfare and domestic violence communities, and improve the outcomes for women and their children, both systemically and individually.

B. The Nuts and Bolts of DCFS/DV Investigations Related to Domestic Violence

Key Takeaways About DCFS/DV Investigations:

1. Investigators are supposed to consult with the DCFS Domestic Violence specialist during domestic violence related investigations;
2. DCFS has two priorities during an investigation – ensure the safety of the children and conclude the investigation with a finding by either indicating or unfounding the allegations as to each parent for each child;
3. Any safety determinations need to be considered within the context of domestic violence;
4. Regarding the investigative finding, a non-offending parent is presumed to be NOT neglectful so long as she took precautionary measures to prevent or mitigate the real, significant, and imminent likelihood of harm that the incident of domestic violence posed to her children;
5. Advocating against a neglect finding should include an individualized determination of the "real, significant and likelihood of harm" to each child, but should also concentrate on the "precautionary measures" she took to protect her children and ensure their well-being. The Worksheets included in Part IV of the Toolkit will help gather specific details regarding these two focuses;
6. DCFS' Domestic Violence screen is a tool the investigator uses to collect information and assess risk when domestic violence is present; and
7. You and DCFS have a unified goal of strengthening families; therefore, child welfare interventions need to enhance, not hinder, the non-offending parent's ability to live in safety and stability with her children.

Each of these points, and others, will be expanded upon in the pages following.

C. DCFS' Domestic Violence Rules, Procedures, Policies and Forms

Domestic violence investigations are governed by a variety of DCFS rules, procedures, policies and forms, as listed on the next page:

- Rule 300, at Allegations 10 and 60;
- Procedures 300, at Allegations 10 and 60;
- Procedures 300, Appendix J;
- Domestic Violence Screen;
- Practitioner's Guide on Domestic Violence; and
- Brochure titled "You and Your Children Have a Right to Be Safe From Abuse."

All of these documents, except the Practitioner's Guide due to its length, are provided in the Forms section of the Toolkit, at Appendix A. Familiarizing yourself with these documents will increase your understanding of what DCFS should be doing as well as equip you to assist your client in preparing information that will help her during the investigation. The key takeaways mentioned above are all contained in these DCFS documents.

D. The Domestic Violence Specialist

DCFS has Domestic Violence Specialists whose roles are to advise investigators during domestic violence related investigations. The Domestic Violence Specialists do not have control over the outcome of the investigation, but rather are a resource for service referrals and connecting families with support systems. The Domestic Violence Specialists can also help the investigator interpret the incident of abuse that led to DCFS involvement.

According to Procedures 300, Appendix J, investigators are mandated to contact these specialists:

For cases involving domestic violence, the investigation specialist must consult with the Clinical Domestic Violence Specialists in the Domestic Violence Intervention Program, under the Division of Clinical Services. Specialists in this program shall provide clinical case consultation, technical assistance, referrals, resources and support on domestic violence cases. The Clinical Domestic Violence Specialists can be contacted through the Clinical Division's Office of Specialty Services at 708-338-6691 or 312-328-2153.

Advocacy Tip: Although DCFS' own Procedures 300, Appendix J mandates consultation with the Domestic Violence Specialists, such consultation does not always occur. The client can ask that investigator contact the Domestic Violence Specialist or she can reach out to her directly. We strongly encourage reaching out to the Domestic Violence Specialist directly, where appropriate, because involving the Domestic Violence Specialist may help to insure that the actual policies of DCFS that are supposed to protect domestic violence victims are followed.

E. The Investigation: Safety Determinations in Domestic Violence Cases

As discussed in Part II, one of the priorities of an investigation is to determine if the children are safe. If the CERAP is completed and the children are deemed unsafe, the DCP investigator will likely request some steps, such as:

- Separating from or severing the relationship with the abuser;
- Prohibiting the abuser from accessing the home or children;
- Obtaining an Order of Protection;
- Participating in a criminal prosecution against the offender;
- Going to a shelter;
- Allowing the children to live with another relative; and
- Possibly even restricting the non-offending parent's unsupervised contact with the children.

These conditions may be formalized in a safety plan that the non-offending parent is asked to sign. On one hand, the client may be in agreement that taking one or more of these steps is best for her family. On the other hand, she may feel none of these actions is beneficial for her family or that such steps may actually put her children in more danger. Recall the discussion of Safety Plans in Part II of the Toolkit. (Safety plans should be in writing, be short term, with an end date, and as minimally intrusive as possible. The form is provided in the Forms sections of the Toolkit, at Appendix A.)

Advocacy Tip: If DCFS is asking the client to agree to conditions that the client does not approve, communicate with the investigator or help your client articulate the reasons that such steps are not appropriate for her family. Highlighting the following points may be helpful: The period shortly after separation from the abuser is often the most dangerous time for victim of domestic violence and her children;

- Separating from the abuser or requiring the abuser to live elsewhere may impose a financial burden on the family that is not feasible;
  - If the investigator is encouraging separation, additional services will be needed to ensure that she can support her children without the assistance of the abusive partner, such as Norman Funds;
- The children should remain with the non-offending parent in safety and stability in order to recover from any harms they may have experienced by living in a home with domestic violence;
- Placing the children with the abuser's family or in a place that allows the abuser to access the children does not keep the children safe or protect their attachment to the non-offending parent;
- There may not be a legal basis for the relief requested (*i.e.*, grounds may not exist to get an Order of Protection); and
- There may be other judicial orders that prohibit certain steps (*i.e.*, dissolution of marriage proceedings).

If the non-offending parent does not agree with the recommendations of the investigator, it is helpful to suggest options that the client *is* willing to do. For instance, she may not be able to kick the abuser out of their shared home, but she may be willing to live with the children in her mother's house temporarily. Always discuss with the client what the alternatives would mean for her and her children, and try to develop a reasonable and non-burdensome arrangement. In advocating for an alternative, the client or you (if you are advocating directly with DCFS) should stress why your alternative suggestion ensures the family's safety in a minimally intrusive way while the proposed DCFS condition does not.

Advocacy Tip: If the DCP investigator is trying to take protective custody of the children, your direct involvement may be more necessary. In some cases, such advocacy can also be essential to prevent DCFS from making a placement with family members, including the father, who may be abusive toward your client or the children, or the abuser's family. In order to prevent protective custody, consider with the client:

1. Specify a safe place where the children can live with the non-offending parent;
2. Articulate the client's commitment of remaining separated from her abusive partner;
3. Express your professional opinion about the non-offending parent's ability to parent and the importance of the attachment between her and her children;
4. Highlight the benefits of keeping the children with the non-offending parent (*i.e.*, the social science research concludes that the children will be better able to recover from harm while living with the non-offending parent in safety and stability);
5. Explain that removals from non-offending parents cause increased trauma to children because they fear the safety of their mother; and
6. Get a supervisor or higher level person from your agency and from DCFS into the discussion of alternatives. Investigators need supervisory approval to take protective custody.

F. The Investigation: The Finding

Both the abuser and the non-offending parent will usually be the subjects of the investigation. Under DCFS rules (which have the force and effect of law because they are part of Illinois' Administrative Code), there is no specific allegation of abuse or neglect labeled "domestic violence." Rather, the allegation called "environment injurious" (aka Allegation 60) is usually used. "Environment injurious – Allegation 60" is the neglect allegation typically used for the non-offending parent. "Substantial risk of physical injury-Allegation 10" is its abuse allegation corollary typically used for the abuser. Allegation 60 was significantly reformed in 2014. The text of Allegation 60 which governs whether a non-offending parent neglected her children, is below (see the Forms section of the Toolkit, at Appendix A, for the text from DCFS Rule 300, Appendix B, Allegation 60). Sometimes the allegation of "Inadequate Supervision" is used, or if the child was actually hurt in the incident, a specific other allegation such as "Cuts, Welts, Bruises, Abrasions and Oral Injuries" might also be alleged.

Language of Rule 300, Appendix B, Allegation 60 (Pertaining to Domestic Violence):

Below is the language in the law for "environment injurious" contained in Rule 300, Allegation 60. (See the Forms section of the Toolkit, at Appendix A, for the text from DCFS Rule 300, Appendix B, Allegation 60.)

60 − Environment Injurious to Health and Welfare (Neglect)

Environment injurious means that a child's environment creates a likelihood of harm to the child's health, physical well-being or welfare and that the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities [325 ILCS 5/3]. This allegation shall be used when the type or extent of harm is undefined but the totality of circumstances, including inculpatory and exculpatory evidence, leads a reasonable person to believe that the child's environment may likely cause harm to the child's health, physical well-being or welfare due to the parent's or caretaker's blatant disregard. Blatant disregard is defined as an incident where the real, significant and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm [325 ILCS 5/3]. This allegation of harm shall also be used when there

are conditions that create a real, significant and imminent likelihood of harm to the child's health, well-being or welfare (*i.e.*, domestic violence, intimidation, or a child's participation in a criminal act) and the parent or caretaker blatantly disregarded his parental responsibility by failing to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm.

Examples of circumstances that may, though not by themselves, create a real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- Domestic Violence: The Illinois Domestic Violence Act defines domestic violence as a crime in which *physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation* [750 ILCS 60/103(1) and (3)] is perpetrated by one family or household member against another. *Family or household members include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who shared or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants and caregivers as defined in* Section 12-4.4a of the Criminal Code of 2012 [720 ILCS 5/12-4.4a].
  [720 ILCS 5/12-0.1];
  - An incident of past or current domestic violence may qualify for an allegation of environment injurious if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child; and
  - Domestic violence is also referred to as "intimate partner violence". *The adult victim of domestic violence, who is the non-offending parent or caregiver, is presumed to not be neglectful or to have created an environment injurious to the child so long as he or she has exercised precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child.*

Breaking Down the Legal Jargon

The key elements of the legal definition of "environment injurious" are:

- An incident of past or present domestic violence;
- The impact of the domestic violence on the children rises to the level of neglect if it created;
  - real, significant, and imminent;
  - risk of;
  - moderate to severe harm to;
  - child's health, physical well-being or welfare;
- Even if the exposure to the domestic violence rises to the level of neglect, the non-offending parent;
  - Did not blatantly disregard her parental responsibilities (*i.e.*, did not create/is not responsible for the injurious environment) if she exercised reasonable precautionary measures to prevent or mitigate harm (as defined above); and
- The non-offending parent is presumed non-neglectful so long as took precautionary measures to prevent or mitigate the harm.

Advocacy Tip: Rule 300, Allegation 60 creates a presumption that the non-offending parent is NOT neglectful. While the risk of harm the domestic violence created for the children is part of this definition, the focus of advocacy should be on the "precautionary measures" the non-offending parent took to prevent or mitigate harm to her children. Rule 300 also refers to an "incident of past or present domestic violence." While the history of domestic violence will be relevant to the investigator and allows the non-offending parent to highlight the precautionary measures she has taken, try to limit the focus to the incident that gave rise to DCFS involvement. The past history of domestic violence that goes beyond the singular incident giving rise to the investigation may be needed if you need to convince the investigator that the non-offending parent is indeed the victim of domestic violence and not the perpetrator.

Advocacy Tip: Educating investigators about the requirements of Rule 300, Allegation 60 will be necessary so keep the text of the rule on hand!

Precautionary Measures: DCFS has not defined "precautionary measures" in either Rule 300 nor in its related Procedures 300 (see Forms section of the Toolkit, at Appendix A). Think about "precautionary measures" as the steps the non-offending parent took to ensure her children's well-being and safety, and to prevent or mitigate the risk of harm from living in a home with domestic violence.

Below is a list of "precautionary measures" that can serve as a guide:

General	▪ Attempts to stop the cause of the likelihood of harm; ▪ Takes steps to protect child from the likelihood of harm; ▪ Responds to any harm the child has experienced; ▪ Reaches out to support system; ▪ Utilizes social services to address needs in the family; ▪ Possesses and utilizes parenting skills; ▪ Maintains a healthy and loving relationship with the child; ▪ Attends to the child's emotional, psychological, physical, educational and medical needs; ▪ Meets the child's medical, psychological and educational needs, when appropriate; ▪ Maintains a healthy and loving parental relationship with the child; ▪ Provides stability – emotional, educational, relational, financial – for the child; ▪ Cooperates with current efforts to address stressors or risk factors in the home; and ▪ Considers the child's best interests.

Domestic Violence	▪ Uses knowledge about the abuser and the situation; ▪ Uses safety strategies for herself and the child; – Takes preventative measures to keep the child safe in case an incident of domestic violence occurs (*e.g.*, keeping coats and shoes near the child's bed in case the non-offending parent and child need to leave); – Attempts to keep the child safe from harm during an incident of domestic violence (*e.g.*, moving to a room where the child is not; telling the child to leave the area where the domestic violence is occurring; instructing the child to seek outside help that the child can reasonably be expected to do; shielding the child from witnessing the domestic violence); ▪ Discusses with the child a plan to maintain safety during an incident of domestic violence; ▪ Develops a domestic violence safety plan individually or with the assistance of an advocate; ▪ Physically defends herself in attempt to stop the perpetrator of abuse from harming him or the child; ▪ Acknowledges the potential impact that domestic violence can have on the child; ▪ Utilizes a support system; ▪ Attends individual therapy or domestic violence counseling; ▪ Seeks guidance from religious leadership; ▪ Calls the police; ▪ Seeks legal assistance; ▪ Obtains or attempts to obtain an Order of Protection or to initiate other legal proceedings; ▪ Ceases the relationship with the perpetrator of the domestic violence; and ▪ Restricts the access of the perpetrator of domestic violence to the non-offending parent/adult victim and child.

The requirements of Rule 300 aim to achieve the following:

- Establish that being a victim of domestic violence does not make her a neglectful mother;
- Accept that the majority of non-offending parents are trying to do right by their children;
- Recognize the reality that non-offending parents take courageous steps to keep their children safe amidst often dire circumstances;
- Shift mindsets and bias;
- Avoid the need to minimize the domestic violence in order to protect non-offending parents and children; and
- Assign accountability where appropriate and constructive to do so (*e.g,.* solely with the batterer).

Advocacy Tip: It is important to convey the information collected on the worksheets to the investigator, assuming it is safe to do so (*i.e.*, there is not information in the worksheets that will be misunderstood, used against your client to her detriment or reveal confidential safety plans or addresses). Consider with the client the following ways:

1. Client shares the actual worksheets with the investigator;
2. Client speaks with the investigator and conveys the information;
3. You and/or the client write a letter to the investigator that contains this information;
4. You speak with the investigator and share this information; and
5. You and/or the client ask that the information be documented on the Domestic Violence Screen (see below).

G. The Domestic Violence Screen

The Domestic Violence Screen is used in every investigation but often the information inputted lacks detail and accuracy. The actual form used by DCFS is rarely shared with clients, but the screen contains a uniform set of questions. In the Forms section of the Toolkit, at Appendix A, there are two versions of the Domestic Violence Screen – the expanded form and the fillable form. Both forms contain the same questions but it is important to be aware that there are two versions that you might encounter. The Domestic Violence Screen provides a format for collecting information about domestic violence and assessing risk, and should guide the investigator in identifying the victim and the offender. The questions asked in the "assessment" portion of the screen are critical because they are a place to capture helpful information that is relevant to whether the non-offending parent should be indicated or not. The questions are:

1. Was or is there physical danger posed to the child from the batterer?
2. Does the physical, developmental, or emotional impact of the domestic violence on the children rise to the level of suspected abuse and neglect?
3. Are there strategies the adult victim has used in the past that can be supported or strengthened to protect the children?
4. Has the batterer ever used or threatened to use weapons of any kind?
5. In consultation with the supervisor, is there any action required to address safety and/or risk?

The worksheets of this Toolkit will help the client present her side to DCFS and prepare for these questions. You can help your client think about detailed responses or replies to these questions. The conclusions the client will want the investigator to make through her answers to these questions are: a) provide an individualized assessment of the impact of the domestic violence on each child, rather than conclude that exposure to domestic violence creates a risk that constitutes per se abuse or neglect; b) attribute any harm or risk of harm to the abuser, not the non-offending parent; and c) the non-offending parent took "precautionary measures" to protect her children from harm. Even if the Domestic Violence Screen has already been completed, you can use these questions as a guide to provide this individualized assessment of each child and highlight the "precautionary measures" so that the correct understanding of the domestic violence is available to DCFS.

Part IV: Worksheets

The information contained in Parts I-III of this Toolkit provide you with the information and hopefully an understanding of the research, best practices, and rules surrounding domestic violence-related DCFS investigations that you can use to educate your clients. In order to help you advocate for your clients or equip them to advocate for themselves, Part IV includes worksheets with which you can further assist your client during an investigation. The purposes of these worksheets are to provide you and your client an opportunity to think through details that are relevant to the investigation and strategize ways of best conveying these details to the investigator.

Advocacy Tip: It is critically important that you discuss with your supervisor and agency attorney how to use these documents in a way that protects the confidentiality privilege of domestic violence service providers. You may want to use them as a guide for a verbal discussion with your clients, give them to your clients to think about or fill out alone, or complete them with your client.

Advocacy Tip: Discuss with the client how she wants to use the worksheets. The client can decide if she wants to give them directly to the DCP investigator. She also can use the worksheets as a place to think through the details of the impact of the abuse on her children and the steps she took to keep them safe – the two key elements of DCFS' determination as to whether she neglected her children. The information she has thought through or filled out on these worksheets is relevant to conversations with the DCP investigator as well as to the Domestic Violence Screen. You may want to discuss with her strategies for affirmatively inserting the positive steps she has taken into the conversation with the DCP investigator.

Here are the purposes of each worksheet:

1. **Contact Log**

   This is an organized place for the client to keep track of the key people involved in the investigation, important dates, telephone conversations, voicemails and in-person visits;

2. **"Risk of Harm" Worksheet**
   - Under Rule 300, the risk of harm to the children rises to the level of neglect if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare. This worksheet will help the non-offending parent describe the child's overall welfare;

3. **"Precautionary Measures" Worksheet**

   Under Rule 300, a non-offending parent is presumed to be not neglectful so long as she took precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child. A cornerstone of Rule 300 and the presumption against a neglect finding are "precautionary measures;" and

4. **Document Log**

   It is important for the client to provide the investigator with any documents that demonstrate the overall well-being of the children and the "precautionary measures" the non-offending parent took. This could include up to date immunization records, favorable school report cards, police reports, Orders of Protection, dissolution of marriage filings, etc. This log helps the client organize the documents that she needs to obtain and give to the investigator.

Following the worksheets you will find Appendix A (Forms) and Appendix B (Referrals). Regarding referrals, lawyers are available to assist clients during investigations. You can encourage your client to reach out to a lawyer. None of the referrals on the list guarantee representation.

Contact Log

Name: _____ SCR #: _____

Name of Investigator: _____ Phone #: _____

Name of Supervisor: _____ Phone #: _____

Date Investigation Began: _____ Date Written Notice Received: _____

Date of Written Notice of Investigative Finding: _____

Due Date to File Appeal of Indicated Finding: _____

Date	Method of Contact	Initiated Contact	Received Contact	Notes about Conversation

"Risk of Harm" Worksheet

Under Rule 300, exposure to an incident of domestic violence may rise to the level of neglect "if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare." This worksheet will help you capture a complete picture of each of your children's overall well-being and how the exposure to domestic violence has impacted them. Some questions may not be relevant because of the age of your child(ren). You should fill out or think through these questions for each of your children.[1]

Child's Name: _____ Date of Birth: _____

Age at the time of the domestic violence incident giving rise to the DCFS Investigation: _____

Impact of Incident of Domestic Violence

Where was the child during the incident of domestic violence that gave rise to the DCFS investigation?

Was the child physically injured during the incident of domestic violence?

Did the child try to intervene during the incident of domestic violence?

How did the child react during the incident of domestic violence? (Be specific.)

Did you instruct your child about what to do during an incident of domestic violence?
Was the child able to follow the plan?

[1] Important Warning: If you choose to share this worksheet or the information contained on the worksheet, the information will not be kept confidential and there is a chance that the abuser will acquire access to the information.

Did you discuss the domestic violence with the child? How did the child respond?
How does the child appear to be processing the abuse?

Overall Well-Being

Describe the personality of your child.

Describe the overall behavior of your child.

Describe the child's eating habits.

Describe how the child sleeps.

How does the child interact with peers/friends?

How is the child doing in school? Have the teachers identified any special or unmet needs of the child?

Is the child receiving any services (*e.g.*, physical, emotional, speech, occupational therapy)?

"Precautionary Measures" Worksheet

Under DCFS Rule 300, the non-offending parent (you, the adult victim of domestic violence) is presumed to not be neglectful so long as you "exercised precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child." This means that DCFS should not indicate you for neglect if you took steps to protect your children and ensure their well-being. Use this worksheet as a place to think about all of the many ways you prioritized the needs of your children, protected them, and sacrificed for them despite the abuse you were experiencing.[2]

Below is a list of examples of "precautionary measures." You can circle the ones that apply to you and elaborate on the specifics. On the following pages, you can further explore the "precautionary measures" you have taken.

General "Precautionary Measures"	▪ Attempts to stop the cause of the likelihood of harm; ▪ Takes steps to protect child from the likelihood of harm; ▪ Responds to any harm the child has experienced; ▪ Reaches out to support system; ▪ Utilizes social services to address needs in the family; ▪ Possesses and utilizes parenting skills; ▪ Maintains a healthy and loving relationship with the child; ▪ Attends to the child's emotional, psychological, physical, educational and medical needs; ▪ Meets the child's medical, psychological and educational needs, when appropriate; ▪ Maintains a healthy and loving parental relationship with the child; ▪ Provides stability – emotional, educational, relational, financial – for the child; ▪ Cooperates with current efforts to address stressors or risk factors in the home; and ▪ Considers the child's best interests.
Domestic Violence "Precautionary" Measures	▪ Uses knowledge about the abuser and the situation; ▪ Uses safety strategies for herself and the child; – Takes preventative measures to keep the child safe in case an incident of domestic violence occurs (*e.g.*, keeping coats and shoes near the child's bed in case the non-offending parent and child need to leave).

[2] Important Warning: If you choose to share this worksheet or the information contained on the worksheet, the information will not be kept confidential and there is a chance that the abuser will acquire access to the information.

Domestic Violence "Precautionary" Measures	– Attempts to keep the child safe from harm during an incident of domestic violence (*e.g.*, moving to a room where the child is not; telling the child to leave the area where the domestic violence is occurring; instructing the child to seek outside help that the child can reasonably be expected to do; shielding the child from witnessing the domestic violence); ▪ Discusses with the child a plan to maintain safety during an incident of domestic violence; ▪ Develops a domestic violence safety plan individually or with the assistance of an advocate; ▪ Physically defends herself in attempt to stop the perpetrator of abuse from harming him or the child; ▪ Acknowledges the potential impact that domestic violence can have on the child; ▪ Utilizes a support system; ▪ Attends individual therapy or domestic violence counseling; ▪ Seeks guidance from religious leadership; ▪ Calls the police; ▪ Seeks legal assistance; ▪ Obtains or attempts to obtain an Order of Protection or to initiate other legal proceedings; ▪ Ceases the relationship with the perpetrator of the domestic violence; and ▪ Restricts the access of the perpetrator of domestic violence to the non-offending parent/adult victim and child.

Ensuring Overall Well-Being

How would you describe your relationship with your child?

How does your child respond to you?

What do you enjoy doing with your child and what does your child enjoy doing with you?

What are your greatest strengths as a parent?

In what ways do you ensure that your child's needs are met (*e.g.*, food, medical, academic, etc.)?

Is the child up to date on his immunizations? What is the contact information for the child's doctor?

Responding to the Domestic Abuse

What measure did you take to keep yourself safe during an incident of domestic violence?

What measures did you take to keep your children safe during the incident of domestic violence?

Did you have a safety plan? If so, did you communicate this safety plan to your child?
Was the child able to follow the safety plan?

Describe your support system.

Have you reached out to governmental or social service supports? Medical? Religious? Police?
Domestic violence agency?

Did you initiate or participate in legal proceedings related to the incident of domestic violence?
Petition for an Order of Protection? Participate in a criminal prosecution? File for divorce?

Did you connect your child to therapeutic services because of the domestic violence?

Additional information about the steps you have taken to mitigate the risk of harm to your children posed by the domestic violence?

Document Log

Please collect documents that would help demonstrate your child's well-being as well as the precautionary measures you have taken. Think about immunization records, medical records, police reports, legal filings, certifications of completion, letters of support, etc.

Document Type	Copy Obtained	Date Given to Investigator

Appendix A: Forms

1. CANTS 8
2. Child Endangerment Risk Assessment Protocol (CERAP)
3. Safety Plan Form
4. Safety Plan Rights and Responsibilities for Parents and Guardians
5. Rule 300, Appendix B, at Allegations 10 and 60
6. Procedures 300, Appendix B, at Allegations 10 and 60
7. Procedures 300, Appendix J
8. Domestic Violence Screen – the expanded version and the fillable version
9. Brochure titled “You and Your Children Have a Right to Be Safe From Abuse”

Illinois Department of DCFS Children & Family Services

NOTIFICATION OF A REPORT OF SUSPECTED CHILD ABUSE AND/OR NEGLECT

Name	Date
Address	SCR No.
City, State, Zip Code	

The Department of Children and Family Services has received a report of suspected abuse and/or neglect of the following children:

The reported abuse or neglect is alleged to have occurred at:

The reported abuse or neglect is alleged to have involved the following acts/omissions (allegations):

The purpose of the Department's investigation is to keep children safe. In most cases where child abuse or neglect is found, the Department will try to help families to improve their ability to protect children. This often involves obtaining social and other services for the family. In addition to obtaining services, the Department has the authority to take protective custody of children, if necessary to keep children safe, and may also involve the police and Juvenile Court.

You need to know:

THE INVESTIGATIVE PROCESS

1. The Department is required by a law called the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq., to conduct investigations into allegations of child abuse and neglect.

2. Within 60 days of the date of the report, unless there is good cause to take more time, the Department must complete its investigation.

3. During the course of the investigation, an investigator is required to interview certain witnesses, depending on the type of child abuse and neglect that is alleged and to **request an interview with you** as part of the investigation into these allegations.

4. You can refuse to be interviewed, however, if you refuse, your refusal could affect the outcome of the investigation and could be used against you.

5. You can give the investigator the names of other people who know what happened or who may have information about what happened. The investigator will contact at least two of these people.

6. The investigator will give you a brochure that more thoroughly explains the Department's investigative process. Department rules and further information can be found on the Department's website at www.DCFS.illinois.gov.

RESULTS OF THE INVESTIGATION

An investigation can result in an indicated report or an unfounded report. A report is indicated if the Department concludes that the incident of a child abuse and/or neglect occurred. A report is unfounded if the Department concludes that the incident of child abuse and/or neglect did not occur. If a report is indicated, the Department also makes a determination after consideration of all of the facts, as to whether a specific individual is responsible for the alleged child abuse or neglect.

You will be notified in writing of the outcome of the investigation and will have the right to appeal any indicated report if you are found to be responsible for the abuse or neglect.

STATE CENTRAL REGISTER

1. **The Law.** The Department of Children and Family Service is required by law to maintain a State Central Register of all reports of suspected child abuse or neglect, as well as the outcome of the investigation of these reports. The outcome of the investigation may include a determination that a specific person abused or neglected a child, or was responsible for the abuse or neglect. The law that governs this process is in the Abused and Neglected Child Reporting Act, 325 ILCS 5/1.

2. **Length of Time on Register**

   a. If you are indicated as the perpetrator of child abuse and/or neglect, your name will be placed on the State Central Register, unless the report is removed as a result of your appeal. Your name will remain on the State Central Register a minimum of 5 years. More serious reports may be retained for 20 or 50 years.

   b. If the report is unfounded, all identifying information concerning this report will be removed from the Department's files according to a schedule specified in 89 Ill. Adm. Code 431, Confidentiality of Personal Information of Persons Served by the Department.

3. **Who Can Get Information from the State Central Register.** The Department's State Central Register is not available to the public. However, employers or prospective employers of people who work with children can get information from the State Central Register. In addition, categories of people listed in the Abused and Neglected Child Reporting Act, 325 ILCS 5/11.1, which includes law enforcement personnel, physicians, and officials responsible for licensing people in professions that involve working with children, have access to the information kept on the State Central Register. This information can include whether you are listed on the State Central Register as being responsible for child abuse or neglect.

4. Effect of Being Listed on the State Central Register. The fact that you have been indicated as a perpetrator of child abuse or neglect and are therefore listed on the State Central Register may affect whether you will be able to obtain and maintain employment or a license needed to work with children, such as a license to operate a day care home.

5. **Appeal**. You may appeal the Department's decision to indicate you as a perpetrator of child abuse or neglect through the Department's administrative appeal process. This appeal will be before a neutral administrative law judge. Information about how to do this will be given to you in the event you are indicated.

6. **Juvenile Court and Criminal Court Cases**. An administrative appeal is different from a juvenile court case or a criminal court case. If you wish to appeal DCFS' indicated finding, you should file an appeal even if a juvenile court or criminal court case is pending.

IMPORTANT INFORMATION IF YOU ARE A CHILD CARE WORKER

1. **Who is a "child care worker"?**

"Child care worker" includes:

Employees who work directly with children, or owners/operators of facilities regardless of whether the facility is licensed by the Department of Children and Family Services. Types of facilities include:

- Child Care Institutions
- Child Welfare Agencies
- Day Care/Night Care Centers
- Day Care/Night Care Homes
- Day Care/Night Care Group Day Care Homes
- Group Homes
- Hospitals or health care facilities
- School personnel, including school teachers or administrators (but not tenured public school teachers or administrators who have other processes available to them)
- Employees who work with children in before and after-school programs, recreational programs, summer camps, or as full-time nannies

Persons actively engaged in the job placement process as a child care worker, a person currently enrolled in an academic program which leads to a position as a child care worker, or a person who has applied for a license required for a child care worker position. A person shall qualify as a career entrant only if, at the time of notice of investigation, that person (1) has applied or will apply, within 180 days, for a position as a child care worker; (2) is enrolled in or will commence, within 180 days, an academic program which leads to a position as a child care worker; or (3) has applied for a license as a child care worker. If you qualify under this section as a child care worker, you must tell the child protective service worker as soon as possible and provide documentation or other evidence of qualification as a child care worker.

Persons employed in one of the above settings or persons seeking employment, enrolled in an academic program or applying for a license for a child care position who are alleged to be responsible for child abuse or neglect outside of their employment. If the investigation relates to your personal life, but you are a child care worker in one of the above settings, an indicated finding may affect your employment and any license you hold that allows you to work with children. In that case, you may request an Administrator's Teleconference and still retain the right to appeal an indicated finding. **You must tell the child protective service worker that you want the investigation to be treated as an employment-related investigation** which means that you would receive a Notice of Intent to Indicate, an opportunity for an Administrator's Teleconference and an opportunity for an expedited hearing as outlined below.

2. **Notice of Intent to Indicate**. The Department will notify "child care workers" of its intention to indicate a report.

3. **Administrator's Teleconference**. Before the decision to indicate is made, you have the opportunity to request a telephone conference with a Child Protection Administrator who has not been involved in the investigation. Further information about the telephone conference will be provided to you in the Notice of Intent to Indicate in the event the Department intends to indicate you as a perpetrator of child abuse and/or neglect.

4. **Expedited Appeal Hearing.** In addition to the Administrator's Teleconference, you may also request an expedited appeal hearing. Further information about the expedited hearing also will be provided to you with the Notice of Intent to Indicate in the event the Department intends to indicate you as a perpetrator of child abuse and/or neglect.

Sincerely,

_____
Child Protective Service Worker

Address _____

_____

Telephone Number (_____) _____

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

State of Illinois
Department of Children and Family Services

CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL

SAFETY DETERMINATION FORM

Case Name	Date of Report	Agency Name
RTO/RSF	Date of this Assessment Date of Certification	SCR/CYCIS #
Name of Worker Completing Assessment		ID#

When To Complete the Form:

CHILD PROTECTION INVESTIGATION (check the appropriate box):

☐ 1. Within 24 hours after the investigator first sees the alleged child.

☐ 2. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

☐ 3. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted considering the child's safety status as if there was no safety plan, (i.e., would the child be safe **without** the safety plan?).

☐ 4. At the conclusion of the formal investigation, unless temporary custody is granted or there is an open intact case or assigned caseworker. The safety of all children in the home, including alleged victims and non-involved children, must be assessed.

PREVENTION SERVICES (CHILD WELFARE INTAKE EVALUATION) (check the appropriate box):

☐ 1. Within 24 hours of seeing the children, but no later than 5 working days after assignment of a Prevention Services referral.

☐ 2. Before formally closing the Prevention Services referral, if the case is open for more than 30 calendar days.

☐ 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

INTACT FAMILY SERVICES (check the appropriate box):

☐ 1 Within 5 working days after initial case assignment and upon any and all subsequent case transfers.
Note: If the child abuse/neglect investigation is pending at the time of case assignment, the Child Protection Service Worker remains responsible for CERAP safety assessment and safety planning until the investigation is complete. When the investigation is completed and approved, the assigned intact worker has 5 work days to complete a new CERAP.

☐ 2. Every 90 calendar days from the case opening date.

☐ 3. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

☐ 4. Every 5 working days following the determination that a child is **unsafe** and a safety plan is implemented. Such assessment must continue until either all children are assessed as being safe, the investigation is completed or all children assessed as unsafe are removed from the legal custody of their parents/caregivers and legal proceedings are being initiated in Juvenile Court. This assessment should be conducted as if there was no safety plan (i.e., would the child be safe **without** the safety plan?).

☐ 5. Within 5 work days of a supervisory approved case closure.

PLACEMENT CASES (check the appropriate box):

- ☐ 1. Within 5 working days after a worker receives a new or transferred case, **when there are other children in the home of origin.**
- ☐ 2. Every 90 calendar days from the case opening date.
- ☐ 3 When considering the commencement of unsupervised visits in the home of the parent or guardian.
- ☐ 4. Within 24 hours prior to returning a child home.
- ☐ 5. When a new child is added to a family with a child in care.
- ☐ 6. Within 5 working days after a child is returned home and every month thereafter until the family case is closed.
- ☐ 7. Whenever evidence or circumstances suggest that a child's safety may be in jeopardy.

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker will provide an explanation as to what changed in order to eliminate the Safety Threat on the next page.

SECTION 1. SAFETY ASSESSMENT
Part A. Safety Threat Identification

Directions: The following list of threats is behaviors or conditions that may be associated with a child being in immediate danger of moderate to severe harm**. NOTE: At the initial safety assessment, all alleged child victims and all other children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caretaker and alleged perpetrator. If some children are not at home during the initial investigation, do not delay the safety assessment. Complete a new safety assessment on the children who are not home at the earliest opportunity only if the safety assessment changes. If there is no change, indicate so in the "Reclassify Participant" box in PART B.2. For all other safety assessments, all children residing in the home are to be seen, and if verbal, interviewed out of the presence of the caregiver and alleged perpetrator.** When assessing children's safety, consider the effects that any adults or members of the household who have access to them could have on their safety. Identify the presence of each factor by checking "Yes," which is defined as "clear evidence or other cause for concern."

1.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household whose behavior is violent and out of control.
2.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child.
3.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household has documented history of perpetrating child abuse/neglect or any person for whom there is reasonable cause to believe that he/she previously abused or neglected a child. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4.	**Yes** ☐	**No** ☐	Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household is hiding the child, refuses access, or there is some indication that a caregiver may flee with the child.
6.	**Yes** ☐	**No** ☐	Child is fearful of his/her home situation because of the people living in or frequenting the home.
7.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household describes or acts toward the child in a predominantly negative manner.
8.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household has dangerously unrealistic expectations for the child.
9.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child.
12.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child.
14.	**Yes** ☐	**No** ☐	A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child.
15.	**Yes** ☐	**No** ☐	The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection of a child from moderate to severe harm.
16.	**Yes** ☐	**No** ☐	A caregiver, paramour, member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child .

For any Safety Threat that was marked "Yes" on the previous CERAP that is marked as "No" on the current CERAP (indicating the Safety Threat no longer exists), the completing worker shall provide an explanation in a contact note as to what changed in order to eliminate the Safety Threat(s).

PART B.1. Safety Threat Description

Directions: **IF SAFETY THREAT(S) ARE CHECKED "YES":**

- Note the applicable safety number and then briefly describe the specific individuals, behaviors, conditions and circumstances associated with that particular threat.

IF NO SAFETY THREATS ARE CHECKED "YES"

- Summarize the information you have available that leads you to believe that no children are likely to be in immediate danger of moderate to severe harm

PART B.2. List Children and Adults Who Were Not Assessed and the Reason Why They Were Not Identify the timeframes in which the assessment will be done.

RECLASSIFY Participant: **Indicate below if no change in the assessment has occurred due to the assessment of the above persons.**
If a change has occurred, complete a new assessment

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PART B.3. Family Strengths or Mitigating Circumstances

For each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if no safety factors are checked "yes".

Safety Factor #	1. Family Strengths	2. Mitigating Circumstances

SECTION 2: SAFETY DECISION

Directions: Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

A. SAFE ☐ There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.

B. UNSAFE ☐ A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker _____ Date _____

Supervisor _____ Date _____

RECLASSIFY Participant: **Indicate below if no change in the assessment has occurred due to the assessment of the above persons.**
If a change has occurred, complete a new assessment

Worker's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

PART B.3. Family Strengths or Mitigating Circumstances

For each safety factor that has been checked "yes", describe any family strengths or mitigating circumstances. This section is not to be completed if no safety factors are checked "yes".

Safety Factor #	1. Family Strengths	2. Mitigating Circumstances

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Directions: Identify your safety decision by checking the appropriate box below. (Check one box only.) This decision should be based on the assessment of all safety factors and any other information known about this case.

A. SAFE ☐ There are no children likely to be in immediate danger of moderate to severe harm at this time. No safety plan shall be done.

B. UNSAFE ☐ A safety plan must be developed and implemented **or** one or more children must be removed from the home because without the plan they are likely to be in immediate danger of moderate to severe harm.

SIGNATURE/DATES

The safety assessment and decision were based on the information known at the time and were made in good faith.

Worker _____ Date _____

Supervisor _____ Date _____

State of Illinois
Department of Children and Family Services

Safety Plan

A safety plan may only be developed if the safety decision is Unsafe and the supervisor or Area Administrator has given his or her approval for the development of the plan.

Section I – Identifying Information

Case Name:	Date:
SCR or CYCIS ID:	Date of Planned Review:
Type of Plan: ☐ Child In-Home ☐ Child Out-of-Home	Date Amended:

Section II – Safety Threats

The following marked Safety Threat(s) from the CERAP Safety Assessment have led to the need for a safety plan:

1. ☐ A Caregiver, paramour or member of the household whose behavior is violent and out of control.
2. ☐ A caregiver, paramour or member of the household is suspected of abuse or neglect that resulted in moderate to severe harm to a child or who has made a plausible threat of such harm to a child.
3. ☐ A caregiver, paramour or member of the household has a documented history of perpetrating child abuse/neglect or there is reasonable cause to believe that he/she previously abused or neglected a child. The severity of the maltreatment, coupled with the caregiver's failure to protect, suggests child safety may be an urgent and immediate concern.
4. ☐ Child sex abuse is suspected and circumstances suggest child safety may be an immediate concern.
5. ☐ A caregiver, paramour or member of the household is hiding the child, refuses access or there is some indication that a caregiver may fleeing with the child.
6. ☐ Child is fearful of his/her home situation because of the people living in or frequenting the home.
7. ☐ A caregiver, paramour or member of the household describes or acts toward the child in a predominantly negative manner.
8. ☐ A caregiver, paramour or member of the household has dangerously unrealistic expectations for the child.
9. ☐ A caregiver, paramour or member of the household expresses credible fear that he/she may cause moderate to severe harm to a child.
10. ☐ A caregiver, paramour or member of the household has not, will not, or is unable to provide sufficient supervision to protect a child from potentially moderate to severe harm.
11. ☐ A caregiver, paramour or member of the household refuses to or is unable to meet a child's medical or mental health care needs and such lack of care may result in moderate to severe harm to the child.
12. ☐ A caregiver, paramour or member of the household refuses to or is unable to meet the child's need for food, clothing, shelter, and/or appropriate environmental living conditions.
13. ☐ A caregiver, paramour or member of the household whose alleged or observed substance abuse may seriously affect his/her ability to supervise, protect or care for the child.
14. ☐ A caregiver, paramour or member of the household whose alleged or observed mental/physical illness or developmental disability may seriously impair or affect his/her ability to provide care for a child.
15. ☐ The presence of violence, including domestic violence, that affects a caregiver's ability to provide care for a child and/or protection from moderate to severe harm.
16. ☐ A caregiver, paramour, member of the household or other person responsible for a child's welfare engaged in or credibly alleged to be engaged in human trafficking poses a safety threat of moderate to severe harm to the child.

Section III – Safety Plan

1) What actions have or will be taken to protect each child in relationship to the above-indicated safety threat (s)?

2) Who is responsible for ensuring the safety of each child in relationship to the above-indicated safety threat(s)?

3) What must happen in order for this safety plan to be terminated?

4) What estimated time frames have been imposed by this safety plan?

5) Information Pertinent to Care of Child:

Name Of child's doctor:

Emergency Contact information for Parent:

Emergency Contact Information for Responsible Adult Safety Plan participant:

Identify who will notify child's school and/or daycare provider of safety plan conditions, if applicable:

Section IV - Signatures

A: I have discussed the attached safety plan and the consequences of non-compliance with the caretaker and all those who are responsible for carrying out the plan. I have their agreement to abide by the terms and conditions of the plan.

Worker's Signature:	Date:
Telephone Number:	
Supervisor's Name:	Telephone:

Note: If you have questions about the safety plan or your rights under a safety plan, call the worker or supervisor at the numbers listed above. You may also contact the DCFS Advocacy Office at 1-800-232-3798.

B: We have discussed the safety plan with the worker. We understand its contents and that it is voluntary. We agree to abide by the terms and conditions of the plan. If something happens that prevents us from carrying out the plan, we will immediately notify the worker. If the worker is unavailable, we will notify the supervisor. We understand that failure to agree to the plan or to carry out the plan may result in a reassessment of our home and possible protective custody and/or referral to the State's Attorney's Office for a court order to remove my children from my home. We will then have the opportunity to plead our case in court. I have been given a copy of the CFS 1441-D thru F, Safety Plan Rights and Responsibilities.

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

C: As a Safety Plan Participant, I understand my role and will inform the worker/supervisor if I am unable to fulfill my obligations to this plan. I have been given a copy of the CFS 1441-D thru F, Safety Plan Rights and Responsibilities.

Name:	Signature:
Role/Relationship:	Date:
Name:	Signature:
Role/Relationship:	Date:
Name:	Signature:
Role/Relationship:	Date:

E: Supervisor Approval

☐ Supervisor verbally approved the plan by telephone.

Name:	Date & Time:

☐ Supervisor's Signature Approval

Signature:	Date & Time:

Original – Case file Copy 1 & 2 – Parent/Guardian Copy 3 –5 Responsible Adult Caregiver & Plan Participants

Note: A copy of the safety plan will be distributed at time of signatures to all Parents, Guardians, and Responsible Adult Caregivers and Safety Plan Participants. If there are more than five Participants a copy will be mailed to each additional Participant.

State of Illinois
Department of Children and Family Services

SAFETY PLAN RIGHTS AND RESPONSIBILITIES FOR PARENTS & GUARDIANS

As Parents/Guardians, you have the right to:

- refuse to enter into a safety plan arrangement for your child
- voluntarily participate in the development of a safety plan, including the identification of temporary caregivers for your child
- request the safety plan be modified or terminated at any time
- maintain contact with your child, as long as that contact does not threaten the safety of the child
- know the length of time a safety plan will be in place, as safety plans are intended to be temporary, short term efforts to ensure the safety of your child
- know the potential consequences if the safety plan is violated
- a copy of the signed safety plan and any subsequent modifications of the safety plan

As Parents/Guardians, you have the responsibility to:

- continue to provide medical care and financial support for your child if someone else is providing temporary care under a safety plan
- provide accurate information to the investigator/caseworker about your mental health, substance use, and domestic violence issues or any other circumstances which might impact the safety of your child
- inform the investigator/caseworker immediately if you have any concerns or problems with the safety plan requirements
- notify the investigator/caseworker of changes to your contact information to ensure you can be reached if a decision is needed regarding your child
- ensure the person providing temporary care for your child has your current contact information in the event parental consent is needed for medical treatment or other emergencies
- notify schools and/or daycare providers of the temporary care plan for your child, or consent to allow DCFS to make notifications on your behalf
- inform DCFS if there are custody orders in place which may be impacted by the safety plan

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: SERVICE DELIVERY
PART 300 REPORTS OF CHILD ABUSE AND NEGLECT
SECTION 300.APPENDIX B CHILD ABUSE AND NEGLECT ALLEGATIONS

Section 300.APPENDIX B Child Abuse and Neglect Allegations

This Appendix describes the specific incidents of harm which must be alleged to have been caused by the acts or omissions of the persons identified in Section 3 of the Abused and Neglected Child Reporting Act before the Department will accept a report of child abuse or neglect. The allegation definitions focus upon the harm or the risk of harm to the child. Many of the allegations of harm can be categorized as resulting from either abuse or neglect. All abuse allegations of harm are coded with a one or two digit number under 50. All neglect allegations of harm are coded with a two digit number greater than 50. The allegations of harm are defined as follows:

ALLEGATION #	DEFINITION

1/51 **Death**

Death means the permanent cessation of all vital functions.

The following definitions of death are also commonly used:

– Total irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system;

– The final and irreversible cessation of perceptible heartbeat and respiration.

Verification of death must come from a physician or coroner.

2/52 **Head Injuries**

As used in this Part, head injury means a serious head injury causing skull fracture, brain damage or bleeding on the brain, such as subdural hematoma. Brain damage, skull fractures, hematomas and subdural hematomas are considered head injuries.

Injurious to Health and Welfare (Neglect)

10 − Substantial Risk of Physical Injury (Abuse)

Substantial risk of physical injury means that the *parent*, caregiver, *immediate family member* aged 16 or over, other person *residing in the home* aged 16 or over, or the *parent's paramour* has created a real and significant danger of *physical injury by other than accidental means that would likely cause death, disfigurement, impairment of physical health or loss or impairment of any body function* [325 ILCS 5/3]. This allegation of harm is to be used when the type or extent of harm is undefined but the total circumstances lead a reasonable person to believe that the child is at substantial risk of physical injury. This allegation of harm also includes incidents of violence or intimidation directed toward the child that have not yet resulted in injury or impairment but that clearly threaten injury or impairment.

Incidents

Examples of incidents that can cause a substantial risk of physical injury include, but are not limited to:

- Choking the child;
- Smothering the child;
- Pulling the child's hair out;
- Violently pushing or shoving the child into fixed or heavy objects;
- Throwing or shaking a smaller child;
- Subjecting the child to participation in or witnessing the physical abuse or restraint of another person when it is used by the perpetrator to intimidate the child (e.g., this could happen to you, this will happen to you); or
- Other violent or intimidating acts directed toward the child that cause excessive pain or fear.

Circumstances

Examples of circumstances that place the child in substantial risk of physical injury include, but are not limited to:

- A perpetrator of child abuse who has been ordered by a court to remain out of the home returns home and has access to the abused

child;

- Anyone living in the home has a documented history of violence toward children or has been arrested for violence to a child;

- Domestic violence in the home when the child has been threatened and the threat is believable, as evidenced by a past history of violence or uncontrolled behavior on the part of the perpetrator;

- Allowing or encouraging a child to be involved in a criminal activity; or

- The circumstances surrounding the death of one child provides reason to believe that another child is at real and significant risk of harm.

60 − Environment Injurious to Health and Welfare (Neglect)

Environment injurious means that a *child's environment creates a likelihood of harm to the child's health, physical well-being or welfare and* that *the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities* [325 ILCS 5/3]. This allegation shall be used when the type or extent of harm is undefined but the totality of circumstances, including inculpatory and exculpatory evidence, leads a reasonable person to believe that the child's environment may likely cause harm to the child's health, physical well-being or welfare due to the parent's or caretaker's blatant disregard. Blatant disregard is defined as *an incident where the real, significant and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm* [325 ILCS 5/3]. This allegation of harm shall also be used when there are conditions that create a real, significant and imminent likelihood of harm to the child's health, well-being or welfare (i.e., domestic violence, intimidation, or a child's participation in a criminal act) and the parent or caretaker blatantly disregarded his/her parental responsibility by failing to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm.

Circumstances

Examples of circumstances that may create real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- exposure to toxic vapors resulting from flammable or corrosive chemicals used in the manufacture of illicit drugs;

- the circumstances surrounding the death of one child provides reason to believe that another child is at real, significant and imminent risk of harm;

- exposing a child to an environment that significantly affects the health and safety of the child, based on the sale or manufacture of illegal drugs;

- a court has adjudicated a parent as unfit and the parent has not completed services that would correct the conditions or behavior leading to the court finding;

- situations that place a child at substantial risk of harm due to the effects of being subjected to participation in or the witnessing of the use of physical force or restraint of another.

Examples of circumstances that may, though not by themselves, create a real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- Domestic Violence: The Illinois Domestic Violence Act defines domestic violence as a crime in which *physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation* [750 ILCS 60/103(1) and (3)] is perpetrated by one family or household member against another. *Family or household members include spouses, former spouses, parents, children, stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who shared or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants and caregivers as defined in* Section 12-4.4a of the Criminal Code of 2012 [720 ILCS 5/12-4.4a]. [720 ILCS 5/12-0.1]

    - An incident of past or current domestic violence may qualify for an allegation of environment injurious if the domestic violence creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

- Domestic violence is also referred to as "intimate partner violence". The adult victim of domestic violence, who is the non-offending parent or caregiver, is presumed to not be neglectful or to have created an environment injurious to the child so long as he or she has exercised precautionary measures to prevent or mitigate the real, significant and imminent risk of moderate to severe harm to the child.

– Mental Health: A parent's or caregiver's mental illness and behavior may qualify for an allegation of environment injurious if an incident or behavior that is symptomatic of the mental illness creates a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. To indicate an allegation based on this factor, the Investigation Specialist must rule out dependency, as defined in the Juvenile Court Act of 1987 [705 ILCS 405], as the presenting problem.

– Substance Abuse/Dependence: A parent's or caregiver's substance abuse/dependence and behavior may qualify for an allegation of environment injurious if an incident or behavior caused by the substance abuse/dependence creates a real, significant and imminent risk of moderate to severe harm to a child's health, physical well-being or welfare, and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

– Prior Harm to a Child: Prior harm to a child may qualify for an allegation of environment injurious on behalf of another child if the prior incidents of harm create a real, significant and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare and if the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child.

Factors To Be Considered

Whether there is a real and significant danger to justify taking a report is determined by the following factors. All factors need not be present to justify taking the report. One factor alone may present sufficient danger to justify taking the report. The list of factors does not constitute child abuse or neglect in every instance. All factors must be given consideration in order to identify potential aggravating or mitigating circumstances.

- The child's age;
- The child's medical condition, behavioral, mental or emotional problems, developmental disability or physical handicap, particularly related to his or her ability to protect himself or herself;
- The severity of the occurrence;
- The frequency of the occurrence;
- The alleged perpetrator's physical, mental and emotional abilities, particularly related to his or her ability to control his or her actions;
- The dynamics of the relationship between the alleged perpetrator and the child;
- The alleged perpetrator's access to the child;
- The previous history of indicated abuse or neglect;
- The current stresses or crisis in the home;
- The presence of other supporting persons in the home; or
- The precautionary measures exercised by a parent or caregiver to protect the child from harm.

11/61 **Cuts, Bruises, Welts, Abrasions and Oral Injuries**

Cut (Laceration)

A cut is an opening, incision or break in the skin made by some external agent.

Bruise

A bruise is an injury that results in bleeding under the skin, in which the skin is discolored but not broken. A bruise is also referred to as a contusion.

Welt

A welt is an elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.

Allegation of Harm #10
SUBSTANTIAL RISK OF PHYSICAL INJURY

a) Definition

Substantial risk of physical injury means that the parent, caregiver immediate family member aged 16 or over, other person residing in the home aged 16 or over, or the parent's paramour has created a **real and significant danger** of physical injury. This allegation of harm is to be used when the type or extent of harm is undefined but the total circumstances lead a reasonable person to believe that the child is in substantial risk of physical injury.

Option A – Incidents of Violence or Intimidation

This option includes incidents of violence or intimidation directed toward a child which is not known to have resulted in injury or impairment, but which clearly threaten such injury or impairment. Examples of violence or intimidation include, but are not limited to:

- Strangling a child;
- Smothering a child;
- Pulling a child's hair out;
- Violently pushing or shoving the child;
- Throwing or shaking a small child;
- Other violent or intimidating act directed toward the child to cause pain or fear.
- Subjecting the child to participation in or witnessing the physical abuse or restraint of another person when it is used by the perpetrator to intimidate the child (e.g., this could happen to you, this will happen to you); or
- Other violent or intimidating acts directed toward the child or in close proximity of the child that cause excessive pain or fear.

Option B – Medical Child Abuse
(Factitious Disorder by Proxy or Munchausen by Proxy Syndrome)

Medical Child Abuse is a form of child harm that is characterized by a parent/caregiver who intentionally and persistently lies, fakes, and/or produces illness in the child and repeatedly presents the child for medical assessment/treatment.

Note: If during the course of the investigation, a specific allegation of harm is identified, the appropriate allegation shall be added and a determination made on all the allegations. If the living circumstances of the family lead the Child Protection Specialist to consider temporary protective custody, **Allegation #76 (Inadequate Food)**, **#77 (Inadequate Shelter)**, **#78 (Inadequate Clothing)** or **#82 (Environmental Neglect)** must be added and a determination made as to whether services to meet these basic needs will alleviate the need for temporary protective custody.

Examples of incidents or circumstances that in and of themselves do not constitute "risk of harm":

- Use of physical corporal punishment in and of itself does not constitute an allegation of substantial risk.

- Birth of a baby to families involved with the Department does not in and of itself constitute a substantial risk of harm or the presence of a real and significant danger.

b) Taking a Report

The reporter/source must have reason to believe that the incident/circumstances~~,~~ that create a risk of harm~~,~~ resulted from the following:

1) A direct action of the parent, caregiver, immediate family member, other person residing in the home, the parent's paramour, or other person responsible for the child's welfare (ABUSE);

2) The failure of the parent, caregiver, immediate family member, other person residing in the home, the parent's paramour, or other person responsible for the child's welfare to make reasonable efforts to stop an action by another person which resulted in substantial risk of harm to the child (ABUSE); or

3) One circumstance alone may present sufficient danger to justify taking the report. Examples of circumstances that can cause a substantial risk of physical injury include, but are not limited to:

   Circumstances

   - A perpetrator of child abuse who has been ordered by a court to remain out of the home returns home and has access to the children;
   - Anyone living in the home has a documented history of violence toward children or has been arrested for violence to a child;
   - Domestic violence in the home when the child or other family member has been threatened and the threat is believable, as evidenced by a past history of violence or uncontrolled behavior on the part of the perpetrator;

- Allowing or encouraging a child to be involved in a criminal activity; or
- The circumstances surrounding the death or serious injury of one child provide reason to believe that another child is at real and significant risk of harm.

c) Investigating a Report

1) Required Contacts

All contacts and attempted contacts must be documented in a contact note within 48 hours.

A) Law enforcement shall be notified verbally and in writing (**CANTS 14**), as needed and in consultation with the supervisor. **If Medical Child Abuse is alleged, law enforcement must be notified within 24 hours and copies of all applicable police reports involving persons in the child's house must be obtained.**

B) Notify the State's Attorney verbally and in writing, as needed and in consultation with the supervisor. **If Medical Child Abuse is alleged, the State's Attorney must be notified and provided with all available medical records, copies of investigative activities, and comparison investigative information.**

C) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

2) Required Activities

All investigative activities must be documented in a contact or case note within 48 hours.

A) If a child has special health care needs, as defined in **Procedures 302, Appendix O, Referral for Nursing Consultation Services**, the Child Protection Specialist must complete a DCFS nurse referral.

B) If Medical Child Abuse is suspected, schedule and convene a meeting with Department nursing staff to discuss the case, notify law enforcement and schedule a multidisciplinary team meeting with the involved medical staff and law enforcement.

C) Child Protection Supervisors are required to do the following for all cases where Medical Child Abuse is alleged:

- Notify the Area Administrator of the pending investigation;
- Conduct in person weekly supervision sessions with the assigned Child Protection Specialist. Sessions should be conducted more frequently if necessary; and
- Supervisory sessions must address safety assessment and planning, multidisciplinary team meetings, coordination and comparison of investigative information, and other pertinent information.

D) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

3) Required Documentation

A) Documentation and evidence that a child was subjected to substantial risk of injury and any relevant medical records.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Final Finding

A) If Medical Child Abuse is alleged, ensure that appropriate evidence has been obtained to answer the following questions:

- If the child's symptoms are suspected of being induced, how were they induced?
- If the child' symptoms were chemically induced, how long after the child was given the chemical would the symptoms appear? How long would the symptoms last?
- What was the circumstance or circumstances of the onset of the child's symptoms?
- Who was present with the child prior to the onset of the symptoms?

- Is there evidence in the child's or siblings' medical records of false reporting of illnesses?
- Has the child been hospitalized on multiple occasions with uncommon presenting symptoms?
- Has blood found in the child's stool or urine matched the child's blood type?
- Has potassium, acetaminophen, aspirin, insulin, prescription medication, diuretics, controlled substances, illegal drugs, arsenic, other toxic substances or chemicals been found in the child's blood, urine or stool?
- Did the child's reported medical symptoms improve while the child was hospitalized, and then reoccur after the child was discharged from the hospital?
- What are the ages of the involved children?
- Does the victim have a medical condition, behavioral, mental/emotional problem or disability that impacts his/her her ability to seek help or significantly increases the caregiver's stress level?
- Is there a pattern of similar instances with this child or other children for whom the caregiver is responsible?
- What is the severity of the incident of Substantial Risk or Environment Injurious?
- What is the location or nature of potential harm?
- Was an instrument or weapon used on the victim? The use of an instrument does not, in and of itself, constitute an indicated finding but must be considered with other factors.
- Is there a previous history of abuse or neglect? The history must be verifiable in SCR, through official record documentation, or substantial corroboration by other credible sources.
- What dynamics are present between the victim and the parent? Identify the child's level of fear of the caregiver. Does the caregiver appear to be concerned about the child's welfare and protection? Is there an appropriate parent/caregiver/child relationship?

B) Domestic Violence

- There is a history of past incidents of domestic violence as confirmed through interviews family with members, collateral contacts, police and LEADS reports.
- What is the nature of the domestic violence (e.g., yelling and screaming vs. physical contact or injury)?
- Have weapons been used or brandished?
- What is the involvement of the children during domestic violence incidents (e.g., present in the immediate vicinity, attempted to intervene, or out of immediate area)?
- Does the victim of domestic violence have the ability or wherewithal to use a support system?

C) Information Concerning Mental Health Issues

- What is the nature of the clinical diagnosis, if there is one?
- Is the nature of the illness such that medication controls inappropriate or harmful behaviors? If so, what is the level of medication compliance?
- Do the caregiver's hallucinations or delusions negatively affect the child and/or the caregiver's ~~s~~ ability to provide child care?
- Is there is a history of psychiatric hospitalizations?
- What is the history of the caregiver's treatment and treatment compliance history?
- Complete an assessment of the caregiver's parenting ability based on past parenting history.

D) Substance Abuse Issues

Identify substance use issues involving the parents or household members, and if they have involvement in the manufacture and distribution of illegal drugs.

Allegation of Harm 60
ENVIRONMENT INJURIOUS TO HEALTH AND WELFARE

a) Definition

An **Environment Injurious to Health and Welfare** is when there are conditions that create a real, significant, and imminent likelihood of harm to a child's health, physical well-being, or welfare **and** that the likelihood of harm is the result of the parent/caregiver's blatant disregard of his/her responsibility to exercise reasonable precautionary measures to prevent or mitigate the imminent risk of moderate to severe harm.

"Blatant disregard" is *an incident where the real, significant and imminent risk of harm would be so obvious to a reasonable parent or caretaker that it is unlikely that a reasonable parent or caretaker would have exposed the child to the danger without exercising precautionary measures to protect the child from harm.* [325 ILCS 5/3]

Circumstances

Examples of circumstances that may create a real, significant and imminent risk of moderate to severe harm include, but are not limited to:

- Exposure to toxic vapors resulting from flammable or corrosive chemicals used in the manufacture of illicit drugs;
- The circumstances surrounding the death of one child provides reason to believe that another child is at real, significant and imminent risk of harm;
- Exposing a child to an environment that significantly affects the health and safety of the child, based on the sale or manufacture of illegal drugs;
- A court has adjudicated a parent as unfit and the parent has not completed services that would correct the conditions or behavior leading to the court finding;
- Being coerced or forced to participate in or witness the use of physical force or restraint of another person.

Environment Injurious

Environment injurious includes incidents where the circumstances **may** create a real, significant, and imminent risk of moderate to severe harm.

Examples of circumstances of an environment injurious include, but are not limited to:

- Domestic violence: An incident of past or current domestic violence when the domestic violence creates a real, significant, and imminent risk of moderate to severe harm to the child's health, physical well-being, or welfare, and the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child;
- A perpetrator of child abuse who has been court ordered to remain out of the home returns home and has access to the abused child;

- Anyone living in the home who has a documented history of violence directed toward children or has been arrested for violence directed to a child;
- Exposure to toxic vapors resulting from flammable and/or corrosive chemicals used in the manufacture of illicit drugs;
- Surviving siblings of a child who dies as a result of unsafe sleep practices where there are other safety issues that place the surviving siblings at risk;
- Coercing or forcing the child to participate in or the witness the physical abuse or restraint of another person;
- The circumstances surrounding the death of a child provide reason to believe that a sibling or another child is in real, significant and imminent risk of moderate to severe harm;
- Exposing the child to an environment that significantly affects the health and safety of the child, based on the sale or manufacture of illegal drugs;
- A court has adjudicated a parent as unfit and the parent has not completed services that would correct the conditions or behavior leading to the court finding;
- Allowing, encouraging or coercing a child to be involved in a criminal activity;
- Children in the home of a stillborn child whose still birth was the direct result of an action by the parent;
- Children in the home of a stillborn child who was delivered substance exposed;
- Substance Abuse/Dependence: an incident or behavior caused by a parent or caregiver's substance use creates a real, significant, and imminent risk of moderate to severe harm to a child's health, physical well-being or welfare, **and** the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of moderate to severe harm to the child;
- Prior Harm to a Child: The prior harm to one child creates a real, significant, and imminent risk of moderate to severe harm to another child's health, physical well-being or welfare **and** the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the risk of moderate to severe harm to the other child; or
- Mental Health: An incident or behavior by the parent/caregiver that is symptomatic of mental illness creates a real, significant, and imminent risk of moderate to severe harm to the child's health, physical well-being or welfare, **and** the parent or caregiver has failed to exercise reasonable precautionary measures to prevent or mitigate the likelihood of harm to the child.

Example of a circumstance that in and of itself does not constitute "risk of harm": Failure to follow a service plan does not in and of itself constitute an allegation of environment injurious.

b) Taking a Report

1) The reporter/source must have reason to believe that the incident/circumstance that created an environment injurious or substantial risk of injury resulted from a parent or caregiver placing a child or allowing a child to be in an environment that is injurious and that the likelihood of harm to the child is due to the parent or caregiver's blatant disregard for the health and welfare of the child (NEGLECT).

2) Factors to be considered include:

Whether there is a real and significant danger sufficient to justify taking a report is determined by any of the following factors. All factors need **not** be present to justify taking the report. One factor alone may present sufficient danger to justify taking the report:

A) The child's age;

B) The child's medical condition, behavioral, mental or emotional problems, developmental disability, or physical handicap, particularly as it relates to his or her ability to protect him or herself;

C) The severity of occurrences;

D) The frequency of occurrences;

E) The alleged perpetrator's physical, mental and/or emotional abilities, particularly as it relates to his or her ability to control his or her actions and behavior;

F) The dynamics of the relationship between the household members and the child (e.g., is the child treated differently than other children in the home?);

G) The previous history of indicated abuse or neglect;

H) The current stresses/crisis in the home;

I) The presence of other supportive persons in the home; or

J) The precautionary measures exercised by a parent or caregiver to protect the child from harm.

Note: If the blatant disregard alleged in the death of a child involves bedsharing or an unsafe sleep environment, **Allegation #60** may be appropriate for surviving siblings or other children residing in the home, but only if those children are infants, are developmentally disabled, have special health care needs or are medically compromised.

Note: The narrative of a report of this allegation must document an environment injurious in order to justify taking the report, as well as any other factors that had a bearing on the decision to take the report.

c) Investigating a Report

1) Required Contacts

All contacts and attempted contacts must be documented in a contact note within 48 hours.

There are no additional contacts specific to this allegation.

2) Required Activities

All investigative activities must be documented in a contact or case note within 48 hours.

A) If a child has special health care needs, as defined in **Procedures 302, Appendix O, Referral for Nursing Consultation Services**, the Child Protection Specialist must complete a DCFS nurse referral.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

3) Required Documentation

A) Documentation and evidence that a child was placed in an environment injurious and any relevant medical records.

B) A waiver of any of the above requirements must be approved by the Child Protection Supervisor and may require approval by the Area Administrator. Details of the request and the Supervisor's decision must be documented in a supervisory note.

4) Assessment of Factors and Evidence to Determine a Final Finding

Factors to be considered include:

A) Child, Caregiver, and Incident Factors

- What is the child's age?
- Does the victim have a medical condition, behavioral, mental/emotional problem or disability that impacts his/her ability to protect himself or herself or that significantly increases the caregiver's stress level?

- Is there a pattern of similar instances with this child or other children for whom the parent or caregiver is responsible?

- What is the severity of the incident of substantial risk or environment injurious?

- What is the location or nature of potential harm?

- Was an object/instrument used on the victim?

- Is there a previous history of abuse or neglect or do persons interviewed report previous injuries to the child?

- What dynamics are present between the victim and the parent? Identify the child's level of fear of the caregiver. Does the caregiver appear to be concerned about the child's welfare and protection? Is there an appropriate parent/caregiver/child relationship?

B) Domestic Violence

- Is there is a history of past incidents of domestic violence as confirmed through interviews with family with members, collateral contacts, police and LEADS reports?

- What is the nature of the domestic violence (e.g., yelling and screaming vs. physical contact or injury)?

- Have weapons been used or brandished?

- What is the involvement of the children during domestic violence incidents (e.g., present in the immediate vicinity, attempted to intervene, or out of immediate area?)

- Does the victim of domestic violence have the ability or wherewithal to use a support system?

C) Information Concerning Mental Health Issues

- What is the nature of the clinical diagnosis, if there is one?

- Is the nature of the illness such that medication controls inappropriate or harmful behaviors? If so, what is the level of medication compliance?

- Do the caregiver's hallucinations or delusions negatively affect the child and/or the caregiver's ability to provide child care?

- Is there is a history of psychiatric hospitalizations?
- What is the history of the caregiver's treatment and treatment compliance history?

D) Substance Abuse Issues

Identify substance use issues involving the parents or household members, and if they have involvement in the manufacture and distribution of illegal drugs.

APPENDIX J - DOMESTIC VIOLENCE

a) Purpose

One of the critical areas of Department intervention is the assessment of risk to children, including the implementation of any required protective plans. The purpose of this appendix is to provide guidance to investigation specialists when assessing safety and risk to children in cases where domestic violence is present or suspected as an underlying condition of abuse and neglect.

b) Definitions

Domestic violence involves the establishment of power and control through a pattern of coercive behaviors that include physical, sexual, verbal, and emotional assaults perpetrated by one intimate partner against another (Ganley and Schechter, 1996).

The Illinois Domestic Violence Act defines domestic violence as a crime in which physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation is perpetrated by one family or household member against another.

"Family or household members" include spouses, former spouses, parents, children stepchildren and other persons related by blood or by present or prior marriage, persons who share or formerly shared a common dwelling, persons who have or allegedly have a child in common, persons who shared or allegedly share a blood relationship through a child, persons who have or have had a dating or engagement relationship, persons with disabilities and their personal assistants and caregivers as defined in paragraph (3) of subsection (b) of Section 12-21 of the Criminal Code of 1961.

"Physical abuse" includes sexual abuse and means any of the following:

(i) knowing or reckless use of physical force, confinement or restraint;
(ii) knowing, repeated and unnecessary sleep deprivation; or
(iii) knowing or reckless conduct which creates an immediate risk of physical harm. [750 ILCS 60/103(14)]

"Harassment" means knowing conduct which is not necessary to accomplish a purpose that is reasonable under the circumstances; would cause a reasonable person emotional distress; and does cause emotional distress to the petitioner. Unless the presumption is rebutted by a preponderance of the evidence, the following types of conduct shall be presumed to cause emotional distress:

(*i) creating a disturbance at a petitioner's place of employment, home or residence;*
(ii) repeatedly telephoning petitioner's place of employment, home or residence;
(iii) repeatedly following petitioners about in a public place or places;
(iv) repeatedly keeping petitioner under surveillance by remaining present outside her or his home, place of employment, vehicle or other place occupied by petitioner or peering in petitioner's windows;

(v) improperly concealing a minor child from petitioner, repeatedly threatening to improperly remove a minor child of the petitioner's from the jurisdiction or from the physical care of petitioner, repeatedly threatening to conceal a minor child from the petitioner, or making a single such threat following an actual or attempted improper removal or concealment, unless respondent was fleeing an incident or patter of domestic violence; or

(vi) threatening physical force, confinement or restraint on one or more occasions. [750 ILCS 60/103(7)]

"Intimidation of a dependent" means subjecting a person who is dependent because of age, health, disability to participation in or the witnessing of: physical force against another or physical confinement or restraint of another which constitutes physical abuse as defined in this Act, regardless of whether the abused person is family or household member. [750 ILCS 60/103(10)]

"Interference with personal liberty" means committing or threatening physical abuse, harassment, intimidation or willful deprivation so as to compel another to engage in conduct from which she or he has a right to abstain or refrain from conduct in which she or he has a right to engage. [750 ILCS 60/103(9)]

"*Willful deprivation" means willfully denying a person who because of age, health or disability requires medication, medical care, shelter, accessible shelter or services, food, therapeutic device, or other physical assistance, and thereby exposing that person to the risk of physical, mental or emotional harm, except with regard and thereby exposing that person to the risk of physical, mental or emotional harm., except with regard to medical care or treatment when the dependent person has expressed an intent to forgo such medical care or treatment.* [750 ILCS 60/103(15)]

c) Domestic Violence Research Findings

When children are primary victims, research connecting domestic violence and child maltreatment is strong.

- Child abuse is 15 times more likely to occur in families where domestic violence is present (The Family Secret, Boston, 1995)
- Perpetrators sometimes use physical, emotional or sexual abuse of children to maintain or establish power or control over the victim (Schechter and Carter, 1995)
- Domestic violence is often linked to severe and fatal cases of child abuse (Felix and McCarthy, 1994).

When children are secondary victims, research shows that exposure to trauma increases the risk of:

- Eating and sleep disorders;
- Verbally and physically aggressive behaviors;

- Guilt, when the child believes that he or she is the cause of the abuse;
- Poor academic performance;
- Becoming frightened easily, anxious, clingy or frequently cry if the child is under the age of five;
- Adolescent alcohol and drug abuse; or
- Teen dating violence (Research shows that youth age 16 – 24 are most at risk of domestic violence than any other age group.).

d) Identifying and Assessing Safety and Risk Related to Domestic Violence

1) Assessment of safety and risk is the mechanism that investigation specialists must utilize throughout the life of the case to focus their decision-making on the level of interventions necessary to assure the safety of children. Investigation specialists are required to complete a **SACWIS/CANTS 17A/DV**, **Domestic Violence Screen** (Attachment):

   A) During the course of a CA/N investigation in conjunction with the initial **CFS 1441**, **Safety Determination Form**, whenever domestic violence has been alleged by any credible source and prior to case determination in all formal investigations;

   B) Whenever Law Enforcement Agencies Data System (LEADS) information indicates that children may be at risk due to domestic violence (e.g., existing orders of protection, domestic violence orders of protection);

   C) Anytime circumstances suggest that a child's safety may be at risk due to domestic violence or severe controlling behaviors exhibited towards an adult in the home by an adult perpetrator of domestic violence; or

   D) Whenever any source provides reliable information that indicates that the welfare of children may be at risk or that they are at risk of harm due to severe controlling behavior or domestic violence.

2) When domestic violence or severe controlling behaviors are alleged, suspected or known that may pose a risk of harm or immediate threat to the safety of the children, a discussion concerning domestic violence shall occur between the investigation specialist and investigation supervisor. A summary of the discussion shall be documented in a case note and placed in the case file. These discussions shall occur:

   A) During the case handoff between the investigation specialist and the permanency worker assuming casework responsibility; and

   B) Within five days of a case transfer/reassignment to a new investigation specialist of an existing child abuse or neglect investigation or open service case.

e) SACWIS/CANTS 17A/DV, **Domestic Violence Screen**

The **SACWIS/CANTS 17A/DV**, **Domestic Violence Screen** (Attachment I), consists of three sections: When to Use the Screen; Identifying Domestic Violence; Assessment; and Batterer/Victim Characteristics. If domestic violence is identified, workers must assess for safety and risk.

1) When to Complete the **Domestic Violence Screen**

The investigation specialist shall complete the **Domestic Violence Screen:**

- Within the first seven days of the initial investigation (Interviews should only be conducted when it is safe to do so and workers should follow the guidelines for conducting domestic violence interviews, which are included in the Domestic Violence Practice Guide.);
- Prior to the case handoff staffing;
- Whenever domestic violence is suspected or identified; and
- At the close of the investigation.

The investigation specialist may re-certify the initial **Domestic Violence Screen** prior to the case handoff or at the close of investigation when case circumstances have not changed and the investigation specialist has consulted with, and received approval from the investigation supervisor to re-certify the screen.

Differential Response Specialists shall complete the Domestic Violence Screen in accordance with the same guidelines required for the Investigation Specialist.

2) Identifying Domestic Violence

Workers shall utilize the following lists of *significant* and *verbal indicators* to identify possible domestic violence case issues. When the investigation specialist determines that one or more of the indicators are present he or she shall conduct follow-up domestic violence interviews with alleged adult victim and children.

A) Significant Indicators

- Third party reports of domestic violence.
- Criminal history of assault or damage to property that has been verified through LEADS.
- Physical injuries to an adult, such as bruises, cuts, black eyes, marks on neck, etc.
- One partner seems to control everything (e.g., answers questions for the other partner).
- Observed damage to the home (e.g., phone ripped from the wall, holes in the walls, broken doors or furniture).

- Self-reported incident or incidents of domestic violence.
- One partner uses children to control what the other partner says, does or thinks.
- Prior or current police involvement for domestic violence.
- Prior or current domestic violence order of protection.
- A history of receiving domestic violence services.

The screen is complete if none of the above indicators are present. The investigation specialist shall continue with the second part of the screen (verbal indicators) when any of the significant indicators are present, and the facts or circumstances, if true, suggest the presence of domestic violence. *Always interview the suspected or known adult victim separately from the suspected or known offender*.

B) Verbal Indicators

- Has your partner ever tried to control what you do? (e.g., keep you away from your family, friends or neighbors, prevented you from going to work, listened to your phone calls, followed you, controlled your income or how you spend your money)
- Has your partner ever threatened you or done something else that frightened you? (e.g., threatened to do something harmful to you, behaved violently in public, forced you to engage in sexual activity, called you degrading names, forced drug use)
- Has your partner ever pushed, slapped, punched, kicked or hurt you in other ways? (e.g., hurt you physically, restrained you)
- Has your partner ever threatened to use the children to control you in any way? (e.g., forced the children to participate in the abuse or watch you being abused, blamed the children for the abuse, threatened to hurt or kill them)
- Has your partner ever called you bad names, ridiculed you or put you down verbally?
- Have your children been exposed to incidents of domestic violence? (e.g., seen or heard the abuse)

The presence of *significant indicators* and *verbal indicators* requires the worker to assess the risk and safety to the children.

3) Assessment (Level of Risk and Safety)

The presence of domestic violence may or may not warrant Department intervention. The investigation specialist must refer to the Risk Assessment, CERAP, allegation system and Domestic Violence Practice Guide to determine if the domestic violence rises to the level of abuse or neglect or poses a threat to the safety of the children. Interventions will be determined by assessed level of safety and risk to the children.

When assessing the level of risk to the children, the investigation specialist shall consider whether there is reasonable cause to believe:

- There is ongoing domestic violence and/or that the alleged batterer has a history of domestic violence;

AND

- The child or children are likely to be used as a shield or held or physically restrained from leaving during an incident of domestic violence; or
- The child or children will place themselves at substantial risk of harm by intervening during an incident of domestic violence; or
- The alleged batterer has committed assault or murder and has threatened to harm members of the immediate family, extended family and pets; or
- The child's or children's ability to function on a daily basis has been substantially impaired due to incidents of domestic violence; or
- The non-offending caregiver or alleged batterer describe the children in negative terms, act negatively towards the children or blame them for the incidents of domestic violence; or
- The alleged batterer has used or has threatened to use weapons.

The investigation specialist shall also assess any strategies the adult victim has used in the past that can be supported or strengthened to protect the children.

f) Interviewing and interventions

1) Domestic Violence Interviews

When domestic violence is a case issue, domestic violence interviews must be conducted with the adult victim and children away from the perpetrator to assess level of risk and safety to the children. Interviews should only be conducted when it is safe to do so and the investigation specialist shall follow the guidelines for conducting domestic violence interviews, which are included in the Domestic Violence Practice Guide.

2) Collateral Contacts

Collateral contacts must be made with individuals who can provide information concerning the safety and well being of the children, parental functioning, home environment, the relationship between the adults and between the adults and children (e.g., criminal justice personnel, child care providers, social service agencies, neighbors, school and medical personnel and extended family members with extensive/significant personal contact with the family).

3) Documentation

Information obtained from required domestic violence interviews, collateral contacts, as well as information relevant to safety assessment and protective actions must be documented in interview notes and the initial and any subsequent **CFS 1441**, **Safety Determination Form** when evidence or circumstances suggest that a child's safety may be in jeopardy.

4) Level of Department Involvement

The level of Department involvement will be individualized and in correlation to the assessed safety and risk issues of the children. When significant indicators of domestic violence exist based on the administration of the **Domestic Violence Screen**, the investigation specialist may offer a domestic violence brochure to the adult who is a possible victim of domestic violence whether or not the level of risk to the child warrants any further involvement. The investigation specialist must determine with the adult victim if it is safe for him/her to receive and retain this brochure. In some cases, the adult victim may state that it is not safe for him/her to keep this brochure. In such cases, the investigation specialist can review the brochure with the adult victim and discuss the content, rather than leaving it with him/her. The brochure is titled, "You And Your Children Have A Right To Be Safe From Abuse: What You Need To Know About Domestic Violence And Child Welfare" (CFS 1050-85 English; CFS 1050-85-S Spanish). The investigation specialist shall refer to the Domestic Violence Practice Guide and consult with the investigation supervisor for further guidance on how to make confidential referrals for adult victims.

g) Safety Planning

When domestic violence has been observed or documented in LEADS or other official reports/records, the investigation specialist shall utilize the Domestic Violence Practice Guide for safety planning. The guide provides alternatives that the investigation specialist may pursue with the non-offending adult victim prior to taking protective custody, which include the following:

1) The batterer acknowledges responsibility for the domestic violence and leaves the home; or

2) A safety plan is established and the batterer moves out of the home. This may include steps such as assisting the victim of domestic violence in obtaining a domestic violence order of protection, arrest of the batterer, police involvement or court action; or

3) A safety plan is established and the non-offending adult victim relocates with the children to a safe location. This location will be where the perpetrator will not have access, such as a relative's home, friend's home or domestic violence shelter. The adult victim is also assisted in obtaining domestic violence services; or

Note: Any safety plan developed that is dependent on a third party's cooperation must include full releases from the family to permit sharing all relevant information with the third party.

4) The non-offending caretaker makes arrangements for the children to be in a safe environment;

5) The batterer does not leave the home and a safety and protection plan for domestic violence is established with the adult victim, for the safety of the adult victim and the children in the home. The safety and protection plan for domestic violence shall identify actions that can be taken to protect the adult victim and children in a domestic violence situation, even with the batterer remaining in the home; or

6) The children are taken into protective custody if their safety cannot be assured.

Adult victims may openly ask for help or may appear uncooperative or resistant. The demeanor of the adult victim may be misleading; the adult victim may seem uncooperative due to fear of the perpetrator or of service systems. Cultural beliefs or language barriers may exacerbate this seeming unwillingness to cooperate. However the adult victim appears, the investigation specialist shall reiterate concern for the safety of both the children and the caretaker, and shall inform the adult victim of appropriate community resources. Referrals shall be offered to adult victims whether or not a case is opened.

h) Support

For cases involving domestic violence, the investigation specialist must consult with the Clinical Domestic Violence Specialists in the Domestic Violence Intervention Program, under the Division of Clinical Services. Specialists in this program shall provide clinical case consultation, technical assistance, referrals, resources and support on domestic violence cases. The Clinical Domestic Violence Specialists can be contacted through the Clinical Division's Office of Specialty Services at 708-338-6691 or 312-328-2153.

Clinical Domestic Violence Specialists are also available to provide case consultation and support to staff in the Differential Response Program.

Member Name: DOB:

Significant Indicators

○ Yes ◉ No	There are third party reports of domestic violence.
○ Yes ◉ No	There is a criminal history of assault or damage to property that has been verified through LEADS.
○ Yes ◉ No	There have been physical injuries to an adult (e.g. bruises, cuts, black eyes, marks on neck).
○ Yes ◉ No	One partner seems to control everything (e.g. answers questions for the other partner).
○ Yes ◉ No	Damage to home has been observed (e.g. phone ripped from the wall, holes in wall, broken doors or furniture).
○ Yes ◉ No	There has been a self-reported incident or incidents of domestic violence.
○ Yes ◉ No	One partner uses the children to control what the other partner says, does or thinks.
○ Yes ◉ No	There has been prior or there is current police involvement for domestic violence.
○ Yes ◉ No	There is a past order of protection.
○ Yes ◉ No	There is an existing order of protection.
○ Yes ◉ No	The family has a history of receiving domestic violence services.

Verbal Indicators

○ Yes ◉ No	Has your partner ever tried to keep you away from your family, friends, work or neighbors?
○ Yes ◉ No	Has your partner ever threatened you or done something else that frightened you?
○ Yes ◉ No	Has your partner ever pushed, slapped, punched, kicked or hurt you in other ways?
○ Yes ◉ No	Has your partner ever threatened to use the children to control you in any way?
○ Yes ◉ No	Has your partner ever called you bad names, ridiculed you, or put you down verbally?

Assessment

○ Yes ◉ No	Was or is there physical danger posed to the child from the batterer?
○ Yes ◉ No	Does the physical, developmental or emotional impact of the domestic violence on the children rise to the level of suspected abuse and neglect?
○ Yes ◉ No	Are there strategies the adult victim has used in the past that can be supported or strengthened to protect the children?
○ Yes ◉ No	Has the batterer ever used or threatened to use weapons of any kind?
○ Yes ◉ No	In consultation with the supervisor, is there any action required to address safety and/or risk?

Comments:

Domestic Violence Protection Planning

Domestic Violence Helpline: 877-863-6338

Domestic Violence protection planning includes the non-offending parent/caregiver and children in the home. The DV Protection Plan is personalized and specific to the safety issues and needs of the family. The DV Protection Plan should be included in the client's overall service planning process.

Safety When Preparing to Leave

+ Keep a list of important phone numbers accessible.
+ Identify safe people and places to go in an emergency.
+ Keep Copies of Orders of Protection on self, at child's school, work, and with trusted people (D.V Counselor, DCFS Worker)
+ Prepare a bag of items to remember, and keep it in a safe, accessible place: (ID, medications, money, keys, driver's license/registration, welfare papers, OOP, children's favorite toy/blanket, custody and protective orders, SS cards, birth certificates, etc.)
+ Create a code word for children or friends so they can call for help.

DV Planning with Children

+ Discuss how the children can escape from the house if a DV incident is occurring. If they cannot escape, what room is the safest for them to go?
+ Discuss how the children can avoid getting in the middle of an assault.
+ Identify where the children can go in an emergency, and review the step-by-step plan with them.
+ Teach children to call 911 and practice what to say.
+ Keep a list of important emergency phone numbers accessible to children.

Safety Planning

+ Identify ways the non-offending adult can be safe from DV.
+ Identify what the non-offending adult can do to protect their children and how DCFS can support that.
+ Ask what has worked in the past to protect children and how those strategies can be used again.
+ Inquire what the non-offending adult needs to protect children.
+ Explore whether an Order of Protection is viable for this client at this time.
+ Identify where the children can go to be safe, if the non-offending adult indicates that they cannot keep the children safe if they remained at home.

Worker Signature: _____ Supervisor Signature: _____

Member Name: DOB:

Significant Indicators

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+ Teach children to call 911 and practice what to say.
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+ Ask what has worked in the past to protect children and how those strategies can be used again.
+ Inquire what the non-offending adult needs to protect children.
+ Explore whether an Order of Protection is viable for this client at this time.
+ Identify where the children can go to be safe, if the non-offending adult indicates that they cannot keep the children safe if they remained at home.

Worker Signature: _____ Supervisor Signature: _____

You and your children have a RIGHT to be safe from ABUSE

What You Need to Know about Domestic Violence and Child Welfare

Pat Quinn
Governor

Illinois Department of
DCFS
Children & Family Services
www.DCFS.illinois.gov

What is domestic violence?

The Illinois Domestic Violence Act defines domestic violence as a crime in which physical abuse, harassment, intimidation of a dependent, interference with personal liberty by or willful deprivation is perpetrated by one family or household member against another. However, someone you have dated or are currently dating can perpetrate domestic violence.

Some people mistakenly believe domestic violence to be caused by mental illness, job stress or substance abuse. In fact, the basic goal of domestic violence is to establish or maintain power and control over the victim. The perpetrator wants to control what you do, when you do it, who you see, what you think, your access to money, medication, transportation, and more. The perpetrator's attempts to establish or maintain power and control come in many forms including, but not limited to, physical attacks and sexual abuse. The scars left by psychological attacks are just as harmful. Psychological abuse can come in the form of verbal insults, mind games, humiliation, excessive criticism and living with the constant fear of physical attacks. Unfortunately, to maintain control of the victim, the perpetrator often uses the victim's children.

Children as Primary and Secondary Victims of Domestic Violence

As primary victims research connecting domestic violence and child maltreatment is strong:

- Child Abuse is 15 times more likely to occur in families where domestic violence is present. (The Family Secret, Boston, 2000)
- Domestic Violence is often linked to severe and fatal cases of child abuse (Felix and McCarthy, 1994).
- Perpetrators sometimes use children to establish or maintain power and control over the victim by physically, emotionally, or sexually attacking the children (Schecter and Carter, 1995).

As **secondary victims** research shows exposure to trauma increases the risk of such things as:

- Eating and sleeping disorders

- Verbally or physically aggressive behaviors
- Feelings of guilt believing themselves to be the cause of domestic violence
- Poor school performance
- Children under five may frighten easily or become anxious, clingy or cry a lot
- Alcohol and drug abuse in adolescents

If the African proverb "It takes a village to raise a child" has any meaning, then private and public agencies, hospitals, churches, synagogues, mosques, and we as individuals must work tirelessly to end domestic violence. Domestic Violence is reduced when abusers are held accountable through a coordinated community response, and when victims are provided services appropriate to their experience with abuse. Our children are depending on us.

Is DCFS responding to the connection between domestic violence and child abuse?

The Department has developed a screening process to identify the presence of domestic violence and its affect on child safety and risk. Child protective service workers will assess families for domestic violence during the initial phase of child abuse or neglect investigations. If your case is opened, your worker will continue to screen for domestic violence dynamics during your family's involvement with DCFS. Your worker will work with you to develop a safety and service plan for domestic violence.

Not all incidences of domestic violence will require intervention services from DCFS. When domestic violence threatens the safety of your family, your worker will work together with the DCFS Domestic Violence Intervention Program to help identify the appropriate services and referrals for you and your family. The Department will provide you with the necessary services and referrals to assist you in keeping yourself and your children safe.

In assessing the level of risk to the child, DCFS child protective service workers are trained to recognize these significant indicators of domestic violence:

- There is current domestic violence or the alleged batterer has a history of domestic violence
- The child is likely to be "harmed" during the violence (being held during the violence, physically restrained from leaving etc.)
- There is reason to believe the child will or is intervening in a violent situation, placing her/him at risk of "substantial harm"

- The alleged batterer is not allowing the adult caregiver and child access to basic needs, impacting their health or safety
- The alleged batterer has killed, committed "substantial harm" or is making a believable threat to do so to anyone in the family, including extended family members and pets
- The child's ability to function on a daily basis is substantially impaired as a result of domestic violence
- The adult non-offending caregiver or alleged batterer blames the child for the domestic violence, describes or acts negatively toward the child
- The batterer has used or threatens the use of weapons

What types of questions will the DCFS worker ask me?

The DCFS worker will need to ask you many questions. Some of these questions are sensitive and may make you feel uncomfortable or embarrassed, but remember, your answers will help to determine the best course of intervention for you and your child.

Questions you may be asked are:

- Who is the batterer?
- Are you or your child in any immediate danger?
- What form of domestic violence does the batterer use: is it physical, sexual, verbal, threats, etc.?
- How often does this occur?
- In what way, if any, is your child directly involved?

- In what way is your child indirectly involved?
- Have you sought outside intervention or help in the past? If so, from what source and what happened?
- How has parenting changed for you as a result of domestic violence?

If the situation you are experiencing does not rise to the level of DCFS involvement, the DCFS worker may still use the opportunity to encourage you to seek intervention. **Remember, domestic violence is a crime and silence protects the batterer.**

Deciding to end a violent relationship

While all victims of domestic violence want the abuse to end, not all victims of domestic violence will decide to end the relationship. Whether this is the best decision for you and your child should be carefully discussed and analyzed with someone you can trust. However, you should know that the most unsafe time for many victims is when the victim is trying or considering ending the relationship. If you are considering leaving or ending the relationship, you should prepare a safety plan for domestic violence with your worker. Here are some things to bear in mind:

- Decide on an escape route and practice it with your child. Be careful that your destination is not one well known and expected by your batterer.
- Pack and hide a bag in case you need to leave quickly. Survivors of domestic violence have identified birth certificates, medication, money, car keys, social security cards and your address book as important items to include in your bag.
- Whether you leave your home or not, legal intervention can be beneficial. A court order, known as an order of protection, can help you in demanding your abuser stay away from your place of employment, your child's school and, of course, your home. Orders of Protection also serve as documentation in case of future court involvement such as custody, visitation or divorce.
- If there is DCFS involvement, let your assigned worker know what is happening. Your worker is there to help you and your children stay safe.

Domestic Violence Victim Services

The following are 24-hour crisis lines unless otherwise indicated. There may be other domestic violence services in your area. Check the telephone yellow pages under "Social Services" or call your local police department and medical/hospital social workers for assistance. The 24-hour, toll free, Illinois Domestic Violence Helpline is: 877/863-6338.

Aledo
Mercer County Family
Crisis Center
309/582-7233

Alton
Oasis Women's Center
800/244-1978

Aurora
Mutual Ground, Inc.
630/897-0080

Belleville
Violence Prevention Center
of SW Illinois
800/924-0069
618/233-0741 TDD

Bloomington
CA-CDV/Neville House
309/827-7070

Cairo
Cairo Women's Shelter, Inc.
618/734-4357

Canton
Fulton/Mason Crisis Service
309/647-8311

Carbondale
The Women's Center, Inc.
800/344-2094

Centralia
People Against Violent
Environments
800/924-8444

Charleston
Hope of East Central Illinois
888/345-3990

Chicago
Apna Ghar
800/717-0757

Connections for Abused Women
and Children
773/278-4566
773/278-4114 TDD

Family Rescue
773/375-8400 or 800/360-6619
773/375-8774 TDD

Between Friends
800/603-4357
773/274-6508 TDD/TTY

Domestic Violence Court –
Legal Advocates
312/325-9300 and 312/325-9175

Metropolitan Family Service
773/884-2210 (Not a Hotline)

Mujeres Latinas En Accion
312/738-5358 or 312/226-3350 TDD

Neopolitan Lighthouse
773/722-0005
773/826-2883 TDD

Legal Assistance Foundation
312/341-1070

Rainbow House
773/521-1815

Danville
YWCA Your Resource Connection Shelter
888/548-1800

Decatur
Dove, Inc.
217/423-2238

DeKalb
Safe Passage, Inc.
815/756-5228

Des Plaines
Life Span
847/824-4454
849/824-0189 TDD

Effingham
Stopping Women Abuse Now
800/715-6260

Elgin
Community Crisis Center, Inc.
847/742-4182
847/742-4057 TDD

Freeport
VOICES DV Agency
877/994-7233

Galesburg
Safe Harbor Family Crisis Center, LTD.
309/343-7233

Harrisburg
Anna Bixby's Women's Center
800/421-8456
618/252-8389 TDD

Homewood
South Suburban Family Shelter
708/335-3028
708/481-6808 TDD

Jacksonville
Crisis Center Foundation
877/243-5357
217/245-6816 TTY

Joliet
Guardian Angel Community Services
815/729-1228
815/741-4643 TTY

Kankakee
Kankakee County CADV
815/932-5800

Macomb
Quad City CADV
309/837-5555

Oak Park
Sarah's Inn
708/386-4225
708/386-3687 VTDD

Olney
Stopping Women Abuse Now
888/715-6260

Peoria
Women Strength
309/691-4111 or 800/559-7233

Princeton
Freedom House
800/474-6031

Rockford
PHASE/WAVE
815/962-6102

Springfield
Sojourn Shelter and Service
866/435-7438

Waukegan
A Safe Place
847/249-4450

Wheaton
Family Shelter Service
630/469-5650
630/790-6344 TTY

You and your children have a RIGHT to be safe from ABUSE.

Illinois Department of Children and Family Services
Domestic Violence Intervention Program
A Project of the Division of Clinical Services
100 W. Randolph, 6-100
Chicago, Illinois 60601
Phone: 312/814-4153
Fax: 312/814-5689

To report suspected child abuse or neglect, call
1-800-25-ABUSE (1-800-252-2873)
(TTY: 1-800-358-5117)

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Appendix B: Referrals

Family Defense Center
www.familydefensecenter.net
70 E. Lake Street, #1100
Chicago, IL 60601
312-251-9800x18 (intake line), x10 administrative line or fdc@familydefensecenter.net

Focus on representation in child welfare investigations and appeals, and juvenile court proceedings

Legal Assistance Foundation (LAF)
www.lafchicago.org
120 S. LaSalle Street, #900
Chicago, IL 60603
312-341-1070

Family Law Team includes staff with child welfare and domestic violence experience

Prairie State Legal Services
Visit http://pslegal.org/ to find the office that covers client's county outside of Cook County

Family Law Team includes staff with child welfare and domestic violence experience

Life Span
www.life-span.org
70 E Lake St #700, Chicago, IL 60601
312-408-1210

Orders of Protection, family law and immigration representation related to domestic violence

Domestic Violence Legal Clinic
www.dvlcchicago.org
555 W Harrison St #1900, Chicago, IL 60607
312-325-9155

Assistance obtaining Orders of Protection