

STATE OF ILLINOIS  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

**DOMESTIC VIOLENCE PROTOCOL**

Insuring the safety and protection of children is the primary focus of all DCFS responses to families In order to assess the safety and protection of children in families who have been reported for abuse or neglect, or who are receiving other child protective services, it is necessary to continually assess various family issues - for example, substance abuse, mental illness, poverty, domestic violence - factors which contribute to the level of risk of involved children. Accurate assessment of these issues will result in the reduction of unnecessary removals of children, the development of meaningful service planning and contribute to appropriate decision-making when children cannot be safely maintained in their families.

**CHILD ENDANGERMENT RISK ASSESSMENT PROTOCOL**

The Child Endangerment Risk Assessment protocol is designed to identify important safety issues which require immediate intervention in order to ensure that the involved children are protected without delay. One of these issues is domestic violence.

The Child Endangerment Risk Assessment protocol includes a Preliminary Assessment of Safety (see Appendix A) that will help identify serious domestic violence situations, and other issues, that place children at immediate and severe risk of harm. To be effective, this assessment screen must be administered with an understanding of the unique dynamics of family violence. This will enable DCFS workers to better determine the impact of the domestic violence on the safety of children and to develop safety plans that factor in the risks associated with domestic violence. Thus it is important that child protective staff administer these screening questions with the following considerations in mind:

- While being a victim of domestic violence does not absolve a mother from responsibility for her actions in abusing or neglecting her children, in cases where domestic violence is present the safety of the children can often be achieved by increasing the safety of the mother.
- There is no more dangerous time for the woman or for the involved professional than at the time the woman is revealing her situation to an "outsider".
- It is pointless to ask the screening questions in the presence of others, whether the alleged offender, children or other involved individuals. The woman **MUST** be interviewed in a private setting. To the extent that the investigator finds it difficult to arrange to interview the woman out of the presence of others, the likelihood of serious abuse increases.

- As a woman-victim prepares to leave an abuser, the risk to her and to her children increases.
- Questions about domestic violence are impacted by the crisis generated by the child protection investigation, and the impact of this upon the responses of the woman must be adequately considered. The more severely she has been traumatized by abuse, the more impaired is her judgment about its severity. Tendencies to minimize the seriousness of incidents are common as an attempt to protect her family.
- The child protective services staff must be sensitive to denials that do not "ring true" and explore whether domestic violence may play a role in the level of risk to the children through LEADS or CANTS checks, through contacts with local law enforcement agencies or through inquiries with neighbors and/or relatives or children, if appropriate.

## **SAFETY PLANNING**

When the Child Endangerment Protocol indicates that there is imminent risk to the involved children due to the severity of domestic violence in the family, immediate steps to protect the children must be taken, though without unnecessarily taking children into protective custody.

The immediacy of the need for protective action will affect the safety planning that occurs, but child protective staff must discuss the following areas with the woman/victim, and provide emergency services as needed:

- Women must be given immediate information about the level of risk to them and to their children, and about the services and legal options that are available to help protect them. Most women do not realize that the violence is likely to escalate, how the violence is likely to impact their children or that there are legal protections and services available - services that offer alternative shelter as well as advocacy and support services.
- Women must be given an accurate assessment of the likelihood that the children will be removed from their custody if they do not avail themselves of the protective services that are available. This information must be delivered in a non-threatening but factual manner and be based on the assessment of the level of risk to the children. Child protective staff must assure the woman-victim that protective custody will only be taken if there is no other option to assure the safety of the children.
- Women must be offered immediate access to available services, including transportation to a protective site, whether that be a women's shelter or home of relative or friend, an emergency referral to a specialized domestic violence service, and

a means to access orders of protection through the local court system or other services that will protect them and their children.

### ***Multiple Risk Concerns***

Domestic violence may be just one of multiple factors that may threaten a child's safety. Safety planning, including protective custody, may focus on other factors; for example, mother's cocaine addiction may be the most serious risk to the child's safety, not the concurrent presence of domestic violence. In those instances, workers must take all necessary steps to insure the protection of the child, and must also document that domestic violence is present in the household. In this way, the domestic violence, along with the other risk factors, will be a subject of case assessment and service planning.

### ***If the Woman Implements a Safety Plan and Accepts Services:***

The woman and children will be transported to a place of safety (if necessary) and assured immediate linkage to the appropriate service provider. The appropriate service may be available either through a Specialized DCFS contractual provider or through community domestic violence service agencies.

The child protective investigator will also ensure appropriate follow-up via emergency referrals to DCFS child welfare workers, private agency service providers or specialized domestic violence service contracts in order to provide adequate on-going support, advocacy and other assistance to the family.

### ***If the Woman Refuses to Accept Services or Has Difficulty Implementing a Safety Plan:***

In instances when level of risk to the involved children is high and the woman refuses immediate protective services or has difficulty implementing the safety plan, the staff will follow the normal course of action in ensuring adequate protection of the children through protective custody or voluntary placement with others.

As is commonly done in child sexual abuse cases, if the safety plan depends upon the willingness or ability of the mother to limit the male's access to the child, an assessment must be made of the mother's ability to manage the implementation of the safety plan, and she should receive assistance in obtaining legal supports, an Order of Protection (under the Illinois Domestic Violence Act or under the Juvenile Court Act), shelter and other support services to help her implement the service plan.

An immediate referral will be made to a Domestic Violence Advocate or to other specialized Domestic Violence services.

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## CONCLUDING THE INVESTIGATION AND SAFETY ASSESSMENT

During the administration of the Child Endangerment Risk Assessment protocol, the presence of domestic violence may not be identified, or domestic violence issues in the family appear to be not so serious that they pose immediate threats to the safety of the children. However, it is still necessary to determine what role, if any, domestic violence plays in the level of family functioning and how it impacts the safety and well-being of the children and the family. Without identification of this important issue, service planning and delivery often will not be targeted toward the family's true service needs.

Thus, all female clients will be interviewed regarding the presence of domestic violence in their relationships with significant partners using the Domestic Violence Mini Screen outlined below (see Appendix B also). Caseworkers should inform female clients that because domestic violence is such a common problem, such inquiries are a routine part of the family assessment:

### DOMESTIC VIOLENCE MINI SCREEN QUESTIONS

- ◆ *Has your partner/former partner ever threatened you or done something else that frightened you?*
- ◆ *Has he ever pushed, slapped, punched, kicked, or hurt you in other ways?*
- ◆ *Has he ever tried to keep you away from your family, friends or neighbors?*
- ◆ *Has he ever prevented you from going somewhere you wanted to go?*
- ◆ *Has he ever used your children to keep track of what you are doing when he's away?*

If the answer to any of these questions is positive, it will be an indication of domestic violence in the relationship. It will then be necessary to begin a process of more thoroughly assessing the forms and patterns of abuse, and the level of dangerousness, by initiating a Comprehensive Assessment of these issues. The presence of domestic violence should be noted on the 17A form and should impact responses to the Family Assessment Factor Worksheet (caretaker to caretaker, etc.).

Staff should use their discretion concerning the timing of this preliminary assessment. Investigative staff may want to identify these issues at the time of the administration of the Child Endangerment Risk Assessment protocol, or it may be more appropriate at another time in the investigation. However, all investigations involving a female caretaker must include at a minimum a preliminary assessment of the presence of domestic violence. In instances where domestic violence issues exist but child protective issues are not significant, (for example, the report will be unfounded, or very minimal risk issues exist and no on-going services will be recommended), the woman should be given the Domestic Violence Packet and information about how to contact a Domestic Violence specialist.

When other risk issues predominate and the case will be referred for on-going services, documentation of a positive preliminary screening for domestic violence issues will be noted, with a recommendation for a follow-up comprehensive assessment of the family dynamics.

Staff providing on-going child protective services must be alert to the possible presence of a male partner whenever intact family services are being provided, or there is a permanency goal of return home, and inquire about him. As needed, the above Suggested Questions should be utilized whenever the mother becomes involved in a new relationship. Preliminary indications of the presence of domestic violence should be followed with a Comprehensive Assessment, as described below.

## **COMPREHENSIVE ASSESSMENT AND SERVICE PLANNING**

Whenever there are indications of domestic violence in a child protective service situation, the child welfare follow-up worker will be responsible for conducting a Comprehensive Assessment of the forms and patterns of domestic violence in the family and an assessment of dangerousness and risk. The child welfare follow-up worker is also responsible for incorporating domestic violence service needs into the service planning process. In some cases, the presence of domestic violence may be identified during the child protective investigation; in others, it may not be identified until the Social History is obtained; or, domestic violence may not become an issue until the mother forms a new relationship later in the life of the case.

### **PRACTICE PRINCIPLES**

- While the safety and protection of children is always paramount, in cases where domestic violence is present it is often possible to protect the children by assisting the mother in accessing safety services. In no instance is the presence of domestic violence or the existence of an Order of Protection a sole basis for placement of the children. Women should be supported in their efforts to protect themselves and their children.

- No battered woman should ever be encouraged to stay in a situation that is abusive or dangerous.
- Where there is domestic violence, the family unit to be considered for preservation or reunification may need to be only the children and the non-abusing parent.
- Inquiries about domestic violence should be made of every female client, and never when her partner is present.
- If the victim discloses domestic violence, the practitioner must keep that disclosure confidential from the perpetrator, unless the victim requests otherwise, and then only after the possible consequences of such a disclosure have been discussed with the victim.
- The autonomy of the woman to decide her own life and course of action must be respected. She also has a right to know how the decisions she makes may, or may not, affect the placement of her children.
- If the perpetrator reveals the presence of domestic violence, the practitioner should confidentially discuss this with the victim and initiate safety planning. Practitioners should never agree with the perpetrator to keep such disclosures confidential.
- Perpetrators of violence are accountable - women-victims must never be blamed for the abuse they have experienced.
- A safety plan should be developed for each adult and child victim. The most effective way to protect the child is usually through assuring protection to the woman.
- Interventions that explore domestic violence issues with both the abuser and the victim present, such as joint interviews, couples counseling or mediation, should not be recommended.

### **THE COMPREHENSIVE ASSESSMENT PROCESS**

The initial investigative response of the Department is designed to focus on the immediate safety needs of the children involved in a report of abuse or neglect. Once immediate safety needs are met, a process of more thoroughly assessing the dynamics of a family, the strengths and problems and service needs that must be met in order to preserve the family unit, or reunite a family that has been separated, must begin. The family unit to be preserved or re-united will often be only the woman and her children.

Whenever domestic violence has been identified as an issue during the initial child endangerment risk assessment, whether children have been into protective custody, have

been allowed to remain with their mother in a temporarily safe environment or when other informal placement and safety plans have been implemented, a more in-depth assessment must follow. The comprehensive assessment and service planning process focuses upon an in-depth assessment of the impact of domestic violence upon the family, especially as it affects the safety of the children, and defines the services that must be made available to all family members - the mother, children and the abuser - in order to achieve the permanency goal that has been established for the children.

The Comprehensive Assessment includes an assessment of dangerousness, safety planning and service planning. The following areas of inquiry into domestic violence issues and problems must be undertaken:

### **Assessing the forms and patterns of domestic violence**

Domestic violence includes isolation, financial control intimidation and threats (with or without a weapon), emotional abuse/degradation, physical abuse (pushing, choking, hitting, or slapping), sexual abuse and the use of children to control and punish the mother.

*Suggested questions: Does your partner prevent you from going places you want to go? Does he prevent you from seeing friends or family? Has he every followed you? Has he called you degrading names or insulted you in public? Has he threatened to hurt you or kill you? Has he pushed, hit, kicked or choked you? Have you ever needed medical care after a fight with him? Has he made you have sex when you told him no?*

It is important to established the pattern of abuse and whether the abuse is intensifying in frequency or severity.

*Suggested questions: Tell me about the first incident that ever happened between you - when was it? What was the worst incident or the one that frightened you the most - when was it? When was the last incident? Are you more scared of him now than a month (6 months, a year) ago - why? Have you noticed that the incidents are happening more or less frequently?*

### **Assessing Dangerousness**

Women who are victims of domestic violence may not realize the level of danger they experience. The domestic violence assessment includes a joint honest assessment, in conjunction with the woman, of the reality of the situation she faces. Some of the perpetrator characteristics which significantly increase risk are substance abuse, history of criminal violence in home and community, woman has left or is threatening to leave, perpetrator was abused child, weapons are present, perpetrator has threatened to kill woman or talks of suicide.

***Suggested questions: Have the assaults become more brutal or more frequent or has he become more obsessed with controlling your behavior? Are there guns or knives in the home? Has he ever brutalized you during sex? Has he threatened to kill you, the children or himself? Has he abused you or the children while drunk or high, or has his substance abuse become more frequent?***

### **Safety Planning**

Through open and honest discussion of the forms, patterns and severity of the abuse being experienced in the home, it is intended that both the worker and the woman-victim will have developed an understanding of the level of risk that she and the involved children are experiencing and, with the assistance of the worker, a safety plan for her and the children will be developed.

***If the woman is living apart from the perpetrator, discuss the following:***

- Changing locks and improving the overall security of the house/apartment.
- Teaching children when and how to call the police or nearby relatives or friends.
- Informing the children's school and daycare providers of who is authorized to pick up the children.
- Assuring that she is receiving adequate legal and advocacy services, is pursuing an Order of Protection and is alert to the possibility of being followed or confronted outside the home.

***If the woman indicates a wish to leave, discuss the following:***

- How and when can she most safely leave? Where will she go? Does she have money and transportation? What can the worker provide that will help ensure her safety and that of the children?
- Who can she safely tell that she is leaving and how to contact her, and who should she not tell?
- Will she call the police if needed? What other telephone numbers does she need, e.g. local women's shelter, legal aid, court advocate?
- Can she arrange for someone to keep items she will need in an emergency, e.g., some money, the children's school and health records, other important documents, a change of clothing for her and the children?

***If the woman intends to stay with the perpetrator, discuss the following:***



- If the violence begins how can she best ensure her safety - can she flee to a neighbor? Lock herself in a room? What will she do to ensure that the children are safe?
- Is she prepared to call the police if needed? Is there a phone in the house or a neighbor that the children can ask to summon help?
- Review escape routes from the house, pointing out areas where she might be trapped, e.g., a bathroom or basement.
- Provide the woman with an honest assessment of the danger you have assessed that she may be in, and the risk and effect the domestic violence presents to the children. Inform her of how her decisions to stay with the perpetrator may or may not affect DCFS' decision to allow the children to remain, or be reunited, with her.

### **SERVICE PLANNING**

As in other cases, service planning with families where domestic violence is an issue must focus on resolving the problems that threaten the protection and permanency of the children. In most instances, unless the domestic violence problems can be resolved, other services will not be sufficient to allow achievement of the permanency goal. Thus, it is vital that the following issues be integrated into service planning and delivery:

- Just as families may require specialists in substance abuse treatment or services to the mentally ill, families where domestic violence presents a major threat to family preservation or reunification require specialty services. The dynamics of domestic violence, with its intimidation and dis-empowerment of women and child victims, often results in a need for focused efforts by the case manager to ensure appropriate service planning and linkage of family members with needed specialty services, which include emergency shelter, counseling, support groups and legal advocacy.
- Case managers must continue to be conscious of on-going risk and safety issues throughout the service planning and implementation period. Woman-victims should always be alerted to any contacts that might be necessary with the perpetrator, or any disclosures that will be necessary to the Courts, Administrative Case Review staff, Public Guardian/Guardian ad Litum or others that might result in an escalation of the level of danger. Case Managers should urge women/victims to obtain necessary Orders of Protection and then work to ensure appropriate enforcement of such orders.
- When parent-child visitation is an important part of the service planning, either because children are in state custody or because of orders issued through other courts, the visitation plan must include provisions to ensure both the safety and well-being of the involved children, as well as the woman. If the mother and father are separated, visitation times should be scheduled so that mother and father do not come onto

contact with one another in order to ensure the safety of the mother and protect the children from exposure to further conflict.

- Most families with a history of domestic violence who are also involved in child protective services will require a mix of services. These may include: concrete services, such as referrals and linkages with housing assistance, Public Aid, job training, food pantries; substance abuse treatment; individual counseling to assist the woman in re-building their self esteem, to understand the dynamics of abusive relationships and to plan for her future. The case manager should work to ensure communication and coordination among the involved service providers.
- The abuser may be referred to an approved abuser treatment program, but couple counseling should not be recommended until the relationship has been totally violence-free for an extensive period and only then after thorough discussion with the woman. It is important that the abuser continue to be held solely accountable for his violence and that the case manager not give him any indication that he/she accepts or condones the violence. Abusers are often manipulative and will attempt to involved professionals working with the family in criticizing and blaming the victim.

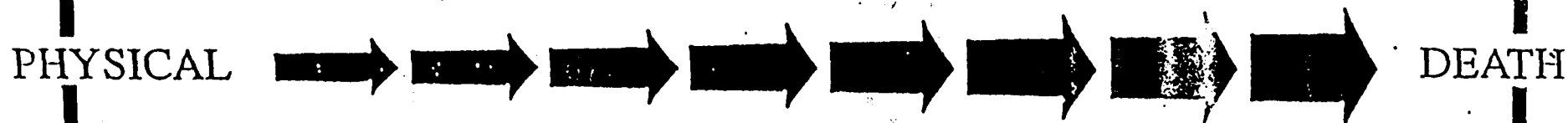


# CONTINUUM OF ABUSE



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MILWAUKEE, WISCONSIN 53202-5000  
DOWNTOWN OFFICE: (414) 272-6100  
CRISIS LINE: (414) 671-6140

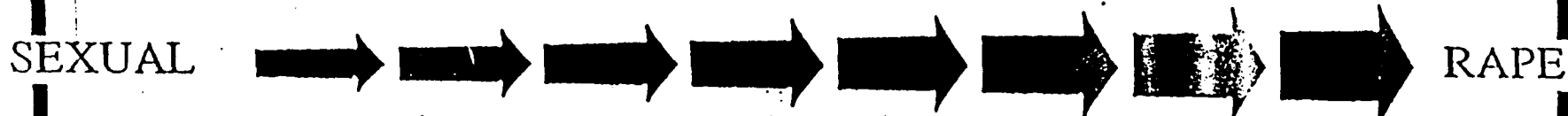
**ABUSE** is the misuse of power in a relationship  
to hurt or control



pushing punching slapping kicking throwing objects choking using weapons homicide/suicide



name-calling criticizing "you're no good" ignoring yelling isolation humiliation



unwanted touch unwanted sexual looking. name-calling unfaithfulness false accusations forced sex hurtful sex

*Without some kind of help, the violence usually gets worse.*

**DEATH can ALWAYS be the result**

Adapted from: VILLAGE TO VILLAGE, Alaska Dept. of Public Safety